# 1 ewsline

The quarterly membership publication of the National Hospice and Palliative Care Organization | Spring 2018

# BEREAVEMENT CARE IS INTEGRAL TO HOSPICE

NHPCO Releases updated Guidelines for Bereavement Care

### INSIDE

Professional Development Needs in 2018

**Top Ten Lists from NHPCO** 

NCHPP & My.NHPCO

Meet our Board Members and Inclusion Advisory Councils



# Table of Contents



# **Guidelines for Bereavement Care in Hospice:**

An Invaluable Professional Resource

NHPCO has released an expanded and updated version of its publication *Guidelines for Bereavement Care* in Hospice and we share one of the sections in this edition of *NewsLine*. We also include a Q&A with our NCHPP Bereavement Section Leader, share brief examples of innovative member programs, and provide information about our new bereavement performance measure tool.

34

Meet Lori Bishop

VP, Palliative and Advanced Care

35

More Updates

Short Takes &

Member News

40

Diversity Spotlight

2018 Diversity Advisory Council

### **Professional Development** Needs in 2018

Steve Gardner shares feedback from NHPCO's bi-annual education needs assessment that helps inform the development of educational programs and offerings that reflect members' needs and areas of interest.

### **Top Ten Lists**

Members are often surprised by some of the resources and tools that are available from NHPCO; our Top Ten Lists share materials that you won't want to miss and offer a head's up of what's to come.



### **NCHPP and My.NHPCO**

Amanda Bow explains how our National Council of Hospice and Palliative Professionals and our member-only networking site are essential links to the provider community.

### **Meet the Board of Directors 2018**

Our Board Chairs offer messages as we introduce the NHPCO and HAN board members. 32

42 **Pediatric** Spotlight **ChiPPS** Leadership Council

44 Hospice and Corrections **Council of States Spotlight** 

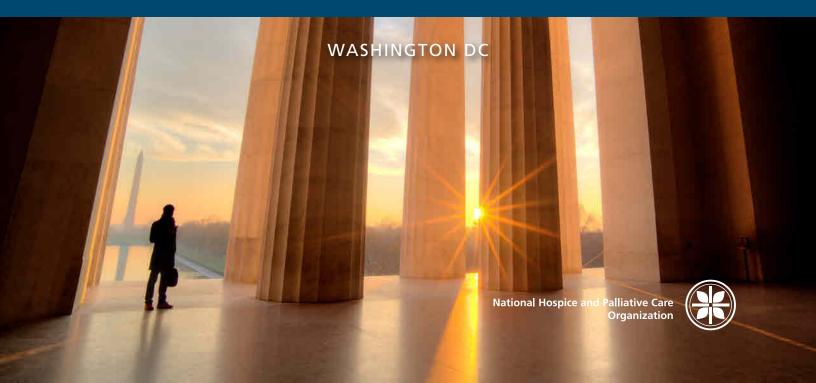
48 News From **National Hospice Foundation**  **50** News From **We Honor Veterans** 



### **REGISTER NOW!**

# MANAGEMENT AND LEADERSHIP CONFERENCE & ADVOCACY INTENSIVE

PRECONFERENCE: APRIL 21-22, 2018 | MAIN CONFERENCE: APRIL 23-24, 2018 | ADVOCACY INTENSIVE: APRIL 25, 2018



### Message From Edo

### One Year In

With the release of this issue of *NewsLine*, I've marked my first anniversary with NHPCO. 2017 was a whirlwind of learning and listening, meeting new friends, and sketching out our future. If 2017 was a year for education and listening, 2018 is a year for change and action.

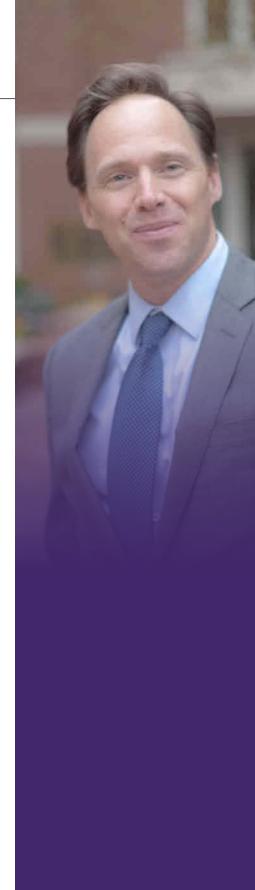
Change is not just on the horizon–it's already here. Accountable Care Organizations, Independence at Home, Value Based Purchasing and various other models are competing for patients and scarce Medicare dollars. As I traveled the country last year, I heard concern about that change. But along with that concern, I heard many common themes that give me hope for our collective future–a shared set of values, a commitment to the patients and families we serve, and a communal pride that we are the absolute best at what we do. These principles–which emanate from the heart of hospice–are what will serve as the guiding principles for action in 2018 and beyond:

- We are the interdisciplinary, person-centered, integrated, coordinated benefit that Medicare has been covering for over 35 years. What is secondary and new to the rest of Medicare, is central to Hospice.
- We do much more than provide care to individuals—we care for caregivers and communities as well.
- We must better communicate our value to our payers and partners—government, managed care, and others.
- Once we establish that foundation, we must energize ourselves—and our volunteers and caregivers—to make sure that we communicate our value to legislative and regulatory decision makers.
- Having energized ourselves and communicated our value, and having established
  a solid foundation, it is time to boldly establish a more durable vehicle for
  providing more care, without arbitrary rules (six months, no concurrent care), and
  that is not subject to burdensome and non-productive oversight and compliance
  activity.
- Concurrently, we will focus on pre-hospice serious illness care that is informed and motivated by the same focus on interdisciplinary, person-centered care. This team-based approach has been our bedrock for over 35 years and will continue to be at our core going forward.

I'm grateful to lead NHPCO at this important time, and look forward to working with and for all of you in the coming years.



Edo Banach, JD, President and CEO



### GUIDELINES FOR BEREAVEMENT CARE IN HOSPICE

AN INVALUABLE PROFESSIONAL RESOURCE



### Introduction

Bereavement care is an integral component of hospice and palliative care – part of the philosophy of care that separates us from many other health care providers. To support the work of those professionals who are caring for people coping with grief and loss, NHPCO has published a revised and expanded edition of its professional resource, *Guidelines for Bereavement Care in Hospice*.

Developed with the input from the Bereavement Professionals Section of NHPCO's National Council of Hospice and Palliative Professionals (NCHPP), *Guidelines for Bereavement Care* include information on assessment, scope of service, community collaboration, education and competency, an annotated bibliography, a professional competency assessment, and more.

In this issue of *NewsLine*, we share one of the sections from the newly revised *Guidelines for Bereavement Care in Hospice* to give providers an opportunity to review some of the content.

### **Availability, Rationale and Scope of Services**

Excerpt from the Guidelines for Bereavement Care in Hospice

**Background:** Identifying the availability, rationale and scope of hospice bereavement services provided to hospice family and friends, and non-hospice bereaved in the community provides clarity, focus and definition for the bereavement program. Defining the scope of services provided helps hospice patients and families know what to expect. The hospice organization and specific bereavement staff must clearly understand their roles and responsibilities, and bereavement professionals must have the necessary knowledge and skills needed to provide these services.

Guidelines: Grief is a normal human process of adjusting to changes and loss (Stroebe, Hansson, Schut & Strobe, 2008; Worden, 2009). Individuals or families who are experiencing uncomplicated bereavement may request basic education about the nature of their experience and seek support to manage their lives through the many changes that accompany loss.

A percentage of survivors will experience complicated grief. These individuals generally have a more complex bereavement experience with significant difficulties that require a higher level of intervention for a longer period of time to enable them to develop or activate coping skills suitable to their needs. It is the responsibility of the hospice bereavement program to assess for complicated grief and potential suicidal risk. Hospice bereavement professionals must have the necessary mental health and bereavement expertise to assess and

address these needs and the hospice must identify complicated grief interventions within their scope of services. The goal is for all clients to learn to recognize their grief as part of a process that includes learning how to integrate the death, understanding the need for additional support if they face complicated grief, and rediscovering meaning, purpose and fulfillment in life.

The foundation of any plan of care lies in ongoing risk assessment. Recent research in loss and grief suggests those at higher risk for complicated grief require more intentional and skilled follow-up (Center for the Advancement of Health, 2003). Accurate and ongoing risk assessments help hospice bereavement professionals offer the most appropriate service based on identified needs. Hospice bereavement programs are not expected to operate as mental health agencies in philosophy or function, but they are expected to encourage bereaved family and friends to have access to bereavement services. Hospice bereavement programs are preventative models of care. They facilitate healthy grieving and thereby aim to prevent the development of grief-related health and mental health problems. Most hospice bereavement programs are not equipped to provide psychotherapeutic intervention and treatment for mental health disorders. Psychotherapy may be indicated when individuals have preexisting personality, emotional or developmental issues that preclude the ability to focus on the tasks of mourning that are usually addressed in grief counseling. This level of treatment is not required by the Medicare Conditions of Participation (CoP).

It is the responsibility of the hospice bereavement program to assess for complicated grief and potential suicidal risk. Hospice bereavement programs are expected to provide sophisticated grief support and education to their hospice families for a minimum of thirteen months following a patient's death. This conveys availability of support as the bereaved individual anticipates the one year anniversary of the date of death, and recognizes that people are usually in an emotionally different place by the 14th month after the loss. Bereavement support is accomplished through a combination of measures that includes providing support groups and memorial services, informational and educational resources, counseling, and referrals to appropriate therapeutic and community resources. Hospices should develop personalized plans of care with bereaved clients that detail frequency as well as scope of services provided.

In addition to addressing the needs of bereaved individuals, hospice bereavement programs should identify and define the responsibilities they assume with respect to their community's loss and grief needs while never sacrificing the needs of hospice family members. Services differ markedly from program to program based upon community need and available resources. It is imperative, however, that hospice staff have the requisite knowledge and skills needed to provide or refer appropriate services to community bereaved.

The Medicare Conditions of Participation include bereavement counseling to residents and employees of Skilled Nursing Facilities/Nursing Facilities, Intermediate Care Facilities for cognitively impaired or developmentally delayed individuals, or other facilities when appropriate and identified in the bereavement plan of care. (Department of Health and Human Services, 42 CFR Part 418 Medicare and Medicaid Programs: Hospice Conditions of Participation; Final Rule, 418.112). Visiting a hospice patient's roommate who is affected by a death, providing a support session for staff affected by several deaths in a short period of time, or simply following up with facility staff after the death of a long time resident are examples of ways hospice bereavement professionals should be providing bereavement counseling services to residents and employees of healthcare facilities.

It is important that hospices create bereavement-specific guidelines that detail the availability and scope of services and clearly delineate policies and procedures. The bereavement staff person with responsibility for directing the program is accountable for implementing and coordinating the hospice bereavement program, as directed by such policies and procedures.

### **Scope of Hospice Bereavement Services:**

- Identify family members in need of bereavement support, prior to and following the death of the patient, including:
  - children in the home
  - caregivers
  - other friends or family members
- Assess patient and family strengths, bereavement risk, concerns and needs related to grief and loss from start of hospice care through the end of bereavement care
- Provide basic grief information and support through:
  - written materials (e.g., supportive letters, newsletters, articles)
  - audiovisual educational resources
  - individual contacts (e.g., phone calls or visits)
  - support groups
  - commemorative activities such as memorial services
  - counseling sessions with a bereavement counselor
  - social events
  - collaborative work with the bereaved individual's primary mental health or healthcare practitioner
- Empower families to recognize and develop skills to manage grief by exploring ways they have effectively coped in the past and identifying areas of strength and resilience, assisting families in identifying current social and spiritual resources for support.
- Refer family members who need services for complicated bereavement, mental health or other needs that are outside the scope of the hospice bereavement program to quality resources in the community. These might include the bereaved who require intervention for difficulties other than the death, such as substance abuse, significant mental health or financial concerns.

