

NewsLine

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

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*My*Hospice
New Campaign
to Reinforce the
Value of the Medicare
Hospice Benefit.

National Hospice and Palliative Care
Organization



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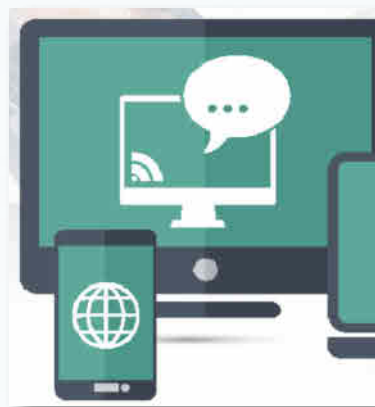
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Thank you!

NHPCO ACKNOWLEDGES THE GENEROUS SUPPORT OF THESE COMPANIES AND THEIR COMMITMENT TO THE SUCCESS OF THE MANAGEMENT AND LEADERSHIP CONFERENCE & ADVOCACY INTENSIVE.

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Message **From Edo**

A Unified Theory of Home-Based Care

You may not know this, but I am fascinated by quantum physics. No, I don't actually understand it, nor can I do the math involved, but I am like a curious two year-old when it comes to the idea that the laws governing small particles and large planets are actually the same. It turns out that the visuals our science teachers taught us about electrons orbiting nuclei were not exactly right from a scientific perspective but a really helpful way to think about this.

So, as usual, what does any of this have to do with hospice or home-based care in general? Well, we are consumed these days by large celestial bodies that are going to reshape health care. Walmart, Amazon, Google, are all vying for a piece of the health care pie. This is both tantalizing and a little scary. But what if the laws that apply to these large bodies are the same as the laws that apply on the ground? Think about it. While Amazon completely disrupted the business model of traditional brick-and-mortar retailers, it created huge opportunity for smaller, nimbler organizations like delivery services and the specialty realtors who contract with Amazon for those more niche products. A similar evolution in health care could actually play to hospices' strengths.

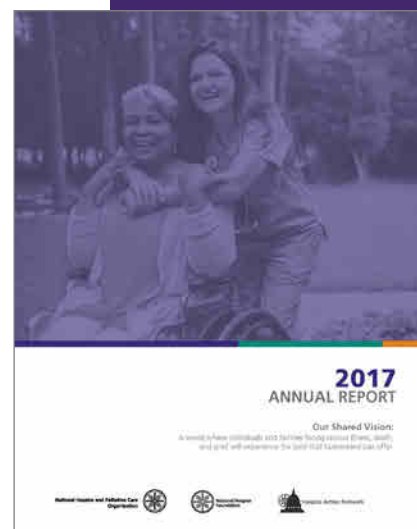
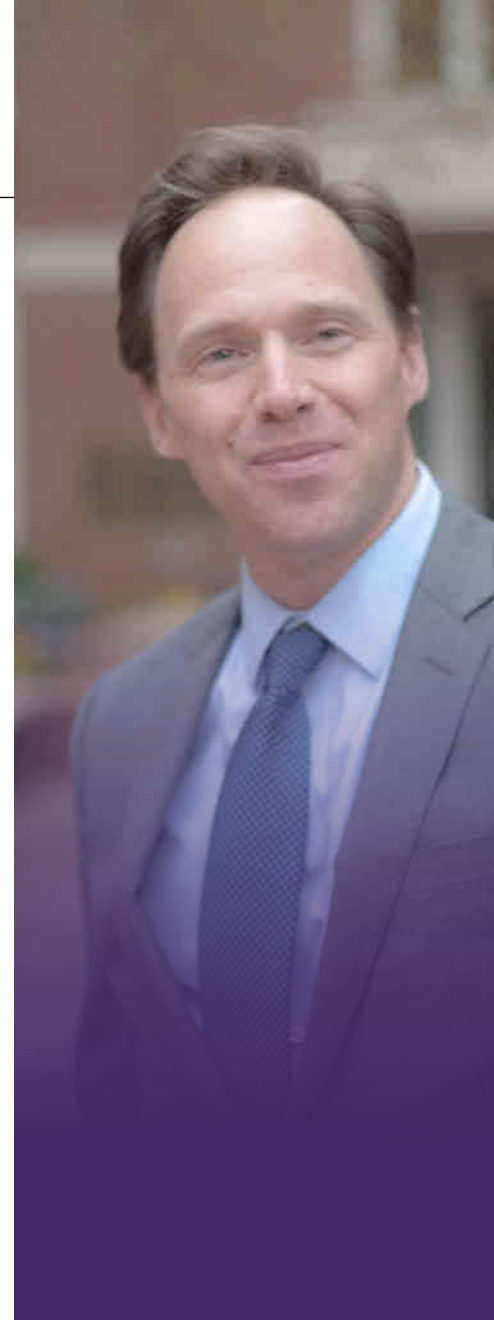
I think that when all of the hoopla dies down, and we deal with reality, we will see that this is exactly right. You see, no matter how much buying or technology power an entity has, people still covet and receive health care (if done right) in a personal, local and convenient manner. While we can bring the efficiencies and technology of large bodies to health care, and we should, we will not replace that crucial fact. Even in the Jetsons, neither Rosie the Robot, nor the food eracacycle, delivered health care.

A unified theory of home-based care, just like a unified theory of physics, has been elusive. Over the coming months, you'll hear much more about my theory. For today, suffice it to say that it will be person-centered, interdisciplinary, and will leverage the best of our past with the scale, technology and efficiency of the future. We'll be less chopped up by geography or tax status, or even Medicare benefit category. A unified theory demands that we focus on the one core truth that helps inform all we do. That part is easy. It's about people. No matter the scale, people need care from other people.

Thank you for all you do to care for so many.



Edo Banach, JD
President and CEO



Learn more about our accomplishments in the 2017 Annual Report.

My Home

A Program That



ospice

hat Works. A Benefit That Matters.

NHPCO Introduces My Hospice Campaign

NHPCO President and CEO Edo Banach introduced our new NHPCO campaign, [My Hospice](#), during his opening plenary presentation at the 2018 Management and Leadership Conference & Advocacy Intensive hosted in Washington, DC on April 23 – 25. The launch of **My Hospice** preceded opening plenary speaker Ari Shapiro of NPR’s “All Things Considered.”

A campaign to reinforce the value of the Medicare hospice benefit among policy and health care decision makers, the goal of **My Hospice** is to foster a policy environment that will support patient access to high quality, comprehensive hospice and palliative care.

“As I’ve noted before, looks can be deceiving when it comes to our health care system,” Banach shared in his introduction. “Despite all of our

innovation and best efforts, most Americans continue to be confused by their health care choices and mismanaged by their health care systems. So much of care today is institutionally biased, driven by acute episodes and clinical determinations that fail to recognize the interconnectedness of medical and non-



Opening Plenary featured NPR’s Ari Shapiro who spoke about the importance of being engaged citizens.

A campaign to reinforce
the value of the Medicare
hospice benefit...

medical needs that our community so thoroughly understands. Hospice care, however, demonstrates care at its best, and how care should work.”

“When I began in this position at NHPCO I thought I understood that but, like many of you, I suspected too many leaders in Washington don’t fully understand and appreciate what we do. Research we conducted affirmed that hunch. And while our suspicions were correct, we also recognize this needs to change,” Banach added.

With our depth of experience, subject matter expertise, and diverse membership, NHPCO is uniquely positioned to lead the efforts to build upon the hospice foundation by protecting access to high-quality care for individuals with serious, advanced

and life-limiting illness. We are collaborating with the highly respected [Schmidt Public Affairs, a public relations firm](#) based in Alexandria near the NHPCO offices. Schmidt Public Affairs’ professionals have more than 75 years of healthcare experience and a deep understanding of the issues facing care providers today and will draw on that experience to work with NHPCO to help guide the **My Hospice** campaign.

At NHPCO, we are committed to influencing future policies so that our shared set of values, the right of patient choice and the integrity of the hospice philosophy of care remain intact. This national campaign is an opportunity for ALL members of our community to come together and share what **My Hospice** means to them.



NHPCO's Edo Banach.

Message Pillars and Talking Points

Below are a core set of talking points you can use when speaking to your lawmakers about the **My Hospice** campaign, hospice care and the importance of protecting the integrity of Medicare's hospice benefit.

As Medicare's first proven coordinated care model, hospice is a program that works.

- For more than 35 years, the Medicare hospice program has ensured beneficiary access, choice and quality of life at the end of life.
- Hospice is the original comprehensive approach to health care. No other health care sector is required to address all aspects of a patient's and family's health and well-being.
- The Medicare hospice benefit ensures a coordinated and patient-led approach to care, protecting patient choice and access to individualized services based on a patient's unique care needs and wishes.
- The hospice model involves an interdisciplinary, team-oriented approach to treatment, including expert medical care, comprehensive pain management, and emotional and spiritual support.
- Beyond providing physical treatment, hospice attends to the patient's emotional, spiritual and family needs, and provides family services like respite care and bereavement counseling.
- In an increasingly fragmented and broken health care system, hospice is one of the few sectors that demonstrates how health care can – and should – work at its best for its patient.

Patients and families must continue to have timely access to quality, comprehensive hospice care, and a hospice provider of their choice.

- Changes are on the horizon in the Medicare program, including payment reforms that could threaten the integrity of the Medicare hospice benefit and the principles on which hospice care was founded.
- End-of-life care is unique, and policy changes or reforms made in other care settings could unintentionally disrupt or delay access to comprehensive, high-quality hospice care.
- As policy change occurs, new policies must reinforce the foundation of hospice to ensure beneficiary access, choice and quality at the end of life.



**This national campaign
is an opportunity for
ALL members of our
community to come
together...**

Future health reforms should build upon the successful hospice model.

- Hospice exemplifies the principles of quality, compassionate, personalized care that beneficiaries, payers, and policymakers want.
- As America ages, the hospice community is well-positioned to meet the growing demand for high-quality, person- and family- centered care.
- NHPCO and its members are committed to working with policymakers to develop care models that build on the successful hospice model and support a continuum of care for patients and families facing serious, advanced and life-limiting illness.

Call to Action

Now we need your help communicating **My Hospice** to policymakers. As **My Hospice** continues to unfold, it will feature a multifaceted communications strategy that will include lobbying, grassroots advocacy, research and media relations to elevate our profile and support policies that align with the heart of hospice.

“We need the engagement of the entire hospice and palliative care community to help in communicating **My Hospice** to

policymakers,” Banach stressed. “We cannot do this without you.”

MyHospiceCampaign.org is a great place to get started. There you can share what **My Hospice** means to you, download campaign resources, financially invest in our campaign and communicate directly with your elected representatives who desperately need to hear and understand who we are and what we’re about. That we are not just an industry – we are about patient and family-centered care that honors, uplifts and supports.

What My Hospice means to Rudy

For Rudy, **My Hospice** represents his care and his choice, but for his family and members of his care team **My Hospice** means joy, purpose, calling, privilege, passion, teamwork, mission, comfort and support. **My Hospice** is as diverse as each person hospice touches – and is unique for all of us.



