Last month, providers around the country convened in Boston for the NHPCO conference on “Developing the Care Continuum.” The event took an all-important look at the innovative models being adopted to meet the needs of patients and families before they may be ready for hospice—including Transitions, the home-based palliative care program launched by Sharp HospiceCare in 2007. In this article, you’ll learn more about Transitions and its many positive outcomes.

Transitions:
A Program That’s Challenging the Traditional Healthcare Mindset

By Suzi K. Johnson, MPH, RN, and Jean Kruse, MPH, RN, CHPCA

As part of the largest integrated healthcare delivery system in San Diego County, Sharp HospiceCare has built a proactive model of care in collaboration with its medical groups. Aptly named “Transitions,” it is a home-based palliative care consultation service that incorporates evidence-based medicine to better manage the needs of patients with congestive heart failure, dementia, and COPD—from addressing the patient’s current medical and psychosocial issues to developing an effective care plan and anticipating future needs.

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Challenging the Traditional Mindset

The current healthcare system functions in a reactive mode, a cycle of waiting for patients to deteriorate before interventions are implemented. This reactive model—crisis-to-hospital-to-home-to-hospital—is no longer an effective strategy.

The imperative to develop a new model of care became very clear to Sharp HospiceCare’s leadership team after experiencing late referrals from our hospitals and medical groups. In response, the Transitions program was developed based on four key pillars:

**Proactive In-home Consultation**
Through home visits and monthly phone calls, the registered nurse provides the patient and family with the “skill set” to aggressively manage the disease at home. This education covers disease process, medications, diet, exercise, and early recognition of signs and symptoms to report and manage. This intensive education reduces the fear that many patients and families experience due to lack of knowledge. The patient and family are empowered to aggressively manage their chronic disease at home with assistance from the Transitions team and their physician.

**Evidence-based Prognostication**
When a physician provides honest and comprehensive facts to the patient and family about the progressive nature of the disease, they are able to formulate care decisions based on a realistic view of the disease and its predicted course over time. Consistently, patients say their primary goal is to manage their disease exacerbations at home, rather than return to the hospital.

**Caregiver Support**
Transitions recognizes the family as an integral component of the patient’s ability to succeed in achieving goals of care. Caregiver stress can and does lead to physical manifestations of illness that can have a negative impact on both the caregiver and the patient. The Transitions team provides community resources and counseling to help each caregiver cope.

**Advance Healthcare Planning**
When the progression of the chronic disease is fully disclosed to the patient and family, they are better prepared to think about and discuss goals of care. The social worker facilitates the development of an advance healthcare plan, taking into account the patient’s current health status, goals, values and beliefs. Creating the road map for all future care and interventions creates clarity, relieves suffering, and improves communication, decision making and follow through. An advance healthcare plan is an ongoing process and is more than a single advance directive; it expands the discussion well beyond the “do not resuscitate” order, and prepares the family for “when” versus “what if.”

Proactive advance healthcare planning also gives the patient and family peace of mind. The patient knows his/her wishes are openly known and will be honored while the family is relieved of the “burden of guilt” which is often associated with thinking “we did not do everything we could or should have done.”
At last month’s conference on “Developing the Care Continuum,” a number of members told me how helpful it was to devote an entire conference to this increasingly important topic. Learning about expanding the services now being offered by many providers, along with the data that support select expansion and diversification, made all the difference. As one attendee admitted, “now I get it.”

For those of you who were unable to attend, let me share a few valuable take aways—and a new tool that will help you begin what may seem like ‘far too big of an undertaking.’

First—You Don’t Have to Do It All
Hope HealthCare Services, based in Fort Myers, Florida, has been one of the frontrunners in utilizing its hospice skills in the broader community. During the Friday morning plenary, its president/CEO, Samira Beckwith, who also serves on the NHPCO board, made a simple yet crucial point: “You don’t have to do it all. You can just do one thing.”

A New Tool Can Help
You may be thinking “But which service?” To help you answer this question, NHPCO has developed a continuum of care assessment tool. This tool will walk you through an eight-step process to help determine which non-hospice services may be lacking in your community and might be worth further exploration. Conference attendees are beta testing the assessment, and we expect it will be ready in December.

But Why Now—Amid So Many Other Changes?
The nation’s healthcare community is now recognizing palliative care as a very valuable and cost-effective component of quality care—something we’ve always known. Data also show that it can increase hospice admissions and lengths of stay, especially when hospice providers have developed relationships with patients and families earlier in an illness. In fact, at the conference’s opening plenary, Dr. Randall Krakauer shared results from a three-year study which Aetna conducted on its Compassionate Care Program. The study showed that providing specialized case management and palliative support to terminally ill patients significantly increased hospice admissions (by 40%) and length of stay (by 12 to 15 days). What a tragedy if hospice providers, who have the skills to provide palliative care, fail to step up and fill this emerging need?

