

❖ Virgie Hegg Hospice Partners, Inc. ❖

Membership Newsletter

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Hospice: Myth or Fact?

Hospice began as a response to the physical, emotional, and spiritual needs of patients and families faced with life-limiting illness. And yet today, many people are not aware that this support is available. In fact, only one in three eligible patients and their families experience the benefits of hospice care. And, of those families, over 80% are in a hospice program for one month or less; thus, not fully experiencing all hospice has to offer. A big reason for this is a lack of understanding. Take the following quiz to test your knowledge of the hospice benefit.

QUESTION & ANSWER

Q: When should patients and families consider hospice?

A: After diagnosis of a life-limiting illness, patients and their families should consider their choices for care. A patient does not have to be bed-bound or critically ill to be admitted to hospice.

Q: Doesn't accepting hospice care mean giving up hope?

A: No, hospice involves acknowledging that most diseases in their advanced form cannot be cured. It does not mean giving up hope. Hope is found in helping the patient and family achieve the highest possible level of physical comfort and peace of mind. Hope means different things to different people, and we will walk by your side on the journey to live out what hope means to you.

Q: How is hospice different from other medical care?

A: Hospice is focused on all of the patient's and family's needs. A coordinated team of hospice professionals, assisted by volunteers, works to meet the patient's and family's emotional and spiritual needs, along with the patient's physical needs.

The emphasis is on controlling pain and symptoms through the most advanced techniques available and on emotional and spiritual support tailored to the needs of the patient and family.

Hospice recognizes that a serious illness affects the entire family as well as the person who is ill. The family, not just the patient, is the "unit of care" for hospice professionals. Sometimes other family members actually need more attention than the patient.

Q: Can a hospice patient who shows signs of recovery be returned to regular medical treatment?

A: Yes. If a patient's condition improves and the disease seems to be in remission, a patient can be discharged from hospice and return to aggressive therapy or go on about their daily life. If the patient should need to return

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NOVEMBER IS NATIONAL HOSPICE MONTH AND NATIONAL CAREGIVERS MONTH

National Hospice Month began to raise awareness of hospice and recognize the work that hospice care providers and volunteers do. It is also National Caregivers Month. Virgie Hegg Hospice Partners, Inc. wishes to thank all for the hard work and dedication to those who are staffed by SMDC East Range Hospice and Palliative Care, the volunteers and the families who are involved in hospice care. Your love and dedication to the program is to be commended! Thank You!

Lights of Love 2006

Virgie Hegg Hospice Partners, Inc. annual Lights of Love campaign is our largest fundraiser of the year. The Lights of Love begins in November each year. Donations are made for a symbolic purchase of a light or string of lights on Cook and Orr's Christmas trees. The trees are lit in conjunction with local Christmas celebrations. This year Cook's tree will be lit on Friday, December 1. In Orr the tree will be lit on Saturday, December 2.

Virgie Hegg Hospice Partners, Inc. offers funding to local families in the hospice program for many things that are not covered by traditional insurances. These gifts, in the past, have ranged from grocery and/or gas gift cards to lifeline medical alert for patients, incontinence supplies, nutritional supplements and many other items that can be beneficial to the patient. Most recently, we have provided funds for massage therapy to several hospice patients in the local area. The patients have been extremely grateful for these beneficial treatments. Although we continue to apply for grants to supplement our budget, over 90% of donations are from individuals. All donations are tax deductible and stay in our local area.

Every donation made to Lights of Love will be published in local papers in the New Year. Please fill out the donation form on the back page of this newsletter. With your generous support, we will be able to continue to provide valuable services to local residents in the hospice program.

NEW THIS YEAR! LUMINARIES

Virgie Hegg Hospice Partners, Inc. in addition to the annual Lights of Love fundraiser will also be selling luminaries which will also be lit in Cook on December 1 during the Cook's Country Christmas celebration. The luminaries will be lit in the gazebo area of downtown prior to the lighting of Cook's Lights of Love tree.