### **Variations in Care:** Hospice programs differ in the:

- Human and administrative resources available to provide bereavement services
- Methods used to track, manage, and report bereavement program activities
- Length of their follow-up care (programs range from 12 to 24 months)
- Additional services offered beyond those listed above (e.g., grief camps, retreats, lending libraries, special events, grief therapy, educational trainings, and crisis response)

Note that the regulatory requirements from the Medicare Conditions of Participation specify bereavement services must be offered 'up to one year' after the death of the patient and the NHPCO Standards suggest a 13-month time frame.

### **Regulatory Requirements:**

#### **Medicare COP:** §418.64(d)(1): Bereavement counseling. The hospice must:

- (i.) Have an organized program for the provision of bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling.
- (ii.) Make bereavement services available to the family and other individuals in the bereavement plan of care up to 1 year following the death of the patient.

  Bereavement counseling also extends to residents of a SNF/NF or ICF/MR when appropriate and identified in the bereavement plan of care.
- (iii.) Ensure that bereavement services reflect the needs of the bereaved.
- (iv.) Develop a bereavement plan of care that notes the kind of bereavement services to be offered and the frequency of service delivery. A special coverage provision for bereavement counseling is specified in \$418.204(c).

It is important that hospices create bereavement-specific guidelines that detail the availability and scope of services and clearly delineate policies and procedures.

### **Acknowledgments**

Guidelines for Bereavement Care in Hospice was created by the Bereavement Professionals Section of NHPCO's National Council of Hospice and Palliative Professionals.

The National Hospice and Palliative Care Organization gratefully acknowledges the following individuals and organizations for their contribution to this valuable resource.

### Diane Snyder Cowan, MA, MT-BC, CHPCA

NCHPP Bereavement Professional Section Leader, Hospice of the Western Reserve, Inc., Cleveland, OH

#### Rex Allen, MA

Providence Hospice of Seattle, Seattle, WA

### Patti Anewalt, PhD, LPC, FT

Pathways Center for Grief & Loss, Hospice & Community Care, Mount Joy, PA

#### Robin Fiorelli, MSW, LCSW

VITAS Hospice, San Diego, CA

#### Chelsea Johnson, MS, MT-BC, LMT

Trustbridge, Inc., West Palm Beach, FL

#### Sarah Layton, MSW, LCSW

Heartland Home Health Care and Hospice, St. Louis. MO

### Daniel A. Speis, MSW, LICSW

Hospice of the Panhandle, Martinsburg, WV

#### Wesley Sturgis, LCSW

Novant Health Hospice & Palliative Care, Charlotte, NC

# NHPCO Staff Who Reviewed These Guidelines

### Kristi Dudash

Senior Manager, Research and Quality

#### Andrew Duncan, MA

Vice President, Membership

### Jennifer Kennedy, MA, BSN, CLNC

Senior Director, Regulatory and Quality

**Printer-Friendly PDF** 

### Q&A with the NCHPP Section Leader

Diane Snyder Cowan, MA, MT-BC, CHPCA is the NCHPP Bereavement Professionals Section Leader and was instrumental in the development of the *Guidelines*. *NewsLine* had the opportunity to ask Diane a few questions for some for additional insight regarding the revised and expanded publication.

Q: The new resource Guidelines for Bereavement Care in Hospice seems far more comprehensive than the previous edition. Was this intentional as you worked on revising this document?

Yes, we tried to cover all areas related to hospice and bereavement. We utilized a crosswalk that compared topics covered in other sections, reviewed what we felt was missing and included references to the Medicare COPs and NHCPO standards of care.

Q: How long did the group of professionals who wrote the new Guidelines work on this project?

Almost two years. We were small but mighty group. We divided up areas to work on independently but then reviewed each other's work and edited the project collectively. We also had wonderful help from NHPCO staff.

Q: Throughout the collaboration process, are there things that each of you working on the project learned or areas that challenged you all in terms of coming to consensus on a difficult aspect of care?

One of the challenges was verbiage. Do we use bereaved, grieving, loved one, etc.? One difficult aspect of care was complicated grief which is in and of itself a complex issue. It wasn't so much of a challenge in coming to consensus as to best practice, it was more about finding the right words to say what we wanted to say.

Q: The Annotated Bibliography and Resources is quite comprehensive. As a professional in the field, do you think it's important to continually read new publications and access online resources?

Life-long learning is critical in the world of grief and bereavement. There have been additions and changes in thoughts about grief work, theories and approaches. While



the "evergreen" books still hold weight today, we need to keep current with important advances and innovations to best meet the ever changing communities we serve.

### Q: We know that many hospice programs are facing tightening budgets and limited resources, is there advice you might give a program that if facing such constraints?

It's important to know what other resources are available in the community from other hospices, faith communities, mental health agencies, funeral homes, etc. Avoid duplication of programs and offer services that are not only unique but fulfil a need. Know where to refer folks who fall outside your agency's scope of services.

Q: There seem to be many things happening in the world around us that could benefit from the skills of a hospice bereavement professional; are there ways hospices can engage with communities apart from traditional care patients and family caregivers? Are there things a hospice should be cautious about in terms of reaching out to the community?

Absolutely. Hospices can work with local media reporting on community grief issues such as natural disasters, school shootings and the opioid crisis. Hospices can provide grief education seminars, offer hand-outs and other literature on grief topics. Some agencies offer grief counseling to community clients. Others provide death-related crisis response. Loss specific grief support groups, school based programs and consultation are also ways to get involved. Bereavement professionals need to know their skill level and have training in providing any specialized community grief support. Agencies may have limited resources.

# Q: Is there additional advice you would like to offer for someone who might be a new bereavement professional working in the field?

Become engaged with NCHPP, sign up for My.nhpco.org. Join the chats – especially the "new to bereavement" chat. Post questions on the discussion threads. There is a breadth and depth of wisdom and expertise out there and we can all learn from one another. (See page 30 to learn more about NCHPP, My.NHPCO and the many benefits for members.)

### Q: Any additional thoughts to share?

One thing to remember is that the guidelines are suggestions. They are not requirements by any governing bodies. Sometimes, professionals are looking for cut and dry answers about caseloads, visit frequencies, etc. The guidelines provide suggestions for best practices and what to consider, but ultimately it is an agency's decision to determine what their bereavement program can and will look like.

what other resources
are available in the
community from
other hospices, faith
communities, mental
health agencies, funeral
homes, etc.

### **Examples of Bereavement Offerings**

In response to a request for information from the Bereavement Professionals group on My.NHPCO, NewsLine shares some examples of bereavement programs that reflect the creativity and range of services available from hospice programs across the country.

### AseraCare Hospice, across the U.S.

### A Butterfly to Remember

These events offer an opportunity for friends, family and community members to remember and honor the legacy of those who have died with the release of butterflies, bubbles or doves. Held at AseraCare Hospice agencies across the country, each celebration is unique to its location.

### Casa de la Luz Hospice, Arizona

### **Mind-Body Skills Group**

Over the course of eight sessions, participants explore different ways to cope with stress that provides educational components as well as skill building tools such as breathing, meditation, autogenic training, biofeedback, drawing, journaling, and dancing.

### Center for Hospice Care – Life Transition Center, Indiana

### **Loss After Addiction Group**

The group is a bi-monthly educational and grief support group for adults who have experienced the death of a loved one to drugs or alcohol abuse and/or overdose. One of the original members of the group stated, "I would not be living the productive life

I am now without the Center for Hospice Care's caring, professional, kind influence."

# Halcyon Hospice and Palliative Care, Colorado

#### **Yoga for Grief**

Yoga is the union of breath with gradual and intentional movement and teaches us safe and approachable ways to connect and listen to our bodies. This yoga therapy group is made up of a series of 90-minute restorative classes that incorporate breathing exercises with gentle poses to bring peace and calm to the body and mind.

# Hospice & Community Care's Pathways Center for Grief & Loss, Pennsylvania

### School Crisis Response Teams: Three Day Flight Team Training

This three day series provides the basics needed for crisis team members to feel prepared to respond to a wide range of incidents involving the deaths of students or staff.

Content includes the 'big picture' of crisis response, developmentally specific information and strategies to address diverse needs of bereaved faculty and students of all ages. Those trained become part of the county Crisis Management Flight Team and are deployed to area schools as needed to supplement local schools in times of tragedies.

### Hospice of Santa Cruz County, California

#### Writing through Healing

Putting pen to paper is a powerful way to explore a personal journey in a manner that is both meaningful and rich with complexity — especially when talking about grief does not come easily for a person. Creative exercises are designed to help participants grow and heal, in new and gently surprising ways.

# Hospice of the Western Reserve, Ohio

### Riding through Grief: The Healing Power of Horses

This day camp is offered in collaboration with Fieldstone Farm Therapeutic Riding Center for children ages 8-12. Through fun horseback riding lessons and un-mounted activities with horses, participants explore grief issues. Prompted by the success of the Riding through Grief camps, this program has been expanded to an adult equine retreat.

### **Infinity Hospice Care, Nevada**

### **Response to Las Vegas Shooting**

Following the tragic shooting on October 1, Infinity Hospice Care responded to offer services and support to first responders and the community. Ongoing efforts include support groups for victims of the tragedy that include 911 operators and night staff at local funeral homes. Other programs in the area have also stepped up to help with the myriad of community needs following this national tragedy.

### **Mary Greeley Hospice, Iowa**

### **Cooking for One**

A workshop designed to address issues that accompany a newly bereaved spouse, both in the practical and psychosocial domains relating to mealtime. Combining the expertise of a dietitian, executive chef, and bereavement counselor, participants will receive education and support as they adjust to sitting next to an empty chair at the table.

### **Seasons Hospice, Georgia and Michigan**

#### The Widow's Walk

Offered by the Seasons Team in Georgia, bereaved spouses/partners meet at a different trailhead once per month on a Saturday and hike together. Along the way, they reminisce and support one another; while at the same time getting physical exercise, which is known to be a healthy way of dealing with emotional stress.

### **Holiday Party**

Hosted every December by a Chaplain at the Michigan location, the Holiday Party consists of a nice dinner at local event space. It is a time of fellowship, support, and sharing where strong bonds are made among group members.

### **VITAS Healthcare, California**

#### Day of the Dead Event

In the Mexican tradition, Día de los Muertos is considered the day that departed souls return to Earth—so it is dedicated to remembering and honoring those that have died. Family members typically gather graveside to mourn their loved ones and to celebrate their lives. Some of our programs recreate this event that includes building an altar, providing traditional foods and even making sugar skulls.

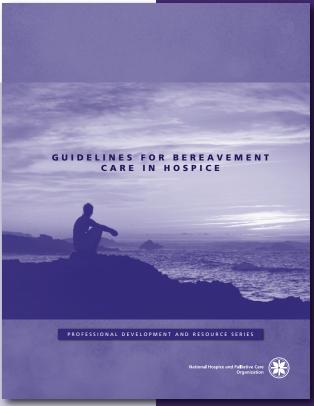
I would not be living the productive life I am now without the Center for Hospice Care's caring, professional, kind influence.

**Printer-Friendly PDF** 

# **Guidelines for Bereavement Care in Hospice**

**Brand New!** These guidelines serve to promote the provision of effective bereavement services and advance the practice of quality hospice and community bereavement care. The guidelines cover essential components of a hospice bereavement program providing information on how foster a program that goes beyond the baseline services required by state and federal regulations.

