NewsLine

NHPCO's Membership Quarterly | Spring 2022

The Experience Model

Lessons from a hospice pioneer on meeting the needs and expectations of those we care for.

INSIDE

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NEED CRITICAL COMPETITIVE DATA?

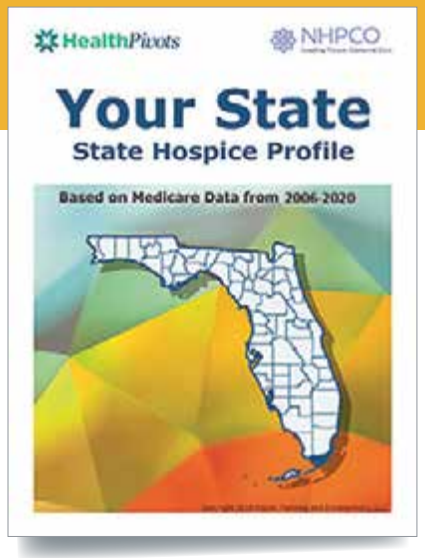
LOOK NO FURTHER... The annual **State Hospice Profile™** contains comprehensive hospice market characteristics for each county based on Medicare data from 2006-2020, providing critical information to learn more about the competitive environment of your state.

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

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

- Hospice penetration rate by county
- Market share of leading hospices by county
- Hospitals serving each county
- % of hospitals' EOL patients discharged directly to hospice
- Market share and ALOS of leading hospice providers
  - % hospice days by level of care
  - Distribution of hospice census by setting

As an added bonus, each **State Hospice Profile™** also contains a National and Statewide Profile of hospice care based upon Medicare claims date going back to 2006, as well as county level National and State penetration maps. View an example of a **State Hospice Profile™** at healthpivots.com/wp-content/uploads/2019/10/palm-beach-county-sample-atlas-2018-page.pdf



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.

NHPCO
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Strategic Plan
2022-2024

CORE PURPOSE

Champion choice and access to person-centered, interdisciplinary care for those who need it through end of life.

MISSION STATEMENT

To lead and mobilize the transformation of care delivery to ensure equitable access to high quality interdisciplinary, person-centered care for those living with serious illness.

ENVISIONED FUTURE

As the respected authority on hospice and palliative care, NHPCO is the leader in advancing public policy and quality programs that improve access to high quality, person-centered interdisciplinary care when and where people need it.

KEY DRIVERS OF CHANGE

- **Dynamic industry changes:** Consolidation, Mergers & acquisitions; New entrants, Innovating and owning upstream models
- **Access to care:** Technology, Workforce shortage, Reimbursement, Diversity/Inequity, Variability of Quality
- **Legislation/regulation:** Reimbursement, Benefit reform; Increasing levels of oversight

CORE VALUES

SERVICE: ENGAGING CUSTOMERS
RESPECT: HONORING OTHERS
EXCELLENCE: EXCEEDING EXPECTATIONS
COLLABORATION: FOSTERING PARTNERSHIPS
STEWARDSHIP: MANAGING RESOURCES

STRATEGIC GOALS

GOAL

NHPCO is acknowledged as setting the gold standard for hospice and palliative care.

GOAL

NHPCO serves as the unified voice that transforms the Medicare hospice benefit into one that is more equitable and sustainable and recognizes compliant and high-quality providers.

GOAL

Providers engage with NHPCO because, through its leadership, we advance the interdisciplinary, holistic framework of serious illness care.

GOAL

Through informed choice, NHPCO empowers all seriously ill individuals to access high quality equitable, seamless, and compassionate interdisciplinary care throughout the healthcare continuum.

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Message from Edo

As this issue of *Newsline* comes out to the membership, we will have just wrapped up the 2022 Leadership and Advocacy Conference, our first in-person event since 2019. More than 850 people will have been part of the conference at the Gaylord National just outside of Washington, DC. I want to remind people that part of the conference includes a library of curated on-demand content that will be available through May 31, 2022. So, even if you missed the onsite conference, you can still take advantage of the professional development available as part of LAC22. Learn more and register for the on-demand access at www.nhpco.org/lac2022.

A central theme of the conference was the acknowledgment of the 40th anniversary of the creation of the Medicare hospice benefit. And in looking back, we also were looking forward with a focus on innovation that might be necessary for the next 40 years of person- and family-centered serious illness care. In fact, our lead article in this issue of *Newsline*, "The Experience Model," shares insight from a pioneering hospice leader who is no longer with us but whose insight continues to inform us today.

Within the pages of this issue of *Newsline*, we celebrate some of the accomplishments from our community that I want to share with you. First, I pass along my congratulations to the provider members that have earned rings in the first year of NHPCO's innovative Quality Connections program – you'll find an update on Quality Connections with a list of program achievement beginning on page 22. On page 39, you'll find the recipients of the 2022 Volunteers are the Foundation of Hospice Awards that were presented at LAC22 the first week of March. During LAC22, we also presented Rafael Sciullo with the Galen Miller Leadership Award at our annual National Hospice Foundation Gala. And, don't miss the Congressional champions who were recipients of the 2021 Hospice Action Network Angel Award.

Recognition within our community would not be complete without offering my deepest appreciation to all those providers who have renewed their NHPCO membership for 2022. The success of this organization is grounded in the engagement and commitment of our members. We work collaboratively towards our strategic goals which I share with you on page 4 of this issue of *Newsline*. Please take a look at the Strategic Plan that will guide our organization from 2022 through 2024. You are at the heart of all that we are working on.

For your dedication, I thank you.

Edo

Edo Banach, JD,
President and CEO

THE EXPERIENCE MODEL

By Mary J. Labyak, MSSW, LCSW

This year, 2022, marks the 40th anniversary of the passage of the legislation that created the Medicare hospice benefit. As the provider community reflects on all that has been accomplished in the past 40 years, attention turns to the promise of what lies ahead in the next 40 years. Discussions of innovation always return to what is most important, those receiving care. As we look towards the future, NHPCO shares an article by one of the nation's most innovative leaders, Mary Labyak. Ten years after her death, the lessons she shares still hold true. In fact, this article, "The Experience Model," is among the training materials included in NHPCO's Hospice Manager Development Program Foundational Course.

No one would argue that each patient, family and community member who seeks services from a hospice or palliative care provider deserves the best we can offer them. People who need our support are often in the midst of a heart-wrenching journey for which they have received no preparation or guidance. As end-of-life providers we usually have only one opportunity to ensure that the experiences of these patients and families meet their unique needs.

Palliative care providers are also challenged to meet the growing expectations of people familiar with our services. Twenty years ago patients and families were happy simply to have someone to call, and to receive basic pain and symptom management, and acknowledgement of their grief. Today's consumers know the incredible support and services that palliative care teams provide and frequently express a desire for "that medicine my neighbor had."

Successful current and future models of hospice and palliative care will honor what we have learned from those we have served. When staff and volunteers at all levels of the organization focus on the experiences of patients, families and community members, we foster an organizational culture in which our services are based on the unique values, end-of-life goals and wishes of each person we serve.

As reflected in The Quest to Die with Dignity: An Analysis of Americans' Values, Opinions and Attitudes Concerning End-of-life Care, people tend to see the last phase of life as one of awaiting death, with the hope for some measure of comfort while not being a burden to others. These perceptions about the end of life can be transformed into a more meaningful journey through quality palliative care that honors each individual's values and goals.

Successful current and future models of hospice and palliative care will honor what we have learned from those we have served.

Hospice and palliative care providers create a transformative experience for patients and families that differs significantly from the experience of receiving care through a disease-focused model. A disease-focused approach involves curing the disease or restoring to a previous health state. In the hospice and palliative care model, the experience for the patient becomes that of a journey toward comfort, resolution, and life closure (rather than a forced march toward physical wellness).

In reflecting on what patients and families have taught us, the experiences of advanced illness, dying and bereavement are much more than medical experiences. By helping to reduce all dimensions of suffering and reframe the end-of-life experience, quality palliative care facilitates personal growth and meaning toward a more peaceful life closure.

A Model for End-of-Life Care

The Experience Model, which transforms end-of-life care, works best when the concept transcends all areas of an organization.

Figure 1

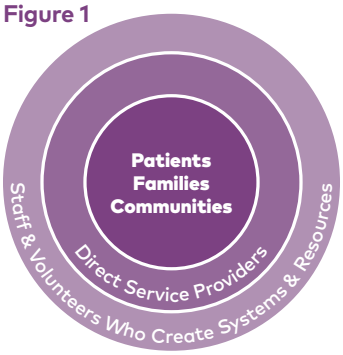


Figure 1 depicts the relationships of all staff and volunteers to patients, families and community members. In the center of the circle are the patients, families and community members who direct our care and services. The next circle represents the direct service staff and volunteers who provide the care and services. The outer-most circle represents all other staff and volunteers who serve and support the direct service staff and volunteers in providing optimal care.

How do we help to transform experiences for patients, families, and community members; for the staff and volunteers who provide direct service; and for those who create and maintain systems and resources that support the other two groups?

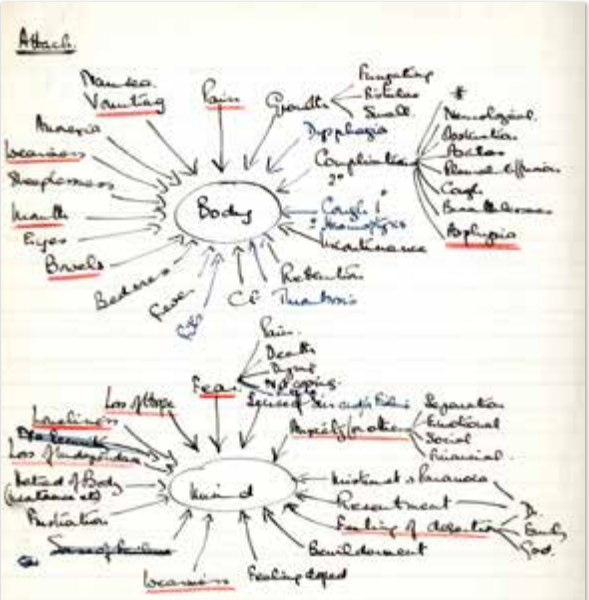
Transforming the Experiences of Patients and Families

As the family member of one patient shared: "What I appreciate about hospice is that you cared for her as the person she had always been, not the patient she had become."

Hospice and palliative care are uniquely different from the care provided by other providers of health and human services. In contrast to the more traditional disease-focused model that addresses the physical dimensions of illness, the Experience Model is directed by the patient's and family's individual goals and wishes as they adapt to the effects of advancing illness, dying and bereavement.

We have learned from patients and families that this experience involves not only a physical dimension but also psychological, social, emotional, and spiritual dimensions. As an example, we know pain is not only a physical problem. The physical dimensions of pain simultaneously affect other dimensions as well, including the ability to care for oneself, the quality of interactions with others, the sense of well-being or disease, and the sense of spirituality. Like an infant's mobile, this experience is dynamic. When one dimension is affected, all other dimensions are involved. The experience is not only "multidimensional," it is "inter-dimensional."

Therefore, quality hospice and palliative models of care must be able to support and address all four dimensions—the physical, interpersonal, spiritual and emotional.



Dame Cicely Saunders developed the "Total Pain" model in her pioneering work that led to the creation of the modern hospice model of care and St. Christopher's Hospice in London. This model is at the foundation of hospice care today in the Twenty-first Century.

Transforming the Experiences of Staff and Volunteers

Patient-and-family values and life-closure goals should drive care and services. They define what is important at this time in the patient's and family's life and become the focus and foundation for a patient/family Experience Model. However, it is oftentimes a challenge to transform a professional's approach to care since the drivers of a traditional disease-focused mode differ from the drivers of the Experience Model.

When we start by understanding the inter-dimensional experience described above, our relationship with the patient and family is directed by their defined end-of-life goals and values instead of a more traditional disease-focused model directed by healthcare goals alone.

Table 1 illustrates the differences between the Experience Model and disease-focused models.

In the more traditional disease-focused model, the process begins with identifying disease and symptoms. Then, based on the discipline's area of expertise (e.g., nurse, physician, social worker), goals are developed to help reverse or minimize the disease process. Care is usually directed by what the professionals believe is important and needed. Outcomes are based on meeting the professional's goals of care.

The Experience Model begins with a dialog with the patient and family during which they begin to tell their life stories. Through ongoing discussions, we discern what is important to them at this time in their lives, based on their unique values and life experiences. We take their lead and our interdisciplinary collaboration and service are directed by what the patient and family wish this experience to be and on what they define as their end-of-life goals.

Table 1

Disease-Focused Model	Experience (Palliative) Model
Patient Presents with Symptoms of Disease	*Patient and Family are Affected by a Life-limited Condition that Cannot be Reversed*
	Facilitate a dialog to help the patient and family define their end-of-life values, goals, and life-closure wishes. These become the overriding goals of the patient and family care plan to direct our services.
Focus on Curing or Fixing the Problems.	*Determine What is Helping or Hindering the Patient and Family from Reaching their End-of-Life Goads and Wishes*
Assess from the perspective of how symptoms and disease process should be different.	Assess from the perspective of what is helping the patient and family from reaching their goals with regard to pain, family dynamics, spiritual issues, and caregiving support.
Plan and define goals of medical care for patient based on what care providers feel is best.	Plan how the interdisciplinary team can support the patient and family in reaching their goals and, in so doing, reduce suffering and maximize potential toward a self-determined life closure.
Provide interventions as outlined on the plan of care to restore or reverse medical condition	Help patient and family to minimize or eliminate those things that are hindering them from reaching their goals. Create opportunity for transformational experiences of growth.
Evaluate the effectiveness of disciplines' care plan based on medical goals.	Evaluate effectiveness based on the patient and family's experience of what is important to them at this time. To what degree have we helped them reach their goals?

Our assessment focuses on what is happening in all of the dimensions that are helping or hindering the patient and family from attending to what is important to them at this time. Services are chosen by the patient and family and evaluation is based on their perception of how well they have reached their end-of-life goals. This process can happen whether the patient has nine hours, nine days or nine months to live—always focusing on what is most important to the patient and family at any given moment.

Assessment by any discipline goes beyond identifying a problem in the dimension they are most comfortable assessing, such as the physical dimension assessed by a nurse. All disciplines approach assessment from the perspective of identifying how any issue or problem is affecting all dimensions. For instance, all disciplines approach patient and family-identified problems of pain with a broader vision of how it is simultaneously affecting the patient's and family's other dimensions, including their functional abilities, interpersonal relationships, sense of well-being and sense of spirituality. In palliative care, the disciplines don't own problems or care plans—they are not ours to own. It is not our experience, it is the patient's and family's experience. All disciplines must be competent at some level to respond to all of these dimensions and adept at collaboration with an interdisciplinary team to optimally transform this end-of-life experience.

Comparing how a patient and family are discussed in an interdisciplinary care plan meeting will illustrate these differences. In a disease-focused model, the following might be used to introduce a patient and family, usually "reported" by the nurse:

> Mr. Jones is a 78-year old patient with COPD. He was on O2 prn. With his increased dyspnea at rest and bilateral congestion, he is using his oxygen on a continual basis. He is anxious at night, has trouble walking from his bed to his living room and is demanding. The doctor changed his inhaler this week because he was not compliant with taking his other medications since he didn't like the aftertaste. The HHA visits four times a week to assist with his personal care. They are not asking for any other help at this time.

The discussion becomes problem-focused, often identifying the patient as a disease first, then perhaps mentioning how this is affecting the rest of the patient's life (although this part is often not a focus). In contrast, team dialog in the Experience Model focuses on the patient and family's values, goals and wishes as the starting point:

> Mr. and Mrs. Jones have shared 58 years together since they met and married in college. They have stated that what is most important to them at this time is for Mr. Jones' symptoms to be controlled enough to allow him to spend quality time with his children and grandchildren who live close by. Mr. Jones wants to be able to communicate his thoughts and wishes to each of his grandchildren before he dies. He is also concerned about how his wife will be cared for after he is gone. Mrs. Jones is hoping that she has enough strength and endurance to stay by his side and care for him until the end. They define themselves as practicing Catholics and state that their faith has given them strength. Their usual activities, before Mr. Jones could no longer participate, included golf and travel. They now enjoy reading, movies, writing letters, and listening to old-time music.

Once the interdisciplinary team has been introduced to patients and families through the story of their lives and what is important to them, the team can consider the following question: What is happening with this patient and family that is helping or hindering the patient and family from getting to what is important to them at this time?

Each team member approaches his/her assessment from this perspective by supporting those aspects that are helping the patient and family reach their goals, reframe their hope and experiences, or by helping them meet the challenges of those aspects that are hindering them from reaching their goals. Symptoms that take away the patient's ability to focus on what is important to him are minimized or controlled so his energies can be used to reach his goal of spending quality time with his family. Additional activities that help the patient create and communicate his legacy, such as life review with his children, are critical aspects of service. The team can provide additional caregiving support to his wife so she can endure the

All disciplines approach assessment from the perspective of identifying how any issue or problem is affecting all dimensions.

24-hour care required and still have energy to do the activities they enjoy together. Each member of the interdisciplinary team brings expertise on one or more of the dimensions of the patient and family experience, which makes all of their input and suggestions equally valuable in the Experience Model. The care plan problems are not 'nursing problems' or 'social work problems,' but the patient's and family's experience—and their care plan is directed by their values and end-of-life goals.

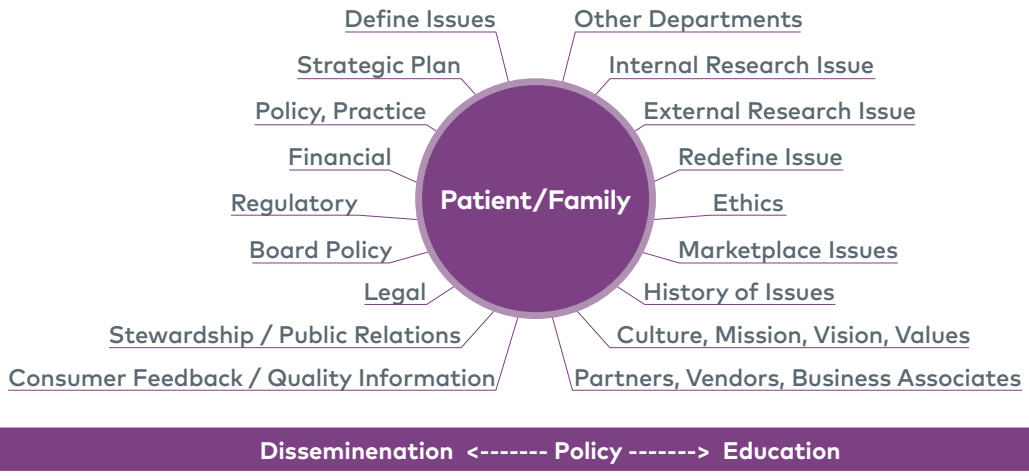
The Benefits to Those Who Serve

Organizational culture plays a large role in affecting the delivery of the Experience Model. Systems and resources that allow for individualized care while maintaining high-quality standards encourage and motivate everyone toward service excellence. It is this culture of service excellence that transforms all interactions and experiences.

Transformative end-of-life experiences for patients and families happen when staff and volunteers understand the value of their roles in creating these experiences, even when they do not provide direct care. For instance, the finance department understands the value in processing medical bills so patients and families don't have the burden of that additional task and can spend more time doing what is important to them. Education staff understands that many of the resource materials they develop will help caregivers feel confident about the care they are providing and perhaps bring meaning to the caregiving experience. And administrative teams create systems that allow for decision making and flexibility at the bedside, without lengthy bureaucratic approvals. Leaders motivate staff and volunteers by helping them to see the connections between their job functions and transforming the patient and family's experiences. When we share stories about how their efforts transform end-of-life experiences, we create a passion for their roles and enhance their desire to provide service excellence in everything they do.

Policies and procedures, systems, and the organizational culture must reinforce the concept that all hospice staff work to enhance the end-of-life experiences for those they serve. **Figure 2** depicts a framework for mission-based policy decisions that take into account the patient and family's values, goals and wishes.

Figure 2



The following questions will help hospice staff members assess their organization's ability to transform the end-of-life care experiences of their patients and families:

- *What are your organization's systemic barriers to transforming patient and family experiences?*
- *Are care delivery models flexible enough to meet the unique needs of each patient and family?*
- *How does the voice of the patient and family drive interdisciplinary discussions?*
- *Do IDT collaborative discussions begin with the story of the patient and family, including what is most important to them at this time?*
- *Is the care planning process truly directed by the goals, values, and wishes of patients and families?*
- *Are all disciplines encouraged to participate in team care discussions?*
- *Is every member of the IDT competent in recognizing all dimensions of patient and family experiences?*
- *Is staff empowered to take risks that support patient and family goals?*
- *Are community members asked on a regular basis what end-of-life services they want and need?*
- *Are programs and services provided, based on current reimbursement mechanisms or the needs of all members of our communities?*
- *What drives organizational decisions—the needs and experiences of patients and families, or regulations, reimbursement, and liability issues?*

The future of end-of-life service delivery is being written every day by hospice and palliative care providers. All end-of-life care models must honor the patient's and family's unique experiences and be ready to simultaneously address all dimensions. We must respond by developing new, evolving models that not only address the disease but also address all dimensions to truly create transforming experiences.

We only have one chance to support patients through a transforming experience at the end-of-life. The price of failure is not acceptable.

We must respond by developing new, evolving models that not only address the disease but also address all dimensions to truly create transforming experiences.

Mary Labyak, MSSW, LCSW, was well known as a pioneering leader throughout the hospice and palliative care community. She was president and CEO of Suncoast Hospice in Pinellas County, Florida, nearly from the time it was founded until her death in 2012. Known nationally and internationally as a visionary in hospice and palliative care, Labyak was one of the social architects credited for shaping compassionate end-of-life care in the United States. In 2011, the National Hospice Foundation presented Labyak with the Healthcare Architect Award in recognition of her leadership. She had served as chair of the NHF Board and was a longtime member of the National Hospice and Palliative Care Organization where she served as chair and leader of many NHPCO committees.

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Beginning with a review of compliance as a foundation, this course includes hospice quality measurement, self-assessment, continuous performance improvement, the federal hospice and quality reporting program, and best practices for your hospice.

FAITH, TRUST, HOPE, AND ADVOCACY:

In their own words.

A Panel of Experts Share Their Thoughts

On January 10, 2022, a special webinar was made available to the provider community: Faith, Trust, Hope, and Advocacy: Effectively engaging faith community leaders to address disparities in serious illness care. This free webinar was hosted by the National Hospice and Palliative Care Organization, National Partnership for Healthcare and Hospice Innovation, and Coalition to Transform Advanced Care.

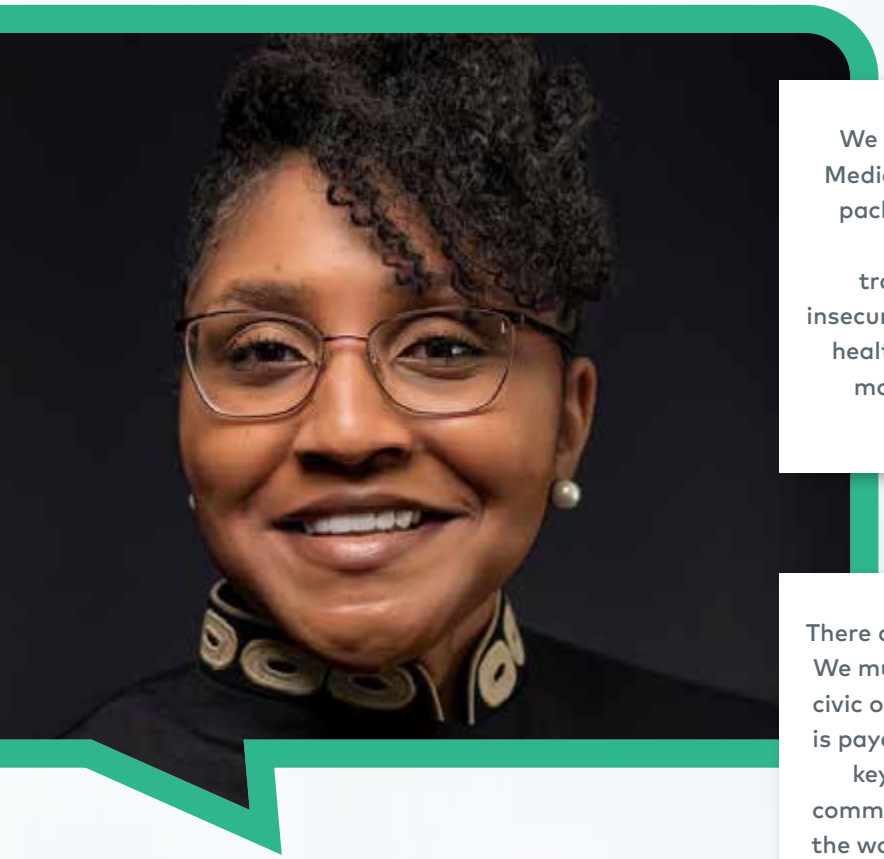
Serving as the webinar facilitator was Marisette Hasan, president & CEO at The Carolinas Center and member of NHPCO's Diversity Advisory Council. Panelists included Reverend Brandon Brewer, director of patient experience at AccentCare Hospice in Maryland; Donna Gayles, director of client relations-DC and the associate director at Capital Caring Health Center for Equity, Inclusion, and Belonging; and Elder Angela Overton, senior advisor to C-TAC Interfaith Working Group.

These distinguished individuals are well known amongst the membership of NHPCO, NPHI, and C-TAC and they came together to share in a lively discussion opened to the community. Through the lens of faith, they focused on ways that trust and hope can be fostered within the provider community to better serve and reach those who are not fully benefiting from access to hospice care.

The recording is available on the NHPCO National Hospice YouTube channel and members are encouraged to watch the thoughtful discussion and share it with their teams.

In Their Own Words

Newsline shares some insights from the webinar panelists.



Elder Angela
OVERTON

How will you know that you have biases without appropriate training and then accountability? So as providers, we should hold ourselves to a standard that seeks out counsel on how to understand the predicament of the underserved.

We also must have payment reform and ensure that Medicare and Medicaid provide expanded funding for a package of community-based services, especially for those most in need. We have to rectify food, transportation, housing, utilities, and health care insecurities. We can't even begin to talk about quality and health if we don't have quality of life. We also have to move from charity to a sustainable model of care.

There are a few things that, in my experience, we must do. We must work in partnership, this is community workers, civic organizations, community-based organizations, this is payers, this is stakeholders, this is clinical providers... a key component of that is spiritual leaders who are community minded, who are already on the ground doing the work. We must work in partnership with one another. If we do not work with each other, we will not improve our health care systems.

The fact that trust is such a huge component of good care means that this relationship building is essential. Listen to what their needs are, listen to what their concerns are, don't just be on your phone or charting or whatever it may be, be present. And not only listen but respond to what they say their immediate needs are. If you can do that, you can build rapport.

Rev. Brandon
BREWER

In terms of barriers, (as an example) in Baltimore city we have a number of communities that are food deserts in which there are no grocery stores, where people have no access to fresh produce, fresh food. They have to literally go outside of their communities in order to get the basic necessities. If you are coming to my home and you're saying I'm here to meet medical needs, etc., but let's talk about what my real needs are... I need access to food, how are you going to help me, how is my health going to benefit if I can't even have fresh produce. Are we really helping to look at those needs? Unfortunately, persons who tend to be in underserved communities don't always have the finances, the resources, or even the transportation to go outside of their community.

Trust is really the crux of things you know, in terms of leading into how we serve and how we care for people. It's that trust that is the crux, and trust inspires hope. And when we are able to go in and build relationships – and sometimes it's within the first five minutes and it feels like we've known them all our lives, right, sometimes it takes longer than that to build that trust – but by building that trust, it opens the door for hope. But it also provides an avenue for us to advocate on their behalf, particularly those people who are in the shadows, those people who don't have a voice. Those people who feel like they're not empowered, or no one cares, no one's listening, we get to take that and we get to open the door for their voice to be heard and advocate on behalf of them.

One of the things that I would add, is making sure that we are not afraid of innovation and creativity. We have to think outside of the box, and I know that's very overused. When we're thinking about human lives, when we're thinking about people, we're not thinking about diagnoses, we're not thinking about numbers, we're thinking about human beings – each person representing a significant life.

Advocacy is not a one-time thing. It takes a lot, you have to be present and really strengthen and build that trust, you have to build the trust with the leadership with the administration and let them know that you are reliable, that you are there and that you are a source of advocacy on behalf of other. If it's for positions if it's for a certain type of care or whatever the case may be, advocacy is so key but it starts by you being an example and using your voice.

Donna
GAYLES

It's always been my position that if you can't see me, then you can't serve me, and advocacy really is simply saying I care about what you care about, let's care about it together and let's move the conversation.

At the Church and places of worship, people are able to be served there because they trust what's happening there, they trust the individuals there. They believe that those people are willing to help them right where they are and that they're committed to their best outcomes. Trust is the crux of relationship, it is the foundation of connection. And if a family does not feel the ability to connect with the provider, and thereby trust them, the opportunity to truly serve them is lost. So even though the provider has the knowledge, the data, the resources, everything they can offer, the family may reject it because they don't trust it. We have to build a relationship of trust before we can actually build the bridge to better services.

One of the things we've learned that will take us forward is to learn how to say "yes," everyone says "no," especially in underserved areas. "No" is a word that's heard often. We need to figure out how to say "yes." We look at the person, we look at situations, we look at each individual case, and see that person as a person. And in health care, bring the care back into focus and not let it be about anything but the person at the center of that care. That's definitely a lesson that will take us forward and allow us to be of better service to our community.

It's important that we refocus and make sure that we understand that what comes from the heart really does touch the heart. Families are in need of care entirely – mentally, physically, spiritually, emotionally – they are an entire being needing entire care.

NHPCO would like to thank the panelists and extends appreciation to Marisette Hasan for moderating the panel and to Nicole McCann-Davis for facilitating the Q&A segment.

The recording of the webinar, Faith, Trust, Hope, and Advocacy: Effectively engaging faith community leaders to address disparities in serious illness care, is available on NHPCO's National Hospice YouTube channel.

NHPCO offers additional resources on diversity, equity, and inclusion that have been developed by the organization's Diversity Advisory Council and are available online at nhpco.org/diversity.

A PERSONAL REFLECTION ON 30 YEARS OF GLIMMERS OF HOPE

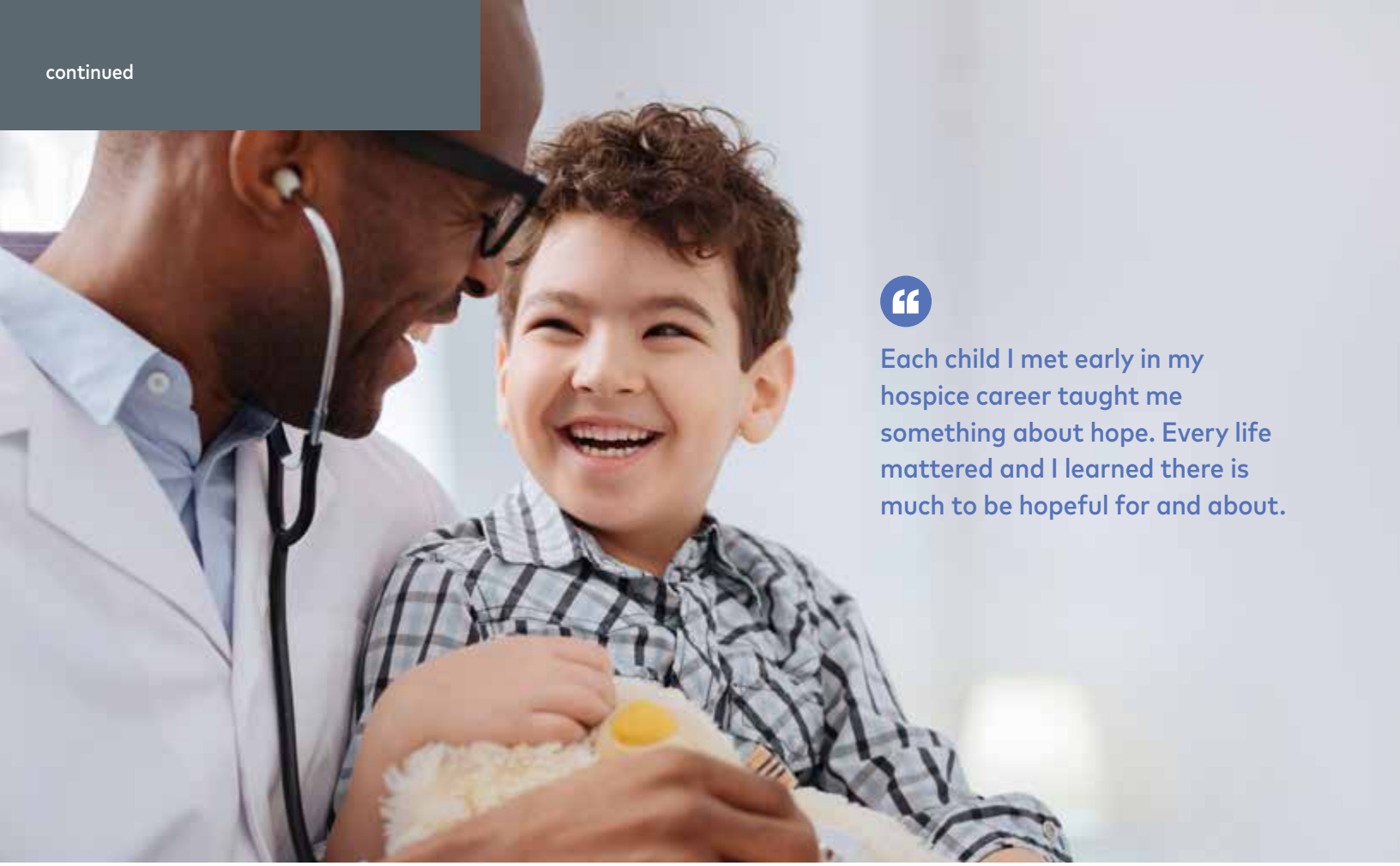
By Stacy F. Orloff, Ed.D., LCSW, ACHP-SW

I've been directly involved in pediatric hospice and palliative care work for over 30 years. I began my work as a pediatric social worker at a very large hospice whose children's program was mostly focused on healthy children of adult hospice patients. We did care for a few ill children, and I was grateful to be given the chance to work directly with them. I clearly remember the first family that taught me about hope. They had three sons, two with hemophilia, one of whom had contracted HIV through a blood transfusion. Where I saw a very young pre-teen with a fatal disease (this was in the early 1990's and HIV was mostly a fatal disease then), he saw himself as a pre-teen with a lot to conquer. This young man taught me about life. He taught me to see a beautiful wildflower in a sea of weeds. He taught me about having fun, even if that meant playing basketball with him while wearing a dress and heels. He taught me to face my own fears when he placed a very large iguana lizard on my arm! He taught me about living each day to its fullest, not knowing how many days there were. And, when his days were diminishing, he, as a young adult, taught me how to say goodbye with grace on the telephone. This young man lived every day full of hope and fun.

Each child I met early in my hospice career taught me something about hope. Every life mattered and I learned there is much to be hopeful for and about. As I was promoted into different leadership positions over the last 30 years, I wondered if I would lose that sense of hope and wonderment. No longer working directly with our pediatric patients and their families, would I lose sight of moments in time which sustained hope to so many? Thankfully I found out the answer to that question was a resounding no.

> **IT'S ALWAYS SOMETHING, TO KNOW YOU'VE DONE THE MOST YOU COULD.**
>
> **BUT, DON'T LEAVE OFF HOPING, OR IT'S OF NO USE DOING ANYTHING. HOPE, HOPE TO THE LAST!**
>
> **Charles Dickens**

Hope to increase access to care is what propels me to design new programs and services for ill children and their families in our service area. Advocating in my state and nationally for those who are often not heard and frequently overlooked gives me hope that when a family asks for a service we can say, "Yes, we provide that type of care." Developing deeper collaborative relationships with other providers so that we decrease the silos that are found in our healthcare system gives me hope that navigating through the healthcare system becomes easier and more children and families are more quickly connected to care providers. Seeing ourselves less as competitors and more as partners in service to others



> Each child I met early in my hospice career taught me something about hope. Every life mattered and I learned there is much to be hopeful for and about.

gives me hope when convening with other pediatric hospice and palliative care providers. Talking with state and national payers and hearing them express understanding about the barriers to care gives me hope. I have even greater hope when these payers join with providers to find ways to reduce barriers. Training and mentoring staff who want to learn best practices in providing care to ill children and their families gives me hope.

In my mind's eye, I see all my lessons of hope arranged in a beautiful sparkling vase on my desk. Much like a beautiful floral arrangement, the beautiful lights of collected hope shine brightly and continue guiding me today. My greatest wish is that I continue collecting these glimmers of hope and that my vase gets fuller and fuller.

Stacy F. Orloff, Ed.D., LCSW, ACHP-SW, is Vice President, Innovation and Community Health at Empath Health in Clearwater, Florida.

Check Out the Pediatric E-Journal Archive

This article was originally published in NHPCO's Pediatric E-Journal, Issue #65. This e-Journal is produced by the Pediatric e-Journal Workgroup and is a program of the National Hospice and Palliative Care Organization. The Pediatric e-Journal Workgroup is co-chaired by Christy Torkildson and Suzanne Toce. Chuck Corr is our Senior Editor. The latest issue of the Pediatric E-Journal, Issue #66 looks at sustainability of hospice and palliative care pediatric programs and services. Archived issues of this publication are available at nhpco.org/pediatrics.

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NHPCO
Leading Person-Centered Care

QUALITY CONNECTIONS

YEAR TWO

Building on Successful Accomplishments and Lessons Learned

NHPCO's Quality Conneactions (QC) program celebrates its inaugural year in 2021 and applauds the efforts of the 244 hospice provider organizations that undertook the journey focused on continuous quality improvement. Among those providers, 117 earned between one and four quality rings demonstrating their commitment to the people they care for, their teams and volunteers, and the wider communities they serve.

Now in year number two, NHPCO remains committed to assisting hospice and palliative care providers in continuous quality and performance improvement activity that supports safe, effective, and timely care outcomes for patients and families.

What is Quality Connections?

For those unfamiliar with Quality Connections, it is a national program designed to support hospice and palliative care provider delivery of high-quality, person-centered care. The program goals are to enhance the knowledge base, skills, and competency of hospice and palliative care staff through education, tools, resources, and opportunities for engagement and interaction among hospice and palliative care quality professionals. Providers who actively engage in quality improvement raise the bar for performance which leads to service excellence. And Quality Connections is a benefit of membership for providers.

Education

Application

Measurement

Innovation

Four QC Pillars

QC participants achieve milestones within defined timeframes by completing activities in the program's four pillars: education, application, measurement, and innovation. When they meet the completion threshold for each pillar, they earn that pillar's ring.

The activities in each quality pillar in QC are designed to help participants achieve higher standards in organizational operations, quality of patient care, and service excellence. Therefore, everything they accomplish in the program moves quality forward. Our participants are actively engaged in completing their pillar rings throughout a calendar year. We structured the program this way because quality improvement is a journey and achieving higher performance levels is not an instant process. This format also reinforces the principle that incremental progress in achieving quality goals should be celebrated as a win.

"Much of what we found so valuable about the QC program is that it's not just work for work's sake – the elements in each ring are relevant to the work that we do each day and gave us opportunities to both improve existing quality activities as well as embrace new ones," said Sarah Simmons, executive director of Calvert Hospice, the first QC participating organization to earn all four pillar rings.

QC Achievement Map

NHPCO celebrates the "Ring Achievements" quarterly by displaying their achievement on a publicly available webpage. Participating organizations are encouraged to promote themselves as QC achievers and to direct their partners, payers, etc. to the QC achievement webpage featuring a map of the U.S. that reflects the accomplishments of QC participants.

NHPCO is pleased with the QC program implementation this year and we are actively planning program enhancements for 2022.

NHPCO QUALITY CONNECTIONS PROGRAM.

If your organization has not made the commitment to ongoing quality improvement by registering for Quality Connections, do it today at

nhpco.org/qualityconnections.

Education

Application

Measurement

Innovation

NHPCO
Quality Connections

QUALITY CONNECTIONS

CELEBRATING 2021 ACHIEVEMENT

All of the 244 QC participating organizations worked towards earning their pillar rings in the first year of the program. Join NHPCO in celebrating the 117 hospices that have earned achievement rings.

Four Rings

Bluegrass Care Navigators
BridgingLife Hospice
BSA Hospice of the Southwest
Calvert Hospice, Inc.
Caring Circle
Delaware Hospice, Inc. - Delaware Office
Heart's Way Hospice
HoriSun Hospice, Inc.
Hospice & Palliative Care Buffalo, Inc.
Lightways Hospice and Serious Illness Care (formerly Joliet Area Community Hospice)
St. Croix Hospice
UnityPoint Hospice, Cedar Rapids

Three Rings

Caris Healthcare Hospice
Center for Hospice Care
Centra Hospice Farmville
Circle of Life Hospice
Hope Healthcare
Hospice of Hilo dba Hawaii Care Choices
Hospice of Humboldt
Hospice of the Chesapeake
Hospice of the Northwest
Partners In Home Care-Hospice
Serenity Hospice and Home
UnityPoint at Home
UnityPoint Hospice
VITAS Healthcare
VITAS Healthcare Chicago South

Two Rings

Agape Hospice Services
Avow Hospice
Columbus Hospice of Georgia and Alabama
Goodwin House Palliative Care and Hospice
Harbor Hospice
Hospice of Huntington
Hospice of Jackson County, Inc.
Hospice of North Central Florida, Inc
Hospice of Southern West Virginia, Inc.
Hospice of St. Mary's
Hospice of the Ozarks
Hospice of the Panhandle
Hospice of West Tennessee
Karen Ann Quinlan Hospice (Northwest New Jersey)
Lakeland Area Hospice
MJHS Hospice and Palliative Care Program
Providence Hospice and Palliative Care (East)
Providence Hospice of Seattle
Sangre De Cristo Community Care
Suncoast Hospice
Tabitha Hospice
The Denver Hospice
Transitions LifeCare
Treasure Coast Hospice
Trellis Supportive Care
Unity Point Hospice
VNA Hospice and Palliative Care of Southern California

One Ring

Arizona Care Hospice
Arkansas Valley Hospice, Inc.
Care Partners
CareFirst
Carris Health-Rice Hospice
Casa De La Luz Hospice
Centra Hospice of the Hills
Community Hospice Care
Endless Journey, LLC
Faith Hospice
Franciscan Hospice Care
Grace Hospice - Marysville
Gulfside Healthcare Services Inc.
Harmony Hospice of Tucson
HealthPartners Hospice & Palliative Care
High Peaks Hospice & Palliative Care - Mineville
Horizon Hospice LLC
Hospice & Community Care
Hospice & Palliative Care of Iredell County
Hospice at Home Arizona
Hospice of Douglas County - A Division of Horizon Public Health
Hospice of Dubuque
Hospice of Health First Inc
Hospice of Limestone County
Hospice of North Idaho
Hospice of the Red River Valley
Hospice of Yuma
HospiceCare in The Berkshires, Inc.
Housecall Providers Services LLC
Intrepid USA Healthcare Services
Lakeside Hospice, Inc.
Lakeside Hospice, LLC
Lehigh Valley Hospice
Main Line Health Home Care and Hospice
Montgomery Hospice
Northern Illinois Hospice
Notre Dame Hospice
Pathways
Presbyterian Homes Hospice, Inc.
ProMedica Hospice
Providence Hospice & Home Care of Snohomish County
Providence Hospice Medford
Providence SoundHomeCare and Hospice
Providence TrinityCare Hospice
Sea Crest Hospice Services, Inc.
Seasons Hospice
Snowline Hospice
Southwest Medical Hospice
St. Mary High Desert Hospice (formery Living Care Hospice, Inc.)
Talbot Hospice
The Elizabeth Hospice
Tidewell Hospice, Inc.
Topkare Hospice, Inc.
Trustbridge, Inc.
UnityPoint Hospice
UnityPoint Hospice, Des Moines
Upland Hills Health Hospice
UVMHN Home Health & Hospice
Village Hospice
Visiting Nurse Association of NWI
Willamette Valley Hospice
Yolo Hospice

"By earning rings that are part of the Quality Connections program, participating hospice programs are showing that quality matters to those they serve and to the payers and other providers that they work with," said NHPCO President and CEO Edo Banach.

EXPAND YOUR SKILLS THROUGH EDUCATION

Unlock your potential with NHPCO

NHPCO continues to be the leading resource for education and professional development among the hospice and palliative care community. Ongoing professional development is not a luxury but a necessity to ensure that professionals in the field have the skills needed to perform at peak performance in today's complex health care landscape. NHPCO is meeting that need with educational options from experienced faculty in a number of formats to suit the range of preferred learning styles.

> NHPCO's signature programs provide robust learning experiences led by a varied slate of expert content leaders.

Webinar Series

It is not too late to invest in your staff with a 2022 webinar package. All NHPCO webinar packages allow for multiple logins to give your team easy access, and recordings of each webinar are included. New this year is our Innovation track of webinars that join these focus areas: Clinical, Community-Based Palliative Care, Interdisciplinary Team & Supportive Care, Quality, and Regulatory & Compliance.

Register for the complete webinar calendar, a specific track, or an individual program. Offered twice a month, scheduled webinars topics include:

- Core Screening Tools
- Palliative Care Reimbursement
- Quality Innovation
- Deprescribing
- Telehealth
- Barriers to Care for Underserved Populations

Webinar pricing for members remains the same as last year, making packages economical. Purchase the full year's webinar package for only $999 and receive the recordings of those programs that have already been hosted. Select one particular focus area track for $175. Individual webinar registration is also available at the low price of $49. Learn more at nhpco.org/webinars.

Signature Programs

NHPCO's Signature Programs – those that offer a certificate of completion – are offered as online, on-demand courses. These programs are among the most popular and highly requested by professionals in the field. NHPCO's signature programs provide robust learning experiences led by a varied slate of expert content leaders.

Hospice Compliance Certificate Program – covers the basics of health care compliance, including compliance program development, risk assessment, policies and procedures, anonymous reporting, and more. The online, on-demand version of the course offers 15.5 CE/CME hours of content that is hospice-specific and applicable to the real world. The in-person HCCP programs almost always sell out at NHPCO conferences.

Hospice Quality Certificate Program – this signature program addresses the connection between compliance and quality outcomes. Topics include quality measurement, self-assessment, continuous performance improvement, the federal hospice and quality reporting program, and best practices for your program. This course offers 14 CE/CME hours of content. HQCP counts toward earning the education ring in NHPCO's Quality Connections program.

2022 Webinar Schedule

❑ **January 13**	Interdisciplinary Team & Supportive Care Topic	❑ **July 14**	Interdisciplinary Team & Supportive Care Topic
❑ **January 27**	Community-Based Palliative Care Topic	❑ **July 28**	Community-Based Palliative Care Topic
❑ **February 10**	Innovation Topic	❑ **August 11**	Innovation Topic
❑ **February 24**	Regulatory & Compliance Topic	❑ **August 25**	Regulatory & Compliance Topic
❑ **March 17**	Quality Topic	❑ **September 8**	Quality Topic
❑ **March 31**	Clinical Topic	❑ **September 22**	Clinical Topic
❑ **April 14**	Interdisciplinary Team & Supportive Care Topic	❑ **October 13**	Interdisciplinary Team & Supportive Care Topic
❑ **April 28**	Community-Based Palliative Care Topic	❑ **October 27**	Community-Based Palliative Care Topic
❑ **May 12**	Innovation Topic	❑ **November 3**	Innovation Topic
❑ **May 26**	Regulatory & Compliance Topic	❑ **November 17**	Regulatory & Compliance Topic
❑ **June 9**	Quality Topic	❑ **December 1**	Quality Topic
❑ **June 23**	Clinical Topic	❑ **December 15**	Clinical Topic

Community-Based Palliative Care Certificate Program – focuses on operationalizing and sustaining a community-based palliative care program. Learn about delivery model evolution, the use of metrics to demonstrate program value, reimbursement, compliance considerations, and payer/provider relationships. Participants will be equipped to implement an action plan. The program offers 11 CE/CME hours.

Not to be confused with professional certification, the signature programs offer a certificate of completion which demonstrates a professional's commitment to learning and staying up-to-date on the latest issues relevant to compliance, quality, and community-based palliative care. Signature Programs are available to members at only $499. Learn more at nhpco.org/education.

Hospice Manager Development Program

The MDP offers training specifically for hospice managers, created by hospice professionals. It is designed to help managers develop the skills they need to meet the challenges and changes they face managing programs, systems, and people.

The ideal beginning for this innovative program is the Hospice MDP Foundational Course which provides a baseline for subsequent MDP modules available from NHPCO. MDP modules are available in NHPCO's online learning portal as well as through instructor-led, online courses that usually run over a four-week period with courses beginning throughout the calendar year. Participants are encouraged to work their way through Level I and Level II; however, modules can be taken in any order that will serve the participant and the MDP Foundational Course is not a strict requirement for available modules.

Instructor-led online modules for members are only $125 while MDP modules available 24/7 via the NHPCO online learning portal begin at only $70. Popular online modules include:

- Ethics for Hospice Managers
- Managing the Changing Organization
- Managing Conflict in the Workplace
- Emotional Intelligence

The MDP offers training specifically for hospice managers, created by hospice professionals.

Traditionally offered in conjunction with NHPCO or state association conferences, the inaugural offering of the online version of MDP Foundational Course launched with a full class in January 2022. The online MDP Foundational Course will be offered again in June and in September of 2022 and online registration is open now. Learn more at nhpco.org/mpd.

NHPCO's Online Learning

Affordable and convenient learning is available anytime, anywhere through NHPCO's online learning portal. Courses on a variety of topics including the latest in clinical, regulatory, palliative care, and more all available 24/7. Later this year, various course bundle options will be launched in a variety of topics at a discounted rate of three courses for the price of four.

Member pricing for NHPCO online courses begins at only $50 and includes CE/CME at no additional cost. Learn more at nhpco.org/online-learning.

Leadership and Advocacy Conference On-Demand

2022 LEADERSHIP & ADVOCACY CONFERENCE

Over 800 leaders and aspiring leaders gathered March 7 – 9 for NHPCO's 2022 Leadership and Advocacy Conference. However, it's not too late to take advantage of the year's premier professional event. A collection of curated education sessions and select programming from the onsite conference is available on-demand through May 31, 2022. This is an outstanding opportunity to take advantage of high-quality, timely education at a low cost, making it valuable and economical.

LAC22 content was created around these four focus areas:

- Managing the Health Care of Individuals Living with Serious Illness
- Transforming the Health Care Delivery System
- Navigating a Post-Pandemic World
- Building Interdisciplinary Team Leadership

Register for on-demand access that makes the education available on your schedule 24/7 through May 31. This includes access to the virtual Exhibit Hall where you can learn more about products and services from 55+ organizations. Learn more and register for access at nhpco.org/lac2022.

2022 Interdisciplinary Conference – Focusing on Workforce

The NHPCO Professional Education Committee and Conference Planning Committee are working with NHPCO staff to develop a virtual Interdisciplinary Conference focusing on workforce issues with live events scheduled for September 19 – 21 and an on-demand library available until December 31.

A global workforce crisis in health care is on the horizon. By 2030, the WHO estimates there will be a global shortage of approximately 18 million health workers – 20% of the workforce needed to keep health care systems going. Additionally, the ongoing public health emergency has made a historic, multidimensional impact on staff. Hospice and palliative care organizations are already feeling the crisis.

NHPCO is committed to supporting hospice and palliative care providers during this time and that is why the fall virtual Interdisciplinary Conference will focus on workforce.

Conference Topics:

- Interdisciplinary Team Retention and Development
- Navigating Workforce Shortages in Challenging Times
- Transforming the Health Care Delivery System

NHPCO will build upon the expertise developed through the three major conferences hosted virtually over the past two years and the summer Virtual Conference hosted annually for more than eight years. Expect to find live activities to include nationally recognized keynotes, networking opportunities, as well as on-demand features that our conference participants have grown to love.

SUBMIT A PROPOSAL FOR IDC22

The Conference Planning Committee seeks proposals designed to advance the knowledge, competence and performance of hospice and palliative care teams and individuals. This is your opportunity to tap into a national workforce discussion. Submit a proposal to showcase your team's work and innovative solutions. Your experience could change how other hospice and palliative care providers approach their most difficult problems. The call for proposals is open until April 8, 2022.

Additional information about the virtual IDC 2022 is available in the Conferences section of nhpco.org.

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National Hospice Foundation

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Hospice Action Network Honors

2021 Congressional Champions

NHPCO advocacy affiliate recognizes members of Congress who have supported hospice

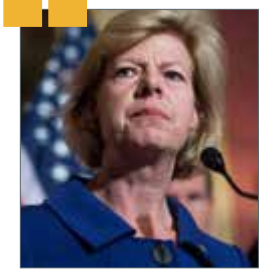
The Hospice Action Network (HAN), the advocacy affiliate of the National Hospice and Palliative Care Organization, is pleased to announce the recipients of the 2021 Hospice Action Network Angel Award. This award was created to recognize select members of Congress who serve hospice and palliative care patients and their families through their efforts to support the vital mission of hospice and palliative care. These honorees use their platform to amplify the voices of patients facing a serious or life-limiting illness and their families.

The award recipients are as follows:

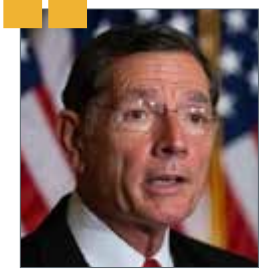
- **Senator Tammy Baldwin (D-WI)**
- **Representative Vern Buchanan (R-FL-16)**
- **Senator John Barrasso (R-WY)**
- **Senator Shelley Moore Capito (R-WV)**
- **Senator Deb Fischer (R-NE)**
- **Representative Steven Horsford (D-NV-04)**
- **Representative Joe Morelle (D-NY-25)**
- **Representative Jimmy Panetta (D-CA-20)**
- **Representative Tom Reed (R-NY-23)**
- **Senator Jacky Rosen (D-NV)**
- **Representative Steve Scalise (R-LA-01)**
- **Representative Mike Thompson (D-CA-05)**

The honorees expressed their appreciation for the recognition.

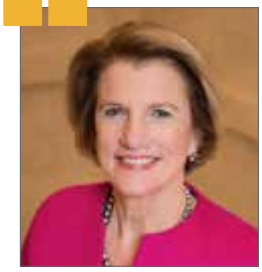
HAN
Hospice Action Network



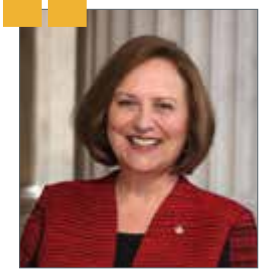
"I was raised by my maternal grandparents and later served as my grandmother's primary caregiver as she grew older, which is why hospice and palliative care are extremely personal to me," **Senator Tammy Baldwin** said. "I'm proud to have worked across party lines to advocate for this critical care being made more accessible for Americans. I will continue to be a voice for patients and their families and remain committed to working to grow and support our palliative and hospice health care workforce which provides quality of care for the growing number of patients with serious or life-threatening illnesses."



"My family personally experienced the care and compassion provided by hospice. This is why I am proud to support hospice providers in Wyoming and across our nation. I am honored to receive this award and will continue working to improve hospice access for American patients and their families," **Senator John Barrasso** said.

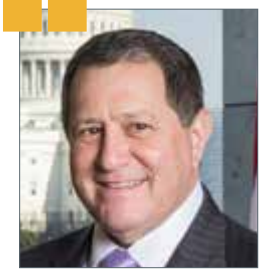


"People in the final stages of life should have access to the compassionate care that hospice and palliative care provide. As someone who cared for aging parents and experienced firsthand what it is like to have a family member receive hospice care, I have been and continue to be committed to making sure this critical service is available in all communities, including rural areas," **Senator Shelley Moore Capito** said. "I also know the incredible strain that the COVID-19 pandemic continues to have on this type of care, which is why I have introduced legislation to ensure patients have access to more time with loved ones throughout the pandemic, and fought to delay Medicare payment cuts that would be detrimental to our home health, hospice, health center, and durable medical equipment suppliers. I'm honored to be selected as one of HAN's Angel Awardees again this year, and I am so grateful for the work HAN, NHPCO, and all the hospice and palliative caregivers do on behalf of people across West Virginia."



"I have long worked to advance bipartisan solutions that expand the public's access to palliative and end-of-life care. These services provide patients facing serious illness and their families with the high-quality care and comfort they deserve. Thank you to the NHPCO for this award and their work on behalf of the American people," **Senator Deb Fischer** said.

"When I was nine weeks old, my grandmother suffered a debilitating stroke that left her reliant on nursing care for the rest of her life. I know the difference that palliative care makes, and I will always fight to make sure patients have the high-quality care they need and deserve," **Representative Steven Horsford** said. "I'm honored to receive the 2021 Hospice Action Network Angel Award, and I look forward to working with the National Hospice and Palliative Care Organization to continue to advocate for all patients and families."

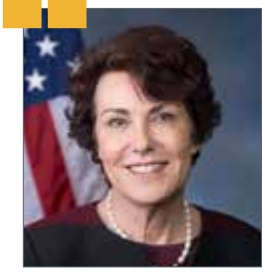


"Our nation is suffering a collective and overwhelming grief as a result of this pandemic," **Representative Joe Morelle** said. "Hospice and palliative care providers have been there supporting patients and their families through their darkest hours—bringing them light, and peace. I am humbled and honored by this award, and I remain committed to working alongside NHPCO to continue supporting patients going forward."

"The facilities that serve hospice and palliative care patients and their family members, and employ caregivers and administrative staff, should always meet high standards of quality, safety, and transparency," **Representative Jimmy Panetta** said. "That's why I worked closely with the National Hospice and Palliative Care Organization to introduce and pass the Hospice Act,

which was signed into law in 2020. Although I greatly appreciate this recognition for my work on that legislation, the grassroots advocacy and bipartisan collaboration was the foundation for this law that will ensure accountability for the safety and wellbeing of hospice caregivers and those in their care."

"We will always be an advocate for hospice care and the quality care and support they give to families and their loved ones. At the end of my mother's life, I witnessed firsthand the compassion of hospice care professionals and was inspired to become a hospice volunteer as my way of saying thank you. We are honored that Hospice Action Network has chosen to recognize us for our work and we commend them in their efforts to expand access to hospice care here in America," **Representative Tom Reed** said.



"It's an honor to be recognized by the National Hospice and Palliative Care Organization for my work to provide seniors in Nevada and across the country better access to comprehensive health services, including hospice and palliative care," **Senator Jacky Rosen** said. "I will continue to lead on this issue and look forward to partnering with the nation's hospice and palliative care providers to make sure that America's seniors receive the best care possible."

"Our hospice and palliative care workers take incredible care of their patients and their families. They provide kindness and compassion during an exceedingly difficult time. I am honored to be recognized by the Hospice Action Network and will continue to fight for Americans facing serious or life-limiting illness in Congress," **Representative Steve Scalise** said.

"I am honored to receive the 2021 Hospice Action Network Angel Award from the Hospice Action Network," **Representative Mike Thompson** said. "As a member of the Ways and Means Committee, I have worked to pass legislation that provides security and dignity to hospice and palliative care patients. My wife, Janet, is a former hospice nurse and I know well the difficulties that families experience with loved ones facing serious and terminal illness. I am committed to continuing these efforts to support these patients and the brave health care heroes who care for them."

HAN and NHPCO are proud to recognize these lawmakers.

"We are thankful to these members of Congress for their leadership and support of hospice and palliative care patients and their families who rely on person- and family-centered, interdisciplinary care during their greatest time of need," said Edo Banach, President and CEO of NHPCO and HAN.

2022 LEADERSHIP & ADVOCACY CONFERENCE

Thank you to these organizations for their generous support of the 2022 Leadership and Advocacy Conference.

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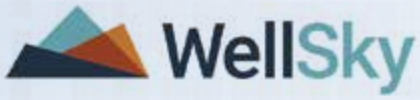

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Short Takes

NHPCO Welcomes Aparna Gupta as Vice President of Quality

NHPCO proudly welcomes the new Vice President of Quality, Dr. Aparna Gupta DNP, FACHE, CPHQ, CRNP.

Dr. Gupta, who joined NHPCO on February 22, most recently served as Vice President of Clinical Operations, Bundled Payment Solutions, Medicare, and Retirement for UnitedHealth Group (UHG). Prior to joining UHG, Gupta served as Director of Quality, Safety, and Value for the Allegheny Health Network (AHN). Gupta is a board-certified nurse practitioner with more than 20 years of health care leadership experience spanning quality improvement, health care operations, executive leadership, acute care, ageing, complex disease management, clinical services, and implementation of Centers for Medicare & Medicaid Services (CMS) programs.

Gupta said, "I look forward to working with the hospice and palliative care communities to improve the quality of patient care. With more than 20 years of health care experience on both the provider side and the payer side, I have a passion for programs that create incentives to reduce costs while increasing quality of care. I admire NHPCO's focus on quality as essential in serious illness and end-of-life care, and I look forward to supporting the organization as it continues to lead person-centered care."

Learn more about Aparna Gupta in the NHPCO press release.

Rafael Sciullo Presented with Galen Miller Leadership Award

In recognition of a lasting legacy of leadership and innovation, NHPCO presented Rafael J. Sciullo with the Galen Miller Leadership Award at the National Hospice Foundation Gala on March 8, 2022.

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.

Rafael J. Sciullo currently serves as CEO of Empath Health, a role he assumed in early 2021 with the finalization of the merger of Empath Health and Stratum Health System. He joined Suncoast Hospice, a member of Empath Health, in 2013, as president and CEO. In 2014, he launched Empath Health, an integrated network of care. In the time since he became the organization's leader, Sciullo has expanded its home health program, overseen the expansion of its HIV/STI and senior care services, and developed new partnerships with other health care and community organizations. Rafael blends his propensity for attention to detail and fiscal soundness with heartfelt empathy and concern for patients and families.

Prior to taking leadership of Empath Health, he was president and CEO of Family Hospice in Pittsburgh, Pennsylvania.

"There is no more important job humans can do for one another than caring for patients at the end of life," Sciullo says. He believes in staying close to patients and families to know firsthand what's important to them and understand their needs. He stresses the significance of focus on patients and families with his leadership team and staff. His leadership style may be defined as open and transparent.

As a past chairperson and current board member of the National Hospice and Palliative Care Organization and a recipient of NHPCO's Founder Award, Rafael is recognized nationally as a leader and innovator in the field.

"There is no more important job humans can do for one another than caring for patients at the end of life," Sciullo says.

Volunteers are the Foundation of Hospice Awards Celebrate Outstanding Volunteers

NHPCO presented its 2022 Volunteers are the Foundation of Hospice Awards during the Leadership and Advocacy Conference hosted at the Gaylord National Resort and Conference Center, March 7–9. These awards, presented at the conference keynotes sessions, recognize hospice volunteers who best reflect the universal concept of volunteerism in its truest sense—serving as an inspiration to others. The honorees have made significant contributions to hospice programs in the areas of care delivery, organizational support, and teamwork and have stepped up to meet challenges that have been brought about by the COVID-19 pandemic.

"Volunteers are an integral part of every hospice organization, and these selfless people truly represent the best of what we can be. That's why we celebrate the volunteers who demonstrate remarkable service, compassion, and commitment in service of hospices in their communities. Their gift of caring has a profound impact on patients, families, and the communities they serve, and we cannot thank them enough for the support they provide," said NHPCO President and CEO Edo Banach.

The 2022 recipients of NHPCO's Volunteers are the Foundation of Hospice Awards are:

Patient and Family Service Award:
Henry "Hank" Newman
The Elizabeth Hospice,
Escondido, CA
Learn more about Hank.

Specialized Volunteer Service Award:
Jane E. Lewis
Montgomery Hospice & Prince George's County Hospice,
Rockville, MD
Learn more about Jane.

Organizational Support Award:
Daniel Poel
Harbor Hospice,
Muskegon, MI
Learn more about Daniel.

Young Leader Award:
Erin Tilly
Suncoast Hospice/Empath Health,
Clearwater, FL
Learn more about Erin.

We Honor Veterans Volunteer Service Award:
Tom Howard
Hospice of Marion County,
Ocala, FL
Learn more about Tom.

CaringInfo.org Adds to Content

CaringInfo.org, a program of NHPCO, provides free resources to educate and empower patients and caregivers to make decisions about serious illness and end-of-life care and services. CaringInfo's goal is that all people are making informed decisions about their care.

New topic areas recently added to CaringInfo include details on financial caregiving.

Additional topics CaringInfo covers include:

- How can someone make their wishes known?
- How do you find an Advance Directive for your state?
- How can you get started as a caregiver? What are the usual tasks of a caregiver?
- How best can someone talk with their doctor, their family, or their inner circle?
- What are the types of care available to us all?
- Where do palliative care and hospice fit into the journey?

For the people you help support and educate within your community, you know that understanding and discussing difficult topics may feel overwhelming on top of dealing with serious illness or grief. CaringInfo was created to help. Download this helpful CaringInfo.org flyer (PDF) and share in your community engagement efforts and with the families you support.

CaringInfo

Short Takes

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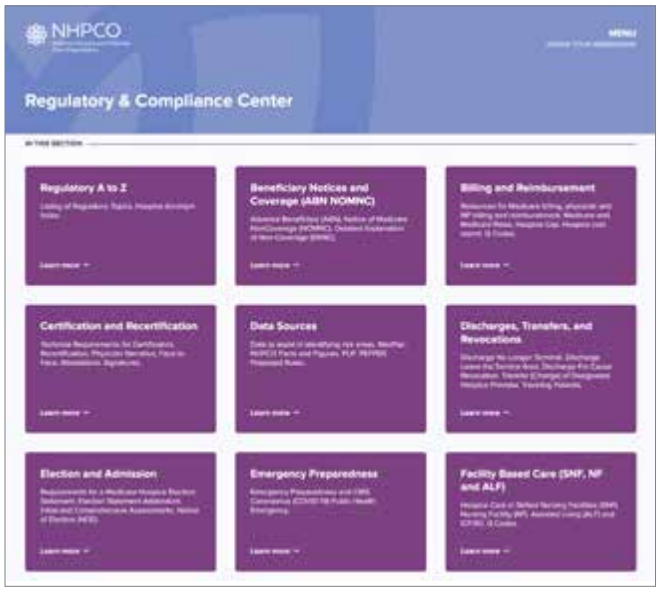
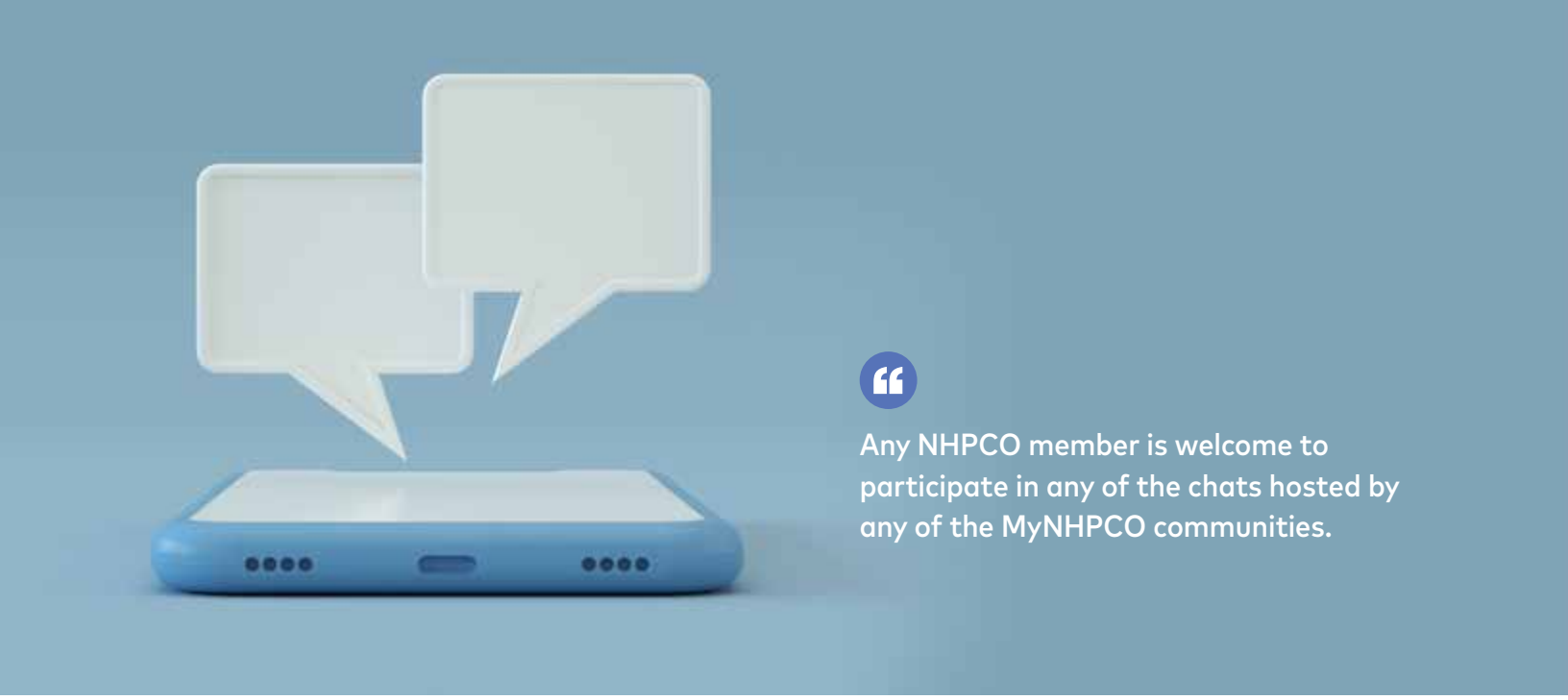
Download the Survey Readiness and Response Toolkit from the Regulatory and Compliance Center of NHPCO's website.



Check Out the Updated Regulatory and Compliance Center

Appreciation goes out to the NHPCO Regulatory Committee and the Quality and Standards Committee for recent efforts to update and reorganize the Regulatory Compliance Center of nhpco.org. Divided into content sections, the updates website will make it easier for members to find the resources they are looking for online.



Top 12 MyNHPCO Community Chats in 2021

A highly valued benefit of membership are the chats that are offered via the MyNHPCO professional communities. Any NHPCO member is welcome to participate in any of the chats hosted by any of the MyNHPCO communities. And to ensure that these chats go on to be a helpful resource to our members, they are archived in the chat libraries of each of the MyNHPCO communities. Upcoming chats are promoted in each week's NewsBriefs and links are shared when chat recordings are posted.

We wanted to share the list of the top 12 MyNHPCO chats in 2021.

- Utilizing Volunteers in Bereavement, hosted by the Bereavement Professional Community, 9/1/2021.
- Got staff? Tackling the Workforce Challenge, hosted by the CEO/Executive Director Community, 8/24/2021.
- Managing Drug Costs and Compliance with the new Notice of Election, hosted by the Clinical and Operations Management Community, 1/27/2021
- The Elevator Pitch – Honing Your Presentation and Value Proposition, hosted by the Development/PR/Marketing Community, 1/12/2021
- What Managers Can Learn from the Medicare Cost Report, hosted by the Finance/Information Systems Community, 8/24/2021
- Changing with the times: Art Therapy Services during the pandemic, hosted by the Integrative & Rehabilitation Therapies Community, 2/2/2021
- Nurses and Hospice Aides working Together to Enhance Excellence in End of Life Care, hosted by the Nurse & Certified Nursing Assistant Communities, 8/10/2021
- Cultural Humility: What Do I Need to Know and How Can I Share With My Organization, hosted by the Professional Education and Organizational Development Community, 2/16/2021
- Measures in the Pipeline, hosted by the Quality Assessment/Performance Improvement Community, 5/18/2021
- APHSW Certification: The Value of Social Work Certification, hosted by the Social Worker Community, 4/28/2021
- The Mindful Caregiver: Simple Meditation Techniques For Connection And Resilience, hosted by Spiritual Caregiver Community, 5/12/2021
- Outside of the Box ideas for Training & In-Services for Volunteers, hosted by the Volunteer Management Community, 2/17/2021

Short Takes

Hospice Medical Director Certification Board Community Facilitates Connections with Peers

The Hospice Medical Director Certification Board (HMDCB) has been certifiying hospice physicians/medical directors since 2014. There are currently over 1,100 certified physicians throughout the country. In addition to helping highlight a physician's knowledge and skills in hospice care, becoming certified allows physicians to join the HMDCB Community.

The HMDCB Community is a place where hospice physicians can connect with their peers, learn from one another, and receive support for their hospice related questions. HMDCB hosts several events for certificants, including quarterly Coffee Chats and webinars, as well as partners with external organizations to host CME opportunities. Hear from two current certificants about the value they find in being part of the HMDCB Community.

Kaishauna Guidry, MD HMDC
Hospice & Palliative Medical Director
Moreno Valley, CA

Alan S. Rozen, MD HMDC FAAHPM
Medical Director, Palliative Care Services
Nashville, TN

1. **What does being part of the HMDCB Community mean to you? How has it impacted you as a hospice physician?**

   KG: Being part of the HMDCB Community has been a vital support for me during these difficult pandemic times. I feel strengthened by our community, knowing that we are co-laborers in this sacred work.

   AR: Engaging in a larger group of peers has increased my awareness of valuable and pertinent information; plus, it is personally rewarding to support others in their careers, like so many have graciously done for me!

2. **How have HMDCB events impacted your delivery of care?**

   KG: Coffee chats and webinars have helped me gain a new sense of confidence as an early career physician. I'm grateful to have the opportunity to engage with more experienced hospice physicians across the country.

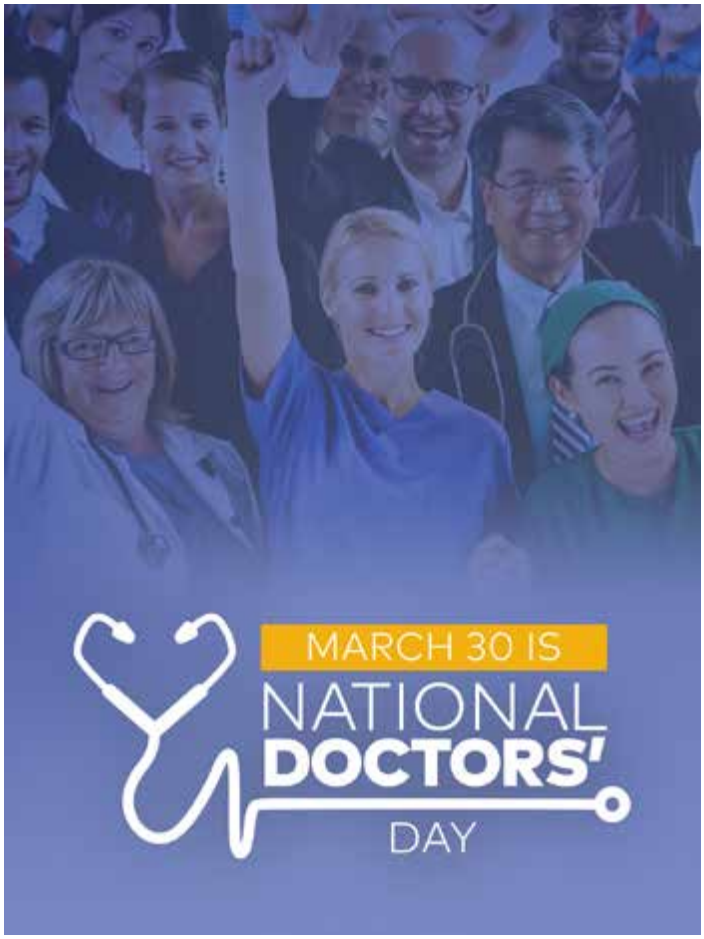
   AR: HMDCB events have enabled me to enhance the quality of my care and expand my effectiveness as a leader.

3. **Why would you recommend other hospice physicians become certified and join the HMDCB Community?**

   KG: It's important to become HMDCB-certified and join the community so that we preserve the integrity of the work we do. A hospice physician's skill set is highly specialized and the HMDC credential standardizes our capabilities.

   AR: The HMDCB Community represents a reinvestment and renewal in ourselves with growing professional value as well as personal fulfillment - these benefits advance our potential for meeting the needs of those we strive to serve.

Encourage your physicians to become certified in 2022 and join the HMDCB Community! Physicians can learn more and apply online at hmdcb.org/apply. The application closes April 26, 2022.



NHPCO
National Hospice and Palliative Care Organization

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

Communications, Director ..... Jon Radulovic
Advertising Inquiries ..... Communications Team, 703/837-1500
Membership Inquiries ..... Solutions Center, 800/646-6460

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Affiliates:

NHF National Hospice Foundation

HAN Hospice Action Network