I believe that every hospice provider should offer non-hospice services—and it is an NHPCO priority to support that work. In addition to the assessment, our educational programming will continue to provide guidance and data from the field—including some outstanding sessions being planned for April 2011 MLC.

J. Donald Schumacher
President/CEO
Eligibility

The program, which is paid through a capitated arrangement for the senior Medicare Advantage population, includes specific clinical criteria by disease:

Congestive Heart Failure
- NYHA stage 3 or greater
- EF < 30 percent
- Renal Dysfunction

COPD
- FEV1 less than 35 percent
- Oxygen in the home
- Patent must qualify for home nebulizer equipment

Dementia
- FASS 5 Score:
  - Requires assistance in IADLs
  - Urinary/bowel incontinence, intermittent or consistent
- Neuroimaging within past few years and appropriate metabolic work up to qualify (CMP; B12; thyroid function)
- Disorientation or confusion interfering with daily activities
- Caregiver role stress

The Positive Outcomes

Since its inception in June 2007, Transitions has effectively improved quality of life, timely referral to hospice, and the overall healthcare experience while also reducing hospitalizations and the cost of care. Data strongly support the efficacy of the program through positive outcomes in both quality care and financial performance, and is an example of health care reform. The specific outcomes realized during its first two full years of operation include the following:

- There has been more than a 55 percent reduction in emergency department visits and hospitalizations among Transitions patients for all related hospitalizations.
- Admissions to Transitions continue to increase by 50 percent per year.
- Coordination of care and communication between healthcare providers has improved remarkably.
- Cost savings to the Sharp HealthCare system, which averages $7,300 per Transitions discharge, has amounted to more than $1 million.
- Admissions of patients with heart failure have grown by more than 30 percent per year.
- Heart failure as a percentage of Sharp HospiceCare’s total census has grown from 4 percent (in 2006) to 10 percent.

The Transitions program is increasing collaboration and coordination of care across the care continuum while also improving overall patient safety in accordance with the National Quality Forum’s priorities for end-of-life care. Advance care planning consultation services were added to the program in May 2010, and serve as an expert resource for the hospitals, long-term care facilities and medical groups as well as the community. Future plans include stronger collaboration and integration with the system hospitals to reduce readmission risk for heart failure and other diagnoses identified as part of health care reform.
**TRANSITIONS PROGRAM**

Patients eligible for this program:
- Persons with an advancing chronic illness such as CHF, COPD, or Dementia
- Persons experiencing a functional decline over the past 60 days or any hospitalization or ER visit due to the advanced chronic illness
- Patient/families willing to be educated in managing their chronic illness to reduce hospitalizations or emergency room visits
- Patient/families must be willing to create an advanced healthcare directive

Benefits of TRANSITIONS program:
- Early symptom recognition and management
- Reduction/prevention of unnecessary emergency room visits or hospitalizations
- Improve coordination of care between physician, patient and TRANSITIONS team
- Facilitate the development of patient and family goals for care and treatment
- Education on disease process and prognosis with an introduction to hospice as appropriate

Payment for TRANSITIONS:
- SCMG or SRS managed care patients
- Private pay
- Traditional Medicare and fee-for-service plans DO NOT cover these services

**HOW TO REFER TO TRANSITIONS**

Call Sharp HospiceCare TRANSITIONS Intake 819-667-1900

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Suzi Johnson is a registered nurse with more than 25 years of experience in healthcare. She currently serves as the vice president of Sharp HospiceCare (based in San Diego, CA). In addition, she is a regional director on the California Hospice and Palliative Care Association board of directors and a member of NHPCO’s Managed Care Work Group.

Jean Kruse is the director of clinical services for Sharp HospiceCare, and a certified hospice and palliative care administrator. She is a member of the National Board of Hospice and Palliative Care Certification and has worked with a team to develop the certification exam for hospice and palliative care administrators.
Management and Leadership Training: In This Economy? You Bet

By Pamela M. Barrett, ACSW, FACHE
How can a hospice organization find the time and funding to develop and support a comprehensive education strategy in the face of many other competing priorities? We know intuitively that it is important, but in these times of uncertainty about healthcare and hospice payment reform, how important is it? Can we afford it? And, are there ways to maximize our resources? These questions are being asked as organizations struggle to determine what will be expected of hospice leaders in the coming years.

