“Dying is easy, comedy is hard” is an old acting maxim that anyone who has ever tried to get laughs while on stage knows to be true. Noted humor columnist and celebrated hospice patient Art Buchwald (2006) put his own big-city spin on the comment when he warned visitors to his Washington, DC hospice house that “dying is easy, parking is impossible.” Those of us who work in the field of hospice and palliative care can also imagine our own version: “Dying is easy, getting people to talk about dying is almost impossible.”

Of course, dying isn’t at all easy, but it can certainly be made easier by the care that we provide. However, getting people to talk about dying (and about hospice) is another matter. Mr. Buchwald summarized the predicament nicely when he said, “Because hospice deals with death, people tend not to talk about it.” He was being too nice. In our experience, most people—including many of our congressional representatives—avoid the conversation at all costs.
However, to truly serve the mission of our field and maximize access to services for those in need, it is vital that we all become vocal advocates for hospice and palliative care. This requires a willingness to take on those difficult conversations and engage our audience in potentially uncomfortable discussions. Fortunately, there are techniques, such as using “elevator pitches,” that can facilitate these discussions. This article provides a brief tutorial on crafting an elevator pitch, followed by several examples of elevator pitches specific to our field. So let’s dispense with the comedy and move on to the really hard stuff.

Crafting an Elevator Pitch
Elevator pitches are short, concise statements, one to two minutes in length, designed to engage the listener and quickly educate them about a topic. Notoriously employed by middle managers anticipating a serendipitous elevator ride with the CEO, they can also be useful advocacy tools for those of us who work in hospice and palliative care.

The Key Components
1. The Hook: Elevator pitches must possess a “hook,” or compelling statement or concept that literally “grabs” the listener’s attention (O’Leary 2008).
2. The Value Proposition: It is then imperative that the “value proposition” of the idea be described. This should answer the listener’s question: Why do I care?
3. The Ask: Finally, there should be an “ask” at the end. The “ask” can be for continued communication, a follow-up meeting, a change in legislation, or a request for financial support. A well-constructed pitch could even incorporate all of these asks. In the field of hospice and palliative care, asking the listener to tour one of our sites of service provision (e.g., community resource center, hospice house, or hospital service) is an excellent way to engage them in a continuing dialogue and dispel the many myths that plague our industry.

Now let’s review six examples of hospice and palliative care elevator pitches.

Pitch 1: Longer Life Expectancy
Many people falsely believe that hospice care shortens life. I work for a hospice program, and it’s a frequent topic of conversation when patients are admitted to our care. I always reassure them that hospices do nothing to deliberately shorten life. In fact, there have been at least two studies that have shown that hospice and palliative care can actually prolong life, while simultaneously improving quality of life for the patient and family. It makes sense, if you think about it: if patients are free from pain and other negative symptoms, surrounded by family and friends, and provided with emotional support, it’s not surprising that they might actually do better and live longer. That’s what these studies showed. I would love the opportunity to discuss them with you further. Can we set up a time...
Reaffirming Hospice Through a New National Campaign

The growth of hospice in the past 30 years has been extraordinary. In 2010, an estimated 1.58 million patients, along with their family caregivers, received hospice services. But, despite this growth, there is still an ongoing lack of awareness about the full benefits of hospice and a need to utilize facts to develop increased understanding of the issues.

One of NHPCO’s responsibilities, as a leadership organization, is to inform policy makers, the healthcare community, and the public about the ways hospice and palliative care benefits millions of people who are coping with serious, life-limiting illness. Further, as a membership organization, we must make the case to protect hospice from further Medicare cuts and return the focus of policy makers to the importance of maintaining quality care.

I am pleased to report that NHPCO has contracted with Hill + Knowlton Strategies to develop and launch a “Reaffirming Hospice Campaign.” This national campaign will reinforce the vital importance and quality of hospice to policy makers, healthcare professionals, and baby boomers. It will also provide the expertise necessary to help NHPCO shape appropriate messages to these audiences. In turn, NHPCO will share the results with provider members and utilize the information to develop essential resources.

This one-year campaign will begin later this month, with a qualitative research phase and focus groups. The campaign will then move on to quantitative research, campaign development and execution over the subsequent several months.

The first phase of the campaign will help policy makers gain a thorough understanding of the complex issues surrounding hospice care delivery, so decisions made are both fiscally sound and programmatically correct. The second phase will focus on motivating healthcare professionals to refer to hospice earlier while motivating consumers to request it. This phase will include a comprehensive, innovative and diverse public relations and advertising strategy and implementation.

While only in the beginning stages, we wanted you to know about the campaign now. We also welcome any ideas or experiences you have had in conducting local campaigns that may help inform this work. Please email us at communications@nhpco.org.

J. Donald Schumacher, PsyD
President/CEO
to meet? I could bring you copies of the studies I mentioned?

This elevator pitch addresses potential concerns that hospice and palliative care shortens life. There are two notable studies that support the notion that it does not—and may, in fact, lengthen it. The first of these, authored by Stephen Connor et al. (2007) and affectionately known as the “29 Days Study,” compared the survival of hospice and non-hospice patients and found that hospice patients lived, on average, 29 days longer than non-hospice patients. The second study, performed by Jennifer Temel et al. (2010) and reported in the New England Journal of Medicine, was a randomized controlled trial of a palliative care intervention initiated at the time of diagnosis of non-small-cell lung cancer. This study found that patients who received palliative care at diagnosis lived almost three months longer than patients who did not receive it, in an illness with a median life expectancy of under a year. Remarkably, the palliative care intervention conferred a survival benefit that was comparable to most first-line chemotherapy offerings for this illness.

**Pitch 2: Cost-Effective, High-Quality Care**

If you have followed many of the news reports out there, you might get the impression that hospice care is expensive. This misperception is due, in part, to a somewhat unusual and confusing funding mechanism: hospices are paid a fixed daily rate per patient by Medicare to provide all care related to the patient’s terminal illness. Sometimes, providing that care costs less than the daily rate; many times it costs more. There are studies that show that hospice and palliative care are high quality, cost-effective methods of delivering care and support to patients facing life-limiting illnesses. In one study, for example, hospices saved the federal Medicare system $2,300 per patient served. If you consider the number of Medicare beneficiaries served by hospice each year, the savings to tax payers is significant.

This elevator pitch talks about the cost-effectiveness of hospice and palliative care. There are two studies that support the claim that hospice and palliative care saves money for the American healthcare system. The first of these, known as the “Duke Study” and authored by Don Taylor et al. (2007), demonstrated that the use of hospice care reduced Medicare program expenditures...
in life’s final year by an average of $2,309 per hospice user. Given the number of Medicare beneficiaries who receive hospice care each year, this is, indeed, a significant savings. The second study, authored by Sean Morrison et al. (2008), demonstrated the financial benefit of hospital palliative care consultation services. Palliative care patients who were discharged from hospitals alive cost the system $1,696 less than those not receiving palliative care. Those who died in the hospital while on palliative care cost the system $4,908 less compared to those dying without palliative care.

