

# NewsLine

The quarterly membership publication of the National Hospice and Palliative Care Organization **Summer 2017**

## HISTORY, EVOLUTION AND TRUST

New President and CEO  
Edo Banach shares thoughts  
about key issues for our  
community.

### INSIDE

“Passed Away”  
or “Died”

2017 Interdisciplinary  
Conference

Music & Memory

Short Takes, Member  
News and More...

National Hospice and Palliative Care  
Organization





# Table of Contents



## History, Evolution and Trust Insight from Edo Banach

Taken in part from his keynote address at the Management and Leadership Conference, NHPCO's new President and CEO shares thoughts about our community's past, how it should inform our future, and unexpected sources of inspiration.

**13**

Q&A  
**With Edo  
Banach**

**32**

Celebrating  
**Pioneers of  
Hospice**

**36**

Recap of  
**MLC & Events  
from May**

18

## Put “Passed Away” to Rest

Judy K. Porter, LISW, ACHP-SW, writes about the use of the term “passed away” and encourages providers to avoid using euphemisms when talking about death.

24

## Connecting the Psychosocial and Spiritual

Wes Sturgis, MSW, LCSW, shares some of the things he learned from attending last November’s “The Intensives” and stresses the value of interdisciplinary, collaborative learning.



30

## Music & Memory

This innovative program increases quality of life for many individuals in a way that is effective, non-medicalized, and low-cost.

## 2017 Interdisciplinary Conference

Learn more about NHPCO’s upcoming conference in San Diego. 28

36

Recap of  
**MLC & Events  
from May**

40

2017  
**HAN  
Advocacy  
Intensive**

46

Member  
**News**

52

News From  
**National  
Hospice  
Foundation**

53

News From  
**We Honor  
Veterans**



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# Message **From Edo**

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## **Lessons Found in Unlikely Places**

About a week ago, during a Saturday afternoon walk in the woods near our home, my son Henry and I came upon a cicada that was molting before our very eyes. In just about two hours, the cicada busted out of its hard shell, grew new wings, and flew away. Henry was particularly impressed to learn that this cicada had probably lived underground for about 17 years before emerging and taking flight.

As I reflect on this, I'm reminded of the parallels that we face in our current health care system. Change is happening before our very eyes, and it is happening quickly. In reality, however, the evolutionary process has been going on beneath the surface for quite some time.

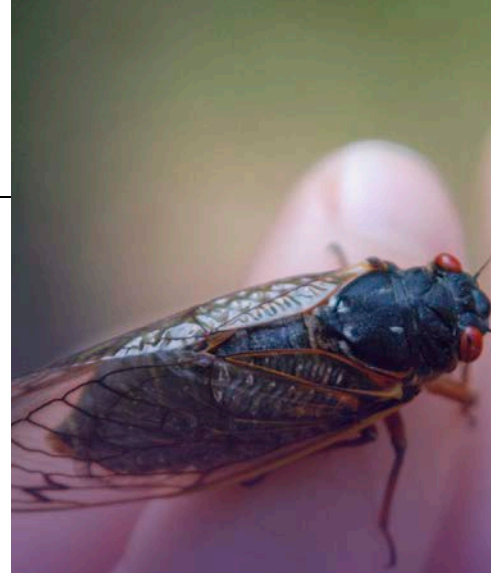
It is fascinating and gratifying to see that care for people facing serious illness is becoming more person-centered, more community-based, and more interdisciplinary – all characteristics of hospice and palliative care. Hospice and palliative care are helping to inform and be informed by larger changes to the health care system. Change is happening to our community, but we need not be passive observers of that change. To the contrary, it is imperative that we affect the change and move together.

As the late spring sound of cicadas fills the air, I am reminded again that change is “natural” and a part of the world around us. It happens in nature, and it is constant. Let us find renewal in the cycle of nature, of which we are an integral part. I'm excited by the opportunities that we all have to create a better health care system.

Enjoy the summer. I hope you find time to spend with family and loved ones and I look forward to meeting many of you on the road during my [Summer Listening Tour](#).

Thank you,

*Edo*





# History, & Evolution Trust

**By Edo Banach**

NHPCO President and CEO

*On the opening day of NHPCO's Management and Leadership Conference, Edo Banach delivered a keynote to attendees that shared some of his thoughts about our history, our future, and our ongoing collaborative work together. What follows are some of his remarks delivered May 1, 2017.*

**I**n the relatively brief time that I have been here at NHPCO, I have had the good fortune to meet individuals, both members and non-members, from across the broad spectrum of the hospice and palliative care community. I have seen passion, commitment, dedication, intelligence, innovation... things that unite us all. The work that all of us are doing, ultimately, is about the people we serve, and the passion for them is what keeps us united and moving forward in our shared mission. I want to bottle our passion and compassion and talk about how I see us using that as fuel to evolve.

## **History of Innovation**

In the spirit of Dame Cicely Saunders, who we honored as we marked the 50th anniversary of her innovative St. Christopher's Hospice in London during our opening plenary presentation at the MLC, we must continue to evolve.

The concept pioneered by Dame Cicely was brought to the U.S. in the late 1960's. In the early 1970's, the hospice philosophy of care spread to communities all across the country, largely lead by passionate volunteers. Hospice care in the U.S. is one of the most significant grassroots,





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volunteer-driven movements of the 20th Century.

Then, the hospice demonstration project began in 1979 at 25 sites across the country. Legislation for the Hospice Medicare Benefit passed in 1982. And in the 35 years since, we have cared for tens of millions of patients and their families. The history of our field is a story of innovation.

### Moana...Lessons for Us

In a recent post on the NHPCO blog page, I wrote about Moana – the heroine of one of Disney’s most recent animated films (read [“Venturing Beyond the Reef”](#) on NHPCO’s blog). To summarize, Moana lives on an ocean-going Polynesian island that needed to evolve, expand and meet the rest of the world.

At first blush, it does not seem to have any relevance to hospice. Yet as I was watching the movie a second time with my six-year-old daughter and eight-year-old son, while simultaneously thinking about my new job (multi-tasking is a part of life for a CEO/Dad), the clear parallels came into view.

This island-nation settled into a life full of abundant sunshine, unlimited coconuts, and plenty of fish. Once a nation of brave sea-farers, the community had come to fear the ocean and the risks it holds, preferring instead the safety and security of their island, afraid to reach beyond its

boundaries and the existence they are comfortable with.

One day, the fish are gone and the coconuts dry up. Against her father’s wishes and despite her fears, Moana ventures out beyond the safety of her island reef to save her nation.

Like the people of Moana’s island, we have grown accustomed to what the “hospice island” has given us, comfortable with the model and perhaps reluctant to venture beyond the hospice reef – that could be thought of as the Medicare Hospice Benefit.

The Medicare Hospice Benefit is not a bad thing – it is an amazing thing that we will fight to protect – but we must not let it keep us from the innovation that we must now embrace.

We all know that the health care world is changing, as it always has, and we need to evolve.

### Hospice IS Innovation

On the 50th Anniversary of Dame Cicely Saunders’ founding of St. Christopher’s Hospice, and in the 35th year of the Medicare Hospice Benefit, we must recognize how far we have come and how courageous and brave we have been.

Innovation such as expanding our reach into community-based palliative care services, for example, must become integral to our work as providers.

Many providers across the country are already offering various levels of community-based palliative care, and that is wonderful, we can learn from your experience. There are providers focused on delivering the highest quality hospice care – and that is your specific mission right now. When you are ready to evolve, NHPCO will be there to help and support you. We are committed to meeting you where you are.

I want to be clear about the fact that innovation is not about recreating the wheel. We have the tools we need – that bottled passion and compassion and 35+ years of experience meeting the needs of patients and families. We need to tap into the fuel we used to BUILD the hospice demonstration to EVOLVE hospice beyond where it is today.

If we do this right, we will ensure that hospice will not be an island, but will instead be a much larger and more integrated part of the world. In fact, our future rests upon this notion. Most importantly, the health care needs of our patients and families depend on it.

### Moving Toward Innovation

What would Dame Cicely Saunders do today? If Dame Cicely were alive and working today, she would be the first one





THE 2017 MLC OPENING PLENARY PRESENTATION.

to dive headlong into alternative payment models. She would be as innovative today, as she was more than 50 years ago, but innovative in a way that honors the past while looking to the future.

Hospice and palliative care today needs to be about more than simply meeting the rules that regulators and we have set over the years. It must be about creating new rules that reflect what we have learned over the past 35 years.

We must focus on doing what we do well – we must do it well – we must never cut corners or compromise on quality. Most importantly, we must never disappoint our patients and families.

I do not want the dividing lines in our field to be between for-profit or non-profit, rural versus urban, small versus large, hospice versus palliative care. I want the dividing line to be between good and bad.