Order online from <u>NHPCO's Marketplace</u> or call 1-800-646-6460.



# From FEBS to EGSS Evaluating Hospice Bereavement Services

NHPCO is committed to providing hospices with the means to receive feedback and compare their performance to national data as a mechanism for ensuring quality of care. An important part of that process is the development of performance measures that provide useful, meaningful, and actionable data.

The Family Evaluation of Bereavement Services (FEBS) survey was developed by NHPCO in collaboration with the National Council of Hospice and Palliative Professionals Bereavement Professionals Section as a means for hospices to evaluate and improve the quality of their bereavement services in 2007. With feedback from FEBS users and guidance from an advisory group of NCHPP bereavement professionals, NHPCO revised the survey in 2017 and began implementation of the new survey in 2018. That revision was accompanied by a change in the name of the survey to Evaluation of Grief Support Services (EGSS).

NHPCO continues to provide online data submission and comparative reporting of survey results for hospices to use in their quality assessment and performance improvement efforts.

The EGSS survey is designed to evaluate bereavement services from the perspective of the recipients of the services. The survey is based on the assumptions that bereavement services:

- a) are intended to match the bereaved person's need for support, while recognizing that not all individuals will have the same needs; and
- b) have the goal of assisting the bereaved person to manage the impact of loss.

The survey design also takes into account that hospices offer services based on their particular preferences and resources, and that this, in turn, creates wide variation in the number and nature of bereavement services offered by hospices. The survey includes questions on a wide range of services, many of them optional so that hospices may tailor the EGSS survey to reflect the specific services they offer.

Because the quality of a bereavement program cannot be evaluated based on where its clients are in the grieving process, the survey does not include an assessment of respondents' progress. While grief assessment may be useful for bereavement staff in screening and planning interventions for individual clients, individual grief assessment has little utility in reporting and interpreting comparative program evaluation data at the national level. A screening question has been included, however, to identify persons who may need additional follow-up and assistance.

NHPCO is eager for member hospice programs to implement EGSS during the first quarter of 2018. For more information and to access the survey, visit the EGGSS page at <a href="https://nhpco.org/egss.">nhpco.org/egss.</a>.

### NHF Receives Grant from LGA to Create "Find a Bereavement Provider" Tool

Legal & General America has awarded a \$25,000 grant to the National Hospice Foundation for the creation of an online resource to help the public find information and community support services addressing grief and bereavement.

LGA will work with staff at NHPCO to create an online searchable database that will offer resources such as individual counseling, group support and workshop activities designed to help individuals struggling with grief and loss.

In addition to the online "find a provider" tool, the grant will support a consumer outreach and education initiative. NHPCO believes that everyone should have access to support whenever faced with serious loss, grief and bereavement.

Our online database will allow a person to search from any device anywhere and locate and contact bereavement professionals offering counseling services, group support, special services (activities specific for children and teens or bereaved who have lost a spouse, a child, etc).

In 2017, LGA awarded NHF a grant to create an educational video highlighting the importance of advance care planning. The video, "Advance Care Planning," was released last year.



### **NHPCO Resources**



# HOSPICE VOLUNTEER PROGRAM RESOURCE MANUAL

Are you ready to take your program to the next level? Updated in 2015 to reflect current regulatory requirements and best practices.

The manual offers suggestions for developing the "ideal" volunteer program - that is, one that goes above and beyond the "5% requirement."

Member Price: \$74.99
Non-Member Price: \$89.99



#### WHAT IS HOSPICE

nhpco BEST SELLER! This handy pamphlet is full of facts about hospice and includes a very effective "20 Commonly Asked Questions" section. Use it for patient/family education, public outreach, and volunteer recruitment!

Member Price: \$.78

Non-Member Price: \$1.48



# NHPCO'S 2016 NATIONAL STAR REPORT (PDF ONLY)

The Survey of Team Attitudes and Relationships is the first and only job satisfaction survey designed specifically for the hospice field.

This annual report allows hospices to

compare their individual survey results to national level results for benchmarking. The report also includes hospice staff salary and demographic information that can be used for budget preparations and strategic planning.

Member Price: \$40.00

Non-Member Price: \$60.00



#### A GUIDE TO GRIEF

**NEWLY UPDATED IN 2017!** This pamphlet takes readers through the feelings and symptoms of grief: shock, denial, anger, guilt, sadness, acceptance, and growth.

Member Price: \$2.00

Non-Member Price: \$2.50

### **New Hospice Apparel**

### **HOSPICE: PASSION & COMPASSION POLO**

Show off your hospice support in these newly added Hospice: Passion & Compassion Fleece and Polo's. They are available in both unisex and women's sizes. Get yours today!

POLO'S Member Price: \$25.00 | Non-Member Price: \$32.00 | Non-Member Price: \$50.00 | Non-Member Price: \$50.00





To stay abreast of all the changes and innovations within the field of hospice and palliative care requires ongoing dedication and commitment. NHPCO strives to offer educational programs and development opportunities that will help professionals stay up-to-date on practices, trends and innovations occurring within the field. NHPCO's goal is to ensure that all educational participants are better informed and have a renewed sense of commitment to delivering quality end-of-life care to their patients and families.

NHPCO Webinars and national conferences offer staff an excellent way 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 reviews very carefully the bi-annual Education Needs Assessment results as well as conference and educational program evaluations. Additionally, NHPCO's Professional Education Committee contributes a significant amount of time and insight into planning educational offerings.

Here's a glimpse of the staff training needs identified in the survey.

### YOUR FEEDBACK FROM NHPCO'S BI-ANNUAL EDUCATION NEEDS ASSESSMENT

In late 2017, NHPCO's Education Team, in collaboration with NHPCO's Research Team, invited hospice and palliative care professionals across the country to complete its bi-annual Education Needs Assessment survey.

Findings from the survey provide valuable insight into the specific educational needs of each discipline and support NHPCO in the development of future educational activities and products such as Webinars, conference offerings, and new online education activities. As a leader in end-of-life care education, NHPCO has received recognition from its continuing education accrediting bodies for its robust efforts in determining the educational needs of the field.

### About the surveys

To prepare for such an undertaking, NHPCO relied on the expertise and guidance of our Professional Education Committee and Research Findings from the survey provide valuable insight into the specific educational needs of each discipline...

Team. After months of development, NHPCO launched the survey to the professional community.

The survey sought information on education format preferences and the educational needs related to specific topics.

### Feedback from Over 1,400 Professionals

The surveys were completed over the course of a few weeks and, within that time, more than 1,400 professionals participated. Approximately 30 percent of the respondents were nurses however all disciplines working in hospice and palliative care participated and were represented.

Here's a brief recap of top responses in key content areas of the survey.

# Top Priorities for Program Management and Leadership:

- 1. Staff Orientation, Education and Development
- 2. Developing Management and Leadership Skills
- 3. Building Collaborative Relationships in Your Community
- 4. Mentoring Staff
- 5. Workforce Performance and Productivity

### Important Topics for Team Development and Function:

- Fostering Clinical Excellence: Individual and Team Learning/ Growth
- 2. Effective Team Meetings
- 3. Demonstrating Regulatory Compliance
- 4. Clinical Ethics: Supporting Patient and Family Choices
- 5. Facilitating a Healthy Work/ Life Balance for Staff

### Top Five Areas of Need for Clinical Care Training:

- 1. End-Stage Symptom Management
- 2. Advanced Pain Management
- 3. Assessing Mental Illness Issues
- 4. Terminal Prognosis and Trajectory
- 5. Delirium, Dementia and Agitation

# Highest Priorities for Supportive and Therapeutic Care:

- 1. Assessing and Responding to Family Caregivers' Needs
- 2. Comprehensive Assessment and Plan of Care
- 3. Life Review Techniques
- 4. Grief and Bereavement Support Services
- 5. Spiritualty and End-of-Life Care
- 6. Caregiver Support and Education

"It's incredibly valuable for us to receive input from so many professionals across all disciplines" said Barbara Bouton, NHPCO's vice president of professional development. "Our thanks to everyone who took the time to participate in this important survey."

Learn more about NHPCO's range of offerings at <a href="https://nhpco.org/education">nhpco.org/education</a>.



As an incentive for completing the survey, a drawing for a \$100 gift card was held.
Theresa Tanis, CHPLN, from Spectrum Health Palliative Care in Grand Rapids, MI was the lucky winner.

**Printer-Friendly PDF** 

# MLC PLENARY SPEAKERS TO CHALLENGE YOU AND SPARK YOUR CREATIVITY

The Education Needs Assessment is one of the important sources of information that contribute to the content development of each of our professional development offerings. This includes our onsite conferences. NHPCO's 2018 Management and Leadership Conference and Advocacy Intensive will explore the ways that hospice and palliative care leaders and managers can be active in charting our own course during this pivotal time for the field.

Meet two of the MLC plenary speakers who will challenge and inspire you.



**David Brooks** *The New York Times* 

The opening plenary speaker, David Brooks, has a gift for bringing audiences face to face with the spirit of our times with humor, insight and quiet

passion. A keen observer of the American way of

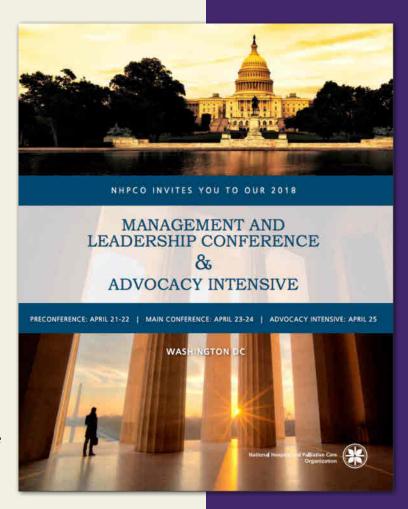
life and a savvy analyst of the policy landscape, he will provide a thoughtful perspective on the state of healthcare, its challenges and opportunities in the opening address.



Michael Burcham, MBA, DHA
Narus Health

The healthcare system of our country is poised for significant change; its future will be built around the consumer and their experience, not a payer nor a provider. New models will fundamentally alter how healthcare organizations interact with patients and one

another to deliver care, share information and manage costs. In his presentation, "The Future of Healthcare," Mr. Burcham will explain how Hospice and palliative care providers cannot operate on the periphery of this new momentum, but must be part of it.



Hospice and palliative
care leaders and
managers can be active
in charting our own
course during this
pivotal time for the field.

# MARK YOUR CALENDAR FOR 2018 EVENTS

Management and Leadership Conference, Advocacy Intensive, and NHF Gala Washington, DC

<u>Preconference Offerings: April 21 – 22, 2018</u>

Management and Leadership Conference: April 23 - 24, 2018

Advocacy Intensive: April 25, 2018

National Hospice Foundation Gala: April 24, 2018

The conference and the NHF Gala will be held at the Washington Hilton, Washington, DC. The Advocacy Intensive begins at the Washington Hilton and offers the option for visits with your legislators on Capitol Hill followed by a reception at the Capitol. Online registration is now open through April 2; the Advocacy Intensive is included in the MLC registration fee but separate a participation form is required in order to arrange the necessary Capitol Hill meetings.

Virtual Conference 2018 Live via the Internet Turning Points: Mastering Transitions in Care

July 18 - 19, 2018

Once again, NHPCO's Virtual Conference is presented in collaboration with the American Academy of Hospice and Palliative Medicine and the Hospice and Palliative Nurses Association.