Leadership development, particularly within the nonprofit sector, has probably never been more important than it is today. A recent article in the Chronicle of Philanthropy notes that, as many of the baby boomers who founded or have served as long-time leaders of nonprofit charities step aside, there will be a critical need for adequate training. The article also cited a 2009 study by the Bridgespan Group which found that senior-level jobs at nonprofit groups nationwide are opening up faster than expected, noting as many as 640,000 senior nonprofit managers would be needed by 2016.1

According to Gilles Mesrobian, a senior fellow at the Support Center for Nonprofit Management in New York, the need for leadership-development programs geared specifically at those who follow these long-time leaders is growing. “As they sunset, as they retire, they leave a void,” he said. “And yet all of these organizations are still there.” He sees a ‘crisis of leadership’ if these groups don’t get the support they need.1

Last year, the American College of Healthcare Executives adopted a Policy Statement that encouraged organizations and their leadership to accept a systematic approach to bringing executives into a new position or into the organization.2 While organizations may feel they have highly qualified candidates, effectiveness and success are not automatically conveyed with new titles or promotions; the ACHE recommends an “on-boarding plan.”

**How Some Hospice Leaders are Tackling the Issue**

When Debra Larson assumed the position of interim CEO for Hospice Savannah, following the retirement of its CEO in May of 2008, she immediately recognized the need for support and mentoring. In fact,
when she was named the permanent CEO in February 2009, her employment agreement included a specific commitment to participate in the Executive Leadership Mentoring Project offered through NHPCO’s National Council of Hospice and Palliative Professionals (NCHPP).

The Mentoring Project, which is offered to qualifying members free of charge, was designed and is administered by the CEO/Executive Director/President Section of NCHPP. It matches experienced hospice CEOs with hospice CEOs who have been in their positions for under a year, with the goal of guiding the newer CEOs to be effective hospice leaders.

Although experienced in healthcare, Debra had only two years of hospice experience before assuming the leadership for a staff of over 200, a 28-bed inpatient facility, and 125 hospice patients per day. She welcomed having the opportunity to tap the vast knowledge and expertise of her hospice mentor, Pat Ahern. Ahern has been the CEO of Rainbow Hospice & Palliative Care in Chicago for 15 years, and has worked in the healthcare field for 32 years.

The Mentoring Project runs for a minimum of six months, with an option to continue for up to a year. During that time, the mentee must be available for at least one monthly phone call with the mentor and must also be willing to communicate via email on a regular basis. In addition, the mentee is required to establish at least three goals that he/she would like to achieve as a result of having a mentor, and respond to a three-month and six-month evaluation survey.

For Larson, the monthly phone sessions with Ahern provided a listening ear and needed guidance. “Now we continue to communicate, but as peers,” says Larson, who also considers having a formal education strategy a top priority for her organization.

In addition to taking advantage of NHPCO’s free Mentoring Project, Larson also hired a financial and benchmarking consultant to provide management training for her entire senior team, which resulted in improved operational performance. She also led her senior team in a study of Jim Collins’s book, Good to Great, and implemented organization-wide customer service standards. She has also found StrengthsFinder 2.0, published by Gallup Press, to be valuable, particularly its focus on maximizing the strengths of each leader to enhance team effectiveness. In fact, she has made it an organizational goal for each member of the senior team to obtain and maintain a certification in his/her area of specialty (at the expense of the hospice organization).

Pat Ahern’s voluntary service as a mentor in the NHPCO project is a reflection of her own attitude toward learning and development. She promotes what she describes as an “atmosphere of inquiry” among the 220 full-time staff and 400-plus volunteers serving Rainbow Hospice—encouraging them to grow professionally. Pat describes her organization’s commitment to education as “mission critical.” While other organizations may be quick to cut educational programs during difficult economic times, she believes that this is precisely the time when leaders need to be learning new strategies and being as creative as possible.

“Providing leadership programs and community seminars is an important part of our strategic plan,” says Ahern. “We want to do what we need to be sure our leaders are ready to meet challenges and assume leadership roles. A focus is to ‘grow our people’ and make sure they do not become bored.”

In 2005, Rainbow Hospice consolidated all of its educational initiatives into its LIFE (Leading Innovation for End-of-Life Education) Institute. The Institute employs four full-time and one half-time staff, and provides about 90 percent of Rainbow Hospice’s in-service education. In addition, it serves approximately 75 medical residents and nursing students annually and offers community education
seminars. The Dean of the LIFE Institute is a physician, spending half of his time as an administrator/teacher and the other half as a palliative medicine consultant.

The LIFE Institute offers a Leader Development Series for all who enter a leadership position. The series is comprised of four sessions: Two sessions are taught by the CEO with a curriculum focus on culture, servant leadership, resilience, and change management; the additional sessions are taught by a member of the executive staff and focus on performance management and specific leadership skills.

