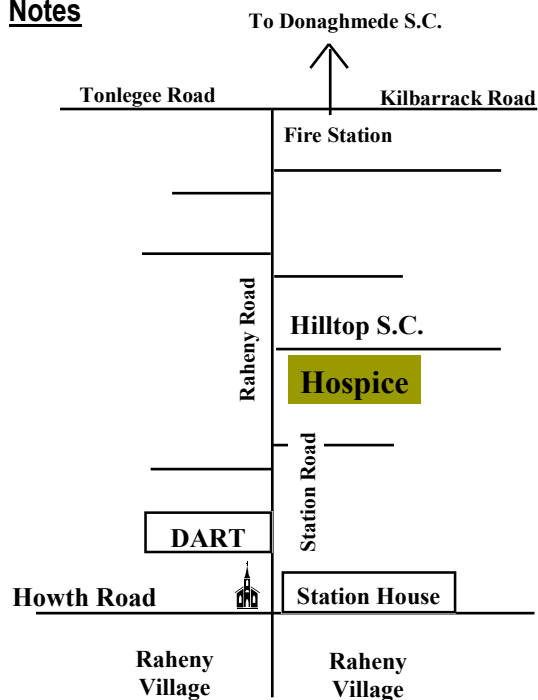


How to Find St. Francis Hospice

St. Francis Hospice is located beside Raheny village. You can use the DART (Raheny station) or bus services: 29A from the city centre or 17A from Finglas.

Notes



St. Francis Hospice
Station Road, Raheny, Dublin 5

Telephone: (01) 832 7535
Fax: (01) 832 7635
E-mail: info@sfh.ie
Web: www.stfrancishospice.ie



Updated 2011

St. Francis Hospice

Under the Care of the Daughters of Charity
of St. Vincent de Paul



Handbook for Visiting Students



Welcome to St. Francis Hospice



Welcome to St. Francis Hospice. We hope your experience in the hospice will meet your educational needs and that you enjoy your time with us as part of your clinical and continuing education experience.

While you are with us in the hospice, you will have an opportunity to experience a model of shared care where family, volunteers and professional staff participate in providing specialist palliative care in an environment of tranquillity and peace. The aim of shared care is to help each patient to live with dignity and self respect either in their own home or in the home-like and comforting environment of the hospice. The emphasis is on care to improve the quality of life when cure is not feasible. Each member of the care team has an important role to play. You, too, will have your unique contribution to make in this process.

We hope that the information contained in this handbook will assist you during your placement. It is in no way exhaustive and additional information will be provided as required or requested throughout your placement.

**Dr. Kevin Connaire,
Director of Education (Ext.348)**

Updated May 2011

Confidentiality

In the course of your experience with us in St. Francis Hospice, you will inevitably be in possession of very confidential information about patients and their families. Under no circumstances should any information regarding patients be disclosed in public places either in the hospice or outside. The name of a patient should never be divulged, nor any information that would identify a patient, to anyone other than an authorised member of staff.

Written documentation about patients, i.e. nursing/medical records, must be filed in an appropriate manner to ensure confidentiality. Should you at any stage make personal notes about a patient other than in nursing notes/medical records, they should be disposed of in the bins specifically designated for confidential material. If it is necessary for you to take your notes away for educational purposes, e.g. a case study, extreme care should be taken that no information recorded could disclose the identity of the patient.

Support Available to Students

Everyone reacts differently to death, and it is important to remember that there is no right or wrong way. The experience of working in hospice reminds us of our own human frailty and mortality, and this can be very painful and emotionally exhausting. Death and the process of dying is surrounded by misunderstanding, taboo and fear, and it is understandable that you may feel a sense of anxiety during your placement. In addition, caring for the dying person and his or her family often awakens in us painful memories of our own past experience of loss and grief. If you would like to talk to someone about your experience, all members of the multidisciplinary team are available to you. In addition, please refer to your Student Handbook / Guidelines from your Academic Institution.

Answering Queries from Patients/Family Members

During your clinical experience you may be asked questions by patients or their family members and friends, about their health status which you have difficulty answering. It is important that you acknowledge the person's concerns in an empathetic manner and explain your position as a visiting student. Most people will be happy if you refer their question to a member of the team. It is important that you do not ignore or block people from asking questions.

