



TEN TIPS FOR A PEACEFUL DEATH IN A HOSPITAL OR LONG-TERM-CARE FACILITY

Although most Americans say they would prefer to die at home, about two-thirds will die in a hospital, nursing home, or other long-term care facility. For most patients, remaining home for the last days of life is best for peaceful dying. Unfortunately, this is not possible for everyone. If you or someone you are caring for is likely to die in a medical facility, here are ten tips that can help enable a better, more peaceful death.

1. Talk to your family realistically about the option of staying at home, having home health or hospice, or going to a long-term care facility. If your loved one(s) would have to quit a job or could not handle the physical and mental chores of care giving, then moving to a facility may be best. Decide what kind of facility suits your needs. For a helpful resource that describes the differences between adult family homes, nursing homes, and assisted living facilities, go to: <https://www.dshs.wa.gov/altsa/residential-care-services/long-term-care-residential-options>
2. Evaluate your finances. If you feel you must go to a facility because you lack financial resources to hire caregivers, explore all avenues for financial assistance. Talk to Medicare or Medicaid officials; talk to your financial advisor or a social worker to find out what portion of the costs they will pay. Long-term care insurance, if applicable, should cover some of these costs. Veteran's benefits may also apply.
3. Choose a facility close to your loved ones. If your loved ones have to travel most of a day to visit, they might not be able to be with you at the end. Sometimes families must choose between a good facility and being further from home.
4. Research the facility. You can view facility ratings at www.memberofthefamily.net, and <http://projects.propublica.org/nursing-homes/>. At www.medicare.gov/ you can click on "facilities and doctors" and click on "compare nursing homes." Call the Washington Long-Term Care Ombudsman Office at 1.800.562.6028, and ask for a complaint report on the facility you are considering. Visit the facility, interview staff, and ask the facility for the results of the last government survey, which is public record. Talk to family members of current residents; visit during off hours unannounced; and inquire about what the staffing is like at nighttime. Doing this research is very important to help ensure you will be well cared for.
5. What are the rules about visitation? Are they comfortable with same sex partners? Be sure the visiting hours are adequate and that loved ones will not be barred from seeing you in case of an emergency. At the end of your life, one or more of your loved ones may want

to stay with you 24 hours a day. Find out if this is permissible and if there is a place within the facility for a loved one to stay overnight.

6. Make sure the facility will honor your wishes. Talk to the facility administrator about whether they will honor your advance directives and Physicians Orders for Life-Sustaining Treatment (POLST) form, particularly regarding your right to decline CPR, artificial nutrition and hydration, especially if you have Alzheimer's or dementia. Many nursing homes transfer patients to hospitals for emergencies or medical care during the last phase of dying. If you want to avoid dying in a hospital, be sure they won't send you there at the end. Many nursing homes will try to do everything possible to delay death; you, your loved ones, and your advance directives should make it very clear that this is not expected. Also be sure to understand a facility's capacity to care for a dying patient. Inquire as to whether you will need to pay and provide any extra staff needed for individual care.
7. Will the facility meet your end-of-life needs? What kind of experience does the facility have working with dying patients and Hospice? Be sure the facility can provide aggressive pain control or palliative care. Ask whether the facility will allow you to utilize hospice services and if they will coordinate your care with hospice personnel. Know whether you must pay for hospice care in addition to the facility charges.
8. If you are transferred to the hospital at the end of life, ask to be in a palliative care center, an inpatient hospice bed, or an area where you will get only maximal comfort care. Hospitals are best for prolonging life with curative treatments and procedures, and hospital patients commonly die in intensive care or critical care units. Make sure your POLST is up to date and is transferred with you to every care setting.
9. Communicate your suffering. Patients tend to underreport pain and symptoms. You should never experience severe pain or unmanaged symptoms like breathlessness. If your pain or symptoms continue, report your pain level higher on a scale of 1-10 to the nursing staff or physician, and be vigilant in your efforts to seek relief. Never ask staff to end your life or use the word suicide. You run the risk of closer scrutiny and tighter control over all pain or sedative medicines. If you have complaints about nursing home staff that are not being heard, call the Long-Term Care Ombudsman at 1.800.562.6028. If your pain and symptoms are not being adequately managed, contact End of Life Washington.
10. If you want the option to use the Washington Death with Dignity Act (DWDA), find out discreetly if the facility of your choice has a policy about the DWDA. You can do this by having someone make a confidential phone call to inquire, without mentioning the name of the person who would be living in the facility. Most hospitals and nursing homes do not allow patients to take DWDA medications on the premises. Therefore, you may need to make arrangements to go home or somewhere else to take the medications. Because it can take up to a month to acquire DWDA medication, calling early after receiving a terminal prognosis is highly recommended. For information about using the DWDA, contact End of Life Washington.