Educational planning is also offered to help staff identify and meet individual learning objectives. In addition, leadership strategically considers at which outside events staff should present. Staff members are encouraged to develop presentations for submission as part of their professional growth and development.

Rainbow Hospice is currently working on a second-tier education strategy for “next level leaders” who may be able to move up in the organization and assume increasing levels of responsibility. The program will be developed for leaders in training who may become team managers, or otherwise express interest in leadership development. Specific focus will be given to the development of critical thinking skills, essential to successful advancement.

“A focus is to grow our people and make sure they do not become bored.”
The organization also has a formal program to provide tuition reimbursement—of up to $2,000 per approved employee per year. Currently, four members are enrolled in formal degree programs—three are in graduate school and one is working toward an undergraduate degree. Two additional staff have been approved for certification programs. Although staff who take advantage of the program are encouraged to remain with Rainbow Hospice after graduation, it is not required. The administrator’s philosophy is that if the employees move on, it will serve the community well, as they take the values of Rainbow Hospice and their education forward in service. Up to $20,000 is budgeted for this program annually.

Hospice of the Bluegrass, based in Lexington, Kentucky, also offers a comprehensive approach to providing educational opportunities for its staff. Each year it conducts an annual staff survey to determine needs and serve as the basis for the year’s in-services and staff certification training. It has also introduced a tuition forgiveness program for offerings as varied as Leadership Lexington and Leadership Kentucky, licensed clinical social work supervision, continuing professional education and, most recently, acupuncture! This kind of self-directed and selected learning not only enhances staff expertise, but strengthens the bond between the organization and staff. For every $100 spent, the employee agrees to work for a month. A maximum of $4,000 per year is permitted, although few take advantage of the full amount.

**The Price Tag**

Ahern estimates that her organization spends $530,000 a year on Rainbow Hospice’s education and training, or just over 3 percent of its net revenue. Funding comes from operational income and some grant funding. While all hospices may not be in a position to replicate this model, the approach to having a comprehensive and intentional education strategy is worthy of replication.

Most hospices are spending well below Ahern’s estimate. According to data from Multi-View Incorporated, on average, hospices spend about 1 percent or less of their net patient revenue on education and training. MVI’s president, Andrew Reed, notes that in an ideal model, he would recommend that amount be doubled, which is more in line with the amount being spent in the private sector.

According to Brett D. Lee, one of the authors of *Growing Leaders in Healthcare: Lessons from the Corporate World*, it is typical for companies from private industry to spend an average of 2.5 percent of their annual budgets on leadership development. He observed that at the core of successful and effective organizations, there are always strong leadership teams—and the sustainable ones know that, and invest accordingly.

Having worked in the hospice field for over 25 years, I have found that hospice staff highly value the opportunity to learn and grow. I also believe that, as leaders and managers in a committed ‘partnership’ with our staff, we have an obligation to help provide that opportunity.

Mark Murphy, the CEO of *Leadership IQ*, recently reported on findings from a study on goal setting which indicates that all employees value an employer’s investment in education and training—and *in them*.

Compared to employees who don’t experience new learning, Murphy found that employees who have to learn new skills to accomplish their goals are:

- 22 times more likely to say, “I would like to spend my career at this organization.”
- 21 times more likely to say, “I recommend this organization to others as a great place to work.”
No Need to Go It Alone

Offerings by professional associations can be a fundamental part of your strategy. For example, NHPCO offers two programs for leaders and managers working in hospice and palliative care: the Hospice Executive Leadership Program and the Hospice Manager Development Program (known as Hospice MDP).

NHPCO launched Hospice MDP in 2004, recognizing then that training of hospice staff was not keeping pace with the rapid growth of hospice programs. “Many current hospice managers have either risen up within an organization and have little management training or are brand new to the hospice field,” says Kathy Brandt, NHPCO’s vice president of innovation and access. “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 hospice interdisciplinary team.”

The Hospice MDP is divided into three developmental levels. The first begins with a two-day, face-to-face foundational course that addresses hospice leadership and management principles. Once the foundational course is completed, participants can take additional Level I and Level II online modules that delve more deeply into specific application of the principles.

After having worked in hospice as a volunteer, Andrew Martin returned to school to become a nurse and, in 2004, attended the Hospice MDP two-day foundational course as a new manager. Martin recalls that it was offered at precisely the right time for him and five of his new colleagues to attend together. So, in addition to appreciating the practical learning experience, specific to hospice management, he found it was a helpful team-bonding experience too.
Martin has since served in several hospice staff and management roles, currently as the quality assessment and performance improvement coordinator at Beacon Hospice in Charlestown, Massachusetts. He eagerly took Hospice MDP’s online modules, following the two-day foundational course, to earn his Level II designation. “Not only do the distance learning and discussion board interactions afford self-reflection, they also open up dialogue with colleagues around the country concerning best practice—information that participants can take back to their leadership teams. I would highly recommend it.”

