

NewsLine

The quarterly membership publication of the National Hospice and Palliative Care Organization | Fall 2017

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National Hospice and Palliative Care Organization



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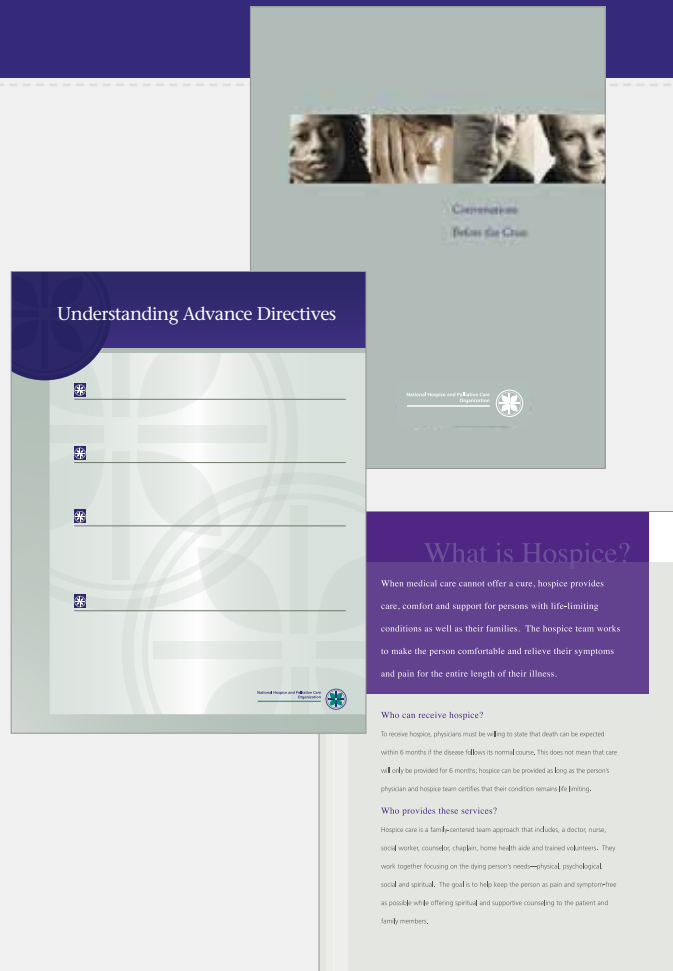
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Message **From Edo**

As many of you know, being a father to two young children is part of who I am. Earlier this month, I sent my Eleanor and Henry off to first and third grade, respectively. As they prepared for the new school year, I reminded them of the many people they are likely to meet – people who might look or act differently but who may turn out to be friends and teachers. I stressed the importance of accepting others and to remember that those who are different might have important lessons to share with us. I'm sure many of you who are parents and grandparents are familiar with this scene.

In reading the cover article of this quarter's *NewsLine*, I'm reminded of similar words of guidance. Dr. Acquaviva wisely points out that inclusive care is simply good care. However, it isn't necessarily "simple." We need to be willing to learn from others.

You will care for many diverse people in your careers. There will be people with different sexual orientations and gender identities, as Dr. Acquaviva's article explores. There will also be people of different races and ethnicities. Patients and families we serve will be different from us based on family structure, faith tradition, education, economic status, political leanings, and more. Amidst all the variables that make up this wonderful, diverse world, we never forget that we share our humanity. I believe, ultimately, that we are far more alike than we are different and we can learn from one another.

In watching news coverage following the recent hurricanes that have left great devastation in their wake, I have been profoundly touched by images of neighbor helping neighbor, of communities coming together to help all in need. That's what you all do every day. I am particularly honored to be working on behalf of so many hospice providers that have put the needs of those they serve ahead of their own personal needs. For your dedication and compassion, I thank you.

We, as a provider community, care for people during one of life's most challenging journeys; we walk alongside those facing serious illness and death; we support those coping with significant loss and grief. And we do this with a clear understanding that we are all individuals that deserve the best that we can offer. More than ever, the world needs us.

For the many lessons I am learning from you all, thank you!

Edo



Edo Banach, JD
President and CEO

The background of the entire page is a close-up photograph of two hands, one from the top and one from the bottom, with their fingers interlaced to form a heart shape. The hands are tinted with the colors of the rainbow flag. Overlaid on this is the word "LGBTQ" in large, bold, sans-serif capital letters. Each letter is a different color: L (red), G (orange), B (yellow), T (green), and Q (blue).

LGBTQ

INCLUSIVE HOSPICE AND PALLIATIVE CARE

By Kimberly D. Acquaviva,
PhD, MSW, CSE

NHPCO was given permission by Dr. Acquaviva and Harrington Park Press to share the introduction to her new book, *LGBTQ-Inclusive Hospice and Palliative Care* with NewsLine readers. She reminds providers of the need to offer high-quality care to all those they serve.

INTRODUCTION:

FROM "SPECIAL POPULATION" TO INCLUSION – A PARADIGM SHIFT

When I began work on this book, I set out to write a resource for **hospice** and **palliative care** professionals that would be equally relevant and engaging to palliative care and hospice professionals from multiple disciplines; would change the way readers approach their work with all patients, not just with those who are lesbian, gay, bisexual, transgender, queer, and/or questioning (LGBTQ); and would show readers that having conservative religious or moral beliefs and providing high-quality, inclusive care to LGBTQ people and their families are not mutually exclusive. While the majority of the book is dedicated to achieving the first two goals, the third goal is equally important.

In the twelve years that I've been speaking to audiences about caring for LGBTQ individuals with chronic or life-limiting illnesses, one thing has remained fairly constant: health care providers with more conservative religious beliefs come to my presentations with significant discomfort at the outset — if they come at all. Changing the way LGBTQ individuals with chronic or life-limiting illnesses are cared for requires a paradigm shift in the way we (collectively, as health care professionals) approach the

conversation about what it means to be inclusive in our compassion. You don't need to change your religious or moral beliefs to provide good care to LGBTQ individuals. So if you are unsure about buying or reading a book about LGBTQ people, don't be. At its core, this is simply a book about *people*.

LGBTQ-inclusive practice begins with an active choice — a choice to change our practice so that all are welcome and treated with dignity and compassion. I have never met a hospice or palliative care provider who consciously excludes LGBTQ individuals and their families. I do not believe that care professionals make a conscious choice to give poor care to LGBTQ individuals and their families. However, unless palliative care and hospice providers make a conscious choice to engage in LGBTQ-inclusive practice, they are, by default, unintentionally choosing to exclude LGBTQ people from receiving the high-quality care that all people deserve.

WHY THIS BOOK?

There is no shortage of well-researched publications for palliative care and hospice

I have never met a hospice or palliative care provider who consciously excludes LGBTQ individuals and their families.

professionals. Several seminal works come to mind immediately:

- ***Advanced Practice Palliative Nursing*** (Dahlin, Coyne, and Ferrell 2016)
- ***Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*** (Institute of Medicine 2015)
- ***Geriatric Palliative Care*** (Chai et al. 2014)
- ***Oxford American Handbook of Hospice and Palliative Medicine and Supportive Care*** (Yennurajalingam and Bruera 2016)
- ***Oxford Textbook of Palliative Medicine*** (Cherny et al. 2015)
- ***Oxford Textbook of Palliative Nursing*** (Ferrell, Coyle, and Paice 2015a)
- ***Oxford Textbook of Palliative Social Work*** (Altiglio and Otis-Green 2011)
- ***Pediatric Palliative Care*** (Ferrell 2015)
- ***Textbook of Palliative Care Communication*** (Wittenberg et al. 2015)

In most of the texts listed, LGBTQ populations are either relegated to a stand-alone chapter, as is the case in the *Textbook of Palliative Care Communication* and the *Oxford Textbook of Palliative Social Work*, or they are mentioned

briefly within the context of chapters on sexuality, “special populations,” “cultural considerations,” or HIV/AIDS, as in the *Oxford Textbook of Palliative Nursing*, the *Oxford Textbook of Palliative Medicine*, and *Geriatric Palliative Care*. There is no discussion at all of LGBTQ populations in *Pediatric Palliative Care*, with the exception of a brief

inmates; the lesbian, gay, bisexual, transgender, and intersex community; individuals with substance use disorders; individuals who are homeless; and individuals of a low socioeconomic status” (Gibson 2016), but no content regarding how to provide LGBTQ-inclusive care. The most glaring absence of LGBTQ persons with serious or



mention in a chapter about **grief** and **bereavement** where the authors note that “single parents or same-sex parents may not have as many options for support as married parents in a heterosexual relationship” (Limbo and Davies 2015). *Advanced Practice Palliative Nursing* contains a brief acknowledgment that “the APRN will encounter a wide diversity of patients, such as military veterans; individuals with developmental disabilities; individuals with mental illness and personality disorders; prison

life-limiting illnesses, however, is in the 639-page *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*, in which the words and phrases *gay*, *lesbian*, *bisexual*, *transgender*, *sexual orientation*, *sexuality*, and *LGBTQ* are never used, not even once.

There is a critical need to move beyond ignoring the existence of LGBTQ people, thinking of LGBTQ people as a “special population,” or conceptualizing LGBTQ people as a group that

merits mention only within the context of discussions about disease and dysfunction. When LGBTQ people are relegated to a single chapter in a book, the clinicians most in need of the information may skip reading it entirely. Even more concerning, this approach to the presentation of content reinforces the idea that LGBTQ people are “other.” (In *Advanced Practice Palliative Nursing*, the single mention of LGBTQ people is included in a list of other “special populations,” sandwiched between “prison inmates” and “individuals with substance use disorders” [Gibson 2016]).

MAKING THE SHIFT TO LGBTQ-INCLUSIVE CARE

This book turns the traditional approach to addressing LGBTQ patients in palliative care and hospice upside down, in order to help clinicians make the shift from providing special care to LGBTQ people to instead providing inclusive care to all people, including those who are LGBTQ.

In writing *LGBTQ-Inclusive Hospice and Palliative Care*, I made a conscious decision to use a conversational tone rather than an academic one. Unlike discipline-specific books that cover dense, foundational content like the pathophysiology of pain, pharmacology, or pain and symptom management, this book seeks to provide both new and experienced hospice and palliative care professionals with the knowledge they need to shift from providing high-quality care to *high-quality LGBTQ-inclusive care*. You may be reading this and thinking that you already provide LGBTQ-inclusive care. You treat every person the same — why would your treatment of LGBTQ people and their families be any different? These are great questions, and ones I hear a lot. Providing LGBTQ-inclusive care requires a shift in the way you think about hospice and palliative care. Being inclusive is not the same as treating everyone the same. In fact, treating everyone the same is an approach that rarely benefits patients, regardless of whether they are LGBTQ, because patients aren’t all the same. This book will give you clear, actionable strategies to use in transforming your care of patients so that it is truly LGBTQ-inclusive. The ultimate goal is for LGBTQ-inclusive care to be what you provide to all patients — not a “specialized” form of care provided to LGBTQ patients.

USING THIS BOOK TO MAKE THE SHIFT

Providing LGBTQ-inclusive hospice and palliative care involves making subtle changes in the way you approach almost every aspect of care. At first glance, the titles of chapters in this book may appear to reflect topics with which you are already quite familiar. While experienced hospice and palliative care professionals are likely to have a solid background in many of these broad

Providing LGBTQ-inclusive hospice and palliative care involves making subtle changes in the way you approach almost every aspect of care.

topic areas, the chapters are designed to build on that knowledge rather than duplicate it. To get the maximum benefit out of this book, it is important to read all of the chapters. That being said, I have written this for readers in four distinct disciplines, medicine, nursing, chaplaincy, and social work/counseling, and your own discipline's **scope of practice** will determine whether and how you integrate the content into your professional practice. For example, although everyone should read the chapter on conducting a physical exam, if you are a chaplain, social worker, or counselor, you will not conduct physical exams yourself because they are outside your discipline's scope of practice.

