

Messages is a
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Since 1977

Unity

Messages
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Holistic Care — The Hospice Way

When the word “holistic” comes to mind, it can conjure images of alternative medicine. Yet, holistic care is not a fringe concept; it is a philosophical approach that recognizes a person’s needs in their entirety. It is not a defined type of treatment and is often contrasted with a medical-only model that focuses on symptoms. Holistic care is the soul of the hospice way.

Hospice care is provided by an interdisciplinary team that collaborates with the patient and their family to create a plan of care that encompasses their wishes across all dimensions of their life. A comprehensive plan of care is developed by looking at all aspects of the individual’s life, including physical, emotional, social and spiritual considerations. The patient’s caregivers are also included in the development of the care plan. It is important to care for patients as individuals, as well as the patient’s family and friends as a valuable



extended support team. The patient and their caregivers benefit from the range of expertise when professionals across disciplines are a part of their team.

A Unity patient’s care team is made up of physicians, skilled nurses, certified nursing assistants, social workers, chaplains, volunteers

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and grief counselors. Our staff collaborates with the patient's trusted physicians and current support systems, such as a religious affiliation, to create a personalized plan of care. To meet the needs of patients, Unity also has a registered dietician on staff.

The holistic philosophy also means that the patient is in charge of their care. They have the ability to determine their goals and elect services, such as spiritual or any other care service. For people receiving hospice care, complementary therapies are also options to keep a patient comfortable. Some examples of complementary therapies are: massage therapy, aromatherapy, journaling, counseling and relaxation techniques.

Facing the end of life is a powerful individual journey; a holistic approach focusing on wellbeing honors the magnitude of this journey. Unity is committed to promoting dignity, comfort and self-determination to those coping with a life-limiting illness or the issues of grief and loss. *

How to Talk to Your Doctor

When talking to your doctor, follow the Boy Scout motto – Be Prepared! Every day health care is becoming more advanced and specialized. While progress means that the quality of care is improving, it also means that interactions with your doctor can be more overwhelming due to the complicated information discussed. Being prepared for your appointment and communicating how you want to receive information are key to reducing the stress of appointments with your doctor.

Your doctor does not know about everything that is going on in your life, mind and body, so make sure to prepare and share your story. Bring along your health history and a list of medications and supplements you are taking. Think about how your lifestyle relates to your health. Be honest with your doctor; only with the whole picture can quality care be provided.

Write a list of questions by priority. If you have a lot of questions, ask for extra time when booking the appointment.

Many sources are available for health care information, such as friends, television and websites, but these may not be the most current or accurate resources. Pay attention during your appointment and follow the directions provided carefully. Ask your doctor if the information discussed can be written or printed, this way you can refer to it after the appointment.

Having tests performed and waiting for the results can be stressful. If you have to wait for test results, make sure you discuss how the results will be communicated and the estimated date they will be available. To some people, no news can mean bad news; this is important for your doctor to know.

If possible, bring a supportive person with you to appointments — especially if you will receive important test results. They will be able to take in information and ask questions that you may not have considered.