**Pitch 3: Opioids Do Not Shorten Life**

There have been numerous news stories recently about the dangers of strong prescription opioid pain medicines such as morphine and oxycodone. What's been left out of these stories is how beneficial these medicines are to patients at the end of life, when constant debilitating pain can be common. These medicines restore quality of life to patients at a point in their lives when time is most precious. Research shows that the skillful use of these medicines at the end of life might actually prolong life. Unfortunately, because of valid concerns about the possibility of inappropriate use of these medicines for recreational purposes, access to them is becoming increasingly limited for patients in need. It is essential that we maintain the availability of the strong opioid pain medications for hospice and palliative care patients to ensure quality of life in their final days.

This elevator pitch addresses concerns about opioids and the possibility that their use shortens life. Two recent studies explored this question. The first, by Bengoechea et al. (2010), showed that opioid use at the end of life did not shorten, and may have increased, survival. The second study, published in *JAMA*, by Bohnert et al. (2011), noted that opioid overdose-related deaths were uncommon in a hospice and palliative care patient population, perhaps because of better monitoring of these patients.

**Pitch 4: Access to Hospice Care**

Patients are often hesitant to inquire about hospice services. There is an almost superstitious belief in American society that if we talk about death and dying, it will happen. Unfortunately, many patients in desperate need of hospice don’t get enrolled in a timely fashion. The Medicare Hospice Benefit provides for care when the physician’s clinical judgment indicates that the patient might die in six months, yet the median length of hospice stays in the U.S. are less than three weeks—and stays are getting shorter every year (NHPCO, 2011). For hospice care to truly benefit the patient and family,
there must be sufficient time for a rapport to develop. Unfortunately, less than three weeks is not enough time. The most frequent comment we hear from family members after the patient dies is: “I wish we had enrolled in hospice sooner.”

This elevator pitch advocates for earlier access to services. Two studies support the importance of earlier referral. The first of these, by Clayton et al. (2005), was a qualitative study in which terminally ill cancer patients and their caregivers were interviewed about their preferences regarding end-of-life choices. Study participants expressed a desire to have frank discussions about end-of-life issues and to have these discussions earlier. A second study by Freund et al. (2011) showed that a majority of terminally ill hospital inpatients did not have a documented hospice discussion with a care provider.

**Pitch 5: Importance of Physician-initiated Discussions**

*Many physicians justify not making hospice referrals, or even discussing death and dying with their patients, by suggesting that such discussions would rob patients of hope. Studies have shown that this is not the case, and that patients and families expect the treating physician to have these discussions—and to have them early. Most patients know when they are seriously ill; by neglecting to talk about it, the physician deprives the patient of essential support and symptom control. Unless the physician opens the door for the discussion, however, patients and families may not feel that they are permitted to bring it up. Patient quality of life, and perhaps life expectancy, is increased by physicians discussing hospice care earlier.*

This elevator pitch addresses physician hesitancy to discuss hospice and palliative care. Three studies underscore the importance of the physician initiating this conversation. The first, by McGorty and Bornstein (2003), showed that if the physician did not initiate the hospice discussion, patients and families rarely brought it up on their own. The second study, by Huskamp et al. in the *Archives of Internal Medicine* (2009) and reported in *The New York Times* (Span 2009), documented that hospice was not discussed with patients who had metastatic lung cancer, an illness that often carries a less-than-one-year prognosis, even up to seven months after the diagnosis. The third study, by Lundquist et al. in the *Journal of Clinical Oncology* (2011) and also reported in *The New York Times* (Span 2011), looked at cancer patients close to death, comparing 1,200 patients who received information about their impending death to 1,200 patients who did not. Symptoms, including pain and anxiety, were well controlled in both groups. However, among those in the informed group, there was no increased anxiety due to awareness of their impending death and less last-minute scrambling to obtain medications or make arrangements. The informed patients were also more likely to die in the place they preferred, and their families were more likely to be offered bereavement services. This study showed that a discussion about hospice does not rob the patient and family of hope, but allows them to reframe their hope and plan accordingly. Art Buchwald may have said it best when he wrote in his final book: “What started out the worst of times ended up the best of times.”

**Pitch 6: Philanthropic Support of Hospices**

*Most hospices are mission-driven organizations that provide care to all in need, regardless of ability to pay. This charitable care can*
amount to millions of dollars a year, creating significant financial hardship for hospice organizations. Most rely on philanthropic donations to support their charity services, and also to fund other non-reimbursed programs, such as children’s care, music therapy, or community bereavement services. Charitable giving to a hospice can be a healing experience for a patient’s family, giving something back to the program that cared for their loved one. Many people are taking a proactive approach by choosing to make hospice philanthropy part of their estate planning. Please encourage your clients to support our program through a charitable gift.

This elevator pitch presents philanthropy’s importance in the financial viability of hospice programs. In the non-hospice healthcare arena, most donations come from grateful patients who are pleased with the care they received. In hospice, most charitable donations come from grateful survivors: the families and loved ones of the patients who have died in hospice care. Some donations still come from patients, who can make arrangements for posthumous donations as part of their estate planning. Hospice programs rely on these donations to fund their many non-reimbursed and charitable programs.

In Summary

Hospice and palliative care brings structure and comfort to a challenging and chaotic time in a person’s life. In the vernacular of Art Buchwald, we literally make “dying easy.” His comment, made from a hospice house bed, reflected successful palliation of his physical, psychological, spiritual, and social distress. A challenge we have not yet been entirely successful in overcoming, however, is increasing the public’s awareness of hospice and palliative care services—in particular, the value of earlier access. It is imperative that we all become advocates of our services and arm ourselves with tools to aid in our public outreach.

Elevator pitches are useful tools for succinctly informing listeners about the benefits of hospice and palliative care. It is important to prepare these pitches ahead of time and stay vigilant for chances to use them. Sure, a good bit of luck is required in securing an opportunity to deliver an elevator pitch to a significant decision-maker (i.e., being in the right place at the right time), but as scientist and inventor Louis Pasteur once observed, “luck favors the prepared.”

Thomas Jefferson, who allowed his initial draft of the Declaration of Independence to be edited down by
one quarter, championed brevity when he said: “The most valuable of all talents is that of never using two words when one will do.” Mark Twain understood the challenge of doing this when he quipped: “I didn’t have the time to write a short letter, so I wrote a long one instead.”

There is so much to tell, and often so little time available to tell it. It can be a struggle to get to the point quickly and still feel as if you have done justice to the message. And yet, it is imperative not to allow golden opportunities to slip by—opportunities to educate the decision-makers in our communities about the value of what we do. Arming yourself with a few good elevator pitches can help you make the most of these opportune moments. The effort you invest will be paid back tenfold in improved access to high-quality hospice and palliative care for those in need.

Stephen A. Leedy is the executive vice president and chief medical officer for Tidewell Hospice, Inc., based in Sarasota, Florida, and serves as chair of the AAHPM Public Policy Committee.

Kathleen Pacurar is the president and chief executive officer of San Diego Hospice and The Institute for Palliative Medicine, based in San Diego, California, and serves on the Board of Trustees for NHPCO affiliate, the National Hospice Foundation.

References
NHPCO would like to thank all the conference attendees, the 2012 MLC Planning Committee and our business partners for making the 2012 MLC a success. On behalf of all who participated in the conference, we offer our deepest gratitude to the following organizations for their generous educational grants in support of the 27th Management and Leadership Conference.
Utilizing volunteers is more than a regulatory requirement. Volunteers are an integral part of the hospice team, providing valuable resources to an organization.

