Agrace
Educational Institute

# An Introduction to Agrace

## The Agrace Mission

Partnering with patients and families to improve quality of life throughout serious illness.

## What is hospice and palliative care?

Hospice and palliative care address the needs of patients and their families who face illnesses that cannot be cured. Hospice is palliative care during the last six months of life that focuses on symptom management.

## What is Agrace?

Agrace brings comfort to people living with a terminal illness by providing medical care with a symptom management focus, serving 14 Wisconsin counties and 6 Illinois counties. An Agrace team provides physical, emotional, and spiritual support to patients and their families. By focusing on comfort, most patients receive hospice services wherever they live. This helps patients and families live each day to the fullest, surrounded by what is most important to them. Hospice is for patients who are expected to live six months or less, although patients may continue with Agrace if they live longer and still meet hospice criteria.

## What qualifies a person for hospice services?

- A diagnosis of a life limiting illness
- An anticipated life expectancy of six months or less AND a treatment goal based on comfort rather than cure

## Medicare Hospice Levels of Care

**Routine Home Care**

Agrace Residence: *Patients residing in a room on an Agrace inpatient unit.*

In-home: *Patients receiving care in private home, apartment or facility (e.g. skilled nursing facility, assisted living facility).*

**General Inpatient**

Symptom Management: *Patients whose pain and/or other symptoms are uncontrolled and unmanageable in the home.*

**Continuous Care**

Symptom Management: *Patients whose pain and/or other symptoms are uncontrolled and require hospice staff to be bedside for a brief period to help the patient remain at home through the crisis.*

**Respite**

*Home hospice patients whose caregivers need a break and who will resume caregiving at the end of the respite stay.*

## Agrace Inpatient Units

Agrace has two Inpatient Units: Madison and Janesville. The Madison campus has 50 beds and the Janesville campus has 12 beds. These beds are available for general inpatient acute care, respite, and residential patient classifications.

## How are referrals made?

ANYONE - physicians and other health professionals, family members, friends, co-workers, spiritual advisors, even patients themselves - can make a referral by calling Agrace.

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# An Introduction to Agrace

## Circle of Care

**We Listen.** And that begins with the patient, the caregiver and the family. The patient is at the center of our circle of care, not only because they receive services, but also because the patient controls the plan of care.

**We Ask,** "What are your goals?" Goals vary: sometimes its comfort, sometimes it's repairing a strained relationship, or sometimes taking the dream vacation. Whatever the goals, they form the focus for the team of people who serve the patient and the family.

**Patients Choose.** Based on our extensive experience, Agrace makes recommendations for plans of care - we wouldn't be doing our job if we didn't. However, we do not dictate care - we simply offer it.

Many people do not realize that Agrace's services do not end when a patient dies. Instead, for up to 13 months after a death, Agrace counselors check in with the family to offer grief support. We know suffering a loss can affect the health of the whole family - this is why we offer our care and support.

## Who is on the Hospice/Palliative Care Team?

The team is made up of many members including but not limited to:

- Nurses
- Nursing assistants (CNAs)
- Social workers
- Volunteers
- Agrace counselors
- Nurse practitioners
- Physicians
- Pharmacists

Additional team members will be asked to assist when necessary.


## For more information

For more information on any topic (volunteering, grief services, educational opportunities, etc.) please contact Agrace at (608) 276-4660 or visit us on the web, www.agrace.org.

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# Clinical Site Information

## General Student Information:

1. Valuables/Belongings - There is no locked space for belongings and there is no storage space available at team stations for coats, boots, food, or personal belongings. Space will be provided in either a breakroom or assigned meeting room for the student group. Refrigerators are in the inpatient staff lounge, which students are welcome to use to store food.
2. Parking- Agrace requests that students park in the east lot or on the road to ensure adequate parking for patients and families. Students should never park in the lot in front of the building.
3. Dress Code - Please adhere to your school's dress code policy. It is important to wear your student name tag. When providing direct patient care, you must wear your required student nursing uniform. During clinical preparation time and other non direct patient care related activities, wear professional business attire (for example: a lab coat, and/or required student nursing uniform).
4. Breaks - You must inform the student team leader, staff nurse and/or instructor when leaving the floor for a break. Food and beverages are only allowed in breakrooms and NOT on the floor or at a charting station.
5. The inpatient interdisciplinary team is comprised of medical directors, nurses, CNAs, social workers, and counselors. Students from nursing schools and other health care disciplines, including pharmacy and medicine, are also part of the care team. Students are included in conversations regarding their assigned patient(s) and will play an active role in carrying out the plan of care.
6. An Agrace medical director will make rounds on the general inpatient unit on a daily basis. Be alert for new or changed orders. Nursing students **MAY NOT ACCEPT** verbal or telephone orders.
7. Agrace is a smoke free facility. Patients may smoke on the patio of their room after a safe smoking assessment has been completed by the Agrace nurse. Visitors, staff, volunteers and students may not smoke on Agrace property.
8. Students should not gather in rooms reserved for family use, such as the sun room, family rooms, etc.