Now is the time to come together to protect hospice as we know and love it today. NHPCO hopes that you will support this exciting new effort to benefit our community and join us in supporting **My Hospice**.

[Printer-Friendly PDF](#)

MyHospice

Thank You

NHPCO and Hospice Action Network thank the following members for their generous support of the My Hospice Campaign:

PLATINUM SPONSORS

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My Hospice Resonates on Capitol Hill

More than 260 advocates representing the hospice and palliative care community were on Capitol Hill on April 25 to participate in NHPCO and the Hospice Action Network's annual Advocacy Intensive. Advocates met with lawmakers and staff to reinforce the value of the Medicare hospice benefit for the 1.43 million beneficiaries it serves annually and their families.

44 states across the country were represented and meetings were held with 300 lawmaker offices about legislation supported by NHPCO to improve the delivery of hospice and palliative care.

Legislation supported by NHPCO and advocated for during the Capitol Hill meetings included:

- [Rural Access to Hospice Act](#) (S. 980/H.R. 1828)
- [Palliative Care and Hospice Education and Training Act](#) (PCHETA) (S. 693/H.R. 1676)
- [Patient Choice & Quality Care Act](#) (S. 1334/H.R. 2797)
- [Safe Disposal of Unused Medication Act](#) (H.R. 5041)

NHPCO advocates were also honored to hear from bipartisan, hospice champions including Senator Debbie Stabenow (MI), Senator Shelly Moore Capito (WV), Representative Vern Buchanan (FL), Representative Earl Blumenauer (OR) and Representative Tom Reed (NY).

The event wrapped up with a Congressional Reception held in the historic Kennedy Caucus Room of the Russell Senate Office Building. Congressional champions delighted advocates as they stopped to take photos in front of the **My Hospice** photo stop that added an element of fun – and social media exposure – to the grand meeting room on Capitol Hill.



Vital Signs



404,844

Online views of NHPCO & HAN My Hospice content



16,548

Engagements with NHPCO & HAN My Hospice content



454,594

My Hospice video views



2,086,451

Impressions of the #MyHospice hashtag



797,635

Social media advertising impressions

Digital Scan

Date	Publication	Headline	Reach	Ad Value
June 4, 2018	The Hill	Reform burdensome Medicare regulations to improve end-of-life care	1,956,545	\$18,098.04
May 8, 2018	Bloomberg BNA	Groups Seek Medicare Pre-Hospice Benefit for Seriously Ill	127,940	\$343.00
April 24, 2018	Morning Consult	Coordinated Care Is More Than a Buzzword for Hospice Providers	190,678	\$1,763.77
TOTAL			2,275,163	\$20,204.81

Under the Microscope



#MyHospice is a campaign to reinforce the value of the Medicare hospice benefit among policy and healthcare decision makers. Learn how you can get involved:



My Hospice Campaign
hospiceactionnetwork.org

4:43 PM - 29 Apr 2018

35 Retweets 70 Liked

As part of the My Hospice campaign, social media advertisements were launched on Facebook and Twitter to raise awareness about the My Hospice campaign and drive traffic to the My Hospice Campaign website. Since the launch of the campaign in April, there have been more than 6,494 views of the campaign website pages.

Who Is Listening

■ CONGRESSMAN TOM REED

Liked a My Hospice thank you ad on Twitter

■ SENATOR SHELLEY MOORE CAPITO

Shared photo with My Hospice advocates on Twitter

■ MORNING CONSULT

Shared Edo Banach's op-ed on Twitter

■ OREGON HOSPICE & PALLIATIVE CARE ASSOCIATION

Shared a My Hospice post on Facebook

■ HOSPICE COUNCIL OF WEST VIRGINIA

Shared a My Hospice post on Facebook

What Influencers Are Saying

"Coordinated care should be more than a popular health care buzzword. It should be the driving force for all health care everywhere - just as it currently is for hospice."

EDO BANACH, MORNING CONSULT



CIRCLE *of* LIFE
AWARD

Highlighting Programs that Work

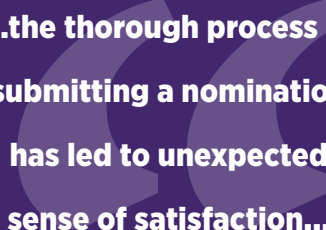
Since 2000, the Circle of Life Award™ has been honoring innovative U.S. palliative and end-of-life care programs in hospices, hospitals, health care systems, long-term care facilities, and other direct care providers. The prestigious Circle of Life Award, along with the Citations of Honor presented each year, shine a light on excellence.

The Circle of Life Award honors programs that:

- Serve people with life-limiting illness, their families, and their communities.
- Demonstrate effective, patient/family-centered, timely, safe, efficient and equitable palliative and end-of-life care.
- Use innovative approaches to meeting critical needs and serve as sustainable, replicable models for a segment of the field.
- Pursue quality improvement consistent with the National Consensus Project (NCP) Clinical Practice Guidelines for Quality Palliative Care, [NHPCO Standards of Practice for Hospice Programs](#) or other widely-accepted standards, within their resources and capabilities.
- Address medical, psycho-social, spiritual and cultural needs throughout the disease trajectory.
- Use innovative approaches to reach traditionally marginalized populations.
- Actively partner with other health care organizations, education and training programs, the community, providers of care, and/or insurers.
- Use metrics that demonstrate significant impact and value for individuals, families and communities.

NHPCO strongly encourages hospice and palliative care organizations to learn more about the nomination process and give serious consideration to submitting a nomination for a successful program or initiative that reflects some of the criteria listed above.

“In speaking with hospice providers, I frequently hear many of them say ‘I don’t think we’re ready yet to submit a nomination’...But I can attest that many of these organizations do have programs that are worth nominating for The Circle of Life Award,” said NHPCO Chief Operating Officer John Mastrojohn. “In fact, many hospice providers have found that the thorough process of submitting a nomination has led to unexpected sense of satisfaction and accomplishment. So I encourage hospices to look into nominating their worthwhile programs.”



**...the thorough process of
submitting a nomination
has led to unexpected
sense of satisfaction...**

Circle of Life Awards will give top honors in 2019 to up to three programs or organizations. The application for the 2019 Circle of Life Award is now available online for download. While there may be insufficient time for a program to submit the detailed nomination application form for the 2019 Awards (the deadline is August 13, 2018), now is an excellent time to learn more about the criteria for nominations and consider submitting next year for the 2020 award cycle.

NewsLine shares information about Circle of Life Award honorees from recent years who are NHPCO members. NHPCO salutes these – and all the Circle of Life honorees – for their work that shine a light on excellence and serve as models for other programs and communities.

2017 BLUEGRASS CARE NAVIGATORS, LEXINGTON, KENTUCKY

Providing the main hospice care for a large swath of Kentucky, in an area with some of the nation's most challenging levels of chronic illness and poverty, means going beyond the traditional boundaries of late-life care. For Bluegrass Care Navigators (formerly Hospice of the Bluegrass), it's meant finding new and innovative ways to reach people in many settings and stages of their lives.

So when it was clear that seriously ill patients needed help in the gaps between hospital and home, for instance, Bluegrass started a transitional care program, the only hospice to participate in a federal innovation research pilot program. The program has since expanded to multiple locations, including collaboration with a university hospital and community groups to extend the transition coaching to homeless individuals.

The organization's recent name change recognizes its expanded role. The agency includes hospice as well as transitional care, palliative care, grief care, a private duty nurse program and a new adult day health care program. Care Navigators was the name choice to better reflect how the community sees the organization. "We are guides. We listen. We help people on a journey," says CEO Liz Fowler.

Hospice of the Bluegrass has been a name well-known in the field for decades as an innovator constantly testing the limits of what a hospice can do. That role was bolstered not just by a population with significant health and social needs, but also by the state's unique

certificate-of-need status that gave it a role as the area's primary hospice (Bluegrass provides hospice care to more than 5,000 people in 32 counties). With that goes a profound sense of responsibility for meeting the needs of the population.

Chief Medical Officer Todd Cote, MD, explains the organization's approach as being open to any possibility, but also ensuring that new initiatives are worthwhile. "Our approach is science-based; we don't just have a nice idea and jump into it," he says. "We have well thought-out ideas, we do our research, a needs assessment, strategize and often do pilot projects to determine how best to serve our community."

One example is its transitional care program known as KATS (originally Kentucky Appalachian Transition Services, now known as Bluegrass Transitional Care). The program emerged from an insurer's interest in long-term case management for some of its members and became part of a demonstration project funded by the Center for Medicare & Medicaid Innovation to reduce all-cause readmissions by 20 percent.

Bluegrass partnered with Appalachian Healthcare System, whose hospitals manage patients with difficult long-term health challenges. One of its hospitals had one of the highest readmission rates in the nation. Bluegrass started by spending nine months studying the root causes of those problems, which included health disparities, obesity and lack of primary care. The transitions program used risk assessment models to

identify patients who needed extra attention and assigned them to one of 50 home coaches distributed around Southeast Kentucky and West Virginia, says Susan Swinford, vice president for administration at Bluegrass. Results were impressive (37 percent decline in readmissions), and the transitions program has since been adopted by several departments at the University of Kentucky health system, including screening in the emergency department, which identified a homeless population needing the coaches' help.

Identifying new partners and expanding programs is all about maintaining good relationships with all types of organizations, Swinford says. "Keeping those relationships is just vital to our success. We're always willing to do what they want us to do, and we are meticulous in the data we collect to loop back to them."

Read more about Bluegrass Care Navigators and the other honorees in the [2017 Circle of Life Award Booklet](#).

2015 CARE DIMENSIONS, DANVERS, MASSACHUSETTS

Care Dimensions, the largest hospice in the Boston area, was providing excellent care to children occasionally needing hospice and palliative care. But to build a more robust and comprehensive program, two years ago, the hospice hired Tamara Vesel, MD, a board-certified palliative care specialist from Dana-Farber Cancer Institute and Boston Children's Hospital. To enhance the skills of hospice staff whose experience was primarily with adults, Vesel developed an intensive staff training program in the emotionally charged world of caring for dying children.

The specialized training prepared Care Dimensions staff for the day a very sick three-year-old's heart stopped during an airplane flight with his family. CPR was performed while the plane returned to Boston, where the child was rushed to the hospital. The family wanted the child's death to occur at home so they could take him to their mosque and prepare him for a traditional Muslim funeral. Vesel and a pediatric team nurse were waiting in the family's driveway when they returned from the hospital.

Over the next three days, the team supported the parents in their difficult decision to remove the child's breathing tube.

"Removing advanced life support in a home setting is not something a lot of hospice programs would take on," says Nate Lamkin, the hospice social worker working with the family. "As tragic as it was, the family felt very well supported and the staff coped well with it." Building the new pediatric program has had a profound effect on the whole organization, says Lamkin, reinforcing the hospice's compassionate mission.