To help you support the volunteers in your program, NHPCO is holding its first virtual conference on volunteer leadership this summer, beginning on Monday, July 30 and concluding on Friday, August 3.

**Week at a Glance**

- Monday, Tuesday, Wednesday and Friday feature learning sessions for volunteer leaders as well as those who utilize and rely on volunteers.
- Thursday, August 2, is designed specifically for volunteers, and includes a Volunteer Day Facilitator Guide to help you create a comprehensive day of learning for your volunteers.

**What’s Included**

This online event will offer all the benefits of an in-person conference, without the added time and expense of travel:

- Live-broadcast plenary sessions featuring national speakers
- Learning sessions for both new and seasoned volunteer leaders and managers
- An entire day (August 2) designed specifically for volunteers, giving them the opportunity to enhance their skills and participate in a national hospice event
- A Volunteer Day Facilitator Guide, with questions and prompts to continue discussions among your volunteers after the formal presentations end
- Poster presentations showcasing innovative ideas and programs
- IGNITE! Sessions—five-minute presentations that focus on a single, simple and innovative strategy or approach
- Real-time networking in easy-to-use chat rooms
- Time with exhibitors in a virtual exhibit hall.
Special Benefits of Being Virtual

- Sessions are delivered in an interactive format that allows you to ask questions, make comments and engage with other participants across the country
- All sessions will be recorded and available for up to three months after the event
- You have flexibility in where and how you and your teams access the sessions.

Pricing and Registration

Registration fees are based on two factors:

1. **Program Size**
   In order to ensure that programs of all size are able to participate, NHPCO has created a sliding-fee scale based on your annual patient census (which is also used to calculate your organization’s NHPCO dues).

2. **Number of Sites Accessing Event**
   The number of sites that your organization uses to access the event also determines your cost.

   A “site” is any office or home computer used to access the conference, whether it is being used by an individual or a group of individuals.

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<th>Annual Patient Census</th>
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Thursday is designed specifically for volunteers, and includes a Volunteer Day Facilitator Guide.
Options Provide Flexibility

You can purchase a single site (for the base price shown)—and as many multiple sites as you want, depending on your budget and how you wish to coordinate staff and volunteer participation. For example:

- Register for only one site and gather everyone together in one place;
- Purchase multiple sites and have groups participate in separate locations or offices; or
- Purchase multiple sites so staff and/or volunteers can access the conference, individually, from their home or office.

To learn more, visit the Conference webpage of the NHPCO website.
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NHPCO’s National Council of Hospice and Palliative Professionals (NCHPP) is comprised of 48,000 staff and volunteers who work for NHPCO provider-members. Organized into 15 discipline-specific sections that are led by the NCHPP chair, vice chair and 15 section leaders, NCHPP represents the perspectives of the interdisciplinary team—the very essence of hospice care.

These individuals—together with each Section’s Steering Committee—volunteer their time and expertise to a variety of NHPCO projects to help preserve and develop the “interdisciplinary model” within the evolving world of hospice and palliative care.

In this NewsLine feature, we shine the light on a different NCHPP Section each month, so all members can benefit from each discipline’s perspective on important topics. It will also help members learn more about the work of NCHPP and how to get more involved—whether it’s taking better advantage of some of the Section’s free activities or joining a Section’s Steering Committee.

This month we spotlight the NCHPP CEO/Executive Director/President Section, and an article by Linda Beushausen....

Featured This Month:
NCHPP CEO/Executive Director/President Section

continued on next page
Partnerships, collaboration and innovation are critical success factors for the transformation of healthcare in this country. As hospice, palliative care, and bereavement care providers, we have a vital role in determining if, when, and how healthcare providers care for individuals and families in a seamless, patient-centered, and fiscally responsible way. For 30-plus years, we have been partnering with physicians, hospitals, and families to provide care that was considered far outside the norm. We have been, and continue to be, passionate about partnering with patients and families to help facilitate a pain-free, peaceful, sacred death.
within the context of each one’s preferences, lifestyles, and beliefs. We embrace the importance of partnering through our very work as part of the interdisciplinary team and we receive consistent feedback from patients and families about how profoundly grateful they are for the care that focuses purely and intentionally on their specific needs and desires.

Those of us who are called to this sacred work have also learned what it takes to be a good partner and, for most, these attributes seem to come naturally. What are the attributes of someone who is an exceptional partner in care? How could we develop these attributes in a way that fosters partnerships within the entire healthcare continuum? Is there a proactive approach we can take to be part of the solution and one of the obvious critical success factors in healthcare reform? What would it take for hospice organizations to be way-showers—moving at the speed of trust and helping others to do the same?

**What are We Called to Do Next?**

My sense is that, although we may have different perspectives about the details related to healthcare reform legislation, most of us see the need for transformation.

We know that we receive patients into hospice care much later than would be optimal for them. We know that medically futile care is delivered each and every day and, many times, this care is the result of patients and families not being fully informed and/or fully empowered partners in the healthcare decisions that are made. We encounter family after family whose members are haunted by the agonizing decisions they are called to make for their loved ones when no advance healthcare plan has been talked about or written down.

We hope that our community education efforts will help people know about the benefits of early palliative care, well before it is time for hospice, and that they come to understand grief and its effects on individuals, families, and businesses when bereavement care is not accessed.

We are not only skilled at what we do, we are passionate about it. Over 30 years ago we changed the way people died when we were bold enough to take care of them at home instead of in the hospital, and we found ways to manage symptoms in a way that assured optimal comfort. Now it is time for us to be bold once again and use our collective wisdom, skill, and passion to take partnerships with others within the healthcare continuum to the next level. As Mahatma Gandhi once said, it is time for us “to be the change we want to see.”

**NCHPP CEO/Executive Director/President Steering Committee**

**Section Leader:**
Cindy (Yocum) Scott
Silverado Hospice-
South Houston
Sugarland, TX

**Committee Members:**
Diane Baldi
Hospice of the Sacred Heart
Wilkes Barre, PA

Linda Beushausen
Hospice at Home
St. Joseph, MI

Cynthia Bougher
Valley Hospice
Rayland, OH

Lynn Ivey
Lutheran Hospice
White Rock, SC

Marty Johnson-Swagerty
Hospice Care of America
Rockford, IL

Rick Kasper
Joliet Area Community Hospice
Joliet, IL

SueAnn Reynolds
Family LifeCare
Berne, IN

Pam Saucier
Merrimack Valley Hospice
Lawrence, MA

Mary Ann Starbuck
Southern Tier Hospice Corporation, Inc.
Corning, NY

Kevin Yarrow
VITAS Innovative Hospice Care of Dallas
Dallas, TX
What are the Components of Successful Partnerships?

Stephen Dent, the author of “Partnering Intelligence—Creating Value for Your Business by Building Strong Alliances,” identifies the following six attributes of an effective partner:

• Self-Disclosure and Feedback
• Win-Win Orientation
• Ability to Trust
• Future Orientation
• Comfort with Change
• Comfort with Interdependence

Perhaps one of the foundational attributes on this list that affects all of the rest is the ability to trust. Those who attended NHPCO’s 2011 Management and Leadership Conference (MLC) had the opportunity to hear Stephen M.R. Covey speak about “The Speed of Trust” as one of the conference plenaries. One of the things which Covey said is that “trust is a function of both character and competence.”

