

END OF LIFE

**End of Life
and
CareChoice**



Hospice Friendly Hospitals Symbol

CareChoice uses the Hospice Friendly Hospitals symbol to inform staff & visitors that there has been a death in the home.

The Person in Charge / senior nurse on duty may discuss and assist the family/representative with funeral arrangements.

An After-Death Planning Guide is available to the family / representatives of the deceased resident. An Annual Remembrance Service is held either onsite in the home or in the Parish, to remember all of our residents' who have died, may they Rest in Peace.



End of Life

It is the policy of CareChoice that residents who are at the end of their lives will receive care and support that is underpinned by a person centred approach that is specific to their needs, known wishes, preferences, values and beliefs.

End of Life Care Definition:

There are a variety of definitions of 'end of life' and 'end of life care', but no one broadly agreed definition. The National Health Service NHS End of Life Care Programme, 2007 defines End of Life Care as:

'Care that helps all those with advanced, progressive, incurable illness to live as well as possible until they die.'

It enables the supportive and palliative care needs of both the individual and their family to be identified and met throughout the last phase of life and into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support.



Let Me Decide

CareChoice linked with Professor W Molloy in 2018, to role out the **Let Me Decide Advance Care Directive program** in all of our homes.

This allows us to facilitate our residents plan their own future healthcare in advance. It ensures their wishes will be known, should there come a time when they can no longer understand their options or communicate their choices to others.

Developed over many years of research and consultation, the 'Let Me Decide' advance care directive:

- Gives each individual the opportunity to choose different levels of treatment according to his or her own wishes.
- Helps relieve family and friends of responsibility for decisions in times of crisis.
- Guides health care practitioners in making vital decisions when family members are unavailable.
- Has received enthusiastic support from a wide range of individuals and groups, including doctors, patients, nurses, solicitors, clergy, and advocates for the elderly and the disabled.

Having a Presence

‘Perhaps the most fundamental spiritual care intervention is that of being present. The potential benefits for residents include a sense of not being abandoned, of being valued and of being cared for. For many people the journey towards death is a lonely one and the final part of the journey will inevitably be made alone. However, for much of that journey, the nurse or key worker may be the patient’s closest companion. Accompanying the resident can create a sense of shared humanity.’ (HIQA 2013)

Referral to Specialist Palliative Care Services

Residents may be referred by the GP for assessment, when there is:

- an advanced, life-limiting condition and
 - current or anticipated complexities relating to symptom control, end of life care planning or other physical, psychosocial or spiritual care needs that cannot reasonably be met by the current care provider(s). (HSE, 2012)
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