**...consider submitting
next year for the 2020
award cycle.**

Care Dimensions has grown over 35 years from an all-volunteer hospice to a leader in palliative and hospice care in a region that boasts some of the nation's premier medical institutions. Its leaders take that position seriously and emphasize building bridges with a wide variety of partners, including hospitals, nursing homes, assisted living communities and physician practices. "We have tailored our care to our customers...and we do things differently depending on their preferences," explains Rob Warren, MD, medical director of palliative care. Details on those preferences are maintained in individual profiles in an online toolkit available to all staff members. "Communication is key," says COO Judy Cranney. "The primary physician, specialists as well as case managers want to be involved in all aspects of the patient's care. We provide clinical updates and status changes electronically or in the communication method preferred by each provider."

As health care delivery has begun to transform to emphasize value-based models that increase financial risk and integration throughout the continuum with the goal of managing care of patients and keeping them out of hospitals, Care Dimensions is positioned well as an important partner.

Read more about Care Dimensions and the other honorees in the [2015 Circle of Life Award Booklet](#).

2013 UNITYPOINT HEALTH, IOWA AND ILLINOIS

Just a few years ago, innovative palliative care programs were germinating in several of Iowa Health System's communities, but lacking a unified approach, the system couldn't ensure all its patients had access to the same range of services when experiencing a serious illness.

Eight years later, these initial programs have guided the system in developing the best way to deliver palliative care in its communities. Now known as UnityPoint Health, the system has disseminated the model across its 280 physician clinics, seven home health care regions, and 26 hospitals in Iowa and Illinois.

"We started in 2005 with very small programs, and they weren't across the continuum," explains Monique Reese, DNP, ARNP, FNP-C, ACHPN, chief clinical officer of UnityPoint at Home. "We now have programs across the continuum and across the region too."

UnityPoint Health took a data-driven approach when it embarked on a system-wide palliative care review. An examination of two years of palliative care metrics found that the best outcomes resulted from hospital/home care/clinic collaboration with dyad leadership—physician and clinical administrative leads, explains Lori Bishop, RN, CHPN,* executive director of palliative care and hospice for UnityPoint at Home. "Instead of having the patient move between an inpatient program and an outpatient program, our intent was to have one program," Bishop says.

Now, throughout the system, patients and families have access to:

- Palliative care services that follow the patient across the care continuum
- Goals of care discussions and advanced care planning that includes patient and family
- Timely intervention for symptom management to avoid unnecessary emergency room visits and hospitalizations
- Collaboration with the attending physician, home care, and hospice to ensure patients are connected to the right service at the right time

* Note: Lori Bishop now serves as NHPCO vice president, palliative and advanced care.

Read more about UnityPoint Health and the other honorees in the [2013 Circle of Life Award Booklet](#).

2012 HASLINGER FAMILY PEDIATRIC PALLIATIVE CARE CENTER, AKRON CHILDREN'S HOSPITAL, AKRON, OHIO

Lauren Gartner, like many 10-year-olds, loved to draw, and it was the most fun when she could make pictures with her best friend, Maddy. Unlike other kids, however, Lauren had a tumor that would ultimately shorten her life. “Her hospital room was lit up with her art work,” recalls William Considine, CEO of Akron Children’s Hospital, where she spent much of her six-month illness. “She had such a positive energy and spirit that inspired all of us.”

That spirit also inspired the palliative care program to build on Lauren’s love of creativity to create a special place where children and families can experience holistic healing through the arts. The result, eight years later, is a new, colorful, sunny 3,000-square-foot space called the Expressive Therapy Center, built with the support of a major donor, Emily Cooper Welty. Children and families can use its resources there or in a patient’s room. “Sometimes they’ll just take something out and play while they’re talking,” explains Marlene Hardy-Gomez, a nurse practitioner on the hospital’s palliative care team.

The center is just one part of a comprehensive palliative care program at Akron Children’s, which was created and developed by Sarah Friebert, M.D., a pediatric hematologist/oncologist and palliative medicine physician. Friebert is credited with evangelizing the cause of palliative care so effectively that the hospital now has one of the nation’s leading pediatric palliative care programs after just 10 years.

“We built a community-based model that recognizes children in the hospital need palliative care,” says Friebert. “But what we also need to be doing is reducing the fragmentation of medical care,” she adds, “and getting them back to where they want to be — in the community.”

The program offers in-hospital consults but much of the care takes place in other settings through connections with home care and hospice agencies, schools, and long-term care facilities scattered around 44 of Ohio’s 88 counties. “We drive a lot,” says Friebert.

Akron Children’s is a training site for other organizations seeking specialty training and guidance on developing palliative programs. Its fellowship program feeds research, and everyone on the palliative care team is expected to undertake research projects. “Because of our large volume of patients, we are sitting on a mountain of data,” says Friebert. “The Expressive Therapy Center gives us a laboratory to test interventions that will be helpful to families.” The center studies family stress, bereavement, and what happens during transitions when children move into adult medical care.

**But what we also
need to be doing
is reducing the
fragmentation of
medical care...**

Dr. Friebert and her team are active advocates on the state and national level to push for reimbursement models that make sense for what sick children need. “We’ve moving away from high-intensity, ICU-based care,” she says. “Palliative care is continuum-based care, and we need to legislate for appropriate payment so every child who needs it can have it.”

The program has changed the medical culture of the hospital, says Pediatrics Chair Norm Christopher, M.D. “It’s required us to think a little bit differently about children with complex medical conditions and chronic conditions,” he says. “It called into question how we address these very complicated situations that families find themselves in.”

Read more about the Haslinger Family Pediatric Palliative Care Center and the other honorees in the [2012 Circle of Life Award Booklet](#).



CIRCLE of LIFE™

Visit the [AHA YouTube page](#) to hear from past honorees who talk about their innovations and the value of winning the award to their organizations.

The awards are currently supported, in part, by the California Health Care Foundation, based in Oakland, and the Cambia Health Foundation, based in Portland. Major sponsors of the awards include NHPCO and the National Hospice Foundation.

For a complete list of all Circle of Life Award honorees and recipients of the Citation of Honor, visit the [AHA website](#).

[Printer-Friendly PDF](#)

American Hospital Association™
Advancing Health in America



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



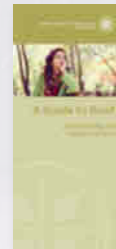
NHPCO'S 2016 NATIONAL STAR REPORT (PDF ONLY)

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**

FLEECE Member Price: **\$40.00** | Non-Member Price: **\$50.00**





The Power of HopeWest Kids:

Supporting

Children and
Families

By Nancy Lofholm

Kylie Babeon first experienced grief when she was 9-years-old. Her grandmother had died after a lingering illness, and Babeon found the emotions related to that loss confusing and frightening.

But Babeon had help navigating the uncharted territory of childhood grief when she became involved in [HopeWest Kids](#), a hospice grief-support program for youngsters.

She attended a three-day camp where she found common ground with other grieving kids. She participated in activities that helped her sort through and understand her feelings. She attended group counseling sessions where she learned techniques to cope with sadness. She completed an equine therapy program where she felt the power of having a large animal mirror her own emotions.

Babeon was so convinced of the value of the HopeWest Kids' experience that she returned, as a 15-year-old, to help guide younger kids at [Camp Good Grief](#). She also became a driving force in her high school to insure grief support services are available to all students: one in five students, according to [national statistics](#), experience the death of someone close to them by age 18.

"HopeWest set me on a good path. It put a lot of good role models in my life. And it became a powerful thing in my life," Babeon said. "HopeWest became like part of my family."

Since HopeWest started grief

programs for kids in 1995, fully funded by donations, more than 8,000 children, from kindergarten age through teenage years, have taken part in a growing range of programs that encompasses counseling, family support, grief support in schools, camps and retreats, and equine therapy. In just the past year, the program interacted with 625 kids.

HopeWest founding President and CEO Christy Whitney Borchard said HopeWest began offering bereavement support for kids more than 25 years ago when she recognized that youngsters were being left out of services at the new hospice organization. "I felt like kids were always overlooked in hospice. No one really knew how to talk to the kids," she said.

She believed loss could be turned into a strengthening life force for youngsters, rather than a crippling confusion that played out in difficulties at school, physical illnesses and negative behavioral changes. She began by assigning a social worker to focus on the kids in families suffering a loss. By 1995 she hired a nurse to work with kids' grief programs in Florida and developed the program.

Social Worker, Cathy DiPaola, began by organizing a kids' grief camp as the Director of Youth Programs. The first camp drew six youngsters. DiPaola, recently retired after leading the youth program for more than two decades, expanded the camps over the years to include younger children,

**...more than 8,000
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in a growing range of
programs...**

as well as a retreat for older youths. She added family dinners, and expanded counseling services. She pulled together as many collaborative community pieces as possible by working more with schools, with organizations and service clubs like Partners and Kiwanis, and with entities like the local parks and recreation department. Her dedication and passion strengthen the program that offered more to the community.

Joni Beckner, an art therapist and licensed professional counselor, took over the directorship in 2016. She has continued to expand the links to schools and to entities like the Department of Youth Corrections and Hilltop's Adolescent Treatment Unit where the majority of youths have suffered losses of loved ones.

DiPaola recalls a boy who personifies the changes grief support can bring. His mother died when he was two. His father – left to raise him alone – had no idea how to deal with his son's grief. All he knew was that he did not have a mom because he was not told what happened to his mother. By 4th grade the boy was acting out and became a problem in the classroom. A school counselor referred him to HopeWest Kids for grief support through counseling and his father received help learning new parenting skills. A HopeWest Kids art therapist also began to work with him to help sort through his emotions.

“And the boy had an incredible behavioral turnaround,” DiPaola said.

“Many times, working with these kids can be sad,” DiPaola said. “But I always remind myself that I have no right to be more sad about this than these kids are. And I have always been inspired by the kids in the programs. I have been inspired by how resilient they are and how honest they are about how they feel.

The [National Alliance for Grieving Children](#) found that 75 percent of bereaved children and teens say the pervading emotion they feel is sadness. Feeling angry, alone, overwhelmed and worried are also listed as common emotions. More than a third of those polled

responded that they have trouble sleeping. Nearly half struggle to concentrate on school work. Two-fifths say they have acted in ways that might not be good for them.

Beckner said she sees common factors in the grief process of youngsters and teens: at the same time they are grieving a loss (more than a third of the time the loss of a parent) they are trying hard not to upset the fragile equilibrium in their homes. Many don't talk to a surviving parent for that reason. They might have had social support for some months following a death, but often fades away over time. Thus, the reality about the loss has settled in and behavioral issues often surface.

Beckner said each child's reaction to loss is also unique. Each responds to death in different ways.

“There are so many factors that make a puzzle for us to put together as clinicians,” she said.

Those pieces are often assembled in a sunny, cozy refurbished home that is a short walk down a path from HopeWest headquarters. The in-house hospice is welcoming with large pillows, comfortable chairs, and a friendly, silly looking giant stuffed frog poised at the front door. Young children enjoy opportunities to use a sand tray for portraying emotions in miniature. Other aides connect children to their emotions – for example, a ‘grief bear’ on the wall helps children identify emotions such as confusion and anger. A separate art room for teens has supplies and tables for drawing, painting and making collages.

“There is a real value in linking objects to loss – having a tangible, literal connection to the loved one,” said Michelle King, a licensed social worker who recently joined the HopeWest Kids staff. “Kids are so concrete. Kids are such doers. It is good when they can touch something representative of what they are feeling.”