Of course, you don't have to be a physician, registered nurse, advanced practice registered nurse, chaplain, social worker, or counselor to benefit from reading this book. Clinical psychologists, pharmacists, home health aides, licensed practical nurses, licensed massage therapists, registered dietitians, music therapists, speech-language pathologists, physical/rehabilitation therapists, volunteer coordinators, administrators, and educators, will find that this book can help change the way they work with patients, families, staff, students, and volunteers. And if you are a student, it will help you get off on

the right foot in terms of LGBTQ-inclusive practice as you begin your work with patients and their families.

COMPETENCY-BASED SCAFFOLDING

LGBTQ-Inclusive Hospice and Palliative Care is built on a scaffolding of learning objectives designed to address the needs of physicians, advanced practice registered nurses (APRNs), registered nurses (RNs), social workers, counselors, and chaplains working in the field of hospice and palliative care. I developed these learning objectives using discipline-specific competencies, curricular guidelines, and professional standards. Since there are no existing competencies focused on LGBTQ-inclusive hospice and palliative care, I set out to find and compile hospice and palliative care competencies first, and then LGBTQ-specific health care competencies. After gathering competencies in these two broad areas for the four target disciplines, I planned to create a crosswalk between the areas and develop working competencies for LGBTQ-inclusive hospice and palliative care for each discipline. At least, that was the original plan. I had mistakenly assumed it would be relatively easy to find hospice and palliative care competencies and

LGBTQ-specific competencies for each of the disciplines, and that the challenge would be in converting them into LGBTQ-inclusive hospice and palliative care competencies.

Unfortunately, of the four health care disciplines this book addresses, only medicine has established detailed competencies for both the care of LGBTQ persons and the care of persons with chronic or life-limiting illnesses (see Association of American Medical Colleges [AAMC] 2014, American Academy of Hospice and Palliative Medicine [AAHPM] 2009, American Academy of Family Physicians [AAFP] n.d., Joint Commission 2011). The social work discipline has indicators for cultural competence and general standards for social work practice in palliative and hospice care but no set of competencies specific to working with LGBTQ individuals (National Association of Social Workers [NASW] 2007, NASW 2004, Hay and Johnson 2001). Similarly, the chaplaincy discipline has general competencies for hospice and palliative care chaplains but no competencies specific to working with LGBTQ people and their families (California State University Institute for Palliative Care and Healthcare Chaplaincy Network 2015).

In gathering palliative care and hospice competencies, I looked to the certification requirements outlined by the credentialing bodies in the four disciplines. The American Board of Medical Specialties administers the Hospice and Palliative Medicine (HPM) subspecialty for physicians, and the American Osteopathic Association's Bureau of Osteopathic Specialists administers the Certificate of Added Qualification (CAQ) in hospice and palliative medicine for osteopathic physicians. Certification requires completion of a fellowship as well as passage of a daylong examination (AAHPM n.d.).



The Hospice and Palliative Credentialing Center (HPCC) administers the Certified Hospice and Palliative Nurse credential as well as the Advanced Certified Hospice and Palliative Nurse credential. Certification requires completion of 500 hours of practice in the previous year (or 1,000 hours in the previous two years) as well as passage of a lengthy examination (HPCC 2016a, 2016b).

The Hospice Medical Director Certification Board (HMDCB) administers the Hospice Medical Director Certification, which requires “400 hours of broad hospice-related activities” and either “two years of work experience in a hospice setting during the previous 5 years,” “current, valid board certification in hospice and palliative medicine through the American Board of Hospice and Palliative Medicine (ABHPM), the American Board of Medical Specialties (ABMS), or the American Osteopathic Association (AOA),” or “successful completion of a 12-month clinical hospice and palliative medicine training program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or AOA” (HMDCB 2013).

The National Association of Social Workers Specialty Certification Program administers the Certified Hospice and Palliative Social Worker credential and the Advanced Certified Hospice and Palliative Social Worker credential. Certification requires several years of supervised practice as a hospice and palliative care social worker, but there is no examination.

The Board of Chaplaincy Certification administers the Certified Hospice and Palliative Care Chaplain credential. Requirements for certification are

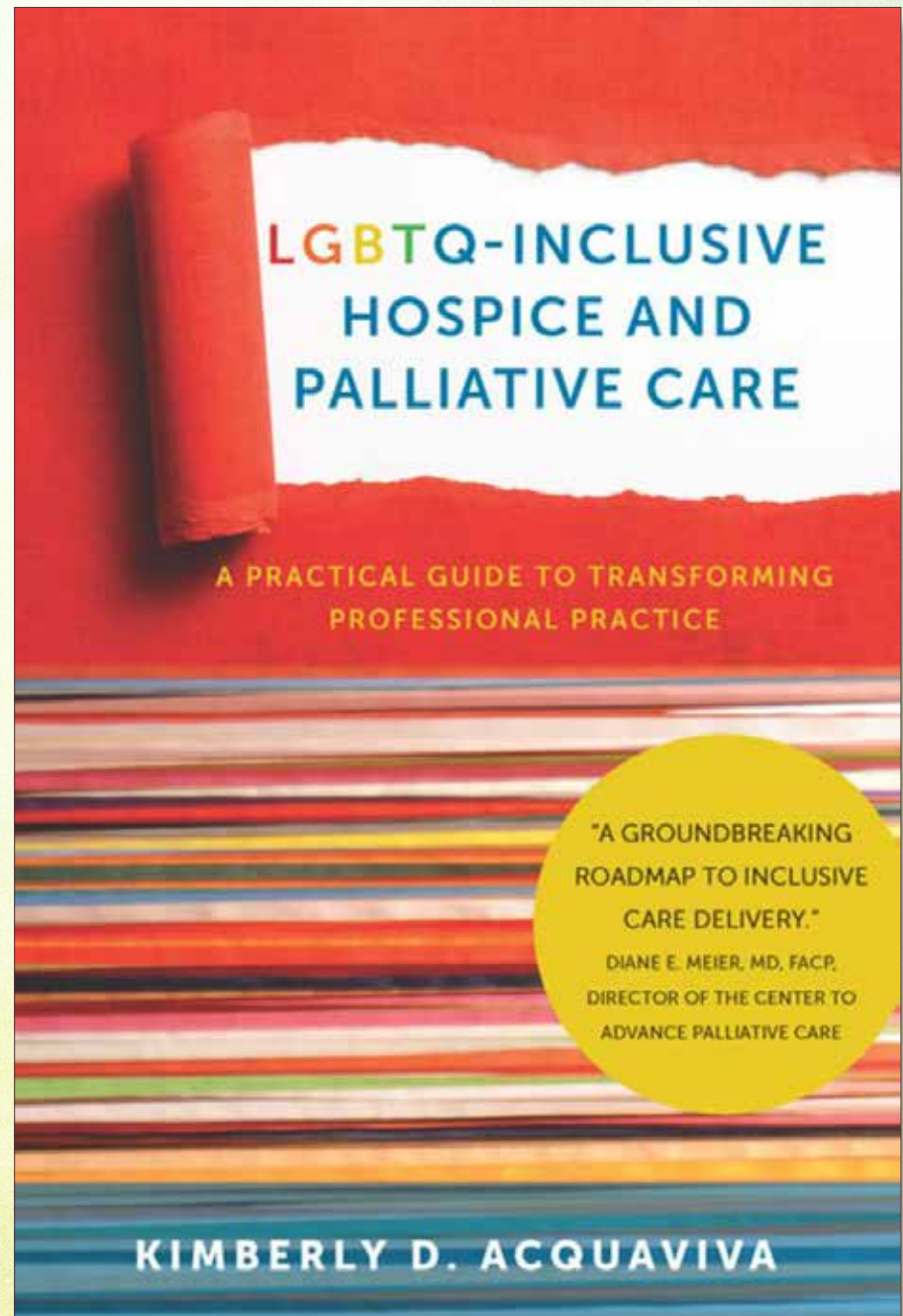
**... your own discipline's
scope of practice will
determine whether
and how you integrate
the content into your
professional practice.**

substantial (including a ten-page essay, three years of experience in hospice and palliative care, and three recommendation letters), but no examination is required.

Because the medicine and nursing competencies were so detailed, I was able to compile a spreadsheet of the competencies from each of the disciplines and then develop working competencies appropriate to each discipline to fill in the gaps. This is not the best way to develop competencies, but it gave me a draft set around which to develop the content of the book. Perhaps *LGBTQ-Inclusive Hospice and Palliative Care* will stimulate leaders from the four disciplines to come together to develop competencies in LGBTQ-inclusive hospice and palliative care.

HOW THE BOOK IS ORGANIZED

Providing LGBTQ-inclusive hospice and palliative care requires changes at two levels: the individual and the institutional. At the individual level, hospice and palliative care professionals can shift toward providing more LGBTQ-inclusive care by adopting a structure of self-awareness and changing the way they assess, interact with, and support the patients and families they work with. At the institutional level, organizations



can strengthen their inclusion of LGBTQ individuals and their families by (1) updating language on the forms they use, (2) developing LGBTQ-inclusive messages and outreach strategies, (3) hiring more LGBTQ staff, (4) offering equitable benefits to

employees in same-gender relationships and transgender employees, and (5) providing training to employees and volunteers. The chapters in this book build on one another, starting from the individual level in Chapter 1 and working up to

the institutional level in Chapter 10. The following is a brief overview.

Chapter 1 describes a seven-step process that hospice and palliative care professionals can use to improve their ability to provide inclusive, nonjudgmental care when planning, engaging in, and reflecting on a patient interaction. In addition, the chapter describes communication techniques as well as verbal and nonverbal approaches to facilitating LGBTQ-inclusive care.

Chapter 2 explains the relationships among sex, gender, gender identity, gender expression or gender presentation, gender discordance, gender nonconformity, gender dysphoria, sexual orientation, sexual behavior, sexuality, and sexual health and discusses their relevance in the palliative care and hospice setting. In addition, the chapter describes a two-step process for asking patients about their assigned birth sex and true gender and explains the use of gender-neutral pronouns.

Chapter 3 explains why, given the historical and contemporary contexts within which LGBTQ people live, it's not surprising that some LGBTQ patients and families may be reluctant to seek care. The chapter describes three kinds of barriers to palliative care and

PROVIDER PERSPECTIVE

Though I consider myself a conservative Christian, my eyes have been opened regarding the differences in moral and civil beliefs. Several years ago I cared for a patient who was a lesbian. As I made my visits and came to know her and the partner she had shared over twenty years of her life with, I realized that this couple was like any loving, committed couple that I had witnessed hundreds of times before. There were family photos throughout the home, children and grandchildren on both sides were involved, along with any number of relationship quirks that go along with a couple that has been together long-term. What grieved me the most about this experience was the fact that her partner... was unable to take Family and Medical Leave Act [FMLA] time because they weren't considered to be married. So as the patient continued to decline, her partner, with whom she had shared almost half of her life, continued to have to work six days a week, almost twelve hours a day, because she was unable to take time off.

Now, my own Christian beliefs still dictate to me that a marriage is solely between a man and a woman. However, I have come to the conclusion that any committed couple, who have been together a number of years, should have the same civil rights of those couples who are of opposite sex. The fact that my patient was a lesbian wasn't the eye-opener for me—it was the fact that as she lay dying, the love of her life was literally two blocks away, working, because she wasn't able to take FMLA time. This seemed very wrong to me. I hope you can use my experience. I have come to believe that though my Christian beliefs can be black-and-white, the bottom line for my faith is still "love," and those [who] love should be able to be by the side of those they love, no matter the gender of their partner.

— Jennifer Hawkings, RN, CHPN

hospice care — perceptual, financial, and institutional — and offers a two-pronged approach to addressing such barriers for LGBTQ patients.

Chapter 4 describes a new LGBTQ-inclusive approach to taking a comprehensive history that places the primary emphasis on the patient as person.