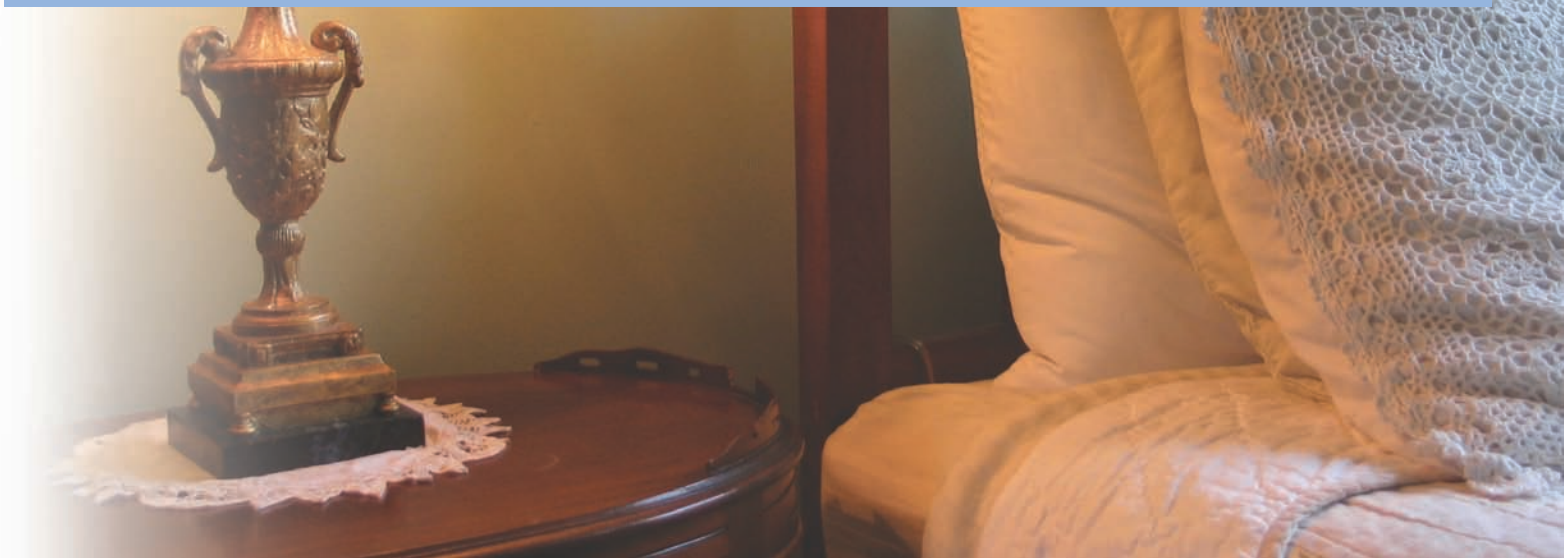
Think about your most successful and most frustrating doctor visits, then



Tips for Talking to Your Doctor

- *Be prepared*
- *Share your health story*
- *Write down questions*
- *Follow directions carefully*
- *Communicate how you want test results*
- *There is no right way to talk to your doctor, only the way that works for you.*

prepare a plan for how you can make your next appointment a success. There is no right way to talk to your doctor, but these tips can help you find the way that is right for you. *



Vigil Volunteer Program:

A Special Invitation to Support Hospice Patients at the End of Life

Hospice volunteers involved in direct patient care often call their roles a privilege—being invited into someone’s home to provide support to those at the end of life. A select group of volunteers have been called upon to answer a special invitation: serving hospice patients in the last hours of life through Unity’s Vigil Volunteer Program.

A long-awaited dream, modeled after an ever-growing trend in hospices throughout the nation, Unity’s Vigil Volunteer Program began in March of 2009 as a result of an interdisciplinary focus group evaluating the needs of hospice patients at the end of life. While having always offered support to patients and families at the end of life through the assistance of volunteers and certified nursing assistants, the Vigil Volunteer Program ensures around-the-clock coverage by trained staff. These dedicated individuals receive formal support and ongoing education about the stages of death and dying.

Unity’s Vigil Volunteer Program team is comprised of more than 35 volunteers with 24-hour availability. Many of the volunteers have come to their roles knowing first-hand the experience of being a caregiver for a loved one at the end of life.

For patients who are imminently dying, the patient’s nurse will initiate a volunteer vigil if the patient does not want to be alone; the patient’s family is out of town, necessitating a volunteer to be present until they arrive; or the family is having problems with the dying process and requires additional support. Volunteers can provide extra

touches of comfort, based on the wishes of the patient and family, such as: reading at the bedside, playing soft music, holding the patient’s hand and providing oral care to keep the patient’s mouth moist. They are also available to alert staff, should there be a need for medical assistance.

To ensure the success of the program, and acknowledge the comfort level of volunteers in this capacity, the Vigil Volunteer Program has been implemented as a pilot program in select Green Bay contracted facilities, with the possibility of expanding to additional facilities as volunteer involvement grows. Where similar needs exist in home settings and communities not currently covered by the Vigil Volunteer Program, volunteers are called upon to assist through Unity’s traditional companion-sitting role. While beginning small, the program is continually assessed by feedback from the facility staff, families and volunteers, to determine opportunities for continued growth and expansion.