Even experienced hospice professionals recognize the value of a management development program that is rooted in the core values of hospice. Deede Byrne, the chief clinical officer for Hospice of the Bluegrass, has been with her organization since 1985 and recently completed Levels I and II. To date, over 1,650 hospice staff, representing over 500 hospices, have attended the Hospice MDP.

**Where Do You Start? Simply Begin**

What about the struggling hospice which may not be able to envision spending the time or money to implement an intentional and integrated education strategy? Simply begin—you cannot afford not to.

Complete a needs assessment, starting with the required educational components. Explore creative and low-cost opportunities, such as soliciting donations to a resource/library fund. Seek professionals to volunteer time to train your staff, and do not overlook university resources and retirees. Consider “bartering” with another like-minded hospice that may be able to trade training expertise. There are also many reasonably priced audio conferences and web-based courses available, such as NHPCO’s monthly Webinars and its E-OL distance learning courses. Explore and infuse the joy of learning within your hospice’s culture. It’s infectious—in a good way!

(P.S. Debra Larson noted that now that Hospice Savannah has made its final payment on its 28-bed inpatient facility, the board of directors is embarking on a new $3 million dollar capital campaign to build the “Full Circle Center of Excellence.” It will be a 100-seat, educationally focused facility, with state-of-the-art technology and the ability to better provide staff and community education, community outreach, and bereavement care. I have to wonder about the impact that Pat Ahern’s mentoring may have had on Debra? It will surely also benefit the residents of Savannah.)

Pamela M. Barrett is the executive vice president for organizational excellence at Hospice & Palliative Care Charlotte Region, based in Charlotte, NC. Pam has served on the NHPCO board of directors and on various NHPCO committees, including the Education Committee. She also serves as faculty for the Hospice MDP. Before relocating to Charlotte three years ago, she served as president/CEO of Hospice and Palliative Care of Greensboro for 22 years.

**References:**


The Executive Leadership Program

NHPCO developed this program to help providers ensure that current and future executives are prepared to lead their programs while upholding the values of hospice care. Here are links to the various offerings under the program. Members can take advantage of one or all of them.

- Leadership Assessments
- Leadership Coaching Services:
  - Download the Flyer
  - Meet NHPCO’s Leadership Coaches
  - Read Leadership Coaching Examples
  - Frequently Asked Questions
- Executive Mentoring Project Through NCHPP
- Which to Choose – A Coach or a Mentor?
- Center for Creative Leadership Programs
- Recommended Books for Executive Leadership

Hospice Manager Development Program

NHPCO’s Hospice MDP is the only comprehensive management training program available that provides hospice-specific information and helps managers develop the skills they need to meet the challenges and changes they face in managing programs, systems and people.

As Pam notes in her article, it is divided into three developmental levels. The first begins with a two-day (in-person) foundational course that addresses hospice leadership and management principles. Once the foundational course is completed, participants can take additional Level I and Level II modules (online) that delve more deeply into the specific application of these principles.

For details and dates of upcoming courses, visit www.nhpco.org/mdp.

Additional Training

NHPCO also offers online learning opportunities for both managers and staff through End-of-Life Online (E-OL), monthly Webinars and more. Visit www.nhpco.org/edge.
Since 2000, the American Hospital Association (AHA) has presented the Circle of Life Award to honor innovation in palliative and end-of-life care. This year, eight programs were honored during the AHA annual summit on July 23—five of which are NHPCO members:

**Award Winners:**
- Department of Veterans Affairs (VA) New York/New Jersey Healthcare Network
- Kansas City Hospice & Palliative Care, Kansas City, MO.
- Snohomish County Palliative Partnership, Everett, WA.

**Citation of Honor Recipients:**
- Hospice & Palliative Care of Western Colorado, Grand Junction, CO.
- New York City Health and Hospitals Corporation, New York, NY.
- Palliative Care Partnership of Providence TrinityCare Hospice – Providence Little Company of Mary Medical Center, Torrance, CA.
- Palliative Care and Hospice Services of Summa Health System, Akron, OH
- Sharp HospiceCare, La Mesa, CA.