Let all those who are good come work with us on becoming better. And those programs that need to begin the journey towards excellence should work with NHPCO to reach those goals. Every provider in our field must strive towards the highest standards of quality, care and compliance – and continually work to raise the bar. There is no room in this field for those who are unwilling to provide quality care to the right patients at the right time.

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care and compliance...**

## Health Care Today

Health care in 2017 is about patient-centered models focused around the patient's needs and preferences. It is about the patient receiving care where he or she wants to receive care – which in our work is most often in the home. It is about medical and non-medical needs. It is about coordination, and integration and population health.

All I have to say to the rest of the health care world is “welcome to the party.” We were wearing skinny jeans while everyone else was wearing bell-bottoms. This is our time to show that a model based on the teachings and learnings of hospice and palliative care can provide better care at a lower cost to millions more.

It seems like we are facing more challenges today than in the past. And we are. Being a hospice provider is far more complex than it was three decades ago. Oversight, scrutiny and increasing compliance demands are only a few of these things that concern us all.

We should never forget that with change comes a valuable opportunity for us to innovate and continually examine what we do, how we do it, and what the needs of those we serve are.

## Seize the Opportunity...before somebody else does

Building a strong care continuum is one way to help people access the care and services they need. Many of you are providing or exploring how to provide community-based palliative care services, which is critically important, but that is not all we should be limited to...we must think expansively.

We must be at the forefront of efforts to innovate within our field and to create a seamless continuum of care for people facing serious and life-limiting illness. If we are not providing it, someone else will.

Program developers are creating Apps and Algorithms right now – without us. If we are not willing to explore and embrace new practices and collaborative working relationships with others, we will find ourselves excluded from the continuum.

Hospices must be recognized as the authorities and experts that we are. We need to take credit for the work we pioneered and continue to do each and every day, and we need to be paid for providing that care.

## Overcoming Fear – The Heart of Hospice

We have many of the tools and human capital we need to better integrate hospice and palliative care into the larger evolution of health care.

Back to Moana. When she conquered the sea and ventured beyond the reef, she did it with her ancestors' boats. Those around Moana were afraid. Concerns and fears are a part to innovation.

There is nothing wrong with being afraid but there is a problem if we allow our fear to control us. If our fears keep us from exploring and embracing necessary change, or cause us to become inert as a provider community, we not only hurt ourselves but we hurt the many patients and families that desperately need the care and services that we are the best in the world at providing.

Think back to those pioneering days of hospice in the U.S. when innovators were working in church basements and out of storefronts – not unlike Bill Gates and Steve Jobs working out of their garages. (In fact, many of our pioneers are working in the field today and we continue to learn from them.) The fear was palpable, I am sure, but our community has always been driven by passion and faced those fears. Hospice innovators changed the way people in this country faced death. People were the agents of change.

We continue to face fears and challenges to this day. We find successes and confront failures, and that is okay,



because we continue to persevere and move forward. And because of your spirit of compassion and passion, we will succeed.

## **Stronger, Together**

Working together, I am confident that we can honor Dame Cicely's legacy by providing great hospice care AND by evolving our care to meet the needs of a growing population that can really use the expertise and the compassion that we show each day.

Much of this requires more than perseverance, more than passion, it requires TRUST. Trust among our colleagues and staff at the organizational level as well as trust among the broader national provider community – and trust in NHPCO.

One sector of our field cannot innovate alone. We are an interdisciplinary team. Each provider must bring to the table the insight and skill set specific to them. We must remain united and work collaboratively.

We must engage in respectful discourse, which recognizes divergent opinions and points of view, with the best interests of the entire hospice and palliative care community guiding us.

Our unified hospice and palliative care community makes a profound difference in the lives of millions of people and the communities where we live. Hospice and palliative care ensures that people who are nearing the end of life do so with support, dignity and compassion.

You give us all the fuel that we need to help lead our evolution. I promise you, the source of this fuel will never run dry, not as long as we continue to move forward, innovate, collaborate and work towards our shared vision of the highest quality care possible. And we will never forget the Heart of Hospice that is the foundation for all we do – that legacy inspires us every single day.

I am honored to be working with you and I thank you for your involvement and support of NHPCO...and of me as your president and CEO.

**Now, let's get to work.**

**Printer-Friendly PDF**

**And we will never  
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foundation for all  
we do...**

THANK YOU TO THE ORGANIZATIONS WHICH HAVE PROVIDED GENEROUS  
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# EDO Q&A

Earlier this year, Edo Banach answered some questions with a reporter from Decision Health. *NewsLine* shares this informative Q&A with readers to provide further insight into Edo's thoughts about the future.

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**Q:** In the coming months, how will NHPCO change under your leadership? What are the key things you plan to do as president and CEO?

Any good new chief executive will take a moment to “settle into their job,” but clearly the Board of Directors had a specific direction in mind when they hired me. Building on a solid base of loyal members, working with experienced staff and coming into a healthy organization all make my new role that much more exciting. We have a unique opportunity to foster a stronger hospice benefit, while also using that model to expand access to new patient populations and creating more opportunities for concurrent hospice and curative care, as well as palliative care innovations. I plan to focus on fostering and accelerating innovations in hospice and palliative care, and to providing value to our members.

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**Q:** What career experiences have you had that make you the right fit to lead NHPCO? And what specific experiences have you had with hospice?

I didn't start out my career in hospice, but rather my path has brought me here. Whether it was my time with the Medicare Rights Center, acting as in-house counsel at the VNSNY (where I chaired the hospice ethics committee), my tenure at CMS (trying to blend Medicare/Medicaid, and focusing on palliative care and other innovations), or as a practicing health

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policy attorney, all roads seemed to point to NHPCO, as the national organization for meeting the needs of seriously ill and dying patients, and their families.

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**Q: You have previously said that hospices in the 21st century need to combine the core hospice philosophy with a “laser-like focus on quality and access to care” — and that hospices always need to be compliant with laws and focused on the needs of patients and caregivers. Where have hospices lagged when it comes to this? In what ways will NHPCO help hospices improve?**

A single instance of poor care is something that every hospice provider and professional wants to avoid. But, hospice is largely dependent on volunteers, caregivers and professionals, all of whom are only human. When you serve more than 1.6 million patients and families a year, hospices will sometimes fall short of our collective standards. We need to make sure that we have high standards and that we hold ourselves accountable. We need to practice continuous quality improvement—not simply because it is in a regulation or required by a survey. Having said that, we need to strive to afford our patients and their families the best care that is possible, understanding their goals, and doing what we can to meet those desires. Our goal, shared by our members, is to provide each day of care with a devotion to the highest quality care possible. I want NHPCO to be a resource and accelerator for best practices that will help good hospices become better and lagging hospices to become good.

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**Q: The hospice community has faced many new regulations from CMS in recent years. Which regulation has been having the biggest impact on your members, and how will NHPCO be able to help members deal with this challenge?**

Having spent time at CMS, I understand the importance of a strong regulatory regime. At the same time, providers do face a number of regulatory

layers that can be difficult to reconcile. Quality, program integrity, conditions of participation and payment rules are not always aligned. Further, CMS Contractors have different interpretations of rules. I am certainly in favor of simplifying and paring down regulations. That said, I want to be clear about the fact that regulations are important, and I have no patience for hospices that do a poor job of complying with the most basic rules and regulations. We need to strike a good balance between setting a solid foundation that forces accountability, and overburdening compliant organizations. I look forward to being CMS’ partner in this regard.

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**Q: It won’t be too far down the road before a Hospice Compare website and star ratings come to the field. When are they expected, and what does NHPCO advise hospices to do to prepare for this?**

Hospice Compare will certainly be something new for the hospice community, but I welcome transparency. We look forward to working with CMS to assure that any tool accurately reflects performance. This will not happen overnight, but I agree that if done right this is an important tool that will help consumers make informed decisions. No single tool will capture all of the information that patients and families need to select the hospice that can best meet their needs, but public reporting is one path.

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**Q: Beginning in 2016, CMS changed the payment structure for hospices. How has the field been impacted (financially and otherwise) by this change? Are issues ongoing, and how is NHPCO helping hospices experiencing issues? What does NHPCO advise hospices do?**

Payment reform was a long time coming to hospice. We now have a year of impact and by and large, the informal reports that I have heard indicate that the new payment system is being well-received by the



hospice community. There are still unknown factors that are coming into play, such as how the SIA payments will be balanced against the payment rates going forward. And, to complicate matters more, FY 2018 has a “limit” on the market basket update. So, it is hard to isolate payment reform as a single point of influence in how hospice programs are managing their resources.

