Employees play a fundamental role in the success of any organization and astute administrators recognize the value of a stable and committed workforce. For this very reason, regular assessment of job satisfaction can provide important information which can be used for proactive and corrective modification of organizational behavior and the work environment and, in turn, can promote workforce excellence. In fact, research has shown that employees who have higher job satisfaction care about the quality of their work, are more productive, and are more committed to the organization.

Evidence also exists that job satisfaction correlates to the quality of patient care. In most healthcare sectors, job satisfaction has become a key measure for an organization’s well being and an essential part of human resources management. Job satisfaction is particularly important in the hospice industry, given the emotional and interpersonal challenges that staff face in providing care to patients near the end of life. However, despite the rapid growth of the hospice industry over the past 25 years, there has been no systematic effort to evaluate the work environment that hospices provide—until now.

How Do You Measure Up?
By David Casarett, MD and Carol Spence, PhD

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continued on page 4
November is National Hospice/Palliative Care Month, a time when providers around the country focus special attention on educating their community about end-of-life care.

To help members spread the good word about their work, NHPCO produces a range of outreach materials that can be used in November—and throughout the year. Among the most popular are those which feature the National Hospice Palliative Care Month quilt.

NHPCO created the first “hospice quilt” in 2000 (see back cover) and, every year since, has created a new design in honor of the national observance.

Why a Quilt?
Historically, quilts were made by a group of people and the process of quilt making was a time for community, socializing, and sharing of opinions and emotions. Quilts were made for special occasions, and just as quilts were given to celebrate the birth of a newborn, they were also made to memorialize a loved one. When individual quilt blocks—each beautiful in their own right—are assembled, they provide warmth and comfort and represent love, care and compassion—the very essence of end-of-life care.

The familiar lotus flower, which is the key component of NHPCO’s logo, is featured in each year’s design. The petals of the lotus signify the fundamental elements of end-of-life care—a union of the physical, the psychological, the social, and the spiritual.

For a closer look at NHPCO’s outreach materials, turn to page 12, or visit nhpco.org/outreachguide. To review the promotional items that feature the quilt graphic, visit NHPCO’s Marketplace (nhpco.org/marketplace).
The hospice industry has certainly faced a great number of challenges this year, from significant regulatory changes to our ongoing battle to stave off cuts to the Medicare Hospice Benefit. These challenges have put greater demands on all of us—including NHPCO. However, along with the challenges also come opportunities.

One such opportunity has come to fruition for NHPCO—one that will benefit our members and the entire end-of-life community. On the first of December, 1731 King Street will become the new headquarters for NHPCO and our three affiliate organizations—the National Hospice Foundation, The Alliance for Care at the End of Life, and the Foundation for Hospices in Sub Saharan Africa.

This new office space is a secure, three-story building that is around the corner from our current office in Alexandria, VA. It is a block away from Washington’s Metrorail and affords easy access to Reagan National Airport and to legislators on Capitol Hill. It also provides us with more functional work space, larger meeting rooms, and a couple of guest offices for visiting colleagues. But, best of all, the terms of our new lease include an option to buy the building in the near future.

While the move to “1731” was precipitated by an increase in rent at our current location, the opportunity could not have occurred at a better time. NHPCO has rented space at our current location for 10 years and, in line with hospice growth nationally, our staff has more than tripled in size. So, without doubt, we have outgrown our space. The option to purchase the building offers us an exceptional opportunity to put down deeper roots and establish a national presence for the burgeoning, $10 billion industry that hospice has become. While any bean counter would applaud the move from a pure business standpoint, having an established headquarters within close proximity to Capitol Hill will serve all of us well as the need to advocate for patients and families becomes more and more critical.

In the coming months, you will learn more about this investment in our future and the work of the National Hospice Foundation in helping us realize this goal of ownership. For now, refer to the NHF Fall Quarterly on page 22 for more about the new space.

Last but not least, my best wishes to you and your staff as we celebrate National Hospice/Palliative Care Month and usher in the holiday season!

J. Donald Schumacher
President/CEO
STAR—the First Hospice-Specific Staff Survey

NHPCO and the National Council of Hospice and Palliative Professionals (NCHPP) decided that it was important to develop a hospice-specific survey because the work of hospice staff is very different than that of healthcare staff in other settings.

Not only are the goals of hospice different from those of other healthcare sectors, but the patient population is uniquely challenging. The median length of stay in hospice is less than one month, and 10 percent of patients die within 24 hours of admission. This means that hospice staff, and particularly front line providers, face considerable emotional, clinical, and logistic challenges of providing care. These factors, together with the challenges of providing care in a variety of settings (i.e., in the patient’s home, in a nursing home, and in an acute inpatient setting), make hospice a unique healthcare work environment. Therefore, NHPCO and NCHPP partnered with the University of Pennsylvania to develop a job satisfaction survey that could be used to measure—and improve—the support that hospices provide to their staff: the Survey of Team Attitudes and Relationships (STAR).

STAR’s Development

The survey was developed and modified through four stages:

- First, semi-structured interviews were conducted to define aspects of the hospice work environment that hospice staff believe influence job satisfaction.

- Next, an advisory panel composed of 10 hospice care professionals was created to evaluate the draft survey. The advisory panel members included: Mary Wright Baylor, MSN, RN; Richard Briggs MA, PT; Pam Brown, CFRE; Carlyle Coash, BCC; Kathy Egan-City, MA, BSN, CHPN; Pat Gibbons, BSN, CHPN; Joan Harrold, MD, MPH; Patti Homan, PhD, LPC, FT; Patricia Kelley, RN, CHPN; Bob Miller, BA, MDiv; Joseph Polubinski, PhD; Shareefah Sabur, MNO; Carol Spence, PhD; and Sherri Weisenfluh, MSW, LCSW.

- Third, the draft survey was pilot-tested in two waves (55 and 105 participants, respectively), drawn from three hospices each, and modified based on feedback.

- Last, the final survey was tested in 10 diverse hospices in a nationwide sample.

An article delineating the development of STAR was published in the October 2007 issue of the Journal of Pain and Symptom Management and can be downloaded from the NHPCO Web site (nhpco.org/STAR).

Outcome of Field Testing

The results of testing showed that the STAR is easy to use, and can be completed quickly by all hospice staff, including non-clinical and support staff. From a practical standpoint, the STAR provides useful information to hospices that helps leadership to address concerns and opportunities for improvement. The STAR is also associated with staff turnover rates—hospices with higher (better) STAR scores have higher staff retention and lower turnover, which should provide an added incentive for the use of the STAR to guide improvements.

Using STAR

The survey can be used by NHPCO provider members and their staff—free of charge—as a benefit of membership. Staff can complete the STAR online through a link on the NHPCO Web site (nhpco.org/STAR). NHPCO provides online survey administration as well as reporting of a hospice’s survey results. The results are presented in a downloadable report from the same online system.

The STAR online system includes a section labeled Survey Management, which enables your hospice’s Primary Contact to direct and monitor administration of STAR. Links in the Survey Management section of the system allow setting the start and end dates for survey administration, checking survey participation progress, and creating on-demand reports of results for your hospice. The Survey Management section of the STAR online system is accessible only by a hospice’s Primary Contact.*

Guidelines for using STAR, along with specific instructions for staff participation, are posted on the NHPCO Web site (nhpco.org/STAR), as well

* Member organizations designate their Primary Contact during the NHPCO membership renewal process. Typically, the Primary Contact is the CEO or executive director of the organization. You can review your organization’s profile, including the designated Primary Contact, online or by calling the Member Services Center at 800/646-6460.
as on the STAR online system. NHPCO recommends that staff members review the guidelines prior to completing the survey, particularly the detailed explanation concerning confidentiality.

**Annual Reporting Also Planned**

NHPCO also plans to create an annual “National STAR Report,” which summarizes results at the national level. Based on STAR survey responses entered throughout the year, the National STAR Report will include overall national averages for STAR domains and questions, as well as results broken out by selected demographics (e.g., clinical/non-clinical, discipline, hours worked), and categorized by hospice size and location. The report will also include information on salaries. The National STAR Report, which will be available for purchase through NHPCO’s Marketplace, will be an invaluable tool for comparisons across hospices and evaluation of the hospice workforce as a whole.

Hospice administrators will find STAR to be a valuable tool for promoting workforce excellence and delivering quality hospice care. Participation in the NHPCO STAR administration and reporting process provides the information needed to make adjustments to improve staff satisfaction and retention. In addition, NHPCO’s National STAR Report will allow hospice administrators to compare their results to others for benchmarking and comprehensive evaluation—which is critical to organizational quality.

**Questions Regarding STAR**

NHPCO maintains a dedicated email address (star@nhpco.org) for questions related to all aspects of the survey process. The STAR email is the most efficient means of receiving assistance. Even if you would prefer to discuss your question via telephone, please send an email to STAR and request a call. Be sure to provide your name, location, phone number, and times you are available.

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*David Casarett is associate professor of medicine at the University of Pennsylvania, director of research for Wissahickon Hospice, and a staff physician at the Philadelphia VA Medical Center. He is a fellow of the American Academy of Hospice and Palliative Medicine and serves as a medical consulting director for NHPCO.*

*Carol Spence is director of research for NHPCO, overseeing research activities related to performance measurement, including the planning and implementation of ongoing and new data collection initiatives.*
While there has been a notable increase in the number of hospice programs across America during the last decade, the training of our hospice staff has not always kept pace with the growth. This, in turn, has contributed to a disturbing variability in the quality of care that is being provided. As hospice leader and NHPCO board member, Mary Labyak, has often said, “If you’ve seen one hospice, you’ve seen one hospice.”

In 2004, NHPCO launched the Hospice Manager Development Program (Hospice MDP) to help fill this important gap in the education and training of hospice managers. The original curriculum was developed by leading hospice educators, Marcia Lattanzi-Licht and Gary Gardia, who were serving as NHPCO senior fellows at the time. “Marcia, with significant help from Gary, conceived and developed the core components of this program,” notes Kathy Brandt, NHPCO’s vice president of professional leadership, consumer and caregiver services. “With their guidance and with input from the National Council of Hospice and Palliative Professionals, the Hospice MDP has become the only comprehensive hospice-specific management training program that helps managers develop the skills they need to lead programs, systems and people.”

"Many current hospice managers have either risen up within an organization and have little management training or are brand new to the hospice field,” adds Brandt, “Yet, these hospice managers need to be mentors, fiscal managers, developers and team builders. They need training on how to perform as managers within the context of their hospice organization. And that’s where the Hospice MDP comes in.”

How the Program is Structured

The Hospice MDP is divided into three developmental levels. The first level begins with a two-day foundational course that addresses hospice leadership and management principles. Once the foundational course is completed, participants can take additional sessions—or ‘modules’—that delve more deeply into the specific application of these principles within the hospice setting.

The Two-Day Foundational Course

This initial two-day course is designed as an interactive classroom session, so participants can explore the concepts together. The class covers the following topic areas:

- Values-Based Hospice Leadership
- NHPCO Standards as a Management Tool
- Leadership Style and Situational Leadership
- Decision Making and Critical Thinking
- Interviewing, Coaching, Feedback and Evaluation Skills

The energy generated by participants makes this interactive session exciting. Faculty leaders facilitate discussion and the participants are asked to share challenges and successes from their on-the-job experiences. Someone walking past one of the classrooms will hear lots of animated discussion as participants gather into small groups for assigned interactions.

Senior MDP faculty member, Claire Tehan, feels these foundational courses are effective because they help to reinforce both the challenges and
rewards of being a hospice manager. In post-evaluations, participants talk about the wealth of new skills, ideas, and approaches they’ve learned as the big ‘take home’ benefit. “The opportunity to meet and learn from other hospice leaders from around the country also contributes to the experience” notes Tehan.

**Level I, II and III Modules**

Once participants complete the initial two-day foundational course, they are required to complete two additional modules at their own pace to obtain the Hospice MDP Level I Designation: Ethics for Hospice Managers and Managing with an Eye to Finances. This Level I training helps managers understand their personal leadership style, interview and hire effectively, give meaningful feedback, and manage conflict through critical thinking and decision making while adhering to hospice standards of practice.

Once the Level I Designation is earned, participants can pursue their Level II Designation by taking six additional modules in their area of interest. Sample offerings include:

- Managing Conflict in the Workplace
- Developing Interdisciplinary Teams and Effective Meeting Skills
- Emotional Intelligence
- Managed Care and Managed Choice
- Managing Cultural Diversity
- Managing Systems and Programs: Financial, Trending and Reporting Applications
- Managing the Changing Organization
- Managing Workplace Negativity
- Quality Management and Performance Improvement
- Regulatory and Compliance Issues

The Level III Designation requires the participant to complete four additional modules and undertake a three- to nine-month self-study and independent learning project, under the supervision of an advisor who is assigned by NHPCO. The project includes development, implementation and evaluation of an organization change initiative, with the goal of presenting the project as one of the concurrent sessions at an NHPCO national conference. In light of the Quality Assessment and Performance Improvement requirement in the new Hospice CoPs, this training will prove invaluable to hospice organizations.

**About the Hospice MDP Designation**

The Level I, II and III Designations serve as marks of achievement. When participants complete the modules for each level, they are awarded the Designation, are recognized on the NHPCO Web site, and receive a framed Certificate of Recognition.

In addition, the Two-Day Foundational Course currently provides 14 hours of continuing education credit for nurses and social workers.

**Where Training is Held**

The Hospice MDP Two-Day Foundational Course is offered at NHPCO national conferences and in conjunction with state hospice organizations across the country.

Learning modules are available as distance learning sessions, as preconference offerings at NHPCO national conferences, and in conjunction with state hospice organizations.

For details, visit nhpc.org/mdp.
Modules Offered Online by Faculty Skilled in the Medium

While many of these modules are offered in a traditional classroom setting, most participants take them online, through NHPCO’s distance learning program, E-OL.

The faculty members are skilled in online teaching and learning techniques and facilitate active discussions to simulate the classroom experience. In fact, the experienced leaders in the field who serve as Hospice MDP faculty have been a hallmark of the program since it was launched.

Barbara Bouton, NHPCO’s director of professional development, feels that much of the success of Hospice MDP can be attributed to its outstanding faculty. “The faculty is continually evaluating, refining and updating the modules based on participant feedback and their experience as hospice leaders, so this helps ensure a dynamic, relevant presentation that participants can always relate to,” she says. “For example, Values-Based Hospice Leadership, which was originally offered as a single module, became the very crux of the Hospice MDP based on feedback from the faculty. Since it is ‘hospice values’ that distinguish our care from the rest of healthcare, it was felt that these values should serve as the foundation for teaching hospice leadership.”

Today, over 1,500 hospice staff, representing more than 450 organizations, have participated in the Hospice MDP. “When I look at the number of people who have participated in at least one MDP course, two thoughts come to mind,” says Kathy Brandt. “First, I am amazed at the number of people who have not only taken one course, but are on their way to receiving one or more of the three designations. And second, I am perplexed by the number of new managers who don’t even know the MDP is available to them. Yes, we’ve reached many people, but there are so many others who have never received management or leadership training.”

Kay Mueggenburg is vice president of education, research and community integration with Hospice of the Bluegrass (HOB) in Lexington, Kentucky. She has been involved with hospice for over 20 years as a volunteer and employed with HOB for four years. Kay has been an MDP faculty member for three years.

If you and your staff have not yet considered Hospice MDP training, visit the NHPCO Web site for more information, including answers to frequently asked questions: nhpc.org/mdp.
Bridging the Gap Between Work in the Field and Capitol Hill

By Robertina Szolarova, RN

To fulfill my graduate program’s health policy residency component, I had the opportunity to spend six weeks at NHPCO’s office in Alexandria, Virginia, and work closely with NHPCO’s public policy team. The richness of this experience cannot be overstated.

I was given an inside view of the policy world and the work done by NHPCO and its lobbying affiliate, The Alliance for Care at the End of Life, to support what we all do back at our programs. While immersed in this world, I’ve considered the dilemma of how to bridge the gap between the work of day-to-day clinical operations and the work of advocating for hospice.

In the September issue of Newsline (nhpco.org/newsl ine), members of the interdisciplinary team addressed the power that hospice professionals have in educating policymakers and the public about the benefits and challenges facing our unique model of care, while this issue focuses on staff enrichment. I believe that these two concepts are intimately related.

Staff enrichment goes beyond simply providing information; it can help people to develop and grow as professionals. This growth should include a deeper and broader understanding of hospice as part of the larger healthcare arena, and each staff member’s role in policy and advocacy. When we think about staff enrichment, it is essential to recognize that hospice professionals are ambassadors for hospice, and they must be equipped with the knowledge and tools to succeed in that role.

Those of us who have chosen to work in hospice know that it is more than a job. I have interviewed many prospective employees, and they all echo the same sentiments: “I want to do meaningful work,” “I feel that this is my calling,” and “I believe this is a better way to provide healthcare.” Passion and motivation are already present in our colleagues—and we can tap into that energy.

continued on next page
and give it focus. The history of hospice is of a grassroots movement founded by people with a vision of holistic, patient-centered end-of-life care. This history is a source of pride, and it is also a foundation upon which to build a strong future. It is the people who work for hospice and who continue to hold this vision, who should also be the ones to advocate for that future.

Although I have worked in the hospice field for eight years, only recently have I become aware of the issues beyond the bedside. So much of our energy goes into giving our patients and families the best care possible and, from an administrative perspective, making sure that our staff has the tools needed to give that care. Yet, the hospice community is facing unprecedented challenges. It is widely understood that the days of hospice “flying under the radar” are over, and that the Centers for Medicare and Medicaid Services (CMS) sees hospice as a significant player in the healthcare field. CMS Change Request 5567, which requires agencies to report visit frequencies, is likely to be only the first in a series of data-gathering measures to help the federal agency understand how hospices are providing care (and how taxpayer dollars are being spent).

“It was a good death,” will no longer suffice as a summary of the care we provide. In June, the Medicare Payment Advisory Commission (MedPAC) presented a report to Congress on the Medicare Hospice Benefit. In reading this MedPAC report, it is clear that there are far more questions than answers concerning the quality and quantity of services that hospice provides. As CMS seeks answers to these questions, we can anticipate changes to the Benefit. At the same time, we must do all we can to ensure that the essence of hospice is protected, and that Americans continue to have access to high-quality hospice care.

So how can we capture the energy and enthusiasm of our hospice colleagues and channel it toward advocacy?

For Managers:
- Recognize that you are role models, educators, and cheerleaders. Make sure that you are informed on hospice policy issues, and you are keeping your staff informed.
- Provide the “big picture” context when talking with staff and providing education—people respond best when they are given a rationale for changes. For example, let them know why you are closely counting visit frequencies.
- Start an advocacy or policy committee at your hospice, with representation from all disciplines, and empower the committee members to keep colleagues informed on state and national policy issues.
- Make it easy for people to become involved in advocacy: Ask for stories about patients to use in your outreach and advocacy efforts, and provide templates for letters or emails to send to legislators.
- Consider developing policy/advocacy competencies for staff, and make it an expectation that your employees are knowledgeable about hospice policy issues.
- When attending NHPCO’s annual Management and Leadership Conference, participate in Hill Day events, attend the Public Policy Forum, and network with other leaders to hear what other programs are doing.

For Staff:
- Ask questions and stay informed about healthcare policies on a state and national level—recognizing that part of your professional growth is developing an understanding of hospice policy issues.
- When talking with others about your work, take the opportunity to educate them about the Medicare Hospice Benefit. It’s amazing how many myths and misconceptions people have—and knowledge truly is power!
- Volunteer to participate in meetings with legislators, or invite a legislator to join you on a patient visit. Being an advocate for hospice is a natural extension of being an advocate for your patients.

Resources that Make the Job Easier
Take advantage of the tools and information that NHPCO offers as important membership benefits. The weekly e-newsletter, Newsbriefs, and NHPCO’s Regulatory and Public Policy Alerts can keep you informed of the latest news and hot issues—quickly and easily. The Hospice Advocacy section of
Your staff members are ambassadors for hospice, and they must be equipped with the knowledge and tools to succeed in that role.

the NHPCO Web site (nhpco.org/advocacy) also contains links to help members learn about all aspects of advocacy—from writing letters to legislators to making visits on Capitol Hill.

Hospice was started by visionaries and activists who believed that dying Americans deserve dignity and comfort, and we must carry that vision forward. We have the responsibility to speak for patients who cannot speak for themselves, and to advocate for those who benefit from the care we provide. From the halls of Washington, DC to the bedsides of our patients, it takes all of our voices to ensure our message is heard: The right of all Americans is to have the very best care at the end of their lives.
Each summer, NHPCO releases new outreach materials—exclusively for members—to make community outreach easier and more affordable all year long. While a CD of the materials was mailed to provider organizations in late August, all staff and volunteers can access them from the NHPCO Web site (nhpco.org/communications).*

NHPCO encourages you to unleash your creativity and modify the materials to meet your specific plans to promote end-of-life care in your community. For starters, here are a few ways to use some of the many materials.

**Personalize the Display Ads**

Three professionally designed display ads have been developed, featuring this year’s outreach theme: “Hope, Love, Dignity…It Must Be Hospice.”

The ads are available in three different sizes (in color and in black and white), and feature generic text about end-of-life care. The full-page ads, however, also include a ‘no text’ version for easy personalization.

Shown at right are one of the full-page ‘no-text’ ads—and how the ad can be personalized with your own copy and logo (far right).

**Accessing the ads:** Go to nhpco.org/outreachguide and scroll to “Folder 2.” (Instructions on personalizing these ads, using Microsoft Word, are provided too. Click on “How to insert your logo” under Folder 2.)

**Use the Same Graphic on an Invitation or Flyer**

You can carry out this year’s outreach theme in other materials for your program. For example, take the photos from the display ad and use them on an invitation or flyer.

*To access these "member-only" materials, you will need your member ID and password. If you don’t already have one, contact the NHPCO Member Services Department: 800/646-6460.*
Carry Out the Theme in Presentations

Two PowerPoint Presentations that feature this year’s theme are also provided: Understanding Hospice, Palliative Care and End-of-Life Issues and Advance Directives and End-of-Life Decisions. You can modify or delete slides and add your own logo. Or, you can use the PowerPoint template—and the attractive graphics—for other presentations.

Accessing the Slides: Go to nhpc.org/outreachguide and scroll to “Folder 2 – PowerPoint Presentations.”

Get Free Guidance on Planning Events

In addition to actual ads and templates, the Outreach Materials feature an Event Planning Guide to help you formulate and execute an integrated campaign.

Accessing the Guide: Go to nhpc.org/outreachguide and scroll to “Folder 1 – Basic Outreach Strategies.”

A Glimpse at the Many Other Tools

This year’s materials represent the most comprehensive collection ever, organized into topic folders:

- Folder 1: Basic outreach ideas and strategies;
- Folder 2: National Hospice/Palliative Care Month materials with the suggested theme Hope, Love, Dignity—It Must Be Hospice;
- Folder 3: Caring Connections’ faith outreach materials featuring the tagline, It’s About How You LIVE—In Faith;
- Folder 4: Materials to complement the PSA, It Must Be Love;
- Folder 5: Pediatric outreach materials from the Partnering for Children national awareness campaign.

Getting Started

Take a moment to review the PDF, “An Introduction to Your Outreach Kit.” It is included on the CD and is also posted with the materials on the NHPCO Web site (nhpc.org/outreachguide).

Questions

Call NHPCO’s Caring Connections (800/658-8898) or NHPCO’s Member Services Department (800/646-6460).

Materials were developed in partnership with NHPCO’s Caring Connections. Funding was provided by the Heartland Hospice Memorial Fund.
NHPCO and The Alliance for Care at the End of Life have taken two historically unprecedented steps to block rate cuts to the Medicare Hospice Benefit. While NHPCO members have been updated on this activity via email—through NHPCO’s Legislative Alerts and NewsBriefs—here’s a brief summary of this important work:

- On September 5, NHPCO filed a lawsuit against the Centers for Medicare and Medicaid Services (CMS) to block the elimination of the Budget Neutrality Adjustment Factor (BNAF), which is applied to Medicare hospice reimbursement rates each year and means a boost in revenue for many providers.

- In addition, on September 11 and 12 legislation was introduced in the House of Representatives and the Senate that would delay implementation of the BNAF’s elimination. The delay would provide time for the Medicare Payment Advisory Commission (MedPAC)—the nonpartisan group that advises Congress on Medicare issues—to complete its report on hospice costs to the Medicare program.

This legislation, the Medicare Hospice Protection Act of 2008, was introduced on the House floor by Representatives Chris Van Hollen (D-MD), Jim Ramstad (R-MN), and Maurice Hinchey (D-NY). The Senate companion bill was introduced by Senators Arlen Specter (R-PA), Tom Harkin (D-IA), Ron Wyden (D-OR), Pat Roberts (R-KS), John Rockefeller (D-WV), Gordon Smith (R-OR) and Susan Collins (R-ME).

To help garner support for the legislation, ACEOL launched an ad campaign to educate lawmakers and their staff on the threats facing hospice. The compelling ads shown at right were part of this campaign, running in the Capitol Hill daily, Roll Call, during September.
A Good Way to Support Your Community and Promote Hospice

Chambers of Commerce from all across the country now offer leadership programs for the young professionals in their community. While each program may differ, most share the same basic goal: To bring together a network of diverse professionals from all sectors of the community, acquaint them with the issues, resources and challenges of their area, and empower them to play a proactive role in its future.

The programs typically run from 8 to 12 months, are limited to 20-30 participants, and require mandatory attendance at monthly meetings. The meetings cover a range of topics that are designed to familiarize these community members with public policy issues and local organizations, and often address economic development, how to be an effective board member, community services, arts and culture, and media relations. In many cases, participants in the program are asked to conduct a community service project of the group’s choosing.

These leadership programs not only benefit their communities, but also provide real value to the participants and their employers. “It’s community outreach at its best,” says Andy Duncan, NHPCO’s director of information services. Duncan attended the leadership program sponsored by the City of Alexandria—which is home to NHPCO’s headquarters—and graduated in 2005. A strong advocate of its value, he now serves on the program’s steering committee and chairs its continuing education committee.

“I have lived in Alexandria for 13 years and have always been a pretty involved resident,” says Duncan. “Still, it was through this program that I developed a true appreciation for the complexity of the issues affecting our city and, at the same time, had the opportunity to educate my colleagues about the role of hospice and the mission of NHPCO.”

According to Duncan, these programs are an excellent way for hospices to connect with their community. “My classmates included bankers, a member of the clergy, small-business owners, a graphic designer, city staff, a school principal, an attorney, a staff person from an AIDS service organization, and several others. There are few other opportunities that would allow a hospice to establish the kinds of community connections their staff can develop through these programs.”

Beyond the relationships with classmates, these leadership programs equip participants to be more knowledgeable and effective within the community. Upon graduation, participants usually find themselves in leadership roles within civic groups, commissions, or other community-service groups—providing further opportunity for hospice staff to make valuable connections.

There are usually tuition fees for attendance in these programs and, in many cases, competition is stiff. For information on a program in your area, check with your local chamber of commerce or run a search in your favorite browser, using the key words “Chamber of Commerce Leadership Programs in [Your City, State]”.

Chamber-Sponsored Leadership Programs:
VNA HealthCare Wins 2008 Telly Awards

To shed light on the hospice philosophy, VNA HealthCare (Hartford, CT), in partnership with Aetna and videographer Rusty Dyer of DigiDyer Productions, teamed up to create a video which has won several 2008 Telly awards. Their seven-minute video, “Hospice Is Hope,” won the highest honor—a silver award—in Fund Raising and in Health and Wellness, along with a bronze award in Public Relations.

In the video, VNA HealthCare (VNAHC) hospice staff members speak about caring for dying patients and their loved ones while families share their heartfelt experiences. VNAHC, with the support of Aetna, held the sessions at Union Baptist Church in Hartford.

Florida Approves CON Application for Good Shepherd Hospice House

The Florida Agency for Healthcare Administration has approved Good Shepherd Hospice’s Certificate of Need application to build the first freestanding hospice house in Highlands County.

Currently, Good Shepherd Hospice (based in Lakeland) operates the George C. Forsythe Hospice House in Auburndale and a hospice unit at Palm Terrace of Lakeland. This new Highlands County Hospice House will be the second freestanding facility of this type within Polk, Highlands and Hardee counties.

Waterbury Receives Excellence in Nursing Award

Angela Waterbury, the clinical educator and infection control nurse for Pikes Peak Hospice & Palliative Care (Colorado Springs, CO) has received the El Paso County Medical Society’s 2008 Excellence in Nursing Award. The award, which has served as a treasured demonstration of the organization’s respect for its nurse colleagues, was presented during a special ceremony in September.
Hospice & Community Care Opens Wayne T. Patrick Hospice House

Hospice & Community Care (Rock Hill, SC) opened the 16-bed Wayne T. Patrick Hospice House earlier this year. It is situated on a 10-acre site, along with a community building and Marie Bott Sanctuary with surrounding healing gardens. The development of the campus is the result of more than eight years of planning.

NHPCO Staff Run for the Cause

Run to Remember® is the National Hospice Foundation’s marathon training and fundraising program dedicated to advancing the cause of hospice care, both nationwide and in local communities. Last month, five NHPCO staff members ran in the popular Marine Corps Marathon in Washington, DC to raise funds for the field: Anthony Barnes, Pam Bouchard, Laura Kelly, Brandon Nieves, and Ronald Whisnant. For information on this NHF program, visit runtoremember.org.

Brenda Pitts Honored as Hospice Home Health Aide of the Year

The Alabama Hospice Organization has named nursing assistant, Brenda Pitts, of Hospice of Marshall County (based in Albertville), “Hospice Home Health Aide of the Year for the Northeast Alabama Region.” Pitts has been a member of the hospice team since 2004.
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RECRUITING PROBLEMS?
CoP by CoP: What You Need to Know and Do

The Hospice Education Network is proud to present CoP by CoP, an innovative and comprehensive program from Weatherbee Resources to help hospices meet the requirements of the new Medicare Conditions of Participation.

Why is CoP by CoP being called the “ultimate” new CoPs resource?

- It is the most comprehensive new CoPs training program available
- It includes 25 modules with over 75 streaming videos
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- All subscriptions to CoP by CoP are for one year and include unlimited 24/7 access for ALL staff and volunteers
- It includes free updates through July 2009
- It has separate training videos for the IDG, Governing Body and Hospice Medical Directors

For a complete description go to www.hospiceonline.com/cop
Many of NHPCO’s technical and reference materials are being updated to reflect the requirements of the new Hospice CoPs. Here are some of the updated resources that are now available:

**Updated — Standards of Practice for Hospice Programs**  
Item: 711077, Member: $59.95  
Also available to members online: Visit nhpco.org/quality/standards.

**Updated — Hospice Quickflips**  
CAHABA Version  
Item 821253, Member: $22.95  
Palmetto Version  
Item: 821267, Member: $22.95  
NGS Version  
Item: 821268, Member: $22.95

**Updated — QAPI: A Step-By-Step Approach**  
By The Corridor Group  
Item 821277, Member: $130

**Updated — Hospice Regulatory Policies and Procedures (manual and CD)**  
By Weatherbee Resources  
Item: 821315, Member: $395.00

**Updated — Hospice and Nursing Home/Assisted Living Contracting Toolkit**  
(manual and CD)  
By Mary Michal and Meg Pekarske  
Item: 821113, Member $495.00

Visit nhpco.org/marketplace.

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NHPCO’s Upcoming Educational Offerings

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Interdisciplinary Topics:

11/13/08: Non-Cancer Diagnoses: Ensuring Access for Eligible Patients
12/11/08: Providing Comfort to Seriously Ill Children: Pediatric Pain Management

Leadership Topics:

11/18/08: Hot Regulatory Topics
12/16/08: Where Have We Been? Where Are We Going? Understanding Industry Trends and Their Implications

Timely Sessions Now on Tape:

CoPs for Hospice Medical Directors and Physicians (8/12/08)

Item #: 821297, Member: $75.
Visit nhpco.org/marketplace.

National Conferences

24th Management and Leadership Conference:

4/23 – 4/25/09 in Washington, DC
with the National Hospice Foundation Gala on Friday, April 24

10th Clinical Team Conference:

Featuring Facility-Based Hospice Forum, Scientific Symposium and Pediatric Intensive
9/24 – 9/26/09 in Denver, CO

Conference Sessions Now on Tape:

2nd National Conference on Access (8/18 – 8/20/08)
Visit nhpco.org/conferences and select Conference Audio Recording & Web Cast Library.

End-of-Life OnLine

This is NHPCO’s distance learning gateway. Staff and volunteers can enroll online, select from a catalog of sessions organized by topic area (e.g., Orientation & Training), and take the sessions at their convenience. Timely sessions of note include:

• Critical Thinking and Decision Making—How we identify, define and work through problems and challenges are all critical skills that can benefit staff. Utilizing two hospice-specific case examples, this presentation provides specific tools you can use (under Management & Leadership).

• Workplace Basics: Harassment and Discrimination—This session addresses the various forms of harassment and discrimination, and provides guidance on avoiding and reporting misconduct (under Orientation & Training).

For details on these offerings and others, visit nhpco.org/conferences.
See page 6 to learn about NHPCO’s Hospice Manager Development Program.
Every year since 2000, NHPCO has created a hospice quilt in honor of National Hospice/Palliative Care Month. To commemorate the inaugural event, a replica of the first hospice quilt was presented to President Bill Clinton on October 6, 2000. Pictured with President Clinton are the quilt’s creators, Lisa Shannon and Claire Fried, former chair of NHPCO’s board of directors. See page 2 for more about this special tradition.