NHPCO and the National Hospice Foundation joined the AHA, Catholic Health Association, and the National Consensus Project for Quality Palliative Care as major sponsors of the 2010 awards, while the Hospice and Palliative Nurses Association and the National Association of Social Workers served as co-sponsors. On behalf of all the sponsors, NHPCO extends congratulations to these exemplary programs.
Award Winners (left to right): Phyllis Wingate-Jones, AHA executive committee member and division president of Carolinas Healthcare, with: Judith Feldman, MD, chief medical officer for the Department of Veterans Affairs, VA New York/New Jersey Healthcare Network; Joanne Roberts, MD, chief for the division of medicine at Providence Regional Medical Center Everett (representing Snohomish Palliative Partnership); and Elaine McIntosh, president/CEO of Kansas City Hospice & Palliative Care.

Citation of Honor Recipients (left to right): Thomas M. Priselac, AHA immediate past chair and president/CEO of Cedars-Sinai Health System, with: Glen Komatsu, MD, chief medical officer of Providence TrinityCare Hospice, medical director of TrinityKids Care, and director of Doak Center for Palliative Care; Suzi K. Johnson, MPH, RN, vice president of Sharp HospiceCare; Christy Whitney, RN, MS, president/CEO of Hospice & Palliative Care of Western Colorado; Susan Cohen, MD, medical director of palliative care for Bellevue Hospital (representing the New York City Health and Hospitals Corporation); Kim Kousaie, BSN, CHPN, director of Summa’s Palliative Care and Hospice Services; and Laura Miller, RN, MBA, CEO of The Elizabeth Hospice (representing NHPCO).
The Hospice of the Comforter, founded in 1990, has served more than 27,000 patients throughout three counties in central Florida over the past 20 years. “We have a little over 530 employees, and at the current time we have about 750 patients on our service on any given day,” says Doug Stone, the hospice’s vice president of finance.

The vast majority of the hospice’s services, Stone says, are provided in the clients’ homes. “They’re scattered about the three-county area, which really means that we have a highly mobile workforce going out to service those clients.”

In 2008, the hospice began looking for a solution to simplify its mobile voice and data access. “The service before was very fractured,” he says. “We had employees who had some Nextel push-to-talk phones, we had a lot of our nurses who had AirCards, and we had a great number of pagers.... Literally, there were nurses with a company phone, a personal phone, an AirCard, and a pager.”

One key requirement was that the solution had to support laptop connectivity. “The nurses carry a laptop computer, and the laptop contains our electronic medical record,” Stone says. “After seeing each patient, the nurses synchronize their laptop with the master database here at our office building—and so, to get rid of the AirCards, which we wanted to do, we needed to have a device that could be used as a tethered modem.”

The hospice also needed a highly secure solution. “We had significant concerns about HIPAA and patient privacy, so we ended up with the BlackBerrys in large part because of the extreme degree of control we can exercise over the device,” he says.

In October of 2008, the hospice launched a deployment of 250 BlackBerry devices (Curves and Tours). “We have them in the hands of our physicians, our nurses, our marketing people, our admissions personnel, our pastors, our psychosocial counselors or social workers, and then all of their supervisors,” Stone says. “The idea was that the entire team would be in touch and integrated through that one communication device.”

In addition to using the BlackBerry smartphones for voice, email and text messaging, the hospice uses TeleNav Track to monitor the location of its nine medical equipment trucks. “The trucks all use TeleNav—the drivers jump in the cab, turn it on to begin their day, and it broadcasts their position back to our dispatch center,” Stone says.

That location awareness helps the dispatch center in two key ways. “If someone needs a piece of equipment, we can always find a truck that’s nearest to that patient and dispatch it to the patient,” Stone says. “If we get a new patient admission, we can do the same thing—we can find the closest truck—and those trucks always carry three or four complete setups of inventory for a newly admitted patient.”

While the TeleNav Track solution is currently limited to the hospice’s equipment trucks, Stone says they’re looking at the possibility of providing it to physicians as well. “We’ll have a patient scheduler make the appointments with all the patients and families the day before, so when the physicians turn on the device, they have an optimized route already set up for the next day,” Stone says.
Cost savings and Efficiency
The BlackBerry deployment, Stone says, immediately resulted in significant cost savings. “We were spending over $150 per nurse when that nurse had three devices, and I think our cost per device is now in the $80 range per month,” he says. “So we’ve had at least a 40 percent savings, if not more.”

It’s worth noting, Stone says, that this deployment was actually the second time the hospice had attempted to switch to BlackBerry devices. “They tried this a couple of years ago... they gave 25 BlackBerrys to our employees, and the employees turned them back in,” he says. “The problem was, our typical employee is not a new graduate from nursing school—they’re generally older, and they’re late adopters of technology.”

Learning from that experience, Stone says they did this rollout very slowly, with a focused training effort, and made it clear that it wasn’t optional. “Perhaps it was just timing—they’re ubiquitous now, and people see them more often... but it went from being something they were scared of two years ago to something that... is very much a status symbol and something that the employees are proud of,” he says.

