

“To every thing there is a season, and a time to every purpose under the heaven;
A time to be born, and a time to die;
a time to plant, and a time to pluck up that which is planted;
A time to weep and a time to laugh; a time to mourn, and a time to dance;
A time to get, and a time to lose; a time to keep and a time to cast away; “
(Ecclesiastes 3. 1-2, 4, 6)



MAZSIHISZ Szeretkórházért Foundation

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DEAR READER,

In 1990 the WHO set of recommendation for the palliative care, which is an intervention or cure to alleviate the symptoms. This means a complex way of caring for those patients who are suffering from serious, advanced and incurable illness or they in a terminal state.

The main aim is to cure the pain and beside this to help to solve the social difficulties and to give psychological, spiritual and mental care for these patients. The goal of palliative care is to ensure the relative physical well-being of the patients and to maintain the human dignity for their remaining days.

One of the main principles of the Hospice care is to improve the quality of these patients life.

This means that the care necludes not only looking after the patient's physical needs but taking care of it's social and mental demands as well as helping the family during the illness and during mourning.

The Hospice service care is free of charge for everyone because all the people have the right for the dignity of death. The Hospice team is financed by the National Health Insurance Fund since 1st October 2004. The importance of Sir Israel Sela must be mentioned here. He gave a great help to start this programme and his view of life showed a great example how we can keep an active and joyful life even with a dreadful illness.

The Hungarian Jewish Support Foundation accepted these principles and applied for grant to the Government of Luxemburg to organize the hospice palliative care at the Jewish Charity Hospital and for those patients who receive domiciliary care.

The service became reality when the Government of Luxemburg and the American Joint granted a funding support to set up a hospice mobile team for two years. This service has been giving an improvement of the quality of the Jewish elderly people's life.

We are working on to train this team, to provide possibilities of further studies and to enlarge it volunteers are take part in our work as well.

Our goal is to carry on with this very important service even after the fund of the Government of Luxemburg has been already used.

Due to this goal the Hospital signed a contract with the National Health Insurance Fund to carry on with this Hospice service so the future of the Hospice Mobile Team is insured for a long term.

Our professional work and the high professional standard of Hospice care in our Hospital is recognized by our patients who were offered to come to us.

"Who saves one life saves the all humanity."

Zsuzsanna Deutsch, MD
Director, Jewish Charity Hospital
Chairman, MAZSIHISZ Szeretkórházért Foundation

HOSPICE MOBILE TEAM

The hospice service aims to alleviate physical pain, to soothe signs of depression, to ease psychological problems and help to solve social difficulties of terminally ill patients, suffering mostly from cancer related diseases. An interdisciplinary team of experts (physicians, nurses, psychologists or mental health experts, priests/rabbis, social workers and volunteers) work together to provide this service. The care of such a multi-professional team is able to ensure the relative physical well-being and human dignity of the hospice patients to live out their remaining days.

Over the past 13 years hospice care was provided in different organizational settings in Hungary. According to the data of the Hungarian Hospice and Palliative Association collected, until the end of 2004 an estimated 14, 973 patients have utilized hospice service in the country. At this time there were 10 in-patient hospice units, 28 hospice home care teams and 4 hospice mobile team. Nursing in the spirit of hospice care is running in six nursing- and residential homes for elderly. Currently there are 48 hospice type organizations working countrywide. In addition to the already operating forms of hospice care - hospital hospice and palliative wards and home care - numerous hospitals began adding mobile hospice teams to their staffs. The mobile team is a preferable and cost-effective solution. Patients get care in their usual environment and the practice does not require setting up a separate ward or unit. At the same time mobile care can generate positive changes in the rather outdated Hungarian health care system.

Within the Hungarian Jewish community there is large number of elderly people. Hungarian Jewish Social Support Foundation (HJSSF) felt obliged to provide the benefits of hospice care parallel to already-existing home nursing and home care programs. The service became reality in January 2001 when HJSSF was granted funding support through the Government of Luxembourg and the American JOINT. The HJSSF mobile hospice team was set up in coordination with the Charity Hospital of the Federation of Hungarian Jewish Communities in Hungary (Jewish Charity Hospital). At first the lack of psychologists or social workers employed at the hospital caused some difficulties. The team with completely unfamiliar tasks had to fit into the framework of the hospital. It was hard to have our goals and competence accepted. Many times the requirements of the patients, relatives, and hospital staff were beyond the boundaries of the hospice service. We found it challenging to integrate into the hospital, because of the fact, that our tasks are only collateral, the basic care is provided by the hospital staff. Our team mediates the hospice spirit and the importance of psychological, and mental well-being with the physical comfort. One of our main objectives is to focus on prevent-

ing depression caused by long term hospitalisation. Both patients of the hospital and the terminally ill patients of the hospice team are welcomed at club activities, group physiotherapy-programs and cultural programs (screenings, musical presentations) organized by team. As the result of the supportive and helpful board of MAZSIHISZ Szeretkórházért Foundation we achieved friendly environment for the patients in the garden and in the common-rooms. The cultural programs are financed by the foundation as well. On the 1st of October in 2004 Jewish Charity Hospital got financial support from the National Health Insurance Fund for 10 hospice patients. For the past year we have been utilizing this funding. That means even closer cooperation with the hospital staff both in administration and nursing.

Objectives of the mobile team:

1. To provide holistic care and support by an interdisciplinary team to terminally ill patients and their families, first of all to patients who suffer from tumor related diseases.
2. Offer consultation and advice to staff at the hospital
3. Mediation in the spirit of hospice with the goal of shaping future medicine.

Requirements of the operation

1. Each member of the team should receive extensive training, with continuing training to follow, in the area of hospice/palliative care.
2. Team members should meet once a week for discussion on patient cases and participate in team supervisions twice a month.
3. Provide documentation of each patient cooperating with the hospital staff, and in our computer files as well.
4. Admission to-, care in- and dismissal from the hospice ward should happen in consensus with the leadership and the staff of the hospital.
5. Setting up a properly equipped office for the unit inside the hospital.

Current members of the team are:

Veronika Márvány, MD, head of the service, consulting physician (part-time)

Ildikó Kecskeméti, clinical psychologist (part-time)

Annamária Kőszegi, social worker, mental health expert (part-time)

Mónika Máthé, social worker (part-time)

Magdolna Nyíri, trained hospice nurse (full-time)

Mónika Veress, trained hospice nurse (part-time)

Zsófia Horváth, physiotherapist
Ágota Peredi, trained volunteer
Katalin Werner, trained volunteer



We have weekly case study discussions with participation of all members of the team where we exchange information and our experiences related to our patients, develop our strategy of hospice care and service. We monitor our experiences and statistics in our computer files. The remarks and observation of the team are included in the patient documentation of the hospital as well.

Working with terminally ill patients is emotionally challenging for team members. We decided to work with a supervisor in the beginning of 2003. The group or individual supervision is an effective way to give psychological help for the team members. It improves the relationship between patients and team members, as well as cooperation, and communication among the members of the team. The supervision helps to reduce the emotional stress, to develop competency. We attended 3 group supervision from the March of 2003 until the June of 2005. We agree that each member of the team should participate in team supervision. Almost each member work part-time so this group therapy also gives place to improve relationship among team members. Our supervision was financed by the Hungarian Jewish Social Support

Foundation. The aim and purpose of supervision is to help the members cope with and reduce professional strains, improve job satisfaction, motivation, efficiency and prevent burn-out syndrome.

During our four years operation many members left our team. Fortunately we were able to arrange replacement for their position. From the beginning to the 6th of January of 2004 Katalin Hegedűs PhD and after until the September of 2005 György Sámuel MD were the team managers and since then Veronika Márvány MD has been leading the team. Since the team was founded the members were Vera Békés psychologist, Náthán Raschka social worker, György Kósa music therapist, Krisztina Kerekes skilled nurse, Sarolta Veszprémi registered nurse, Csilla Simon Lois registered nurse, Judit Kardos volunteer, Judit Farkas volunteer, Zsuzsa Balogh Vajna volunteer, Veronika Gál volunteer. Thanks for their time and cooperation.

All hospice team members have participated in the basic and additional hospice courses (80 hours). Mónika Veress and Magdolna Nyíri qualified in 2003 as trained hospice nurses and coordinators. Magdolna Nyíri, Mónika Veress and Zsófia Horváth have participated in bereavement counselor course. Annamária Kőszegi social worker got a Master degree as a mental health expert. The title of her thesis is „Importance of Club Activity in Mental Health”.

Mónika Veress trained hospice nurse gives lectures regularly as a part of the hospice basic course about her work.

During the last four year we visited several hospice services such as the Erzsébet Hospice in the City of Miskolc and the Hospice House in Budapest.

The team also works as a methodological center. Many organizations and private persons seek our opinion and advice in related issues. We have presented our hospice work to numerous delegations from abroad and many delegations from Hungary. Our guests were among others Nancy Goodman, American ambassador, Zsuzsa Ferge professor of sociology at Eötvös Lóránd University, the board of JOINT, Mary Callaway, manager of Open Society Institute from New York, and Dr. Carl Johan Fürst and Sylvia Sauter, directors of EAPC- East.

We trained students of Nursing Schools (skilled hospice nurses) from Pécs and Budapest, students of Social Assistant Schools from Győr and from Esztergom, several hospice services from Hungary, students of ORZSE, and registered nurses from Sweden. 12 trained hospice nurse and 8 social workers have done internships in our hospice.

“The mobile hospice team based in the Jewish Charity Hospital is one of the palliative care ‘beacons’ in Eastern Europe. The beacons provide good models for service innovation, partnership approaches and successful use of international mechanism of support.”

Transition in End of Life Care. Hospice and related developments in Eastern Europe and Central Asia. (Report for the Open Society Institute, New York, May 2002)

Admission to the hospice service

Admission to the hospice ward should happen in consensus with the director of the hospital, Zsuzsanna Deutsch, MD. The patient eats the regular care on the ward. The doctor requesting hospice care fills out the patient registration form and indicates the nature of care expected (psychological, social, nursing, etc.). The members of the team provide the hospice care beyond the regular care. The remarks and observation are discussed in weekly team consultations. The team informs the hospital staff as well.



ACTIVITIES OF HOSPICE MOBILE TEAM

March 2001 – July 2005

Our team provided care for 382 patients, altogether on 11 573 occasions. Of our patients, 246 suffered from a tumor-related disease. During this period 180 of our patients died. The others left the program and were subsequently cared for by a nursing home or were transferred to another institution.

Nursing activities

Nursing care for 223 patients on 5067 occasions (average one hour per patient).

Tasks: ensure physical and psychological comfort

Physical care: medication to ease pain (as prescribed by hospice doctor), treatment of ulcers, phototreatments by Bioptron lamp, blood pressure checks, monitoring pulse and blood glucose levels, regular mouth hygiene, nail cutting, massage, calisthenics, bladder control, regular diaper-changing.

Psychological care: psychological support by listening and helping to cope with bereavement.

Social Work

Care for 219 patients on 1842 occasions (average one hour per patient)

Tasks: deal with legal issues and restitution cases, manage correspondence and banking errands; arrange home nursing specialists; order meals-on-wheels service; contact relatives, mediate services; apply for financial aid; supply items such as a tape recorder and earphones; celebrating birthdays, etc.

Psychological and Mental Health Care

Care for 174 patients on 1443 occasions (average one hour per patient)

Tasks: listen attentively, help the patient reviewing and evaluating his/her life, advisement on current problems, coping with depression, oppression and paranoia, discussion of spiritual issues, consultations with family members, help with various hobbies such as writing and reading.

Volunteer care

8 volunteers have helped 44 patients on 1105 occasions since March of 2001.



CLUB ACTIVITIES AND CULTURAL PROGRAMS ORGANIZED BY HOSPICE MOBILE TEAM

March 2001 – July 2005

Club activities

There have been club activities once a week on numerous occasions at Ward 2. since March of 2002, at Ward 1. since July of 2004, and at Ward 3. since the middle of June of 2005. The leaders of this activity are Annamária Kőszegi and Mónika Máthé social workers. In the course of club activities there are regular group physiotherapy, quiz programs, film club, Scrabble, etc.

Screenings

The program includes mostly old movies, operas, musical comedies. Comedies, dramas, plays and even cartoons are received warmly. We respect the patients' requirements.



Talk shows, presentations and lectures

Among our guests were Imre Antal entertainer, Judit Hernádi actress, József Sass comedian, József Székhelyi actor. There were several lectures in relation to the history of music by György Kósa music therapist and lectures on history of art by Zsolt Schweckhardt. Clown doctors “Piros Orr” entertained our patients several times.

Concerts, musical presentations

Mónika Veress has invited several artist for the last years. Among others we invited László Fekete precentor, Endre Kertész, Gryllus Dániel és Gryllus Vilmos, Balogh József és Zsákai Ferenc musicians. János Kulka actor, singer, Júlia Vaig, Tamás Migróczi, Dóra Migróczi, Judit Brüg and Miklós Budai musicians entertained our patients at our garden concerts. Our regular guest are JOFI band (jewish folk music), Ádám Fellegi pianist, Péter Berentei singer.

Religious Holidays

We celebrate the Jewish Holidays (Pesah, Shavuot, Rosh ha-Shanah, Sukkot, Hanukkah, Purim, Tu Bishvat, Yom ha- Atzma' ut) in every year cooperating with Tamás Róna rabbinical student, László Davidovics, rabbinical student and the chorus of Scheiber Sándor High School.

Tendering operation of hospice Mobile team together with MAZSIHISZ
Szeretkórházért foundation and hungarian jewish social support Foundation
March 2001 – July 2005

The hospice mobile team is not a legal person, therefore, we applied together with a foundation.

2002.

- Technical investments (microphones, synthesizers, amplifier, speakers)
- Fee of bereavement counselor course for two member of the team
- Registration fee, travel expenses, accommodation for the team at Hungarian Hospice Congress, Miskolc
- Registration fee, travel expenses, accommodation for two member of the team at European Association for Palliative Care VII.

2003.

- Film about the Jewish Charity Hospital and about our hospice mobile team
- Photo exhibition
- Financing 4 concerts and musical presentations
- Renting videotapes
- Financing 2 TV sets, 2 DVD players
- Garden furniture, curtains in the common-rooms

2004.

- Financing 8 concerts and musical presentations
- Supervision for the nurses and physicians at the hospital

2005.

- Supervision for the hospice mobile team
- Booklet about the hospice mobile team



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