Trust is also a strategic action when it comes to exploring a partnership with another organization, perhaps even an organization that has previously been a competitor. Covey challenges the conditioned beliefs (or myths) many of us have had about trust and admits that it takes courage to be bold enough to choose to move forward from a place of trust before trust is “earned.” However, he also demonstrates the financial benefits of doing so and notes that it has become a top leadership competency of our day.

What Can Others Teach Us?

Another 2011 MLC plenary speaker, Health Affairs Editor-in-chief Susan Dentzer, shared the success story of Grand Junction, Colorado.

Grand Junction succeeded in significantly lowering healthcare costs, increasing access to healthcare, and improving the quality of care for residents by taking partnerships to the next level. While there were numerous other contributing factors to its success, the top strategies were all connected to effective partnering:

• Hospice and Palliative Care of Western Colorado, physicians, and other providers partnered to avoid duplication of care and give the people they served the benefit of a team approach to care;
• Advance healthcare planning was a priority and physicians worked with all of their patients to ensure the patients were informed, educated, and involved in making decisions about their care;
• Payors and providers across the continuum came together with a common vision to be a model healthcare system, utilizing the principles of healthcare reform to achieve improved health, greater value and improved access—at a lower cost.

Len Nichols, the director of the Health Policy Program at the New America Foundation said that “one of the most impressive things about Grand Junction is its ability to channel self-interest to serve societal interest. This is a major goal of comprehensive health reform.”

Dentzer used the Grand Junction story to highlight the important role that hospice and palliative care providers can play in implementing healthcare reform. Partnerships among healthcare providers are foundational to healthcare reform, whether looking through the lens of bundled payments, accountable care organizations, value-based purchasing or medical homes.
Marty Johnson-Swagerty, the CEO of Hospice Care of America in Illinois and one of my colleagues on the NCHPP CEO/Executive Director/President Steering Committee, shared a summary document she wrote titled, “Positioning Hospice to Be a Vital Partner in Integrated Healthcare Delivery Systems.” Marty specifically highlighted the Care Coordination Innovations Project (CCIP) that has begun in Illinois and in other states which encourages Medicaid providers to build collaborations at the community level that will result in coordinated, quality care across all provider and community settings at a cost savings.

The CCIP is modeled after the Accountable Care Organizations Model, with key components being advance healthcare planning, palliative care, and hospice care. Its overall goal is to avoid fragmented care by assuring that each patient and family receive the care and services they need. As Marty says, “This is where we as hospice and palliative care providers shine!” In order for the model to work, however, CCIP partners must stay focused on the needs of the community, must be committed to exemplary partnerships, and must possess high partnership intelligence.

Those with high partnership intelligence know that working at the speed of trust is as essential to their success as keeping their focus on the other attributes of effective partners, as outlined by Stephen Dent:
- Self-disclosure and feedback
- Orientation to the future and to win-win relationships
- Comfort with change and interdependence.

These attributes are not only evident in the Care Coordination Innovation Project and the Grand Junction Colorado initiative, but also in several other partnership experiences which members of our NCHPP Steering Committee members have been part of.

For example, Marty Johnson used these attributes when presenting a plan to a community hospital for a collaborative Palliative Care Program with Hospice Care of America. Cindy Scott, the administrator of Silverado Hospice in Texas and chair of our NCHPP Section, focused on these attributes when she helped to create a partnership with another hospice for inpatient

continued on next page
care, noting that it took time and intention to trust each other in order to create a “win-win partnership.” Several other Steering Committee members, including Kevin Yarrow, general manager for VITAS Innovative Hospice Care in Texas, agreed that partnerships with colleges of medicine, schools for nursing and social work students, although long-standing, are fertile ground for expanded partnership opportunities. What we all agreed were essential to consider when exploring partnership opportunities were integrity, a commitment to ethical business practices, and a willingness to create a mutual vision for the future.

**What is the Call to Action?**

Hopefully as you read this article, you are already beginning to think about a partnership possibility you want to explore. It may be a partnership that can be implemented fairly quickly or it may be one that will take months or years to successfully pull together. Create a vision in your mind, gather the information you need to demonstrate that this partnership can be a win-win, determine who you need to talk to, and then begin the conversations with your potential partner.

As hospitals and health systems consult with their expert advisors about how to prepare for the future (e.g., bundled payments, shared risk, accountable care organizations, medical homes), the advice is fairly consistent. The experts agree that avoiding re-admissions to the hospital and medically futile care, as well as assuring that a comprehensive palliative care program is in place, are key. Other innovative initiatives that focus on patient and family education, advance healthcare planning, and the development of systems that assure exemplary coordination of care are also vital. Who better to partner with a hospital or health system to assure that they succeed in all of these strategies than hospice and palliative care organizations?

The approaches to care that hospitals know they need to develop are the very approaches to care for which we have been known for over 30 years. These are the approaches to care that define the way we work each and every day and for which we passionately advocate. These are the approaches to care that earn us incredible patient, family, and community satisfaction and respect. These are the approaches to care that provide the evidence of our always-growing commitment to creating a world that embraces individual choices for healthcare, end-of-life care, and grief healing as meaningful and sacred aspects of life.

A recent article in *H&HN Daily* highlighted how palliative care is evolving from a service that was once viewed as only offered to terminally ill patients to a key component of care from the moment a person enters the ER or ICU. Palliative care is no longer only about pain and symptom management or “having the talk” with someone who is terminally ill, but rather has expanded to a program that is uniquely poised to thrive in a system that increasingly emphasizes care coordination, patient-centeredness, advance healthcare planning, and cost-containment. New research is emerging weekly that demonstrates how early palliative care improves outcomes and satisfaction while lowering healthcare costs. Palliative care is a prime partnership opportunity for hospices and the hospitals and/or health systems in their area.
My teammates and I at Hospice at Home, along with our new partners at Lakeland Healthcare, just recently made the bold and courageous decision to create a win-win integration model after many failed attempts over the past seven years. We made the decision to work at the speed of trust, focus on the future instead of the past, and discover how changing the way we worked together as separate entities could create a partnership that would better serve our community. We don’t know exactly how the future will unfold, but we have a shared vision for the future that serves as our focus when our perceived differences lead to doubt about our ability to be effective partners. Together we decided that instead of competing, we would create. This partnership seemed impossible to ever successfully accomplish, but we kept Walt Disney’s words front and center during the development of the partnership agreement: “It’s FUN to do the impossible!” The words of Martin Luther King, Jr. were also kept close during our time of visioning, planning, and negotiating: “Faith is taking the first step even when you don’t see the whole staircase.”

Together, we can provide better healthcare for the communities we serve. Together we can prepare to become an accountable care organization and/or create a Medical Home Model. Together we will assure that everyone who is served by a provider in our health system has access to advance healthcare planning experts, a top-notch palliative medicine and supportive care program, and expanded, comprehensive grief and bereavement support.