At Camp Good Grief, participants paint clay pots that they then smash. Sticking the pieces back together becomes a symbol for a life shattered by loss; it will never be exactly the same, but it can be pieced into a

new whole. Camp participants make memory boxes that have pictures of a loved one on the lid and kid-chosen items inside that remind them of the loved one.

The memory boxes play an important role in a ceremony at the end of each camp; participants light candles in front of the boxes and tell stories about their loved ones.

Other tangibles include emotions written on rocks, quilts made of clothing from loved ones and masks painted with the outside depicting the face one shows the world and the inside painted to reflect inner feelings. Kids plant the seeds of Forget-me-not flowers in memory gardens. They use musical instruments to make sounds that mirror their emotions. Older groups climb peaks in a metaphor for grief.



Both kids and counselors reflect on their positive experiences with the equine therapy program. “Horses have the ability to read our emotions and to mirror that,” said HopeWest Kids equine therapist Brittini Turner. “Calm begets calm. Playful begets playful behavior in the horses.” Turner recalls one especially memorable experience in equine therapy that demonstrates the program’s power; a young girl came into the program in a nonverbal state. She had not opened up in other types of therapy. But over the weeks she groomed her horse and figured out how to put a halter on it. She walked many rounds in a corral with the horse at her side. She painted emotional symbols on the horse. By the last session, she was smiling and willing to communicate to the therapists.

Elizabeth Inskeep, a school counselor for 32 years, said she has also seen significant turnarounds with participants in school group grief sessions. Students bring photos of loved ones and talk about them. They learn coping strategies. Most of all, she said, they open up to each other and no longer feel deeply alone in their grief.

“They find similarities. They comfort each other. And sometimes the changes they make through the group affect the whole family,” Inskeep said.

Self-reported evaluations reported success in grief groups provided in Grand Valley schools in the past year. Out of 195 kids who reported they were having

**They comfort
each other.**



difficulty with school work before they came to group, 168 said that group participation helped them pay attention in class. School counselors reported 100 percent of students who attended groups demonstrated an ability to use positive coping skills.

Training for all these methods of bereavement support has become an important part of HopeWest Kids. Volunteers commit to extensive training. Staff members receive ongoing education in the specifics of how youngsters' grief differs from that of adults. Counselors become experts in youth developmental stages, factors that influence grief, complications of death, grief models, family norms and effective communication methods.

HopeWest Kids counselors and administrators are also working to spread their training to the community. They hold grief training for those who deal with kids in health and human services,

in medical offices, in schools, in the corrections system, and also within the overall hospice system.

As extensive as the HopeWest Kids programs are, there are still needed expansions. DiPaola and Beckner said HopeWest Kids wants to expand to include additional "anticipatory services." That means working with youngsters prior to a death to help prepare them. That expansion could include teaming up with hospital oncology units and becoming more involved at schools when counselors know that students are facing the death of someone close to them.

"Providing counseling services prior to a death can help a family go through it together," Beckner said. "It can also help children and youths feel more in control of the circumstances, right down to the details of deciding how they want to be notified of an illness or an imminent death while they are in school."

Beckner said one of her goals is to help other hospices replicate aspects of the HopeWest Kids program. She said she receives regular 'how-to?' calls from other areas. She and other HopeWest Kids counselors have presented information about the program at regional and national conferences.

Kylie Babeon, now a high school sophomore, has become part of that effort to spread the word as well as the programs.

Besides helping at HopeWest Kids, she has been working with school administrators to find ways to combat a high suicide rate in her area – deaths that often have a profound effect on a large part of student populations. Babeon has started an open forum in her school where anyone having problems can receive emotional support.

"Loss is a hard thing," Babeon said. "But knowing about grief and how to deal with it is a very powerful thing. To go through grief with the help of HopeWest Kids has helped me become the person I am."

[Printer-Friendly PDF](#)

TURNING POINTS

MASTERING TRANSITIONS IN CARE

**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.

National Hospice and Palliative Care Organization



AMERICAN ACADEMY OF
HOSPICE AND PALLIATIVE MEDICINE



Pediatric Care Focus at IDC 2018

NHPCO and the ChiPPS Leadership Advisory Council are excited to announce that there will be a pediatric preconference seminar at this year's [Interdisciplinary Conference](#) in New Orleans, Louisiana! IDC will also include a pediatric concurrent session track.

The pediatric preconference seminar will increase your competence and confidence in caring for pediatric patients of all ages and their families. Seasoned and accomplished faculty will lead you through case-based learning activities to increase your skills in providing expert interdisciplinary care, communicating effectively and facilitating decision-making, all while gathering clinical pearls to apply to your care of children and their families. From childhood development and its impact on symptom management, advance care planning, grief and loss to applicable regulatory requirements, the depth and breadth of this interactive workshop will educate, motivate and inspire you.

Learning Objectives:

- Apply case-based learning activities to expert interdisciplinary care of children and their families
- Improve communication and facilitation skills in working with pediatric families
- Apply clinical pearls (creative medical, psychosocial, spiritual and bereavement approaches) to your care of children and their families

Participate in the pediatric preconference seminar on November 4, 2018; and stay for the main conference November 5-7, 2018 where there will be pediatric concurrent sessions throughout the three days. We look forward to learning and sharing with our pediatric hospice and palliative care providers.

“Come join us for an interactive day of learning and networking. It is a great opportunity to learn from and with others in the pediatric hospice and palliative care community. Every year, I am amazed by all the work my colleagues are doing every day to further the field of pediatric hospice and palliative care. The opportunity to share and learn from one another has been invaluable to me in my professional growth and development.”

**– Holly O. Davis, MS, APRN,
Co-chair, ChiPPS Leadership
Advisory Council**

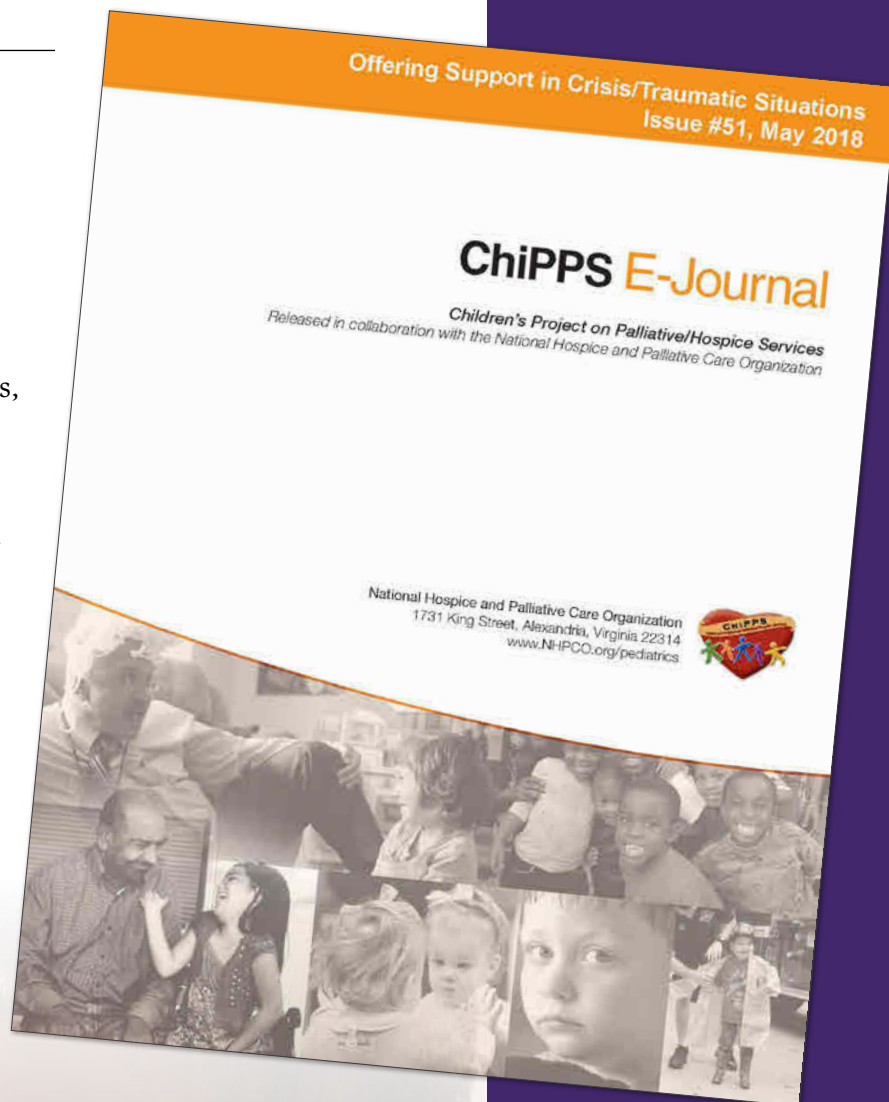


Offering Support in Crisis/Traumatic Situations

Professionals and volunteers whose primary work involves caring for children, adolescents, and families in pediatric hospice and palliative care programs occasionally find themselves confronted with crisis or traumatic situations in the communities they serve. How can professionals and volunteers best respond to such situations? How can they best prepare themselves to be helpful in these encounters? The latest issue of the ChiPPS Pediatric E-Journal seeks to provide at least a beginning in discussing these matters.

Released last month, [Issue #51 is available online in PDF](#), free of cost.

Visit the [ChiPPS E-journal page](#) to download this and past issues.



**The pediatric
preconference seminar
will increase your
competence and
confidence in caring for
pediatric patients of all
ages and their families.**

Professional Development and Education in 2018:

Reflecting the Many Needs of the Field

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.

***NewsLine* shares some information on upcoming offerings that are not to be missed.**



Patient and Family Centric Care: Are you Walking the Talk?

The [2018 Virtual Conference, Turning Points: Mastering Transitions in Care](#), hosted by NHPCO, the American Academy of Hospice and Palliative Medicine and the Hospice and Palliative Nurses Association on July 18 – 19, 2018, will include the important voices of family members. It is not often that we hear directly from those who are the recipients of care, but we should. They have a lot to tell us about truly attending to their needs and improving the care we provide.

Author Robin Romm, whose book *The Mercy Papers* chronicles her mother's end-of-life care experience, will discuss her family's experience with hospice and the ways that competing visions made for an experience that did not, as hospice providers like to attest, "meet families where they are" and "meet needs identified by the patient and family." Robin has much to teach hospice and palliative care professionals about being present, listening, questioning assumptions and suspending judgement.

Debbie Parker Oliver, whose husband David died in 2015, is a social worker and researcher at the University of Missouri. David faced his illness, treatment and death with great openness as he and

Debbie sought to deprive death of its strangeness. Debbie will discuss the interactional suffering she encountered and how invisible she felt within the health care system as David's illness progressed. She advocates for the needs of caregivers and the importance of attending to their needs.

Through these and other sessions over two half-days, the conference will help hospice and palliative care professionals improve their care during "transitions" – the challenging times when providing excellent continuity, communication, continuing assessment and quality care are most critical yet sometimes go awry.

Sessions will help professionals better navigate and facilitate turning points in care and will include "hot topics" that require a shift in assessment, intervention and even the direction of care.

