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Kindred Healthcare

The need for hospice care programs has increased in the last decade. As a result, policymakers have proposed quality indicators that these programs should meet to sustain their competitiveness in the healthcare industry. The quality indicators include symptom management, complying with patient preferences, supporting caregivers, and enhancing the experience of families and patients with care delivery (Powers, 2017). However, data from Kindred Hospice care suggests that the facility is underperforming in these metrics.

For instance, patients are not getting timely help (75% against 78% national average), and pain and symptoms management are below the national standard (74% against 75%). Caregivers are not adequately trained to support their patients (73% against 75% national standards). As the director of Kindred Hospice, you must understand that families and their loved ones identify hospice programs that are known for providing patient-centric and high care standards, while at the same time ensuring a dignified and peaceful passing for the client. If the underperforming benchmarks are not improved, patients and their families will not seek hospice services at the facility, a factor that might jeopardize the financial health of the organization. Therefore, as a

concerned healthcare provider, the facility must change its policies to promote the experience of both caregivers and patients at Kindred Hospice care.

Policy Change Proposal

Kindred Hospice must provide its patients with consistent care to sustain its competitiveness in the healthcare industry. The organization must implement the following strategies to promote the well-being and quality of life of patients at end-of-life care:

Paying attention to the Comfort of the Patient

The satisfaction of patients in hospice care is measured differently than health outcomes in the clinical setting. Therefore, health care providers should give priority to managing the patients' pain and symptoms to keep them comfortable and improve their quality of life before they succumb to their illness. Although not all hospice care patients experience pain, healthcare staff must recognize it and treat it immediately.

Caregiver Training

Staff shortage is a significant challenge in hospice care. Therefore, Kindred Hospice must train caregivers about the right way to treat patients. Equipping them with the necessary knowledge will improve care delivery to patients that are hurting the most. Caregivers should be capable of meeting the varying needs of patients like medical, spiritual, and social needs. Although the strategy might be considered risky or a waste of resources and time, it is the most practical way of meeting the needs of the patient while maintaining the highest standard of care at the facility

(LaValley, 2018). Therefore, a comprehensive program must be put in place to educate caregivers about the needs of end-of-life patients.

The Social Security Act (Provisions 1102, 1861, and 1871/42) acknowledges the significance of hospice care to end-of-life patients. Implementing policy recommendations will promote facility compliance with national health care standards. The patients are complaining that their pain and symptoms are not adequately managed, and they are not accessing pain management as immediately as they wish. Respecting the rights of the patients and care for the whole persons (the mind, the body, and the spirit) should be made a priority for hospice care patients. Kindred Hospice care staff must understand their patient's belief systems and backgrounds to provide both sensitive and culturally competent care.

Primary Stakeholders

Caregivers, doctors, nurses, nurse educators, and other health care providers will be involved in the development and implementation of the proposed policy, guidelines, and recommended strategies. It is the ethical responsibility of nurses and allied healthcare providers are responsible for reducing patients' pain and its associated suffering (Berry, Connor, & Stuart, 2017). In collaboration, they must design interventions that meet the individual needs of the client. The caregivers, in contrast, will be educated about the conditions of their patients and what they should do to alleviate patient's suffering. The involvement of these stakeholders will minimize resistance to the change process and ensure that attention is directed to the spiritual, family, and emotional needs of caregivers and patients regardless of their ethnic background. The involvement of the caregiver will facilitate the design of culturally competent development and

training procedures and policies to improve the care and quality outcomes of hospice care patients.

Potential Effects of Environmental Factors on the Recommended Policy Changes

Privacy is an environmental factor that might undermine the effectiveness of the recommended policy changes. Maintaining confidentiality in multi-bed patient rooms is impossible. Hospice care facilities use curtains to separate rooms allowing families and other patients to hear other patient's dying wishes or patients grieve. Patients in end-of-life care units are also subjected to undue stress when compelled to overhear deaths and resuscitation attempts of their fellow patients (Zadeh et al., 2017). Such distractions aggravate pain. However, the facility can exploit other strategies that can help relieve patient pain, such as enhancing the brightness of the patient's rooms and engaging them with nature. Visual access to music, artwork, and color distract patients from pain because of their distractive and positive sensory stimulation.

Organizational Resources that Could Affect the Recommended Strategies

Staffing and financing will affect the proposed change strategies. Kindred Healthcare nurses and allied health professionals will be responsible for addressing hospice care patients' pain and its associated symptoms. They must be encouraged to work as a team to facilitate effective management of the patients at end-of-life care. The hospital administration must fund the

caregivers' training program to improve their competence in meeting the emotional, spiritual, and medical needs of their patients. Their active involvement in taking care of hospice patients will minimize the need for additional staff.

References

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