Stone says there’s one key thing the hospice did that was particularly helpful in encouraging acceptance of the new solution. “As a benefit to the employee, we let them use that phone for their own personal use. That guaranteed that the employees would actually carry that phone with them at all times and use it interactively every day.”

And the resulting improvements for the hospice, Stone says, have been notable. “The efficiency gained has been remarkable, and the ability to enhance our teamwork has been remarkable. We are heavily dependent on these devices now... and I don’t think anybody here could imagine going back to where we were.”

— By Jeff Goldman
“Reaffirming, revisiting and reimagining the profession for the next decade” was the focus of the National Association of Social Workers’ 2010 Congress, held last spring in Washington, D.C.

During the two-day event, 400 invited social work leaders were asked to create a list of proposed imperatives to carry the profession into the future. BSW and MSW students were also invited to participate, either ‘virtually’ via video streaming or through onsite attendance. By the conclusion of the Congress, the group agreed upon the 10 imperatives shown below.

<table>
<thead>
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<th>Imperative</th>
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<td>2. <strong>Common Objectives</strong> – Strengthen collaboration across social work organizations, their leaders, and their members for shared advocacy goals.</td>
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<td>3. <strong>Education</strong> – Clarify and articulate the unique skills, scope of practice, and value added of social work to prospective social work students.</td>
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<td>4. <strong>Influence</strong> – Build a data-driven business case that demonstrates the distinctive expertise and the impact and value of social work to industry, policy makers, and the general public.</td>
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<td>5. <strong>Influence</strong> – Strengthen the ability of national social work organizations to identify and clearly articulate, with a unified voice, issues of importance to the profession.</td>
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<td>6. <strong>Leadership Development</strong> – Integrate leadership training in social work curricula at all levels.</td>
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<td>7. <strong>Recruitment</strong> – Empirically demonstrate to prospective recruits the value of the social work profession in both social and economic terms.</td>
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<td>8. <strong>Retention</strong> – Ensure the sustainability of the profession through a strong mentoring program, career ladder, and succession program.</td>
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<td>9. <strong>Retention</strong> – Increase the number of grants, scholarships, and debt forgiveness mechanisms for social work students and graduates.</td>
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<tr>
<td>10. <strong>Technology</strong> – Integrate technologies that serve social work practice and education in an ethical, practical, and responsible manner.</td>
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</table>

Sherri Weisenfluh, who leads the Social Work Section of NHPCO’s National Council of Hospice and Palliative Professionals, was among the select group of leaders who attended the Congress. “I was energized and excited to be part of this diverse and distinguished group,” she said. “As we prepare our programs to meet the needs of future patients, it’s important to take steps to recruit and retain social workers who are skilled in meeting the needs of these patients and their families.”

More information about the initiative can be found on the [NASW website](http://www.nasw.org). If you have specific questions, email Sherri at sweisenfluh@hospicebg.org.
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DeKalb County Hospice Patients Collaborate on Music CD

Jen Conley, MT-BC, LPC, a music therapist with DeKalb County Hospice (DeKalb, IL) has produced a CD of 14 songs, 10 being original works by hospice patients and families. “Stories, poems, spiritual writings and letters were the inspiration behind the lyrics,” said Conley, “and patients then selected the melodies to accompany the lyrics.”

Conley noted that many benefits have come from producing the collection of songs. “Foremost, we are providing patients, and in the longer term, families and loved ones, with a tribute and legacy gift created or inspired by their loved one,” she said. “Patients and families are amazed at how these song-writing projects come together and hearing their thoughts, writings or memories transformed into song gives them a sense of purpose.”

DeKalb County Hospice (DCH) partnered with the Northern Illinois University School of Music to produce the CD, and also received partial funding from the DeKalb County Community Foundation and volunteer support from several local artists and businesses. While the CD is now available for purchase through the national chain, Borders, the hospice also distributes it free of charge to their hospice and family groups as a bereavement tool. To learn more about the project, visit www.dekalbcountyhospice.org.

San Diego Hospice Names New CEO

The board of directors for the San Diego Hospice and The Institute for Palliative Medicine has named chief development officer, Kathleen Pacurar, its new president/CEO.