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**Q: Many hospices have also had issues with timely filing of NOE/NOTR. Are those issues ongoing or have they been resolved? If those issues are ongoing, what does NHPCO hospices recommend do?**

This issue arose before my tenure at NHPCO, but I am acutely aware of its impact. NOE/NOTR is a perfect example of “no good deed goes unpunished.” However well-intentioned the hospice community was in trying to provide an early warning system for other health care providers when a patient elects hospice (to reduce the likelihood of extraneous payments), the infrastructure at CMS and the MACs just wasn’t ready for the change. And, far too many days of care, provided by hospice programs, were not reimbursed, solely because of administrative mistakes, antiquated systems, or transposed numbers, without an adequate way to correct these types of errors. CMS stepped in and tried to fix some of these issues and we have made progress. But, there are still tens of millions of dollars of unreimbursed care, and we have asked CMS to resolve those glitches the same way they handled them prospectively.

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**Q: A new emergency preparedness CoP is coming in November 2017. What advice/tips is NHPCO offering for hospices about how to prepare for this requirement?**

NHPCO has developed a toolkit for our members to help them with this new COP. We’ve also helped them prepare in advance with an article in our membership quarterly, NewsLine, we have done a Regulatory Podcast available online, and we hosted a special Webinar on April 18 that many providers took advantage of. Some of the points we are stressing would be the need for hospices to evaluate their current emergency response plan to see what enhancements must be made to ensure they comply with applicable Federal, State and local emergency preparedness requirements; it’s also important for hospices to map out their process for coordinating and cooperating with local, tribal, regional, state or federal emergency preparedness officials (efforts to reach these officials must be documented); also, hospices must ensure emergency preparedness is incorporated into organizational policies and procedures and these procedures, like the



**We need to strike a good balance between setting a solid foundation that forces accountability, and overburdening compliant organizations.**

emergency plan, should be reviewed and updated annually. Members are encouraged to check out the tools and resources we have created in the Regulatory Center on the [NHPCO website](#).

**Q: Where do you see the hospice field heading in the coming years, and how will NHPCO help agencies with this under your leadership?**

On this point, I am very excited. Hospice has perfected its model over the past almost 40 years. It has earned a well-deserved reputation as a compassionate approach to patient and family centered care, that is high quality and also cost-effective. It is that model and philosophy of care that we can use to meet the ever more complex needs of patients and families facing serious, advanced or life-limiting illnesses. Patients and families want and deserve more from the current confusing, and

fragmented health care sector, and the hospice experience is poised to provide a platform to reach and serve those patients and families. The level of services should match the needs, at any particular time of a patient's journey, and we all know that rarely does the patient make the journey alone. There are family members and loved ones that need and deserve care as well. I look forward to working with my members to bring interdisciplinary care to more individuals in the coming years. I will work with all partners—government, managed care, consumer, other trade organizations, and others—to make sure that we can leverage our expertise and evolve to meet the needs of individuals with life-limiting illness.

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The Summer Listening Tour is your opportunity to share your input and expertise to help shape NHPCO's direction for the future. President and CEO, Edo Banach will be travelling across the country this summer to meet and hear from hospice senior leadership.

This two way dialogue will ensure your concerns regarding the community are heard and discussed. Your input will help shape our message to regulators and lawmakers.

Large or small, urban or rural, member or non-member, all leaders need to come together at this critical time for the future of hospice and palliative care. Don't miss your opportunity to be part of the conversation.

**Upcoming Dates**

Kansas City, MO	June 19
New York City, NY	July 12
Alexandria, VA	July 13
Atlanta, GA	July 24
Denver, CO	TBD
Boston, MA	TBD

[CLICK TO REGISTER](#)

National Hospice and Palliative Care  
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# Summer Listening Tour 2017

Share your thoughts about the direction of the field with NHPCO President and CEO Edo Banach



# 2017 NATIONAL HOSPICE

# Gala

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- ❖ Who have a life expectancy of one year or less
- ❖ Who have no other means to fund the specific request

### Selection Criteria

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

# PUT “PASSED AWAY” AND REVIVE “DIED”

**M**ost people today refer to a person who is dying or has died as “passing” or having “passed away” rather than “dying” or “died.” We hear and see such language everywhere, including obituaries. It’s common for death to be cloaked in euphemisms rather than addressed through simple, straightforward language such as “die,” “dying,” “died,” and “death.”

In “A Brief History of Death,” W. M. Spellman discusses the Western changes in our relationship to death and dying throughout history, noting how we have shifted to a position of distancing and disowning death rather than embracing this natural—and inevitable—end of life. Perhaps it’s no fault of our own that we’ve become comfortable using indirect language as the default position rather than simple, direct words.

In the pre-modern era, premature death was a common and regular occurrence. “As late as 1880s, approximately 20 percent of all children born in Western society died before their first birthday, and another 20 percent died before their fifth.” During that same period in the 1880s, “global life expectancy at birth was around 30 years” (Spellman, 2014, 171). These deaths typically happened at home in the presence of family members and friends. Extended family and community members were supportive by assisting with end-of-life care and preparations for visitation and the funeral, which took place in the home.

BY JUDY K. PORTER, LISW, ACHP-SW



# TO REST



It's common for death to be cloaked in euphemisms rather than addressed through simple, straightforward language...

Thanks to modern medicine and advances in public health, people are living longer today. In the U.S., the average life expectancy in 2016 compared to the 1880s has more than doubled to an estimated 79 years old. We welcome this increase in life expectancy. But at the same time, patients and families must bear the economic burdens of costly treatments and life-sustaining interventions and in time incurring significant funeral expenses as well.

Today death is likely to take place in a hospital, nursing home or some other setting outside of the home where family and friends can visit. End-of-life care and dying have moved from the familiar setting of home, where family and friends are present, to being outsourced to institutions and professionals, where caretaking and procedures are performed by strangers. "In removing death from public view, sanitizing it out of society and the home, and by narrowing our exposure to end-of-life situations, we have become more fearful of it" (Spellman, 2014, 168).

In an effort to move away from the modern world of medicalized and institutionalized care at the end of life, the first American hospice, Connecticut Hospice, was founded in 1974. Most important was the change to patient determination in which end-of-life decision making and personal choices were returned to the patient and family.

Admittedly, death is one of the most anxiety-provoking circumstances that an individual will face in life. As hospice and palliative care professionals know, our society is reluctant to hear about, talk about, or even think about death, yet the deaths of loved ones, relatives, and acquaintances is an experience familiar to most people. It's a universal phenomenon. Yet, like the proverbial elephant in the room, most people walk around the subject of death rather than acknowledging and addressing it.

People are fearful in facing their own death and avoid talking about it because it may upset the family. As hospice and palliative care providers, we observe families who avoid talking about it with terminally ill loved ones, because they fear they may upset the patient or even accelerate the patient's death through such discussions, indicating their high degree of emotional discomfort with the subject.

Direct language about death indicates a complete and absolute finality to a person's life while pointing to the reality of the situation. Such language also provides a direct connection to the reality of what is happening.

Let's face it: Death is a sensitive topic, an emotional nodal event in the life cycle of every family, and some families have more difficulty than others in dealing with and

communicating about death and dying. Each death is as unique as each life, and the emotional reaction to a terminal prognosis is going to be different for every individual and family. "Death is a biological event that terminates a life. No life event can stir more emotionally directed thinking in the individual and more emotional reactivity in those about him" (Bowen, 1978, 322).

Dying and death can be a significant emotional threat to its family members. All families, however, respond to threats that are likely to affect the stability of the family system, such as a family member with a terminal illness that leads to death. Illness and death upset the balance of relationships in the family.

A family is an interdependent and emotionally connected system. What happens to one family member will to some degree affect the other members as well. However, families differ in capacity to cope with the anxiety generated by these life situations. These patterns of coping with life challenges are typically unconscious, automatic emotional reactions that have evolved from the coping patterns of previous generations.

Bowen refers to an 'open system' as one in which patients and families are able to effectively address and cope with stressful circumstances. He found that



some patients and families are more emotionally reactive and less open to talking about sensitive issues such as dying and death compared to other families. Hence, those with an open system of communication, Bowen says, have less volatility and emotional reactivity to sensitive topics and are thus better able to maintain calm interactions and relationship connection.



A “closed system,” by contrast, is one in which patients and families are more vulnerable to feeling overwhelmed by stressful situations. “A closed system is one in which sensitive topics are instinctively avoided as a way to protect oneself from the anxiety of the other” (McKnight 2015, 44). Families operating within a closed system are more likely to be run by automatic emotions such as anxiety, stress, and fear that surface in the presence of dying and death. The emotional reactivity overrides the thinking process, generating emotional imbalance and instability.

