

Questions?

If you have any questions regarding the Hospice/Palliative Care Program at the Temple VA, please contact Carla M. Sims, Hospice/Palliative Care Coordinator at extension 40521 or 40963.

Your Hospice Team

Physician - Dr. Shirley Richards @ ext. 40280

Nurse Manager - JoAnn Cruse, RN @ ext. 40280

Social Worker - Carla M. Sims, LCSW @ ext. 40521 or ext. 40963

Dietician - Awbrey Lovrien-Moore, RD @ ext. 40640

Chaplain - Lydia Santibanez @ ext. 40991

Recreational Therapist - Patti Kaufman @ ext. 40143

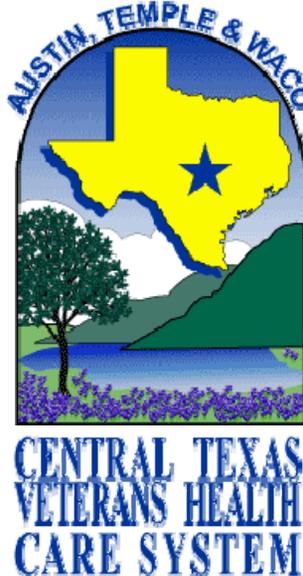
MDS Coordinator - Millie Ogilvie, RN @ ext. 40351

Restorative Care Nurse - Dusty Moravec, CRRN @ ext. 42755

Pharmacist - Warren Hall, R.Ph @ ext. 40766

Unit 5JP Nurses, ext. 40280

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Central Texas Veterans Health Care System

Hospice/Palliative Care Program



Honoring Veterans' Preferences for Care at the End of Life

Hospice Care in the VA



What Is Hospice?

A hospice program is a coordinated program of palliative and supportive services provided for veterans in the last phase of incurable disease so that they may live as fully and as comfortably as possible. The program stresses the management of pain and other physical symptoms, the management of the emotional and social problems and the spiritual comfort of the patient and the patient's family or significant other. Services are provided by a medically-directed team of health care providers and volunteers.

Hospice care requires that the patient, the family, and the physician recognize, that the illness is fatal, that the main focus of treatment is on comfort rather than cure, and that aggressive attempts to cure the illness are abandoned.

Hospice Unit Services

- ❖ Managing the resident's pain and symptoms with approved medications
- ❖ Assisting the resident with the emotional, psychosocial and spiritual aspects of dying
- ❖ Providing 24-hour nursing care when a resident's needs become too much for families to handle at home
- ❖ Allowing loved ones to visit at any time or to remain with residents all night by providing appropriate sleep arrangements
- ❖ Appointing a registered dietician to work with residents regarding any special dietary requests
- ❖ Providing a registered pharmacist to assist the physician in managing resident's medication regimen
- ❖ Delivering special services like speech and physical therapy when needed
- ❖ Supplying scheduled recreational therapy activities
- ❖ Making short-term inpatient acute care available when pain or symptoms become too difficult to manage
- ❖ Coordinating community resources and needed equipment if resident decides to return home with his/her family's support
- ❖ Providing volunteers who can give companionship and offer to help in many different ways
- ❖ Providing bereavement care and counseling to surviving family and friends.

Myth: Hospice is where you go when there is "nothing else to be done."

Reality: Hospice is the "something more" that can be done for the patient and the family when the illness cannot be cured. It is a concept based on comfort-oriented care. Referral into hospice is a movement into another mode of therapy, which may be more appropriate for the terminally ill.