As chief development officer, Pacurar oversaw community relations development, marketing and communications, human resources, and volunteer efforts in support of the San Diego Hospice Foundation’s patient care, education, research, and advocacy programs. In her new role as president/CEO, Pacurar will oversee the 800-plus staff and 700 volunteers of San Diego Hospice. Pacurar’s plans include enhancing the organization’s ability to offer innovative treatments that improve the integration of palliative care in existing healthcare systems—locally, nationally and globally.
New Website Provides Free Resources to Assist in Palliative Care Education

The Palliative Care Institute (Buffalo, NY) was formed in 2009 as a result of a unique collaboration between The Center for Hospice & Palliative Care, Inc. and the State University of New York at Buffalo Schools of Medicine, Nursing and Social Work. The Institute has now launched a new website as a primary resource of palliative care information for healthcare professionals, students and the community.

Each month the website features a challenging “Case of the Month” with accompanying discussion. In addition, it contains updates on news in the field and information about ongoing research. Individuals and organizations can join the Institute free of charge and gain access to more than 20 PowerPoint presentations to assist in palliative care education. Visit www.palliativeinstitute.com.

Phi Delta Theta Raises Funds for Unity’s Charity Care

The St. Norbert College Chapter of the fraternity, Phi Delta Theta, raised $3,000 to support the work of Unity (Green Bay, WI) during its 4th Annual Charity Golf Outing. Over 20 volunteers from both the fraternity and Unity helped throughout the day.

Phi Delta Theta, St. Norbert College Chapter, was established in April 2003 with the goal of organizing hard-working, community involved students who wanted to do more with their free time. With 100-plus alumni and active student members, Phi Delta Theta prides itself on community involvement through participation in Make a Difference Day, Relay for Life, and this Annual Charity Golf Outing.
Jacksonville Area Veterans Receive New Suits at ‘Suits for Soldiers’ Ceremony

Eleven wounded warriors are now dressed for success and ready to enter the civilian workforce, thanks to Haven Hospice (Jacksonville, FL) and Dignity U Wear.

The soldiers participated in, and successfully completed, a 12-month program through the Wounded Warrior Project (www.woundedwarriorproject.org), in which they learned job training skills while also receiving rehabilitative care for various injuries sustained during service overseas. During a recent presentation ceremony, the soldiers also received the gifts of new suits. “Working alongside Dignity U Wear to provide these veterans with suits has been an honor,” said Haven Hospice president, Tim Bowen. “It’s absolutely wonderful to see.”

Woodall Honored for Leadership in Humane Education

Hunter E. Woodall, MD, was named the 2010 recipient of the Halford Award for Leadership in Humane Education. The Halford Award recognizes a teacher of family medicine in South Carolina who exhibits a caring attitude and respect for patients and residents, a value for human dignity, a passion and joy for teaching, and a devotion to the community.

Dr. Woodall has been medical director of the Callie & John Rainey Hospice House of Hospice of the Upstate (Anderson, SC) since the facility opened in 1998. He is board certified in family medicine, palliative care and addiction medicine, and has dedicated many hours to the direct care of patients at the Hospice House, where he also educates the residents on rotation about palliative care election.
Thank You

NHPCO extends special thanks to the following organizations for their educational grant to the 11th Clinical Team Conference and Pediatric Intensive:

- Hospice Pharmacia
- Odyssey Healthcare
- Suncoast Solutions
- L.A. Leis Design

To learn more about NHPCO’s educational offerings, visit: www.nhpco.org/education.

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

CERTIFICATE PROGRAM

Contemplative End-of-Life Care

An innovative training program for health care professionals with Christine Longaker; Ira Byock, MD; Ann Allegre, MD; Kirsten DeLeo, MA; Pam Russell, LMSW, and Bob Mischke, MD.

The Contemplative End-of-Life Care Certificate Program is a comprehensive professional training that brings together the compassionate and mindful approach of the Buddhist wisdom tradition as presented in Sogyal Rinpoche’s The Tibetan Book of Living and Dying with the knowledge, skills and best practices of hospice and palliative care.

It encourages personal transformation and growth by offering you the unique opportunity to explore your own understanding about death, and its spiritual dimension.

The course combines 15-weeks of on-line learning with an 8-day residential retreat.

Program Dates: January 10 - May 1, 2011

Professionals from different spiritual traditions working in the fields of medicine, human and social services, and students and trained volunteers who are currently engaged in a clinical setting are encouraged to apply.

CEUs available for nurses, social workers, counselors and psychotherapists.

For more information and to apply to the program, visit naropa.edu/extend or call 303-245-4800.

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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.
This Year’s Hospice Month Quilt is Here!

NHPCO created the first “hospice quilt” in 2000 and, every year since, has created a new design to help celebrate National Hospice/Palliative Care Month in November. The quilt is featured on a commemorative poster and other promotional materials sold through Marketplace.

In early September, NHPCO is also unveiling a new collection of outreach materials, including a display ad that features this year’s quilt. Visit www.nhpco.org/communications.