The days of hospice and palliative care being a small piece of the healthcare pie are over. The expanded continuum of care embraced by more and more hospices is the result of the increasing awareness that what we have to offer is much more than anecdotal or merely “fluff.” If we are courageous, bold, and innovative enough to embrace the opportunity, we can be key partners in healthcare reform, in a partnership model that embraces optimal quality outcomes, patient and family satisfaction, and person-centered care. What we have to offer is a partnership model that is unswervingly and enthusiastically committed to persevering in our quest to co-create and make a more profound difference in the lives of those we

continued on next page
serve. What we have to offer is to take partnerships to a new level and transform healthcare like we did when hospice was born in this country over 30 years ago.

What partnership opportunities will you discover as you consider what you and your organization will contribute to the transformation of healthcare?

Linda Beushausen is the president/CEO of Hospice at Home, based in St. Joseph, Michigan, and vice-president of Life Transitions and Advance Healthcare Planning for Lakeland HealthCare. She also serves on the NCHPP CEO/Executive Director/President Steering Committee.

The author expresses special thanks to members of the Section’s Steering Committee for the insights they shared for this article.

Related Articles
Partnering to Provide PACE: A Conversation with Patricia Soenksen, CEO of Hospice and Palliative Care of Greensboro (NewsLine, August 2011).
Partnering to Provide Palliative Care: A Conversation with Brian Gardam, Executive Director of Hospice and Palliative Care of St. Lawrence Valley (NewsLine, November 2011).

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CEO/Executive Director/President Section: 3 Free Benefits

Executive Leadership Conversations

Every other month, NHPCO president/CEO, Don Schumacher, hosts an executive conference call that is open to all members of the NCHPP CEO/Executive Director/President Section. Each call focuses on a specific, timely topic and features guests who provide both expertise and insight.

The calls take place from 1:30 to 2:30 p.m. (ET), with the next scheduled call planned for June 13. The topic, call-in number and access code will be announced on the Section eGroup as well as in NHPCO’s weekly e-newsletter, NewsBriefs. Members can also call the NHPCO Solutions Center to learn more: 800-646-6460.

Executive Leadership Mentoring Project

This NCHPP Section also sponsors a Mentoring Project to help educate and support new hospice leaders. The project matches experienced hospice CEOs with those who have been in their positions for less than a year, with the goal of guiding the new CEOs to be effective hospice and community leaders.

Mentoring runs for a minimum of six months, and offers the mentee the option to continue for up to one year. A PDF about the project provides full details.
One of the best ways to exchange ideas and tips with your colleagues is through the CEO/Executive Director/President Section eGroup on NHPCO’s professional networking site, My.NHPCO. (It’s free for staff and volunteers of NHPCO provider-members.)

Each NCHPP Section has an eGroup on My.NHPCO (much like the former listserves, but better), plus an eLibrary where members post helpful information and resources to help one another.

If you’re not already a My.NHPCO user, visit the homepage and see “Getting Started” in the top right corner. For specific questions, contact the NHPCO Solutions Center at 800-646-6460 (8:30 a.m. to 5:30 p.m., ET) or email solutions@nhpco.org.
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3. Personalize your brochure/resource
4. View your shopping cart and enter shipping address
5. Proceed to NHPCO website to verify member status
6. Enter payment information
In this monthly feature, *NewsLine* shines the light on a hospice organization which has expanded services or has partnered with other community organizations to reach patients earlier in the illness trajectory—before they may need hospice care. In a Q&A format, members hear firsthand from the organization’s senior leaders who speak directly to the challenges, the benefits, and the lessons learned.
The Transitions Program at Hospice of the Valley

While many hospice organizations are now establishing Transitions Programs to help serve patients with advanced illness, Hospice of the Valley, based in San Jose, California, was one of the country’s early adopters. Since launching its Transitions Program in 2004, it has served nearly 600 families.

In the following interview, Hospice of the Valley president/CEO, Sally Adelus, discusses their experience, including some of the benefits that have evolved since its inception.

What prompted senior leadership to launch Transitions nearly eight years ago?
When I joined Hospice of the Valley in 2003 as the president/CEO, the organization was growing dramatically. It was clear that changes were needed to meet the growing demands of our community. We were receiving numerous calls and inquiries from seriously ill individuals and their families who were either not emotionally ready for hospice or did not meet the eligibility criteria. Our board of directors and leadership team were compelled to meet this unmet need and, with their full support, we launched Transitions in November of 2004.

Who is eligible and what services are provided?
Individuals with a prognosis of one year or less who have been referred to us by their physician are eligible for Transitions.

In essence, our Transitions program creates an upstream portal for individuals and their families, facilitating access to much-needed services and resources, sometimes long before the word “hospice” is ever even considered. It was a truly groundbreaking community service program, the first and only one of its kind in our county.

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Services may include community resource and referral support and assistance with health care navigation as well as in-home volunteer visits and companionship; practical and emotional support; and end-of-life education, discussion and planning. Clients and families can also take advantage of a variety of complementary services, including pet companion visits; music and art therapy; aromatherapy; and massage. Each client’s needs are unique, and our Transitions coordinator is able to tailor benefits accordingly.

It’s also worth noting that, through the years, we have linked families with many community resources, one of which is Hospice Journey, a website that encourages families to share their end-of-life care journey through photos, reflections and by writing and sharing updates on their loved one. I was approached by Hospice Journey while it was in its formative phase and immediately recognized its value. In the same spirit as Hospice Journey, the creators recently introduced What Matters Now, allowing individuals and families facing serious illness—and not yet ready to have the hospice conversation—to be more receptive to sharing their journey.

How is Transitions staffed?
We are fortunate to have a full-time, bilingual clinical social worker as the program coordinator to best serve an increasingly diverse community. We also provide a comprehensive 25-hour volunteer training program to ensure we have high-caliber volunteers to support the program. We currently have 81 volunteers who provide in-home support and make regular check-in calls to clients and families on service to ensure they are receiving everything they need.

Can you discuss the program’s evolution?
About 80 clients and families utilized Transitions in 2005 and that number grew to over 130 last year. Currently, we are serving 57 families with an average daily census of 54. About 60 percent of Transitions clients access community hospice programs, demonstrating the impact that Transitions has had on increasing awareness of hospice care as an end-of-life option.

In the initial launch phase of Transitions, a part-time coordinator piloted the program. Her experience in the hospital environment was beneficial early on in establishing key relationships and outreach. Today, we have a full-time coordinator who is a licensed social worker with years of expertise in resource management as well as palliative and end-of-life care.

Since investing in this full-time, experienced coordinator, the families who respond to our surveys about the Transitions services they’ve received report 100 percent satisfaction and say they’d recommend the program to others. Our physician survey results have also been very positive. Probably most tellingly, however, are the requests for further information that we receive from our referral sources. The program’s visibility, especially through our website, has grown to a point where we are now thought of as “a community resource” for those recently diagnosed with a serious illness. While not everyone who contacts us is eligible for services, we are always happy to offer community resources and a referral.
Our program is also uniquely positioned to support our new outpatient palliative care center—Palliative Care Center | Silicon Valley—which is scheduled to open this fall. We recognized this as an unmet community need and the Transitions team is poised to provide support.