Learn more and register for the [2018 Virtual Conference](#).

Sessions will help professionals better navigate and facilitate turning points in care...

TURNING POINTS
MASTERING TRANSITIONS IN CARE

THERE'S SO MANY WAYS TO USE THE CONFERENCE CONTENT
VIRTUAL CONFERENCE JULY 18-19, 2018

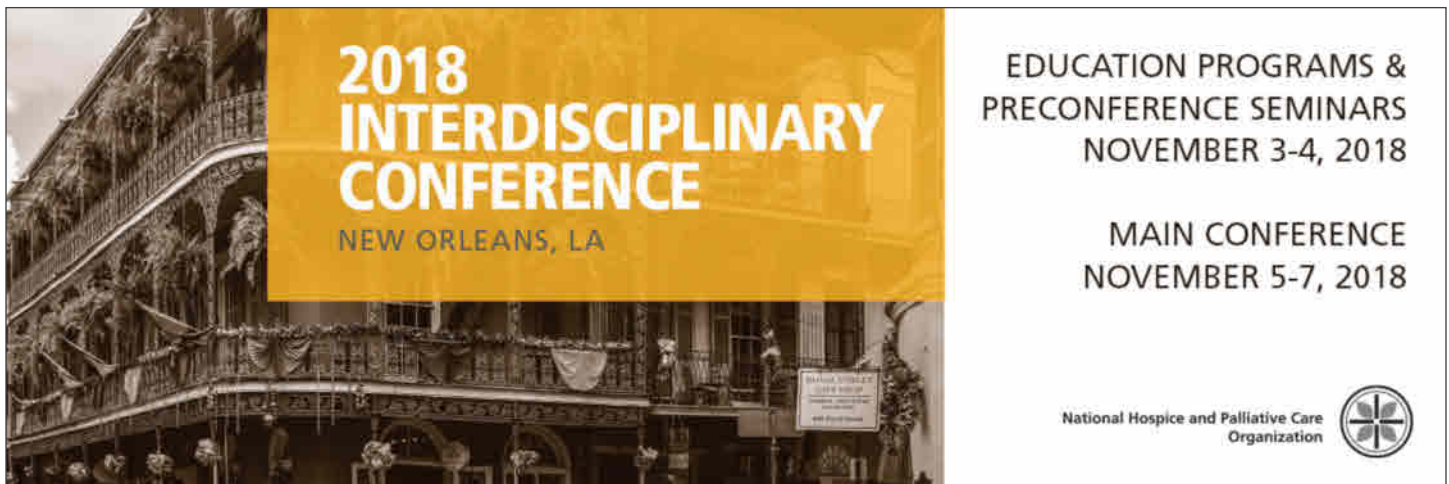
National Hospice and Palliative Care Organization
HPNA
Hospice & Palliative Nurses Association
aaahpm
AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE

Professional Development and Education in 2018:

IDC Plenary Line-Up

NHPCO's [2018 Interdisciplinary Conference](#) will offer attendees the opportunity to enhance their professional skills, explore topics relevant to many members of the IDT, and engage with colleagues at a conference focused on learning and collaboration. Offered November 5 – 7, 2018 (with preconference events on November 3 and 4) in New Orleans, Louisiana, the Interdisciplinary Conference will strengthen your organization through the development of the interdisciplinary team.

NHPCO introduces two of our IDC plenary speakers and the areas that they will explore during their plenary sessions that promise to be thought-provoking and stimulating.

A promotional banner for the 2018 Interdisciplinary Conference. The left side features a black and white photograph of a grand, ornate building facade with multiple balconies. Overlaid on this is a yellow rectangular box containing the text "2018 INTERDISCIPLINARY CONFERENCE" in large white letters, with "NEW ORLEANS, LA" in smaller white letters below it. To the right of the photograph, the text "EDUCATION PROGRAMS & PRECONFERENCE SEMINARS NOVEMBER 3-4, 2018" and "MAIN CONFERENCE NOVEMBER 5-7, 2018" is displayed in a clean, sans-serif font. At the bottom right, the National Hospice and Palliative Care Organization logo is shown, consisting of a circular emblem with a cross-like design and the organization's name below it.

Search Inside Yourself

Opening Plenary on November 5, 2018



Chade-Meng Tan

Mindfulness and meditation are very powerful tools in dealing with the difficult and stressful demands of being a caregiver and in our everyday lives. In his book *Search Inside Yourself*, Meng discusses various

techniques to master the art of mindfulness. He expands on those practices in *Joy on Demand* where he teaches us the way to create and access sustained joy and contentment in our everyday lives. In this

talk, Meng will explain these techniques, and walk the group through a few practices to exercise these skills and use these tools to better navigate the joy and pain of both our personal and professional lives.

Chade-Meng Tan (Meng) is a Google pioneer, award-winning engineer, international bestselling author, thought leader and philanthropist whose work has received 8 nominations for the Nobel Peace Prize. He retired from Google as its Jolly Good Fellow at the age of 45. He is co-chair of One Billion Acts of Peace and chairman of the Search Inside Yourself Leadership Institute.

At Google, Meng led the creation of a groundbreaking mindfulness-based emotional intelligence course called *Search Inside Yourself*, which was featured on

the front page of the Sunday Business section of the *New York Times*. *Search Inside Yourself* is also the title of Meng's *New York Times* bestselling book which has been endorsed by world leaders such as President Jimmy Carter, business leaders such as Eric Schmidt of Google and John Mackey of Whole Foods Markets, and spiritual leaders such as the Dalai Lama. Meng hopes *Search Inside Yourself* will eventually contribute to world peace in a meaningful way.

The Myth of Patient-Centered Care

Morning Plenary on November 6, 2018



John A. Mulder, MD, FAAHPM, HMDC

Every day in health care systems across the United States, patients are receiving treatments that they don't need, don't want, are inconsistent with their values, are contrary to good medical care and sometimes are frankly harmful to them. And they don't realize it. In fact, they think they're receiving the "best care in the world."

Our medical care system is broken. But there is hope!

It is precisely in the operational strategy of hospice organizations, honed over 35 years of practice and refinement – the interdisciplinary team structure and the inherent values-oriented, patient-focused paradigm of care – where the answers to how we must revamp a broken health care system can be found. Drawing from over three decades of work in the field of hospice and palliative medicine and his personal journey navigating the health care system through his successful lung transplant, Dr. John Mulder will use "stories from the field" and experiences in practice, leadership and teaching to address the myth of patient-centered care.

Dr. John Mulder currently serves as the Medical Director for Trillium Institute, Chief Consultant for Hospice and Palliative Care for Holland Home, and the Medical Director of Palliative Services for MetroHealth in Grand Rapids, MI. John has an appointment as Assistant Professor in the Department of Family Medicine at Michigan State University College of Human Medicine, and is currently the Director of the Grand Rapids Hospice and Palliative Medicine Fellowship Program.

Visit the NHPCO website for more information or online registration for the [2018 Interdisciplinary Conference](#).

...the answers to how
we must revamp a
broken health care
system can be found.

Professional Development and Education in 2018:

The Volunteer Manager/ Volunteer Webinar Series

NHPCO will host a special three-part Webinar series on three Wednesdays in October expressly for this vital segment of your Interdisciplinary Team.

On October 3 and 17, from 2:00 – 3:15 p.m. ET, the program is designed for volunteer managers and coordinators.

On October 10, from 2:00 – 3:15 p.m. ET, the program is designed for your organization's volunteers, along with volunteer managers and coordinators.

Webinar Session Details

October 3 | Raising the Bar: Engaging Volunteers for Greater Impact

From traditionalists to post-millennials, nonprofit organizations have the opportunity to leverage five generations of volunteers to build capacity, serve more clients, and achieve their mission. This session will explore generational trends in volunteering and show how leveraging these trends can increase your organizational capacity beyond what staff alone can accomplish.

October 10 | When the World Really Does Revolve Around Them: Listening and Presence with Patients and Families

We, as well-intended care providers, often fall into the temptation of saying too much, in what seems to be an attempt to make patients and families feel better. In truth, we're usually doing more to tend to our own discomfort. How do we separate our needs from what it is they really need from us?

October 17 | Beyond the 3 Rs: Rethinking Recruitment, Retention and Recognition for Greater Impact

Organizations that engage volunteers for greater impact think beyond the 3 Rs. Instead, they focus on leveraging their networks and building relations; in other words, cultivating volunteers not just recruiting them. They create an infrastructure and systems that allow individuals to stay connected with the organization, as they focus on sustaining relationships and nurturing a culture of acknowledgment.

Faculty



Beth Steinhorn, VQ Volunteer Strategies



Carla Cheatham, MA, MDiv, PhD, TRT, Capitol Hospice

Registration Includes

Unlimited number of participants for the series of three Webinars; MP4 recording of the series; discounted price for *NHPCO's Volunteer Resource Manual* of \$55 (Members) and \$70 (Non-Members) for a limited time.

[Register online today.](#)

E-OL & MJHS

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

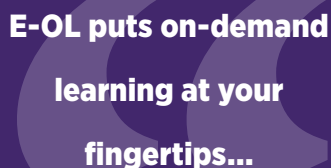
Working in agreement with MJHS Institute for Innovation in Palliative Care, NHPCO is proud to make the following courses available on the E-OL platform.

- [An Understanding of Ritual at End of Life](#), with Colleen Fleming-Damon, PhDc, APRN-BC, ACHPN, CT, Director of Education and Training at the MJHS Institute for Innovation in Palliative Care. This course explores the use of ritual at the end of life and the role rituals play in meaning making and healing for dying individuals and those who remain present with them throughout the experience.

“Great course, well put together. I will make the use of ritual a more common practice in my work,”

—said a recent course participant.

- [Caring for Holocaust Survivors with Sensitivity at the End of Life](#), with Toby Weiss, Director of Cultural Sensitivity and Jewish Programming for MJHS Hospice and Palliative Care. More than 70 years after the end of World War II, Holocaust Survivors represent a population with unique needs and issues poorly understood by healthcare professionals. In this session, participants will explore the unique needs of Holocaust survivors and best practices in assessment and intervention as it impacts advanced illness and the end of life.
- [“Futility” and Goals in the Illness Trajectory: Setting Boundaries](#), with Pauline Lesage MD, LLM, Director of the Palliative Care Division, Department of Pain Medicine and Palliative Care at Mount Sinai Beth Israel. This session explores a broad spectrum of definitions of the futility concept, contextualizes futility in relation to various goals of care, and addresses the underlying motives of parties involved in decision making.



E-OL puts on-demand
learning at your
fingertips...

Professional Development and Education in 2018:

- [Palliative Care in ALS](#), with Mara M. Lugassy, MD, Senior Hospice Medical Director at MJHS Hospice and Palliative Care and an Assistant Professor in the Department of Family and Social Medicine at Albert Einstein College of Medicine. ALS is a disease that has a profound impact on patients, families, and caregivers in multiple domains. Ability to effectively manage disease-related symptoms, facilitate complex goals of care discussions, and coordinate caregiver resources are all essential to providing effective palliative care in ALS.
- [Withholding and Withdrawing Life-Sustaining Therapies: Best Practices](#), with Pauline Lesage, MD, LLM. This offering explores the complexity of withholding and withdrawing life sustaining therapies through medical, ethical, and legal considerations.

