

# The Server



Edited by Jason Clamme, *Director of Community Outreach*

jason.clamme@lcfh.org • www.hospiceandlifecarecenter.org

Issue 101

Thank you for your service!

August 2010

## Hittin' the Street!

In an effort to get our message out to the people who need it, the Community Outreach Department will soon be focusing on the area faith communities! In a few days, we're going to be conducting our first-ever **church blitz** on Thursday, August 5 in Wilmington. On that date (and hopefully more in the future), we will be offering presentations, educational materials, involvement opportunities, and end-of-life resources to as many congregations as we can...face to face!

Furthermore, we'd like to **invite all volunteers** to join us in the festivities, as there are hundreds of possible churches in town! We will begin the day at 9am at the corporate office with some coffee and snacks. There will also be a short instructional period and dispersal of materials. Then, for a couple exciting hours, volunteer pairs will be free to visit a specific list of local churches, (knowing full well that some visits will happen successfully and others will not). Finally, at noon, we'll re-assemble, provide feedback and results, and share a complimentary lunch together! Doesn't that sound like fun!

Please let Jason know at 796-7943 or Jason.Clamme@lcfh.org if you would like to participate or if you have any questions. We'd love this to be the first in a long line of large-scale volunteer outreach efforts!



## We're on Facebook and Twitter!

If you're home surfing the Web, check out our three Facebook pages and suggest them to your friends. We have pages for our agency, our foundation, and our Begin The Conversation initiative. We'd love to hear from you and are always looking for more friends, so please share our pages. We've also just created a Twitter account (@lcfhospice), so go ahead and Tweet away!

Also, while you are online, please check out our **agency websites** at [www.hospiceandlifecarecenter.org](http://www.hospiceandlifecarecenter.org) and [www.begintheconversation.org](http://www.begintheconversation.org) and let us know what you think. We are considering some changes to the sites and would like to know opinions of people like you who visit them.



## Upcoming Events

The summer has been a little slow, but watch out for the fall...

### September 7-21 – New Volunteer Orientation

We will meet on Tuesday and Thursday evenings, 6:30-9:30pm, at the corporate office in Wilmington. If you know of an interested volunteer, please contact Chris at 796-7927.



### September 8 – Volunteer Educational Event

Strategies for Serving Patients/Families Dealing with Alzheimer's and Dementia. Morning and afternoon sessions. See information on back for further details.

### September 18 – Hopping for Hospice



Baxter Alexander and Brooks Schomp will complete 50 skydives at the Oak Island Airport, and all proceeds and donations will benefit Lower Cape Fear Hospice & LifeCareCenter. These gentlemen have their own website and Facebook page for their event. Please visit the sites and tell your friends and family about this unique event.

### October 4 – Closer to Home Golf Tournament

A golf tournament, dinner, and auction at St James Plantation. Proceeds benefit the Closer to Home capital campaign to build a new hospice in-patient facility in Brunswick County.

### October 23 – Safe Passage Ceremony

Join staff, volunteers, and hospice families as we remember loved ones who have touched our lives. The ceremony will begin at 10:30am in the Heritage Garden between the Wilmington corporate office and the Hospice Care Center.



### November 8 – Teen Loss & the Holidays

One-session workshop for teens experiencing grief during the holidays, 6-8pm at the Wilmington corporate office. Call 796-7991 for details.

**COMPETENCY UPDATES!! (Please Read!)****Continuing Education!**

Melanie Bunn, expert trainer, will provide volunteers with important information and strategies for caring for hospice patients suffering from **Alzheimer's and Dementia** on Wednesday, September 8. Her first workshop will be from 9-11am at the Whiteville Care Center. A second session will be held at the corporate office in Wilmington from 3-5pm. Melanie's high-energy presentations are always appreciated by attendees – you don't want to miss this! Please RSVP to Jason at 796-7943 or Jason.Clamme@lcfh.org.

**Observations!**

If you are **planning to visit** a home or facility patient during the month of August and have not received an observation by a hospice staff member in the past year, please call your volunteer coordinator to see if one can be set up. We'd love to get as many of these requirements completed as we can, as soon as we can. And remember, this is just a chance for us to see you in action, nothing more. It will only take a couple minutes...don't be worried! Thanks so much for your cooperation.

**Summer Vacation!**

Volunteers are reminded to PLEASE enjoy all the wonderful things the Cape Fear region has to offer this summer! **Life is too short** to not appreciate every moment! We're strict on this one, so get to it!

**Automobile Insurance!**

In an attempt to keep files up to date and make life easier for volunteers (aren't we nice!), the volunteer department has created a **waiver** that would allow a hospice representative to contact your automobile insurance provider directly in order to obtain coverage verification.

The form is enclosed at the end of this newsletter, so please take a moment to look it over and if it seems acceptable to you, please fill it out, sign it, and return to your coordinator. Hopefully, this will save us all some time and hassle of providing those dreaded copies!

**E-mail Newsletter**

If you are not receiving this newsletter via e-mail and would like to, let Jason know at Jason.Clamme@lcfh.org.

**TB Tests!**

If you have not received your annual TB test yet this year, the following **drop-in times** have been set up for your convenience. Please make it a point to come in for the test and don't forget to have it read 2-3 days later!

August 6, 10:30a-1:30pm, Whiteville Care Center  
 August 9, 12-1:30pm, Corporate Office, Wilmington  
 August 30, 12-1pm, Brunswick Office, Supply  
 August 31, 12-1pm, Pender Adult Services, Burgaw

**Documentation!**

This is just a reminder to all volunteers to please be sure to document your **time and travel**. In the eyes of Medicare and accreditation, if a service is not documented, it never happened! And we want to be sure that you are getting credit for ALL the wonderful things you are doing!



Additionally, volunteers who visit hospice patients in long-term care **facilities** are reminded that we have created a flow sheet that our nursing assistants and volunteers should use to document activities with residents. The sheets should be located in a binder at the facility's desk on each floor/wing. Please make an effort to find and use this form and let your volunteer coordinator or facilities' team know if you have questions.

**Complaint/Event Policies!**

*Just a couple last reminders...*

We value customer service very highly in our agency and are always striving to meet the needs of our patients, families, staff/volunteers, and community. Consequently, we have a policy and procedure in place to address all **customer complaints**. If you or a patient/family you are serving has a complaint that should be addressed, please contact Jason or your coordinator to begin the documentation process. We do this, not to punish those involved, but to make our services better!



We also document and track any unusual **events** that occur with our patients, families, staff, and volunteers. Please share information about things like falls, accidents, medication mistakes, equipments failures, etc. If you're not sure if something constitutes a reportable event, just check with Jason or your volunteer coordinator. Thanks.

# The Learning Server



Edited by Jason Clamme, Director of Community Outreach

jason.clamme@lcfh.org • www.hospiceandlifecarecenter.org

## 4 Hospice Myths by Angela Morrow, RN

Despite recent growths in hospice awareness, access, and utilization, myths about hospice are still prevalent in our culture. These misconceptions contribute to the under-utilization of hospice services. Only 36% of people who died in 2006 died on hospice care.

This is unfortunate, since so many patients who are in need of expert pain and symptoms control, as well as emotional, social, and spiritual support, don't receive them.

What are these myths that are so detrimental to the care of the dying?

### Myth #1: Hospice Care Means Giving Up Hope

Choosing hospice care in no way means a patient is giving up hope. It may mean redefining hope. Where a patient once hoped for a cure they may now hope to be pain-free. Hope for a patient may mean seeing a distant friend or relative one last time or taking the trip to the beach. Hope could be as simple as wanting to spend as much time with loved ones as possible, or remaining at home rather than having to go to the hospital or a nursing home.

Hope looks different in hospice care but it is certainly not lost. The hospice team can help patients accomplish tasks, fulfill wishes, and maintain hope.

### Myth #2: Hospice Means Having To Sign a DNR

Having a Do Not Resuscitate order (DNR) in place is not a requirement to receive hospice care. Signing a DNR means that you do not want to be resuscitated with CPR or other means should your breathing or heart stop. While many patients on hospice elect to have a DNR in place, it is not the right choice for everyone. The goal of hospice is patient comfort with the patient directing care. No decisions should ever be forced upon patients, including hospice patients.

### Myth #3: Hospice Is Only for Cancer Patients

In reality, 51% of hospice patients are admitted to hospice with chronic, non-cancer diagnoses. That means just under half of hospice patients have cancer. Some of the most common non-cancer diagnoses in hospice are heart disease, dementia, lung disease, kidney disease, and liver disease. The hospice team is very skilled at managing symptoms of cancer and equally skilled at managing symptoms of many other chronic illnesses.

### Myth #4: Hospice Is Only for Patients who Are Close to Death or Actively Dying

If there is one myth that bothers me most, it's this one. Because of the highly skilled care that hospice workers can provide to their patients, hospice works best when the team has time to deliver it. The dying process takes time. Patients and their loved ones need support, information, and medical care. Social workers and chaplains need time to work with patients and their loved ones to bring them to a place of acceptance. Nurses and doctors need time to get the patient's symptoms optimally managed.

**The work of the dying takes more time than the average length a patient is on hospice. Currently, the average length of stay on hospice is only 14-20 days. It saddens me to think of all the care those patients missed out on.**

Removing the stigma of hospice and redefining end-of-life care is essential to the future of health care. The population of seniors in the U.S. is expected to double in the next 30 years. That means more people will be living with chronic, life-limiting illness that need expert end-of-life care. Dispelling these myths about hospice can bring us one step closer to providing quality, highly skilled care to patients at the end of life.

- About.com 10/12/08

### Health Care Reform Affects Hospice

An article on grief after the death of a spouse, in *The Seattle Times*, says that the number one rule of "successful re-entry from widowhood" is this: "There are no rules." Denise Rose, bereavement counselor for Yolo Hospice, says, "It takes as long as it takes. ... We can't control grieving. It will control us."

The authors cite the US Administration on Aging as saying that 42% of the population over age 65 are widows and 14% are widowers. The Social Security Administration estimates that one million people each year lose their spouses. Most of them face the questions asked by widow Marlene Dunaway "Do I want to be alone the rest of my life? Do I want a companion? Do I even want to go there?"

- *The Seattle Times*, 6/20/10

For current information on our agency's [upcoming grief support groups](#), check out the Events tab on our website, [hospiceandlifecarecenter.org](http://hospiceandlifecarecenter.org).

## I Might Own a 1983 Yugo if Car Care Worked Like Health Insurance

*Portion of Column by Lane Filler*

What if car insurance worked like health insurance, and automotive repair worked like medical care? No care would be totaled that could possibly be repaired.

The appraiser would look at your 1996 Ford Aspire after it was struck by a tractor-trailer, toppled off a cliff, and caught on fire and say, "Well, it's going to cost \$400,000, and this care is so old, it probably won't last six months, and it certainly won't run very well," and you'd say, "Fix it. I love this car. I got my first slap in the face in this car. Give it all possible care, even if it only buys a few weeks' time, and forget the cost."

Car insurance wouldn't only cover vehicles involved in accidents. Any problem with your car would be addressed, and there would never come a time when it could be agreed your car was too old to be worth saving.

All car life would have value and every measure would be pursued to keep the 1964 Impalas and the 1983 Yugos running, forever. And the definition of "running" would change dramatically. Even cars that could no longer move of their own accord would be cared for. Automobiles that could only be started would sit idling, fed gasoline through a small tube. Mechanics would attend to these immobile machines, changing batteries and oil, and attendants would wash them to prevent "bay sores."

When my engine exploded, the mechanic would say, "This motor has no oil in it. There's no brake fluid, and no transmission fluid. Nothing has been done to make this car run properly." "Don't you dare judge my car maintenance choices," I would thunder. "Auto repair work is a right. Just fix it."...

The cost of automotive care would be infinite. If our desire to see health care improved is unlimited, if our desire to see longevity extended is unlimited, if we think treatment of even the most damaged and unworkable bodies should be unlimited, then the long-term cost is infinite.

Remind me again, what's your plan to fix that?

*Lane Filler writes a column entitled "Breakdown Lane" for the Spartanburg Herald-Journal. This selection was re-printed to stimulate discussion about end-of-life care and does not necessarily reflect the thoughts or opinions of Lower Cape Fear Hospice & LifeCareCenter.*

*Please let me know your thoughts about this piece at [Jason.Clamme@lcfh.org](mailto:Jason.Clamme@lcfh.org).*

## Americans are Treated, and Over-Treated, to Death

*Introduction of Article by Marilyn Marchione*

The doctors finally let Rosaria Vandenberg go home. For the first time in months, she was able to touch her 2-year-old daughter who had been afraid of the tubes and machines in the hospital. The little girl climbed up onto her mother's bed, surrounded by family photos, toys and the comfort of home. They shared one last tender moment together before Vandenberg slipped back into unconsciousness. Vandenberg, 32, died the next day. That precious time at home could have come sooner if the family had known how to talk about alternatives to aggressive treatment, said Vandenberg's sister-in-law, Alexandra Drane. Instead, Vandenberg, a pharmacist in Franklin, Mass., had endured two surgeries, chemotherapy and radiation for an incurable brain tumor before she died in July 2004.

"We would have had a very different discussion about that second surgery and chemotherapy. We might have just taken her home and stuck her in a beautiful chair outside under the sun and let her gorgeous little daughter play around her — not just torture her", Drane said.

Americans increasingly are treated to death, spending more time in hospitals in their final days, trying last-ditch treatments that often buy only weeks of time, and racking up bills that make medical care a leading cause of bankruptcies.

More than 80 percent of people who die in the United States have a long, progressive illness such as cancer, heart failure or Alzheimer's disease. And more than 80 percent of such patients say they want to avoid hospitalization and intensive care when they are dying, according to the Dartmouth Atlas Project, which tracks health care trends.

Yet the numbers show that's not what is happening. The average time spent in hospice and palliative care, which stresses comfort and quality of life once an illness is incurable, is falling because people are starting it too late. **In 2008, one-third of people who received hospice care had it for a week or less**, says the National Hospice and Palliative Care Organization.

Hospitalizations during the last six months of life are rising: from 1,302 per 1,000 Medicare recipients in 1996 to 1,441 in 2005, Dartmouth reports. Treating chronic illness in the last two years of life gobbles up nearly one-third of all Medicare dollars. "People are actually now sicker as they die," and some find that treatments become a greater burden than the illness was, said Dr. Ira Byock, director of palliative care at Dartmouth-Hitchcock Medical Center.

*- Associated Press, 6/27/10*

*See the entire article and make comments on our Facebook page, [www.Facebook.com/lcfhospice](http://www.Facebook.com/lcfhospice)*