Bowen’s clinical experience with death proved to him that “all seriously ill people, and even those who are not sick, are grateful for an opportunity to talk about death” (Bowen, 1978, 323). He advised families to talk openly and include the dying person in the communication because this gives everyone direct contact with the reality of the situation. He went on to say, “I have never seen a terminally ill person who was not strengthened by such a talk” (Bowen 1978, 322).

Most likely, hospice and palliative care workers won’t significantly change how patients and families feel about dying and death. During stressful times when one is dying and ultimately dies, it’s best not to expect or press for changes. We may be influential, however, in how we manage our own emotional process during interactions with individuals and families facing death. We can present an open communication style, using direct language that exemplifies our comfort and confidence in dealing with death and dying.

Such language also  
provides a direct  
connection to the  
reality of what is  
happening.

While others may be more comfortable using euphemisms for death, we can lead by example through direct communication. If we can manage our own anxiety and discomfort, particularly when working with patients and family members who are anxious about an impending death, our calm presence will set the stage for increasingly open communication.

Direct language is reminiscent of early history when death was addressed and experienced as a natural and normal part of life. The hospice movement brought back important aspects of death and dying, and direct language is the perfect complement to today's hospice model of compassionate care.

### SOME TIPS

If you've used euphemisms for death simply because you've simply picked them up along the way, then it's a matter of changing an old habit by switching to direct language. And, if you're using euphemisms because direct language concerning death is uncomfortable for you, here are some ideas for how to work through your own emotional process.

**1.** Observe and identify your own discomfort as you use direct language. Take note of your feelings as they come up. As you become more comfortable using direct language, you'll learn to

manage anxiety as well. The goal is not necessarily to make all discomfort go away, but to become aware of that discomfort while continuing to use direct language.

**2.** Be a researcher and investigate where your sensitivity comes from by taking a look at your family of origin. For example, how have your family members (immediate and extended family) and ancestors coped with dying and death? Did they believe in attending funerals? Does your family have a communication style that reflects an open or closed system?

**3.** Remember that patients and families naturally experience sadness and emotional pain in response to death. This is normal and natural, and there should be no pressure to make such feelings go away, or even to make those who are affected feel better. Simply provide a calm, supportive, emotionally neutral presence and let them do the rest.

**4.** Work on your own end-of-life plans by having open discussions with your family members. This real-life experience will add authenticity to your hospice work.

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**Judy K. Porter, LISW,** ACHP-SW, is a hospice social worker at Care Initiatives Hospice, Des Moines, Iowa, where she provides direct care, social worker supervision, and staff training. She has 20 years of experience in hospice work and in 1999 began her studies in the Bowen Family Systems Theory, in the post-graduate program at the Kansas City Center for the Family.

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# USING E TO CONN PSYCHO AND SPI

By Wes Sturgis, MSW, LCSW





# EDUCATION CONNECT THE SOCIAL RITUAL

Let's face it – this day and age all of us are flying at light-speed in our own hospice organizations, trying to maintain what we have while at the same time, taking what we have to the next level – and oh, also continuing to grow our census (if we're fortunate) and services. We then take that motivation, temper and assimilate it with the sacred journey of death, dying, and mourning the wounding of grief. You might say that we operate in two worlds with two distinctive paths, hoping to meld them in a seamless fashion so that when the patient is no longer a patient; the experience expressed by those who loved the patient acknowledges our intent to honor this sacred path.

When NHPCO's educational program, *The Intensives: Mastering What's Next in Patient and Family Care*, was offered last year, a voice within me stirred my desire to attend both of the day and a half offerings,

although my work in the hospice world is with the bereaved population. (*The Intensives* was made up of eight different intensive programs, offered over three days, that each focused on specific content areas.) It didn't hurt that they were being held in Hollywood, Florida, at a time when most of the nation was stepping into cooler temperatures.

I learned early in life that you get out of life what you put into it, so it's to my best interest to be present and participate. I still believe it to be true, but now I require a reasonable supply of potential to exist before I can afford to invest or commit to attending. I live in a city that's growing rapidly and the demographic continues to morph to a new one and then another. My take on maintaining a competence in diversity and being able to respond to patient/client needs means I need to keep my resiliency edge sharpened.

...maintaining a  
competence in  
diversity and being  
able to respond to  
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my resiliency edge  
sharpened.

Showing up for this conference was like going to the “University of Hospice” because everyone who attended brought their own experiences to the table; conference table, dinner table, and side table. A part of the edge is not only having a competence with various cultures, rites and practices, but to step into the world of applications that are within a thumb’s touch of our electronic device not because it’s cool or neat, but because our clients (or some at least) communicate that way – and now I need to know what’s credible, legal, reliable, realistic, etc., going forward – while my own discipline’s board is asking some of these same questions.

Another plus was that I’ve come to know a few hospice professionals outside of my region through the years via listening to monthly chats with a couple of disciplines. However, there’s always a truer value of meeting someone face to face and entering a dialogue with him or her. Don’t get me wrong, I recognize a great value from attending webinars and multimedia learning opportunities; however I believe that humans are creatures of community and that being present in body, mind and with spirit allowed me to connect to a number of professionals that I’ve respected from afar.

Attending the Psychosocial/Spiritual Intensive helped me validate some of the challenges that social workers and chaplains face in my own organization. The content that I gathered during these presentations was as relevant to my own practice as a bereavement counselor as it was meant to be for the chaplain and social worker. Continued discussion with other attendees after each presentation allowed me to digest the content further. As an example, I was reminded in a session that Dr. Monica Williams-Murphy presented, that difficult conversations that we professionals sometimes are left to facilitate are also sacred, holy and transformational conversations that have to occur – before a fuller understanding can take place. Models were provided for facilitating difficult conversations, along with information about how the brain processes emotional information. I can imagine sitting “in the storm of truth” with a patient and family as each one comes to fully comprehend a prognosis that

qualifies the patient as being hospice appropriate. Without this skill, this understanding, it might be just as much a storm for the hospice worker.

A different presentation focused on improving one’s cultural competence as we prepare for the future. Approaches and models were also provided, addressing issues that have only recently begun to appear on mainstream America’s radar. Making these models available for and discussing them with my co-workers help build my relationship with each of them; hence, we are all stronger and more competent, both individually and as a team to better serve those for whom we provide care.

Let me say that this was my first experience in attending a national hospice conference, and within the first few hours I realized NHPCO was spot on in naming it *The Intensives*. Throughout the conference I was still operating at light-speed it seemed, but in a totally different environment. The physical environment was more than adequate for attending and participating in presentations, with niches conveniently located close to each salon in case more dialogue was warranted.

I found the intellectual environment to be a prime spot for investing in self, soaking up fresh ideas and new concepts from hospice workers of large and small organizations across the nation – then sitting with these ideas and concepts to visualize how they might look in my own organization. The IT support was phenomenal! Participants were directed to a Mobile App that was created just for *The Intensives*, where we were able to access the schedule, all presentations and provide feedback about the presentations we attended via required surveys.

I’m grateful for listening to my inner voice; I returned home with what I believe, is a more holistic understanding of hospice as a whole, as well as its interdisciplinary approach to serve patients and their families while walking a sacred path from life to life beyond – not through our own eyes but through the eyes of our patients and family members.



I also returned with current research and tools for supporting my co-workers, mainly social workers and chaplains. I believe I have a better understanding of what they can use and what I can use to better communicate with them and also being a support for them. Ultimately that trickles down to the patients and families to whom we serve. When I increase my understanding of ethnicities and families while at the same time realizing I will never truly achieve full competence, I walk more humbly, more in rhythm with those I serve. And, hopefully, that allows more healing to occur.

**Wes Sturgis, MSW, LCSW**, is a bereavement counselor in private practice in Charlotte, NC. He received his Masters of Social Work from UNC Charlotte and currently serves as a member of the School of Social Work's Community Advisory Board. He previously worked with Novant Health Hospice and Palliative Care and was a member of the NCHPP Bereavement Professionals steering committee.

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## 2017 INTERDISCIPLINARY CONFERENCE

In his article, "Using Education to Connect the Psychosocial and Spiritual," Wes Sturgis shared his experience at NHPCO's professional development event, The Intensives. He stressed the importance of learning and sharing with peers face-to-face. NHPCO's 2017 Interdisciplinary Conference will offer attendees a similar face-to-face experience with colleagues in an environment focused on learning.

Offered September 18 – 20, 2017 (with preconference events on September 16 and 17) in San Diego, California, the Interdisciplinary Conference will strengthen the organization through the skill development of the interdisciplinary team with a focus on care, compliance, and quality. The IDT is a critical component of the hospice philosophy of care. Additionally, providing professional development opportunities to team members can contribute to the retention of qualified staff.

As Wes Sturgis discovered, the opportunity for a professional in the field to focus on issues of relevance and to do it with colleagues and peers from across the country is incredibly valuable.