For Vigil Volunteer Terry Roskam the special invitation to assist the patient and family through this program is important. She summarizes, “A lot of people are afraid of death. Friends say ‘I couldn’t do that.’ Death is a natural process and I feel it is such a special time in people’s lives as they go through the journey of losing a loved one. It is a tremendous privilege to be able to assist these families—that’s what it is about. The Vigil Volunteer Program is also a wonderful way for me to give back to the community for the good life I have.” *

A Personal Story of Charity's Impact

A stay-at-home mom in her early 40's was diagnosed with an aggressive cancer.* Although her husband owned a business and they had health insurance, they quickly found out the limitations of the policy. For nearly two years, she bravely battled the cancer, exhausting their savings to cover large deductibles and co-pays and driving them into bankruptcy. With two young children at home, the couple was very concerned about the progression of the disease and its impact on their family.

When Unity staff met with the couple to discuss its hospice program, it was discovered that their insurance policy did not have a hospice benefit, leaving the family with many questions and skeptical about what the program would provide, given their limited finances.

From the moment the woman signed on to Unity's hospice program, Unity's Community Care program began covering the costs. During the next week, her disease progressed rapidly. Medications, equipment and oxygen were all provided to make her remaining days comfortable. Her husband was very appreciative of the entire team that cared for

his beloved wife during her last days, providing her everything they wanted and needed to ensure she had the quality of life she desired. A Unity staff member was with the family when she passed, and later said it was the most peaceful death she has experienced.

From nursing services to bereavement, the family

received everything that Unity offers through its hospice program regardless of their financial situation. This patient's story, unfortunately, is not unique and one that Unity encounters on a regular basis. Generous donations from the community help us help those who need us most. *



Investing in the Future through Planned Giving

Not-for-profit organizations, including Unity, rely on donations of many types from cash, pledges and in-kind donations to planned giving. Cash, pledges and in-kind donations readily benefit the organization allowing the gifts to be used for supporting current daily operations.

Planned giving is a long-term approach to supporting your favorite organizations by ensuring that operations continue well into the future. These gifts allow you to leave a legacy of goodwill and community support to important service organizations and causes in which you believe. Planned giving allows an individual to achieve income and estate tax savings along with addressing other personal financial goals.

What are the options for Planned Giving?

- **Bequests.** Bequests are made through wills and trusts. Gifts made this way may be directed for general operating costs, community charity care or an endowment fund.
- **Securities.** Proceeds from the sale of stocks and the dissolution of mutual funds may be gifted to a not-for-profit organization.
- **Life Insurance.** Naming a not-for-profit as the beneficiary of the policy allows the donor to benefit from a tax deduction.
- **Retirement Plans.** Assets from Individual Retirement Accounts (IRA), corporation-based retirement plans (401K) and non-profit organization retirement plans (403b) may be transferred to a not-for-profit organization.

Contact your financial advisor or attorney for more information on how you can support a not-for-profit organization. *

*Some details have been changed to protect the patient's privacy.



Katherine Brandt
Vice President, Consumer and
Caregiver Services for the
National Hospice and Palliative
Care Organization.



Are You Traveling Without a Map? A Layperson's Guide to Advance Care Planning

Advan­ce care plan­ning is like plan­ning a road trip to an unfa­miliar des­ti­na­tion. While peo­ple ap­proach map­ping their route in dif­fer­ing ways, very few peo­ple would ex­pect to ar­rive at their des­ti­na­tion safely and com­fortably with­out hav­ing a well-thought-out map in hand be­fore hit­ting the road. Yet only 30% of Amer­i­cans have a liv­ing will, a map de­tail­ing where they want their health care to “go” in the fu­ture should they be­come un­able to voice their wishes.