Luminaries may be purchased from any board member for a small donation of \$5. The purchaser may decorate

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• **Question & Answer** continued from page 1

to hospice at a later time, Medicare and most private insurance will allow additional coverage for this purpose.

TRUE OR FALSE

Hospice is 100% covered by most insurance.

TRUE. Hospice is a fully covered Medicare benefit for all eligible patients, with no out-of-pocket expense. Hospice is also fully covered by most Medicaid and commercial insurances.

Hospice is a place.

FALSE. Hospice is not a place – it's a service. Hospice brings physical, emotional, and spiritual care and support to wherever our patients call home. This can be a personal residence, nursing home, assisted living facility, hospital, or other location of choice.

Hospice only provides care and support for the patient.

FALSE. Hospice care is designed to support the entire family. In fact, hospice doesn't stop with the patient. Most hospice care offers bereavement services for 13 months following the passing of a loved one, providing valuable counseling and support.

Hospice helps patients with all kinds of illnesses – not just cancer.

TRUE. Hospice is not just for cancer patients. Hospice is designed to provide care to anyone with a life limiting illness. This care is extended to both the individual patient and to the family.

Hospice only helps patients for the last week of life.

FALSE. Hospice is not just for the last few days or weeks of life. The benefit is designed to provide care for the last six months of life.

Hospice brings an entire team of professionals to wherever a patient calls home.

TRUE. Hospice isn't just one person. It is a team of physicians, nurses, social workers, chaplains, nursing assistants, volunteers, and other professionals who work together to meet the individual needs of each patient and family.

In order to qualify for hospice, a patient has to give up hope.

FALSE. Hospice doesn't mean giving up hope or current treatments. Hospice recognizes the value of hope and the importance of faith.

• **Lights of Love** continued from page 1

the plain white bag in any way and return them to a board member by November 29.

The tradition of lighting a candle for a loved one goes back many years and will be a beautiful display in the downtown area during the festivities. Please join us at the library after the lighting of the Christmas tree for coffee and.

The Hospice Team

Often times we hear about how the "hospice team" is able to care for a terminal patient's needs on all levels. But many people are unaware of who is on a "hospice team". The following is a list of team members and a brief outline of what role they may take in caring for the hospice patient and their family.

Medical Director: Initial examination of patient, certification of hospice care, develop plan of care and monitor throughout the progression of the disease, reassess initial plan as necessary, evaluate symptoms, manage pain. This is done in collaboration with the patient's attending physician.

RN Case Manager: Confer with physician and family to develop plan of care, order medications, train and/or instruct primary caregivers, provide direct care of patient, direct team members, make observations, establish rapport with patient and family, monitor and reassess plan as needed, support family, monitor patient for pain control, symptom management and side effects of medications.

Home Health Aides: Provide a personal care program, instruct family members on patient care, establish a relationship with family and patient, assist with personal care needs and report any special needs to the case manager, and provide comfort measures to patient.

Social Services: Assess both the psychosocial and bereavement needs of both the patient and family, establish a relationship with the patient and family, assess the patient and family's ability to cope with a terminal diagnosis and its impact on daily living, identify problems and make recommendations as necessary, make referrals to other community resources when appropriate, facilitate support systems, assist patient and family in resolution and closure, ensure final arrangements, call and/or visit family after the patient's passing to begin bereavement follow-up.

Chaplain: Spiritual assessment, confer with other team members for the development of plan, implement a plan of care for patient and family who desire spiritual care, assess other psychosocial needs, contact a support person of denomination of choice of patient and family, establish a trusting relationship with patient and family, assist with final arrangements as requested by patient and family, provide support for patient, family and staff of hospice care in preparing for the death of patient, visit or call family after the passing of patient to assist in the grieving process, advise grief and or bereavement support groups in area.

Volunteers: Confer with hospice team to learn the patient and family's needs, wants, and desires, establish a relationship with patient and family through visits to the home, provide emotional support for family and patient, provide respite care for family, assist with daily living needs, assist with needs of patient and family on an individual basis.