“This is an amazing course on withholding life sustaining therapies. Now I have a better understanding of family members’ perspective on withdrawing life prolonging supports when they are not benefiting the patient, and may in fact be hurting them,”

—said a recent course participant.



2018 INTERDISCIPLINARY CONFERENCE

NEW ORLEANS, LA

EDUCATION PROGRAMS & PRECONFERENCE SEMINARS - NOVEMBER 3-4, 2018
MAIN CONFERENCE - NOVEMBER 5-7, 2018
HYATT REGENCY NEW ORLEANS
NEW ORLEANS, LA

SESSION GUIDE



COMMUNITY-BASED PALLIATIVE CARE



INTERDISCIPLINARY TEAM LEADERSHIP



MEDICAL CARE



QUALITY/REGULATORY



STRATEGIC INNOVATION



SUPPORTIVE CARE



MONDAY PLENARY SPEAKER

CHADE-MENG TAN

SEARCH INSIDE YOURSELF



TUESDAY PLENARY SPEAKER

JOHN A. MULDER, MD, FAAHPM, HMDC

THE MYTH OF PATIENT-CENTERED CARE

REGISTER NOW: NHPCO.ORG/IDC2018

National Hospice and Palliative Care
Organization



STAY WITH ME AWHILE

An Original Theatrical Production about Keeping Vigil at the Time of Death

By Carolyn Piepho

Director of Development and Communications
Seasons Hospice

Every day people of all ages in every community and in every country of the world come to the end of life. Many are accompanied by a friend or loved one – someone who stays with them as death approaches. This is called the vigil. Mary Elizabeth Johnson, retired chaplain of Mayo Clinic in Rochester, MN and author of *Stay With Me Awhile*, spent nearly 35 years at the bedside as a spiritual care provider, attending hundreds of vigils with the loved ones of the dying.

Stay With Me Awhile is a compilation of these profound stories, based on almost 100 interviews with people who have kept vigil.

From these accounts, a script was co-written by Mary Johnson and co-playwright and director Barbara Means Fraser, which resulted in these stories being brought to the stage in a reader's theatre format where the actors are story-tellers. The production had its premiere on February 2, 2018 for an 11-performance run at the Rochester Civic Theatre in Rochester, MN. Nearly 1,000 people attended one or more of the 11 sold-out performances.



Speaking about this process, Johnson said the following:

“I began work on the script for *Stay* over seven years ago, collecting stories from people who had kept vigil with a dying loved one. In our society we are used to telling the stories of the birth of our babies or the story of our weddings or holy unions. But we seem to have no easy place in which to share the powerful stories that happen as death approaches. I also felt strongly about making the sharing of these stories a communal experience where people would hear the stories and then have an opportunity to reflect on them together - in community.”

Seasons Hospice of Rochester, MN was honored to be a partner in the production of *Stay With Me Awhile*. For more information about the play, contact co-author Mary E. Johnson at johnson.maryelizabeth2@gmail.com.

NATIONAL CONSENSUS PROJECT

Clinical Practice Guidelines for Quality Palliative Care

(4th Edition)

**Revised to improve
access to quality palliative
care for all people with
serious illness, regardless
of setting diagnosis,
prognosis, or age**

Scheduled for publication Fall 2018

Learn more at: www.nationalcoalitionhpc.org/ncp

FY2019 Hospice Wage Index Proposed Rule

On Friday, April 27, 2018 CMS posted the [FY2019 Hospice Wage Index Proposed Rule](#).

NHPCO analyzed the proposed rule and published a Regulatory Alert on April 30, 2018. Some highlights of the proposed rule include:

- Hospice rates will increase by 1.8% for FY2019.
- The cap amount has also increased by the same percentage to \$29,205.44.
- Physician assistants will be able to serve as a hospice patient's attending physician, effective January 1, 2019. NHPCO has worked in collaboration with the American Academy of Physician Assistants for their inclusion in the statute. Hospice patients will have additional choices for their attending physician once this provision is effective.
- CMS has reduced regulatory burden for hospice providers by allowing drugs and durable medical equipment to be reported in the aggregate on the claim form, rather than the extremely burdensome per drug or per equipment reporting that currently exists. CMS estimates that the elimination of this burdensome reporting will reduce the number of line items reported on claims by 21.5 million, in the aggregate.
- There will be no new hospice quality measures in FY2019.
- Data points from the hospice public information, currently available in the Provider Use File and posted by CMS, will be added to an "information" section in Hospice Compare, so that Medicare beneficiaries and their families have information that will assist them in selecting a hospice that meets their needs.

CMS published a data trend analysis of hospice claims and cost report. Concerns continue to be raised about the number of patients who did not receive a skilled visit in the last seven days of life, the number of drugs paid for by Part D after the patient has elected hospice, and the lack of completeness in the hospice cost report.

NHPCO provides more detail on this analysis in the [Regulatory Alert](#) available online.



Advocacy Opioid Toolkit

The article below was written by Fullbright Fellow, Lenka Vanova who spearheaded the production of the Opioid Toolkit during her tenure at NHPCO. Many thanks to her and all who helped with the creation of this useful tool.

"America finds itself in the midst of an opioid epidemic."

"Drug addiction and opioid abuse are ravaging America."

"The misuse of and addiction to opioids ... is a serious national crisis that affects public health as well as social and economic welfare."

These and other similar lines head most of the current resources and articles related to opioids. While all of society is affected by the opioid crisis, hospice is hit particularly hard, for reasons that are tied to efforts to actually solve the crisis. Patients in hospice care are typically in need of opioids to address pain and other symptoms, such as shortness of breath. Opioids cannot be avoided in hospice, yet hospices must abide by legislation which aims at diminishing the impact of the opioid crisis. A number of bills are moving forward both at the federal and state level. There are many facets to the problem and thus multiple aspects legislation is trying

to address – from amounts of opioids being initially prescribed, to how and by whom they are disposed of when no longer needed, to taxes imposed on opioids.

While all of those are worthwhile attempts at addressing the epidemic and reducing its consequences, they impact hospice particularly hard. Potential policy changes could inhibit patient access to opioids or further regulate hospices' ability to prescribe and handle these important drugs. NHPCO tries to help its members and all hospice advocates navigate this complex issue. This is why an [advocacy opioid toolkit](#) has now been introduced for everyone to use (available on the HAN website).

The toolkit was first and foremost designed as a repository of resources relevant to the topic, most importantly legislation and guidelines regarding opioid prescribing and disposal. It provides its readers with the context of the epidemic and guides them to outside resources which are being updated by other entities (the National Conference of State Legislatures, the Centers for Disease Control and Prevention, among others). It also offers materials to download and customize. It helps advocates find their elected officials and send them letters regarding legislation limiting initial opioid prescription (or any other which may be topical). They can also send a letter to the editor of their local, state or national newspapers regarding first-time opioid prescriptions or safe disposal of opioids and help educate the public on the importance of their patients having access to these medications. Additionally, the toolkit contains a few state case studies which hospice and palliative care providers can use to help guide advocacy activities in their own states.

Prior to my arrival in the US and NHPCO in January this year, opioids had not been my focus as a public affairs coordinator in a Prague-based hospice. However, it became a priority during the past four months of my Fulbright Fellowship at NHPCO – HAN. I would like to thank the whole team for their support and collaboration, and namely to Paul Ledford and Brooke Bumpers for their consultation and imprint on the final language of the toolkit. I hope the toolkit will serve the hospice community well and wish the opioid epidemic is addressed properly by the authorities, while they stay aware that hospice is not where the problem has started.



Fullbright Fellow, Lenka Vanova

The toolkit contains a few state case studies which hospice and palliative care providers can use...

Key Committee Advances Opioids Bills

On May 9, 2010, the House Energy and Commerce Committee [held a markup](#) and advanced 32 bills to the House of Representatives; 25 of those bills will help combat the opioid crisis, including H.R. 5041, the Safe Disposal of Unused Medication Act, authored by Reps. Walberg and Dingell. This legislation will help reduce the number of unused controlled substances at risk of diversion or misuse by allowing hospice employees to safely dispose of these medications on site after the death of a patient. NHPCO worked closely with committee staff on the crafting and refinement of this legislation, and applauds the committee for its efforts to help stem the opioid crisis.

NHPCO Honors Sandra Huster with Leadership Award

At NHPCO's 2018 Management and Leadership Conference & Advocacy Intensive in Washington, DC, Sandra Huster was presented with the Galen Miller Leadership Award. 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.

Huster's dedicated service to NHPCO through her leadership of the National Council of Hospice and Palliative Professionals profoundly improved the way NHPCO serves members; strengthened professionalism in volunteer leadership; and most importantly enhanced the experience of terminally-ill people, families, and their communities.

Huster joined the NCHPP Volunteer/Volunteer Management Steering Committee in 2007, becoming Section Leader in 2011 and served in that

role through 2016. In 2017, she became the Chair of NCHPP and joined the NHPCO Board of Directors. Under her leadership the volunteer section grew to be one of the most actively engaged sections in NCHPP.

She provided leadership for the development of the first virtual volunteer conference and helped establish a strong mentoring program for new volunteer managers. In addition, Huster was instrumental in the creation of *NHPCO's Hospice Volunteer Program Resource Manual*, the essential guide for hospice volunteer managers.

"Through her dedicated efforts serving other professionals in the field, Sandi has provided coaching and support to hundreds of volunteer leaders from throughout the country over the years," said NHPCO President and CEO Edo Banach. "She is a testament to the amazing contributions volunteers provide."

Huster worked in hospice volunteer management for more than 17 years and began her hospice journey with The Hospice of the Florida Suncoast, now Empath Health. At the time of her retirement, she was the Director of Volunteer Services for Covenant Care where she provided leadership to more than 2,700 volunteers.



Sandi Huster (at center in pink) surrounded by members of the NCHPP Executive Committee at the award presentation.

We Honor Veterans Releases New Video

We Honor Veterans has released a new video to recruit hospice organizations to join the program. Currently, more than half of the hospices in the country are We Honor Veterans partners. The new video features Albert Sherard, a Vietnam Veteran who is receiving care from Hospice of the Chesapeake. Viewers also meet Veteran-to-Veteran volunteer Charles DeBarber and learn about this important feature of the We Honor Veterans program. Additionally, current partners can use the video to educate their community about their partnership.

The video can be [found on YouTube](#) and on the [We Honor Veterans](#) website. Learn more about the creation of this powerful video on [NHPCO's blog page](#).



“See You Out There” – Proceeds from New Song to Benefit Hospice

“See You Out There” is a new song written by Dutch songwriter and music producer Georgie Davis. He created the song to support the people who are in their last phase of life, receiving hospice and palliative care, and to support all their beloved ones and friends in tough and sad times as they cope with loss.

“The inspiration for writing this song came from losing family members in a tragic way in the past two years,” said Georgie Davis.