Chapter 5 explains how to coordinate and facilitate a family meeting focused on shared decision making, how to use shared decision making for issues surrounding palliative sedation, and how family dynamics may play a role in the shared decision-making process.

Chapter 6 explains how to help patients and families identify their own unique goals for care, how to use a set of key questions to refocus interdisciplinary/interprofessional team meetings on patient- and family-centered outcomes of care, and how to conduct an environmental and safety risk assessment.

Chapter 7 provides an overview of the ethical principles that guide practice, the elements of advance care planning, and the legal issues that may have an impact on LGBTQ individuals, in particular, as they navigate serious and life-threatening illness and seek to remain the authors of their own lives.

Chapter 8 provides specific, actionable strategies for teaching patients and families about patient-care skills, end-stage disease progression, pain and symptom management, medication management, disposal of supplies, and signs and symptoms of imminent death.

Chapter 9 explains the developmental tasks of life completion and life closure as well as the roles that despair, hope, and meaning play in the context of advanced illness. The chapter describes LGBTQ-inclusive assessment skills and supportive techniques for addressing psychosocial and spiritual issues, and explains how a spiritual/existential history and a spiritual/existential assessment differ. Finally, this

chapter examines the ways in which the members of the interdisciplinary/interprofessional team work in collaboration with one another to support the patient and family in achieving their goals for care in the psychosocial and spiritual/existential domains.

Chapter 10 explains how to assess the structural integrity of an institution's or program's bridge to LGBTQ individuals and their families, and how to construct that bridge in order to reach, welcome, and serve LGBTQ individuals and families. After you have finished reading Chapter 10, consider ways you can encourage your organization to implement the types of changes described.

At the back of the book, you will find a glossary of important terms, a list of the references cited, and brief biographies of the experts who reviewed and validated the content. Additional resources, such as downloadable pocket guides, can be found on the website for LGBTQ-Inclusive Hospice and Palliative Care.

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Acquaviva, Kimberly

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— *Presenting* —

SPIRITUAL CARE SERVICES & TO HOSPICE PATIENTS & THEIR FAMILIES[©]

By Tom McQueen, MDiv

Providing chaplain and spiritual care services to hospice patients and their families is one of the most enriching and rewarding ministries that anyone could ever imagine. The “chaplain’s challenge” as I like to refer to it, however, is converting that first telephone call or visit into a spiritual companionship journey that continues from hospice enrollment to death and beyond.

An informal survey of hospice programs nationwide suggests that only 40-65% of patients and families avail themselves of chaplain and spiritual care services. Without question, we could be doing better. When pressed to explain a high declination rate for spiritual care interventions, typical responses include:

- ✓ **Patients that aren’t alert and oriented wouldn’t benefit from a chaplain visit**
- ✓ **The patient doesn’t practice any organized religion**
- ✓ **Neither the patient nor the family has been to church in quite some time**
- ✓ **If a chaplain visits, the patient might think that death is imminent**
- ✓ **Patients don’t need someone to quote scripture to them**

Some months ago I was privileged to pray at the bedside of a homeless woman in her late 20s who came to



our inpatient unit with a diagnosis of pancreatic cancer. Melanie was with us for six days prior to her death. Although she had never been associated with any formal worship center, our social worker informed me that the patient routinely donated her time to serve meals at a nearby ministry that fed people who had nothing to eat. While she was conscious only on the first day of admission, I asked if it would be OK to pray with her. She reached out her hand and said, “I don’t think God really loves me, but if you believe prayers would help, then give it your best shot.”

Before she slipped into an unconscious state from which she never recovered, I had a chance to share the love God had for her and the goodness He infused in her soul as evidenced in the volunteering she embraced to help the similarly disadvantaged and the poor.

Stories like Melanie’s illustrate for chaplains and spiritual care volunteers that three tools are

The “chaplain’s challenge”... is converting that first telephone call or visit into a spiritual companionship journey...

necessary to improve our efforts as we offer chaplain and spiritual care services to our patients: Presentation Initiative, Active Engagement, and Collaborative Teamwork.

Presentation Initiative: Here's a Chaplain's introduction to spiritual care services that doesn't work:

Hello, I'm Tom, the hospice chaplain. We offer spiritual care services to all of our patients and their families. These services aren't required for participation in hospice, but would you like a chaplain to come and visit anyway?

That technique is both impersonal and ineffective. At the same time, it invites the patient or primary caregiver to name any of the reasons to decline listed above as an opportunity to say No, thank you.

Here is a better method that does work:

Hello, I'm Tom, the chaplain on our hospice team. I'll be visiting you today with the nurse and social worker and sharing some information about our services. I look forward to the pleasure of meeting you this afternoon.

With the proper presentation initiative, this proactive approach to service will result in a meeting with the patient and family as well as a greater likelihood for

engagement with the spiritual program of hospice offerings.

Melanie's journey reminded me of Mother Teresa's words: "There are many in the world that are dying for a piece of bread, but there are many more dying for a little love." By taking the initiative to offer spiritual care services in a manner that embraces the patient's end-of-life experience, chaplains and spiritual care volunteers create opportunities for patients, families, and caregivers to experience the depth of God's love in this world.

ACTIVE ENGAGEMENT:

Trained hospice chaplains understand that their role involves more than just showing up for the initial assessment, saying a few prayers, offering support to the patient and family, and then writing up the clinical note. With a patient's life expectancy being less than six months and often shorter than that, actively engaging patients and responding to their unique wants and needs requires a special set of pastoral talents.

Maggie was a woman in her mid-eighties admitted to hospice with a diagnosis of lung cancer. She lived alone with daytime caregivers that prepared her meals and performed minor household chores. When I inquired as to what mattered most to her from a faith perspective as a devout Catholic,

she said, "Neither one of my two adult sons goes to church, and I don't want to die knowing that I failed them spiritually."

Patients grow up in family systems that impact their faith development and spiritual life paths. Active engagement implies that chaplains use their skills to discern family and spiritual dynamics for the purpose of developing and executing a plan of care that accomplishes the patient's goals and objectives.

In Maggie's case, active engagement resulted in arranging for a visit from one out-of-town son, and a telephone session with the other, during which all three shared their relationship with God, leaving Maggie with a sense of spiritual comfort and peace.

One of the truly inspirational foundations of hospice chaplaincy and spiritual care services is that they are non-denominational, with an ever-present opportunity to actively engage people of all faiths and beliefs.

My most memorable experience as a chaplain will always be the Tibetan Buddhist woman I encountered whose sister was actively dying in our facility. As I entered the patient's room and introduced myself, Maranna immediately welcomed me and began sharing some of their beautiful death and dying traditions. While a local monk

was on his way to conduct the eight prayers and chanting of the Medicine Buddha for the patient, her sister welcomed my prayers as well. Maranna noted that she held no regret or remorse given her sister's imminent passing, as those feelings may prohibit her loved one from truly leaving this life and concentrating on the Buddha.

By actively engaging our patients, their families, and spiritual resources in the community, we create enriching death experiences that dignify their lives and their legacy.

COLLABORATIVE TEAMWORK:

Hospice offers the best example of the importance and significance of interdisciplinary teamwork in serving patients and their families. For hospice chaplains, delivering the most timely and effective spiritual care is directly proportionate to the chaplain's willingness to vigorously collaborate with physicians, nurses, social workers, aides, and community resources.

While weekly IDG meetings present a structured opportunity for sharing pertinent patient information, that forum for communication isn't good enough to address the ongoing and often fluctuating nature of patient needs. Chaplains must be active instruments in receiving and disseminating information related to the patient's plan of care, sometimes on a daily basis, depending upon the individual's placement.

Wade was a veteran at one of our inpatient units. He had been a gunner on helicopters during the Viet Nam war. Wade had two sons that he had not seen for years due to his alcohol and drug abuse. He wanted to make amends with them before he died, but his sons lived in a different state, and his medical condition changed virtually every hour as he drifted in and out of consciousness. As a result of daily communication and collaboration with the physician and nursing staff, the social worker and I were able to arrange a meeting in which the patient had that special time with his boys.

In the final analysis, the vocation of hospice chaplains is to facilitate positive death experiences for patients and families of diverse faiths and beliefs. Presentation Initiative, Active Engagement, and Collaborative Teamwork are three tools to accomplish that mission.

Printer-Friendly PDF

Tom McQueen, MDiv, is Director, Counseling & Advocacy Services at Gulfside Hospice & Pasco Palliative Care in Land O'Lakes, Florida.

With a patient's life expectancy being less than six months and often shorter than that, actively engaging patients and responding to their unique wants and needs requires a special set of pastoral talents.

A close-up photograph of a pair of hands, palms up, holding a bright red heart. The heart is the central focus, and the hands are positioned around it, with fingers slightly curled. The background is a dark, textured wooden surface. Overlaid on the heart in large, bold, white capital letters is the text "FUNDRAISING MANTRAS TO REMEMBER".

FUNDRAISING MANTRAS TO REMEMBER

**NOVEMBER IS NATIONAL
PHILANTHROPY MONTH**

By Sarah Meltzer, MPA, CFRE

The fourth quarter includes the busiest fundraising months of the year. National Philanthropy Month and the holiday season, which is of course the traditional time for “giving,” prompts us to remember our favorite charities while the end of the year compels us to write those checks and benefit from the deduction on our 2017 tax returns.

As hospice and palliative care providers, you see... you hear... you know firsthand the value that your services provide. But a critical component of successful philanthropic initiatives is making sure others do too — again and again. Getting potential donors to “buy into” your goals and objectives will often lead to the generous gifts all programs strive for and can build upon year after year.

So what can *you do* to bolster their success?

In recognition of the upcoming year-end rush and the challenges we all face during the busy time ahead, the National Hospice Foundation has compiled some tips from a variety of experts in the field to help you achieve success:

MAKE SURE PHILANTHROPY IS A CORE ELEMENT OF YOUR MISSION.

Most significant philanthropic relationships develop through board members and professionals involved in your organization. Thus, you must treat your CEO and chief development officer as colleagues in the internal workings of the board — so the right attitude or “tone” will be projected into your community initiatives.

CREATE A “CASE” FOR GIVING — KEEPING THE DONOR’S PERSPECTIVE IN MIND.

Develop and maintain a Statement of the Case for Giving that articulates your organization’s strategic intent and presents the reason for its existence and activities. But be sure to draft it for the audience you’re aiming to reach: your prospective donors! It’s no secret that, like all of us, donors make gifts to meet their own needs for satisfaction, security, recognition, etc. So make your Statement speak to those needs. For example, if your case for giving includes needed funds for a new bereavement center, address the ways in which the donor’s community will be better served as a result of it — that means their neighbors, colleagues and, perhaps one day, their loved ones.

MAKE SURE YOUR ENTIRE TEAM SPEAKS THE SAME MESSAGE.

It’s so important that all key representatives of your organization, such as your volunteers, trustees, CEO, and chief development officer, present a public face of close unanimity while still respecting their distinct roles.

**November is also
National Hospice and
Palliative Care Month, a
time of active outreach.**

Communicating one cohesive message through the different voices of your organization will reinforce your program's value within your community.

KNOW WHO YOUR BEST PROSPECTS ARE.

The causes that are likely to attract donors' support vary greatly by age. For example, more than half of all donations to charity are from the over-60s according to a recent report by the Charities Aid Foundation (CAF) and Bristol University—compared with just over a third thirty years ago, it shows a growing generation gap. Targeting your prospects based on known statistics from sources like this—and refined further by the review/evaluation of your current donor demographics—can boost your rate of success while reducing your marketing costs.

DIFFERENTIATE YOUR DONORS WHENEVER POSSIBLE.

If your program's database capabilities allow it, always try to segment your donors and differentiate them in your marketing-communication efforts. When possible, customize your communications for each donor segment, such as "friends," "silver sponsors," and "top donors." This level of personalization helps to create an interactive dialogue between you and your donor.