Interdisciplinary Conference 2018 New Orleans, LA

Preconference Offerings: November 3-4, 2018; Main Conference Dates: November 5-7, 2018

Another conference in the year ahead that's not to be missed will be NHPCO's Interdisciplinary Conference hosted at the Hyatt Regency New Orleans, located in the historic French Quarter.



# THE EVENT THAT BROUGHT 46 STATES AND THE INTERNATIONAL COMMUNITY TOGETHER IN 2017...

The 2018 Virtual Conference is a cost effective way to bring high quality learning to you or your training center.

Three industry leaders offering expert content, nationally recognized faculty and CE/CME credit as well as 3-months of on demand availability that maximizes your educational dollar.









# **NHPCO Top Ten Lists**

By Jon Radulovic and the team at NHPCO

NHPCO offers a range of tools and resources that address many of the needs of our diverse membership. It's not uncommon for staff to hear that members were unaware of what turns out to be a valuable resource that we make available. With the hope of shining a light on some of the materials and offerings from NHPCO, we have created a series of NHPCO Top Ten Lists. Links to additional information on the website are included for those who might wish to learn more.

### Digital Engagement

### Top Ten Chats - one from each NCHPP section:

In 2017 there were 82 NCHPP chats with 10,480 registrants; all a member benefit.

- Composite Process Measure HIS Beyond Timeliness, Quality Assessment/Performance Improvement Section, 07/27/17
- 2. **Volunteer Boundaries & Difficult Volunteers**, Volunteer/ Volunteer Management Section, 11/09/17
- 3. Soul Candy: Stories, Readings, and Blessings for Centerings and Team Meetings, Spiritual Caregiver Section, 12/07/17
- 4. "To Comfort Care Kit or Not"- A Discussion of the Pro's and Con's, Pharmacist Section, 05/24/17
- 5. **Drugs, Alcohol and Grief,** Bereavement Professionals Section, 03/01/17
- Surviving Hurricane Matthew (and Irma) Why Planning for Emergencies is Critical, CEO/Executive Director Section, 09/26/17
- 7. "Why is there a Social Worker on my Couch?" Communicating Our Role to Patients, Families, and Colleagues, Social Work Section, 01/25/17
- 8. **Thinking Outside of the Hospice Box,** Development/PR/Marketing Section, 02/09/17
- 9. Onboarding New Hospice and Palliative Care Staff: What's Essential? Education/Research/Academics Section, 08/15/17
- Leading with Resilience: Preventing Burnout for Teams & Ourselves, Clinical and Operations Management Section, 10/25/17

Visit My.NHPCO.org to see the NCHPP sections (or "communities" as they are described on our member-only professional networking site. You'll find recordings of all past chats saved in each section's library. Members can join any number of sections/communities. Weekly NewsBriefs shares the list of upcoming chats and newly available recordings.

You'll find recordings of all past chats saved in each section's library.

### **Top Ten Podcasts in 2017:**

- Emergency Preparedness Final Rule,
   Episode #3
- 2. Volunteer Requirements, Episode #7
- 3. **Election Recap,** Special Episode
- 4. Role of Hospice Physician, Episode #21
- 5. **Paradox of Inpatient Care,** Episode #5
- 6. Comprehensive Assessment, Episode #14
- Building a Compliance Dashboard,
   Episode #16
- 8. **President Trump's First Joint Sessions,**Special Episode
- 9. Face to Face Certification, Episode #25
- 10. Hospice Inpatient Respite Care, Episode#20

To date, there have been more than 60,000 Podcast downloads going out to seven different countries across the globe since the Regulatory Podcast series launched. Visit <a href="https://nhpco.org/podcast">nhpco.org/podcast</a> to see the latest episode; past episodes are available on the <a href="podcast archive">podcast archive</a>.

# Top Ten NHPCO Blogs in 2017, totaling 24,892 views:

- 1. **All Other Ground is Sinking Sand,** 08/07/17. The most popular blog post this year with more than 11,000 views.
- 2. Impactful Relationships and Hospice, 10/05/17
- 3. **Venturing Beyond the Reef**, 04/04/17.
- 4. It's All About Getting the Care You Want, 03/28/17
- 5. NHPCO Meets with CMS Administrator Seema Verma, 12/14/17

- 6. **Summer Listening Tour**, Notes from the Road, 06/12/17
- 7. How to keep #HospiceMonth alive all year long, 12/05/17
- 8. Stronger Together, 08/15/17
- 9. Be the Voice of Your Patients and Families on Capitol Hill, 06/01/17
- 10. **Tragedy in Las Vegas**, 10/03/17

Some of the most popular blog posts to date have been written by NHPCO's Edo Banach. Visit NHPCO's Blogspot page to find these and other blogs.

### Top Ten Moments of Life pages visited in 2017:

- 1. I am a Hospice Nurse
- 2. The Door
- 3. Hospice and the Peaceful Home Death
- 4. Leap of Faith
- 5. Mr. Gregg: The Life of the Party
- 6. "Do Your Job" Takes on a Special Meaning
- 7. Corynna's Reflections
- 8. Bayada Nurse Helps Dying Man
- 9. **Rosemary**
- 10. **Late**

Visit NHPCO's award-winning, consumer engagement website: Moments of Life: Made Possible by Hospice.



### **Education**

**Top 10 Highest Rated Concurrent Sessions at MLC 2017:** 

- 1. Social Media and Online Fundraising
- 2. Sustaining Performance Excellence: Eliminating the Most Frequently Cited Regulatory Deficiencies
- 3. Improving Communication Practices and Avoiding Common Pitfalls in Hospice Audits, Investigations and Litigation
- 4. Medication Management Stewardship: Optimizing Clinical, Economic and Humanistic Outcomes in Advanced Illness
- 5. Putting the "Why" First: An Organizational Strategy to Drive Growth, Retention and Culture
- 6. The Unexpected Journey for California Hospices: Legalizing the "End of Life Options Act"
- 7. Educating Physicians and Patients to Discuss Advance Directives
- 8. Developing a Culture of Excellence: One Coaching Conversation at a Time
- 9. Hot Regulatory Topics
- 10. Preventing Live Discharges of Eligible Patients: The Value of the Ethics Committee

Learn more about the <u>2018 Management and Leadership Conference</u> and Advocacy Intensive with more than 70 concurrent sessions in addition to plenaries, networking opportunities, the exhibit hall, preconference offerings, and more. Online registration is open through April 2; onsite registration will be available at the Washington Hilton, beginning April 21.



Some of the most popular blog posts to date have been written by NHPCO's Edo Banach.

## Top 10 Highest Attended Concurrent Sessions at IDC 2017:

- Improving Interdisciplinary Leadership:
   Benefits of Coaching & Mentoring for New (and Not so New) Leaders
- What Your Medical Director Needs to Know About Determining and Documenting Relatedness: The Evidence Base for Coverage of Diagnoses and Drugs
- 3. **Preventing & Managing Unplanned Hospitalizations**
- 4. Outliving Prognosis: Addressing Clinical and Regulatory Issues for Eligible Hospice Patients Living Past Their Expected Prognosis
- 5. Regulatory and Quality Hot Topics
- 6. Management of Chronic Pain in Cancer Survivors
- 7. Everyone Pulls Their Weight! Building Strong Interdisciplinary Teams: The Management/Leadership Role
- 8. The Evidence and Best Practices Around Palliative Use of Marijuana
- 9. Palliative Use of Antipsychotics at EOL in Long-term Care: Should They Stay or Should They Go?
- 10. How Your IDG's Documentation Can Turn Around Top Cited Deficiencies

The sessions at the 2018 Interdisciplinary Conference will be just as robust. Being held at the Hyatt Regency New Orleans, conference details and online registration will be available later in 2018. Visit <a href="https://nhpco.org/IDC2018">nhpco.org/IDC2018</a> for information as it becomes available.

# Top 10 Attended Webinars in 2017, seen in 6,607 sites:

- 1. Veterans: Care at the End of Life
- 2. Eligibility and Prognosis: Determination Challenges
- 3. Advanced Grief and Bereavement Care
- 4. "Hot Topics:" Regulatory and Quality
- 5. **Documentation: Compliant and Complete**
- 6. **Drug Addiction and End-of-Life Pain Management**
- 7. Spiritual Care for the Non-Religious
- 8. Discontinuing Medication Appropriately
- 9. Addressing Drug Diversion
- 10. Trauma-Informed End-of-Life Care

Webinars has been developed for 2018 that reflect frequently requested topics and excellent faculty. Packages can still be purchased to bring high-quality professional development to your work place. Learn more about the 2018 Webinar series.

# Top Ten States with Highest Participation for Virtual Conference 2017 (in order):

- 1. North Carolina
- 2. Michigan
- 3. Minnesota
- 4. Florida
- 5. New York
- 6. Maryland
- 7. California
- 8. **lowa**
- 9. **Oregon**
- 10. Illinois and Kentucky (tied)

For the first time, the 2017 Virtual Conference is available for purchase as a bundled package. Learn more and order today.

The 2018 Virtual Conference theme is "Turning Points: Mastering Transitions in Care" and once again will be presented in collaboration with the American Academy of Hospice and Palliative Medicine and the Hospice and Palliative Nurses Association, July 18 – 19, 2018. Online registrationis now available.

### **Top Ten E-OL Courses in 2017:**

- 1. Managing with an Eye on Finances
- 2. What's New and What's Not in Drug Therapy the 411 and implications for Palliative Care
- 3. Foundations in Community-Based Palliative Care: Essential Elements for Success
- 4. Provision of Services A Regulatory Module
- 5. Inclusion and Access: The Managers Role
- 6. Bringing the Guidelines to Life: Actualizing the Basics of the NHPCO Guidelines for Bereavement
- 7. Hospice Comprehensive Assessment and Plan of Care
- 8. Advance Directives and Other Difficult Conversations: The Social Work Role in Palliative Care
- 9. Community-Based Palliative Care: A Hospice-Nursing Home Partnership
- 10. Performance Improvement Project Intensive Online Training

Many courses offer CE/CME making E-OL a convenient way to access professional education. Check out the range of courses available from NHPCO's E-Online.

The 2018 Virtual

Conference theme is

"Turning Points: Mastering

Transitions in Care."

### **Website Downloads**

### **Top Ten Regulatory PDF Downloads:**

- Emergency Preparedness for Hospice Providers
- 2. Hospice Values Competency Preface
- Compliance Clips Frequently Asked Hospice Volunteer Regulatory Questions
- 4. Medicare Hospice Conditions of Participation (CoPs) Compliance Guide for Hospice Providers
- The Medicare Regulations for Hospice Care, Including the Conditions of Participation for Hospice Care 42 CFR 418
- 6. **HIS Manual**
- Survey Readiness Initiative Medicare Hospice Conditions of Participation (CoPs) SUBPART D
- 8. State Operations Manual- Appendix Z-Emergency Preparedness for All Provider
- 9. Scrutiny about Hospice General Inpatient Care
- 10. Palliative Care: The Legal and Regulatory Requirements

Check out these popular PDFs - and more - in the <u>Regulatory and Compliance Center</u>.

# Top Ten PDF Downloads from NHPCO's Caringinfo.org:

- Advance Directives, with more than 177,000 downloads
- 2. What is Hospice?
- Choosing a Quality Hospice for You or Your Loved Ones

- 4. If You or Someone You Love is Very III... Ask Tough Questions
- 5. Understanding Advance Directives
- 6. Hospice Care and the Medicare Hospice Benefit
- 7. What is Palliative Care?
- 8. Hospice Care: A Consumer's Guide to Selecting a Hospice Program
- 9. You Have Filled Out Your Advance Directive. Now What?
- 10. If You or Someone You Love is Very III...