Students should refer all queries from patients, their relatives or visitors, either in person or over the telephone, to a member of staff.

Family of Patients

Members of the patient's extended family are an important part of the unit of care. This is a particularly distressing time emotionally for the family and friends as they journey with the person who is dying. Staff in the In-Patient Unit, Hospice Day Care and Home Care provide emotional and spiritual support for the family throughout the period of the patient's terminal illness and in their bereavement. When patients are admitted to the in-patient service, family members and friends are encouraged to feel free to be with the person who is being cared for, and take part in the care if they so wish. Therefore, the hospice has a policy of open visiting hours.

Your Placement

You will be sent details of your placement well in advance. It is a good idea to ring the department you will be working with a few days in advance to confirm arrangements.

Most departments are based at St. Francis Hospice, Raheny and can be reached on (01) 832 7535. There is a map on the back cover of this booklet.

The Community Palliative Care Team West is based at St. Francis Hospice, Blanchardstown (map below). The contact telephone number is (01) 829 4070.



*Please note:
This map is not of
very high quality.*

*St. Francis Hospice,
Blanchardstown is
located beside
Connolly Hospital,
and shares an
entrance from the
Navan Road with the
hospital.*

*You can search for
Connolly Hospital on
Google Maps
(<http://maps.google.com>)
to get an interactive,
zoom-able map.*

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Absence from Duty

Students who cannot attend their clinical experience in St. Francis Hospice for whatever reason must inform the unit to which they are assigned to work that day and the Clinical Education Facilitator in the Education Department. Students should comply with the absence regulations of their own institution with regard to reporting absence.

Professional Dress

You are required to dress professionally while on duty. Nursing students should wear a uniform in the In-Patient Unit. If you are assigned to Hospice Day Care and Home Care, do not wear a uniform but dress professionally. Changing rooms and shower facilities are located near the Restaurant and will be available to students.

Evaluation

Staff in St. Francis Hospice are committed to providing a quality service to patients, families and visiting students. As part of this process, you will be asked to fill out an evaluation form before you leave. Your comments will be much appreciated, and your anonymity will be respected.

Volunteers

Skills and services of volunteers are an important part of hospice care and provide a vital link with the community and other groups and organisations. Approximately 200 volunteers are involved in various works including administrative work, fundraising, transportation of patients, complementary therapies, bereavement support and work in Hospice Day Care, Home Care and the In-Patient Unit.

Administration

The administration function within the hospice provides a variety of valuable services (accounts, patient' records, fundraising, maintenance, etc.) which are necessary for the smooth and efficient running of the organisation.

Multidisciplinary Meetings / Education Sessions

During your placement, you are welcome to attend multidisciplinary meetings or in-service education programmes that are appropriate. Prior to attending an in-service session, you must discuss it with your mentor, and register by ringing ext. 326.

Policies

Visiting students are expected to follow all health and safety procedures as outlined in the Health and Safety, and Welfare Statement. Particular attention should be paid to fire procedures.

Students must practice within the parameters of the St. Francis Hospice Clinical and Medication Policies, which are available for consultation in all departments.

Students are advised to provide their own professional indemnity throughout the course of their clinical placement at the hospice.

History of Hospice

Hospice care is part of the Christian tradition. It dates back to fourth century Byzantium when Christian institutions (called *xenodochia* in Greek) were established to welcome travellers. When the concept spread into the Roman Empire, it was given the Latin name *hospitium*, derived from the word *hospes*, or host. During the Crusades, hospices were set up as places of rest for pilgrims on their journey to the holy places. By this time, hospices were also providing care to the destitute, the sick and the dying. With the coming of the Reformation, hospices virtually disappeared (although reference is made to the Hotel Dieu in Paris, where in 1633 the Daughters of Charity were invited to care for the dying) until the 19th century when hospices specifically for the care of the dying were founded in Dublin and Lyons in France. Similar hospices, of various Christian denominations, soon followed.

The Irish Sisters of Charity were pioneers in hospice care in Ireland and England, and it was at one of their hospices, St. Joseph's, London, that Cicely Saunders, a nurse, social worker and doctor, developed an interest in the psychosocial needs of dying patients and their families. She became aware of the need for research and education to support the sophisticated art and science of the care of the dying person. In 1967 she founded the first modern hospice, St. Christopher's, London.

The modern hospice philosophy reflects the belief that the person is both a holistic individual and a member of a complex system of family, friends, society and culture. The emphasis in hospice care is on increasing the quality of life to enable people to live with dignity to the end of their lives.

Hospice is a philosophy, not a facility; it is an approach to caring rather than a place in which services are offered. However, the physical environment of a hospice complements this philosophy. The beautiful decor, gardens, and facilities for families and friends which are part of the hospice concept provide an environment conducive to serenity, peace, reflection and joy.

Palliative Care

In 1975, Balfour Mount opened a Palliative Care Service in the Royal Victoria Hospital in Montreal and in so doing brought the term palliative care into the lexicon as a synonym for supportive or hospice care. The term palliative is derived from the Latin word *pallium*, meaning cloak or cover. According to the WHO (1990), palliative care is:

“The active total care of patient at a time when their disease is no longer responsive to curative measures and when control of pain and other symptoms and of psychological, social and spiritual problems is paramount. The goal of palliative care is the highest possible quality of life for the patient and family”.

Palliative care affirms life and regards dying as a normal process. It neither hastens nor postpones death, but emphasises the relief from pain and other distressing symptoms by integrating the physical, psychological, social and spiritual aspects of care so that patients may come to terms with their own death as fully and constructively as they can. Palliative care stresses planning rather than crisis intervention. The primary focus is on pain management, recognising that pain can be physical, psychological, social, spiritual or any combination of these.

Since physical pain influences and is influenced by the other aspects of pain, careful assessments are made involving family and all members of the health care team (doctor, nurse, chaplain, social worker, volunteer, care assistant). By working together and sharing information members of the team can provide the kind of holistic care that hospice and palliative care represent. It offers a support system to help patients live as actively and creatively as possible until death, and also a support system to help families cope during the patient’s illness and in bereavement. The function of the palliative care team is to journey with the person and their family through the closing stages of life and facilitate the attainment of the highest possible quality of life. This means that the team members must acknowledge the uniqueness of each individual and family, understand and accept the point they have reached in their journey, and be responsive to their needs as defined by them.

- The Social Work Service is committed to providing patients and their families with an opportunity to identify and deal with all aspects relating to the social, psychological and emotional impact of terminal illness as well as any financial issues that may arise. The service is available throughout all stages of the patient’s illness, and also during a family’s bereavement.
- Bereavement Support is an important part of the hospice concept. This includes a monthly liturgical memorial service for patients who have died. Individual bereavement support is offered by members of the multidisciplinary team (social workers, nurses and chaplains). A Volunteer Bereavement Support Service is also available to relatives three months after their bereavement.
- Complementary Therapies represent another dimension of care offered to patients. The team consists of fully qualified volunteer therapists and one Clinical Nurse Specialist who co-ordinates the team. Three complementary therapies are currently offered: Massage, Reflexology and Aromatherapy. Beauty therapy is also provided, and this introduces the ‘feel-good’ factor, while also catering for very important and sensitive issues such as body image for people having undergone surgery, radiotherapy or chemotherapy.
- The Education Department is involved in the education of health care professionals and other staff both within the service and in other organisations. The department is affiliated with a number of third level institutions.

Links to Other Services

A team of palliative care liaison nurses, social work and medical staff based in the main North Dublin hospitals (Beaumont, Connolly and the Mater Misericordiae) offers education, advice and support to staff on the care of dying patients and their families. This is an important means of extending the palliative care approach to a greater number of patients.

Overview of Services

The hospice offers a wide range of services free of charge to patients and their families.

- St. Anne's Unit is a 19-bed in-patient facility which aims to provide a caring and supportive environment for terminally ill patients and their families. Staff in the Unit aim to help each patient to live with dignity and self-respect in a home-like and life-affirming environment. Patients can also avail of respite admissions and admissions for symptom control with a view to being discharged home.
- Hospice Day Care is a place where patients can come for medical/nursing assessment, recreational therapy and social interaction. The Staff in Hospice Day Care provide emotional, psychological, social and spiritual support for patients and their families. Volunteers provide a number of additional services, including complementary therapies, music, art, beauty therapy, transportation and more. Hospice Day Care allows for the assessment and monitoring of patients' symptoms and can facilitate the transition to homecare or in-patient care.
- The Community Palliative Care Service aims to provide support and professional expertise to people with advanced malignant disease and their families in their own home. The Home Care Team are complementary to their Hospital colleagues and the Primary Health Care Team who continue to have overall clinical responsibility for patients. The Home Care Team also provides support and advice to professional colleagues who care for people with terminal illness in nursing homes / psychiatric hospitals and for people with learning disorders.
- The Chaplaincy Service is an integral part of hospice care. The aim of this service is to provide spiritual care to patients and families, whatever their culture, religious denomination or spiritual concept.