I returned home with  
what I believe at least,  
is a more holistic  
understanding of  
hospice as a whole...





## 2017 INTERDISCIPLINARY CONFERENCE

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care, compliance, quality

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- Interdisciplinary leadership;
- Community-based palliative care;
- Emergent clinical topics;
- Quality;
- Regulatory and compliance;
- And skill development in psychosocial, spiritual and bereavement care.

Attendees can follow one track for a focused exploration of one area or they can pick from among any of the concurrent sessions to put together an experience suited expressly to their needs.

### PLENARY SPEAKERS INCLUDE:



■ **Anne Lamott**

Writer, speaker  
and teacher



■ **Jake Wood**

Veterans' advocate; cofounder  
and CEO of Team Rubicon



■ **Dale G. Larson, PhD**

Clinical psychologist  
and author

All organizations deal with limited resources and finding time away from the office and from patients is always difficult. However, NHPKO encourages professionals to consider the importance of developing their own skills while providing staff the necessary education to stay abreast of successful models and innovative approaches to care.

[Online registration is now open.](#) Invest in your interdisciplinary organization.

# 2017 INTERDISCIPLINARY CONFERENCE

Strengthen your organization:  
care, compliance, quality

EDUCATION PROGRAMS & PRECONFERENCE SEMINARS - SEPTEMBER 16-17, 2017  
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## ABOUT

Focusing on Care, Compliance and Quality, three of the most important aspects for hospice providers today, experience a unique blend of keynotes, concurrent sessions, preconference learning and networking opportunities all grounded in the philosophy of the interdisciplinary organization. You'll engage with colleagues from across the country as you learn about new approaches, successful models and innovations that will advance your professional practice and help strengthen your organization.

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## SESSION GUIDE



**Community-Based  
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Featuring model  
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and practical "how  
to" topics



**Interdisciplinary  
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leading teams  
and ensuring their  
optimal functioning



**Medical Care**  
Emergent clinical  
topics in hospice  
and palliative care



**Quality**  
Understanding  
requirements,  
assessing and  
sustaining quality



**Regulatory**  
Latest news  
on compliance  
implementation



**Supportive Care**  
Skill development  
in psychosocial,  
spiritual and  
bereavement care





## Enhances Quality of Life for Patients and Their Families

**By Dan Cohen, MSW**

Beloved music helps to ensure quality of life for hospice patients and can uplift their loved ones, as well. That's the experience of Barnabas Health Hospice in West Orange, New Jersey, which has been offering Music & Memory's personalized music program for the past three-and-a-half years.

One of the first hospices to become a MUSIC & MEMORY Certified Care Organization, Barnabas Health Hospice's personalized music program includes two satellite offices in the southern part of the state. About 300 people in home hospice and nursing home settings have been

able to enjoy their favorite music, easing their end-of-life journeys.

### **"He Died with His Headphones On"**

Mary Murray, a registered nurse and former clinical educator for Barnabas Health Hospice, established and ran the program until this past December. She recalls one of the first patients to experience Music & Memory:

"He had a very loving wife who visited daily, but he was quite withdrawn," says Murray. "We introduced the program to her and asked what kind of music he

liked. It turns out he loved Italian opera. I did some research, found Italian opera's top hits. We loaded them onto an iPod and put the headphones on him."

His reaction wasn't what she expected. "Tears started running down his face. We thought we'd done something terrible! But his wife said, no, he was really moved. Listening to the music became something they could do together. She felt that she was able to give him some joy. He died with his headphones on."

### **A Key Role for Hospice Volunteers**

Pioneering the program in a hospice setting brought challenges, especially since Barnabas Health Hospice serves patients both at home and in nursing homes. A volunteer coordinator was hired to manage the program, with hospice volunteers creating playlists and delivering the iPods to patients.

"We have about 150 iPods out at the moment," says Volunteer Coordinator Leigh Conforti, who manages more than 140 volunteers. Requests for the iPods can come from social workers, nurse managers or the volunteers themselves. Typically, the volunteers research the individual's favorite music and create the playlists. They also deliver an iPod, headphones, playlist and instructions in a



special bag sewn by another volunteer, and help the patient and family learn how to use the music.

Not only is the program enthusiastically embraced by Barnabas Health Hospice volunteers; Conforti says it also is “the perfect way for volunteers to get in patient hours.”

Murray says that Barnabas Health Hospice made a conscious decision to expand the program to all hospice patients. They provide a stamped return envelope with the iPod, so that it can be re-used when no longer needed. In addition, upon a patient’s death, the Volunteer Coordinator will make a condolence call and sensitively worded request to return the equipment so that it can be refreshed for another patient.

“We left the equipment at bedside,” says Murray. “We lost a few iPods along the way, but not many. It was more important to make the iPod accessible and likely to be used. There is much sadness in this work. Music & Memory is a service that is uplifting and happy and joyful for everyone involved.”

For more information, go to [musicandmemory.org](http://musicandmemory.org) or contact founder Dan Cohen at: [dcohen@musicandmemory.org](mailto:dcohen@musicandmemory.org) 917-923-5636.

## Meet Henry

In the video below, meet Henry, who suffered from dementia for a decade and barely said a word to



anyone—until Music & Memory set up an iPod program at his nursing home:

**Dan Cohen, MSW**, is the founding executive director of Music & Memory, Inc. He combines an extensive background in high tech training, corporate sales and software applications with social work, specializing in vocational rehabilitation and community service organizing.

**Pioneering the  
program in a hospice  
setting brought  
challenges...**



# PIONEERS OF HOSPICE & THE BIRTH OF MODERN HOSPICE TAKE TWO...

By Terrence Youk

At the 50th anniversary of the advent of St. Christopher's Hospice, it is astonishing to think of the impact hospice has had around the globe. It has grown in myriad ways while providing comfort, healing and grace to millions of patients and families facing the end of life. One would think that the origins and circumstances of such an evolution would be well established. Yet, this is not always the case. Even among hospice professionals, while the tenants of hospice and palliative care are well practiced, the seminal roles and challenges of the four pioneers in bringing those principles into practice are not. To that purpose we have re-envisioned the film *Pioneers of Hospice & the Birth of Modern Hospice*, with the hospice and palliative care community being the beneficiary of a rare living testament as told by the pioneers themselves.



**Background** In 2002, after the death of my brother from ALS, I attended a hospice volunteer training at the VNA near Burlington, Vermont. During the course of the training I learned that the Madison Deane Initiative (MDI)\* would be conducting an audio interview with Florence Wald and Dame Cicely Saunders for an NPR radio segment. After the meeting I approached the staff and suggested that they consider filming the interview, as given their ages, this would be a golden opportunity to capture the personal stories and context from these icons of the movement. Within a few short weeks, an outline and production schedule to produce a documentary, with the inclusion of Elisabeth Kübler Ross and Balfour Mount, had been solidified and funded!

Following the extraordinary interviews and a lengthy editing period, the film was released in 2004. It was the winner of the 2004 NHPCO film of the year award. It went on to be distributed, however not as widely as I had hoped. Moreover, I felt the film was not yet complete.

**So, why a re-envisioning?** I felt strongly that the film had to be more concise and that every hospice should have this story in their library for volunteer and staff training at an affordable price. So, in 2016, I contacted the MDI and re-acquired the rights to the film. Also, along the way I added some new voices for greater clarity and pioneering work for the future.



**Why now?** As hospice and palliative care serves an increasing number of patients and families it becomes increasingly important to preserve the legacy of its origins. Especially at a time when health care costs and financial pressures grow, it is essential to insure that the heart of hospice is what moves us forward and not just the bottom line.

**Special Gift** I am offering all hospices access to embed a special section of the film on Dame Cicely Saunders and St. Christopher's hospice. It is the same piece that was highlighted at the recent NHPCO Management and Leadership Conference to honor the 50th anniversary of St. Christopher's and Dame Cicely's enduring legacy.

...it becomes increasingly  
important to preserve  
the legacy...





See the video shared at the recent MLC opening plenary session in Washington, DC.

Brook Hollow Productions will be taking orders in the beginning of July and shipping mid to late July. Learn more about the re-envisioned film and pre-order [\*Pioneers of Hospice & the Birth of Modern Hospice\*](#).

Hospice and palliative care providers are invited to download the special excerpt from *Pioneers of Hospice* that was created expressly for NHPCO's recent conference. The five minute video pays tribute to the pioneering work of Dame Cicely Saunders and St. Christopher's Hospice. Here are two options:

- Access the video from the [Vimeo site](#)
- Use this code to embed the video on your website, `<iframe src="https://player.vimeo.com/video/204156145" width="640" height="360" frameborder="0" webkitallowfullscreen mozallowfullscreen allowfullscreen"></iframe>`

(\*MDI was created in 1997 to educate the general public and medical professionals about quality care at the end of life & is under the auspices of the VNA of Chittenden and Grand Isle counties.)