  Ask Tough Questions

With more than 353,000 downloads for these documents last year, providers are encouraged to visit the resource library at <a href="NHPCO's">NHPCO's</a>
<a href="CaringInfo.org">CaringInfo.org</a> to find links to these and other valuable resources. And, remember, content licensing is available for many of these helpful consumer education tools; for more information, contact the Solutions Center at solutions@nhpco.org.

These lists reflect only a few of the tools that professionals have access to as NHPCO members. New resources and relevant information is updated every week – and often every day. Remember that all staff and volunteers of our provider members have access to the website. If you need to add new staff to your program's roster, contact the Solutions Center at solutions@nhpco.org.

**Printer-Friendly PDF** 

# CONTENT LICENSING AND CO-BRANDING OPPORTUNITIES

License and co-brand valuable resources from NHPCO at a low cost.

NHPCO provides licensing agreements and permissions for organizations interested in mass production and branding on some of NHPCO's most popular copyrighted publications like state-specific advance directives.

- NHPCO has done the heavy-lifting and produced informative content. Resources are ready-made and only need one thing your branding!
- Advance directives are state-specific and legally reviewed every year.
- Choose publications from a wide variety of topics including advance care planning, caregiving, and end-of-life care. See a list of resources available at <u>CaringInfo.org/resources</u>.
- NHPCO's in-house graphic design team will help with placing your brand on the publication at no additional cost.

Understanding Advance Directives

Send on the Case

Send of the authorized diseasement of the control of the control of the case of the control of the contr

Contact 800-658-8898 or caringinfo@nhpco.org to learn more.

### **2018 Content Licensing Fees**

NHPCO MEMBER	NON-MEMBER
\$250	\$500

### **2018 Advance Directive Licensing Fees**

OPTION	NHPCO MEMBER	NON-MEMBER
1 state	\$350	\$700
Up to 5 states	\$1,250	\$2,500
Up to 10 states	\$2,000	\$4,000
Up to 25 states	\$4,500	\$9,000
All states	\$7,500	\$15,000



# NCHPP & My.NHPCC

### Your Connection to the Hospice & Palliative Care Community

By Amanda M. Bow, Director, Communications

hen I was working in the hospice provider community as a development and communications professional, I was eager to find peers in similar hospice organizations to network with. I worked at a small, rural, non-profit and was a department of one.

I was thrilled to learn that NHPCO had a group called the National Council of Hospice and Palliative Care Professionals or NCHPP. I was even more excited to learn that the online networking community My. NHPCO existed, giving me the ability to participate in discussions and learn more about what my peers were working on in their own organizations. I had the ability to connect with others who worked for similar sized organizations and dealt with the same challenges and opportunities that I had dealt with.

When I attended my first MLC, I participated in the NCHPP networking lunch on the first day of the conference. It was so great to meet like-minded professionals in person, and share ideas and struggles.

Now that I'm working on the "other side," I'm learning more about how valuable NCHPP and My. NHPCO are to our members. NCHPP is community of 14,000 strong and continues to grow every day. If you aren't connected, what are you waiting for?

### **NCHPP**

NCHPP is a collaborative of 15 discipline-specific groups advancing end-of-life care within their discipline and through interdisciplinary collaboration. NHPCO members can choose a primary and secondary section.

### My.NHPCO

NHPCO's online professional networking community connects you with other hospice and palliative care professionals. You will find a community for your NCHPP sections as well as several others that might interest you. You can share your professional expertise and find solutions to challenges through discussion boards, direct messages, and a comprehensive resource library.

One of the most exciting features of NCHPP is the free monthly chat opportunities. Most NCHPP sections hold a monthly chat on a topic relevant to the section. Chats are coordinated by the section steering committee and are led by experts in the topic they are instructing.

In 2017 the NCHPP community held 82 chats with over 10,400 attendees. Chat topics included:

- Ethical Considerations in Bereavement Care (Bereavement Professionals)
- The Top 3 Concerns Families Have About Their Dying Loved One (Certified Nursing Assistant)
- How to Share Your Stories: Merging Fundraising and Human Interest (Development, PR, Marketing)
- Building an Integrative Program Utilizing Evidenced-Based Practice and Outcome Measures (Integrative and Rehabilitative Therapies)



- FAQs & Tips Regarding the HIS and Hospice Quality Reporting Program (Quality Assessment/Performance Improvement)
- "Why is there a social worker on my couch?" Communicating Our Role to Patients, Families, and Colleagues (Social Work)
- Soul Candy: Stories, Readings, and Blessings for Centerings and Team Meetings (Spiritual Caregiver)
- Improving Staff/Volunteer Relationships (Volunteer/Volunteer Management)

Even though you are encouraged to designate only a primary and secondary NCHPP section in your member record in the official database (this is done through the "my account" prompt you may access when logged into nhpco.org), you can attend chats and follow the activity in other sections through My.NHPCO. If you think there are other sections that might have information relevant to your job or would be of interest, sign up to be a part of that community on My. NHPCO and you will receive chat

notifications. You can sign up for as many My.NHPCO communities as you wish.

I hope you will take advantage of this extremely valuable NHPCO member benefit. Connecting with peers who understand your profession and are eager to share and develop ideas together is priceless. Together we are building a stronger hospice and palliative care community! Join the conversation today.

**Printer-Friendly PDF** 

I was even more excited to learn that the online networking community

My. NHPCO existed

# **Meet the Board of Dire**

### A Message from NHPCO's Board Chair



It's an exciting time within NHPCO and the broader provider community. I am well into my second year as board chair as is our President and CEO Edo Banach. It's been a valuable time of exploration, engagement and planning. The NHPCO board has been focused on issues that include supporting the hospice and palliative care community, solidifying our foundation, and exploring innovation and what it might mean for the field.

I want to be sure that all our members are familiar with NHPCO's Strategic Priorities for the year – we shared them in the previous issue of *NewsLine* but we've included them in this

edition as well (see page 41). As we work together – as a unified provider community – to move these strategic priorities forward, I want to take a moment to thank all of those serving on the NHPCO board of directors as well as all our members who are actively engaged in our committees, councils, work groups, and serve as faculty for our educational offerings. The expertise and insight that you graciously offer is beneficial to every individual working in the field – as well as the patients and families for whom we care on a daily basis.

Also, let me thank each of you, our members, whose commitment and support of this organization makes all our work possible. For the opportunity to work on your behalf, I am grateful.

### **NHPCO 2018 Board of Directors**

Jan Jones (Chair) The Elizabeth Hospice

**Gregory A. Wood** 

(Vice Chair) Hospice of the Ozarks

**Edo Banach** (*President*) **NHPCO** 

**David Williams** (Treasurer)

VITAS Healthcare/Chemed Corporation

Regina "Reggie" Bodnar

(Secretary)

Carroll Hospice

**Suzi K. Johnson** (At-Large)

Sharp HospiceCare

Rafael Sciullo (At-Large)

Empath Health/Suncoast Hospice

**Norman McRae** 

(HAN Representative) Caris HealthCare, LP

**National Directors** 

Sally Aldrich

Methodist Le Bonheur Healthcare

Samira K. Beckwith

Hope Hospice and Community Services

**Darren Bertram** 

*Infinity Hospice Care* 

**Jeanne Dennis** 

Yonkers. NY

**Sandy Kuhlman** 

Hospice Services, Inc.

Michael McHale

TRU Community Care

**Balu Natarajan** 

Seasons Hospice & Palliative Care

**Stacie T. Pinderhughes** 

Optumcare, Complex Care Management

**Council of States** Representative

Jane Moore

Missouri Hospice & Palliative Care Association

**NCHPP** Representative

**Melinda Gruber** 

Caring Circle Palliative Care Director

**Palliative Care Representative** 

**Joan Harrold** 

Hospice & Community Care

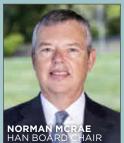
**Staff Liaison** 

**Beth Fells (Staff Liaison)** 

NHPCO

# **ctors 2018**

### A Message from the HAN Board Chair



It is my honor to chair the Hospice Action Network, an NHPCO affiliate that is dedicated to preserving and expanding access to hospice care in America. HAN pulls together the vast resources of our community-including the leaders on the HAN Board of Directors, our network of more than 60,000 advocates across the country, and a team of skilled policy professionals-to advocate with one voice for policies that ensure the best care for patients and families facing serious, advanced and life-limiting illness.

As we look at 2018 and beyond, there is tremendous opportunity for our community to advance our collective cause: To ensure the best care for patients and families facing serious illness and the end of life.

You can get involved by visiting our online Legislative Action Center, joining the Hospice Action Network, joining the HAN Board of Directors, or attending the Advocacy Intensive on April 25 in Washington, D.C. For more information, visit <a href="https://doi.org/10.1081/joining10.1081/join

### **Hospice Action Network 2018 Board of Directors**

Norman McRae (Chair) Caris HealthCare, LP

Rafael Sciullo (Vice Chair)

Empath Health/Suncoast Hospice

**Edo Banach** (*President*) *NHPCO* 

**Kate Proctor** (Secretary)

Seasons Hospice and Palliative Care, Inc.

Sandy Kuhlman (Treasurer)

Hospice Services, Inc.

Angela Sells (At-Large)

AseraCare Hospice & Palliative Care Medicine

Ray Sierpina (At-Large) Kindred Healthcare

Samira K. Beckwith

Hope Hospice and Community Services

**Brian Bertram** 

Infinity Hospice Care

**Christie Franklin** 

Bristol Hospice, LLC

**Kevin Gunter** 

Silverado

**Craig S. Jeffries** 

Compassus

Suzi K. Johnson

Sharp HospiceCare

**Susan Lloyd** 

Delaware Hospice

**Jane Moore** 

Missouri Hospice & Palliative Care Association

**Mark Murray** 

Center for Hospice Care

**Todd Picou** 

Hospice Care of South Carolina

Michael Reed

Heartland Home Health and Hospice

**David Totaro** 

BAYADA Home Health Care

**David Williams** 

VITAS Healthcare/Chemed Corporation

Chair, NHPCO Public Policy Committee

Gregory A. Wood

Hospice of the Ozarks

Chair, NHPCO Board of Directors (ex-Officio)

**Jan Jones** 

The Elizabeth Hospice

Staff Liaison

**Sharon Pearce** 

**NHPCO** 

### **Meet Lori Bishop**



NHPCO is proud to welcome Lori Bishop, MHA, BSN, RN, CHPN, as our Vice President, Palliative and Advanced Care. She joined the team in January 2018.

Lori is a healthcare nurse executive focused on innovative and transformational interdisciplinary care delivery models for the vulnerable seriously ill population. Lori has an extensive clinical background in hospice

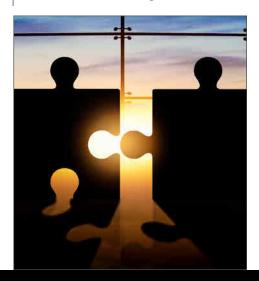
and palliative care. Prior to joining NHPCO, Lori was the Chief Advanced Illness Management (AIM) Executive for Sutter Health serving an average daily census of 2500 seriously ill patients across Northern California. Under her leadership, the Sutter Health AIM program received the inaugural Vanguard Award from the California Hospital Quality Institute in 2016. In her previous executive role at UnityPoint Health, the system-wide integrated Palliative Care program received the prestigious Circle of Life Award in 2013.