**How is Transitions funded?**
Not wanting to create barriers to the services, we offer Transitions at no charge. We budget annually for this program and aggressively seek funding from philanthropic sources. We received an initial grant from The Health Trust, a locally-based foundation that supports health care projects. Additional funding was provided by The Valley Foundation, Wells Fargo Foundation and the Junior League of San Jose CA. Recent support has also come from SanDisk Corporation, Comerica Charitable Foundation, and the Kent Kirkorian Memorial Golf Tournament, all situated in the heart of Silicon Valley. We also receive monetary gifts from individuals and families who have benefited directly from Transitions.

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One of Hospice of the Valley’s 57 Transitions families, currently receiving services, is WWII Veteran Pascual Robles, age 88, pictured here with his wife Angie (left) and daughter Rebecca (right).
In light of the economy, has it been difficult to raise philanthropic support?
These economic times have impacted everyone, including grantors and foundations. As a result, grantees like ourselves are receiving less than what we’ve requested. Nonetheless, we appreciate the support of our mission. We’re fortunate to have an extraordinarily creative and dynamic development team and service league whose ongoing efforts have ensured a continual source of revenue. The community has also been very generous, and recognizes this as a necessary and vital program.

Who are your primary referral sources?
Our referrals come from a variety of sources—discharge planners at area hospitals, physicians, clinics, home care agencies, family members, patients, friends, neighbors and our website. Another referral source is our own hospice intake team. When hospice referrals do not meet the hospice eligibility criteria, the team offers Transitions as an option.

What type of outreach have you conducted to promote Transitions?
One of our goals is to ensure that all individuals in our community who are facing serious illness know that the Transitions program is available. To that end, we utilize a myriad of approaches.

Advocating and promoting the program is one of the primary responsibilities of our Transitions coordinator. A key component is developing relationships with faith-based communities; hospital social work and discharge planning staff; nursing facilities; assisted living facilities; and home health and private duty agencies.

We also have an outreach and education team comprised of a registered nurse clinical outreach manager and registered nurse liaisons who work closely with our existing referral base and explore new opportunities. The liaisons are supported by a team of volunteer ambassadors who, for the past three years, have focused on advocating and promoting Transitions as well as our other services and programs. Additionally, we have two volunteer ambassadors focused solely on promoting Transitions.

California is one of the most diverse states in our nation, and our service area of Santa Clara County is no exception—our residents include Chinese Americans, Indian Asians, Hispanic/Latinos, and Vietnamese. We have engaged in extensive volunteer training programs and have trained volunteer ambassadors from each of these ethnic communities, all in an effort to better serve the unique cultural needs, beliefs and values of our clients and families. These volunteers are helping us to reach beyond our usual sphere of outreach. Our collaborations with other local organizations, such as the Chinese American Coalition for Compassionate Care and Pallium-India USA have enhanced these efforts.

Have referrals to hospice increased since launching Transitions?
Yes. We have seen an increase in the number of families accessing hospice care as a direct result of the Transitions program. By providing clients with information and education regarding end-of-life care choices, it allows them to make more informed decisions about their care.
What have been some of the challenges?
Probably the most challenging issue we face is lack of awareness, misunderstanding, and misconceptions about hospice and end-of-life care. Another challenge is to make sure we continue to meet the needs of a rapidly changing and diverse community. With an aging population and an already overstressed health care system, how do we adapt to ensure that we are serving all of those in need? How do we position the program to support our palliative care program? Can the program evolve to a point where we serve those with serious illness wherever they are in their disease process?

What advice would you give a provider interested in launching a Transitions program?
We were very fortunate to have the full commitment of our board of directors and a wonderful cadre of volunteers who were already serving our organization when Transitions was unveiled. It is imperative to get this level of commitment prior to establishing such a program.

Staffing support is also essential. For example, the Transitions coordinator is more often than not the first contact a prospective client, referring physician or discharge planner may have with your organization. How well this person represents the program and your organization is critical. I recommend investing in a high-caliber, experienced individual to fill this role. And, finally, be open to networking and collaborating with other Transitions-type programs to share resources and leverage best practices.
While hospice and palliative care providers are known as experts in managing pain, millions of people today still believe that ‘living with pain’ is the sad reality of aging or dealing with an illness. Fortunately, a new campaign, aptly called LIVE Without Pain, is hoping to change that.

NHPCO’s consumer-engagement program, Caring Connections, unveiled the campaign at the 2012 Management and Leadership Conference in partnership with Purdue Pharma, LP. The goal is to empower patients and family caregivers to advocate for expert pain relief in all care settings through education and how-to resources.

A special section of the Caring Connections website has been devoted to the new campaign, with information addressing:

- The Truth about Pain: Dispelling the Myths
- Types of Pain
- How to Manage Your Pain
- Caring for Others in Pain
- Pain at the End of Life
- Talking To Your Doctor About Pain
- Using Pain Medications
- Safe Storage of Medications
- Safe Disposal of Unneeded Medications
- Pain Care Bill of Rights
- Pain Relief Checklist
- Resources

The website also features brochures that may be downloaded free of charge (Managing Your Pain; Using Narcotics Safely; and When Your Child is in Pain), plus links to other resources.

To learn more, visit www.CaringInfo.org/pain.
‘Tuesdays With Morrie’ Raises Awareness and Revenue for Seasons Hospice

Seasons Hospice, based in Rochester, MN, recently collaborated with the Rochester Civic Theatre to present the stage adaptation of Mitch Albom’s bestselling book, “Tuesdays with Morrie.”

Carolyn Piepho, the director of development and marketing for Seasons Hospice, conceived of the idea. “Talking about death is very difficult for most people, so we hoped that using the arts, specifically theater, in combination with this beautiful story, could help us convey information and promote discussion in a compassionate way,” she said.

Three performances were staged in late February and March. The first was a private event for the Thrivent Financial for Lutherans-Rochester Group, the organization which provided the grant support that made the project possible. Then two public performances were held, followed by a panel discussion where staff from Seasons Hospice answered the audience’s questions about hospice care. Seasons Hospice also opened up the dress rehearsal to major donors—a creative and strategic way to build on these important relationships.

In all, the event drew 900 attendees and raised nearly $15,000 in net revenue for Seasons Hospice.

The Rochester Civic Theatre is now touring this poignant production (which, by the way, features just two cast members and a simple set design). To learn more about this opportunity, contact Carolyn Piepho at Seasons Hospice: c piepho@seasonshospice.org or 507-285-1930.

Photos courtesy of A.D. Drumm
It probably comes as no surprise that the Regulatory Center on the NHPCO website is one of the most frequently visited sections of the site. It has also “expanded and evolved” as the regulatory issues facing our industry have. So the time was right to make some changes that will help you and your staff find what you need faster and easier.

Below is a snapshot of the Center’s new landing page. Take a closer look now, and bookmark the page for future reference:
The MedicAlert Foundation has just launched an **Advance Care Planning (ACP) Service** that will safely store the written advance directives of consumers and make them available when and where they’re needed through MedicAlert’s 24/7 emergency response center or online portal for health professionals.

For $50, consumers can enroll in the ACP Service, which includes five years of document storage and accessibility; live 24/7 emergency response and family notification services; and an emergency wallet card detailing how to access the individual’s advance directives either by phone or online.

**Advance Directives From Caring Connections**

For added convenience, the MedicAlert website also includes each state’s advance directive form—courtesy of NHPCO’s Caring Connections. “This partnership helps both of our organizations to further enhance patient safety across the nation,” says Kathy Brandt, a senior vice president of NHPCO.

