



## **Your career as a hospice and palliative care nurse..... *how to get started***

The goal of palliative care is to prevent and relieve suffering and to support the best possible quality of life for patients and their families, regardless of the stage of the disease or the need for other therapies. Palliative care is both a philosophy of care and an organized, highly structured system for delivering care. Palliative care expands traditional disease-model medical treatments to include the goals of enhancing quality of life for patient and family, optimizing function, and helping with decision-making and providing opportunities for personal growth.<sup>1</sup>

Palliative care can be offered anywhere patients are seen in any stage of illness. Palliative care programs are seen most often in hospitals, though there are programs being developed for outpatient and other areas.

Hospice care, a part of palliative care, is provided to patients during the end stages of their disease process and is defined by Medicare regulations stating that a patient is thought to be in their last six (6) months of life. Provided in the patient's home; regardless of whether this is a private home, a personal care home, a skilled nursing facility, correctional facility, group home, or hospice run residential facility. There are also inpatient hospice units used most frequently control symptoms so that the patient can return to their home. Hospice care is focused on the patient and those who love them wherever they reside.

### **Hospice Nursing:**

- Regardless of the setting, hospice care is given by an interdisciplinary team. The team typically consists of RNs, LP/VNs, nursing assistants, social worker, chaplain, volunteers, and a medical director. The patient and family are also considered part of the team. Others can be brought into the team as need, for example occupational, physical, and speech therapists. All team members work toward meeting the goals of the patient and family.
- RNs who see patients outside of the hospital are responsible for assessing the patient, delivering care as needed, organizing and managing a patient's plan of care; including scheduled visits for nursing and nursing assistants, referrals to additional services and volunteers, calls to insurances and physicians, and monitoring costs related to pharmacy, supplies, and durable medical equipment.
- As hospice nurses work in a variety of settings, there can be extensive travel, care environments that may be threatening, unpredictable hours, and variable levels of reimbursement.



### **Palliative Care Nursing:**

- Palliative care should be a part of all care given to patients with life-limiting illnesses, whether it is integrated into routine care or part of a structured program.
- The structure of palliative care programs varies greatly based on the setting in which it is delivered. No matter the setting, palliative usually involves a team similar to hospice care.

### **Requirements for hospice and palliative care nurses:**

- Most services require RN's to have at least one year of acute care experience.
- Excellent assessment skills: the interdisciplinary team depends on the nurse's assessment skills when making decisions for the plan of care.
- Clear and concise communication skills: the entire interdisciplinary team, patient, and family will need information provided accurately and succinctly.

### **How will you know if hospice and palliative care nursing is right for you?**

- Talk to several hospices and palliative care teams/units in your area about:
  - Job requirements
  - Job description
  - Plan for orientation and mentoring
  - Opportunities for professional growth and development within the organization
  - Requirements for certification
- Talk with several nurses in the specialty
- Consider being a hospice/palliative care volunteer first

**Go to [www.hpna.org](http://www.hpna.org) to learn more about hospice and palliative nursing.**

### **Reference**

1. National Consensus Project for Quality Palliative Care. *Clinical Practice Guidelines for Quality Palliative Care*. Pittsburgh, PA; 2004.