**Terrence Youk** began work in film and television in 1985, first as a composer and later writing, producing, directing and editing independent documentaries, educational films and multimedia presentations. He is the owner and producer of Brook Hollow Productions, Inc. based in Vermont. He has produced nationally acclaimed programs for PBS, A&E and the Wisdom Channel as well as films crafted for nonprofit institutions.



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# 2017 Management and Leadership Conference

NHPCO's new President and CEO Edo Banach, along with staff and the board, welcomed more than 1,200 hospice and palliative care professionals and supporters to the Washington Hilton for the 2017 Management and Leadership Conference, May 1–3.

Banach delivered his keynote message on Monday, stressing the importance of innovation while protecting the heart of hospice that is such a palpable part of the philosophy of care. Featured distinguished plenary speakers were author and strategic leadership expert Nick Tasler, Pulitzer Prize winning journalist Eugene Robinson, and Congressman Tom Reed (R-NY), all of whom offered diverse perspectives on leadership, the political landscape and the importance of advocacy and community dialog.

The Exhibit Hall was sold to capacity with additional exhibitors set up in the International Terrace Foyer of the Washington Hilton.

MLC activities began on April 29 with preconference offerings that included the two-day training of NHPCO's Hospice Manager Development Program and preconference seminars focused

on community-based palliative care, regulatory issues, leadership development and access issues.

Other notable activities from the conference included the Advocacy at MLC event, which took providers to Capitol Hill on the afternoon of May 3. This coincided with a Congressional Briefing marking the 10th anniversary of National Healthcare Decisions Day (see page 38-39 for more on our Hill activity). And a highlight of the week was the National Hospice Foundation's Annual Gala that raised support for NHF's signature Lighthouse of Hope Fund.

Providers are encouraged to mark their calendars for next year's Management and Leadership Conference set for April 23-25, 2018 at the Washington Hilton (preconference offerings will be on April 21-22).





...stressing the importance of innovation while protecting the heart of hospice...

PICTURED: (CLOCKWISE FROM UPPER-LEFT): EUGENE ROBINSON, THE OPENING PLENARY, CONGRESSMAN TOM REED, JAN JONES AND EDO BANACH, NICK TASLER, NHPCO'S SHARON CAMPBELL SINGING WITH THE GALA BAND, MLC ATTENDEES ONSITE.



### Advocacy at MLC

On Wednesday, May 3, more than 120 Advocates from 43 States and Puerto Rico went to Capitol Hill to educate Congress about the importance of hospice and palliative care. Advocates talked about the role that hospice and palliative care play in the American medical system, and the challenges faced by healthcare providers in reaching the most vulnerable patients.

Advocates also discussed several pieces of hospice and palliative care-related legislation, including:

- [The Rural Access to Hospice Act](#)
- [The Patient Choice and Quality Care Act](#)
- [The Palliative Care and Hospice Education and Training Act](#)
- [The Medicare Patient Access to Hospice Act](#)

#### Interested in doing something similar?

The [2017 Advocacy Intensive](#) will be held in Washington, DC on July 17-18, and features educational sessions as well as a meeting with your Members of Congress. Learn more about the Advocacy Intensive on page 40.

[Registration is open, sign up today!](#)



ADVOCATES VISIT WITH CONGRESSIONAL LEADERS ON MAY 3.



## Celebrating 10 Years of NHDD: Congressional Briefing

NHPCO and the Hospice Action Network, in partnership with the Conversation Project, the Pew Charitable Trusts, and the American Bar Association, hosted a congressional briefing celebrating the ten-year anniversary of National Healthcare Decisions Day on Wednesday, May 3. The briefing built on the momentum of Advocacy at MLC activities.

This congressional briefing highlighted the importance of Advance Care Planning, and featured an esteemed panel of experts that included Nathan Kottkamp, Founder and Chair of National Healthcare Decisions Day; Ellen Goodman, Founder of The Conversation Project; Father Charles Bouchard, Senior Director of Theology and Ethics at the Catholic Health Association; Judge Patricia Banks, Chair of the American Bar Association's Commission on Law and Aging; and NHPCO President and CEO Edo Banach.

Additionally, Senator Mark Warner (D-VA) and Representative Earl Blumenauer (D-OR) spoke about their support of Advance Care Planning.

As part of the event, NHPCO debuted a special video about Advance Care Planning that tells the story of Michael and Liz Sampair with The Elizabeth Hospice, who shared their experience of the value of advance care planning. NHPCO and HAN were honored to have Liz Sampair as a special guest at the Congressional Briefing.



SENATOR MARK WARNER  
ADDRESSES THE AUDIENCE WHILE  
THE PANEL OF SPEAKERS LOOKS ON.



## Bringing Our Patient's Voice to Capitol Hill: 2017 Advocacy Intensive



2017 is a year of significant change in Washington, DC. From the White House and the Administration to the Halls of Congress, these changes have created great uncertainty for healthcare providers.

But with these changes comes the opportunity to educate new and returning policymakers. To preserve, protect, and advance hospice and palliative care, providers must give their patients and families a voice using their greatest resource: the interdisciplinary team. Each and every day, hospices rely on nurses, chaplains, aides, social workers, volunteers, and many others to provide high-quality, compassionate care to patients

and their families. Through these interactions, they see just how policies made in Washington, DC, affect those under their care. The IDT is in a unique position to be a voice for hospice patients and families; a voice that can educate Congress about the priorities of the hospice and palliative care communities.

On July 17-18, 2017, the HAN Advocacy Intensive will together frontline hospice providers, hospice leaders, policymakers, and Members of Congress to effect positive change for the hospice community. The Advocacy Intensive is the best opportunity for the hospice community to develop the skills needed to influence policy-

makers. Attendees will spend Day 1 networking with other hospice professionals from across the country, learning about current best practices in advocacy to be effective advocate for your patients and families on Capitol Hill and in your state and community. Put your new skill set to use in congressional meetings on Day 2.

Registration closes on June 26! But don't worry if you can't make it to Washington, DC, this year. Hospice Advocates around the country can support the efforts of their colleagues on Capitol Hill during Virtual Hill Week, July 18-21.

For more information on the HAN Advocacy Intensive and Virtual Hill Week, visit [www.hospiceactionnetwork.org/intensive](http://www.hospiceactionnetwork.org/intensive).

Who will be the voice for your patients?





THE HAN

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**REGISTER TODAY! Registration closes June 26, 2017**

For more information, email [AdvocacyIntensive@nhpcohan.org](mailto:AdvocacyIntensive@nhpcohan.org)  
or visit [www.hospiceactionnetwork.org/intensive](http://www.hospiceactionnetwork.org/intensive).



## Aligning Practice with Evidence, Virtual Conference 2017

Again this year, NHPCO, the American Academy of Hospice and Palliative Medicine and the Hospice and Palliative Nurses Association are working together to produce the highly-rated annual Virtual Conference. This summer's conference, [\*Aligning Practice with Evidence\*](#), will be hosted on two days, July 26-27, 2017.

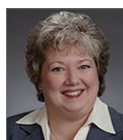
The Virtual Conference is one of the most cost-effective ways to bring high-quality professional development directly to your organization featuring:

- Live-streaming keynote speakers
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- Online poster gallery
- Video library
- Unique opportunities for interaction
- CE/CME credit

What makes the virtual conference even more valuable is online availability to conference content following the live event for three months. All sessions will be recorded and available within 48 hours of the live program.

Here are some of the plenary speakers who will be part of the 2017 Virtual Conference.

### Opening Plenary, July 26



#### **"Building a Foundation: Aligning Practice with Evidence"**

**Joan Harrold**, MD, MPH, FACP, FAAHPM,  
Hospice & Community Care, Lancaster,  
Pennsylvania

### Plenary II, July 26



#### **"Rational Pharmacopalliation: the Confluence of Anecdote, Evidence and Innovation"**

**Dawn Kashelle Lockman**, PharmD, MA ,  
University of Iowa College of Pharmacy;  
University of Iowa Hospitals and Clinics, Iowa City

### Plenary III, July 27



#### **"Healing Ourselves First: Resilience as Our Greatest Clinical Competence"**

**Carla Cheatham**, MA, MDiv, PhD, TRT,  
Seminary of the Southwest, Austin, Texas

[Register your organization today!](http://www.nhpc.org/2017VirtualConference)

**JULY 26-27, 2017**

[www.nhpc.org/2017VirtualConference](http://www.nhpc.org/2017VirtualConference)

**ALIGNING**  
**PRACTICE** *with* **EVIDENCE**

VIRTUAL CONFERENCE



# New Palliative Care Issue Briefs and PowerPoints

A number of new issue briefs have been added to the library of NHPCO's Palliative Care Resource Series that address a variety of topics of relevance to community-based palliative care providers. Recent additions include topics on pediatric palliative care. All members have access to these issue briefs as well as a companion PowerPoint presentations to help you share this information with your colleagues.