DON'T FORGET ONE IMPORTANT AXIOM DURING DEVELOPMENT OF ALL INITIATIVES.

Charitable giving is an emotional event, it is not logical. It doesn't come from the brain it comes from the heart. Thus, successful fundraising should meet emotional needs first. Remember thought that it is not always a matter of making potential donors shed tears, but more about educating them on the value of your cause and the impact they can make as a result of their donation. Americans today are sophisticated in their thinking and also inundated with pleas for charitable donations. Thus, they're selective in the causes to which they contribute and want to be sure their hard-earned money is going toward a solution to a social problem they believe in.

ALWAYS SAY THANK YOU; NEVER STOP CULTIVATING.

Once contributors have donated to your cause, it's vital to continue the dialogue. Communicate they are needed and appreciated by your organization. This is key to building long-lasting relationships and developing true champions of your cause. For example, if they were donors for a specific capital campaign, keep them apprised of the funds collected and the importance of their contribution. If they made a general donation, let them know the wonderful

ways in which their money will be used or, better still, the "number of people" within their community who will be helped.

Printer-Friendly PDF

Sarah Meltzer, MPA, CFRE is the Vice President, Philanthropy and Access for the National Hospice and Palliative Care Organization and its fundraising affiliate, the National Hospice Foundation. Her work focuses on raises funds for and managing the programs that help increase access to hospice and palliative care for all people (including Veterans, children, and people from diverse backgrounds). Sarah has 20 years of experience in all aspects of fundraising. Notable work includes Development Director for Good Shepherd Hospice in Florida, Public Relations Director for Society for the Prevention of Cruelty to Animals, and Grants and Foundations Manager at Capital Hospice in the Washington, DC region.

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National Hospice and Palliative Care
Organization





HELPING YOU
WITH YOUR
PROFESSIONAL
DEVELOPMENT
NEEDS IN

2018

By **NHPCO staff members** Barbara Bouton, MA, FT, and Jon Radulovic, MA

To stay abreast of all the changes and innovations within the field of hospice and palliative care requires ongoing dedication and commitment. NHPCO offers educational programs and professional development opportunities that help professionals stay up-to-date on regulations, clinical practices, trends and innovations within the field. NHPCO's goal is to ensure that all educational participants are knowledgeable, competent, and are committed to delivering quality palliative and end-of-life care to patients and families.

NHPCO Webinars, E-OL (End-of-Life Education Online), virtual and in-person national conferences provide an excellent strategy to stay up-to-speed in the changing world of hospice and palliative care, while also earning CE/CME credit.

In order to ensure that our offerings address the topics and issues you want to learn about, NHPCO conducts a bi-annual Education Needs Assessment, taps into the collective wisdom of NHPCO members through its Professional Education Committee (and its conference planning and physician education subcommittees); the Regulatory, Quality and Standards Committee; National Council of Hospice and Palliative Professionals; Council of States and other stakeholder groups to plan its educational activities. NHPCO also works collaboratively with a

number of other national associations and organizations to plan programs and content to address members' specific needs. With the New Year ahead, here's a preview to help you plan for staff training in 2018.

Mark Your Calendars



NHPCO is proud to bring you relevant professional development offerings that reflect the needs of our fast-paced field. More information will be available in the future but we hope you'll mark your calendars and make plans to attend and send team members to these 2018 conferences.

NHPCO's Annual Management and Leadership Conference

Washington Hilton, Washington, DC

Main Conference:

April 23-25, 2018

Preconference Offerings Dates:

April 21-22, 2018

**NHPCO's goal is
to ensure that all
educational participants
are knowledgeable,
competent and are
committed to delivering
quality palliative and
end-of-life care...**

NHPCO's Virtual Conference

NHPCO will host another of its successful international Virtual Conferences in mid-2018. For three years, NHPCO has partnered with AAHPM and HPNA to make the experience as robust as possible and to reach both individuals and organizations. The specific topic will be announced soon but the beauty of this conference is that it brings you all the benefits of an onsite conference directly to your work place or education hosting site via the Internet and provides access to the conference's recorded content for three months after the live event. Look for specific dates and information soon.

NHPCO's Interdisciplinary Conference

Hyatt Regency New Orleans,
New Orleans, LA

Main Conference Dates:

November 5-7, 2018

Preconference Offerings Dates:

November 3-4, 2018

New and Popular E-OL Courses

NHPCO's E-OL offers online courses that are convenient, efficient learning courses for staff and volunteers at all levels of your organization. E-OL puts on-demand learning at your fingertips in a cost-effective way that keeps you up to date on issues of importance to the profession and the field.

E-OL offers robust courses addressing a wide variety of topics including: clinical, interdisciplinary, psychosocial, regulatory, pediatric, community-based palliative care, leadership, and much more. Courses and webcasts are available 24/7.

Here is a list of the ten most popular offerings in 2016 on E-OL. If you're not familiar with E-OL, try taking one of the courses that have been popular with other professionals in the field.

- [Managing with an Eye on Finances](#) (A Level I Module of the Hospice Manager Development Program)
- [Advanced Pain Management](#)
- [When the Patient is Clearly Terminal, but the Diagnosis Isn't](#)
- [Provision of Services - A Regulatory Module](#) (A Level II Module of the Hospice Manager Development Program)
- [Inclusion and Access: The Managers Role](#) (A Level II Module of the Hospice Manager Development Program)
- [Bringing the Guidelines to Life: Actualizing the Basics of the NHPCO Guidelines for Bereavement](#)
- [Foundations in Community - Based Palliative Care-Essential Elements for Success](#)
- [Performance Improvement Project Intensive Online Training](#)
- [Hospice Comprehensive Assessment and Plan of Care](#)
- [Being with Dying: Compassion and Presence](#)

A number of courses have been added to the E-OL catalogue developed by MJHS Institute for Innovation in Palliative Care in collaboration with NHPCO. Take



advantage of the skilled faculty presenting the following timely topics for providers:

- [“Futility” and Goals in the Illness Trajectory: Setting Boundaries](#)
- [Caring for Holocaust Survivors with Sensitivity at the End of Life](#)
- [An Understanding of Ritual at End of Life](#)
- [Palliative Care in ALS](#)
- [Withholding and Withdrawing Life-Sustaining Therapies: Best Practices](#)

CE/CME credit is included in the cost (check each offering for specific credit available).

Visit www.nhpc.org/eol to view all available courses and webcasts (the “course list” link will give you an alphabetical list of all our offerings).

Additional Learning Opportunities

There are additional options to help you and your team access valuable courses and training made available by NHPCO and featuring nationally recognized experts in the field.

NHPCO Webinars

[Our Webinars](#) bring you and your staff expert guidance from nationally recognized authorities on important topics of the day — at reasonable rates that drop if you take advantage of the Webinar packages. Two Webinars are offered each month — with one focusing on an interdisciplinary topic and the other on a quality or regulatory topic. Keep in mind that the topics are generated and vetted by your peers. They also offer CE/CME credit, depending on the topic. Additional Webinars are offered though the year on urgent topics.

Hospice Manager Development Program

[The 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. The Foundational Course that sets the stage for additional training is offered in conjunction with NHPCO’s in-person conferences (MLC and the Interdisciplinary conferences) as well as in collaboration with state hospice and palliative care organizations. Additional online modules (self-paced and instructor-led) enable professionals to progress through three developmental levels of competence development in management.

**NHPCO’s E-OL offers
online courses that are
convenient, efficient
learning courses for
staff and volunteers
at all levels of your
organization.**



NHPCO's Professional Education Program Receives Accreditation with Commendation



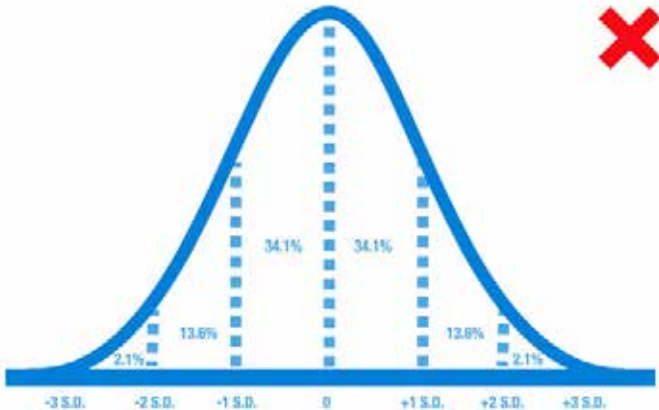
NHPCO has been reviewed by the Accreditation Council for Continuing Medical Education (ACCME®) and awarded Accreditation with Commendation for six years as a provider of continuing medical education (CME) for physicians.

Accreditation in the ACCME System seeks to assure the medical community and the public that NHPCO delivers education that is relevant to clinicians' needs, evidence-based, evaluated for its effectiveness, and independent of commercial influence. The ACCME System employs a rigorous process for evaluating institutions' CME programs according to standards that reflect the values of the educator community and aim to accelerate learning, inspire change, and champion improvement in healthcare.

Through participation in accredited CME, clinicians and teams drive improvement in their practice and optimize the care of their patients.

Barbara Bouton, MA, FT is NHPCO's Vice President, Professional Development and Education.


Jon Radulovic, MA is NHPCO's Vice President, Communications.



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2018 WEBINAR SERIES



Don't forget to plan for the **2018 NHPCO Webinar Series** as you finalize your budget and education calendar.

Addressing the most timely Regulatory, Quality and Interdisciplinary topics in the field today, don't miss this opportunity for additional savings on one of the best ways to bring high quality education to your team. CE/CME credit is available. **Buy a webinar package now and save over \$450.**

Visit our website for more information on package deals. www.nhpco.org/webinars

INTERDISCIPLINARY TOPICS

JANUARY 11

Innovations in Community-Based Palliative Care

FEBRUARY 8

Comprehensive Assessment and Plan of Care

MARCH 8

Creative Approaches in Bereavement

APRIL 12

Advances in Telemedicine

MAY 10

Cultivating Emotional Intelligence

JUNE 14

Community-Based Palliative Care: Non-Cancer Patients

JULY 12

Advanced Pain Management

AUGUST 9

Managing Mental Illness

SEPTEMBER 13

Medical Marijuana

OCTOBER 11

Assessment of Spiritual Suffering

NOVEMBER 15

Terminal Prognosis and Trajectory

DECEMBER 13

Lessons Learned in Community-Based Palliative Care

QUALITY & REGULATORY TOPICS

JANUARY 23

New Rules for Nursing Homes

FEBRUARY 27

Hot Topics

MARCH 27

Hospice Compare

APRIL 17

HQRP and Hospice Practice

MAY 22

Ethical Marketing Practices

JUNE 26

Referral and Admission Processes

JULY 24

Beyond Routine Home Care

AUGUST 28

Hot Topics

SEPTEMBER 25

Avoiding Survey Deficiencies

OCTOBER 23

Compliance Risk Areas

NOVEMBER 27

Engage Staff with Quality Data

DECEMBER 18

Documentation





Edo Banach welcomes Mayor Silberberg

HOSPICE: A HISTORICAL PERSPECTIVE

NHPCO Dedicates New Exhibit

H*Hospice: A Historical Perspective* documents the development of hospice from grassroots, volunteer-driving movement into an integral part of the health care landscape. NHPCO welcomed Alexandria Mayor Allison Silberberg to the official dedication of the new exhibit on July 13. The exhibit is on permanent display at NHPCO's headquarters in Alexandria.

During the dedication event, Mayor Silberberg remarked, "I applaud NHPCO for curating this important display, not only to celebrate the contributions of a group of wonderful and dedicated

hospice leaders, but as a way to let our past help inform our future. As our nation's leaders currently debate how to reform our health care system, I think they could learn a thing or two from Dame Cicely Saunders."

This year marks the 50th anniversary of the creation of St. Christopher's Hospice, outside of London. Recognized as the birthplace of the modern hospice philosophy of care, the interdisciplinary model created by Dame Cicely Saunders at St. Christopher's was introduced in the U.S. through work done at the Yale School of Nursing led by the Dean of the school, Florence Wald.

