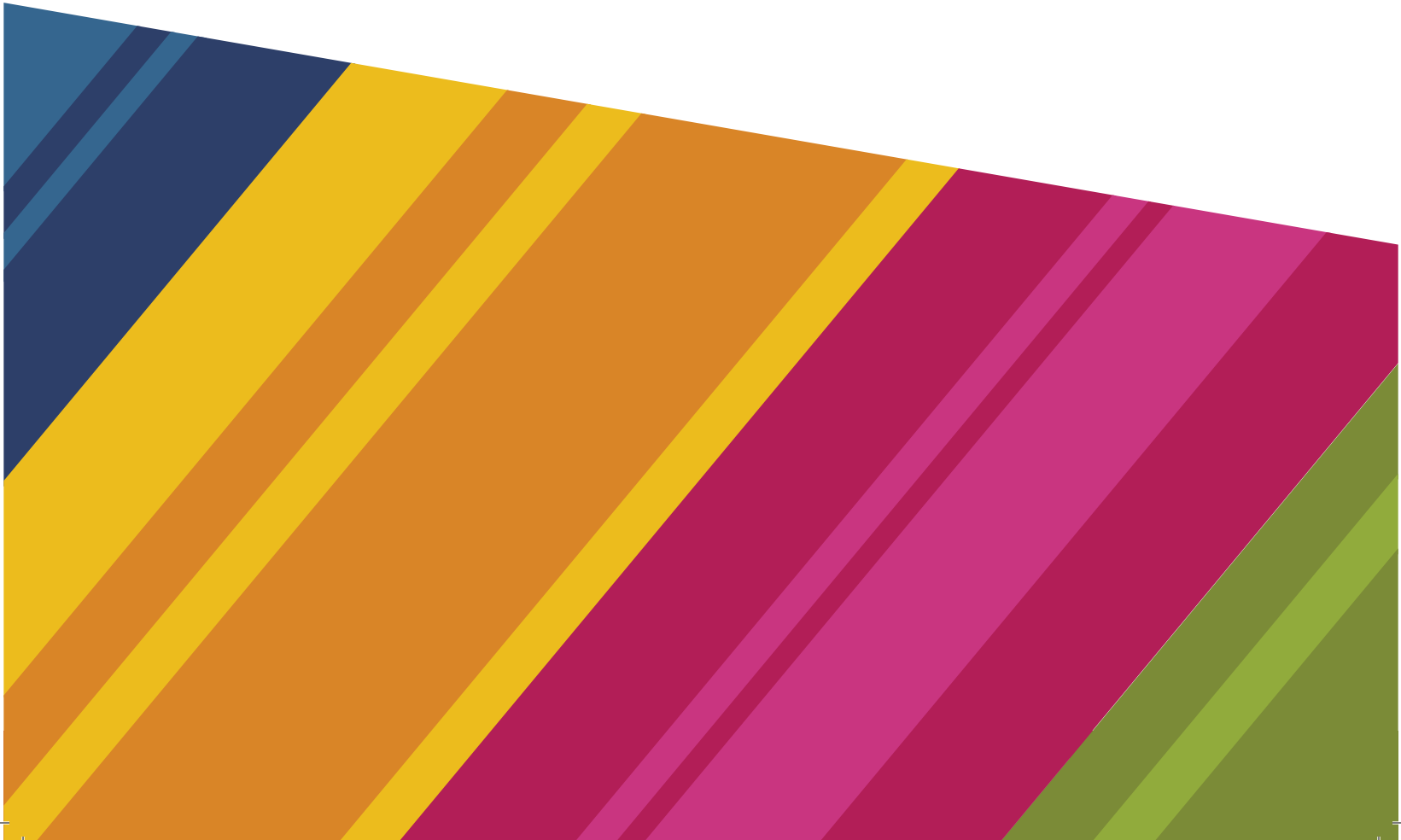




Patient Booklet





Franklin Hospice - Key Contact Information

HOSPICE IN HOURS – Monday – Friday 8am – 4.30pm

Call: **(09) 2389376**

Hospice location: 29 Hall Street, Pukekohe 2120

HOSPICE AFTER HOURS

Weekdays after 4.30, Saturday, Sunday & Public Holidays

Urgent Calls only please


Call: **027 5004833**

Please do not text this number. If there is no response please call back.

COMMUNITY HEALTH SERVICES – HOME HEALTH CARE

District nurse, OT, Physio and other home based services

Call: **(09) 2370650**





Booklet Contents

Page.

About this booklet	2
Introduction to Franklin Hospice	3 - 4
Consent for Care Form	5 - 6
Patient Care Plan	7 - 12
Complaints, Compliments and Feedback Form	13 - 14
Self Report Symptom Form	15 - 16
Notes Pages	17 - 50
Extra Feedback Forms	51 - 54
Extra Self Report Symptom Forms	55 - 60



About this booklet

This booklet is for patients and carers to use whilst you are in the care of Franklin Hospice. The booklet contains pull out pages which the nurses will complete with you at the appropriate times. There are also feedback forms that you can use at any time if you want to tell us what is working well and how we can improve.

There are a number of notes pages in the booklet which are there for you to make notes about things you may want to discuss with the nurses or others. We encourage you to use these so you can record things as they happen.

For quick reference - our contact numbers can be found on the inside front and back covers. A fridge magnet can also be found inside the pockets.

The booklet pockets also have different brochures about the services we and others offer. Feel free to look at them, and share them with others if you wish to do so.

Please let the nurses know if you need more forms or another booklet.



Introduction to Franklin Hospice

Welcome to the in home palliative care services provided by Franklin Hospice.

We are here to help you make this stage of your life the best it can be, and we hope that the relationship we build with you and your whanau and support crew will be positive and beneficial.