Map Your Journey

A liv­ing will charts the course for your health care, let­ting your fam­ily and health care pro­viders know what pro­ce­dures and treat­ments you would want pro­vided to you — and under what con­di­tions. What if you have a

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sudden, serious illness or accident and you're un­able to breathe on your own, would you want a tube to be placed in your throat to push air into and out of your lungs? If you are di­agnosed with an ill­ness that your doctor thinks is in­curable and likely to shorten your life sig­nificantly, do you want the focus of your care to be on keep­ing you com­fortable and pain free? Or do you want a com­bination of life-extending care and com­fort care? A liv­ing will, like a route marked on a map, in­di­cates which di­rec­tion you'd like to take at each fork in the road. It's your jour­ney — you de­cide which roads you want to take and when.

Choose a Back-up Driver

A health care power of attorney or health care proxy designa­tion form, the second type of advance directive, allows you to choose some­one you trust to “drive” (take charge of your health care decisions) in case you are un­able to make those decisions your­self. Choose some­one you trust to be your back-up driver so that

when un­ex­pected road blocks ap­pear along your health care jour­ney, your back-up driver is able to choose a de­tour that is in keep­ing with your val­ues, wishes and choices. Your health care jour­ney may in­volve travel­ing long dis­tances, so pre­pare your back-up driver by re­view­ing your map with and al­low­ing them to ask ques­tions so they are pre­pared when it is their turn to drive.

Update Your Map and Make Sure Your Driver is Prepared

Just as your travel preferences might change as you age, so might your living will. Therefore, as your preferences change, it's essential that you update your living will, and that you make sure your backup driver knows what you want.

In the end, the route you take and the driver you pick are your choices to make. The care you receive and who talks to doctors on your behalf is also your choice, but only if you make a plan now. *

Planning ahead for your health care — now, while you are able to — is a gift you can give to yourself and those you love. To download State of Wisconsin Advance Directive forms, or for more information about Advance Care Planning, visit the Resources section of Unity's website at www.unityhospice.org.

Medicare and Hospice Benefits

Hospice care is a Medicare benefit covered through Medicare Part A (Hospital Insurance). Medicare pays the Medicare-approved hospice provider for the comfort care provided to terminally-ill patients in the last six months of life. Read below to learn additional features about the hospice benefit:

- Does not require a deductible.
- Covers care provided by physicians, skilled nurses, certified nursing assistants, social workers, chaplains and grief counselors.
- Includes medical equipment (such as wheelchairs or walkers), medical supplies (such as bandages and catheters) and drugs for symptom

control or pain relief related to terminal illness.

- Covers short-term inpatient care (for pain and symptom management) at a hospital or hospice residence and short-term respite care at a nursing home or hospital to aid in caregiver relief.
- Allows one hospice consultation with a hospice medical director or hospice doctor to discuss care options and management of pain and symptoms, without even having to elect the hospice benefit.



As an added benefit, Medicare co-payments for drugs and short-term respite care are covered by Unity, without expense to the patient. It is important to note that Medicare will still pay for covered services for any health problems that are not related to one's terminal illness. Coinsurance and deductibles will apply to these services. *

To learn more about the Medicare Hospice Benefit and view the booklet "Medicare Hospice Benefits" online, visit www.medicare.gov or call 800-MEDICARE (800-633-4227).

Quality Matters: Medicare Updates Hospice Regulations

In December 2008, Medicare released its revised Hospice Conditions of Participation (CoPs), the regulatory framework for all hospice agencies receiving Medicare reimbursement. The revised CoPs are meant to ensure quality care is provided consistently across providers. The changes in CoPs focus on patient-centered care and emphasize quality improvement and patient outcomes. As a leader in the field, a Unity staff member was educated at the national level on the updates, enabling them to train other hospice providers in Wisconsin.

Although hospice care from Unity is available to those who are medically eligible, not just those receiving reimbursement from Medicare, the framework for all of Unity's hospice care is modeled after Medicare. Unity takes quality seriously and takes proactive steps to exceed patient needs. Regulations require that statistical data be provided to show that hospices are meeting the needs of their patients. Several years ago, Unity went beyond the regulations, asking patient family and friends if they feel we are meeting their needs too. By seeking survey feedback while

someone is on our program, not just reflectively, we are proactively ensuring quality.