Davis felt it was time get this song out in the open and to donate 100 percent of the proceeds of his song to the National Hospice Foundation, and to hospices and palliative care providers who rely on donations. The song is available for purchase for only 99 cents in music stores such as Amazon and iTunes, and can be streamed and downloaded on Spotify. Davis’ mission is not only to raise as much money as possible, but also to voluntarily sing his song in care homes to physically support all patients, and to thank all people that are helping the patients to provide them with the best care they need.

Watch the video clip of [“See You Out There”](#) on YouTube.



NHPCO Palliative Care Council Meets in Washington

NHPCO is proud to introduce the members of the organization's [Palliative Care Council](#) that has been reconvened under the leadership of NHPCO President and CEO Edo Banach. NHPCO Vice President of Palliative & Advanced Care Lori Bishop, MHA, BSN, RN, CHPN, will provide oversight of the council activities. The Palliative Care Council had its first in-person meeting in conjunction with the recent Management and Leadership Conference in Washington, DC.

“The Palliative Care Council will provide strategic guidance and technical expertise to our organization and members related to the provision of community-based palliative care. Our entire community will benefit from the expertise and insight from these distinguished professionals who have joined our Palliative Care Council,” said Banach.

The Council will be integral to setting the direction of NHPCO's strategy to support provider members as they expand or continue their efforts in the provision of palliative care by assisting with the development of resources and tools related to various models of palliative care delivery, offering recommendations regarding presenters and content of palliative care education, and advising NHPCO regarding palliative care membership and related member offerings.

NHPCO will be developing practical tools to help providers implement and sustain community-based palliative care programs. The Council will also explore ways NHPCO can support data collection so our palliative programs can demonstrate value to various stakeholders, including consumers, health systems, health plans boards of directors, legislators, and others.

Watch for a palliative care survey going out to the membership in June. NHPCO encourages all members to complete the survey when it comes out so the Council can best meet your needs to support program development and sustainability.

NHPCO's Palliative Care Council:

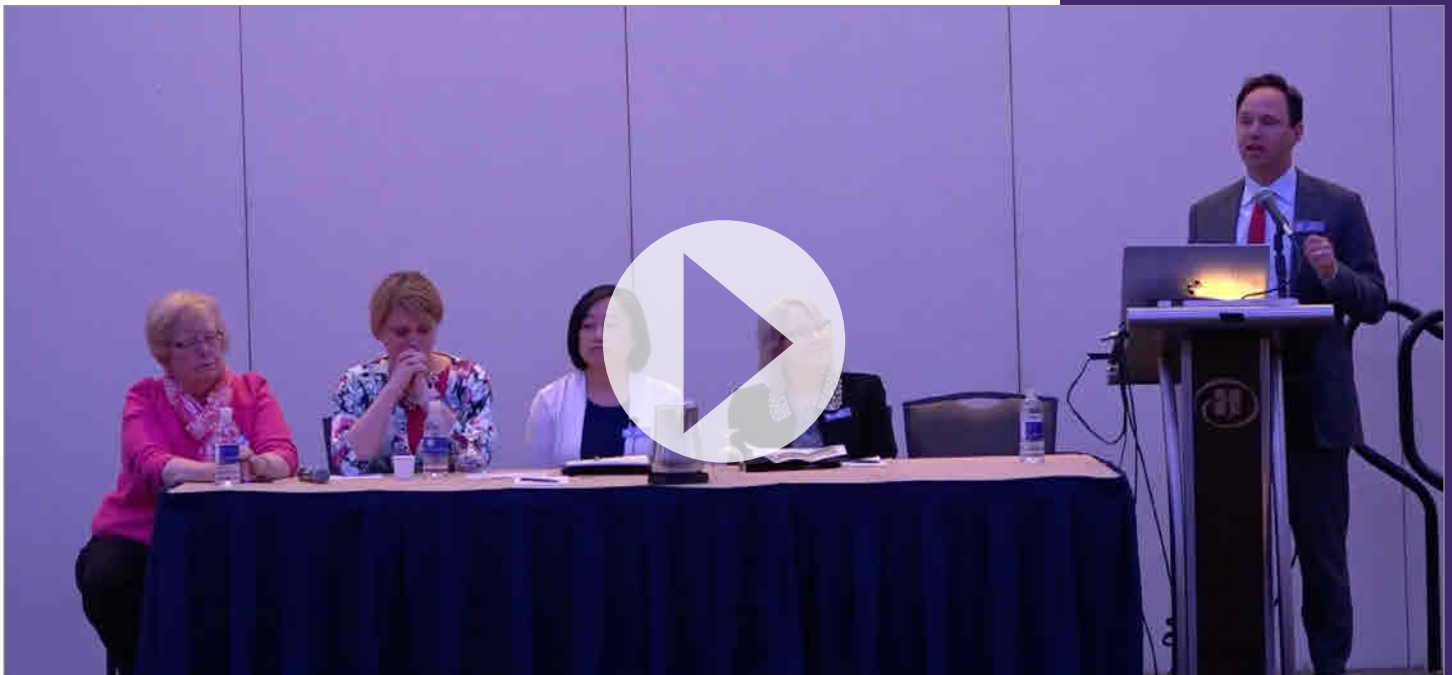
- **Balu Natarajan**, MD, Council Chair, Seasons Hospice & Palliative Care, Rosemont, IL
- **Jennifer Moore Ballentine**, MA, CSU Institute for Palliative Care, San Marcos, CA
- **Bernice Burkarth**, MD HMDCA FAAHPM, Home Health Foundation, Lawrence, MA
- **Kathy Brandt**, MS, The KB Group, Washington, DC
- **Charlotte DeSha McLeod**, MBA, CHPCA, Community Hospice, Inc., Modesto, CA
- **Amy Scheu**, MSH, CHPCA, Advocate Hospice, Lombard, IL
- **Cindy Sobel**, RN, MS, Hospice Services of Lake County, Lakeport, CA
- **Brian Jones**, DHSc, SHARE Foundation, El Dorado, AR

- **Kathleen Kerr**, Kerr Healthcare Analytics, Mill Valley, CA
- **Bob Parker**, DNP, RN, CENP, CHPN, CHP, Hospice and Palliative Nurses Association, Pittsburgh, PA
- **Tanya Steward**, MD, MBA, FAAHPM, UnitedHealthcare Retiree Solutions

NHPCO Town Hall on Serious Illness Care

As part of the Management and Leadership Conference offerings, NHPCO conducted a **Serious Illness Town Hall** on April 22, 2018. Panel members provided an overview on serious illness care, payment models, NHPCO's activities to support serious illness care, public policy considerations, and actions hospice providers should take. The meeting included Q&A from Town Hall participants, as well as a discussion of resources available and under development at NHPCO to support members interested in operationalizing and sustaining community-based palliative care programs.

Panel members
provided an overview
on serious illness care...



Learn more about NHPCO's [Palliative Care Resources](#) online. Members can join the [Palliative Care Community](#) on My.NHPCO to communicate and collaborate with other palliative and advanced care providers. For those who have suggestions, feedback, or questions for the Council or NHPCO staff about Palliative Care please contact us at palliativecare@nhpco.org.

Watch the video recording of the Serious Illness Town Hall available on YouTube and the NHPCO website.



The View From the Other Side of the Bed: An African American Experience in Hospice Care

At the 2018 Management and Leadership Conference, Dr. Geoffrey Coleman, Medical Director at Montgomery Hospice and Co-Chair of NHPCO's Diversity Advisory Council, moderated a session on a cultural experience and viewpoint from an African American family's perspective after they have experienced hospice through the death of a loved one. Hospice and palliative care management and clinicians interacted with the panel to discuss and learn about their hospice experience including finding out about the terminal diagnosis, palliative care and/or hospice admission, through death and then bereavement.

The panel included Shirley Bowden and Michael Long, family members of loved ones who passed away in hospice care; Sterling King, a chaplain that works closely with his community hospice; and Steve Roberts, a well-known commentator on many Washington-based television shows and the Shapiro Professor of Media and Public Affairs at George Washington University.

The panel addressed African American's historic experience with the healthcare system that has led to distrust and misconceptions of what hospice and palliative care services entail. The audience and panel discussed ways to become more involved in their communities, build trust, and focus on patient and family-centered care. Panelists and attendees offered diverse ideas to connecting with the local organizations, such as sororities and fraternities, faith based groups, and attending events to get hospice in front of the community and begin a discussion on what services are available.

NHPCO's Diversity Advisory Council seeks to increase access to hospice and palliative care services within diverse communities, including age, gender, gender identity, disability, education, ethnicity, nationality, political opinion, professional experience, race, religion, sexual orientation, and socioeconomic status.

NHPCO's Diversity Advisory Council provides information and technical expertise to NHPCO and its members related to respecting the needs of diverse communities with the goal of increasing access to universal hospice and palliative care services. Learn more about the [Diversity Advisory Council](#).

To find resources such as NHPCO's Inclusion and Access Toolbox, outreach guides to reach diverse communities, or links to other helpful resources, visit the [Outreach/Access](#) section of NHPCO's website.

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.

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



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



COS Meets in Washington

On April 26, the Council of States met in Washington, DC, following the 2018 Management and Leadership Conference & Advocacy Intensive. This in-person, annual meeting allows leaders of NHPCO's Council of States to spend the day focusing on issues relevant to state organizations and to dialog with NHPCO staff on hot topics.



Council of States members with a “take your child to work day” mascot, Henry Banach, at the meeting in Washington, DC.

NHPCO's Edo Banach spoke briefly about his experience just over one year into his role as President and CEO and shared his thoughts about the immediate future as well as his vision for the My Hospice Campaign that was launched at MLC earlier in the week. He stressed the value of state organizations working collaboratively to help advance advocacy efforts both in home states and at the federal level.

The Council approved revisions to the Council of States Operating Procedures that were updated to better reflect the way the Council functions within the organization and in recognition of the important role and work of state of home care associations.

A regulatory and quality update was followed by a networking lunch with various Council work groups.

Attendees then broke into smaller groups for roundtable discussions addressing three topics: working on palliative care advocacy with state legislators; association management in a changing environment; and the current Opioid crisis through the lens of state associations.

While the COS meets regularly via conference call, the opportunity to spend a day together was productive and allowed for in depth conversation and networking that was invaluable.

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National Hospice and Palliative Care
Organization



Jones Awarded for Work to Ensure Access to End of Life Care



Jan Jones

The Elizabeth Hospice President and CEO Jan Jones is the recipient of the San Diego Business Journal's 2018 Health Care Hero Award in the Executive-Service Provider category. NHPCO members will be familiar with her dedicated work on behalf of the field as the Board Chair of NHPCO.

Jones was recognized for bringing a nurse's dedication to bear on national and local obstacles to the continued availability of hospice.

For that reason she treasures one job duty above all others: serving as liaison to the community. She gets to spread word about the organization's palliative care and grief support services.

"For me, it is important that I reach out to as many places and as many people as I can to ensure that no one would go without the service or the care that they deserve," Jones said.

Egging Named President of The Denver Hospice



Melinda Egging

On April 3, 2018 it was announced that Melinda Egging was named president of The Denver Hospice. As president, she has responsibility for all of the organization's operations, which includes a 24-suite state-of-the-art inpatient care center located in Denver's Lowry neighborhood. Egging has served as The Denver Hospice interim president since August 2017.