Everyone's journey is unique and it is important to us that you feel supported to make the choices that are right for you. This booklet contains a range of information, brochures and pamphlets that you may find helpful during your time with us.

What is palliative care?

Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with other treatment.

Home based care

Franklin Hospice is a community-based hospice providing palliative care in the patients home. Our home visiting service is available 7 days a week, from 0800-1630. The patient and family support team and nurses work closely with other healthcare providers in the community to provide holistic care.



Patient and family/whānau support

Franklin Hospice provides a range of additional patient, family and whānau support services. Our Patient & Family Services Team Leader brings a wealth of knowledge in this area to Franklin Hospice. We can assist patients and their immediate family and/or carers with advice and assistance on all manner of non-medical issues.

Daybreak - our patient support group

Our Daybreak Patient Support Group meetings occur weekly at the Hospice. There is tea, home baking and a lot of laughter. The activities are planned to be interesting, informative, and relevant and cover a wide range of topics. We use both Franklin Hospice staff and external speakers. The themes at some of the group sessions include scrapbooking, occupational therapy tips, and various other craft activities.

Companionship support

The Companionship Service is provided by Hospice volunteers. The service is designed to provide companionship to patients and carers - and to give carers a short break and a bit of personal time. The service is only designed to be for brief periods – typically a few hours – but that can be a big help.

Biography service

We have trained volunteers to visit patients who would like to record their life story. This is provided free of charge.

Kowhai – a programme for carers

Our Kowhai meetings occur every three months and run for 4 weeks on a Tuesday afternoon at Hospice. There is tea, home baking and a lot of laughter. The sessions are planned to be interesting, informative, and relevant and cover a wide range of topics. To help support those in the caring role. We use both Franklin Hospice staff and external speakers.

Consent for Care

Franklin hospice needs your permission to provide our services and support to you, your family and caregivers. Please discuss with our hospice team the range of services we offer and how we work.

Sometimes we need to make referrals to other health care providers and share your information to meet your care needs. The Franklin Hospice Team are respectful of privacy and only share necessary information with appropriate services required.

As health care providers we work under The Health and Disability Commissions Code of Conduct. If you would like more information on your rights as a patient, please ask your nurse or follow the link below for the health and disability website.

<https://www.hdc.org.nz/your-rights/the-code-and-your-rights/>

Your Consent

- ☐ I agree to receiving support from Franklin Hospice.
- ☐ I agree to sharing relevant information to other appropriate health professionals.

Patient name: _____

Date: _____

Signature: _____



Contact information

To allow us to best support you please provide contact details for yourself and your main care person or Next of kin.

Patient Name:

Phone:

Address:

Email:

Carer/ Next of kin name:

Relationship:

Phone number:

Address:

Email:

☐

If the Hospice team are unable to contact me I agree for my next of kin to be contacted

Date:

Signature:

Franklin Hospice Patient Care Plan

Patient guided care plan

Personal Details

Name: _____
Gender: _____
Street address: _____

Ethnicity: _____
Iwi: _____
Hapū: _____

Date:

NHI: _____
Date of Birth: _____
Suburb: _____
Preferred language: _____
Contact number: _____
Email: _____

GP Details

GP Name: _____
Contact Number: _____

Practice Name: _____

Diagnosis

Primary diagnosis: _____
Secondary diagnosis: _____
Allergies and alerts: _____

My Care Goals

What is important for you personally?

Example: spending time with family, sorting out property and finances, share my life story, to be comfortable, to keep as busy and active as possible

My Care Goals

How would you best like your symptoms managed to achieve your goals?

Example: adequate pain relief, investigate and treat if able, keep me comfortable at home

Living Situation

Where would you prefer to be cared for at the later stage of your disease?

If home, do you have the support and living situation to stay home? Yes ☐ No ☐

If not, what is needed for this to happen?

Consider: family and friends to help with cares and able to administer medication, equipment

If your preference is to be cared for in a health care facility, or this becomes necessary, where would your preferred options be?

- ☐ Pukekohe Rehabilitation and Care
- ☐ Franklin Memorial Hospital
- ☐ Residential Care Facility, specifically _____
- ☐ Middlemore Hospital
- ☐ Other _____

What values would you like medical professionals and others caring for you to know?

Consider your own cultural, spiritual or personal values, such as family whanau and beliefs

Care Preferences

What level of investigation and treatment would you currently want for symptom management?

- ☐ I am for active treatment and would like full investigations for any potential treatments
- ☐ I only want investigations if a treatment can be offered and will help with symptom control
- ☐ I do not want any investigations or treatment, I want to be kept comfortable at home

Specific considerations:

Consider: oral or IV antibiotics, blood tests, hydration, scans, sudden changes or gradual deterioration, oxygen

If your condition deteriorated, and treatment options were not likely to be effective, what kind of symptom management would you want?

- ☐ I want to go to hospital to see if there is anything they can do, even if I could be too unwell to return home.
- ☐ I want to try treatments at home if possible, but understand they might not work.
- ☐ I only want interventions that will help keep me comfortable without going to hospital.

Personal Support

Do you have an enduring power of attorney for personal care and welfare?

Yes ☐ No ☐

EPOA name:

Relationship to patient:

Contact number:

Address:

Do you have a will?

Yes ☐ No ☐

If yes, who is it with?

Personal Support

Who is your next of kin or key spokesperson?

Name: _____

Relationship: _____

Contact details: _____

Consider: if you were unable to speak for yourself, who would you want to speak for you?

Is there anyone else you would like to be included in care decisions?

Name: _____

Relationship: _____

Contact details: _____

Name: _____

Relationship: _____

Contact details: _____

End Of Life Discussion

☐ I do not wish to talk about this or complete this section

If you had a sudden cardiac arrest, do you wish for resuscitation (CPR) to be attempted?