Regulation changes alter the way things are done in any industry. The new Medicare Hospice CoPs mean industry-wide progress to ensure quality care for patients and their families. As a leader in hospice and palliative care, the CoPs changes were welcomed by Unity because it means quality enhancing practices are being required across the industry. *

Myth #1 – Palliative Care is the Same as Hospice Care

The term palliative means “comfort,” and as such, many comfort techniques are used in both palliative care and hospice care. Unlike hospice care that is intended for people at the end of life, palliative care is intended to empower patients while they manage the course of a chronic or serious illness, optimizing their quality of life by anticipating, preventing and treating their suffering. Like hospice care, palliative care seeks to address a person’s physical, social and spiritual needs, and facilitates patient autonomy and sense of self by strengthening access to information and respecting a patient’s choices and wishes.

Myth #2 – Palliative Care isn’t Real Medicine

Some of this country’s most influential institutions and clinicians are dedicating their resources, expertise and careers to palliative practice, bringing greater integration, empowerment and quality to the healthcare system. In 2006, the American Board of Medical Specialties approved the creation of Hospice and Palliative Medicine as a subspecialty of 10 participating boards. Unity’s medical director Rance Hafner, MD, and medical advisor James McGovern, MD, join more than 2,100 physicians who are currently board certified in palliative care. Registered nurses, licensed practical nurses and certified nursing assistants from throughout Unity also join their peers throughout the country by holding certification in palliative care.

The Five Myths of Palliative Care

Treating a disease cannot be separated from caring for the person who is suffering. Very often, misunderstandings regarding palliative care prevent patients and their physicians from taking advantage of the services and support that palliative care programs offer. With the myths removed, a world of resources and solutions becomes available to people who are in need of assistance.

Myth #3 – You Have to Choose Between Palliative Care and Curative Therapies

Patients undergoing treatment are ideally suited for palliative support. Side effects like nausea and pain from treatments, such as chemotherapy, can be managed and controlled to provide patients with greater physical and emotional strength in order to undergo treatments and work towards a cure.

Myth #5 – Palliative Care is Expensive

Palliative programs that focus on patient-centered management have been proven to lessen patient symptoms thus lowering hospital admissions, total hospital days and emergency room visits, as well as eliminating inappropriate or unnecessary interventions. Palliative care benefits vary with Medicare, Medicaid and private insurance. At Unity, care is open to all individuals through a generous sliding fee scale, with financial support available from community donations.

Myth #4 – Palliative Care Means Too Many Drugs

Pain is not something that should be accepted as a “normal” part of either growing older or living with a serious condition. Chronic pain itself often triggers high levels of stress and anxiety that worsen a patient’s overall condition. Pain is real and there are proven techniques for managing it. Medication is a piece of a holistic approach to pain control. The palliative care team works with the patient to achieve an acceptable level of comfort that doesn’t compromise the person’s quality of life. If being alert to talk with family members is more important than being totally pain-free, that is the goal the team will work to achieve.

Article adapted from “Understanding Palliative Care – Five Myths that Prevent Meaningful Patient Outcomes” by Mark Leenay, MS, MD from the National Hospice and Palliative Care Organization’s July 2009 issue of *Newsline*.



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PALLIATIVE CARE

A caring not-for-profit partnership of Bellin Health,
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Unity's Gardens — Caring for the Community

Unity's Gardens at our De Pere campus have continued to take shape, thanks to the generous contributions of our community. Some have chosen to remember a loved one or pay tribute to a friend through sponsorship of a brick, bench, themed garden or area. Others have shown their support of Unity's programs through general donations. All contributors have given in the spirit of helping others, knowing that their donations help care for underinsured and uninsured patients on Unity's programs. Donations benefit patients throughout our 12-county service area, including patients at the Jack and Engrid Meng Residence, which overlooks the Gardens. Unity's Gardens are open to the public from dusk until dawn as a special place to find beauty, peace and hope, and share memories with their loved ones. Join us in making a difference in our community. *



Unity's Gardens Brochure - Additional information on Unity's Gardens, including sponsorship opportunities, can be found online at www.unityhospice.org or by calling Unity's Development Department at 920-338-1111 or 800-990-9249.