New additions to our library:

- [\*Cannabis Use in Palliative Care: History, Legality and Implications for Practice\*](#) by Peter A. Radice, MD, FACP, FAAHPM
- [\*Communicating with a Child Experiencing the Death of a Loved One: Developmental Considerations\*](#) by Marilyn A. Fisher, MD, MS
- [\*Integrating Mindfulness Into Palliative Care: Caring for Patients, Families and Ourselves\*](#) by Thomas J. Pier, LCSW, OSW-C, CMF
- [\*Pediatric Pain Management Strategies\*](#) by Melissa Hunt, PharmD
- [\*Reflections on Conducting a Spiritual Assessment\*](#) by Rev. Matthew Benorden, MDiv
- [\*Sibling Grief\*](#) by Diane Snyder Cowan, MA, MT-BC, CHPCA

Visit the [Palliative Care Resources Series](#) section of the website to download these issue briefs. A number of the issue briefs have companion PowerPoint presentations that can be used to help educate your teams about these important issues.

**All members have access to these issue briefs as well as a companion PowerPoint presentations...**





## Linda Rock Receives Leadership Award

For her professional leadership in the field and her dedication to advancing hospice and palliative care, Linda Rock was awarded the Galen Miller Leadership Award at the opening plenary of NHPCO's 2017 Management and Leadership Conference.

Rock was immediate past chair of the NHPCO Board of Directors. During her many years of active involvement with NHPCO, she staffed numerous committees and provided strong and steady leadership at a time of significant change and transition at NHPCO.

More than 1,200 hospice and palliative care leaders, practitioners, and senior managers were in attendance at the conference that began May 1, 2017 at the Washington Hilton in Washington, DC.

"There is no more worthy recipient than Linda, who has worked tirelessly on behalf of hospice at the local, regional and national level. A stalwart advocate

on behalf of rural hospice care, Linda has been a proponent of greater access and the development of high-quality care for her entire professional life," said John Mastrojohn, NHPCO's senior vice president and COO.

Created in memory of Galen Miller, NHPCO's executive vice president who died in August 2013, this award recognizes a champion and advocate from the field who has demonstrated the highest levels of dedication and passion for the hospice and palliative care community and the patients and families that receive care.



*Linda Rock (C) is surrounded by the members of NHPCO's leadership team and Bob Ward at the award presentation.*

## A collection of colorful icons representing various aspects of business and technology, including a globe, a magnifying glass, a lightbulb, a laptop, a calculator, a bar chart, a headset, a pencil, a share icon, a person icon, a calculator, a monitor, and an '@' symbol, all connected by white lines on a dark blue background.

## PACKAGES OF 12 AND 6 STILL AVAILABLE

[www.nhpco.org/webinars](http://www.nhpco.org/webinars)



**NEW** epsides released on the 1<sup>ST</sup> and 3<sup>RD</sup> Tuesday of every month.



NHPCO  
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### Care Dimensions Names New CEO



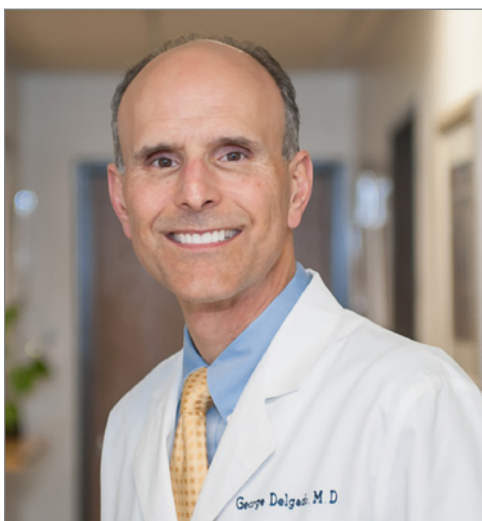
**PATRICIA AHERN**

Care Dimensions, based in Danvers, Massachusetts, announced that Patricia Ahern, RN, MBA, FACHE, was selected as the organization's new president and chief executive officer following a rigorous, nationwide search. Ahern assumed her new role on May 1, 2017, succeeding Diane Stringer who had served as president and chief executive officer for 28 years.

"With both a nursing background and an MBA, Pat has the clinical

and strategic business skills and a true passion for the mission which will enable her to provide the vision and leadership to move Care Dimensions forward," said Care Dimensions' Board of Directors Chair Pamela Lawrence.

### Chief Medical Officer at The Elizabeth Hospice



**GEORGE DELGADO**

On National Doctor's Day (March 30), The Elizabeth Hospice announced the appointment of George Delgado, MD, FFAFP, HMDC as Chief Medical Officer. Dr. Delgado will oversee all aspects of the nonprofit hospice's medical practice and palliative care services.

"Dr. Delgado will build on the foundation created throughout the organization's 39-year history, to improve the quality

of life for people of all ages impacted by illness, grief, and loss in our community," said Jan Jones, president and CEO.

### High Peaks Hospice & Palliative Care's New Executive Director



**NICHOLAS GEORGE**

Nicholas George was chosen as the new executive director at High Peaks Hospice & Palliative Care, Inc. George succeeded Meg Wood, who has led the organization since 2013, and assumed his new role in January 2017.

"With the aging of the Baby-Boomers, our nation is experiencing an increase in the need for hospice services. HPHPC began 30 years ago, as a grassroots movement in the Tri-Lakes to provide better care for the dying. Hospice is now an integral part of the U.S. healthcare landscape and HPHPC is committed to ensuring we are providing the best possible care for those facing life-limiting illness," said Mr. George.

## The Center for Hospice & Palliative Care Names New CEO

CHPC has named Christopher Kerr, MD, PhD as its new chief executive officer. Dr. Kerr has been serving as the interim CEO since the recent departure of Patricia Ahern and had previously acted as interim CEO for the organization in 2013-14.

“His years of experience and ability to lead the organization will enhance CHPC’s position both nationally and within our Western New York healthcare community,” stated EJ Butler, CHPC’s chairman of the Board.



CHRISTOPHER KERR

## Chapters Health System Names Affiliate Executive Directors

HPH Hospice, an affiliate of Chapters Health System, named Jackie Kendrick, its executive director. Kendrick will manage operations and strategic business development for the 33-year-old hospice organization, which provides expert hospice care and support services to about 500 patients and their loved ones each day in Pasco, Hernando and Citrus counties.



JACKIE KENDRICK

Good Shepherd Hospice, an affiliate of Chapters Health System, welcomes Eric Klimes, MBA, as its new executive director. He will manage operations and strategic business development for Good Shepherd Hospice, which provides expert hospice care and support services to about 600 patients and their loved ones each day in Polk, Highlands and Hardee counties.



ERIC KLIMES



### **Pathways Welcomes New President**

Pathways, a northern Colorado nonprofit organization that provides hospice care, palliative care, and grief and loss support, is pleased to announce that Nate Lamkin joined the organization as president in May 2017 and will lead the staff of 130 and more than 200 volunteers.

“Two things about Nate distinguished him in the eyes of the Pathways Search Committee,” said JoAnn Lovins, president of the Pathways Board of Directors. “One was his record of achievement with both nonprofit and for-profit hospices and with hospices both small and large. The second was his passion for the grief and loss work of mission-driven hospice.”



**NATE LAMKIN**

### **New Hospice Leaders at HopeHealth**



**BECKY MILLER**

HopeHealth, based in Hyannis, Massachusetts, announced the addition of two new members of its leadership team: Rebecca (Becky) Miller, LCSW, as hospice chief operating officer and Jacqueline (Jackie) Nelson, RN, BSc, MPH, as director of hospice quality and compliance. Miller has overall responsibility for hospice clinical operations and patient care services. Nelson is responsible for ensuring high quality care through a variety of initiatives and a strong hospice compliance program.



**JACKIE NELSON**

“Their exceptional talent and energy will help us provide the highest quality of hospice care to our patients and their families. They will lead our hospice teams, ensuring we offer compassionate and quality hospice services to patients, their families and caregivers for years to come,” said Diana Franchitto, president & CEO of HopeHealth.

## Cornerstone Hospice and Palliative Care's Executive Director

Jason Whiteside has joined Cornerstone Hospice and Palliative Care as executive director of the organization's operations in Lake and Sumter counties in Florida. Whiteside assumed his new role in January.

