

HOSPICE IN LONG-TERM AND RESIDENTIAL CARE
FACILITIES PROGRAM
MIDPENINSULA PATHWAYS HOSPICE FOUNDATION

Menlo Park, California

In 1997, when California enacted regulations allowing hospice care in residential care facilities for the elderly (RCFE), MidPeninsula Pathways Hospice Foundation was among the first to bring the new rules to life.

“Before, patients needing a level of care not available in their facility had to be transferred, creating a terribly stressful transition at the end of life,” says Sandra Coolidge, the hospice’s director of community services. “We saw the new regulations as an opportunity to bring hospice support to a truly underserved population.”

Almost immediately, MidPeninsula reached out to RCFE administrators, to expedite access for their patients, to teach them about hospice, and to help them navigate the complex and often conflicting regulations.

MidPeninsula’s Facility Program serves more than 300 patients a year — 76 percent in SNFs and 24 percent in RCFEs. RCFEs range from small board-and-care homes to large senior housing complexes with assisted living units and services. Care in both settings has been growing rapidly.

“Our goal is to find out how the patient and family want the course of this final stage of life to unfold and to facilitate that to the extent possible,” says Linda Conti, MidPeninsula’s education coordinator.

“We hope to impart to them that a hospice death is not a traumatic emergency, but a natural event that is expected.”

“Most RCFE employees have no formal training as caregivers,” says Conti. “When you talk with them, you



can feel their discomfort and anxiety about death.” Conti has developed a program that addresses death, the dying process, and pain and symptom management that she presents frequently to facility caregivers.

“We’re convinced that when the caregiving staff at a facility becomes comfortable with the many aspects of death, are educated about the dying process, and learn techniques and skills in communication and caring for the dying, the experience of caregiving is transformed,” she says.

MidPeninsula sets an especially good example for sensitivity to the unique needs of facility residents. “Facilities residents tend to have challenging diagnoses, such as Alzheimer’s and dementia, which make it hard for families to provide care in the home. They are often isolated from family and community,” notes Coolidge.

MidPeninsula has initiated a range of other services to address patient empowerment and advocacy; provide comfort-oriented equipment, including special mattresses and other amenities

that help make clinical space feel more comfortable and respectful; and facilitate communication with distant family members by providing telephones, letter-writing assistance or even fax communication.

MidPeninsula also developed a valuable, hospice-care reference guide for RCFE administrators. MidPeninsula will work with others to standardize palliative caregiving both in residential facilities and in skilled nursing facilities. “The result we’re seeking in this complex environment is simple,” says Conti. “We want to continue to make a genuine difference in people’s lives.”



INNOVATION HIGHLIGHTS

EXTENDING HOSPICE CARE TO
RESIDENTIAL CARE FACILITIES
IN CALIFORNIA

CAREGIVING GUIDELINES FOR
ADMINISTRATORS

TRAINING FOR STAFF IN RESIDENTIAL
CARE FACILITIES