Egging is a 16-year hospice veteran having begun her career with Sangre de Cristo

Hospice, Pueblo, Colorado, in 2002 as its volunteer director. She joined The Denver Hospice in 2009 and has led multiple departments including health information management and quality and compliance.

In 2015, Egging was promoted to vice president of quality, corporate compliance and risk management at Care Synergy which provides mission support services for multiple not-for-profit, community-based hospice and palliative care organizations. The Denver Hospice is a Care Synergy affiliate.

Crossroads Hospice & Palliative Care Announces Executive Medical Team

Timothy Ihrig, MD, a nationally known expert in palliative care, is new chief medical officer and Walter George, MD, a highly experienced clinician and medical educator with over 32 years of service, is new senior vice president for physician education and services at Crossroads Hospice & Palliative Care, one of the nation's leading hospice providers.

Dr. Ihrig's TED Talk, "What We Can Do to Die Well," urges doctors to focus not so heavily on clinical interventions at the expense of overlooking patients' overall quality of life and helping them navigate serious illnesses from diagnosis to death with dignity and compassion.



Dr. Timothy Ihrig



Dr. Walter Georgev

Florida ‘Social Worker of the Year’ Honors

The National Association of Social Workers Florida Chapter’s Northeast Unit honored Community Hospice & Palliative Care Psychosocial Specialist Kelly Racine, MSW as its Social Worker of the Year at the unit’s annual breakfast and awards event on March 6 in Jacksonville.

Racine, a 17-year veteran of Community Hospice & Palliative Care, has served as a mentor and guide to new social workers and a compassionate guide to thousands of patients at the end of life, as well as to children coping with grief as a volunteer at Community Hospice & Palliative Care’s Camp Healing Powers®.



Kelly Racine (L) with Roxanne Miller who nominated Racine.

Relias Announces Partnership with Enclara Pharmacia

Relias, a trusted partner focused on reducing variation for more than 7,000 clients across the continuum of health care, announced a new partnership with Enclara Pharmacia that will add new courses to the Relias Learning Management System (RLMS) on a wide range of hospice and palliative care topics. Enclara is a national full-service PBM and mail order supplier of medications and clinical services developed specifically for the hospice and palliative care industry.



Through this partnership, Enclara will provide no fewer than eight learning activities, available beginning March 1, with additional activities available as Relias / Enclara collaborative efforts continue. As a valued added feature of their service relationship with Enclara Pharmacia, customers have free access to the courses through the Enclara Learning Academy.

For that reason she treasures one job duty above all others: serving as liaison to the community.

Hospices among the “Best Places to Work 2018”

Annually, *Modern Healthcare* publishes lists recognizing outstanding organizations and professionals within the broader health care field. In mid-May, *MH* released its list of Best Places to Work in Healthcare 2018. The editors wrote, “Organizations making this year’s list of Best Places to Work in Healthcare stand out in their efforts to create an empowered and satisfied workforce.”

The full list of organizations, in alphabetical order, may be found on the [Modern Healthcare website](#). NHPCO is proud to honor several member hospice programs that are included on the *Modern Healthcare* list.

- Bluegrass Care Navigators
- Care Dimensions
- Encompass Health-Home Health & Hospice
- Heart ‘n Home Hospice & Palliative Care
- Hospice of the Northwest
- Hospice Care of South Carolina
- Joliet Area Community Hospice
- Providence Little Company of Mary Medical Center Torrance (Torrance Memorial Home Health & Hospice)

Modern Healthcare is not the only organization including hospices among “Best Places to Work.”



Gilchrist Hospice, based in Hunt Valley, Maryland, was certified as a great workplace by the independent analysts at Great Place to Work®. Gilchrist, an affiliate of GBMC, earned this credential based on extensive ratings provided by its employees in anonymous surveys. “Being a ‘Great Place to Work’ is a ringing endorsement of our employee culture at Gilchrist,” said Cathy Hamel, president of Gilchrist. “Our employees overwhelmingly share a sense of pride about their work and its impact on the community.”



Encompass Health Corporation is proud to announce its Dallas-based home health and hospice subsidiary has been named to the *Fortune* list of 100 Best Companies to Work For (2018). This is the third consecutive year it has been named to the list by *Fortune*. “This honor recognizes the hard work and pride our employees put into their work every day to create a caring, collaborative and respectful environment,” said April Anthony, CEO of Encompass Health



IN MEMORIAM

RONALD A. FRIED

Ronald A. Fried, 58, a highly regarded leader of the American Hospice movement and an inspiration to all he touched, died Monday, April 23, at his home in Tampa, Florida, with his wife Cheryl Hamilton Fried at his bedside and surrounded by close friends and faithful pets. Ron passed away peacefully under the compassionate care of his friends at LifePath Hospice.

A former Chair of the Board of Directors of the National Hospice and Palliative Care Organization (2013 – 2014) as well as former Board Chair and member of the Hospice Action Network, Ron was a long-time executive with VITAS Healthcare, one of the nation's oldest and largest hospice providers, and someone who, as a young legislative staffer helped write and win passage of some of the nation's first hospice legislation.

Working at both the state and national level, Ron advocated for expanded access to hospice and comprehensive end-of-life care for all who could benefit from it, accountability and quality standards for the nation's hospices, and a strong voice in public policy for hospice patients and their loved ones.

**Ron advocated for
expanded access to
hospice...**

News From **National Hospice Foundation**

Creative Ways to Support NHF

Many supporters of the National Hospice Foundation have found creative ways to raise funds for hospice and palliative care. Some donors opt to organize events and fundraisers that involve family, friends, and sometimes their local community, to raise money and awareness. In the following piece, we highlight a few of these great events. [READ MORE...](#)



Jay Mathur and Anuja Oak donated \$5 per wedding guest to NHF to honor Anuja's mother Manasi.

Mr. Aloha Goes to Arizona: A Lighthouse of Hope Story

Maka, a 16-year-old Hospice Hawaii patient affectionately known as “Mr. Aloha,” wished to visit his father in Arizona with his mother and brother. Maka had not seen his father in nine years. Family and friends paid for their airfare and offered to house them, but they couldn't afford the rental car while they were in Arizona. Maka's social worker applied for a Lighthouse of Hope grant and in January, Maka made the trip to the mainland. [READ MORE...](#)

The National Hospice Foundation Gala Raises Money for Disaster Relief

The 2018 National Hospice Foundation Gala was held on Tuesday, April 24 at the Washington Hilton. The event, held in conjunction with NHPCO's Management and Leadership Conference & Advocacy Intensive, was a great success and raised funds to support the programs of the Foundation including NHF's Disaster Relief Fund.

The program featured NHPCO's Edo Banach and John Mastrojohn, NHPCO Board Chair Jan Jones, Foundation Council Chair and member of NHPCO Board of Directors Darren Bertram, and Auctioneer Sherry Truhlar. John introduced the live appeal which raised over \$49K for NHF's Disaster Relief Fund. Guests were also generous in both the silent and live auction. [READ MORE...](#)



Guests mingle at the silent auction tables and enjoy music by PopCulture Strings.





NEED CRITICAL COMPETITIVE DATA?

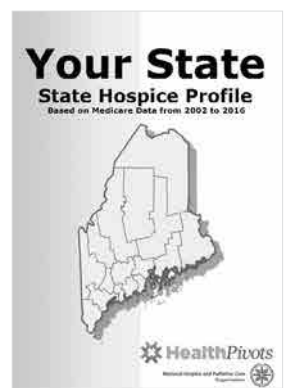
LOOK NO FURTHER... The annual **State Hospice Profile™** contains comprehensive hospice market characteristics for each county based on Medicare data from 2002-2016, providing critical information to learn more about the competitive environment of your state.

Produced by HealthPivots and available exclusively through NHPCO Marketplace, each 2016 **State Hospice Profile™** provides vital county level information on each of the leading providers. Full-colored charts and graphs provide analysis information of the last fifteen years of Medicare claims data.

Examples of the valuable information included in the **State Hospice Profile™**

- Estimated Medicare Cap usage
- Major hospice providers in the county
- Comparative hospice penetration data/market share trends
- Average Length of Stay
- Distribution of hospice census

As an added bonus, each **State Hospice Profile™** also contains a National and Statewide Profile of hospice care based upon Medicare claims data going back to 2002, as well as county level National and State penetration maps. View an example of a **State Hospice Profile** at healthpivots.com/stateprofile



State Hospice Profiles™ are individually priced based upon the number of counties in each state. Please call 1-800-646-6460 for pricing details and to order. Profiles are available for all 50 States, the District of Columbia, and Puerto Rico.

We Honor Veterans Releases New Video to Recruit Hospice Partners

Amanda M. Bow, Director, Communications, NHPCO



Pictured left to right are Veteran-to-Veteran volunteer Charles DeBarber, Katherine Kemp, Amanda Bow, Albert Sherard, Winette Sherard, and Hope Fost.

In March of 2018, three NHPCO staff members – Katherine Kemp, Hope Fost, and I – embarked on a trip to Severn, Maryland to meet Albert Sherard, a 92-year-old Vietnam Veteran and Hospice of the Chesapeake patient. We interviewed Mr. Sherard, his daughter Winette, and members of the hospice staff to create a video that would give partners a tool to promote the work they are doing, help educate the public about We Honor Veterans and more importantly, recruit new hospice partners to the program. We gathered great material to work with but came away from this trip with much more. We all felt honored to spend time with an American hero and witness the beautiful connection that he and his Veteran-to-Veteran volunteer have made. To see the benefits of the We Honor Veterans program in person and in action is priceless! [Read more...](#)

Find us on Twitter!



@WeHonorVeterans

NHPCO Staff Attends Welcome Home Vietnam Veterans Day Events

March 29th marks the official Welcome Home Vietnam Veterans Day. At the end of each March, organizations and states across the US hold events with the hope that each and every Vietnam Veteran will receive the thank you and warm welcome that they should have received when returning home decades ago. [Read more...](#)

We Honor Veterans Community Partner Gives Veteran a Dignified Farewell

Beverly Brown, StoneMor Partners, L.P.

Charles Oskle made his home in the Sacramento, CA area in 1962. He served in the United States Air Force and later served the Sacramento community locally as a butcher. Charles Julian Oskle was born on May 4, 1931. On January 30, 2018, he took his last breath on earth. In the months preceding his passing, Charles visited Sacramento Memorial Lawn on a regular basis, spending time making conversation with the funeral home and cemetery staff and sharing his life stories. Through these interactions employees began to know Charles in a more personal way; each one now agrees this was their privilege. Charles was a unique person, a Veteran who served to protect and defend our freedom; and someone who could make you feel as if you were an old friend. [Read more...](#)



WE HONOR VETERANS



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.



Providing Comfort. Celebrating Love. Remembering Life.



Heartland Hospice
MEMORIAL FUND

The Heartland Hospice Memorial Fund is a non-profit organization whose primary purpose is to assist those who are coping with terminal illness, death, and the process of grief and bereavement.

HeartlandHospiceFund.org

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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