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# Clinical Site Information

## Professional Expectations

1. Patient needs are given priority over student needs
2. Patient room and staff work areas are to be kept neat and clean
3. Interaction with the patient is:
   a. Professional
   b. Goal directed
   c. Respectful
   d. Therapeutic
4. Interaction with instructor, staff and classmates is:
   a. Polite
   b. Professional
   c. Confers with staff nurse professionally and in a timely manner
   d. Offers to help other students and staff
5. Gives and accepts peer and teacher feedback
6. Completes end of clinical oral report with staff nurse
7. Recognizes when it is necessary to ask for help or ask questions
8. Cooperates and provides teamwork
9. Adheres to professional appearance, conversation and timeliness
10. Evaluates own behavior, seeks and accepts feedback
11. Safe, efficient and well organized
12. Utilizes downtime effectively
13. Complies with agency and school policies, state laws and regulations
14. Maintain patient's rights to autonomy and confidentiality
15. Treat all with dignity and respect
16. Maintains confidentiality
17. Protects patients from violation of autonomy, privacy, and modesty
18. Protects self, patients, peers and staff from injury, infection, and harm
19. Reports errors promptly and takes corrective action
20. Accepts delegated tasks only if trained to perform those tasks
21. Demonstrates honesty, patience and sensitivity

**Recommended Reading:** Callahan, M. & Kelley, P. (1992). **Final gifts: Understanding the special awareness, needs, and communications of the dying.** New York, NY: Simon and Schuster

# Fire Safety – On the Inpatient Unit

## First

- Report to your assigned work area. This is wherever you are scheduled to work.
- Search for any sign of fire. Close the doors to areas you have searched
- Remember the R.A.C.E. acronym if you find a fire:

| | |
|---|---|
| ***R. Rescue*** | ***Remove the patient from immediate danger*** |
| ***A. Alarm*** | ***Sound the alarm if it is not already ringing*** |
| ***C. Contain*** | ***Close the door to contain the fire*** |
| ***E. Extinguish*** | ***Evacuate the patient if necessary through the nearest set of fire doors*** |

## Second

- Personnel at the main team station will use the emergency page system to inform staff of the location of the fire. Listen for this information!
- The staff in your area will give direction depending on existing conditions.

## Sheltering In Place & Evacuation

- Like many healthcare facilities, the Agrace building has been designed to incorporate several fire and smoke safe compartments.
- Evacuation most often means moving from the area where the fire is located, to the nearest fire safe compartment.
- Do not prop the fire doors open or you may compromise everyone's safety!
- *It is your responsibility to know your work area and all evacuation routes.*