In 1978, the Hospice Demonstration Project was developed by Health Care Financing Administration (now known as the Centers for Medicare and Medicaid Services) with 25 pilot sites across the country. By 1982, dedicated advocates and Congressional champions created the legislation that led to the Medicare hospice benefit. Since then, hospice care, and more recently palliative care, has been recognized as the ideal model of care for people with serious and life-limiting illness.

As curators of the exhibit, *Hospice: A Historical Perspective*, NHPCO is honoring the legacy of the hospice community and paying tribute to the rich tapestry that makes up the history of hospice care. In recent years, NHPCO staff members have

been reviewing historic papers, reports, publications, photographs, and other items with a focus on documenting key elements from the hospice community's history.

During NHPCO's Capital Campaign, funding was provided by Hospice of the Bluegrass (now Bluegrass Care Navigators) to produce a historical perspective of hospice. Display cases have been designed and installed in the offices of NHPCO to highlight and preserve a first-of-its-kind history of hospice in the United States.

NHPCO is proud to welcome visitors who may wish to see the exhibit *Hospice: A Historical Perspective*. Interested individuals should contact NHPCO at 703-837-1500 to inquire about office hours and access to the exhibit.

**NHPCO is honoring
the legacy of the
hospice community
and paying tribute to
the rich tapestry that
makes up the history
of hospice care.**



Five Programs Recognized as Circle of Life Award™ Honorees



Pictured: Nancy Howell Agee, AHA Chair Elect; Toby Campbell, University of Wisconsin Palliative Care; Karren Weichert, Midland Care Connection; Ben Bache-Wiig, LifeCourse/Allina Health; Glen Komatsu, Providence TrinityCare Hospice & programs; Liz Fowler, Bluegrass Care Navigators; and Melinda L. Estes, AHA Executive Committee.

NHPCO and its affiliate organizations salute the 2017 honorees of the Circle of Life Award™: Celebrating Innovation in Palliative and End-of-Life Care. The awards were presented at the American Hospital Association's annual assembly on July 28 in San Diego.

The Circle of Life Award, now in its 18th year, celebrates programs across the nation that have made great strides in palliative and end-of-life care. Two programs that are expanding the reach of

palliative and hospice care have been honored:

- **Bluegrass Care Navigators**, formerly Hospice of the Bluegrass, based in Lexington, Kentucky
- **Providence TrinityCare Hospice, Providence Little Company of Mary Medical Center Torrance and Providence Institute for Human Caring**, in Torrance, California

"This year's Circle of Life honorees have done incredible

work incorporating palliative and end-of-life care into all aspects of care. Our members are showing that palliative care services go beyond the four walls of a hospital. They are provided in specialty clinics, outpatient centers and in a patient's home — and increasingly as part of a coordinated continuum of service," said AHA President and CEO Rick Pollack.

Citations of Honor were awarded to these three organizations:

- **Allina Health—LifeCourse**, Minneapolis, Minnesota
- **Midland Care Connection**, Topeka, Kansas
- **The University of Wisconsin Palliative Care Program**, Madison, Wisconsin

"In celebrating the accomplishments of these outstanding programs, we also share lessons learned and examples of successful models of care delivery that can benefit all organizations who are dedicated to providing the highest quality of care for all people facing serious and life-limiting illness," said Edo Banach, NHPCO president and CEO. "All of us at

NHPCO and the National Hospice Foundation salute this year's recipients and are particularly proud that both Circle of Life award honorees are NHPCO members."

Download the [Circle of Life Award brochure](#) (PDF) for more information on all the honorees.

The 2017 awards are supported, in part, by grants from the California Health Care Foundation, based in Oakland, and the Cambia Health Foundation, based in Portland.

Major sponsors of the 2017 awards are the National Hospice and Palliative Care Organization & National Hospice Foundation, the American Hospital Association, and the Catholic Health Association. The awards are cosponsored by the American Academy of Hospice and Palliative Medicine, the Center to Advance Palliative Care, the Hospice and Palliative Nurses Association & the Hospice and Palliative Credentialing Center & the Hospice and Palliative Nurses Foundation, and the National Association of Social Workers. The Circle of Life Award program is administered by the Health Research & Educational Trust.

For more information on the Circle of Life Award, visit aha.org/circleoflife.

National Hospice and Palliative Care Month:

Outreach Materials for November...and all year long

It's about how you live! This is the theme for November's National Hospice and Palliative Care Month. NHPCO has created some outreach materials that providers can use to promote awareness in the community – for November or any time during the year.

The goal is to make outreach easier and more affordable for all members, large and small. Members are encouraged to use the theme and tagline in other aspects of their outreach. Doing so helps promote unified messaging in communities across the country.

Materials include four different ads, social media graphics and more. We encourage providers to be as creative as possible in using these

The Circle of Life Award, now in its 18th year, celebrates programs across the nation that have made great strides in palliative and end-of-life care.



materials that are linked in the Outreach Tools section of the website, www.nhpc.org/outreach.

The displays ads are [available online](#) as full-page, half-page horizontal or vertical in high-resolution PDFs. Versions of the ads are available without reference to National Hospice and Palliative Care Month, so they can be used in November and thereafter.

Additional Resources Now Online

Basic Outreach

- An Introduction to Outreach
- Event Planning Guide
- Media Relations Tips

Document Templates

- Press Release for National H/PC Month
- Letter to the Editor (National H/PC Month)
- Letter to the Editor (from a family member who is now a volunteer)
- PSA Radio Scripts
- National H/PC Month Proclamation

Article Collection

(Evergreen content for use all year)

- Myths of Hospice Care
- Don't Wait to Talk about Hospice
- Hospice and Palliative Care: Making a Difference
- Learn What Hospice Care Really Means to Patients and Families
- How Palliative Care Can Help
- Paying for End-of-Life Care
- It's Never Too Late to Thank a Veteran, Even at the End of Life
- Grief During the Holidays: Some Tips
- Background documents are also available.

PowerPoint presentations and a range of outreach guides for various underserved populations are also available as part of this year's outreach collection. Visit www.nhpco.org/outreach

Answers to Common Questions

Do I need permission to personalize the ads—or use the photos or copy in other materials?

No, NHPCO members (with current, paid membership) do not need permission to utilize these ads in any way that helps them promote their organization and services. In fact, NHPCO encourages members to maximize the use of these materials to advance the hospice and palliative care message!

How do I personalize the ads and insert my organization logo?

The ads are provided as high-resolution PDFs that can be opened and easily manipulated in Adobe Acrobat Professional or Adobe Illustrator.

Where can I find the “Member of NHPCO” logo if I also want to insert that?

Various versions of the “Member of NHPCO” logo are also [available online](#). Members can use the logo in these display ads, on other materials, or even on their website



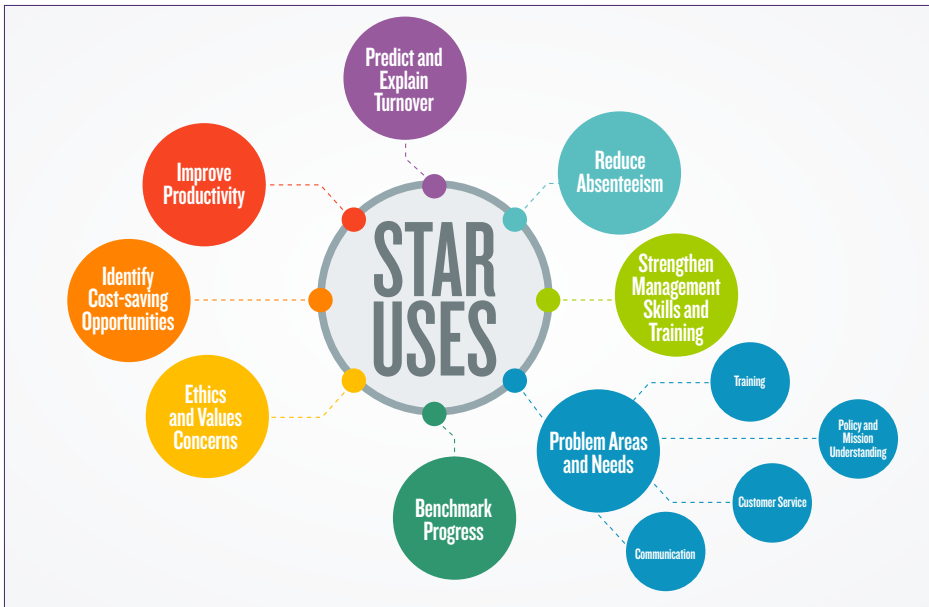
to visually communicate their commitment to quality.

Through your direct outreach efforts, you shine a powerful light about what you are doing in your community and raising awareness about hospice, palliative care, and advance care planning – all of which are essential components of high-quality care for people coping with serious and life-limiting illness.

If you have questions about your outreach efforts, please feel free to contact NHPCO's Communications Team at communications@nhpco.org. Good luck!



STAR: Assessing Job Satisfaction for Hospice Staff



If you haven't heard about the Survey of Team Attitudes and Relationships (STAR), then you are missing out on an opportunity to better understand the effect of job satisfaction on your staff. Job satisfaction is the degree to which people like – or dislike – their jobs and, in the healthcare industry, has been shown to be associated with:

- Staff morale and productivity
- Burnout
- Turnover
- Work quality
- Organizational performance
- Quality of care patients receive

How STAR assesses job satisfaction:

STAR is the only job satisfaction survey designed specifically for the hospice field. Our survey is completely online, accessed by a survey link delivered straight to your staff's inbox.

- 45 questions that assess hospice staff job satisfaction (40 items relevant to all hospice staff and 5 questions relevant only to clinical staff) and additional demographics questions.

- Six Domains: Work rewards, teamwork, management support, organizational support, workload, global satisfaction

How to use STAR results:

Both administration and reporting for a hospice is accessed in one easy-to-use autonomous STAR Administrator's Portal. The report generates results in real time as soon as the first employee finishes their survey. The STAR Administrator will be able to use the results to identify opportunities for improvement related to job satisfaction. This visual showcases the many uses for STAR results to provide feedback to your staff and develop action plans for workforce excellence.

How and when to participate:

- Visit www.nhpc.org/star and review the Administrator's Manual
- The first step after reading the manual is to update your hospice's roster. Connect with us to get started! star@nhpc.org
- Get started now to have your hospice's results included in the 2017 National STAR Report! The annual deadline to complete administration of STAR is December 15.

National Hospice Foundation Facilitates Philanthropic Partnerships with Members

The National Hospice Foundation, NHPCO's fundraising affiliate, works with for-profit hospice providers to manage and steward memorial donations given by grateful families and loved ones who want to show their appreciation. This unique partnership allows local donors to make a charitable donation that will have a national and local impact.

NHF eases the burden for-profit hospice face when they receive charitable gifts, as gifts given to for-profit organizations are not tax-deductible for the donor. NHF accepts those donations on their behalf, managing the funds and sending grateful acknowledgements to the donors and families. These partnerships ensure that the donor's intention of honoring the hospice and palliative care their loved one received is fulfilled.

Funds that are stewarded by NHF go toward creating educational resources for caregivers, supporting providers caring for Veterans, developing tools and free information for consumers, and creating meaningful final experiences for patients and families. These programs provide crucial benefits to the hospice and palliative care industry.

Philanthropic partnership that NHF currently facilitates include: Queen City Hospice in Cincinnati, Grace Hospice of Oklahoma, and Intrepid Hospice sites across the country.

"We are honored to participate in these philanthropic partnerships with our for-profit member providers. It provides us another opportunity to serve our members by relieving their burdens while ensuring donors' intention of providing a gift to hospice is honored," said Sarah Meltzer, vice president of access and philanthropy.

