

Community Health Professionals Inpatient Hospice: “Exemplar of Excellence”

VAN WERT— Community Health Professionals’ Van Wert Inpatient Hospice Center was recently praised as “An Exemplar of Excellence in End-of-Life Care” by Grif Alspach, editor of *Critical Care Nurse*, a bi-monthly journal published by the American Association of Critical Care Nurses.

Grif Alspach is the brother-in-law of the late John Alspach of Van Wert. The following are excerpts from the article, “An Exemplar of Excellence in End-Of-Life Care,” *Critical Care Nurse* 2010; 30(1):10-12, available online at: www.ccnonline.org.



“Although my husband and I have been health care professionals throughout our careers, neither of us had first-hand experience with hospice care until my brother-in-law’s rapidly deteriorating cardiac status precipitated his transfer to the Van Wert Inpatient Hospice Center.

“Our experience with care at this inpatient hospice center surpassed every expectation for our loved one, his closest friends, and ourselves. The most poignant aspects of the hospice care we experienced included the following:

- **Primacy of the patient’s wishes and needs.** All aspects of care were dictated first by the patient’s expressed preferences. When he could no longer provide that information, staff then inquired from the immediate family; if we were not present, they asked his closest friends.

- **Openness.** Throughout my brother-in-law’s hospice stay, each time we entered his nursing unit, we received an accurate and timely portrayal of his condition to help determine whether changes in the plan of care were warranted. This embracing approach to patient assessments reflected a partnership in care we had never previously participated in.

- **Sensitivity.** At our initial meeting with the hospice nurses and intermittently thereafter, we were asked how much we were interested in knowing about our family member’s condition; how much detail we wished to hear about his physical, emotional, and spiritual needs; how active a role we wished to take in his care; how much time we would like to be with him; any special cultural or spiritual practices we would like to be observed; and many other inquiries that represented exquisite sensitivity to a myriad of small and large issues.

- **Nonjudgmental attitude.** Although a member of the clergy was one of my brother-in-law’s close friends, our family member’s and our dissimilar religious backgrounds, preferences, and spiritual beliefs were solicited for clarification, but not assumed and never acted upon without first verifying concurrence with the patient’s or our wishes.

- **Continual striving for best practices.** These hospice nurses never seemed to be wholly satisfied with their care for my brother-in-law, as they frequently sought reaffirmation that improvement

was achieved. Except for the devotion to continually improving and verifying the effectiveness of care, no aspect of nursing interventions remained static.

• **Far-reaching support for the patient, family and close friends.** In addition to the anticipated admonitions to family and friends to take time for themselves and to get adequate rest, the hospice staff extended an open-ended offer to secure “anything the patient wants or needs at any time of the day or night.”

• **Blend of traditional and alternative health interventions.** My brother-in-law was a traditional, Midwestern man, who needed a few weeks, a steadily declining health status, and nurses especially skilled in building patient rapport before he slowly became comfortable with nurses taking care of his needs. Despite his lifelong aversion to securing even minimal traditional primary health care, the hospice nursing staff astounded both family and friends by gently yet frequently enlisting this man to try massage therapy and hydrotherapy.

“I don’t know what’s going to happen with the future health care system in the United States as politicians “fix” our current system’s weakest links, but I do pray that one little corner of northwestern Ohio is protected from any fixes that would detract from the care currently available at the Van Wert Area Inpatient Hospice Center.

Our first experience with end-of-life care was truly exemplary.”

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