History of St. Francis Hospice

St Francis Hospice was established in 1989 on the initiative of the Irish Hospice Foundation, the Daughters of Charity, and the Capuchin Order who recognised the need to provide a comprehensive Hospice service to the people of North Dublin City and County. This area, with a population of over half a million, has approximately 1,500 deaths each year from cancer. In February 1989, a Home Care Team was established. This facility provides support for patients and families, enabling many people with terminal illness to be cared for in their own home. In 1993, a Day Care Centre and new Home Care offices were opened on a site donated by the Capuchin Order.

With the support of the Daughters of Charity, work also commenced in 1993 on a 19-bed in-patient unit. Funds for this unit came from the Daughters of Charity, local support groups and numerous benefactors. When St. Anne's In-Patient Unit opened in October 1995, the aim of providing a comprehensive hospice service for the North Dublin area was a step closer to being realised.

Further expansion was achieved in July 2002 with the opening of a new Hospice Day Care, Centre for Continuing Studies, Bereavement facilities and office units. The quality of the design was recognised by multiple architectural awards.

In September 2001, the hospice took over from Our Lady's Hospice the care of patients in the North West area of Dublin including Castleknock, Clonsilla, Blanchardstown and Mulhuddart. Due to this expansion of the catchment area, a search began in 2003 for a new site in the Dublin 15 area. At the end of 2005, a site adjacent to Connolly Hospital, Blanchardstown, was allocated to St. Francis Hospice. Building work is expected to be completed in 2011. The new hospice will mirror the facilities at the Raheny site.

Walmer Villa Outpatients Department opened in 2007. It offers patients at home access to complementary therapies, physiotherapy, occupational therapy, and medical/nursing assessments.

Mission and Values of St. Francis Hospice

Mission Statement

- ◆ St. Francis Hospice provides a specialist palliative care service to people in North Dublin. This includes support for their families and friends and other healthcare professionals involved in their care.
- ◆ The service is based on a Christian philosophy of human dignity, which treats each person with respect and compassion, irrespective of their cultural or religious background.
- ◆ The hospice plays a leadership role in shaping palliative care nationally, working in partnership to advance policy, education, research and service innovation.

Our Values

The underpinning values of St. Francis Hospice are commitments to...

- ◆ Creating a welcoming, relaxed and personal atmosphere of care.
- ◆ Providing quality care at a physical, emotional, psychological, spiritual and social level which respects the needs and wishes of each person.
- ◆ Supporting families and friends emotionally, psychologically and spiritually from referral through bereavement in an attentive and non-intrusive way.
- ◆ Working collaboratively as a team which cares for its members, values each one's contribution and engages in on-going education and reflection.
- ◆ Linking with other professionals, support agencies and the local community to improve the quality of service to people who are terminally ill.
- ◆ Educating others and influencing the practice and standards of palliative care of people who are terminally ill.

Philosophy and Aims of St. Francis Hospice

Our philosophy and aims are:

- To enable terminally ill patients to live as normally as possible within the limits imposed by their illness through the control of symptoms by providing emotional and practical support. We consider that the control of pain and other distressing symptoms is a right of all patients and that a pain-free and peaceful death should be available to everyone.
- To involve patients in decisions about their care, reducing feelings of isolation and uselessness, and enabling them to adapt to a changing but positive role.
- To discern spiritual needs and arrange for pastoral care, if desired.
- St. Francis Hospice is founded on Christian Principles, but the service is offered to patients and families in need of Hospice Care regardless of religious beliefs or practices.
- To admit patients to the In-Patient Unit when continuing care is not possible in the home environment and to help the patient and family to accept the need for this.
- To create a life-affirming climate in which the patient maintains control over his/her life, prepares for death in his/her own way and lives his/her life in comfort with a sense of personal dignity.
- To support families caring for a dying person, both emotionally and practically, and to continue this care through bereavement.