**Share With Referral Sources**

According to the U.S. Agency for Healthcare Research and Quality, between 65 and 75 percent of physicians whose patients had an advance directive were not aware of its existence. This affordable service makes it easy to ensure that a patient’s wishes are known and considered. It can also help medical professionals in primary care practice, as well as hospital emergency departments, who are required to inform patients about the benefits of advance directives and provide guidance on how to access the form for their state.
The Medicare Hospice Conditions of Participation call for “patient and family centered care” that includes individualized assessment and a plan of care that is both comprehensive and personalized to meet the patient and family’s needs.

Knowing if your patient is a Veteran should be part of the assessment process. Veterans often carry experiences from their military service that present unique challenges at the end of life and may require specific interventions. If you’re not aware of their service, it’s impossible to identify and treat these needs with skill and compassion.

### All It Takes is One Form
Completing a one-page Military History Checklist as part of your admission process is probably one of the simplest and most effective first steps you can take. It will help you to identify the patient’s branch and length of service, combat experience, and any possible VA benefits to which he or she may be entitled.

### Asking About Their Service
Once you identify patients who are Veterans, taking time to ask about their service can also help create a trusting environment that allows them to voice and acknowledge any feelings of guilt, anger or other emotions they may not have shared before.

The Department of Veterans Affairs has created a Military Service History Pocket Card to help initiate these conversations. It can also help you understand Veterans’ medical problems and complaints, and provide a basis for timely referral to specialized resources if needed.

To learn more, visit the We Honor Veterans website.
HOSPICE & PALLIATIVE CARE
BUYER’S GUIDE

Find the support you need to succeed!

Click to find companies, consultants and service providers that serve the hospice and palliative care professional community.
CMS and the United Hospital Fund of New York have produced a series of six podcasts that provide practical advice to caregivers and providers on medication management—especially during transitions in care to and from the hospital, long-term care and home-care settings. The podcasts can be viewed, free of charge, from the CMS YouTube channel. Watch the podcasts now.
Two FHSSA Partnerships Recognized for their Innovation and Collaboration

The Denver Hospice partnered with Selian Lutheran Hospice and The Community Hospice partnered with Island Hospice and Bereavement Service, South Coast Hospice, and Tapologo Hospice

The second annual FHSSA Global Partnership Award was presented during the National Hospice and Palliative Care Organization’s (NHPCO) Management and Leadership Conference in National Harbor, Maryland. The 2012 award recognized two outstanding partnership efforts: The Denver Hospice in Colorado partnered with Selian Lutheran Hospice in Tanzania and The Community Hospice in New York partnered with Island Hospice & Bereavement Service in Zimbabwe and South Coast Hospice and Tapologo Hospice in South Africa.

The Global Partnership Award is an opportunity to recognize excellence in partnership. The review committee looks for a partnership that shows creativity, leadership and a growing sustainable relationship. FHSSA received ten applications for the award in 2012. The Award comes with a $500 donation to the African hospice partner.

“Reading through the applications submitted by our U.S. hospice partners really drives home the importance of this partnership program. Each program approaches their partnership in a unique and meaningful way, making it so difficult to choose a winner for this award,” said John Mastrojohn III, executive director of FHSSA. “These organizations are to be commended for fostering partnerships that will have a lasting effect on the care provided in the U.S. and Africa.”

Two FHSSA Partnerships Recognized for their Innovation and Collaboration

The Community Hospice partnered with Island Hospice and Bereavement Service, South Coast Hospice, and Tapologo Hospice

The Community Hospice, which raised nearly $80,000, partners with three African hospice programs: Island Hospice & Bereavement Service in Zimbabwe and South Coast Hospice and Tapologo Hospice in South Africa. The review committee was particularly impressed by three aspects of The Community Hospice’s partnership efforts: employee engagement, tailored partner visits based on the specific needs of each partner, and meaningful collaborations with each African partner.

"It’s a profound privilege to help people help themselves. We’re all in this together, and there’s real need in sub-Saharan Africa, but focusing on the despair would be missing the point. We need to focus on the living and the hope and the real spirit of the people, which has inspired us all," said Ron Watson, CEO of The Community Hospice.

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The Community Hospice went above and beyond to engage their health system’s nearly 4,500 employees, using multiple creative ways to reach employees with the message about supporting the partnership including web banners, emails and sharing compelling stories during staff meetings about how the funds raised help the African partner.

In 2011, The Community Hospice collaborated with their African partner to strategically plan a visit to each program that would address their diverse needs and skills. A staff visit to Island Hospice centered around a training on infant massage to benefit the large number of “failure to thrive” babies cared for by the program. Nurses at the South Coast Hospice received training in patient care, and a social worker/bereavement counselor provided bereavement training at Tapologo Hospice while a massage therapist offered a demonstration of the palliative effects of massage.

Collaborations between U.S. and African partners is an important aspect of FHSSA partner program. The Community Hospice collaborated with each of their partners to support the programs and projects that needed help the most. These included a Memory Box Project for children at South Coast Hospice, funding for a Children’s Shelter at Tapologo, and a significant financial contribution to Island Hospice to keep the program viable. The Community Hospice also funded travel expenses for the CEO of South Coast Hospice to attend NHPCO’s Management and Leadership Conference in the U.S. in 2011.

**The Denver Hospice and Selian Lutheran Hospice**

The Denver Hospice partners with Selian Lutheran Hospice in Tanzania. It was clear to the review committee that this long-standing partnership has moved on to advanced stages of their collaboration. The partnership demonstrated in their application that they have achieved an impressive level of staff engagement. Both organizations’ commitment was evident in the time and effort spent consulting with one another. In 2011, The Denver Hospice and Selian Lutheran Hospice focused their partnership efforts on the growth and development of Selian Lutheran Hospice’s pediatric care programs, initiated by a visit from a nurse and social worker from The Denver Hospice.

“Our 10-year partnership with Selian Lutheran Hospice has been one of the most profound undertakings of our organization. We have gained much love, wisdom and joy from our experiences with the Selian staff and community. Our employees are enriched by this mission that knows no borders,” said Bev Sloan, president and CEO of The Denver Hospice.

Fundraising efforts by The Denver Hospice were very successful and creative, raising over $50,000. A community event was held that featured two local gospel choirs and two charismatic nurses from Selian Hospice, both of whom spoke and sang. Attendees had the opportunity to meet the nurses and learn first-hand the value of the partnership to Selian Lutheran Hospice and The Denver Hospice. Denver also held several fundraising luncheons and events at which they sold hand-made African gifts.

One of the most impressive features of this partnership is that it clearly demonstrated that their support of Selian has improved the sustainability and expertise of the African partner. Selian was able to raise $12,000 in support of their program through a local event. This is a significant amount of money in Tanzania. Not only will the funds raised support their critical programs, but Selian has garnered the expertise needed to raise funds in the future. This will be a long-lasting benefit from their partnership with The Denver Hospice.