A past NHPCO board member, Lori has a history of participating on several state and national boards and committees. Lori received her RN diploma from Moline Public Hospital School of Nursing, and her BSN and MHA from the University of Phoenix. She is a published author and national speaker. Lori was recognized as a top 100 Great Iowa Nurses in 2009 and received the Iowa Spirit of Hospice Award in 2001.

### **Working to Serving Our Members**

In the fall of 2017, hospice providers in the Midwest began contacting NHPCO to express concern with survey deficiencies and citations concerning the role and responsibility of the hospice medical director. The citations were for a conditional level deficiency for the role and responsibility of the hospice medical director, as described in §418.102 and in the Medicare Hospice Interpretive Guidelines for condition-level deficiency L-tag 664, and standard-level deficiency L-tags of 665 through 669. As NHPCO investigated further, the issues were centered in CMS Region V, including the states of Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin.

For many providers, the resolution was difficult, costly, and time consuming. NHPCO worked with providers exploring possible solutions. The issue came to a head when one provider was sent a notice of termination from the Medicare program, based on an unclear reporting relationship of physicians working in the hospice to the one medical director. The notice of termination was issued pending the submission of a Plan of Correction that met the strict requirements of the CMS regional office. Edo's contacts at CMS were put to great use in the dialogues with both the CMS Central Office in Baltimore and with the CMS Region V office, and resulted in a change in interpretation of the regulations on which the medical director requirements are based. And... the termination letter was rescinded. NHPCO continues to watch this issue and others closely, reaching out to CMS and to other policymakers to ensure accuracy and fairness in interpretation of regulations.



# **Leadership and Advocacy Come Together**

### **Two Premiere Events Combine**

As palliative care and hospice leaders and managers, it's important to recognize that 2018 will continue to be a pivotal time for the future of hospice and palliative care, as well as healthcare in general. It is critical that NHPCO members and partners be active participants in charting our own course, and NHPCO has made a change to the annual Management and Leadership Conference to facilitate this goal.

In 2018, two premiere events are coming together. The Management and Leadership Conference will be held in conjunction with the Advocacy Intensive, April 23-25 in Washington, DC.

On April 23 and 24, hospice and palliative care leaders will take advantage of educational offerings focused on timely topics and new approaches to successful leadership and

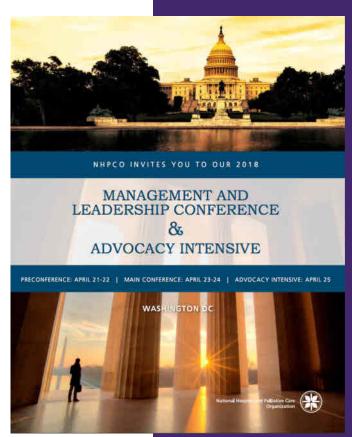
program management. On Wednesday, April 25, the focus shifts to advocacy, starting off with a morning plenary and concurrent sessions at the Washington Hilton Hotel and moving in the afternoon to Capitol Hill for participants to meet their legislators. The three days will be capped off with a Congressional Reception at the historic Russell Senate Office Building adjacent to the Capitol.

An array of preconference offerings, that include the Hospice Manager Development Program's Foundational Course, are being offered on April 21 and 22 that may be taken alone or as part of the full conference experience. Adding to the excitement of the conference is the <u>National Hospice Foundation's Gala</u> hosted at the hotel on April 24.

<u>Visit the conference website</u> for more information. Online registration is available through April 2. Onsite registration will begin at the Washington Hilton on April 21.

An additional participation form is necessary for those who wish to attend meetings on Capitol Hill.

Tickets are required for NHF's Annual Gala.



Can't make it to
Washington, DC? The
newest edition of the HAN
Advocacy Toolkit has
everything you need to be
an advocate from home.
Check it out online!

# NHPCO and NAHC Collaborate on Webinar







NHPCO and the National Association for Home Care & Hospice worked together on a special Webinar, Fraud and Abuse in Home Care and Hospice: Understanding Risk Areas; Preparing for Review, presented on Wednesday, February 21.

Designed to help providers understand fraud and abuse, the audit process, how to prevent allegations, and how to prepare responses to audits if they occur, the Webinar was seen in more than 100 locations across the country.

The distinguished faculty featured Edo Banach, JD of NHPCO; William A. Dombi, Esq. of NAHC; Jason Bring, JD of Arnall Golden Gregory, LLC; and Howard Young, JD of Morgan Lewis & Bockius. The presenters discussed practices that increase the likelihood of allegations and shared lessons learned from providers that have experienced audits. Helpful to Webinar participants, they offered guidance on how to prepare for additional scrutiny and audits and what actions responsible leaders should take to prevent such issues.

NHPCO and NAHC look forward to another special Webinar collaboration in September 2018. Look for details later in the year.

# **Update of National Consensus Project Clinical Practice Guidelines**



In January 2017, the Gordon and Betty Moore Foundation awarded the National Coalition for Hospice and Palliative Care (NCHPC) and the Hospice and Palliative Nurses Foundation a

two-year grant to update the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care to be inclusive for all people with serious illness, regardless of setting, diagnosis, prognosis, or age.

Building on the success of the NCP Clinical Practice Guidelines for Quality Care, 3rd edition (2013), this two-year project involves national stakeholder organizations, including representatives from a broad range of care settings, accrediting bodies, payers, and community services organizations. Previous versions of the NCP Guidelines were more applicable to specialist level palliative

care within hospital and hospice settings, and the new NCP Guidelines will be broadened to encompass palliative care delivery by all clinicians caring for the seriously ill in all care settings.

To launch this effort, a NCP Stakeholder Strategic Directions Summit was held June 29-30, 2017 to bring together key national organizations to discuss and define essential elements of quality primary and specialty palliative care services in the community (which included NHPCO). The Stakeholder Strategic Directions Summit was the first major step to solicit input for the NCP Clinical Practice Guidelines for Ouality Palliative Care, 4th edition. A NCP Stakeholder Summit Summary Report is available to download that captures key themes, considerations, and ideas discussed during the Summit.

In addition, a systematic review with a formal grading of the evidence is being added to the original project scope to align with the criteria required for inclusion in the Agency for Healthcare Research and Quality National Guideline Clearinghouse<sup>TM</sup>.

With the addition of the systematic review, the publication date for the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care, 4th Edition, is set for fall 2018. To stay informed about the latest updates with the 4th edition, visit <a href="https://www.nationalcoalitionhpc.org/ncp-guidelines-2018">www.nationalcoalitionhpc.org/ncp-guidelines-2018</a>.

# All Career Centers Are **NOT** Created Equal



## Are you seeking high quality candidates?

Cut down on your workload without sacrificing your standards! Visit us today at NHPCO's Career Center to post your open positions to a well-defined, sector-specific audience.

### Are you searching for a new position in Hospice and Palliative Care?

Creating a job agent on the NHPCO Career Center can generate leads that are best suited to your skills. It's easy and FREE.

For more information visit: careers.nhpco.org



### **New President & CEO at Hospice Hawaii**



Tori Abe Carapelho

The Hospice Hawaii board of directors selected Tori Abe Carapelho as its new president and chief professional officer. She succeeded Ken Zeri in December 2017. Carapelho previously served as Chief Strategy Officer at Hospice Hawaii and was responsible for developing a community relations strategy and new brand identity that led to an increased awareness and understanding of hospice. She also directed development and implementation of operational improvement.

Born and raised in Hawaii, Carapelho holds a Master's degree in business administration from Hawaii Pacific University and a Bachelor's degree in communication from the University of Hawaii at Manoa.

### **VNA Care Welcomes New President and CEO**



**Holly Chaffee** 

VNA Care, a subsidiary of Atrius Health serving more than 50,000 patients each year in Massachusetts, is pleased to introduce Holly Chaffee, BSN, MSN, RN as President and CEO. The appointment of Chaffee, approved by the Board of Directors in December 2017, was the result of a nationwide search. VNA Care includes VNA Care Network, VNA of Boston, and VNA Hospice and Palliative Care.

For the past decade, Chaffee has been the President and CEO of Porchlight VNA/Home Care, a five-star agency serving communities in Western Massachusetts. Most recently, Chaffee was recognized as a 2017 Healthcare Hero by the publications Business West and Healthcare News, earning the honor as the Health/Wellness Administrator of the year.

# New Leadership at VNA of the Treasure Coast



Erik Kolacinski

The Visiting Nurse Association of the Treasure Coast (Florida) has named Erik Kolacinski as its new president and CEO. Kolacinski, who most recently served as senior vice president for Care South Health System in Georgia, has extensive experience with physician-ordered home healthcare, private duty nursing and hospice, all core service lines offered by the VNA. He had great success in increasing revenue for the company as well as rolling out a new clinical training program that focused on onboarding, IT, clinical prowess, documentation and specialty programs.

Kolacinski also brings a great deal of experience in creating partnerships and joint ventures with hospitals and care providers.

### **General Manager of VITAS in Lake** and Sumter Named



Jillian Madsen

VITAS Healthcare has named Jillian Madsen, RN, general manager of its newest location, in Lake and Sumter counties (Florida), which began accepting hospice-appropriate patients in January 2018. A Lake County resident for more than a decade,

Madsen will oversee operations, develop and expand the program, and represent VITAS in the community.

Madsen joined VITAS in 1996 as a home care nurse. Following advancement to patient care administrator and senior patient care administrator, she was promoted to associate general manager of VITAS in Maitland in 2015, and later was promoted to general manager.

# New Director of Hospice of Siouxland



Ann Myers

Hospice of Siouxland (locally owned by Mercy Medical Center-Sioux City and Unity Point-St. Lukes), has appointed Ann Myers as the Director of Hospice of Siouxland. A lifelong resident of Sioux City, Myers has over 30 years of experience in

the medical field with expertise in the areas of home health, long term care facilities, and with hospice and palliative care services.

A graduate of Briar Cliff College and Creighton University, she worked as an RN for Mercy Homecare for ten years and then, with her husband, managed long term care facilities in Iowa and Nebraska.



# Interested in starting a pet care program for your patients?

Pet Peace of Mind offers a turnkey program for nonprofit hospices that covers all aspects of pet care for your patients.



# Diversity Council Spotlight

NHPCO's <u>Diversity Advisory Council</u> provides information, guidance and expertise to NHPCO and its members related to serving diverse populations. The Diversity Advisory Council develops resources and tools related to serving diverse populations, develops educational resources, and discusses social determinants of health that may influence access to palliative care or hospice.

#### Please meet the members of the Diversity Advisory Council:

#### **Geoffrey Coleman** (Chair)

Medical Director
Montgomery Hospice

#### **Kimberly Acquaviva**

Chief Research Officer
The KB Group, LLC

#### **Zoe Aponte**

Director of Human Resources Catskill Area Hospice and Palliative Care, Inc.