To learn more or set up a philanthropic partnership for your organization, contact Sarah Meltzer at smeltzer@nationalhospicefoundation.org or at 703-837-3149.



**This unique partnership
allows local donors
to make a charitable
donation that will have a
national and local impact.**

2017 Advocacy Intensive Highlights Patients' Stories

Advocates Inspired to “Be Their Voice!”

It can be intimidating to walk the halls of Congress, memorize bill numbers and talking points, and meet with Representatives and Senators. Many first time advocates arrive on Monday morning of the Advocacy Intensive feeling a bit daunted by the task before them. But all it takes is one reminder of who they are representing to fill them with energy and courage.

The theme of this year's Advocacy Intensive was “Be Their Voice!” Advocates were encouraged to share the stories of patients they have served, and bring pictures and videos to share with Members of Congress to personalize the policy issues they were discussing. The response from the Advocates was overwhelming. Every Member of Congress they met with that day came away knowing about a hospice or palliative care patient in their district and the positive impact of receiving the right care at the right time.

Or, in some cases, how problems in our healthcare system failed a patient. We asked Advocates to specifically bring stories that demonstrated a connection to one of our two major legislative priorities: the [Patient Choice and Quality Care Act](#), and the [Rural Access to Hospice Act](#). We heard stories of patients' families saying they wish they had understood their options sooner, and how patients in rural areas may have to travel for miles and change physicians because a glitch in the law prevents Rural Health Center physicians from billing for attending physician services. By tying their patients' stories directly to our legislative priorities, our Advocates

were able to humanize otherwise academic arguments, and make a lasting impact on the staff and Members of Congress they met.

And by all accounts, the Advocates had a great time doing it! We proudly hosted nearly 240 hospice advocates from 120-plus hospices, representing 43 states. More than two-thirds of attendees were first-time participants from key Congressional districts who all overcame any anxieties and did a great job. Thanks to our sponsors, Hospice Pharmacy Solutions and Kinnser Software, we were able to offer ten travel

and lodging scholarships to assist Advocates from key congressional districts.

Each member of the interdisciplinary team was represented, and HAN was happy to host many of our State Leaders who were essential in helping to marshall their delegations through a long day

of congressional meetings. A special thank you also goes out to our three amazing interns: Hannah Winters, Kevin Curwick, and Libby Croncican. In addition to assisting with the planning of the event, Hannah, Kevin, and Libby also took congressional meetings and were a friendly face to our Advocates throughout the event.

Want to be sure you're up to date on hospice and palliative care advocacy issues, calls to action, and insight from the field? Then be sure to register with the [Hospice Action Network](#) and follow us on Facebook and Twitter. It's the easiest way to be connected to advocacy in the field.



THE HAN ADVOCACY INTENSIVE

BE THEIR VOICE!

NHPCO and the Hospice Action Network would like to thank the following programs for sending attendees to the 2017 Advocacy Intensive. We thank these programs and organizations for their ongoing commitment to preserving and protecting access to end-of-life care in the United States.

LHC Group
3HC Home Health and Hospice Care
AAHCM
AHPCO
Amedisys Hospice
Angela Hospice
AseraCare Hospice
Association of Home and Hospice Care
North Carolina
Atrius Health
Avow Hospice
Bayada Hospice
Bluegrass Care Navigators
Capital Caring
Care Dimensions
Care Initiatives Hospice
Care Initiatives Hospice of Waterloo
CareFirst NY
Carilion Clinic
Caris Healthcare
Carroll Hospice
Casa De La Luz Hospice
Cedar Valley Hospice
Center for Hospice Care
Chapters Health System
Chautauqua Hospice & Palliative Care
CHI Health At Home
Children's Hospital and Medical Center
Circle of Life Hospice
Circle of Life of NW Arkansas
Citrus Valley Hospice
Coastal Hospice
Community Hospice of Texas
Cornerstone Hospice
Delaware Hospice Inc
Empath Health
Endless Journey
Fairview Hospice and Home Health Care
Family Home Health & Three Rivers
Hospice
FHPCA
Gateway End-of-Life Coalition
Georgia Hospice and Palliative Care
Organization
Grace Hospice
Healthcare@Home
Heart 'n Home Hospice & Palliative Care
Heartland Hospice
Heartlinks Hospice & Palliative Care
Home Care & Hospice Association of NJ
Hospice & Palliative Care Association
of Arkansas

Hospice & Palliative Care Federation
of Massachusetts
Hospice & Palliative Care Network
of Maryland
Hospice & Palliative CareCenter
Hospice Alliance of Ohio
Hospice Care of St. Elizabeth Healthcare
Hospice East Bay
Hospice For All Seasons
Hospice House--The Josie Harper
Residence
Hospice in the Pines, Inc.
Hospice of Charles County
Hospice of Kona
Hospice of Lansing
Hospice of Marshall County
Shepherd's Cove
Hospice of Morrow County, Inc.
Hospice of Southern Maine
Hospice of the Chesapeake
Hospice of the Northwest
Hospice of the Ozarks
Hospice of the Panhandle
Hospice of the Western Reserve
Hospice of Western Kentucky
Hospice Pharmacy Solutions
Hospice Services of Northwest Kansas
HPCA
Hospice and Palliative Care Association of
NYS
Illinois Hospice and Palliative Care
Organization
Infinity Hospice Care
Intrepid USA Hospice
Kentucky Association of Hospice and
Palliative Care
Kindred Hospice at Home (formerly
Gentiva Hospice)
LightBridge Hospice
Louisiana-Mississippi Hospice & Palliative
Care Organization
Mary Washington Hospice
Masonic Village Hospice
Midland Care Connection, Inc.
MJHS Hospice and Palliative Care
Montgomery Hospice
Nathan Adelson Hospice
Nebraska Hospice & Palliative Care
Association
Neighborhood Hospice
New Hampshire Hospice and Palliative
Care Org

New Jersey Hospice and Palliative
Care Org
NWA Circle of Life Hospice
Oregon Hospice Association
Paladino Public Affairs
Partners In Care
Preston Young Cancers Awareness - I AM
YOU Institute
Sangre De Cristo Hospice &
Palliative Care
Seasons Hospice and Palliative Care
Serenity Hospice and Home
Sonoran Winds Hospice
Texas and New Mexico Hospice Org.
The Carolinas Center for Hospice and End
of Life Care
The Elizabeth Hospice
The Monarch End of Life Care Facility
Transitions LifeCare
Tucson Medical Center Hospice
Vidant Health
Vidant Home Health & Hospice
Virginia Association of Hospice and
Palliative Care
Visiting Nurse Association Health Group
Visiting Nurse Service of NY Hospice and
Palliative Care
VITAS Healthcare
VNA Care Hospice and Palliative Care
VNA/Barnabas Hospice of New Jersey
Wellstar Community Hospice
Wythe Hospice of Southwest Virginia

**HAN would also like to recognize our
Advocacy Intensive sponsors Hospice
Pharmacy Solutions and Kinnser
Software for their support of this
important program.**



Telling Their Stories: Advocacy with a Personal Touch

As part of Hospice Action Network's summer advocacy efforts, they solicited patient stories from hospice providers across the country that were then shared with Congressional offices. More than 65 moving stories were sent in that helped legislators on Capitol Hill better understand the significant impact that hospice has on the patients and families being cared for. Here are excerpts from just a few of those stories.

Sangre De Cristo Hospice & Palliative Care *By Crystal Finley, CNA*



Gomicinda has congested heart failure and pulmonary hypertension which affects her everyday life. She has had to move out of her own home and into her daughter's home for the extra assistance as she started falling more frequently. It was devastating for her to leave her own home but she is very thankful to not be in a facility and to still have family and friends and hospice care.

Hospice has benefited Gomi in more ways than one. Not only has it avoided family having to place the patient in a facility which would be a huge expense, but the patient also benefits from having a cardiac nurse home visit weekly, a CAN five days a week, as well as a weekly social

worker to discuss any need or concerns, and let's not forget her twice weekly catholic chaplain that she looks forward to.

Gomi and her family would like members of congress to know that hospice has eased Gomi's load by responding to a volume of needs of a terminally ill patient with courtesy, respect, kindness and understanding by all team members.

Hospice of Kona *By Jenny Schroedel, Bereavement Services Coordinator*

A self-described "camper" and a "recycler," Charles had been independent for all of his adult life. He lived in Hawaii for more than 20 years, most of that time living on the streets. In his last few months of life, he was found in the bushes near a local university, starving, thirsty and unable to walk. Some local students found him and he was transferred to the hospital, from there he was referred to Hospice of Kona's residential facility, Nakamaru Hale.

Charles' life was radically changed when he came to Nakamaru Hale. For the first time in more than 20



years he felt secure. The "house mom" learned that fried chicken & biscuits was his favorite food and would often cook those things for him. His physical health improved. Had he stayed in the bushes he would have died within days. At our hospice house he lived for seven months. With all basic needs met, he was able to pursue his dream of becoming a writer. It was his personal mission to help get the word out about hospice. He wanted to keep these services open and available to all.

Center for Hospice Care *By Char Yoder, RN*

At the prime of her life, Marilyn had a cerebral hemorrhage. She was 63 years old and she lived in a nursing facility for most of the next 20 years, separated from her six children by hundreds of miles.



Hospitalized and not responding to treatment, family stepped in and said Mom had been through enough and it was time to love her with a natural death at home.

The six children gathered with Marilyn at her daughter's home. There were laughter, tears, music, cooking and games, things that they had done many times before. Her final week of life was an emotional and spiritual gift for the entire family.

Hospice provided emotional support and reassurance that this family could do this.

This patient was my mom. Hospice has been my career for 10 years so I knew our options for care when aggressive medical interventions were not working. We allowed her a peaceful death in my home, surrounded by her family.

Seasons Hospice

By Julie Assef, Admissions Coordinator

George was in his 40's when his doctors told him that his treatments were no longer working and that it was time for him to think about hospice. He lived alone and had few friends, but he had a trusted social worker and guardian. You see, in addition to having lived with persistent serious physical illness

George had lifelong mental health issues. It was hard for him to trust people and even harder for him to feel like he was losing control.

George loved animals, especially dogs. He was skeptical about having nurses come to his apartment but when we told him about our pet therapy program he became very excited. He called his social worker and said "we have to go shopping, I'm starting on hospice and I'm going to need dog treats!"

Through the gift of pet therapy, our team found an avenue to establish trust and connection with George. Because of that trust, when he could no longer live on his own, he came willingly to our hospice house where he continued to receive visits from his therapy pets right through the end of his life; he allowed the staff to care for him and keep him safe. He told his social worker it was the best place he had ever lived.

George felt loved and needed by the hospice team, and he had a peaceful death. For George, it wasn't the technical expertise of hospice that made this happen. It was the holistic approach that hospice embraces, to see and honor the whole person, the whole life, to create a personalized plan of care that focuses on quality of life and dignity.



More than 65 moving stories were sent in that helped legislators on Capitol Hill better understand the significant impact that hospice has...

New President & CEO at Hospice of Southern Illinois



Amy Richter

Hospice of Southern Illinois' Board of Directors appointed Amy Richter as the president and chief executive officer, a role she assumed on April 30. Prior to this she had been serving as the interim president and CEO.

Richter joined Hospice of Southern Illinois in 2009 as the chief financial officer. Her educational background includes an MBA in Management and a Bachelor of Science in Professional Accounting. She is also a licensed Certified Public Accountant.

Her professional background prior to joining Hospice of Southern Illinois, Inc. included corporate director at a major health system in St. Louis.

Hospice of Hope Appoints Medical Director



Robert Albright

Dr. Robert Albright was named medical director for Hospice of Hope and Hospice of Hope Ohio Valley. Albright has been affiliated with the organization since 2009 as an associate medical director and began his new role in May 2017.

"I am privileged to be able to offer my skillset and expertise as medical director for Hospice of Hope. Being affiliated with the organization for many years, I feel this is a logical step and one that I hope to expand Hospice of Hope's impact in our communities during my tenure," said Albright.

