

TESTIMONY
FOR THE DEPARTMENT OF PUBLIC HEALTH
REGARDING:

Revised Hospice Facility Regulations

Friday, March 16, 2012

Dear Senators/Representatives:

I am **Robin Viklund, RN, BSN, CHPN**. Seven years ago I joined Regional Hospice and Home Care of Western Connecticut as a Nurse Case Manager. I quickly realized that this nursing specialty was a calling for me—not just a profession.

I first experienced hospice in 1988 when my daughter was born at an age when survival was unlikely. Some hospitals would have tried many interventions to keep the baby alive but in the end the baby would have known only the pain of being poked, prodded and not the true love of human touch. My husband and I chose to hold our daughter and have her only know love and peace until her short life ended. The importance of my daughter's life led me down the path I now walk.

I was a maternal child nurse for many years but 8 or 9 years ago I worked in a skilled nursing facility. This is when I first saw the unmet need of patients who have a life limiting illness and the specialty of Hospice Care. This was the beginning of my dream to have a local Hospice House with inpatient care in Western Connecticut. The goal for most patients and families is to stay at home. On the occasions that this is not possible the patients and families of our region have very few options.

I would like to speak to the question about pharmacy needs. With my extensive background as a hospice nurse case manager and educator, as well as experience with inpatient nursing care, **I do not see a need for an on-site pharmacist at a hospice residence**. Skilled nursing facilities do not have the requirement for a pharmacist on site—but they do have medications available to them 24 hours a day, 7 days a week. A hospice residence with inpatient care would be no different. As long as medications are available patients will be kept physically comfortable without a pharmacist on site—quality of care will still be exceptional.

For a patient to be able to have an inpatient Hospice facility within their community would allow them to receive local care and benefit from a skilled team that embraces the entire Hospice philosophy. Hospice is really no different than any speciality care. If you are having a baby you are cared for by an obstetrician and clinicians in the labor and delivery unit—it wouldn't make sense to be on a hospice floor. When you need inpatient hospice care at the end of your life, you don't want to go to a rehab unit or a nursing home—you want to be cared for at a hospice residence by the experts in hospice care.

When talking with patients about what happens if the family cannot care for their loved one at home and mentioning that the only free standing hospice facility is in another part of the state you can see disappointment in their eyes and hear it in their voices as they say it is too far for them. They would not be able to travel to be with the patient and they promised never to place them in a skilled nursing facility or return to the hospital.

To be able to go to an inpatient hospice residence with a home like environment, within the patient and family's own community—not 1 to 2 hours away—makes the holistic mission of hospice better accomplished. To be able to keep patients close to their loved ones and in their community makes the goal of assisting with the things most important to them easier. When patients have to leave their community, more often than not the ability for their family, clergy, and friends to visit and be with them is limited.

It is so important to have the proposed Regulations passed as there is such a need that is not being met. My dream for many years has been to bring hope to families in Western Connecticut—so they can have the best possible care in the best facility to offer what they need without traveling a great distance.

I urge you to support the Hospice Facility Regulations 19a-122b-1 to 19a-122b-14 created by the Department of Public Health (DPH), with the proposed revision of words: Shall be authorized to operate a hospice facility, including a hospice residence, for the purpose of providing hospice services for terminally ill patients who are in need of hospice home care or hospice inpatient services. The hospice facility including a hospice residence , must be able to provide the following levels of hospice care: routine, general inpatient , continuous or respite.

These regulations are sorely needed and will provide opportunities for licensed hospice providers throughout the state to offer terminally-ill patients access to all levels of hospice services both in home and in facilities within their own communities. They will allow for small hospice residences (usually 12 or fewer beds) to be built in areas around the state where accessibility to all levels of hospice care is currently a problem (Greater Danbury, Southeastern CT and Fairfield County to name a few). These hospice residences will be close to home and convenient to friends and family with less worry about travelling distances/hours to visit. They will also offer enhanced hospice care provided by hospice designated and trained staff in a home-like setting (not a nursing home or a hospital). Overall, they will ensure greater patient and family satisfaction at end-of-life.

Thank you for your time and consideration of this important hospice issue.

Yours truly,

A handwritten signature in black ink, appearing to read "Robin Viklund, RN BSN CHPN". The signature is written in a cursive, flowing style.

Robin Viklund, RN, BSN, CHPN