#### **Lyla Correoso-Thomas**

National Medical Director Kindred at Home/Gentiva Health Services

#### **Diane Deese**

VP of Community Affairs
VITAS Healthcare

#### Melissa Delacalzada

Director, Communications, Volunteer & Education The Elizabeth Hospice

#### **Mayumi Doty**

Bereavement Coordinator Bayada Hospice

#### **Michelle Drayton**

Director, Community
Engagement & Outreach
Visiting Nurse Service of New York

#### **Kunga Nyima Drotos**

Hospice Social Worker Caring Circle

#### **Ronnie Duncan**

Chief Diversity Officer
Agape Hospice

#### **Deborah Gonzalez**

Bereavement Counselor Pathways Center for Grief

#### **Bernice Catherine Harper**

Clinician, Educator and Researcher

#### **Theresa Herman**

Massage Therapist
Allina Health Home Care and
Hospice

#### **Russell Hilliard**

Senior VP, Patient Experience & Staff Development
Seasons Hospice & Palliative Care

#### **Brandon Jones**

Chief Executive Officer
Hospice of Charles County

#### **Barbara King**

Marketing & Access Assistant Center for Hospice Care

#### **Nora Luna**

Director of Diversity & Grants
Nathan Adelson Hospice

#### **Yolanda Marable**

Medical Social Worker Lincoln Medical Home Health & Hospice

#### **Joanne Rosen**

VP, Marketing & Public Affairs Samaritan Healthcare & Hospice

#### **Stefani Sackinger**

Community Engagement Liaison Lumina Hospice & Palliative Care2350 NW

#### **Apollo Townsend Stevens**

*Director of Hospice Home*UNC Hospice

#### **Sandy Chen Stokes**

Founder & Board Chair Chinese American Coalition for Compassionate Care

#### **Marta Licon**

Hospice Executive Director Ambercare Hospice

#### **Toby Weiss**

Director of Cultural Sensitivity & Jewish Program
MJHS Hospice & Palliative Care
Program

#### **NHPCO Staff Liaisons:**

#### **Zinnia Harrison**

VP, Innovation & Inclusion

#### **Hope Fost**

Inclusion Coordinator

To find resources such as NHPCO's Inclusion and Access Toolbox, outreach guides to reach African Americans, Chinese, or Latino communities, or links to other resources, visit the <u>Outreach/Access</u> section of NHPCO's website.

Strategic planning for the year 2020 and beyond is well underway. In 2018 and 2019, NHPCO will take measurable steps to create a future that will provide a seamless delivery model from diagnosis to bereavement – the ultimate goal of providing the right care at the right time. This envisioned future unifies hospice and palliative care providers, as well as the payment stream, under one umbrella.

In realizing this vision, NHPCO has developed the following strategic priorities:

#### **STRATEGIC PRIORITIES**

- Continue to assure access to **high quality** hospice care to a broad cross-section of patients and families.
- Broaden the spectrum of services to foster a seamless continuum of care for seriously ill patients and families.
- Develop a campaign to demonstrate the value of hospice and palliative care services.
- Expand access to data and analytics to support the efforts of the hospice and palliative care community.
- **The proof of the Proof of Collaboration** with other entities focused on serving patients and families.
- Explore **innovative membership** models to better meet the needs of the hospice and palliative care community and NHPCO.
- Expand non-dues **revenue** sources for NHPCO.



To lead and mobilize social change for improved care at the end of life.



A world where individuals and families facing serious illness, death, and grief will experience the best that humankind can offer.



#### NHPCO believes in:

- Service: Engaging Customers
- Respect: Honoring Others
- Excellence: Exceeding Expectations
- Collaboration: Fostering Partnerships
- Stewardship: Managing Resources

## ChiPPS Pediatric Spotlight

The <u>Children's Project on Palliative/Hospice Services Leadership Advisory Council</u> provides strategic guidance to NHPCO related to pediatric palliative care and hospice. The ChiPPS Leadership Advisory Council publishes the ChiPPS quarterly E-Journal and other pediatric resource development initiatives. The ChiPPS Leadership Advisory Council serves as a leader in Pediatric Hospice and Palliative Care educational offerings and Pediatric Standards of Care for Hospice Programs.

#### Please meet the members of the ChiPPS Leadership Advisory Council:

#### **Holly Davis** (Co-Chair)

Executive Director St. Francis Healthcare System of Hawaii

#### Marilyn Fisher (Co-Chair)

Physician and Ethicist Journey's Pediatric Palliative Care Team Albany Medical Center

#### **Stephanie Allen**

*Nurse Case Manager* Akron Children's Hospital Palliative Care

#### **Laurie Barbaro**

Director of Patient Care
Edmarc Hospice for Children

#### Joan "Jody" Chrastek

PACCT Coordinator
Fairview Home Care and Hospice

#### **Kathy Davis**

Director, Pediatric Education & Palliative Care
University of Kansas Medical
Center

#### **Ann Fitzsimons**

Executive Director/Founder Here4U, Inc.

#### **Lily Gillmor**

Director of Pediatric Program
Transitions LifeCare

#### **Jennifer Holler**

Director, Children and Family Support Services Covenant Hospice

#### **Betsy Hawley**

Executive Director
Pediatric Palliative Care Coalition

#### **Melissa Hunt**

Pediatric Clinical Pharmacist Optum Hospice Pharmacy Services, LLC

#### **Jennifer Mangers**

Child Life Specialist JourneyCare

#### **Caroline A. McCardell**

Director of Pediatric Hospice Homeland Hospice

#### **Jacki Nardone**

Director Social Services & Counseling
Hospice of Martin & St. Lucie
Treasure Coast Hospice South

#### **Diane Parker**

Chief Nursing Officer Palladium Hospice and Palliative Care

#### Elizabeth Rocha

Clinical Director of North Region & Pediatric Director Hospice of Michigan

#### **Shayna Stiles**

Executive Director
Providence TrinityCare Hospice

#### **Liz Sumner**

Director The Center for Compassionate Care The Elizabeth Hospice

#### **Christy Torkildson**

PalliativeCare Coordinator University of California, San Francisco Benioff Children's Hospital Oakland

#### Yelena Zatulovsky

National Director, Supportive Care & Patient Experience Seasons Hospice & Palliative Care

#### **NHPCO Staff Liaisons:**

#### **Zinnia Harrison**

VP, Innovation & Inclusion

#### **Hope Fost**

Inclusion Coordinator

To find resources addressing pediatric palliative care and hospice available from ChiPPS, please visit nhpco.org/pediatric.

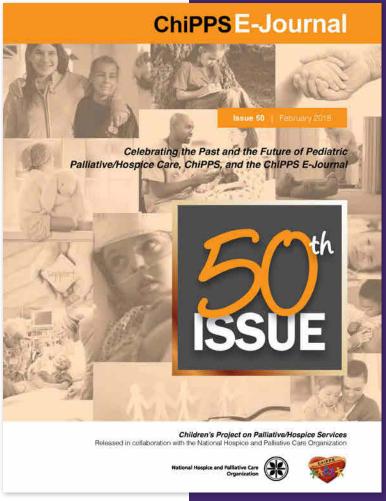
# **50th Edition of ChiPPS E-Journal**

NHPCO is pleased and gratified to have published the fiftieth edition of the pediatric ChiPPS E-Journal. This has only been possible with the support of NHPCO, the Advisory Council of ChiPPS, the ChiPPS E-Journal Workgroup, and hundreds of contributors over the past 13 years. Thanks to everyone who has helped reach a total of 50 issues thus far (and 50 more to come?).

The 50th issue offers an expanded collection of articles by contributors who responded to invitations to either: (1) look back on the development of pediatric palliative/hospice care and of ChiPPS and its E-Journal; or (2) look forward to their hopes and predictions for the future of our field. Not every busy person invited to contribute was able to accept the invitation, but those who did were left free to write as they wished. The results that appear in this enlarged issue constitute a rich trove of experiences and insights that will benefit any reader with an interest in the field.

Download this special issue of the ChiPPS E-Journal.

Visit the ChiPPS E-Journal page to access the archive of past editions.



"Celebrating the Past and the Future of Pediatric Palliative/Hospice Care," is the theme for the landmark 50th Issue of the ChiPPS pediatric palliative hospice care e-journal.

# Council of States Spotlight

In each issue of NewsLine, we share news and information from the organizations that make up our Council of States. In this issue, we share an article on a prison hospice program developed in collaboration with the Missouri Hospice and Palliative Care Association.

In 2013, the Missouri Department of
Corrections partnered with the
Missouri Hospice and Palliative Care
Association to draft a formal training
manual for offenders. This manual
borrowed many of the same practices
used in the Louisiana State
Penitentiary's Hospice Program in
Angola. The Angola hospice program
owes much to the Louisiana
Mississippi Hospice and Palliative Care
Organization which initiated
innovative and compassionate work
of caring for people dying in
corrections facilities.

Angola was one of the first prisons to implement formal hospice system when it did so in 1998. When created, more than 85 percent of inmates at Angola were expected to die behind bars. Staff consisted of a mix of certified nurses and other offenders from the same prison system. This program would be a model for Missouri's laterestablished formal hospice system. (For a photo tribute to volunteers at the Louisiana State Penitentiary's Hospice Program in Angola, see NewsLine, April 2010 - page 10.)

# Missouri Offenders Help Their Peers Come to Terms with Death

By Jake Cookson & Madison Fleck & Kat Jennings & Aviva Okeson-Haberman

Offenders in some Missouri prisons are breaking down walls — emotional walls. They're demolishing the barriers they've spent years building while inside a prison cell. But it's only at the end of their sentence, the end of their life, that those walls finally crumble. And they crumble with a fellow inmate by their side.

It's all part of the Missouri Department of Corrections (MODOC) Hospice Program, which started in 2015, where offenders are trained to provide end-oflife care for their peers.

Deloise Williams, assistant division director of medical services at MODOC, said Missouri prisons have anywhere between eight to 10 hospice patients each month. But the fact that they're prisoners doesn't change the kind of care they're getting.

"People are people are people," she said. "I know what that person did because they are in prison. That's not my focus. The focus is not on who that person is, what that person has done and their life, but the focus should be, 'How can I provide care and comfort to that person to make this a more natural process?"

In the two hospice care rooms located in the infirmary at Jefferson City Correctional Center (JCCC), offenders live out their final days. There's not much to look at: two small paintings of a snowy landscape, a bulletin board for photos of family and a single, narrow window just under the ceiling with a view of a fence and barbed wire.

Kevin Dyal has been an inmate at JCCC for 18 years and is a volunteer in the hospice program. He sits with his peers, reads to them, writes letters for them, and he helps them come to terms with death.

One patient's death struck a chord with Dyal. He said the man wasn't able to eat well. It was a man he had known for years. Although the man had been in a bad mood for days, on this particular day, Dyal saw his spirits lift as he took him through the halls of the hospice unit. And there was cake.

Dyal mixed the cake with Kool-Aid so that his patient could enjoy the treat. But when Dyal left for a few minutes to tend to another patient, something happened.

"I come back, and he's looking at me, and he grabs my hand and holds my hand and starts doing hiccupping," Dyal said.

Minutes later, the man was dead, and Dyal was terrified the man had choked on the Kool-Aid/cake concoction. But it was a heart attack that was the official cause of death.

"That was a hard one for me. And luckily, I had other hospice guys who were right there who were trying to comfort me because I was not in a very good head right then," he said. "It was sad for me."

Dyal is serving a life sentence for second-degree murder.

He's one of more than 250 volunteers who help with hospice care in Missouri prisons, ensuring inmates don't die alone.

Prison hospice programs are becoming more common as inmate populations age. According to 2014 data from the U.S. Department of Justice, the mortality rate in Missouri prisons increased by 70 percent within a 13-year period. Most of those deaths are caused by cancer. Thus, the need for end-of-life care increased.

CEO of the Missouri Hospice and Palliative Care Association, Jane Moore, said she saw that need and wanted to act on it.

"At that point in their life, whatever they were there for, they're not going to be a danger to society at that point by any means," she said. "Many of



them can't even get up, they're bed bound at that point because they're at the end of life."

According to 2012 data from the National Prison Hospice Association, there were about 75 prisons in the United States with access to hospice care, and out of those 75, about half use prisoners as volunteers. Louisiana and Maine are two of the states with a similar program, and Moore designed Missouri's off of the program in those states.

But the program wasn't easy to start. Moore first went to MODOC with the idea back in 2013, but the Hospice and Palliative Care Association didn't train the first group of volunteers until 2015.