Two NHPCO Members Recognized as "Best Places to Work"



Kentucky's
Bluegrass
Care

Navigators was named as one of *Modern Healthcare's* "2017 Best Places to Work." The annual national award recognizes companies that continuously strive to improve their work environment and increase employee engagement, satisfaction and retention through innovative changes in the workplace.



California's
Hospice by the
Bay has been
awarded a "2017

Top Workplaces" honor by the Bay Area News Group. The Top Workplaces lists are based solely on the results of an employee feedback survey administered by WorkplaceDynamics, LLC, a leading research firm that specializes in organizational health and workplace improvement.

New Executive Director at Hospice of Lenawee



Travis Havens

In June 2017, Hospice of Lenawee announced Travis Havens as the organization's new executive director. The board cited Havens for his commitment to the community, servant leadership, patient/family-centered care, and the mission of hospice.

Havens' professional history includes his work as district director of operations at Brookdale-Senior Living Solutions, overseeing 12 independent living, assisted-living and secured memory-care communities.

VITAS Healthcare Appoints Chief Operating Officer



Joel Wherley

VITAS Healthcare announced the appointment of veteran healthcare leader Joel Wherley as chief operating officer in June 2017. Wherley oversees operations of the company's 44 hospice programs in 14 states, which care for more than 16,300 hospice patients and their families on a daily basis. He has over 30 years of experience in healthcare sales and operations management, eight of them in hospice.

"I look forward to partnering with our talented senior leadership team to deliver on our mission and values during this exciting time in healthcare," said Wherley.

Suncoast Hospice Recognized for Community Outreach

Suncoast Hospice, a member of Empath Health received the Excellence in Program Innovation for Community Outreach for its Traditions (Tradiciones) program from the Florida Hospice and Palliative Care Association at the FHPCA annual conference on May 25 in Orlando. The award recognizes programs and services that demonstrate the power of creativity and ingenuity to impact hospice practice and the community.

The Traditions program was established to increase access to hospice services to underserved communities in the service area: African American, Hispanic, and Jewish communities. Nationally these communities use hospice services at lower levels than other communities. The Traditions team provided approximately 200 community events, presentations, and educational opportunities breaking down hospice myths and misconceptions, and created advisory councils to increase their voices within the agency.



From left: Karen Davis-Pritchett, M. Ed, Director of Professional Relations and Community Outreach; Kelly Seigel, MBA, Community Outreach Specialist; Maria Pepe, Community Outreach Specialist; Paul Ledford, President & CEO FHPCO and LaShante Keys, M.S. Community Outreach Specialist.

What is The Council of States?

The Council of States, an official council that is part of NHPCO, is a forum of leaders that promotes and enhances quality end-of-life care through state and national activities.

COS traces its origin back to 1982, before there was a formal structure within what was then National Hospice Organization. Judi Lund invited state leaders who were attending the NHO Management and Leadership Conference at the Shoreham Hotel in Washington, DC, to gather for an early morning meeting. Official meeting room space was unavailable, so the group met in a hallway with pastries and a coffee pot Judi brought from home. At this meeting, there were two states with staff – North Carolina and Michigan. The other attendees were state hospice board presidents or board members.

In 1982 and 1983 many state leaders were involved in advocacy work for the passage of the Medicare hospice benefit. State leaders were identified to help advocate with Members of Congress from their states or district in the campaign led by Don Gaetz and Hugh Westbrook.

The first organized gathering of state organization leaders was held during a breakfast meeting hosted by the NHO Board in November, 1983. This was part of the NHO Annual Meeting in Minneapolis. The goal of the meeting was to initiate dialogue between the growing number of state hospice organizations and NHO.

(Appreciation to Judi Lund Person for helping with this brief history.)

Next year will mark the 35th anniversary of our organization's Council of States.

The Principal Activities/Focus of COS:

1. Strengthen NHPCO and COS members and the relationships between them.
2. Identify key issues that are of concern to NHPCO and/or COS members.
3. Facilitate communication between NHPCO and member state organizations.
4. Assist in the collection, exchange, and dissemination of information on end-of-life issues.
5. Alert NHPCO and COS members to emerging critical issues and work together in crafting solutions.
6. Provide a grass roots arm to extend the reach of NHPCO to the state level and to extend the reach of COS members to NHPCO.
7. Establish vehicles for partnering/partnerships between the states and NHPCO on appropriate projects.
8. Identify and fulfill educational needs of COS members.
9. Participate in the development of NHPCO's strategic direction, policies, and activities, through Board of Directors and Committee representation.



FHPCA Receives Trailblazer Award from NHPCO

Florida Hospice and Palliative Care Association received the Trailblazer Award from National Hospice and Palliative Care Organization at its annual Council of States meeting held in Washington, DC on July 19. The NHPCO Trailblazer Award recognizes state organizations demonstrating high levels of excellence, innovation, and leadership that expand access to hospice and palliative care, promote quality, and increase awareness.



L to R: Jane Moore, COS Chair and Edo Banach present the award to Paul Ledford and FHPCA Board Chair Chuck Lee.

In 2014, FHPCA established a Research & Development committee of its board, comprised of board members, hospice program staff, interested affiliate members, and association staff. During the fall of 2015, the committee decided to offer grants to member programs that would support research projects reflecting key goals of the organization. The first grant award was made in spring of 2016 and FHPCA reports positive findings from this initial grant funded project. These efforts will continue to strengthen the partnership with hospice providers in Florida and engage affiliate members across the country.

“FHPCA members have long-conducted research to improve quality and access, so our grant program is intended to create a culture of sharing that research through the state. We are pleased our efforts have been successful and that other providers will benefit from the research projects we’ve been able to support,” said Paul Ledford, president and CEO of FHPCA, at the award presentation.

Said Edo Banach, NHPCO president and CEO, “NHPCO is proud to work with strong state-level hospice and palliative care organizations that do such important work to advance and advocate for quality care and the example of FHPCA’s grant funding to expand the impact of research is to be applauded.”

FHPCA has a new goal to increase the number of grants awarded by 300 percent in the next three years.

...the example of FHPCA’s grant funding to expand the impact of research is to be applauded.

State Leader Recognition



Sue Negreen (C) receives her award from Jane Moore and Edo Banach.

NHPCO and the Council of States steering committee recently voted to begin the tradition of recognizing state hospice organization leaders by awarding them a plaque to celebrate their service to furthering the quality of hospice and palliative care in the state.

Sue Negreen, MSW, CAE has served as the president and CEO of the California Hospice and Palliative Care Association since 2008. Sue has been the voice of hospice and palliative care in California and has shepherded its improvement and advancement through her tireless work in the hospice and palliative care community. At the July 19 Council of States meeting, Sue was honored by NHPCO and her colleagues.

NHPCO Council of States Directory

Alabama Hospice and Palliative Care Organization

Linda Segrest, President
www.alhospice.org

Arizona Hospice & Palliative Care Organization

Marie Fredette, Executive Director
www.ahpco.org

Hospice and Palliative Care Association of Arkansas

Lisa Vaden, Executive Director
www.hpcaa.org

California Hospice and Palliative Care Association

Susan Negreen, President/CEO
www.calhospice.org

Hospice & Palliative Care Association of the Rockies

Don Knox, Staff Executive
www.COCHPC.org

Connecticut Association for Healthcare at Home

Tracy Wodatch, VP, Clinical & Regulatory Services
www.cthealthcareathome.org

Florida Hospice & Palliative Care Association

Paul Ledford, Executive Director
www.floridahospices.org

Georgia Hospice & Palliative Care Organization

Paula Sanders, Executive Director
www.ghpco.org

Kokua Mau: Hawaii Hospice & Palliative Care Organization

Jeannette Koiwane, Executive Director
www.kokuamau.org

Idaho Quality of Life Coalition

www.idqol.org

Illinois Hospice & Palliative Care Organization

Pamela Cramer, Executive Director
www.il-hpco.org

Illinois Homecare & Hospice Council

Sara Ratcliffe, Executive Director
www.ilhomecare.org

Indiana Hospice & Palliative Care Organization

Rebecca Scheer, President/CEO
www.ihpco.org

Indiana Association for Home & Hospice Care

Evan Reinhard, Executive Director
www.iahhc.org

**Hospice & Palliative Care
Association of Iowa**

Erika Eckley, Executive Director
www.hpcai.org

**Kansas Hospice & Palliative Care
Organization**

Donna Bales, President/CEO
www.khpco.org

**Kentucky Association of Hospice &
Palliative Care**

Brandy Cantor, Executive Director
www.kah.org

**Louisiana-Mississippi Hospice &
Palliative Care Organization**

Jamey Boudreaux, Executive
Director
www.lmhpc.org

**Maine Hospice Council and Center
for End of Life Care**

Kandye Powell, Executive Director
www.mainehospicecouncil.org

**Hospice & Palliative Care Network
of Maryland**

Peggy Funk, Executive Director
www.hnmd.org

**Hospice & Palliative Care
Federation of Massachusetts**

Christine McMichael, Executive
Director
www.hospicefed.org

**Michigan Homecare & Hospice
Association**

Barry Cargill, President/CEO
www.mhha.org

**Minnesota Network of Hospice &
Palliative Care**

Susan Marschalk, Executive
Director
www.mnhpc.org

**Missouri Hospice & Palliative Care
Association**

Jane Moore, CEO
www.mohospice.org

**MHA...An Association of Montana
Health Care Providers**

Casey Blumenthal, Vice President
www.mtha.org

**Nebraska Hospice & Palliative Care
Association**

Jennifer Eurek, Vice President
www.nehospice.org

**New Hampshire Hospice &
Palliative Care Organization**

Janice McDermott, Executive
Director
www.nhhpc.org

**Home Care & Hospice Association
of New Jersey**

Donald Pendley, Director, Hospice
and Palliative Care
www.homecarenj.org

**Hospice & Palliative Care
Association of New York State**

Carla Braveman, President/CEO
www.hpcanys.org

**Association for Home Care of North
Carolina**

Timothy Rogers, President/CEO
www.homeandhospicecare.org

**The Council of States is
a forum of leaders that
promotes and enhances
quality end-of-life
care through state and
national activities.**

Council Of States **Spotlight**

The Carolinas Center for Hospice & End-of-Life Care (NC & SC)

Carol Meyer, President/CEO

www.cchospice.org

Midwest Care Alliance; Ohio Association for Home, Hospice & Palliative Care

Anne Shelley, Vice President for Professional Development

www.midwestcarealliance.org

Oklahoma Hospice & Palliative Care Association

Brenda Frank Anderson,
Executive Director

www.okhospice.org

Oregon Hospice Association / Hospice of Oregon

Barbara Hansen, CEO

www.oregonhospice.org

Pennsylvania Hospice Network

Lonna Donaghue, Executive Director

www.pahospice.org

Pennsylvania Homecare Association

Vicki Hoak, CEO

www.pahomecare.org

South Carolina Home Care & Hospice Association

Judy Penn, Associate VP of Business & Member Relations

www.schomehealth.org

Tennessee Hospice Organization

Michael Dietrich, Executive Director

www.tnhospice.com

South Dakota Association of Healthcare Organizations

Scott Duke, President/CEO

www.sdaho.org

Texas & New Mexico Hospice Organization

Larry Farrow, Executive Director

www.txnmhospice.org

Utah Hospice & Palliative Care Organization

Ed Dieringer, Executive Director

www.utahhospice.org

Virginia Association for Hospice and Palliative Care

Brenda Clarkson, Executive Director

www.virginiahospice.org

Virginia Association for Home Care and Hospice

Marcia Tetterton, Executive Director

www.vahc.org

Washington State Hospice & Palliative Care Organization

Barbara Hansen, Executive Director

www.wshpco.org

Hospice Council of West Virginia

Chris Zinn, Executive Director

www.hospicecouncilofwv.org

Hospice Organization & Palliative Experts of Wisconsin

Melanie Ramey, Executive Director

www.wisconsinhospice.org

Thanks and Appreciation

Imagine having more time with your family and friends, enjoying the bucolic life in the countryside nestled at the foot of the Blue Ridge Mountains, having time to practice your culinary skills while visiting local vineyards and historic sites. One of the members of our NHPCO family is about to embark on such an adventure. After 18 years working on behalf of hospice and palliative care, Jonathan Keyserling, Senior Vice President, Office of Communications and Health Policy, is retiring and moving on to the next phase of his life. And Jon moves on with our deepest admiration and gratitude.