"The patients are under our care but equally important is the support of the families who are often scared, emotional and who need both education and assistance with caring for their loved one," said Whiteside. "When they see how the entire hospice team can care for the patient and provide the support the family needs, that's a good feeling and it's what drew me to want to join Cornerstone Hospice."

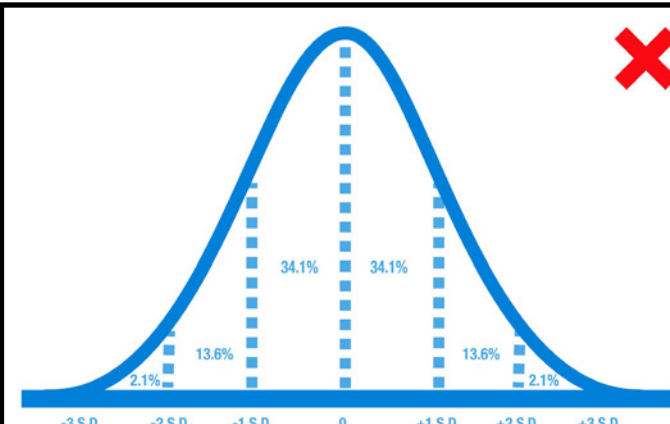


JASON WHITESIDE

## Suncoast Hospice and Tidewell Hospice Form New Strategic Alliance

Suncoast Hospice and its parent organization, Empath Health, and Tidewell Hospice and its parent organization, Stratum Health System, are the founding partners of a new strategic alliance to be known as Pontus Health, Inc., that was announced in February 2017. Together, they serve more than 16,000 patients a year in several counties in Florida.


The creation of Pontus Health positions both nonprofit hospices to deal with the changing health care landscape through shared best practices, purchasing efficiencies and expanding their role in end-of-life care. The alliance will also drive more collaborative and innovative partnerships between the two companies and local health care providers. Additional nonprofit, community-based end-of-life care organizations may join the alliance in the future.



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### **Top National Palliative Nursing Honors to Three from Hospice of the Western Reserve**



**DENISE DIMARE**



**BOB PHILLIPS-PLONA**



**MARY KAY TYLER**

The three honors were announced at the 2017 American Academy of Hospice and Palliative Medicine and Hospice and Palliative Nurses Association Annual Assembly in Phoenix.

The National Board for Certification of Hospice and Palliative Nurses has named Hospice of the Western Reserve's Denise DiMare of Richmond Hts. "Certified Hospice and Palliative Nurse of the Year" and Bob Phillips-Plona of Westlake "Certified Hospice and Palliative Care Administrator of the Year." Mary Kay Tyler of Lyndhurst, vice president of quality for the nonprofit agency, was named a Fellow in Palliative Care Nursing.



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- NHPCO's in-house graphic design team will help with placing your brand on the publication at no additional cost.

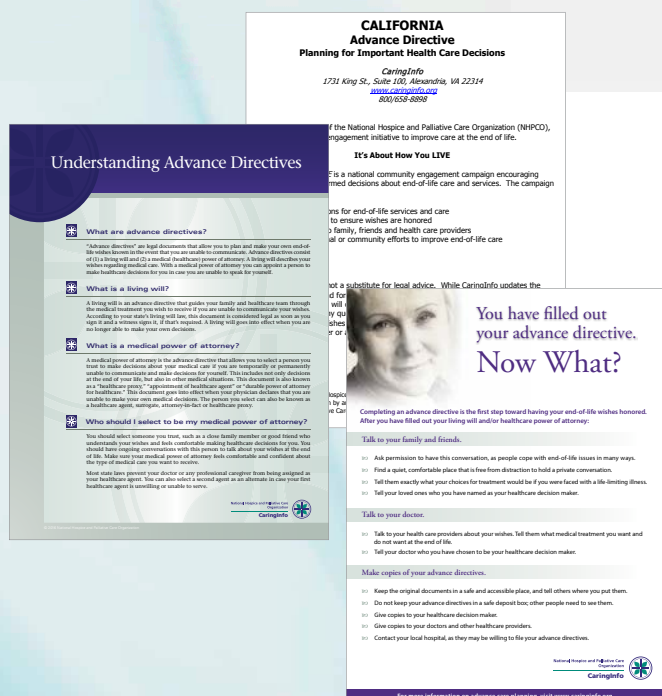
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\$250	\$500

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OPTION	NHPCO MEMBER	NON-MEMBER
1 state	\$350	\$750
Up to 5 states	\$1,250	\$1,750
Up to 10 states	\$2,000	\$3,000
Up to 25 states	\$4,500	\$6,000
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**SPECIAL BUNDLE OFFER!**

National Hospice and Palliative Care Organization





### **2017 National Hospice Foundation Gala – A Night of Generosity and Celebration!**



*NHPCO President and CEO Edo Banach performed with the band.*

The 2017 National Hospice Foundation Gala was held May 2, 2017, at the Washington Hilton in Washington, D.C. Over 300 people attended the event that raised funds for the Foundation and for the Lighthouse of Hope Fund – one of NHF's most successful initiatives.

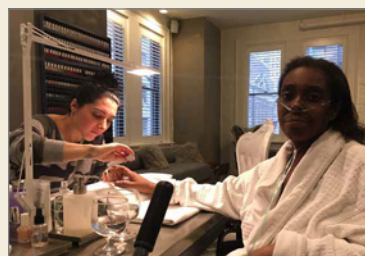
Master of Ceremonies Ron Culberson opened the program with an entertaining monologue and helped set the stage for a successful night. Sherry Truhlar from Red Apple Auctions did a wonderful job motivating the audience to be generous and donate. The live auction garnered over \$8,000 in funds to support the Foundation. [READ MORE...](#)

### **Y.C. Ho/Helen and Michael Chiang Foundation Supports Palliative Care Initiative**

NHPCO is in its second year of a partnership with the MJHS Institute for Innovation in Palliative Care to further advanced level palliative care education, thanks to the support of the Y.C. Ho/Helen and Michael Chiang Foundation. [READ MORE...](#)

### **A Spa Day for Mia – A Lighthouse of Hope Story**

In December of 2016, the Lighthouse of Hope Fund fulfilled a very special experience for Mia Jordan, a 45 year old VNA Hospice of Greater Philadelphia patient with end-stage lung cancer. Mia felt there were many things she hadn't experienced yet in her short life, like spending the day at a spa. Her social worker sprung to action and requested funds



*Mia gets a manicure.*

from the Lighthouse of Hope Fund. Mia died just two days after her spa day.

[READ MORE...](#)

### **Legal & General America Donates Funds to NHF to Increase Awareness About Advance Care Planning**



In 2017, Legal & General America awarded NHF a grant to create a video to educate the public about the importance of advance care planning.

NHPCO released the video in April to coincide with the 10 year anniversary of National Healthcare Decisions Day. [READ MORE...](#)

### **Going Above and Beyond the Call of Duty** **Cornerstone Hospice & Palliative Care** **Creates 1st Virtual Flight to Honor**



*Photo courtesy Cornerstone Hospice & Palliative Care*

#### **Submitted by Cornerstone Hospice & Palliative Care**

It was just over a year ago that Patricia Gruber, a volunteer specialist for Cornerstone Hospice's Polk County, Florida region, stood among fellow employees and volunteers along with over a thousand other community members at Lakeland Linder Airport. They were there to welcome the arrival of an American Airlines flight carrying VIP's.

The VIPs were 72 World War II, Korean, and Vietnam War Veterans headed home from a whirlwind day in the nation's capital. [Read more...](#)

#### **Find us on Twitter!**



@WeHonorVeterans

### **Veteran-to-Veteran Volunteer Program**

Many We Honor Veterans hospice partners have implemented Veteran-to-Veteran volunteer programs which pair Veteran volunteers with hospice patients who have been identified as Veterans. Veteran volunteers add a unique perspective and skill set to the delivery of quality hospice care. Often times, the volunteer and patient are able to connect over a shared military background and experience. This distinctive connection and honorable bond has allowed many patients to open up about their life and heal emotional wounds caused during their time in service to the country.

[Read more...](#)



*Veteran-to-Veteran volunteer Arden Pridgeon, wearing his original WWII uniform, is pictured with a Caring Circle patient. Photo courtesy of Caring Circle.*

### **VA Initiative Includes Policy Aimed at Ensuring Goals of Care Are Discussed and Documented**

The Life-Sustaining Treatment Decisions Initiative (LSTDI) is a national VHA quality improvement project led by the National Center for Ethics in Health Care (NCEHC). The aim of the initiative is to promote personalized, proactive, patient-driven care for Veterans with serious illness by eliciting, documenting, and honoring their values, goals, and preferences. [Read more...](#)



# 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



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