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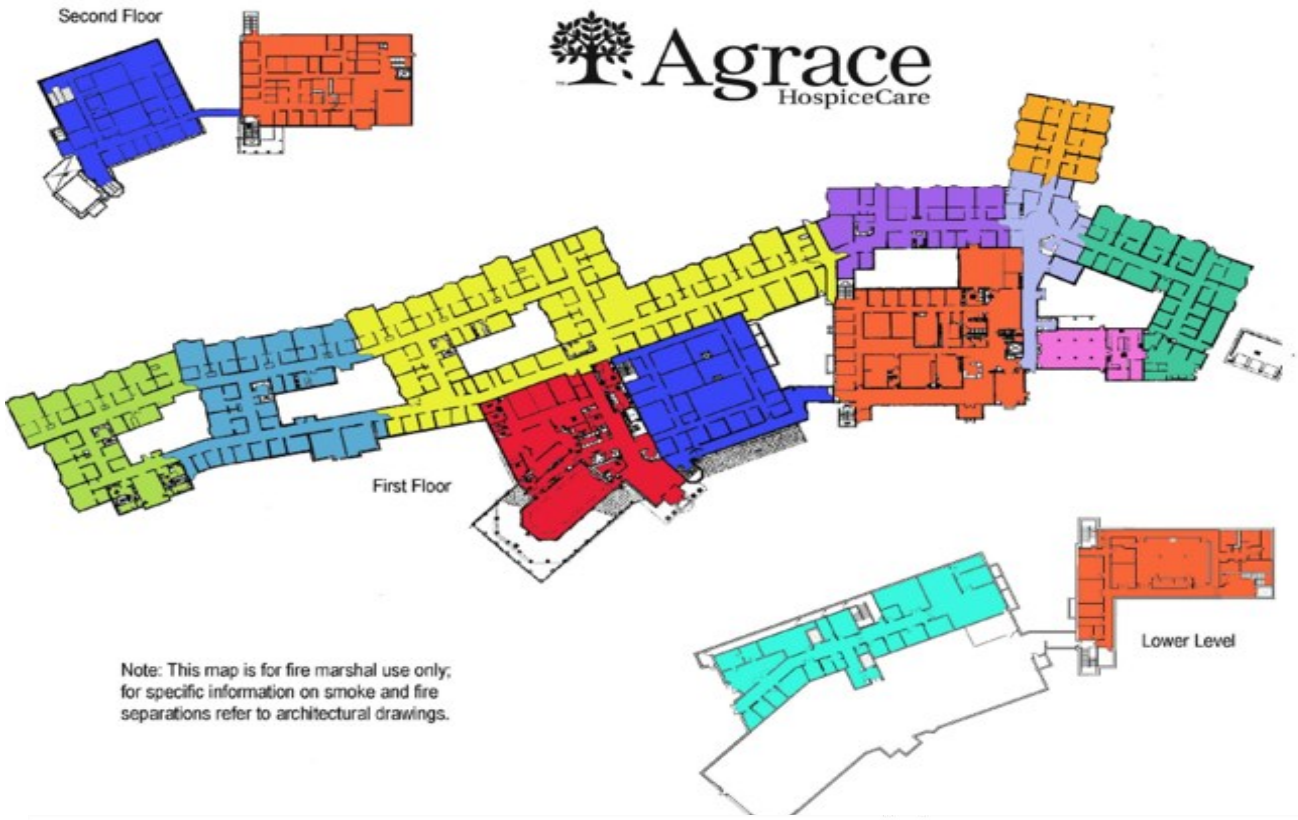
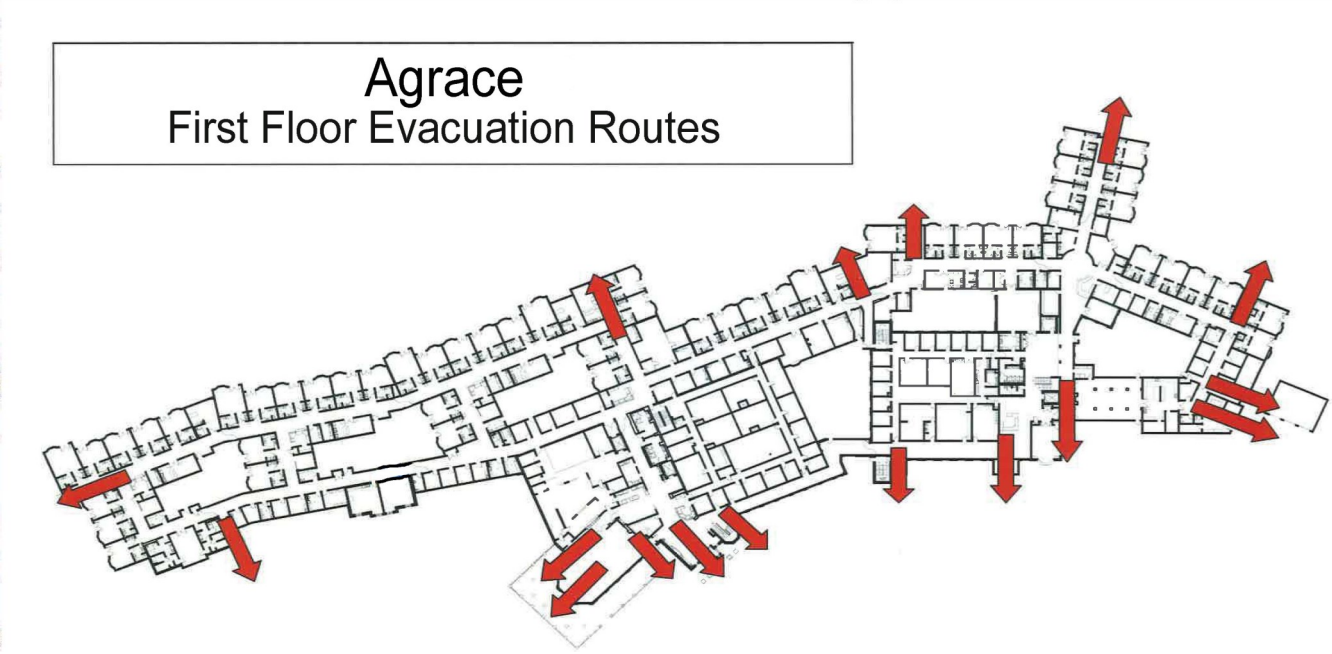
# Safety For Students at Agrace

## Smoke and Fire Safe Compartments



# Agrace Tornado/Severe Weather Safety

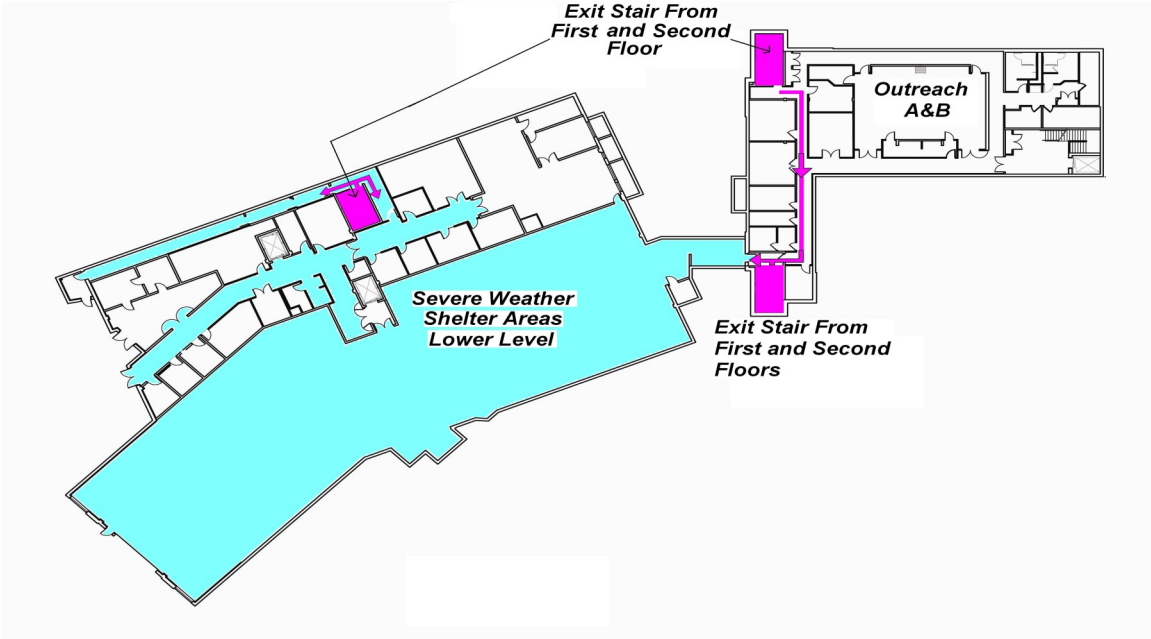
In the case of severe weather, Unit Assistants on the Inpatient Unit will make overhead page instructions for staff and volunteers. Report to your designated shelter area:

**Designated Shelter Areas at Agrace Inpatient Unit**

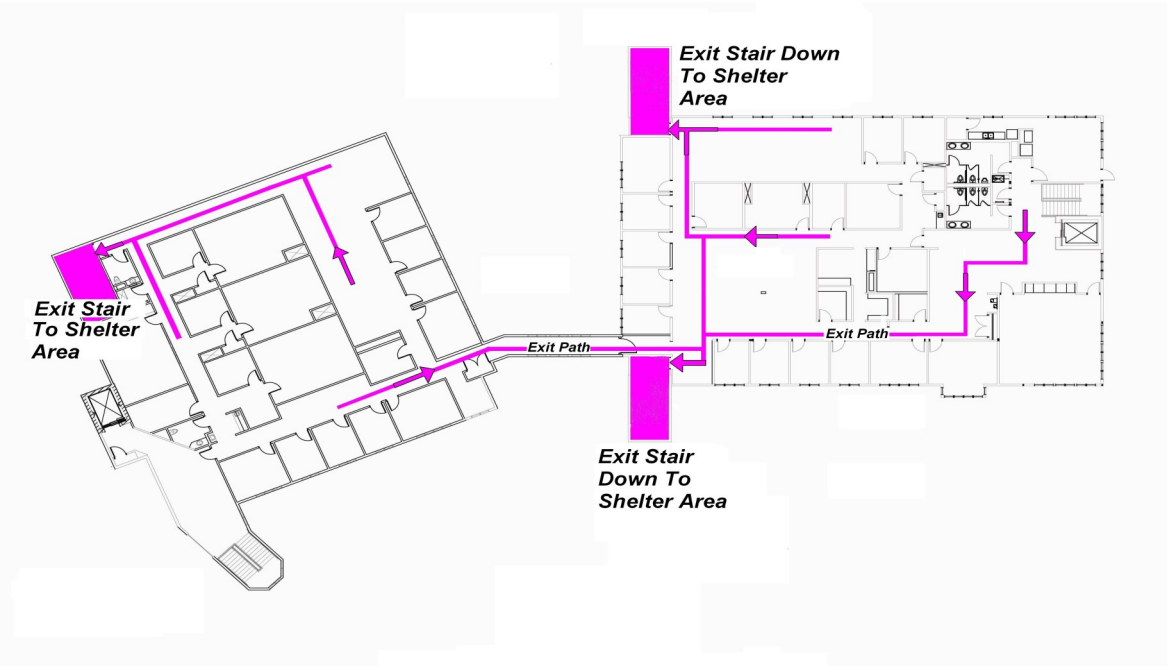
- ***Inpatient Volunteers*** **-** Students in the Anderson Inpatient Unit should report to the Kegonsa room. Students in the Johnson Residence should report to the Staff Break Room or the Willow Room (Residential Team Room). (see maps on below and on next page) As a student it is your choice to either seek shelter first or to assist staff in ensuring that patients are safe.
- ***Follow staff directions*** **-** Staff will assist you in finding the designated locations.
- ***Stay in your sheltered location until an all-clear has been given.***
- ***Check-in with your supervisor*** **-** We want to know that you are safe. If you choose to leave during severe weather, make sure that your instructor is aware.

**Agrace Weather Shelter Locations 1st Floor**

## Agrace Weather Shelter Locations Lower Level




## Agrace 2nd Floor Evacuation to Shelters



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# Agrace Policy, Procedure and Resources Review

## Definitions

**Student**: Individual is currently enrolled in an accredited program (nursing, social work, etc.) and works under the direct supervision of Agrace staff of the same discipline.

**CNA/ADN/BSN Student Group**: The supervising RN is the clinical instructor, who is immediately available to continually coordinate, direct and inspect at firsthand the provision of care by the student. The instructor/ student collaborate directly with the assigned Agrace RN when coordinating patient cares.

**Individual Nursing Student**: The supervising RN is the pre-assigned Agrace RN, who is immediately available to continually coordinate, direct and inspect at firsthand the provision of care by the student.

## Patient Rights

| Agrace patients have the right to: | |
|---|---|
| • Treatment without discrimination | • Respect, personal dignity and confidentiality |
| • Participate in decisions about their care | • Receive the safest possible care, free from mistreatment of any kind |
| • Care that supports them and their family | • Information about payment for services |
| • Express concerns and/or complaints | |

## Abuse, Neglect and Misappropriation

Agrace's policy on abuse, neglect and misappropriation dictates that suspected breaches are reported to your supervising nurse immediately. These breaches include:

| Abuse | Neglect | Misappropriation |
|---|---|---|
| Causing pain, injury or death | Acting with carelessness | Deprive a patient of personal property |
| Act of sexual contact | Disregard patient's care plan | Misuse of patient's property (money, credit card, jewelry, etc.) |
| Forcible administration of medicine | Disregard for patient's rights | Using patient's personal identifying information |
| Acting with intent to harass, threaten, or intimidate | Disregard for caregiver's obligations to patient | Having possession of patient's money or checks |