Moore said the implementation of the program took so long because of the back and forth between MODOC and the Hospice and Palliative Care Association. They slowly ironed out small details like how much

Joel Allred is waiting inside of a prison visiting room in the Jefferson City Correctional Center in Jefferson City, Missouri on Nov. 21, 2017. Allred is one of the prison's aging offenders who has a terminal illness and will spend their final days behind bars.

Photo Credit: Aviva Okeson-Haberman / KBIA

# Council Of States Spotlight



Allred rests his hand against his wheelchair in the Jefferson City Correctional Center in Jefferson City, Missouri on Nov. 21, 2017. Allred's strength has faltered significantly since his diagnoses. "Some days can be pretty difficult...if I drop anything, it's going to stay there until I feel better or [a nurse] comes around," Allred said.

information could be disclosed in journaling and how much the inmates could touch one another.

"We had to go back and manage some of the areas where we do a lot of touchy-feely stuff in hospice," she said. "So we had to figure out how do we work that? I mean, how much can we do? Can they touch somebody's hand?"

The Missouri Hospice and Palliative Care Association has trained prisoners at 12 of the 21 Missouri prisons. There are plans to train offenders at another Missouri Prison in early 2018 and to add dementia training to the curriculum.

Moore said the association underwrites what it does for MODOC when it comes to training the offenders. Doctors and nurses volunteer their time to spend a day with criminals and teach them about end-of-life care.

"This was our sort of gift, being part and parcel and being on board with this idea that it would be a really great program to put into place," Moore said. "We volunteered all our time, we volunteered the organization and all of the work."

Dyal is no stranger to death. He was convicted for assisting in the murder of his stepmother, and during his time behind bars, he's helped his friends die peacefully. But despite all the death, he still volunteers. He still reads to his

peers who are at the end of their life; he still writes for them; he still feeds them cake.

"What I like now is to know that someone is not dying in the worst place you can die — alone. No one there for you; no one to care for you," Dyal said. "That's what I enjoy from hospice."

This article was originally published by public radio station KBIA and is reprinted with permission. KBIA is a University-licensed, communitysupported not-for-profit institution, actively involved in the life of the mid-Missouri area. The station is the area's largest provider of arts programming, serving more than 30,000 listeners and members each week, and is today one of the few remaining providers of local news. KBIA provides the best in NPR news, information, and arts and entertainment programming to this growing and vibrant area.

http://kbia.org/post/missourioffenders-help-their-peers-cometerms-death#stream/0



#### The Angola Experience: End-of-Life Care in Corrections

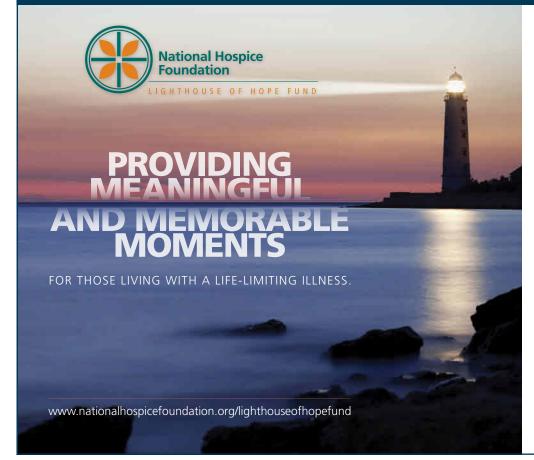
Professionals attending NHPCO's 2018 Interdisciplinary Conference will have an unprecedented opportunity to learn about and experience end-of-life care in a maximum security correctional facility when they visit the Louisiana State Penitentiary at Angola. On Wednesday, November 7, a limited number of participants will travel to Angola for a full day experience. Among the activities planned, participants will learn from prison officials and hospice volunteer inmates involved in providing hospice care in this unique end-of-life care setting. For more information, visit <a href="https://www.nhpco.org/IDC2018">www.nhpco.org/IDC2018</a>.







### MAKE A SPECIAL MOMENT POSSIBLE FOR YOUR PATIENT



# 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 loss
- Who have no other means to fund the specific request

#### **Selection Criteria**

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

## **News From National Hospice Foundation**

# Thank you for Supporting NHF in 2017



The NHF Gala, held at the Washington Hilton, was a great success!

It's hard to believe that 2017 is already behind us. As we strive for a strong year ahead supporting even more patients and families at the end of life, we wanted to take a moment to reflect on last year's accomplishments.

On May 2, over 300 people attended the NHF Gala in Washington, D.C. Our supporters learned how special experiences shared with family and friends can improve the quality of life for hospice patients in a way medicine alone cannot. They responded by raising over \$24,000 for the Lighthouse of Hope Fund.

Those funds helped support 56 Lighthouse of Hope experiences in 22 states with grants totaling \$51,347.73. The grants went to hospice patients with special end-of-life requests they could not otherwise afford. The experiences included a honeymoon to Atlanta, a Curious George themed 3rd birthday party, and a mother-daughter spa day, among many other special trips and outings. READ MORE...

### **Tax Reform and Fundraising**

Tax reform is here and fundraisers need to learn, understand, and adapt to what could be a very different fundraising environment for their organizations. NHF's Vice President of Philanthropy, Sarah Meltzer, answers some questions regarding tax reform and how it may influence donors. READ MORE...

# A Day at the Spa - A Lighthouse of Hope Story

Aida Castro's Lighthouse of Hope story is about the bond between mother and daughter, memories of the past, and the importance of self-care. Aida has a background in cosmetology but has been unable to focus on her skill because of her illness. Liz Manlin, a social worker at VNA Hospice of Philadelphia, applied for a Lighthouse of Hope grant requesting funds to cover a mother and daughter day at the spa.

READ MORE...







The 2018 National Hospice Foundation Gala will celebrate the innovators of our time, those that lead the way during a critical moment in history. They listened and navigated thoughtfully. They responded and adapted with grace, spirit, and grit.

NHF will showcase these innovators through stories printed on keepsake postcards at every attendee's seat. An investment of \$1,000 will enable you to share their story with the hospice community. This is your opportunity to honor an outstanding healthcare professional and/or individual innovator.

#### YOU WILL RECIEVE A

- **Keepsake postcard** with your organizational name and story
- **5x7 Tribute Tile** at the National Center for Care at the End of Life
- Opportunity to submit photos or video clip for NHF to use as appropriate

To learn more about how to honor your hospice innovator, purchase tickets, become a sponsor, or donate an auction item, contact Joy Nguyen at <a href="mailto:jnguyen@nationalhospicefoundation.org">jnguyen@nationalhospicefoundation.org</a>, 703-647-5167, or visit <a href="mailto:www.nationalhospicefoundation.org/gala">www.nationalhospicefoundation.org/gala</a>.

#### THANK YOU TO OUR LEADING SPONSORS!

as of February 9, 2018

- American Hospital Association
- Furst Group
- Glatfelter Healthcare Practice
- Infinity Hospice Care
- Kinnser Software, Inc.
- StateServ Medical Hospicelink

"Pioneers of Hospice shares the remarkable journey of the evolution of hospice care in the U.S. in the words of those who were at the forefront of what surely is one of the most significant grassroots movements of the Twentieth Century.

The work we do today and that will continue to evolve in the future is brilliantly explored in this powerful film."

– John Mastrojohn, III, COO and Executive Vice President, NHPCO.

**New Revised Edition** 



PIONEERS OF HOSPICE

AND THE BIRTH OF MODERN HOSPICE

Watch a FREE Preview @ www.pioneersofhospice.com Click on "FREE Preview" Password: POH2017

### News From We Honor Veterans

# World War II Veteran Celebrates Milestone Year

By: Doug Frazier, Volunteer Coordinator, Heartland Hospice

1918 was a memorable year. Woodrow Wilson was president, World War I came to an end and the influenza pandemic hit the world hard, affecting one-third of the planet's population and claiming up to 50 million lives. It was a year chalked with dates for the history books.

One date however, February 20, 1918, was extra special for the Thompson family of McKees Rocks, Pennsylvania. A baby boy by the name of John Thompson





Sat. John Thompson

arrived and for the next century he would grow to witness historic changes in a place he proudly calls home – the United States of America. *Read more...* 



# 2017 We Honor Veterans Needs Assessment Survey Summary

In December, 2017, We Honor Veterans staff conducted the annual partner educational and programmatic needs assessment. The survey was distributed to 2,985 WHV partners and a total of 308 assessments were completed.

The survey was designed to help the WHV team determine what resources and educational opportunities WHV partner programs view as helpful or what they are lacking, their knowledge of caring for Veterans at the end of life, their working relationship with the VA, and their experience with the WHV team, resources and website. *Read more...* 

# We Honor Veterans Partners in Action!

### Submitted by Yakima Memorial Hospice DBA Virginia Mason Memorial Hospice

Gil has volunteered on a weekly basis for our hospice patients since 2012. In addition to his work with our Veterans, he helps us provide better patient care for our Native American residents. Much of Yakima County in Washington State is

on the Yakama Indian Reservation. Gil is from the Paiute tribe and helps us recognize and better understand the differences between and within our Native American tribes and the Veterans we serve.



Gil Calac (Center)





NHPCO Associate Membership provides a unique opportunity to connect with hospice and palliative care providers. NHPCO Associate Members are business and companies that provide products and services to hospices and palliative care providers or support the hospice and palliative care mission, vision, and standards of care.

Examples of NHPCO Associate Members include: consultants, insurance/risk management firms, legal services, medical supply companies, pharmaceutical organizations, software vendors, disease management organizations, DME (durable medical equipment), health insurance plans, staffing agency/services, foundations, home health agencies, religious organizations, and grief and bereavement centers.

#### **Annual Membership Rates**

\$1,000 per year

(Small organizations with budgets below \$500,000 may be eligible for a \$500 discount)

#### Term

The Associate Membership is an anniversary date membership, beginning on the first of the month and ending 12 months later. New members begin to receive benefits when their application is processed, but the 12 months of the initial term will start on the first of the following month.

#### **Benefits of NHCPO Associate Membership**



One complimentary rental of NHPCO's mailing list and discounts on subsequent rentals



Advertising and sponsorship opportunities that will elevate your brand, including podcasts and webinars



Stay up-to-date on the latest news, trends and hot topics surrounding hospice and palliative care through our online and digital publications, *NewsBriefs* and *NewsLine* 



Discounts on NHPCO Marketplace purchases, job postings on NHPCO's Career Center, *Journal of Pain and Symptom Management* subscriptions, and online MSDS tools



Access to regulatory and compliance tools that will keep you informed of changes providers face



Discounted pricing for NHPCO conferences, online learning programs, and webinars

#### **And Coming Soon!**

- Listing within our Buyer's Guide
- Access to NHPCO's discounts on products, services and resources that save you time and money!

#### **Need Additional Information?**

Andy Duncan - Vice President, Membership NHPCO | (703) 837-3145 | <u>aduncan@nhpco.org</u>



# **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



National Hospice and Palliative Care Organization



1731 King Street, Suite 100 Alexandria, VA 22314 703/837-1500 www.nhpco.org

Vice President, Strategic Communications

Jon Radulovic

Advertising Inquiries

Communications Team, 703/837-3143

Membership Inquiries

Solutions Center, 800/646-6460

Past issues of NewsLine are posted online: www.nhpco.org/newsline.

 $Copyright © 2018, NHPCO \ and \ its \ licensors. \ All \ rights \ reserved. \ NHPCO \ does \ not \ endorse \ the \ products \ and \ services \ advertised \ in \ this \ publication.$ 

Affiliates:



