By Kathy Brandt, MS

Marketing? Hospice and palliative care providers shouldn’t market their services—only businesses need to market.

Sound familiar? Unfortunately, that is or has been the belief of many hospices. Simply stated, marketing is a strategy that any organization can use to influence individuals to purchase a product or service which meets their need. Hospitals, home health agencies, health plans, and even physician practices have been using marketing tactics for years. Why shouldn’t hospices?

Why is marketing your services in an honest way a bad thing? The core elements of marketing—branding, market segmentation, advertising, messaging—are not inherently bad or unethical. It is only when an organization misrepresents its services or its ability to meet people’s needs, or dishonestly portrays its competition, that marketing becomes a bad thing—whether it is being done by a corporation or healthcare provider.

While many NHPCO members have been reluctant to develop marketing plans and hire marketing experts, attitudes are now beginning to change. In fact, increasing competition and the challenge of capturing the attention of referral sources and consumers necessitate a sophisticated and

continued on page 5

Inside:
A Look at Today’s Medicare-certified Hospice Programs
Throughout this year, we’ve been celebrating the 25th anniversary of the Medicare Hospice Benefit’s enactment. While there has been obvious growth since the Benefit’s inception, what more do we know about today’s providers? See page 10.
Your Membership
Dues at Work:

• Caring Connections distributed thousands of consumer outreach brochures to NHPCO members free of charge, including: When a Co-Worker Suffers a Loss; Helping Employees Cope After a Critical Incident; Helping a Friend; Artificial Nutrition and Hydration; and Health Care Agents. Visit caringinfo.org to download these brochures and more.

• NHPCO leadership met jointly with leaders from the National Association of Home Care, the Visiting Nurses Association of America, and the Centers for Medicare and Medicaid Services in Baltimore to discuss ongoing concerns about CR 5567—as part of its continuing work on behalf of key regulatory concerns. Visit nhpco.org/regulatory > CR 5567 for the latest NHPCO Alerts on this important issue.

• The Survey of Team Attitudes and Relationships (STAR)—just launched in October—was specifically designed to help hospice employees evaluate job satisfaction. Program administrators will find STAR to be a valuable tool for promoting workforce excellence and improving the delivery of quality care. Purchasing this sort of tool from an outside vendor would be costly—but it’s a benefit of membership for provider members. Visit nhpco.org/star to learn more.

Stay on top of all the activity at NHPCO through the weekly e-communication, NewsBriefs or check the “Breaking News” section of nhpco.org.
Celebrating This Special Season

NHPCO staff has been very proactive in navigating and managing the many regulatory changes that are impacting our work. While it’s an important part of our job to keep you informed of the critical issues, I do apologize for the amount of information we have been emailing to you. In the spirit of communication, however, more is better.

Let November be a brief reprieve as we celebrate National Hospice/Palliative Care Month! Fall is my favorite time of year. In part it’s the cooler weather, but it also has everything to do with this season being a special time of outreach for the hospice community. November is our chance to reflect on why we do what we do. Why, despite the mandates, the challenges, and the pressures, we love the work. It’s also our chance to talk about it with others—over time, through education and outreach, more people will know to ask for hospice care when they could benefit from it most.

To help support you in your local outreach, remember that NHPCO has developed some time-saving resources for you. Among this year’s outreach materials (nhpco.org/communications), for example, is our popular ‘Ad Slick Collection’ which you can customize with your program’s name and logo. The theme for this year’s collection is one of my favorites—It Must Be Love—with drawings inspired by submissions from NHPCO’s annual photography contest. Our cover story this month also offers some exceptional outreach strategies that programs can employ all year long.

Over the years, I’ve seen that outreach can take on more meaning when it becomes a community tradition. The Michigan Hospice and Palliative Care Organization’s “Bells of Hospice” campaign is a wonderful example of this. MHPCO, in partnership with local hospice spiritual care leadership, arranges to have the bells at various community buildings throughout the state rung on November 1, and furnishes the local papers with an article about the tradition by way of explanation. This is but one example of countless others.

In this Information Age, there is simply too much to share in too little time, so let me wrap up this message with some exciting—and fitting—news. Beginning this month, we are launching a video corner on the NHPCO homepage (nhpco.org) that will feature a biweekly message from me on issues you need to be especially mindful of. As warranted, occasional secondary clips will be featured too. But our goal is simple: To keep you up to date in as little time as possible.

While this work is clearly a “mission,” NHPCO wants to do all that we can to support you in your work.

J. Donald Schumacher
President/CEO
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MEDICAL DIRECTOR, HOSPICE – Seeking physician with experience in hospice care to provide comprehensive oversight for the medical management of patients in the Medicare-certified hospice program of 800-bed Lehigh Valley Hospital (LVH). Embrace a patient centered care philosophy and lead an interdisciplinary team approach to patient care. Facilitate medical education opportunities, with reference to end of life hospice care, consult with patients’ attending physicians, make hospice rounds and home visits and provide medical leadership and advocacy for program growth. Oversee 10-bed hospice unit and 100+ in-home patients. Please e-mail cover letter and CV to: carol.voorhees@LVH.com Phone 610-969-0212.

PALLIATIVE CARE PHYSICIAN and NURSE PRACTITIONERS– Compassionate clinicians with experience caring for seriously ill patients needed for growing practice at Lehigh Valley Hospital and Health Network. OACIS (Optimizing Advanced Complex Illness Support) is a newly-formed practice which takes a comprehensive approach to caring for patients, in hospital and at home, who need palliative care across the illness continuum. Join a practice with tremendous growth potential. Clinicians should be BC/BE in Hospice and Palliative Care. Please e-mail CV to: debra.perna@LVH.com Phone 610-969-0216.

LVH offers competitive salaries and superb benefits including family health care with no employee contribution. Lehigh Valley is located 60 miles north of Philadelphia and 90 miles west of Manhattan.
In a survey of attendees of the 2006 NHPCO Management and Leadership Conference (MLC) seeking ideas for content for the 2007 MLC, participants identified marketing as one of their highest priority areas. Sessions in the marketing track at the 2007 MLC were consistently well attended, with an average of 75 attendees per session.

Although everyone may not be pleased by this emphasis on marketing or may still be reluctant to publically identify staff as “marketers,” hospice programs must change their tactics if they are to remain viable in the changing marketplace. Take physicians and discharge planners. They need hospice services as much as the people living with a life-limiting illness and their caregivers. They need help in reducing the number of calls they receive from patients and families, they need to feel that they are doing something to help those patients for whom cure is not an option, and they need help in facilitating their client’s dying process. In other words, you have a commodity that can be “sold” to them as well as to others.

Marketing, Outreach, Education—Oh My!
Call it outreach, engagement, chicken soup— it doesn’t matter. What matters is that you strategically find ways to expand your brand equity and pitch your agency as having the best services to meet the needs of your community.

Hospices have been doing outreach and education since the early days—talking to providers and community members about the concept and benefits of hospice. Many programs spend significant staff and volunteer hours visiting physician offices, discharge planners and directors of nursing to encourage referrals. How effective are these “friendly visits”? Do the magnets, pens, brochures or cookies really change referral patterns?

Marketing consists of strategies and tactics to help identify, create and maintain satisfying relationships with customers that result in value for both the customer and the marketer. You have something that the customer wants or needs; marketers can help customers recognize those needs and, better still, prompt them to purchase the service from your agency.

The traditional marketing paradigm focuses on the following elements:
- **Who:** the target market and what they need;
- **What:** the product or service you are “selling”;
- **How:** the strategy or methods used to promote your product;
- **Why:** the pitch—or reasons—why your services will uniquely meet their stated needs, followed by a direct request to “purchase them.”

Outreach is often perceived as a softer sell—focused on raising awareness of an issue, “friend raising” or establishing relationships with community partners. Outreach can include several elements of marketing, specifically who, what and how; but it usually falls short on why.

Education teaches an audience something that you want them to know. Frequently, hospices host community presentations or continuing education...
events to teach community members or referral sources about end-of-life care, advance care planning and other issues. Education imparts knowledge or skills about a topic; again without the emphasis on selling a specific service or product.

Hospices seeking to grow, or to simply maintain their census, must go beyond outreach and education and be more direct. They must sell the concept of hospice and palliative care, and specifically tell consumers and referral sources why their agency is the best choice for them.

The Hospice Marketing Plan

For many years marketing wasn’t part of healthcare. Early attempts at marketing by hospitals often disappointed executives as marketers failed to learn about the needs of their customers and identify ways to meet those needs. Today, hospitals, pharmaceutical companies, health plans and physicians spend millions marketing their brand and services to consumers and providers alike.

Marketing hospice is even more specialized than general healthcare marketing. Hospice marketers must have an understanding of marketing fundamentals and the motivations of referral sources and consumers. They must also find creative ways to utilize limited resources to deliver complex messages to a very diverse and large “target” audience. Sound impossible? Not if you have a plan!

Every good marketing plan starts with the who—identifying the target audience. And while referral sources may seem like the obvious who for hospices, many consumers are becoming more comfortable—and quite skilled—at making healthcare “purchasing” decisions for themselves or their loved ones. More and more hospices are receiving initial inquiries for referrals or consultations from patients or family caregivers.

The Marketing Strategy Worksheet on page 8 provides several basic approaches to marketing hospice programs and services:

- The **Who** column identifies a specific target audience;
- The **What** column identifies the product or service you are “selling”;  
- The **How** column references the strategy or methods used to promote your product; and
- The **Why** column outlines the pitch—the reasons why your services will uniquely meet their stated needs, along with a direct request to “purchase” them.

Strategies outlined on this worksheet detail the specific needs of two primary audiences for hospice marketing: physicians (and their staff) and people living with a life-limiting illness. It also illuminates several key aspects of marketing that cannot be ignored:

1. **Know your audience.** While many hospices conduct surveys of their referral sources, many only focus on so-called “smiley-face” evaluations that simply measure satisfaction with what you are currently providing. Try adding questions about what their biggest challenges are and then the next time you talk to them sell your program’s ability to meet those challenges. You don’t have to wait for surveys to do this either; encourage your staff to always ask these types of probing questions.

2. **Fill a need.** Physicians in your market may not see the need for 24-hour caregiver support—but odds are there is something you offer that could meet a need they have. Identify what that need is and find a way to meet it.

3. **Prioritize marketing.** Make it an organizational initiative and demonstrate how everyone—from leaders to the finance staff to team members and volunteers—can help. You don’t need a huge marketing staff; empower your staff and volunteers to be marketers. Add it to their job descriptions, train them, and incentivize them (and it doesn’t have to be financial). Then celebrate the successes!

4. **Make an ask.** Make sure your staff and volunteers include “an ask” in every presentation, during every visit and on every written promotion: “Call Ann at ___ to make the referral...”; “To learn more, visit our website or call us...”; or “Can I visit you next month to see how this program is going...”. Otherwise you are wasting time and money.
5. Brand everything. Call your hospice switchboard or one of your teams and see how the phone is answered. Go on an admission visit and see how many times staff say the complete name of your organization. In everything you print, in every message you ask staff or volunteers to convey, and certainly every time someone has first contact with your organization, it is imperative that they know which hospice they are talking to. And don’t just say it once—repetition is the key to learning.

Even if you don’t think your organization is ready to use the “M” word, it’s important to think about ways to integrate these key aspects of marketing into your organization. As with any culture shift, think about your end goal—ensuring eligible patients have access to the high-quality services you provide. In today’s competitive markets, friendly visits just aren’t enough.

Kathy Brandt is NHPCO’s vice president of professional leadership, consumer and caregiver services. She has more than 18 years of experience in the hospice field, including seven years at The Hospice of the Florida Suncoast in Clearwater, Florida where she focused on community engagement and education. In her current position with NHPCO, she leads all educational initiatives, including three national conferences as well as NHPCO’s Caring Connections program.

References:

Resources That Can Help
Visit the Caring Connections Web site (caringinfo.org > Community > Outreach Strategies and Tools) for these resources to help in your marketing efforts:
- Marketing Hospice—A Core Competency in Competitive Markets (PowerPoint Presentation, with accompanying handout and Promotions Strategy Worksheet);
- If You Promote it, They Will Come—Coalition Marketing Workbook;
- Event Planning Toolkit.

The Marketing Strategy Worksheet on page 8 provides several basic approaches to marketing hospice programs and services.... Download a copy from nhpc.org/newsline.

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## Marketing Strategy Worksheet

<table>
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<th>Who</th>
<th>What</th>
<th>How</th>
<th>Why</th>
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<tr>
<td>(your target audience and their needs)</td>
<td>(services you offer to meet those needs)</td>
<td>(your marketing strategy)</td>
<td>(your pitch)</td>
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### Physicians of patients with complex caregiving needs:

“My patients want 24-hour access to information and support from my staff regarding basic caregiving tasks; we alone can’t meet their needs.”

Access to caregiver guidance and support 24/7 through a palliative care family caregiver support service.

- Survey physicians and staff on their caregiver needs (i.e., both the prevalence of those needs and their scope).
- Visit those doctors who identified caregiver needs as a significant reason for after-hours calls, and provide them with information on caregiver support services and “caregiver support prescription pads.”

“The Caregiver Support Service, a program of XYZ Hospice, provides access to knowledgeable and caring experts who can help your patient’s family caregivers confidently meet the care needs of their loved one.

XYZ Hospice also provides caregiver buddies—people who have been family caregivers and participated in our volunteer training—to serve as mentors to current caregivers. Call us, or encourage them to call us, so we can help them care for their loved one.”

### People living with a life-limiting illness:

“I feel like a patient with a disease instead of the person I was before I was sick. I don’t understand half of what my doctor says and I am so tired of feeling bad after each treatment.”

Hospice care.

- Introduce a “Is it time for hospice?” marketing campaign—with ads in community newspapers, augmented by volunteer and staff outreach.”

“Is it time for hospice?” Did you know that most people don’t receive hospice until days or weeks before they die, even though it is available much sooner?

ABC Hospice can provide expert medical care, medications, spiritual and emotional support, and much more. Don’t wait for someone else to suggest hospice—call us today to learn what hospice can do for you or a loved one with a life-limiting illness.”

Visit nhpc.org/newsline to download a copy of this worksheet.
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Throughout this year, we have been celebrating the 25th anniversary of the Medicare Hospice Benefit’s enactment—a Benefit that has helped propel the industry from a grassroots movement to an integral part of today’s healthcare continuum. While there has been obvious growth in the number of Medicare-certified programs since the Benefit’s inception, what more do we know about the providers?

As part of their ongoing analysis of general industry trends, NHPCO’s Research Team has taken a closer look at these providers, using the Provider of Services (POS) database that comes by way of the Centers for Medicare and Medicaid Services.

Since the POS database captures basic administrative and Medicare certification information on all healthcare providers seeking reimbursement from Medicare (including hospice providers, hospital and home health systems, nursing homes, and laboratories), it’s an excellent source for tracking general trends that can complement the provider-level analysis done through NHPCO’s annual National Data Set. Here we share the Team’s recent findings.

Steady Growth, With Notable Increases in the South

As shown in Figure 1, the hospice industry has seen virtually steady growth in the number of Medicare-certified providers over the past two decades.

As of October 2006, there were 3,019 active, Medicare-certified providers, with the largest proportion centered in the South—specifically Texas—and in California (see Figure 2). It’s also worth noting that during the past 25 years, we’ve had as many as 3,868 Medicare hospice providers, but the number has dropped to 3,019 due to mergers with other providers (76%) and voluntary closure (19%), in addition to a small minority of involuntary shut-downs (4%).

One question often asked of the Research Team is “Why does NHPCO report a higher number of hospice providers in its annual research findings compared to the number reported by CMS?” The answer is simple: CMS reports on the number of unique Medicare-provider numbers—which doesn’t take into account many programs’ multiple locations; NHPCO’s figures reflect all locations and, thus, provides a more accurate picture of service penetration.
**Majority of Growth in the For-Profit Sector**

While the number of Medicare-certified providers has grown, the growth is predominantly in the for-profit sector, with the largest increases occurring within independent, freestanding programs (see Figures 3 and 4).

**Figure 3: Provider Growth by Tax Status**


**Figure 4: Provider Growth by Ownership Type**


**Commitment to Patient Care**

The POS data also shed interesting light on the composition of the hospice workforce. During 2006, for example, Medicare-certified providers employed the services of more than 80,000 full-time equivalent paid staff (a number which is actually higher since the POS file reflects only that data from the most recent certification or recertification). In addition, these providers utilized the services of approximately 400,000 volunteers. As shown in Figure 5, clinical staff comprises the largest proportion of workers.

*continued on next page*
Looking Ahead
To complement the general trending information provided here, NHPCO’s Research Team has several other projects in the pipeline:

- Results from NHPCO’s 2006 National Data Set (nhpco.org/nds);
- Expansion of NHPCO’s annual Facts & Figures document to include more information on the cost of care and pediatric palliative care;
- National and state comparisons detailing costs per day, using Medicare hospice cost report data; and
- Analysis of national trends in hospice utilization, using Medicare hospice claims data (specifically the CMS Hospice Standard Analytic File 100 Percent Sample for years 2000-2005). This rich data source contains all final action claims submitted by hospice providers in a given year, which will allow NHPCO to conduct more in-depth analyses on patient demographics, diagnosis, length of service, level of care, and reimbursement. (See the NewsLine October 2007 cover story for some recent findings related to utilization rates: nhpco.org/newsline.)

Updates on the Research Team’s work will appear in the weekly e-newsletter, NewsBriefs, and the “Breaking News” section of NHPCO’s homepage (nhpco.org), as well as the Research Page of the NHPCO Web site (www.nhpco.org/research). Be sure to check these outlets regularly.
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  - An evaluation of hospice software systems
- **Benchmarking Issue** (Winter Edition)
  - The industry by the numbers
- **Process/Regulatory Issue** (Spring Edition)
- **Compensation Issue** (Summer Edition)
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Continuing a Time-Honored Tradition: National Hospice Month Proclamation

Every year since 1978, the President has signed a National Hospice Month Proclamation, paying tribute to the importance of hospice care within the healthcare continuum and in the lives of millions of Americans.

As NewsLine goes to press, we anticipate that President Bush will continue this long-standing tradition and will sign the 2007 proclamation on Thursday, November 1. As customary, the signed document should then be available on the official White House Web site (whitehouse.gov) under “Proclamations > Hospice Month Proclamation.”

Take time to read this important testament to hospice care—and share excerpts from it with your local media. As NHPCO’s president/CEO, Don Schumacher, reminds us, “An important part of our work involves helping people and other healthcare professionals understand the full scope of hospice care—so that more Americans can benefit from all that we offer.” The 2007 proclamation—and all it stands for—can help us in our work to raise awareness.

Remember too, the 2007/08 outreach materials NHPCO has developed for members can make outreach and education easier all year long. Access the materials from nhpco.org/communications.

A New Initiative—and Member Resource

Acknowledging that faith communities play a vital role in end-of-life care, NHPCO’s consumer engagement program, Caring Connections, has partnered with the Duke Institute on Care at the End of Life (DICEOL) to develop the new initiative: It’s About How You LIVE—in Faith. Together, both organizations are designing new products to strengthen the faith communities’ capacity to address end-of-life issues as well as provide hospices and coalitions with more tools to engage congregations.

DICEOL is developing a toolkit of resources for clergy, lay leaders, parish nurses and congregants, while Caring Connections is producing an Outreach Guide for hospices and coalitions, with strategies to help engage faith communities.

New consumer materials are also being developed, including Offering Spiritual Support for Family and Friends.

To view this new brochure, visit caringinfo.org > Resources > Spirituality. Copies can also be purchased from Marketplace (nhpco.org/marketplace > Item 821188).

News about the other resources being developed will follow in upcoming issues of NewsLine and NewsBriefs. If you have specific questions, contact Caring Connections (800/658-8898 or caringinfo@nhpco.org) or the Duke Institute on Care at the End of Life (919/660.3553 or iceol@div.duke.edu).

Support for Caring Connections is provided by a grant from the Robert Wood Johnson Foundation, Princeton, New Jersey.
The Expertise Behind NHPCO’s Senior Fellows Program

NHPCO established the Senior Fellows Program in 2005 to help tap recognized expertise in the field as we strive to enhance quality and increase access across care settings. As 2007 draws to a close, we would like to recognize several fellows for their dedication and exemplary contributions.

Bill Colby
Award-winning author, Bill Colby, has been a leading voice for advance care planning and has served as senior fellow for NHPCO’s consumer engagement initiative, Caring Connections, since 2005. As a spokesperson for Caring Connections, Bill has presented at more than 100 community, state and national organization meetings, focusing on the importance of advance care planning. He has also written numerous articles on end-of-life issues—several of which were picked up by the media and made available to members for local outreach. As Bill concludes his formal role as senior fellow at the end of this year, the Caring Connections team will continue to draw upon his expertise.

Perry Fine
Perry Fine has been a longtime advocate for hospice as well as quality pain and symptom management, most recently in his role as NHPCO’s senior fellow for Medical Leadership. Perry has been instrumental in advancing relationships with other national organizations, promoting quality clinical expertise, co-creating NHPCO’s Physician Leadership Development Program, and developing NHPCO’s first Scientific Symposium during last year’s Clinical Team Conference. While Perry concluded his role as senior fellow in August, NHPCO looks forward to continuing to draw upon his expertise in key areas.

Marcia Lattanzi-Licht
Educator and author, Marcia Lattanzi-Licht, is a nationally recognized leader in the end-of-life care field. During her tenure as senior fellow, she helped advance NHPCO’s education and training curriculum—particularly the Hospice Manager Development and Executive Leadership Development Programs. In addition, she provided critical expertise in the areas of bereavement and psychosocial care, and has worked with other state, regional and national organizations on integrating hospice and palliative care into their organizations. While Marcia concluded her term as senior fellow in 2006, she continues to work with NHPCO on a consultative basis, most notably as a media contact and as the leader for a special pre-conference program at the upcoming 8th Clinical Team Conference in New Orleans.

Claire Tehan
Claire Tehan joined the Senior Fellows Program in the fall of 2006 as senior fellow for NHPCO’s Executive Leadership Program. In this role, she works closely with the Executive Leadership Committee, Leadership Coaching Subcommittee and NHPCO’s professional development staff to enhance education offerings and related leadership development activities for emerging leaders in hospice and palliative care. Claire has led the development and ongoing implementation of NHPCO’s new Leadership Coaching Services and also serves as lead faculty for NHPCO’s Hospice Manager Development Program.
Beckwith Receives Two Special Honors
Samira K. Beckwith, president/CEO of Hope Hospice and Community Services (Fort Meyers, FL) has been inducted into Ohio State University’s Social Work Hall of Fame and has also been appointed to the board of directors of the American Society of Pain Educators—two honors which reflect her contributions and expertise in the end-of-life care field.

Beckwith, who received her master’s degree in social work from Ohio State University’s College of Social Work, has been instrumental in developing the services provided by Hope Hospice since joining the program in 1991. When she joined Hope, the agency was operating out of a storefront office and caring for only a few hospice patients each day. Under her leadership, Hope now serves more than 1,400 people per day throughout an eight-county service area, and its three hospice facilities have become models within the healthcare field.

Hospice Wins Best Healthcare Design Award
Hospice of the North Shore (Danvers, MA) received top honors for the interior design of its Kaplan Family Hospice House during the First Annual New England Interior Design Awards ceremony of the International Interior Design Association.

Siemasko + Verbridge, the interior design firm leading the project, strived to create a feeling of home that speaks to the variety of people whose lives will be affected in the space. The award went to the entire project team: Hospice of the North Shore; Siemasko + Verbridge of Beverly; EGA Architects of Newburyport; Martins Construction Company of Danvers; Creative Office Pavilion of Boston; and Sign System Solutions of Hopkinton.

Lighthouse Hospice Appoints New Director of Clinical Care
Nancy Amorosi, MSN, RN, NP-C, has been named director of clinical care for Lighthouse Hospice Inc. (Cherry Hill, NJ). Amorosi has been with the agency for six years and has focused her professional development on advanced practice nursing, with specialization in adult internal medicine and wound care. She has also earned several nursing certifications, including medical, surgical and gerontological nursing.

Family Hospice and Palliative Care Dedicates New Center
Family Hospice and Palliative Care (based in Pittsburgh, PA) celebrated the opening of the Center for Compassionate Care during a ribbon cutting ceremony in late summer. Located in a residential neighborhood in Mt. Lebanon, PA, the 48,000-square-foot Center will house a 12-bed Inpatient Hospice Unit providing around-the-clock care for patients and families, as well as administrative offices and an education/conference wing devoted to learning about end-of-life issues.
Hospice of the Comforter Named Top Company for Working Families

Good benefits and a great work environment make Hospice of the Comforter (Altamonte Springs, FL) one of the best places for working families, according to The Orlando Sentinel’s 2007 Top 100 Companies for Working Families.

This is the second consecutive year in which the program has made this prestigious list, which rates companies on such factors as core benefits, work environment, and training and planning.

Kubler-Ross Inducted into National Women’s Hall of Fame

The National Women’s Hall of Fame (NWHOF) has announced its 2007 inductees, which includes Dr. Elisabeth Kübler-Ross, who is best known for revolutionizing grief and bereavement attitudes toward dying patients and their families in the United States.

The NWHOF is a national nonprofit organization that annually recognizes the contributions of American women from a variety of disciplines. To learn more about this year’s inductees, visit www.greatwomen.org.

Hospice of the Valley Names Ptak CFO

Jim Ptak has been named chief financial officer for Hospice of the Valley (San Jose, CA). Ptak’s financial experience spans over 30 years, including 17 years in the healthcare field. Prior to joining Hospice of the Valley, Ptak was vice president of finance for The Center for Hospice and Palliative Care in Buffalo, New York. He also participated in the CFO Forum of the National Hospice Workgroup, where he helped develop benchmarks and best practices standards for hospice providers.

Community Hospice Names Pascoe CCO and General Counsel

Community Hospice of Northeast Florida (based in Jacksonville, FL) has appointed Beverly Pascoe chief compliance officer and general counsel. In her role as CCO, she will direct and manage all aspects of corporate compliance for the nonprofit program. Additionally, she will advise the president/CEO and Community Hospice board of directors about regulatory compliance issues.
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Lawsuits are expensive to defend, and some result in very high-dollar losses. That’s why liability insurance coverage is so important. Hospice and Community Care Insurance Services is administered by Glatfelter Insurance Group, a national agency. We work closely with your insurance agent to provide competitive proposals and friendly service for special businesses like yours.

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Can you picture this patient room in your Hospice?

Visit us at NHPCO’s 8th Clinical Team Conference on November 27-30!

Matrix can help not only in the design documentation and construction phase, but also in the early stages of an inpatient facility. We provide mission critical assistance in establishing appropriate project budget goals and guide you to successful financial strategies and potential resources.

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Contemplative End of Life Care

Residential Sessions:
January 3-13 and Mid May 2008
Weekly Online Sessions:
January 14 through May 7, 2008

Naropa University’s Center for Contemplative End of Life Care, in partnership with Rupa’s Spiritual Care Program, offers a professional certificate program for healthcare professionals providing in-depth training and spiritually-grounded approaches to the full spectrum of end of life care practice. The program is presented in a seventeen-week, low-residency format including two week-long residential training intensives.

Training topics include:
- The Four Tasks of Living and Dying
- Approaches to Contemplative Care
- Communication about Dying and Death
- Meditation, Compassion and Mindfulness Practices
- Responding to Suffering

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  it's laughter in the midst of tears,
  it's dignity... it's humanity
  ... it's what we do.

It must be LOVE... It's called hospice.
It must be LOVE... It’s called hospice.

Celebrate National Hospice/Palliative Care Month with a wide selection of products!

National Hospice/Palliative Care Month Poster

- **Item:** 821139 Dated
- **Price:** $7.95 Member, $9.95 Non-Member

Pocket-Sized Memo Pad

- **Item:** 821147
- **Price:**
  - Member: 1-500: $1.50 each, 501+: $1.25 each
  - Non-Member: 1-500: $1.75 each, 501+: $1.50 each

Acrylic Key Tag

- **Item:** 821144
- **Price:**
  - Member: 1-500: $1.00 each, 501+: $0.85 each
  - Non-Member: 1-500: $1.50 each, 501+: $1.45 each

Ornament

- **Item:** 821150
- **Price:** $5.95 Member, $8.95 Non-Member

Note Cards

- **Item:** 821149
- **Price:** $8.95 Member, $10.95 Non-Member

Notebook With Pen

- **Item:** 821148
- **Price:** $8.95 Member, $10.95 Non-Member

Flashlight Key Chain

- **Item:** 821142
- **Price:** $2.25 Member, $2.75 Non-Member

To order these and other great products, please visit us online at www.nhpco.org/marketplace
Physicians Urged to Integrate Palliative Care and Hospice into Heart Failure Care

Heart failure (HF) is the leading cause of hospital admission and readmission in this country, and the only cardiac-related diagnosis that continues to rise in prevalence; deaths from HF have doubled over the past 15 years. The palliative approach to care for patients with advanced HF, although often “challenging to implement,” is gaining widespread support and should be integrated sooner into the care of patients with this disease.

That is according to Brad Stuart, MD, senior medical director of Sutter VNA and Hospice, Emeryville, CA, in a review of palliative and hospice care for patients with advanced HF, which was published in the Journal of Palliative Medicine.

“Palliative care should be integrated with advances in heart failure care to optimize treatment of high-risk patients while discouraging averse of procedures and devices, and to help patients and families cope with an uncertain future,” writes Stuart, who is also principal investigator for Sutter’s Advanced Illness Management program.

Stuart provides a discussion of the pathogenesis, staging, assessment, prognosis determination, and treatment of HF; offering approaches to advance care planning, managing inflations and implanted defibrillators, and determining hospice eligibility.

Tables include the New York Heart Association (NYHA) functional classification system for heart failure and its “complement,” the staging system of the American College of Cardiology/American Heart Association 2005 Guideline Update, which “for the first time provides Class I recommendations for hospice and palliative care for patients with advanced HF,” comments Stuart, “signifying that these approaches are beneficial, useful, and effective.”

Although end-stage heart disease is the second most common diagnosis upon hospice admission, it accounts for only 12% of enrollees, poises out Stuart, while cancer diagnosis accounts for 46%. Yet 27% of all deaths in the nation in 2004 were caused by heart disease, compared with 22% caused by cancer. Asserting that “calculated prognosis should not be the major criterion for hospice referral,” Stuart provides a set of guidelines adapted from the National Hospice and Palliative Care Organization and others for determining hospice eligibility in HF patients with systolic failure. [See sidebar above.]

Uncertain prognosis should not be a barrier to enrollment,” states Stuart. “Patients may stay on hospice for longer than six months as long as clinical de...

Continued on Page 2

Customized for hospices nationwide to help them educate physicians, build clinician relationships, and encourage earlier referrals.
To complement this issue’s cover story, consider these resources to help you market your program’s services:

**Marketing Strategies (AWS)**
Presented by Kathy Brandt, MS
Item: 820634
Member: $29.99

**Keys to Extraordinary Admission Success (AWS)**
Presented by Dale O. Knee & Phillip W. Heath
Item: 820834
Member: $29.99

**Field Guide to Selling Hospice Services**
By Michael Ferris
Item: 820994
Member: $79.00

**One Patient, One Day: Making Your Hospice a Leader in End of Life Care**
By Larry Beresford, Mary H. Michal, and Jay Mahoney
Item: 820578
Member: $110.00

**Hardwiring Excellence**
By Quint Studer
Item: 820995
Member: $17.00

**Standards of Practice for Hospice Programs**
Developed by NHPCO
Item: 711077
Member: $59.95

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### Dates to Remember

#### NHPCO’s Audio Web Seminars

**Interdisciplinary Topics** – second Thursday of the Month, 2:00 – 3:30 pm.

- 11/08/07 — Palliative Sedation at the End of Life
- 12/13/07 — Connecting the Dots: Effective Care Planning, Communication and Collaboration Across Settings

**Leadership Topics** – fourth Tuesday of the Month, 2:00 – 3:30 pm.

- 11/20/07 — The Top 10 Skills and Strategies of Effective Team Leadership
- 12/18/07 — After Dark: Ensuring the Excellence and Success of On-Call Services

### NHPCO Conferences

- November 29 – December 1, 2007 — 8th Clinical Team Conference, New Orleans, LA
- April 10 - 12, 2008 — 23rd Management and Leadership Conference, Omni Shoreham Hotel, Washington, DC

### Hospice MDP Two-Day Foundational Course

November 27 - 28, 2007 at the Hilton Riverside, New Orleans, LA, in coordination with NHPCO’s 8th Clinical Team Conference.
Registration is open at [www.nhpco.org/ctc2007](http://www.nhpco.org/ctc2007).

Visit [nhpco.org/mdp](http://nhpco.org/mdp) for details.

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