☐ Yes, I would like CPR

☐ No, I do not want CPR

Have you discussed options of burial or cremation?

Yes ☐ No ☐

If so, what would your request be?

Burial ☐ Cremation ☐

Have you considered which funeral director you would use? If so, who is this?



Consent

Thank you for completing the Franklin Hospice Care Plan.

Please keep a copy of this care plan somewhere accessible for medical personnel. When possible, we share this care plan with other relevant health care providers and hospitals so they can best support your wishes.

Your consent

☐ I agree for Franklin Hospice to share this care plan with other health providers that could be involved in my care.

Name: _____

Date: _____

Signature: _____

Notes

[illegible]



Comments, compliments or complaints

At Franklin Hospice we actively encourage feedback from all our patients and their relatives, carers or friends, on the services we provide. It is really important for us to know if your experience of Franklin Hospice has met your expectations, or whether there is anything we can do to improve our services.

You can let us know what you think in a variety of ways. These can be done anonymously if wanted:

- Email sue@franklinhospice.org.nz
- Write a letter or fill out this form and deliver it to the address below
- Phone one of our nurses or managers on the number below.

Franklin Hospice

29 Hall Street, Pukekohe 2120

P O Box 118, Pukekohe 2340

09 238 9376

nurses@franklinhospice.org.nz

As health care providers, we work under the Health and Disability Commission's Code of Conduct. If you would like more information on your rights as a patient, please ask your nurse or follow the link below for the Health and Disability Commission's website. the Health and Disability Commission can also assist you with a complains process through their organization.

<https://www.hdc.org.nz/making-a-complaint/>



Feedback Form

Is there anything in particular that you have appreciated from Franklin Hospice?

Is there anything that you are not happy about or that you feel needs improving? *Please share as many details as you are comfortable with giving.*

Are there any other comments you would like to share with us?

Would you like one of our staff to contact you to further discuss what you have shared with us?

☐ Yes ☐ No

If yes, please leave your name and best contact details, and any preference of who you would like to discuss this with.

Thank you for taking the time to let us know about your experience.

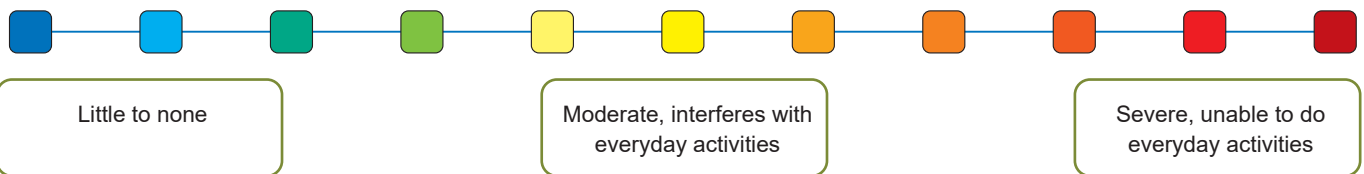
Self-report Symptom Scale

Please mark where on the scale best describes the symptoms you're experiencing today

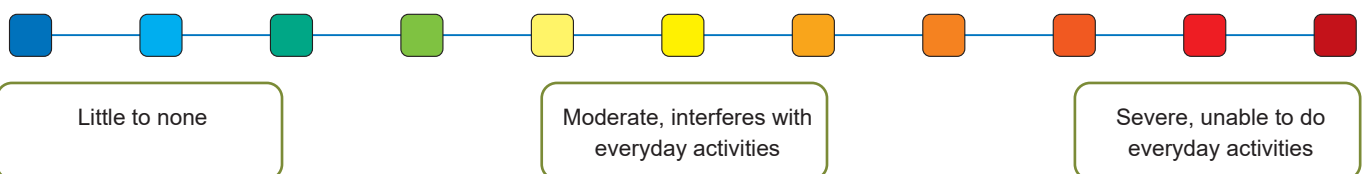
Name: _____

Date: _____

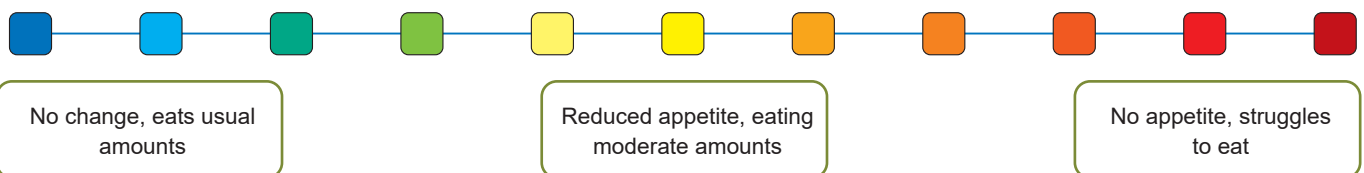
Pain



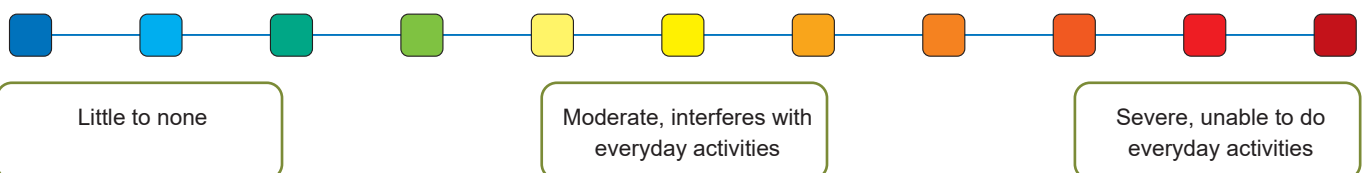
Nausea



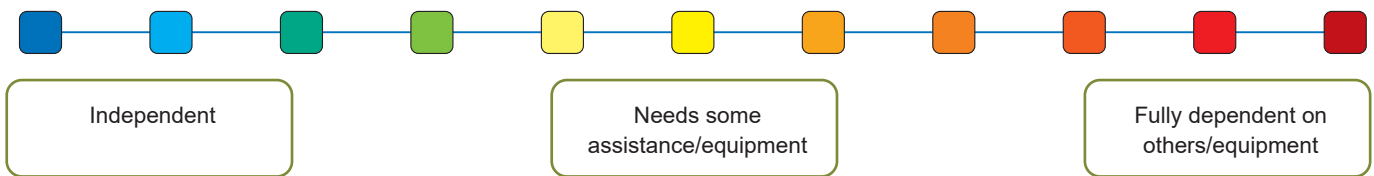
Appetite



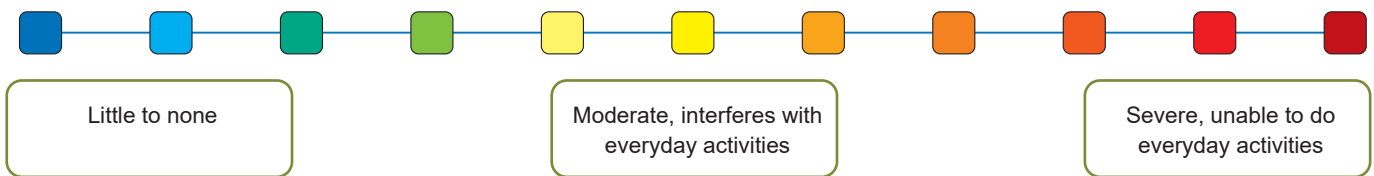
Shortness of breath



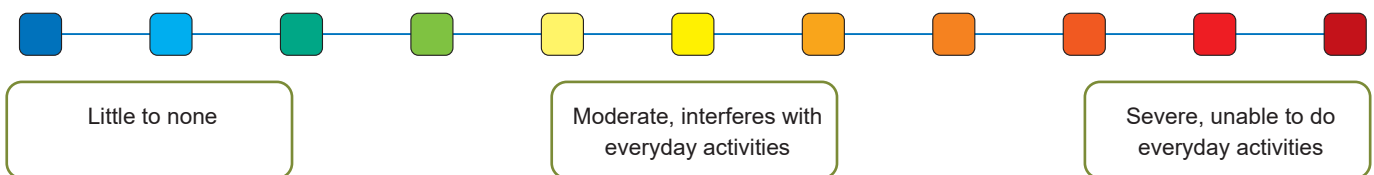
Mobility



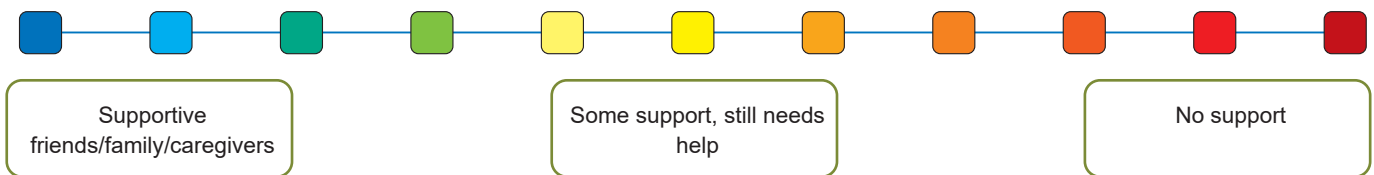
Fatigue/Tiredness (lack of energy)



Worry, feeling nervous, anxiety or depression



Social support



Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Notes

[illegible]

Comments, compliments or complaints

At Franklin Hospice we actively encourage feedback from all our patients and their relatives, carers or friends, on the services we provide. It is really important for us to know if your experience of Franklin Hospice has met your expectations, or whether there is anything we can do to improve our services.

You can let us know what you think in a variety of ways. These can be done anonymously if wanted:

- Email sue@franklinhospice.org.nz
- Write a letter or fill out this form and deliver it to the address below
- Phone one of our nurses or managers on the number below.

Franklin Hospice

29 Hall Street, Pukekohe 2120

P O Box 118, Pukekohe 2340

09 238 9376

nurses@franklinhospice.org.nz

As health care providers, we work under the Health and Disability Commission's Code of Conduct. If you would like more information on your rights as a patient, please ask your nurse or follow the link below for the Health and Disability Commission's website. the Health and Disability Commission can also assist you with a complains process through their organization.

<https://www.hdc.org.nz/making-a-complaint/>

Feedback Form

Is there anything in particular that you have appreciated from Franklin Hospice?

Is there anything that you are not happy about or that you feel needs improving? *Please share as many details as you are comfortable with giving.*

Are there any other comments you would like to share with us?

Would you like one of our staff to contact you to further discuss what you have shared with us?

☐ Yes ☐ No

If yes, please leave your name and best contact details, and any preference of who you would like to discuss this with.

Thank you for taking the time to let us know about your experience.



Comments, compliments or complaints

At Franklin Hospice we actively encourage feedback from all our patients and their relatives, carers or friends, on the services we provide. It is really important for us to know if your experience of Franklin Hospice has met your expectations, or whether there is anything we can do to improve our services.

You can let us know what you think in a variety of ways. These can be done anonymously if wanted:

- Email sue@franklinhospice.org.nz
- Write a letter or fill out this form and deliver it to the address below
- Phone one of our nurses or managers on the number below.

Franklin Hospice

29 Hall Street, Pukekohe 2120

P O Box 118, Pukekohe 2340

09 238 9376

nurses@franklinhospice.org.nz

As health care providers, we work under the Health and Disability Commission's Code of Conduct. If you would like more information on your rights as a patient, please ask your nurse or follow the link below for the Health and Disability Commission's website. the Health and Disability Commission can also assist you with a complains process through their organization.

<https://www.hdc.org.nz/making-a-complaint/>



Feedback Form

Is there anything in particular that you have appreciated from Franklin Hospice?

Is there anything that you are not happy about or that you feel needs improving? *Please share as many details as you are comfortable with giving.*

Are there any other comments you would like to share with us?

Would you like one of our staff to contact you to further discuss what you have shared with us?

☐ Yes ☐ No

If yes, please leave your name and best contact details, and any preference of who you would like to discuss this with.

Thank you for taking the time to let us know about your experience.

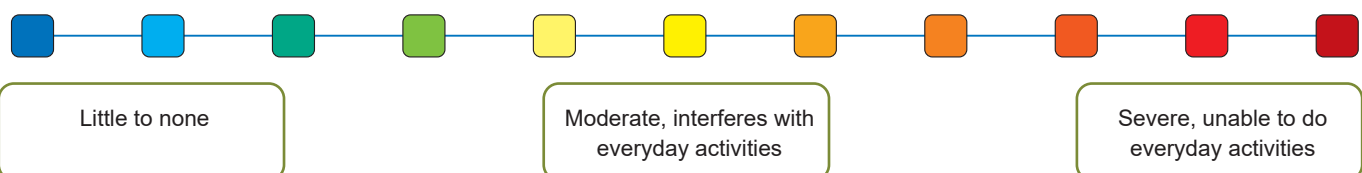
Self-report Symptom Scale

Please mark where on the scale best describes the symptoms you're experiencing today

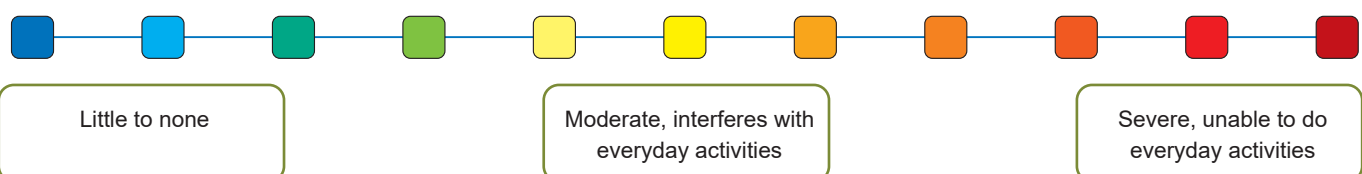
Name: _____

Date: _____

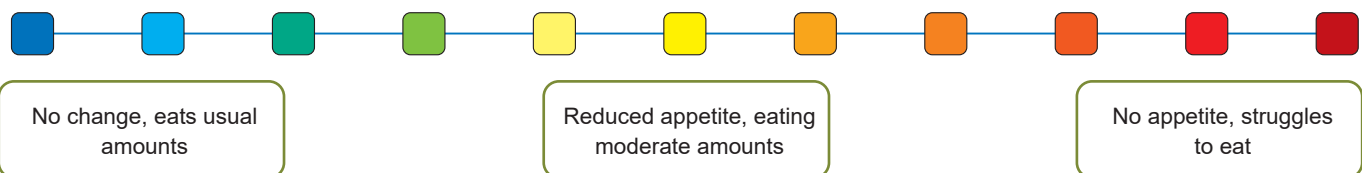
Pain



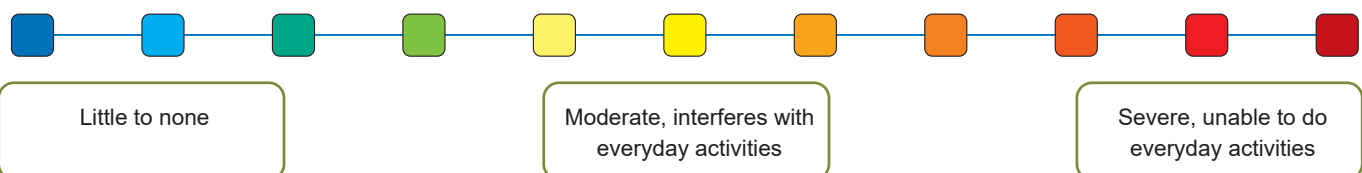
Nausea



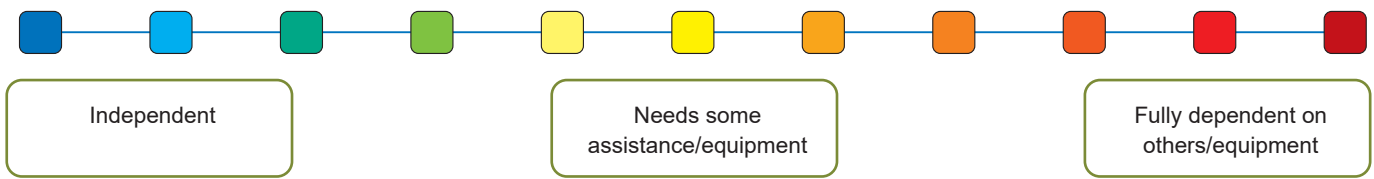
Appetite



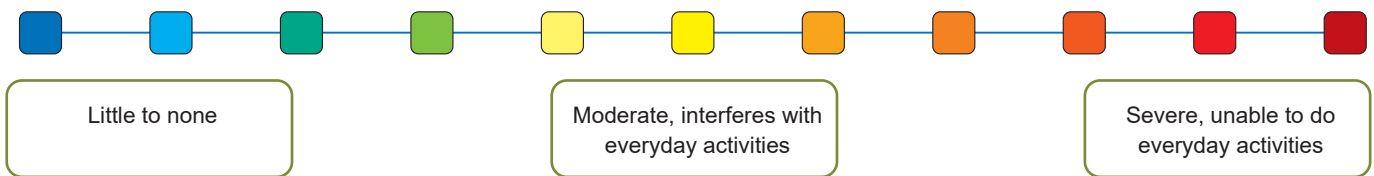
Shortness of breath



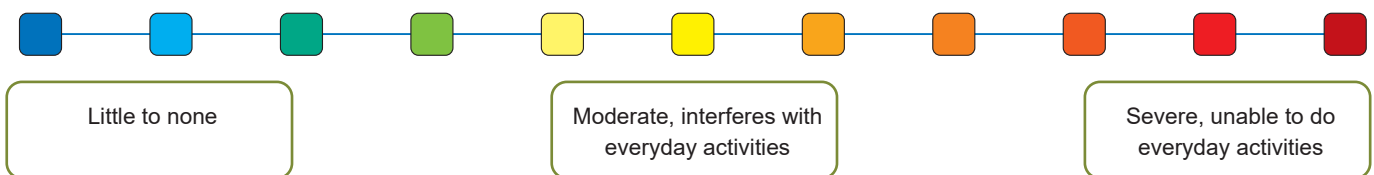
Mobility



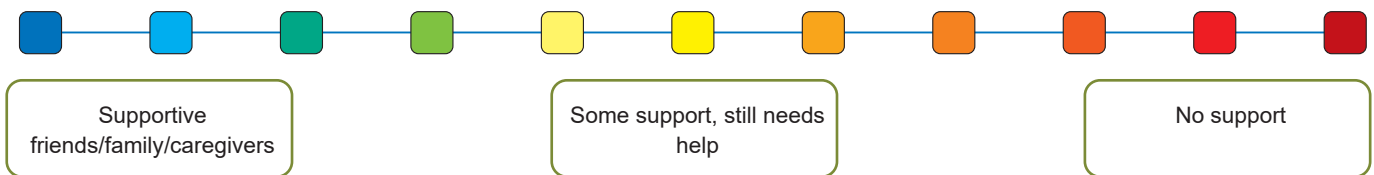
Fatigue/Tiredness (lack of energy)



Worry, feeling nervous, anxiety or depression



Social support



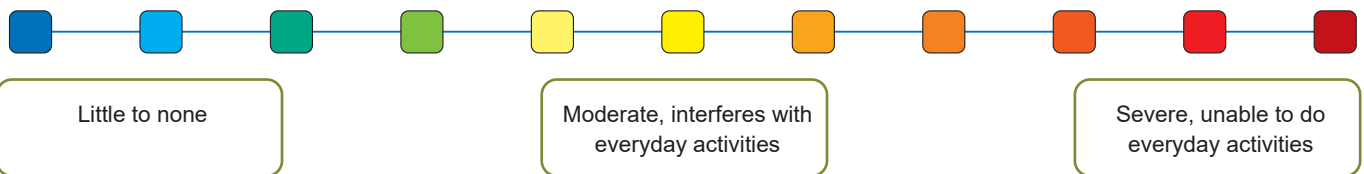
Self-report Symptom Scale

Please mark where on the scale best describes the symptoms you're experiencing today

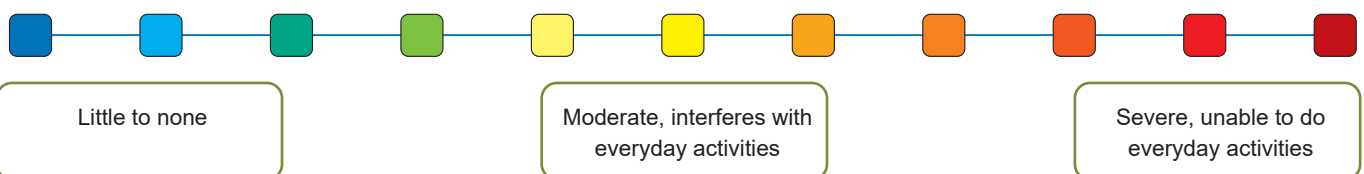
Name: _____

Date: _____

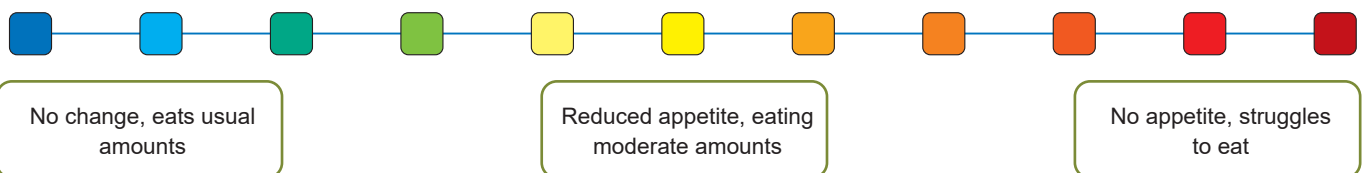
Pain



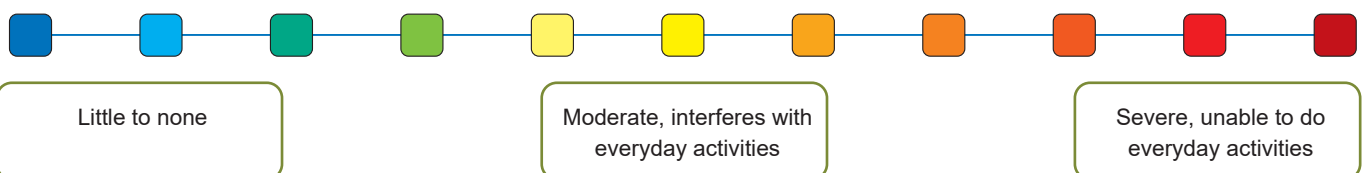
Nausea



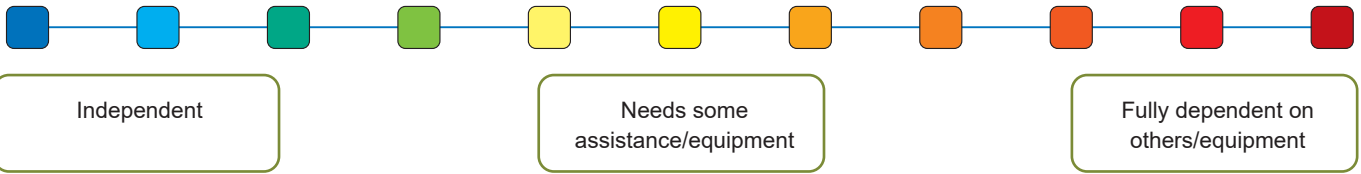
Appetite



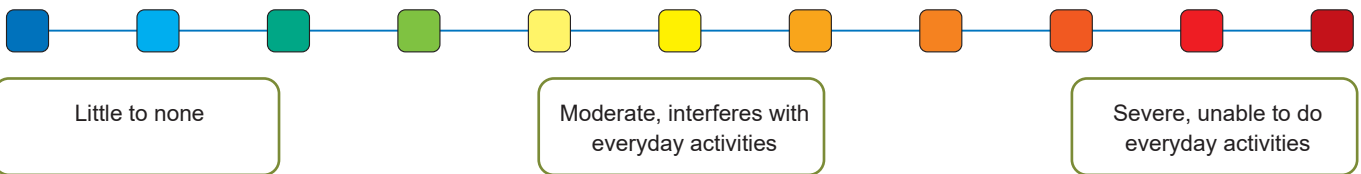
Shortness of breath



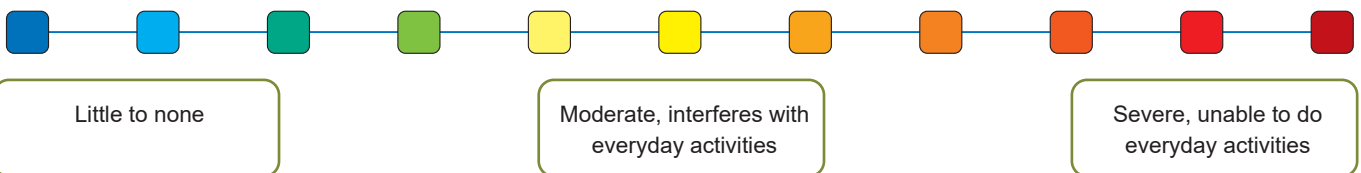
Mobility



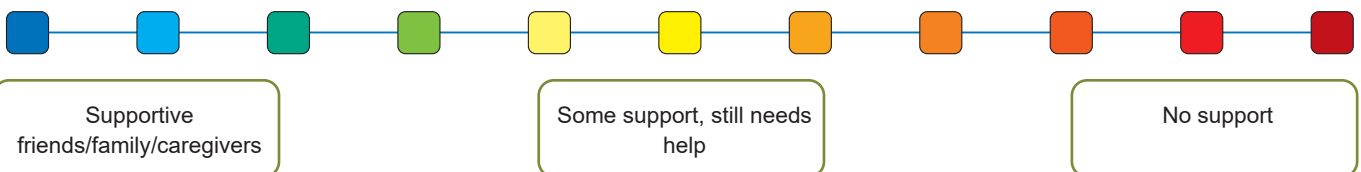
Fatigue/Tiredness (lack of energy)



Worry, feeling nervous, anxiety or depression



Social support



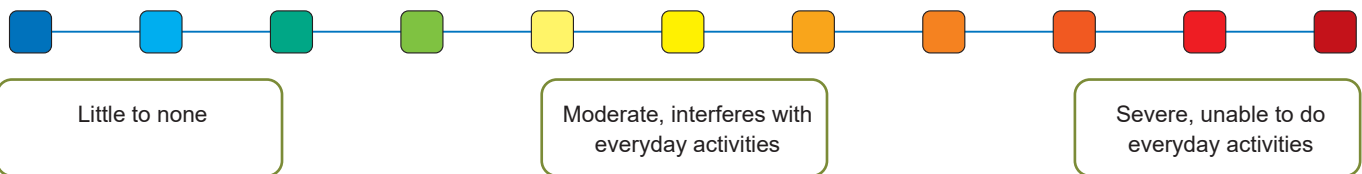
Self-report Symptom Scale

Please mark where on the scale best describes the symptoms you're experiencing today

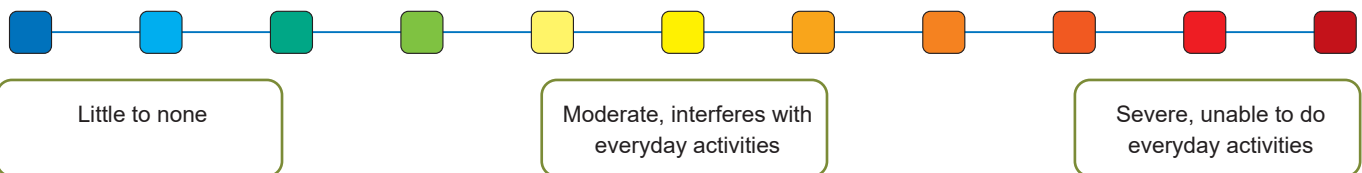
Name: _____

Date: _____

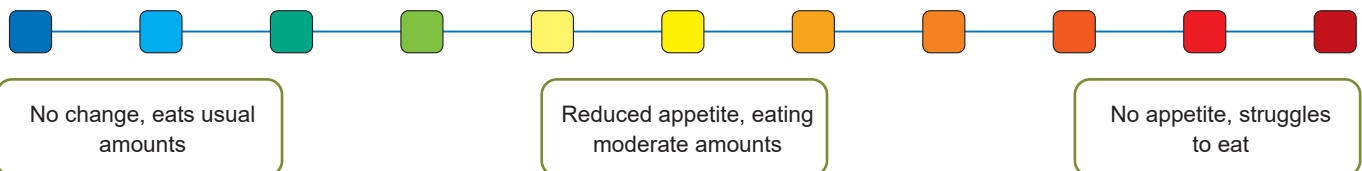
Pain



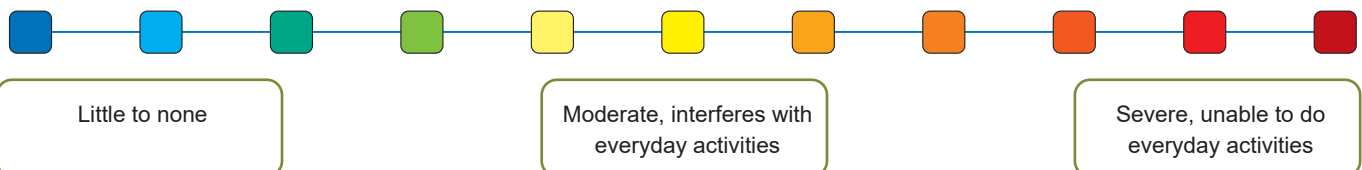
Nausea



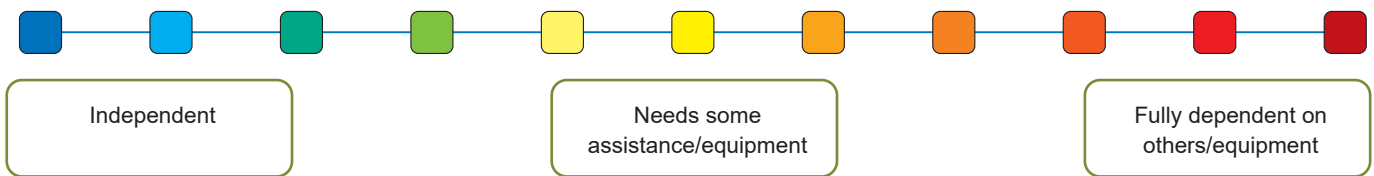
Appetite



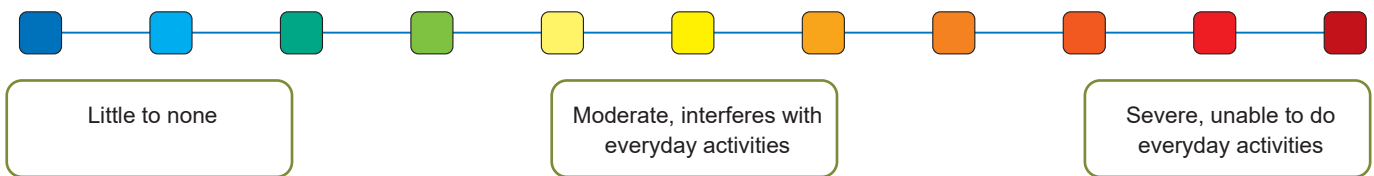
Shortness of breath



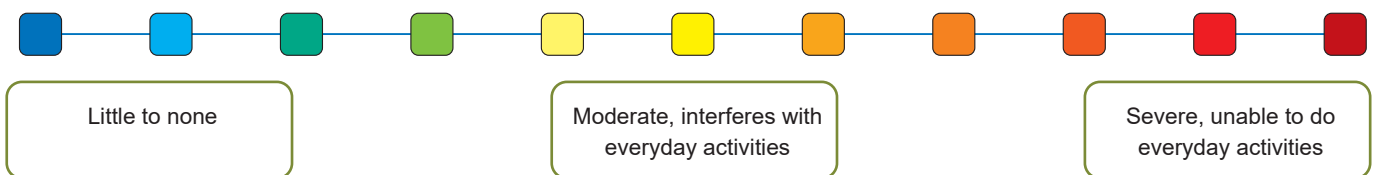
Mobility



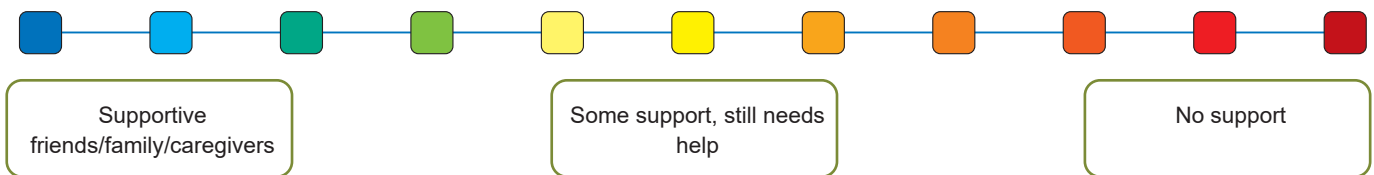
Fatigue/Tiredness (lack of energy)



Worry, feeling nervous, anxiety or depression



Social support





Franklin Hospice - Key Contact Information

HOSPICE IN HOURS – Monday – Friday 8am – 4.30pm

Call: **(09) 2389376**

Hospice location: 29 Hall Street, Pukekohe 2120

HOSPICE AFTER HOURS

Weekdays after 4.30, Saturday, Sunday & Public Holidays

Urgent Calls only please

Call: **027 5004833**

Please do not text this number. If there is no response please call back.

COMMUNITY HEALTH SERVICES – HOME HEALTH CARE

District nurse, OT, Physio and other home based services

Call: **(09) 2370650**

Franklin

hospice

Te Kahu Pairuri ki Franklin