In his role as Senior Vice President, Jon has served as the principal liaison to the Administration, Congress and various federal agencies, such as the Medicare Payment Advisory Commission and The Government Accountability Office, with either oversight over or an interest in end-of-life care. In addition, Jon serves as in-house counsel to NHPCO and its affiliated organizations.

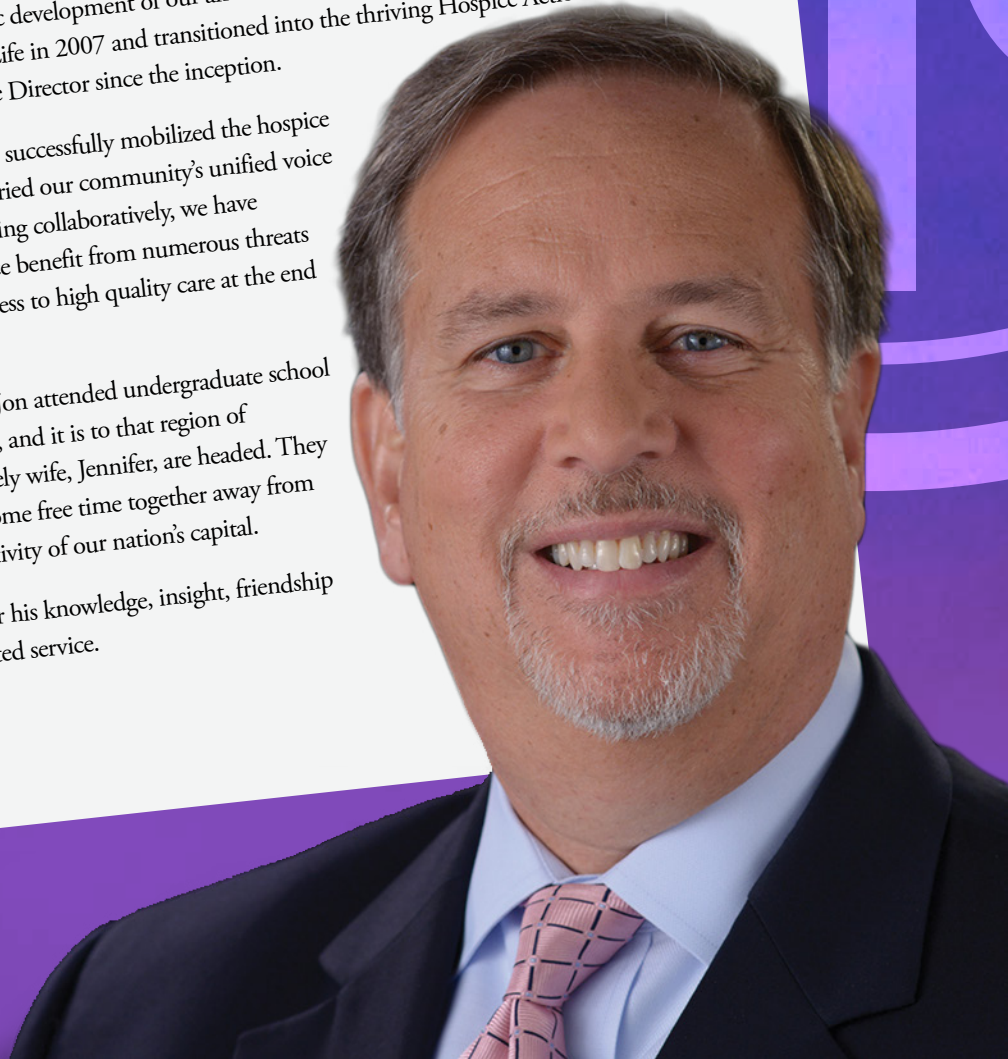
Most notably, Jon has led our advocacy efforts that began with an “inside the beltway” focus in the early 1990s to a national, grassroots initiative that counts more than 75,000 advocates among its ranks. He oversaw the creation and strategic development of our affiliate lobbying organization that began as the Alliance for Care at the End of Life in 2007 and transitioned into the thriving Hospice Action Network where he has served as Executive Director since the inception.

Under Jon’s leadership, we have successfully mobilized the hospice and palliative care field and carried our community’s unified voice to the halls of Congress. Working collaboratively, we have protected the Medicare hospice benefit from numerous threats and continued to advance access to high quality care at the end of life.

A native of South Carolina, Jon attended undergraduate school at the University of Virginia, and it is to that region of Virginia that he and his lovely wife, Jennifer, are headed. They look forward to enjoying some free time together away from the somewhat relentless activity of our nation’s capital.

Join us in thanking Jon for his knowledge, insight, friendship and many years of dedicated service.

Thank you, Jon!



Lighthouse of Hope Fund Helps Two People Enjoy the Great Outdoors One Last Time



Carroll Stringfellow, an avid outdoorsman, learned to trap, fish, and hunt as a child. His illness and deteriorating health prevented him from enjoying the activities he always cherished. Nikki Rushing, a social worker at Arkansas

Hospice, wrote to Lighthouse of Hope requesting funds for Carroll and his family to enjoy a fishing trip together.

In June, Carroll, his wife Melinda, daughter Amber, and a few other family members traveled to Lake Chicot State Park to enjoy the outdoors, fish, and make wonderful, lasting memories. Carroll and Melinda were also able to celebrate their 41st wedding anniversary surrounded by their loved ones. [READ MORE...](#)

We Honor Veterans Community Partners

We Honor Veterans, a program supported by the National Hospice Foundation, is helping thousands of professionals across America enhance their skills to meet the needs of Veterans with advanced illness. Originally designed for hospice providers, WHV extended its partner opportunities to other community-based healthcare organizations providing direct care to seriously ill Veterans and their families. Community partners may include funeral homes, hospitals, skilled nursing facilities, assisted living facilities, home health agencies and other providers that understand the importance of serving Veterans based on their preference for care and services. [READ MORE...](#)

There are No Small Gifts to Hospice

United Healthcare, Thompson Reuters, AT&T, Microsoft. What do these companies have in common? They, and many more, match their employees' charitable giving. Each year, thousands of employees are given the opportunity to direct a portion of their paycheck to the charities of their choice through workplace giving. NHF is grateful for every gift we receive through workplace giving.

For federal employees, the Combined Federal Campaign (CFC) offers a vehicle to help people in local communities, across the nation, and around the world through charitable giving. NHF's parent organization, the National Hospice and Palliative Care Organization (NHPCO), is honored to participate in the CFC and receive gifts through this and many other employee campaigns. CFC donations to NHPCO go directly to programs that help hospices across the country serve everyone, including Veterans, children, caregivers, and grieving families. [READ MORE...](#)

The Milbank Foundation Provides Generous Grant to Support Palliative Care

The Milbank Foundation awarded NHPCO \$25,000 to develop an educational toolkit as part of the Palliative Care Resource Series. This funding will go a long way toward providing additional support for palliative care providers.

[READ MORE...](#)



HOSPICE AIDES WEBINAR SERIES

NOVEMBER 1, 8 AND 15
2:00 – 3:15 pm ET



**Created for Hospice Aides (CNAs, HHAs)
working in hospice and palliative care.**

This NHPCO Webinar Series
will be facilitated by
**Katherine Murray, RN,
BSN, CHPCN(C).**



An MP4 recording of the series and
two key resources are included

Register Now

nhpco.org/hospiceaides

MAKE A SPECIAL MOMENT POSSIBLE FOR YOUR PATIENT



**National Hospice
Foundation**

LIGHTHOUSE OF HOPE FUND

**PROVIDING
MEANINGFUL
AND MEMORABLE
MOMENTS**

FOR THOSE LIVING WITH A LIFE-LIMITING ILLNESS.

www.nationalhospicefoundation.org/lighthouseofhopefund

The Lighthouse of Hope Fund is available to patients

- ❖ Who request special wishes and experiences (ex. flying people in to visit, special events like fishing trips or special dinners, opportunities to spend time with family and friends in a memorable way, etc.)
- ❖ Who are cared for by one of NHPCO's provider members
- ❖ Who have a life expectancy of one year or less
- ❖ Who have no other means to fund the specific request

Selection Criteria

The hospice provider must submit a completed Lighthouse of Hope Fund Application

We Honor Veterans “Share Your Story” Contest Winner: Unity Hospice



Unity Hospice submitted this photo of Mr. Louis Hoelle, a World War II Veteran.

The winner of the We Honor Veterans “Share Your Story” contest is Unity Hospice of Northwest Indiana. We Honor Veterans partner programs were asked to share photos and stories that highlight what honor means to their organization’s

partnership and to the Veteran patients they serve.

[Read more...](#)

Improving End-of-Life Care Begins with Honoring Patient Preferences

By: Scott T. Shreve and Susan C. Miller

Dying in the U.S. is “far harder than it should be,” according to the Institute of Medicine report Dying in America. The interests and inclinations of payers and providers often outweigh the needs of patients, especially when it comes to end-of-life care. Take hospice care for seniors. If Medicare beneficiaries choose hospice care, they lose Medicare coverage for disease modifying interventions, nursing home and hospital care. This isn’t much of a choice for patients and certainly doesn’t account for their preferences. At the same time, physicians often substitute more familiar options, like surgery, regardless of patient goals or in lieu of a full range of alternatives (e.g. palliative care). In order to improve end-of-life care, health care systems and providers must first align the care they deliver to their patients’ values, goals and preferences. [Read more...](#)

Honoring Those Who Fought for Our Freedom

NHPCO summer intern Kevin Curwick writes about attending an honor flight event.

My first honor flight experience was one I will never forget. One hundred and ten Veterans from the Korean and Vietnam Wars arrived in Washington, D.C. on a gloomy, overcast morning. However, the weather could not dampen their spirits as they proudly exited the plane to a mass of cheers and welcome. As I stood there clapping, smiling, and welcoming the Veterans off the flight, I took a moment to consider how things had changed since the last time they were welcomed off a plane in such a manner. I wondered if all of them had been so deservingly honored with a welcoming home from their service. The smiles on their faces and tears in their eyes – most of them would only admit to allergies or “sweaty eyes” – told me that this moment was unlike any other for the honored guests of the capital. [Read more...](#)



ELNEC – For Veterans Updated Curriculum Now Available

The End-of-Life Nursing Education Consortium (ELNEC) – For Veterans Project is a national end-of-life educational program, funded by the US Department of Veterans Affairs, administered by City of Hope (COH) and the American Association of Colleges of Nursing (AACN) and designed to educate nurses on how to provide better palliative care for Veterans with life-threatening illnesses.

[Read more...](#)



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Links to Some Helpful Online Resources

Quality and Regulatory

- Quality Reporting Requirements
- QAPI Resources
- Regulatory Center Home Page
- Fraud and Abuse
- Past Regulatory Alerts and Roundups
- Staffing Guidelines
- Standards of Practice
- State-specific Resources
- Survey Readiness

Professional Education

- Education Home Page
- Webinar Schedule
- Upcoming Conferences
- End-of-Life Online
- Pediatric Palliative Care
- Palliative Care Resources

Outreach

- Outreach Materials
- Social Media Resources
- NHPCO's CaringInfo

Publications

- Weekly NewsBriefs
- NewsLine
- ChiPPS E-Journal

Affiliate Publications

- Giving Matters



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