For more information about FHSSA, contact Erinn Nanney at enanney@fhssa.org or (703) 647-6684.
Improving Pain Management in Two Government Hospitals in Kenya

Written By Dr. Zipporah Ali, Executive Director of the Kenyan Hospices and Palliative Care Association

Kenya Hospices and Palliative Care Association (KEHPCA) has been honoured to work with the African Palliative Care Association (APCA) and FHSSA to support two provincial hospitals in Kenya to improve pain management for patients with cancer, HIV/AIDS and other life-threatening conditions who experience moderate to severe pain.

KEHPCA, through support by The Diana, Princess of Wales Memorial Fund, conducted a study in 2009 that looked at the quality of life for cancer patients in four government hospitals. The findings from the study identified pain as a common undertreated symptom in cancer patients. Coast Provincial General Hospital (PGH) in Mombasa and New Nyanza Provincial General Hospital in Kisumu were among the four hospitals that participated in the study. Results from studies indicated that there was a great need to train clinicians on pain assessment and management.

Through the pain management project supported by APCA and FHSSA, KEHPCA has been able to train a team of clinicians in these two hospitals. This has resulted in better pain assessment and management; clinicians now recognise the importance of managing patients’ pain; a positive impact on quality of life for both patients and families.

Pain Management Training

This took place from July 18th-20th, 2011. The training was attended by 16 healthcare professionals from Coast PGH. There were two medical officers, three pharmacists and 11 clinical officers.

A few of the participants reported having learned about cancer pain management in their basic training. The pre-test questions showed knowledge deficits on pain assessment, monitoring of pain, use of placebos, WHO analgesic ladder and addiction of opioids.

The factors that were identified as barriers towards provision of pain relief included:

- Insufficient knowledge on pain and pain-relieving drugs, especially opioid analgesics
- Huge workload and lack of time to assess and manage pain
- Lack of appropriate analgesics
- Fear of prescribing opioids (side effects, laws, addiction)

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FHSSA Shows a Strong Presence at NHPCO’s Management and Leadership Conference

From conference sessions, board meetings, and award presentations to film screenings, FHSSA played an active role in the 27th Annual Management and Leadership Conference, held at the Gaylord National Resort and Conference Center in National Harbor, Maryland. We were joined by several guests from Africa including:

Faustin Mgendi of Coast Hospice of Kenya
Fatia Kiyange of the African Palliative Care Association (APCA)
Zodwa Sithole of the Hospice Palliative Care Association of South Africa
Njekwa Lumbwe of the Palliative Care Association of Zambia
Rose Kiwanuka of the Palliative Care Association of Uganda
Andre Wagner of the Hospice Palliative Care Association of South Africa

Post-test scores showed an improvement in knowledge on palliative care and pain management. The participants reported that the training was very beneficial.

The trainings were followed with a two-day attachment to a hospice which gave the participants a chance to gain skills on assessing pain and prescribing appropriate medications.

I would like to appreciate both FHSSA and APCA for the support they are giving us to improve pain management for our patients.

The makers of the film, along with FHSSA, will be coordinating efforts to help hospices across the U.S. plan local screenings of “Okuyamba.”

For more information on planning a screening, contact Sarah Meltzer at (703) 837-3149 or smeltzer@nationalhospicefoundation.org.

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The topics covered during the training included:

- Principles of palliative care
- Pain as a public health problem
- Psychological aspects of pain
- Pathophysiology of pain
- Definitions of pain, clinical presentation and measurement of pain
- Pharmacology of analgesics
- Rational use of opioids
- Acute pain management
- Management of neuropathic pain
- Barriers to pain management
- Special considerations in HIV/AIDS and other conditions
- Pediatric pain management
- Challenges in pediatric pain management
- Non-pharmacological management of pain

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- KEHPCA participates in FHSSA’s Partnership Program and partners with Hospice of Lancaster County
- Portions of this project were made possible by funds raised by the pharmaceutical industry and others.
FHSSA and APCA Announce New Scholarship for Palliative Care Training for Social Workers

Dr. Bernice Catherine Harper African Social Work Scholarship Made Possible Through Endowment by NASW

FHSSA, in partnership with APCA, is pleased to announce a new scholarship to support training social workers in palliative care in Africa. The scholarship, the Dr. Bernice Catherine Harper African Social Work Scholarship Fund, is made possible through a generous endowment from the National Association of Social Workers (NASW) and was established in honor of social work pioneer and FHSSA’s founding president, Bernice Catherine Harper.

A previous scholarship was established by FHSSA and APCA to support the training of African nurses in palliative care, and both organizations recognized the gaps in training for social workers in palliative care.

“Social workers play a critical role in providing palliative care services,” said Fatia Kiyange, programmes director for APCA. “In African countries where poverty is rampant, people often don’t have income to meet basic needs such as good housing, treatment, or school fees for children. Social workers help them meet those needs and act as a bridge between the patient, the family, the health care team and the social care system.”

NASW has raised $20,000 for the initiative, which will be used to fund a minimum of four scholarships for courses in palliative care. The courses will include both theoretical training and first-hand clinical experience and will be offered by universities in cooperation with hospice programs across Africa. The goal is that the scholarship recipients will disseminate what they have learned and advocate for social work in palliative care curricula.

The call for applications will be made in April on FHSSA, APCA and NASW websites, with the goal of making selections in May, and courses to begin over the summer. Priority will be given to those already working in palliative care.
At the core of its mission, FHSSA works to develop partnerships between U.S. hospice programs and hospice and palliative care programs across Africa. Through these partnerships, African hospices gain technical assistance, support, and most importantly, friendship.

Response to the partnership program has been tremendous, with 95 U.S. hospices participating. However, there is still a great unmet need: 20 African hospices still await a U.S. partner, representing 670 staff, 800 volunteers, 13,200 patients and 66,000 family members who would benefit from all that a partner has to offer.

This fall, FHSSA coupled with digital animation and visual design firm, Pixeldust Studios, to develop a creative new way to reach out to U.S. hospices with the message about the need for additional partners. The result is a breathtaking three-minute web video that depicts, through 2D animation and graphics, the dramatic contrast between what it means to provide hospice and palliative services in the U.S. and what it takes to provide such care in an African country.

“This hospice programs across the U.S. have so generously opened their hearts and arms to programs in Africa, and they work closely together to expand access to much-needed palliative care. The rewards are tremendous and quite mutual, but we continue to look for more U.S. programs to join in such a partnership,” said John Mastrojohn III, executive director of FHSSA. “Sometimes what it takes to get a message across is a fresh and creative way of delivering that message. We’ve hit a homerun with Pixeldust and are most grateful.”

Ricardo Andrade, Executive Creative Director/Founder, Pixeldust Studios, added, “While we are more well known for our animation work for television shows and films, we are equally interested in providing animated content for important, charitable and non-profit causes, such as those promoted by FHSSA. We truly hope this animation will motivate other organizations and individuals to support FHSSA’s critical mission of hospice care in Africa.”

Pixeldust Studios provided their services to FHSSA pro bono. With studios in the metro D.C. area and New York City, they create innovative animations and motion graphics for major network clients including PBS, Discovery Channel and National Geographic Channel as well as for high profile corporations, museums, charities and the U.S. Government.

So far, the video has been watched by more than 3000 viewers. To view the video go to: http://youtu.be/Ld4HB_2fiss. For more information on FHSSA’s partnership program, contact Erinn Nanney at enanney@fhssa.org or (703) 647-6684.