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# Agrace Policy, Procedure and Resources Review

## Student Supervision Required by Task

| TASK | SUPERVISION REQUIRED |
|---|---|
| ADL CARE | Direct |
| ASSESSMENTS AND DATA COLLECTION | Direct |
| REINFORCE TEACHING | Direct |
| FOLEY CATHETER INSERTION/IRRIGATION | Direct |
| EPIC NOTE/FLOWSHEET DOCUMENTATION (NO CARE PLAN/ORDER MANAGEMENT) | Direct |
| UPDATE CARE PLAN | **Shadow** |
| BASIC/SINGLE PRODUCT WOUND CARE | Direct |
| COMPLEX DRESSING CHANGE | Direct |
| CADD PUMP SETTINGS REVIEW/NURSE CLINICIAN BOLUS | **Shadow** |
| CADD PUMP SETUP/SHIFT CLEARING | **Shadow** |
| EPIC ORDER ENTRY/RECEIVE VERBAL ORDERS | **Shadow** |
| CENTRAL LINE DRESSING CHANGE | Direct |
| PO/SL MEDICATION ADMINISTRATION | Direct |
| RECTAL/SQ/IV/IM MEDICATION ADMINISTRATION | Direct |
| PIV/SQ INSERTION AND MANAGEMENT | Direct |
| BLOOD DRAWS | Direct |
| IMPLANTED PORT/CENTRAL LINE ACCESS | Direct |
| SPECIMEN COLLECTION | Direct |
| PATIENT LIFTS (TOTAL, SIT-TO-STAND, SPA, CEILING) | **Shadow** |
| MEDICATION RECONCILIATION | **Shadow** |
| SUCTIONING | Direct |
| O2 SETUP | Direct |
| TRACH/TUBE/OSTOMY CARE | Direct |
| BLOOD GLUCOSE MONITORING/URINE DIP/BLADDER SCAN | **Shadow** |
| COMPLETE ADMISSION/DISCHARGE DOCUMENTATION | **Shadow** |

### Key

**Direct**= Direct supervision by an RN is required to complete this task.

*Applies to nursing care, services and procedures which require that an RN is immediately available to continually coordinate, direct and inspect firsthand the practice of a student or nurse intern.*

**Shadow**= ***Shadow/ observe only.***

*Applies to care, services and procedures which can only be performed **by a licensed/certified employee of Agrace.***

# Medication Management

## Medication Preparation

1. Hand hygiene will be performed prior to preparing medications.
2. Medications will be retrieved and prepared for only one patient at a time.
3. Medications will be administered to the patient as soon as possible after retrieval/preparation.
4. Narcotics removed from the AcuDose will be immediately administered to patient. If refused, a witnessed waste must take place immediately; narcotics may not be stored in patient bins or med drawers for later use/waste.
5. Labels of unit dose packages will be left intact so they may be compared to the MAR prior to opening.
6. Once medications are removed from the medication room, the medication will remain with the individual who prepared the medication. Medication should not be left unattended.
7. Medication will not be left in any area exceeding 80 degrees F, which includes the storage of medications in clothing pockets.
8. Unused or non-administered medications will be returned to the medication room immediately.

## Medication Administration

1. Hand hygiene will be completed upon entering the patient room.
2. Before administration, the individual administering the medication(s):
   a. Verifies the medication selected against the medication order and/or MAR.
   b. Visually inspects the medication for irregularities or loss of integrity.
   c. Verifies that the medication is not expired.

1. Completes education with the patient/legal representative and document in the Electronic Health Record (EHR) per documentation guidelines.
2. Ensures that vital signs and or/assessments are completed prior to administration per medication orders (i.e. blood pressure, pulse, etc.)
3. Patient medications are administered using the six rights: right patient, right medication, right dose, right route, right time, right documentation.
4. Medications will not be left unattended at the patient's bedside. The individual who retrieves, prepares and administers the medication will witness the patient taking the medication.
5. Medications are to be left in packaging prior to administering to patient whenever possible to allow for bar-code scanning of patient wristband and medication. This will allow for ease and increase safety in the administration and documentation of medications administered.

# Medication Management Continued:

## Medication Wasting

1. Medications that require wasting will be wasted prior to the administration to the patient whenever possible. Staff permitted to waste medications include Agrace-employed RNs, LPNs, and all Certified Medication Med Pass CNAs.
2. Unused medications or those medications requiring a waste will not be stored in clothing pockets or in a secured or unsecured drawer for later disposal.
3. Controlled substances requiring a waste (e.g. fentanyl patch after removal) will be wasted with a witness and documented immediately after leaving a patient room.
4. The wasting of controlled substances will occur with two healthcare providers. The disposal will be documented with both providers signing as a witness.
5. Under no circumstances will a healthcare provider agree to sign as a witness for controlled substance if they were not present to witness the wasting/disposal of the medication.

## Commonly Used Medications

**Nausea/Vomiting**
dexamethasone
haloperidol
meclizine
metoclopramide
ondansetron
prochlorperazine
promethazine
scopolamine

**Terminal Congestion**
atropine drops
glycopyrrolate
hyoscyamine

**GI Distress**
calcium carbonate
magnesium/aluminum
omeprazole
ranitidine

**Pain**
dexamethasone
fentanyl
gabapentin
hydrocodone
morphine
oxycodone

**Dyspnea**
morphine
albuterol
dexamethasone
furosemide
prednisone

**Constipation**
Bisacodyl
docusate sodium
milk of magnesia
polyethylene glycol

**Diarrhea**
loperamide

**Delirium**
haloperidol
quetiapine
risperidone

**Anxiety**
alprazolam
buspirone
clonazepam
diazepam
haloperidol
lorazepam

# Subcutaneous Site Insertion and Care

**Indication:**
Subcutaneous infusion of medications can be very beneficial for patients when they are no longer able to achieve adequate pain control using the GI route. For example:

- When oral doses of long acting pain medications are no longer effective
- When oral dosing of short and/or long acting medications becomes too burdensome for patient/family/caregiver
- When rapid escalation of dosing is needed to adequately manage pain.

**Benefits of Subcutaneous Route:**

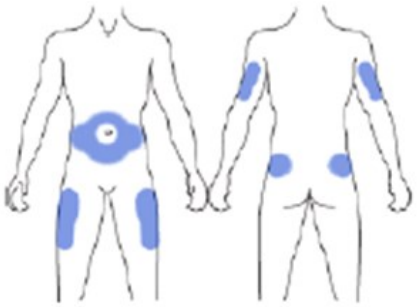
- Less invasive than IV access
- Reduced risk of systemic infection
- Site change every 7 days

**Limitations of Subcutaneous Route:**

- Infusion rate is limited to 3-5 ml/hour
  (2 sites may be used simultaneously)
- Pain is escalating rapidly and quicker response time is needed. (IV access may be preferred route)

**Additional Information:**
If using Subcutaneous site for intermittent medication administration, flush with 0.2 ml of saline after medication.

**Choosing Site for Insertion:**
Choose site with adequate subcutaneous tissue. Avoid broken skin or scarred area.



***Note: Subcutaneous Infusion management is per MD orders. This guide serves as an information sheet only and does not replace communication and direction from the patient's physician.***

**Assessment Considerations:**
Assess site for redness, inflammation, tenderness or leaking. If any of these are present remove catheter and resume therapy in new site.

## Subcutaneous Insertion of Saf-T-Intima

**1.) Preparation & Priming**

Hold as shown and rotate the white safety shield to loosen the needle:

Priming is possible by removing the filter plug and connecting the SQ set to a pump or saline flush.

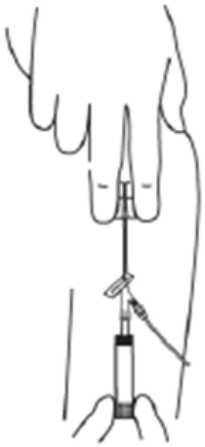
**2.) Insertion**

Grasp the textured sides of wing and bring them together, pinching firmly:

Using thumb and index finger gently pinch the skin around the selected site to identify the subcutaneous tissue. Insert the full length of the catheter and needle through skin at a 30° - 45° angle:

**3.) Needle Removal**

Lay the wings flat on the skin surface and pull the white safety shield in a straight, continuous motion until the safety shield separates from the safety system:



Discard the needle immediately in a puncture resistant, leak-proof sharps container.

**4.) Stabilization**

Secure the catheter and apply a tegaderm over the insertion site and wings: