Where Hospices are Falling Short

The Top 10 Survey Deficiencies Cited by CMS

By Jennifer Kennedy, MA, BSN, RN

Each year, the Survey and Certification Office in the Centers for Medicare and Medicaid Services (CMS) compiles and reports on the deficiencies cited by state surveyors during the hospice recertification process. While this information is always valuable to Medicare-certified providers, this year is the first year that deficiencies were based on non-compliance with the “new Hospice CoPs” that became effective on December 2, 2008—making it even more critical for every provider to sit up and take note.

This article lists the top 10 deficiencies from this CMS report, and then addresses each of them one by one—noting the related CoP, actual examples from onsite surveys, and measures your organization should be taking to be better prepared when state surveyors come calling.

continued on page 4
In the November issue of NewsLine, we featured a brief “refresher” on the history behind the “hospice quilt” for those members new to the field or to NHPCO. We also asked readers to vote for their favorite quilt, from among the 11 designs that NHPCO has created each year since 2000 to help celebrate National Hospice/Palliative Care Month.

It was a close call between the 2007, 2008 and 2010 quilt designs, but this year’s quilt was your favorite.

The 2010 “Seasons of Caring” quilt reminds us that hospice and palliative care professionals and volunteers work in concert with the rhythms of the seasons—helping people recall, reflect, retell and celebrate all of the seasons of their lives.

Three Display Ads Also Carry Out the Theme

While November is now behind us, the 2010 quilt design was also the inspiration behind a series of three display ads that can be used in your community outreach throughout 2011—and beyond. One focuses on advance care planning, while the others reinforce the value of hospice and palliative care.

Take a look at the November NewsLine feature to learn more about using these ads in your community outreach.

Twelve Months of Quilts to Reflect 12 Years of Awareness, Hope and Love...

NHPCO has created a beautiful 2011 wall calendar to showcase all 11 hospice quilts — and our final quilt for November 2011. Twelve months of quilts to reflect 12 years of awareness, hope and love.

Every NHPCO member-provider will receive a copy of this calendar later this month as a small gesture of thanks for their membership support. Additional copies can also be purchased from NHPCO’s Marketplace (Item 821649).
The holiday season is always a special time to reconnect with our friends and loved ones. Despite this very welcome distraction, I know that many members are wondering how last month’s elections, and the changes in Congressional leadership, will affect our hospice advocacy agenda.

In short, we will continue to focus on protecting Medicare hospice reimbursement rates and on expanding the role of hospice within the new (and possibly changing) health care law. But it will require an even greater investment of time and resources.

As 109 new members of Congress take their seats on the House and Senate floors this January, many will be unfamiliar with hospice and palliative care and, at the same time, understandably focused on the broader issues facing our nation. So we all must address this learning curve—both here in Washington and in our respective communities.

Some New Data in the New Year

While there will be many new faces (and strong opinions) on Capitol Hill, we will also have some new data in 2011—namely, results from NHPCO “Moran Data Project.” As we shared with members earlier in the year, NHPCO retained the Washington, DC-based healthcare research firm, The Moran Company, to conduct a nine-month data collection and assessment project on behalf of the hospice and palliative care community. The goal is to develop Medicare payment models that all of us can live with and present these alternatives to CMS, MedPAC and others, rather than leave the task to federal regulators. The data collection phase concluded in August and Moran representatives are now knee-deep in the analysis, so I expect to have final results to share early in the new year.

Let me also call your attention to some valuable opportunities from NHPCO affiliate, the Hospice Action Network, that can help you build more confidence and skill in your own outreach with our new members of Congress: the Hospice Advocacy Local Leader Program launched by HAN in October and the upcoming Capitol Hill Day event on April 5-6 (which precedes the 26th Management and Leadership Conference here in Washington on April 7-9, 2011). Hill Day, in particular, offers wonderful training and support for new and seasoned advocates, right down to scheduling Hill meetings for you.

Finally, let me thank each of you for your support in the last year. The 2011 membership renewals are now in the mail, and in that packet we have included an impressive list of the accomplishments we have achieved together. It’s a tangible reflection of why your continued support is so valuable. NHPCO—and its role in representing our collective interests—would not exist without you.

Have a healthy and happy holiday,
The table below lists the top 10 deficiencies cited by state surveyors between October 1, 2009 and September 30, 2010. As shown, the “plan of care” continues to be the hospice provider’s Achilles’ heel, followed by problems with documentation.

### Hospice Survey Deficiencies for Federal FY2009-10

<table>
<thead>
<tr>
<th>Deficiency Ranking</th>
<th>CMS L-Tag*</th>
<th>Issue Cited for Non-Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>L545</td>
<td>Individualized written plan of care for each patient.</td>
</tr>
<tr>
<td>2</td>
<td>L543</td>
<td>Hospice care and services furnished must follow an individualized written plan of care established by the interdisciplinary group (IDG) in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with patient’s needs.</td>
</tr>
<tr>
<td>3</td>
<td>L552</td>
<td>IDG must review, revise and document the individualized plan of care as frequently as the patient’s condition requires, but no less frequently than every 15 calendar days.</td>
</tr>
<tr>
<td>4</td>
<td>L591</td>
<td>Nursing services must ensure that the nursing needs of the patient are met as identified in the patient’s initial, comprehensive and/or updated assessments.</td>
</tr>
<tr>
<td>5</td>
<td>L629</td>
<td>Supervision of hospice aide by an RN no less frequently than every 14 days.</td>
</tr>
<tr>
<td>6</td>
<td>L530</td>
<td>Content of comprehensive assessment drug profile.</td>
</tr>
<tr>
<td>7</td>
<td>L533</td>
<td>Update of the comprehensive assessment by the IDG; the assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days.</td>
</tr>
<tr>
<td>8</td>
<td>L548</td>
<td>Plan of care-measurable outcomes anticipated from implementing and coordinating the plan of care.</td>
</tr>
<tr>
<td>9</td>
<td>L523</td>
<td>Timeframe for the completion of the comprehensive assessment.</td>
</tr>
<tr>
<td>10</td>
<td>L679</td>
<td>All entries must be legible, clear, complete, and appropriately authenticated and dated.</td>
</tr>
</tbody>
</table>

* L-Tags are identifiers for each Condition of Participation in the Interpretive Guidelines, the document produced by CMS as additional guidance for state surveyors during onsite inspections.

**L-Tag 545:**

**Non-compliance with the individualized written plan of care for each patient.**

Per CoP §418.56(c), hospices must develop an individualized written plan of care for each patient. The Interpretive Guidelines, which serves as a reference document for surveyors during recertification, elaborates further, stating that: “The plan of care must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions....”

Here is an example of this deficiency, pulled directly from an actual survey: During a review of the records for hospice patient Carl M., documentation in the comprehensive assessment showed he was allergic to Medication A, while his plan of care listed it as a current medication.

To Help Ensure Compliance:

- Develop and complete audits of documentation at admission and at recertification to assess consistency of interdisciplinary group (IDG) documentation.
Patient Carl M’s comprehensive assessment showed he was allergic to Medication A, while his plan of care listed it as a ‘current’ medication.

- Validate all items in the patient’s medication record on the plan of care as changes occur and, at a minimum, every 15 days when updates are made to the comprehensive assessment and plan of care.

- Make sure the plan of care reflects—or tracks with—the patient’s comprehensive assessment, and avoid using standard phrases or comments repeatedly.

L-Tag 543:
Hospice care and services furnished must follow an individualized written plan of care established by the IDG in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with patient’s needs.

This deficiency also relates to the plan of care, specifically CoP §418.56(b). For example, during one hospice inspection, surveyors found that the plans of care for most patients were identical, regardless of the diagnosis, indicating that the IDG failed to establish an individualized written plan of care in collaboration with the attending physician, the patient and/or patient’s representative.

Point-and-click electronic forms as well as paper forms with checkboxes certainly make the documentation process more efficient, but the documentation itself does not generally represent a detailed picture of the patient. Hospice providers face significant challenges in teaching their staff to use electronic documentation at the point of care while also requiring that the documentation be individualized for the patient.

To Help Ensure Compliance:

- Review each plan of care to make sure that documented goals and interventions are specific to the patient and reflect collaboration with the IDG, attending physician, patient/caregiver and, if appropriate, the facility staff.

- Complete an active review of the plan of care during the IDG meeting, and change the interventions based on updates to the comprehensive assessment.

L-Tag 552:
The IDG must review, revise and document the individualized plan of care as frequently as the patient’s condition requires, but no less frequently than every 15 calendar days.
CMS believes the patient’s plan of care is the most important document in hospice care, so it’s not surprising that issues regarding the plan of care have been among the top five survey deficiencies for the past several years.

Per CoP §418.56(d), developing the plan of care, updating and reviewing it per the regulatory timeframes, and actually using it as a care tool continues to be a challenge for hospice providers. L-Tag 552 requires that the IDG (in collaboration with the individual’s attending physician, if any) review, revise and document the individualized plan as frequently as the patient’s condition requires or, at a minimum, every 15 calendar days.

Survey deficiencies point to inconsistent documentation in updates to the plan of care, missing documentation, and “vague” documentation relating to IDG and attending physician collaboration on updates to the plan of care.

To Help Ensure Compliance:

- IDG members must review and update the plan of care every 15 days, based on updates made to the patient’s comprehensive assessment (which must also be done every 15 days).

- Documentation must accurately reflect collaboration between the IDG and the patient’s attending physician.

**L-Tag 591:**

*Nursing services must ensure that the nursing needs of the patient are met as identified in the patient’s initial, comprehensive and/or updated assessments.*

Per CoP §418.64(b), hospices are required to provide nursing care and services by or under the supervision of a registered nurse. The nursing services must meet the needs of the patient as assessed in his/her initial, comprehensive, and updated assessments.

During the recertification process, surveyors cited hospices for providing nursing services without the consistent supervision of a registered nurse. For example, in one case, a licensed practical nurse was independently assessing a patient’s changing status and modifying treatments based on that assessment when only a registered nurse may perform these functions. Furthermore, there was no documentation in the clinical record indicating that a registered nurse had assessed and directed changes to the patient’s symptom management and plan of care orders, nor did the documentation show how a registered nurse was supervising and directing the licensed practical nurse.

To Help Ensure Compliance:

- Establish or enforce a policy for the delegation of tasks by a registered nurse to a licensed practical nurse, outlining the frequency and process for supervision. Also be sure the policy adheres to your state’s Nurse Practice Act, if applicable.

- The visit frequency and interventions of both registered nurses and licensed practical nurses should be defined in the patient’s plan of care, including the registered nurse’s supervisory visits. Also be certain to specify in the plan of care which interventions have been delegated to the licensed practical nurse.

- Make certain that registered nurses demonstrate competency in conducting initial and comprehensive assessments as well as ongoing care.

**L-Tag 629:**

*Supervision of a hospice aide by a registered nurse no less frequently than every 14 days.*

As L-Tag 629 specifies, a registered nurse must visit the patient every 14 days (or more) to assess the quality of care being provided by the hospice aide and to make sure that services ordered by the IDG are continuing to meet the patient’s needs. Yet, deficiencies continue to be cited for non-compliance with this requirement.

While CoP §418.76(h) in the 2008 Hospice CoPs states that the hospice aide need not be present during a supervisory visit, making compliance a little easier, some
states do have more stringent regulations. As a reminder, providers should adhere to whichever requirement is the more stringent.

To Help Ensure Compliance:

- Implement a process for tracking the due date of the aide supervisory visit for each patient. For example, if the registered nurse makes a supervisory visit on Tuesday, December 14, the next supervisory visit must occur by Tuesday, December 28.

- Consider documenting aide supervision on a weekly basis and providing space on the nursing assessment to verify that the patient and family were consulted regarding their satisfaction with the patient care. Visual inspections and onsite observations should also be placed on the nursing assessment.

**L-Tag 530:**

*Content of comprehensive assessment drug profile.*

The prime issue identified in L-Tag 530 is incomplete documentation in the patient’s drug profile. CMS cited hospice providers for failure to review all of the elements required for an appropriate drug profile. Deficiencies included: (1) incomplete drug profiles; (2) missing documentation regarding a drug’s side effects; and (3) no documentation of actual or potential drug interactions.

The Hospice CoPs and L-Tag language require that a review be conducted of all prescription and over-the-counter drugs used by the patient, including herbal remedies and other alternative treatments that could affect drug therapy.

The review should include, but is not limited to, identifying the effectiveness of drug therapy, drug side effects and actual or potential drug interactions, duplicate drug therapy, and drug therapy currently associated with laboratory monitoring. This review must take place at the time of the initial assessment and throughout the service period. Providers should review the questions under CoP §418.54(c)(6) that address Surveyor Procedures and Probes; this will provide further insight into what surveyors may be focusing on.

To Help Ensure Compliance:

- Train staff on how to correctly complete a drug profile.

- Review the comprehensive assessment tool to ensure
it includes provisions for documenting and updating the patient’s drug profile.

- Require documentation for a drug review and reconciliation of all medications in the home during each clinical visit.
- Update the drug profile as part of the update to the plan of care.
- Designate an individual with education and training in drug management to review the drug profiles of patients and make sure they include the necessary documentation for medication interactions; duplicate therapies; and non-pharmacological interventions.

**L-Tag 533:**

_Update of the comprehensive assessment by the IDG; the assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days._

The purpose of updating the comprehensive assessment is to make sure that IDG staff has the most recent information about the patient and family on which to base care planning decisions. The update should evaluate and document the patient’s response to the care, the treatment and services provided, and the progress toward desired outcomes. The Interpretive Guidelines (for CoP §418.54(d)) states that the hospice provider can determine how best to document updates to the assessment; however, the updates must be _easily identifiable_ in the clinical record.

Per the regulations, “The update of the comprehensive assessment must be accomplished by the IDG (in collaboration with the individual’s attending physician, if any) and must consider changes that have taken place since the initial assessment. It must include information on the patient’s progress toward desired outcomes, as well as a reassessment of the patient’s response to care. The update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days.”

During the recertification process, surveyors noted inconsistent or missing documentation as evidence that the comprehensive assessment was not being updated every 15 days.

To Help Ensure Compliance:

- Establish organizational policies and procedures that describe how the patient’s comprehensive assessment is updated, and how the update should be documented and identified in the clinical record.
- Make sure there is evidence that the comprehensive-assessment documents track the progress or lack of progress toward goals listed in the plan of care.
- Conduct a review of medical records to ensure that each patient’s comprehensive assessment is updated every 15 days (or more frequently if needed) by:
  - Auditing the services provided by the various disciplines and members of the IDG;
  - Reviewing records of short length-of-stay patients to assess who was involved in providing services; and
  - Reviewing the records of hospital discharge patients or other patient types known to have been dealing with high-stress situations—for example, is there evidence in the record that the patient and family are benefiting from the full IDG?

**L-Tag 548:**

_Plan of care-measurable outcomes anticipated from implementing and coordinating the plan of care._

This L-Tag concerns poor documentation of measurable outcomes. Per CoP §418.56(c), the hospice must provide measurable results or outcomes from its implementation of the plan of care (including the use of data elements in the plan of care) to determine if the care is meeting the desired goals.
To illustrate how data elements can be used in the plan of care, consider this hypothetical example:

On a routine home visit, hospice patient Emma B. states that she is experiencing a lot of pain, and gives the hospice nurse a pain intensity rating of “7” on a 0-10 scale. The hospice nurse gets an order to increase the dose of pain medication and, on the next pain assessment, Emma reports a pain rating of “2,” noting that her pain is under control. By documenting this chain of events, the hospice is documenting why an increase in pain medication was ordered and the measurable outcome as a result of the change. While this example provides numeric data, the data elements need not be numeric to meet the requirements—such as in the case of a social work intervention to assist family members with funeral plans.

During the recertification process, surveyors observed inconsistent documentation or missing documentation of measurable outcomes in the plan of care. Given the 2008 Hospice CoPs, and its shift in focus to “patient-centered and outcomes-evidenced care,” a hospice provider must comprehensively address and document patient outcomes in the individualized plan of care.

To Help Ensure Compliance:

- Make sure all members of the IDG understand the meaning of “measurable outcomes” and how they relate to assessment, service provision, and coordination of care. For example, develop good examples and practice cases for new-staff training and current-staff practice review.

- Develop plan of care templates, with
measurable outcomes as a requirement.

- Establish outcome measures at the time of admission, and evaluate and update the progress towards goals at every patient contact.

- Review a random sample of care plans to validate that outcomes are documented and measurable prior to or during IDG meetings.

- Conduct a monthly review of clinical records to ensure that plans of care include measurable outcomes. Also ensure that each clinical note includes documentation of progress toward specific goals and outcomes indicated in the plan of care (e.g. documented use of symptom measurement scales).

**L-Tag 523:**

*Timeframe for the completion of the comprehensive assessment.*

The comprehensive assessment—a new requirement in the 2008 Hospice CoPs—appears to be a problem area for many providers. Per CoP §418.54(b), all members of the IDG must be involved in the completion of the comprehensive assessment in order to identify the patient and family’s physical, psychosocial, emotional, and spiritual needs—and contribute to the development of the plan of care to address those needs.

During the recertification process, surveyors cited inconsistent or missing documentation relating to the patient’s physical, psychosocial, emotional, and spiritual needs. They also noted a lack of documentation that would indicate the IDG members participated in the comprehensive assessment and were consulted by the registered nurse during development of the plan of care. Special attention should also be paid to the timeframe for completion of the comprehensive assessment: it must be completed within five calendar days after the election of hospice care.

To Help Ensure Compliance:

- Establish clinical oversight to track compliance at the point of patient-care delivery.

**L-Tag 679:**

*All entries must be legible, clear, complete, and appropriately authenticated and dated.*

“Authentication” is the act of establishing or confirming something (or someone) as authentic or original. CMS requires a legible identifier/signature for services that are ordered and provided. Handwritten or electronic signatures are acceptable, but stamped signatures are not acceptable.

Per CoP §418.104(b), all entries in the clinical record must be legible, clear, complete, and appropriately authenticated and dated in accordance with the hospice’s current policy and standards of practice.

Survey deficiencies in this area included inconsistent entries by IDG staff in the clinical record and use of abbreviations which were not on the agency’s approved abbreviation list.

To Help Ensure Compliance:

- Make sure your organization’s policies and procedures describe (1) standards for documentation accuracy, consistency, and legibility—including any specific standards which contracted
staff must follow; (2) standards for authentication of technical documents, such as consent and elections forms and certification narratives; (3) the process and standards for correcting errors on documentation; and (4) your organization’s approved abbreviation list.

- Conduct a monthly review of clinical records to ensure that documentation has appropriate, legible signatures.
- Review entries and legibility as a routine part of IDG meetings.

Many of the 10 deficiencies described here can easily be avoided if IDG staff would follow organizational policies and procedures; audit documentation for inconsistencies with the CoPs and Interpretive Guidelines; and educate all staff on the outcomes of the audit (so they know what to do and what not to do). Ongoing self-assessment and performance improvement are the keys to being “survey ready” all of the time.

Jennifer Kennedy is NHPCO’s director of regulatory and compliance, and has worked in the hospice field for over 15 years, including 10 years as a hospice nurse and five years as director of education, quality and compliance.

References:
The Interpretive Guidelines are published by CMS as part of the State Operations Manual. See Appendix M – Guidance to Surveyors: Hospice.

Compliance Tip Sheet and Audit Tool Available
NHPCO has developed a Compliance Tip Sheet and Audit Tool to address many of the survey deficiencies cited here. Download copies of these resources to use during your in-service training: www.nhpco.org/regulatory.
We Honor Veterans is a national campaign that was launched in September 2010 by NHPCO, in collaboration with the Department of Veterans Affairs (VA). Its goal is to focus more attention on the end-of-life care needs of Veterans and to support hospices in meeting these needs.

The centerpiece of the campaign is a beautiful new website—www.WeHonorVeterans.org. Here, you can learn more about the special needs of Veterans, find tools and resources to assist with in-service and community education, share and exchange ideas and, perhaps most importantly, become an active and recognized participant (and begin earning your own stars!).

Join NewsLine on this brief tour now.....

Veterans & Their Needs

This section discusses Veterans’ needs based on the specific war/trauma and by population (e.g. homeless, PTSD), but also includes the personal stories of Veterans to put the clinical information into human context. You will also find valuable information to find your way around the complex VA system.

Tools for Your Mission

This section includes links to many tools by topic and discipline—Intake/Admission, Spiritual Care, Volunteer Programs, Grief/Bereavements, VA Benefits, and more.
**Website**

**A Brief Tour of The New We Honor Veterans Website**

**Enroll Your Hospice**
This section explains how your program can become a We Honor Veterans Partner. In fact, you may already qualify for a Partner Level 1, 2, 3 or 4 designation, based on your current work—see page 16.

**Spotlight**
This section sheds light on the fine work being done by Hospice Veterans Partners around the country—and will expand and change as more hospices become actively involved in this new initiative.

The bottom right corner of the homepage will recognize new We Honor Veterans Partners.

continued on next page
Become a We Honor Veterans Partner

There are four Partner Levels in the We Honor Veterans initiative, based on a hospice’s demonstrated work in serving Veterans. The first step, however, is to become a We Honor Veterans Recruit.

How Do I Enroll as a Recruit?
The We Honor Veterans website provides complete information, but here are the two simple steps:

1. Review the following information with your organization’s CEO and senior leadership: (1) We Honor Veterans Campaign Facts and (2) We Honor Veterans Overview & Partner Commitment.
2. Complete the Partner Commitment and return it to NHPCO.

Upon receipt and approval of your completed Partner Commitment form, you will receive a Welcome Kit (a WHV poster and other WHV materials) and your organization’s name will be listed in the WHV Partner Directory.

As a Recruit, your organization can immediately begin working on Partner Level activities—and begin earning its stars (see the opposite page).

Why Enroll?
By enrolling, you are taking an important step toward building professional and organizational capacity for serving Veterans, developing and strengthening partnerships with the VA and other Veteran organizations, and increasing access to services for the Veterans in your community. It is also an excellent way to network with other hospices and learn about best practice models.

What If I’m Not Ready to Enroll?
If you are not yet ready to make a formal commitment, you can “register your interest” by joining our email list and receiving periodic program updates—sign up here.

You can also support the We Honor Veterans campaign by making a donation through the National Hospice Foundation. Visit the NHF website and select “We Honor Veterans” from the bulleted list.
About the Partner Levels—and Earning Your Stars!

Each Partner Level guides you through specific activities, using practical resources to progressively increase your ability to serve Veterans. As you achieve each Partner Level, you will receive a distinctive “V” Partner logo which you can use to symbolize—and celebrate—your service to Veterans. Listed below are the four levels and each level’s primary goals. The logos are shown at right.

Partner Level 1:
Partners provide Veteran-centric education for staff and volunteers, and identify patients with their military experience.

Partner Level 2:
Partners build organizational capacity to provide quality care for Veterans.

Partner Level 3:
Partners build and strengthen relationships with VA medical centers and other Veteran organizations.

Partner Level 4:
Partners increase access and improve quality of care for Veterans in the local community.

continued on next page
Partner Resources

The We Honor Veterans website is home to an impressive collection of resources that will continue to grow in the coming weeks and months. The materials are designed to assist with educational and outreach activities by WHV Partners, or anyone wanting to know more about the VA and providing Veteran-centric care to Veterans. Here is a partial list of the resources now online:

Internal/Organizational Capacity Building
- Military History Checklist
- Military History Checklist Guide
- Military History as a Vehicle for Exploring End-of-Life Care with Veterans
- Military Health History Pocket Card Fact Sheet
- Veteran-Related Standards of Practice

Communications Materials
- WHV Brochure
- WHV Campaign Facts
- WHV Ad Slick/Flyer
- NHPCO WHV Press Release
- Veterans Statistics
- Veteran Benefits [PPT]
- WHV Overview and Partner Commitment [PPT]
- Service-Related Diseases, Illness & Conditions [PPT]
- Homeless Veterans [PPT]
- Building a Veteran-Centric Culture [PPT]
- Basic Training for Understanding the Department of Veterans Affairs [PPT]

Plus, materials related to hospice and the VA, Veteran recognition, and more—click here.

NHPCO’s Marketplace also includes a selection of promotional materials to help your organization recognize Veterans—just turn the page.
Deborah Grassman, the author of *Peace at Last: Stories of Hope and Healing for Veterans and Their Families*, delivered a powerful plenary at NHPCO’s Clinical Team Conference in September. The plenary is now available to NHPCO members as a Webcast. For details, visit www.nhpco.org/education or click here.
“America’s veterans have done everything asked of them in their mission to serve our country and we believe it is never too late to give them a hero’s welcome home. Now it is time that we step up, acquire the necessary skills and fulfill our mission to serve these men and women with the dignity they deserve.”

We Honor Veterans, a program of NHPCO in collaboration with the Department of Veterans Affairs (VA) invites hospices, state hospice organizations and VA partners to join a pioneering program focused on respectful inquiry, compassionate listening and grateful acknowledgment.

By recognizing the unique needs of America’s veterans and their families, community providers, in partnership with VA staff, will learn how to accompany and guide them through their life stories toward a more peaceful ending.

To complement the information and resources available through this new program, NHPCO’s Marketplace offers these books and gifts to help you recognize the veterans in your program and community.

PEACE AT LAST: Stories of Hope and Healing for Veterans and Their Families
by Deborah L. Grassman
This book takes the reader on a journey of understanding and growth. While caring for thousands of veterans in a hospice setting over a 25-year career in a VA hospital, the author gathered the veterans’ stories of pain and redemption, personal awakening, and peace. Designed to help caregivers, family members, and veterans themselves understand the impact of war and military culture on lives and emotions. Softcover: 272 pages
Item #: 821582 Member: $17.95 Non-Member: $19.95

War and the Soul: Healing Our Nation’s Veterans from Post-Traumatic Stress Disorder
by Edward Tick
Describes how to heal war trauma in veterans, their families, and communities. Drawing on history, mythology, and soldiers’ stories from World War I to Iraq, it affirms the deep damage war does to the psyche and addresses how to reclaim the soul from the effects of war. Softcover: 272 pages
Item #: 821578 Member: $17.95 Non-Member: $19.95

Chicken Soup for the Veteran’s Soul: Stories to Stir the Pride and Honor the Courage of Our Veterans
by Jack Canfield, Mark Victor Hansen, and Sidney R. Slagter
A collection of true-life experiences of extraordinary men and women who changed the course of history by their acts of valor in World War II, the Korean War, Vietnam and the Persian Gulf War. Their experiences offer a glimpse of timeless history, revealing moments of compassion, bravery, respect and reverence. Softcover: 384 pages
Item #: 821579 Member: $11.95 Non-Member: $12.95

The Forgotten Veterans
by Stephen M. Rasp
The poignant story of The Forgotten Veterans is told by the principal character, a Vietnam veteran himself, who has a first-hand understanding of the horrors of combat and the challenges faced by young men and women trying to return to their civilian lives, jobs and families. This book forms a meaningful and timely testimony for the need to preserve America’s commitment to all of its veterans, particularly those whose lives have been wounded forever. Softcover: 134 pages
Item #: 821581 Member: $16.95 Non-Member: $18.95

For more information about the program, visit www.WeHonorVeterans.org.
Resources from NHPCO's Marketplace

Veteran Acknowledgement Card
For a pinning ceremony, or simple acknowledgment of a Veteran. May be used with an American flag lapel pin, or “We Honor Veterans” lapel pin. Has room for a note on reverse side. (4x6 card)

Item #: 821722  Members: $0.25  Non-Members: $0.75

Volunteer Acknowledgement Card
For acknowledging volunteers (and staff) for their assistance with Veteran-related programs. May be used with an American flag lapel pin, or “We Honor Veterans” lapel pin. Has room for a note on the reverse side. (4x6 card)

Item #: 821723  Members: $0.25  Non-Members: $0.75

“We Honor Veterans” Baseball Cap
“We Honor Veterans” khaki embroidered hat has 6 panels, a low profile, and sewn eyelets and is made of 100% washed cotton. The visor is pre-curved and the adjustable cloth strap back has a tri-glide buckle. Wear this hat with pride while honoring our Veterans.

Item #: 821721  Members: $14.00  Non-Members: $15.00

“We Honor Veterans” Pen on a Rope
Keep your pen handy! A white ballpoint pen with removable cap on a 16” white safety breakaway clasp on a rope. The specially designed “We Honor Veterans” color logo is imprinted on the cap and barrel. Whether you buy it for yourself or give as a gift, it will be worn with pride.

Item #: 821720  Members: $3.95  Non-Members: $4.50

“We Honor Veterans” Lanyard
Show your support for Hospice and our Veterans by wearing or giving this royal blue lanyard with imprint “We Honor Veterans”. The lanyard is 3/8” wide and is made of one-ply cotton, has a swivel clip and a plastic breakaway release. It can easily hold your ID badges or keys.

Item #: 821717  Member: $3.50  Non-Member: $5.00

American Flag Lapel Pin
Show your support for Hospice and our Veterans by wearing or giving this lapel pin.

Item #: 821719  Members: $1.25  Non-Members: $1.50

“We Honor Veterans” Lapel Pin
Staff can wear this pin to acknowledge Veterans and their service to our country. May also be used with the Veteran or Volunteer Acknowledgement cards.

Item #: 821718

“I Care - Hospice Volunteer” Lapel Pin
For acknowledging volunteers (and staff) for their assistance with Veteran-related programs.

Item #: 820079

Buy More and Save!
Member: (1-49) $3.25  (50+) $2.95
Non-Member: (1-49) $5.25  (50+) $4.95

For a pinning ceremony, or simple acknowledgment of a Veteran. May be used with an American flag lapel pin, or “We Honor Veterans” lapel pin. Has room for a note on reverse side. (4x6 card)

Item #: 821722  Members: $0.25  Non-Members: $0.75

Volunteer Acknowledgement Card
For acknowledging volunteers (and staff) for their assistance with Veteran-related programs. May be used with an American flag lapel pin, or “We Honor Veterans” lapel pin. Has room for a note on the reverse side. (4x6 card)

Item #: 821723  Members: $0.25  Non-Members: $0.75

“We Honor Veterans” Baseball Cap
“We Honor Veterans” khaki embroidered hat has 6 panels, a low profile, and sewn eyelets and is made of 100% washed cotton. The visor is pre-curved and the adjustable cloth strap back has a tri-glide buckle. Wear this hat with pride while honoring our Veterans.

Item #: 821721  Members: $14.00  Non-Members: $15.00

“We Honor Veterans” Pen on a Rope
Keep your pen handy! A white ballpoint pen with removable cap on a 16” white safety breakaway clasp on a rope. The specially designed “We Honor Veterans” color logo is imprinted on the cap and barrel. Whether you buy it for yourself or give as a gift, it will be worn with pride.

Item #: 821720  Members: $3.95  Non-Members: $4.50

“We Honor Veterans” Lanyard
Show your support for Hospice and our Veterans by wearing or giving this royal blue lanyard with imprint “We Honor Veterans”. The lanyard is 3/8” wide and is made of one-ply cotton, has a swivel clip and a plastic breakaway release. It can easily hold your ID badges or keys.

Item #: 821717  Member: $3.50  Non-Member: $5.00

American Flag Lapel Pin
Show your support for Hospice and our Veterans by wearing or giving this lapel pin.

Item #: 821719  Members: $1.25  Non-Members: $1.50

“We Honor Veterans” Lapel Pin
Staff can wear this pin to acknowledge Veterans and their service to our country. May also be used with the Veteran or Volunteer Acknowledgement cards.

Item #: 821718

“I Care - Hospice Volunteer” Lapel Pin
For acknowledging volunteers (and staff) for their assistance with Veteran-related programs.

Item #: 820079

Buy More and Save!
Member: (1-49) $3.25  (50+) $2.95
Non-Member: (1-49) $5.25  (50+) $4.95

For your security: CcV2 code is now required for all credit card transactions

Call 800/646-6460 (Mon-Fri 9 to 5 ET)
Mail NHPCO Marketplace P.O. Box 34929 Alexandria, VA 22334-0929
Online www.nhpc.org/marketplace
Fax 877/779-6472 (toll-free)
NEW Website Boasts Host of Tools for Hospices

www.runtoremember.org/HospiceTools

- Take a free E-Online course about this fundraising program
- Read examples of other hospices’ successes
- Download sample press releases
- Customize recruitment materials with your logo
- And more!

Contact Susan Messina, Director of Development Communications, at smessina@nationalhospicefoundation.org or 571-275-4324.
www.runtoremember.org

Want To Grow Admissions 17% Without Increasing Costs?
The SOLUTION: OUR PROVEN TRAINING DELIVERED AT YOUR SITE OR OURS!
Chapel Hill, NC • February 8 - 10, 2011 & March 28 - 30, 2011

Square One Boot Camp instills strong hospice sales skills in your team members - regardless of sales experience, tenure in the position, or industry knowledge. Those who participate leave with new skills, set action plans, and a coach to hold them accountable.

The Advanced Sales Training Boot Camp begins with each participant submitting a presentation in advance of the training, along with other assignments designed to help customize all coaching to each salesperson’s territory and accounts. This program was created specifically for hospice sales professionals ready to advance their sales skills to the next level!

Sign up today, space is limited!

iSELL Hospice Video Orientation & Mobile Learning Libraries

Provide your hospice sales professionals consistent, proven sales training for their orientation.

iSELL Hospice Video Orientation Library – a 5 DVD hospice specific video sales training orientation for the low price of $1297 which includes the the 10 CD iSell Hospice Mobile Learning Library (an additional $299 Value).

iSell Mobile Learning Library - a 10 CD set that covers every single aspect to increasing Referrals, and growing your ADC for just $299 per set.

Chapel Hill, NC • February 8 - 10, 2011 & March 28 - 30, 2011

Want To Grow Admissions 17% Without Increasing Costs?
The SOLUTION: OUR PROVEN TRAINING DELIVERED AT YOUR SITE OR OURS!
Chapel Hill, NC • February 8 - 10, 2011 & March 28 - 30, 2011

Square One Boot Camp instills strong hospice sales skills in your team members - regardless of sales experience, tenure in the position, or industry knowledge. Those who participate leave with new skills, set action plans, and a coach to hold them accountable.

The Advanced Sales Training Boot Camp begins with each participant submitting a presentation in advance of the training, along with other assignments designed to help customize all coaching to each salesperson’s territory and accounts. This program was created specifically for hospice sales professionals ready to advance their sales skills to the next level!

Sign up today, space is limited!

iSELL Hospice Video Orientation & Mobile Learning Libraries

Provide your hospice sales professionals consistent, proven sales training for their orientation.

iSELL Hospice Video Orientation Library – a 5 DVD hospice specific video sales training orientation for the low price of $1297 which includes the the 10 CD iSell Hospice Mobile Learning Library (an additional $299 Value).

iSell Mobile Learning Library - a 10 CD set that covers every single aspect to increasing Referrals, and growing your ADC for just $299 per set.

iSELL Hospice Video Orientation & Mobile Learning Libraries

iSELL Hospice Video Orientation Library – a 5 DVD hospice specific video sales training orientation for the low price of $1297 which includes the the 10 CD iSell Hospice Mobile Learning Library (an additional $299 Value).

iSell Mobile Learning Library - a 10 CD set that covers every single aspect to increasing Referrals, and growing your ADC for just $299 per set.
Each summer, NHPCO holds a contest to recognize the creative work of members around the country. The submissions can take the form of photography, essays or poetry, but must reflect the hospice philosophy of care. The winning entries are announced during the NHPCO Clinical Team Conference each fall, and are showcased in a PDF that is available to all members on the NHPCO website.

In this issue of NewsLine, we are proud to share the 14 winning photographs, submitted by programs in 10 different states as well as India! On page 29 we also recognize the authors of the four winning essays and four winning poems—and encourage members to read this poignant work online.
Photography Winners

First Place
Adult Category

Graduation Day
by Dr. Leslie Wilkes
Hospice Savannah, Inc.
Savannah, GA

Second Place
Adult Category

Husband Cradling Wife
by Abhijit K. Dam
KOSISH Bokaro
Steel City, Jharkhand, India
Honorable Mention
Adult Category

You Can Go, I Love You
by Rhonda Cornish and Rita Lackey
Amedisys Hospice of Kingsport
Kingsport, TN

Honorable Mention
Adult Category

Prayer Shawl
by Sarah Grim
Senior Independence Hospice
Columbus, OH
Honorable Mention
Adult Category

Mood, Her Constant Companion
by Terri Roberts
Columbus Hospice
of Alabama
Phenix City, AL

First Place
Young People Category

Mia
by Sarah Samuelian
Hinds Hospice
Fresno, CA
Second Place
Young People Category

Father and Son
by Cathy Lasky
Suncoast Hospice
Clearwater, FL

Honorable Mention
Young People Category

Light Up a Life
by Henry Barrios
Hoffmann Hospice
Bakersfield, CA
Honorable Mention
Young People Category

Healing through Helping Others
by Ben Fournier
Delaware Hospice
Wilmington, DE

Honorable Mention
Young People Category

Kids Night
by Diana Wayne
Haven Hospice
Gainesville, FL
First Place
Nature-Abstract Category

A Place of Rest
by Angela Lee
Group Health Cooperative
Tacoma, WA

Second Place
Nature-Abstract Category

Baxter
by Julie Crocker
Talbot Hospice Foundation
Easton, MD
Photography Winners (continued)

**Honorable Mention**  
*Nature-Abstract Category*

**Pink Water Lily**  
by Vicki De Boer  
Seasons Hospice  
Rochester, MN

**Honorable Mention**  
*Nature-Abstract Category*

**Hospice Garden**  
by Donna M. Drake  
Gulfside Regional Hospice  
New Port Richey, FL
Looking Ahead to 2011

The annual Photography and Writing Contest traditionally begins right after Memorial Day and runs through July. The call for submissions is announced in NHPCO’s weekly e-newsletter, NewsBriefs, and the contest rules and submission form are posted on the NHPCO website. Please bookmark the webpage for future reference—www.nhpco.org/awards.

Read the Winning Essays and Poems Online.
January 12 will mark the one-year anniversary of Haiti’s catastrophic, 7.0 Mw earthquake. While an estimated 230,000 people died, 300,000 were injured and 1.3 million were left homeless. It is not unusual for NHPCO members to step up during times of crisis. Here is one example of this generosity of spirit.…

Helen Allums and her colleague, Janice Hoit, of Hospice & Palliative Care of Northeastern Illinois knew that their nursing skills were desperately needed as they headed for earthquake-ravaged Haiti last February. After an arduous trip that included commercial and small aircraft flights and a rough bus ride, these two longtime hospice nurses found themselves assisting with every kind of medical situation imaginable—from infections and broken bones to dehydration and illnesses brought about by the growing sanitation problems.

They had actually planned this trip long before the tragic earthquake as members of a church-mission program to provide medical care at a children’s orphanage. Instead, they spent an unforgettable week in Haiti, providing medical care to both adults and children, several hours each day at make-shift outdoor clinics.

“We did whatever we were needed to do medically,” says Allums, a resident of Algonquin, IL. “We saw groups of children who had lost their families in the earthquake and were living in the streets. The orphanages are overcrowded. There is so much need there—need for care, housing, medical supplies, and for people to help.”

Allums and Hoit, along with their husbands and 25 other members of the church-mission group, traveled to Cayes, about 90 miles from the epicenter of the earthquake, bringing with them 50 duffel bags full of clothing and medical supplies. The group was housed on the property of a local orphanage and were constantly surrounded by children who craved care and attention.

As a hospice nurse with a varied background that included work in pediatrics as well as cardiac, and knee and hip rehabilitation, Allums said that she was ready to help wherever help was needed, even in surgery. “There were a lot of amputees, a lot of open wounds, and a lot of infection,” she says. “People may have made it through the earthquake, but were now dealing with infections.”

In addition to her nursing skills, her experience working with hospice patients was very helpful. “I think I helped with emotional support of those who were losing loved ones or who had lost loved ones,” Allums noted. “We saw many people, especially orphaned children, dealing with a lot of post-trauma symptoms.”

A Fivefold Objective
According to Allums, the ministry had a fivefold objective: to establish schools, medical clinics and orphanages, to build churches, and to fund start-up micro-businesses. “We not only went there to help, but also to help these people become more self-sufficient and, hopefully, to climb out of their poverty and catastrophic circumstances.”

It is not the first time Allums has been to Haiti; she traveled there about 10 years ago on a trip that included her then-teenage daughter. “When I was there, our clinic was a table out front underneath a tree,” she said. “Our situation was very similar this time. Each day we went out, we did not know where we would be needed, what we would be doing.
We worked with other medical professionals who we had just met at makeshift clinics that were set up wherever they could.”

Looking back on the experience, she knows she was changed by it all. “We saw total devastation and so many people needing help because they lost everything. It was hard to leave when we did because we wanted to be able to stay and help more.”

Allums may get her chance to help once again when the church’s Metro Presbytery travels back to Haiti next February: “It was a difficult trip, but I am considering going again,” she said.

If you can find your state on the U.S. map (or even if you can’t!), you can quickly and easily access links to key licensing and regulatory information in your state, thanks to the NHPCO Regulatory team. (This was the project of summer intern Mary Williams, who now works for NHPCO.)

A new webpage on the Regulatory Center provides links to this state-specific information. Best of all, there are two ways to access it—by state or by category.

**Give It a Try:**

To search by state, visit the NHPCO website, scroll to the featured U.S. map, and click on your state. A webpage will then open with this key information in a simple Microsoft Word table.

Or, to take a look at the information by category, click on any of the links below (and select your state when the page opens):

**Licensing Boards**
- Nurse Aide Registries
- State Boards of Nursing (all nursing levels)
- State Medical Boards (all physician levels)
- Social Work Regulatory Boards (all social worker levels)

**State Regulations**
- Certificate of Need: Links to general information and CON applications.
- Drug Disposal Laws and Regulations: Links to laws and regulations governing drug disposal.
- Nurse Pronouncement of Death: Links to state-specific language for those states that permit licensed registered nurses to pronounce death.
- Hospice Regulations: Links to state government hospice-licensing regulations.
- Surrogate Decision Makers: Links to surrogate decision-making laws.

**Survey Agencies**
- State Survey Agencies: Links to agencies under contract with the Centers for Medicare and Medicaid Services to inspect and Medicare-certify healthcare providers (including hospices).

**State Organizations**
- State Hospice and Palliative Care Organizations/Associations

Visit the webpage on the NHPCO site—and bookmark it for future reference.
Many nonprofit hospices are struggling to raise funds in an uncertain economy. Supporters believe in your mission but are concerned for their own futures. The National Hospice Foundation (NHF) has launched a partnership program to help increase your charitable donations.

Through the NHF program, your hospice can now offer the option of a charitable gift annuity (CGA) to your donors. The CGA can be an excellent fundraising tool for many nonprofits. Unfortunately, at first glance, CGAs can put people off because they ‘seem’ complex and hard to administer. However, NHF is positioned to take the administrative burden off your development team entirely. All you have to do is recruit potential donors. Read this short article to learn how you can open up a potential revenue stream for your hospice organization.

What Exactly is a CGA?
First, let’s define an annuity (which most people have heard about): It is a contract between you and an insurance company in which you receive future, guaranteed income (usually for retirement) in return for a lump-sum contribution you make right now.

A charitable gift annuity works the same way—except that it’s a contract between a donor and a nonprofit organization. The donor contributes money to a nonprofit now in exchange for future, guaranteed income for life.

continued on next page

The Charitable Gift Annuity: A Revenue Stream that’s Now Possible for Many Hospices

Through the NHF partnership program, your hospice can offer the option of a CGA to your donors.
How Does a CGA Work?

1. The donor makes his/her contribution to a nonprofit organization—be that a cash contribution, or other asset (such as publicly traded securities)—which is then reinvested.

2. In return, the nonprofit agrees (via a formal contract) to pay the donor fixed, guaranteed payments for life (and/or the lifetime of a spouse or partner), while the remaining balance will go to the nonprofit.

The net proceeds that the nonprofit will receive will depend on (1) the lifespan of the donor and (2) the rate of return on the invested donation. According to the American Council of Gift Annuities (ACGA), a nonprofit can receive, on average, up to 50 percent of the original gift amount.1

Here’s an example:

Becky Smith, age 68, donates $10,000 to Hospice XYZ on November 1, 2010. Based on the current annuity rate schedule, she will receive $570 per year (or 5.7 percent of her donation) for the remainder of her life. Hospice XYZ will, in turn, receive the remainder of the investment upon her death.

In addition to the guaranteed income, Becky Smith, like all donors, would enjoy some significant tax advantages in the year the donation is made and also on the actual income payments she receives.

How NHF Can Help

NHF has established a CGA partnership program to help interested hospices take advantage of this revenue stream.

Under the partnership, NHF will assume the financial risks and take on the administrative burdens (e.g., monitoring/complying with state regulatory requirements and managing the investment and administrative responsibilities). In return, it charges a minimal annual fee to the annuity pool to cover its costs. The residuum, upon termination of the annuity, would be shared between NHF and the referring nonprofit, based on the designation by the donor. The portion for the referring hospice can range from 50 to 80 percent of the remainder.

CGAs Can Help Expand Your Pool of Donors

The benefits of CGAs—especially the tax advantages and guaranteed income—make them an appealing option for many middle-income Americans and, thus, can expand your pool of prospective donors. Just consider the profile of a typical CGA donor: female; age 70 or older; retired and of moderate means; and charitably minded, but uncertain of the ability to make an outright gift.

CGAs are also a powerful way for all people—at both middle and high income levels—to champion the hospice cause and leave a legacy. Eleanor Blayney, a financial planner and longstanding hospice advocate, is a champion of CGAs, having purchased one herself.

“The contrast between my father’s ‘good’ death under hospice care and my mother’s ‘difficult’ one without it has been the driving force behind my advocacy efforts,” she says. “And the CGA seemed an ideal way to support this cause that’s so close to my heart while also planning for my own future. You could say it’s my small way of helping to make sure that hospice will be there for my children and grandchildren.”

Eleanor Blayney with her grandson.
Learn More Online…
A new section of the NHF website includes information about this fundraising tool and the NHF partnership program. It also includes descriptive materials to help you educate your hospice leadership, along with template materials that you can personalize and share with potential donors:

- CGA Basics
- Pros and Cons of a CGA program
- Why Partner with NHF?
- How the Partnership Works
- Materials to Share with your Leadership
- Who are Your Prospects?
- Marketing Materials and Tools

Visit www.nationalhospicefoundation.org/CGAsForHospice.

References

Specializes in the recruitment of hospice/homecare professionals.

Has filled hundreds of openings throughout the United States for both large and small hospice/homecare organizations.

Works on a contingency basis, which means a fee is only payable if a candidate is hired as a direct result of our efforts.

HMR conducts searches for the following types of candidates:

- Senior Level Managers
- Administrator/General Manager
- Director of Patient Care Services
- Clinical Directors/Patient Care Managers
- Hospice/Homecare Sales Representatives

FOR MORE INFORMATION PLEASE CONTACT:
(888) 818-6887
Brian Johnson
Director of Recruitment
brian@hmrjobs.com
www.hmrjobs.com
Hollywood, Florida

Run to Remember is NHF’s athletic fundraising program. RTR provides individuals with an incredibly powerful way to honor their loved ones’ memories while raising money to support hospice.

This program is growing every year, with more walkers and runners participating and raising more money.

By utilizing its resources, local hospice programs can gain unrestricted dollars as well as community support.

Five key things to know about RTR

1. There is no one single “Run to Remember.” Participants are free to select any race they want (home-town marathon, big race in another city, or maybe even just a 5K or 10K to get started). That becomes their “Run to Remember.”

2. Athletes can designate a local hospice of their choice to receive 50% of the net proceeds of the funds they raise. NHF receives the other 50% for support of national initiatives that improve hospice care for everyone.

3. All participants receive a RTR running shirt customized with the name of their loved one(s) on it. Past RTR participants have said this makes their race day extremely special.

4. It’s any race, AT ANY PACE. Walkers are welcome. New runners and experienced athletes can all participate. What draws everyone together is a passion for hospice and a commitment to embark on a physical challenge while raising crucial funds.

5. Each year, RTR has “spotlight” races which means we recruit teams of runners, have a presence at the race Expo and in some cases (Bank of America Chicago Marathon and Marine Corps Marathon) get “charity bibs” reserved for those hard-to-get-into marathons.

For more information, visit www.runtoremember.org
E-mail Stuart Lazarus, Run to Remember National Program Director at stuart@runtoremember.org
The best way to keep informed of the changes occurring in the hospice and palliative care field is to take advantage of NHPCO’s diverse range of educational offerings.

Our goal is to ensure that you and your colleagues are well-informed and better able to deliver quality end-of-life care to all members of your community.

To learn more about our upcoming national conference, our series of timely Webinars, and our E-OL distance-learning courses, just click on the tabs above.

For full details, please visit the NHPCO website: www.nhpco.org/education.

If you are reading a PDF of this issue, please read the digital edition to access the information on the featured tabs. The digital edition is available on www.nhpco.org/newsline.
Thank You, Greenspring Hospice!

Many members around the country use each year’s “hospice quilt” in a variety of outreach materials. This year, Greenspring Hospice (Springfield, VA) chose to spotlight the 2010 “Seasons of Caring” quilt in this special banner to celebrate National Hospice/Palliative Care Month.

2010 marks the eleventh year in which NHPCO has created a hospice quilt to commemorate this important month of outreach. See page 2 to find out which of the 11 quilts is favored most by members.