As you can see, the patient and their family are always the center of the hospice team's goals. Hospice care is individualized according to the patient and family's needs. Each team member has a role in providing the comfort



When we combine our hearts and minds, all of us thrive.

and support needed by the families involved both during the terminal phase of the illness and beyond the death of the patient. The earlier the contact with the hospice team, the more satisfaction is expressed by the patient and their families.

QUICK HOSPICE FACTS

According to the National Association for Home Care:

* Nearly 80% of hospice patients are over the age of 65. Almost as many males as females are hospice patients.

* There are more than 2,200 hospices participating in the Medicare program in the US, with an additional 200 volunteer hospices.

* Most hospice patients are married.

* While most hospice patients are diagnosed with cancer, hospice services are also available to patients with pulmonary disease, heart disease, neurological disorders, Alzheimer's disease, and AIDS.

* More than 570,000 patients receive hospice care through Medicare or Medicaid programs each year.

* Over 95,000 people volunteer for hospice annually.

* Volunteers provide over 5 million hours of care and service annually.

* Most patients enter a hospice program within the last month of their life.

This last fact is troubling. Too often referrals are made to hospice at the very end of a terminal illness. Families still benefit from a hospice program, no matter how short of time the involvement; but many benefits are not fully realized with such a short time in the program. The hospice team has been trained in the progressive care a patient and family needs in all stages of a life limiting illness.

So, how do you know when hospice is appropriate and should I wait for our physician to raise the possibility of hospice?

The patient, family or physician can initiate a hospice information/referral call or visit as soon as a terminal illness is diagnosed. When a patient decides to move from a curative treatment plan to a plan focused on providing comfort and pain relief, they may choose hospice. At this point, the hospice team, physician, patient and family can discuss services available, expectations, and develop a plan specific to the needs of the patient and family. Patients and their families should feel free to discuss a hospice option with their primary care physician at any time during a life limiting illness. While it is appropriate to discuss all care options, it is by law, the decision of the patient the type of care they wish to receive.

Massage Therapy and Hospice

Over the past year, Virgie Hegg Hospice Partners, Inc. has been asked for donations for massage therapy on several patients. Currently, we are in the process of applying for grants to cover more massage therapy for a greater number of patients and on a more regular basis. The cost of massage therapy, in relation to our overall budget, can be quite expensive, but studies have shown there is an overall benefit to massage therapy in hospice patients.

One such study reports out of 151 patients, overall there

was a 52% improvement in pain, 53% improvement in anxiety, and a 52% improvement in peacefulness. The average length of massage in the study was 58 minutes, which included time for assessment and review and establishment of goals.

Massage has been proven useful therapy for any condition that may cause stress; and being diagnosed with a life limiting disease is potentially one of the most stressful events in a person's life. Massage has been proven to be extremely useful in hospice patients in managing stress and decreasing pain and, at times, reducing the need for narcotics.

Another benefit of massage therapy for those who may be bedridden is the reduction of or prevention of "bed sores." These are skin ulcerations on the body that has constant contact with the mattress. Massage, along with changing positions frequently, has been long recommended for the prevention of these sores.

The benefit of touch should not be overlooked when talking about massage therapy and hospice patients. Careful touch of the human hand is one of the most ancient and effective means for pain control.

Massage therapy may not be appropriate for all hospice patients. The RN or case manager should be the one making the referral for massage therapy. The massage therapist should also have training in the area of massage for a terminally ill patient.

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FOR MORE INFORMATION regarding hospice, or to become a volunteer, please contact our partners SMDC East Range Hospice and Palliative Care, 901 Ninth Street North, Medical Arts Bldg., Suite 215, Virginia, MN 55792. Phone (218) 749-7975 or Toll Free: 1-877-851-2213.

From:
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To:

Lights of Love 2006

Suggested donations \$25 _____ Other \$ _____

In Honor of (living person) _____

In Memory of (deceased) _____

Name _____

Address _____

City _____

State, Zip Code _____

Would you like your donation to remain anonymous? Yes No (circle)

Please Mail to: Lights of Love, P.O. Box 244, Cook, MN 55723