



CARONDELET HOSPICE & PALLIATIVE CARE

Hospice News.

Spring 2011

A Newsletter for Friends and Supporters

Volume 5, Issue 1

Special Edition:
Hospice Criteria and Indicator
pocket card enclosed. See Page
#3.

Hospice Foundation of America's 18th Annual *Living With Grief* Program

Spirituality and End-of-Life Care

Spirituality and End-of-Life Care will discuss the differences and relationship between spirituality and religion, while also addressing spirituality during illness, death and grief, spiritual assessment and empowerment, and life review.

Featured Panelists

Kenneth J. Doka, PhD, MDiv, Professor of Gerontology at The College of New Rochelle

Gary S. Fink, DMin, Chaplain and Dementia Project Coordinator at Montgomery Hospice, and Adjunct Faculty at Hood College Graduate School

Carolyn Jacobs, PhD, MSW, Dean and Elizabeth Marting Treuhaft Professor at Smith College, School for Social Work

Betty Kramer, PhD, MSW, Professor at the University of Wisconsin-Madison, School of Social Work

Reinette Powers Murray, MSN, CNS, RN, consultant for The Peaceful Journey-End-of-Life Process program and Director of Quality Assurance/Improvement and Educator for Hospice of the Straits

Martha Rutland, DMin, BCC, ACPE, Director of Clinical Pastoral Education at VITAS Innovative Hospice Care

Monday, May 9, 2011

1:30 p.m. - 4:30 p.m.

Carondelet St. Joseph's Hospital
Tucson, AZ

\$10 Registration Fee

3 CEU's available for clinicians



TO REQUEST A REGISTRATION BROCHURE CALL 520-205-7575

Hospice Inquiries
Admissions and Patient Support
(520) 205-7700

Charitable Gifts
Carondelet Foundation
(520) 873-5000

Events
(520) 205-7575

In-Patient Unit
(520) 205-205-7700

HUMAN INTEREST CORNER

Judy Vega Celebrates 45 Years of Service in the Carondelet Health Network

After 45 years of service to the Carondelet Health Network, Judy Vega can still be found caring for patients on the night shift at Carondelet Hospice and Palliative Care's In-Patient Unit at Holy Family Center on St. Mary's Rd, Tucson, AZ. While Vega tried a day shift for a few years in her career, she finds that the night shift fits her personality better and she especially enjoys the 7:00 p.m. to 7:00 a.m. shift because it gives her a chance to interact with patients and their families. Vega also feels that the timing allows for a smooth shift-change transition.

Vega actually took nurse's aide training in 1965 at Saint Joseph's Hospital, but was hired by Saint Mary's Hospital in June of 1966, where she cross-trained as a ward clerk. However, it was the inspiring nurses she worked with for four years in the post-critical care unit that motivated her to take advantage of Carondelet's 75% tuition assistance program and attend nursing school at Pima College. "I was the low man on the totem pole, and held great respect for the nurses in that unit," recalls Vega.

With her nursing degree completed, Vega took the night shift in the Telemetry Unit at Saint Mary's Hospital in 1983. The recently remodeled Hospice In-Patient Unit (which is a great source of pride to Vega) has been where she has spent many evenings since 1995. Somehow, through all the advances in her career, Vega managed to raise four children. She credits Carondelet with being able to put up with all of the "nonsense" of young mothers and is grateful for her employment in such a compassionate workplace. Carondelet Health Network is grateful for Judy Vega.



Harold Adams watched the planes fly over when he was serving in an artillery unit on Mt. Baldy during the Korean War and thought to himself, "They are going back to clean sheets." Harold was an only child and received an early discharge to help his mom run Adams Department Store in Grants, NM when his father was dying of Cancer. Harold and his wife Kay have three children and both of their sons are currently serving in the Air Force.

American Hero Quilts Delivered to Veterans Receiving Care From Carondelet Hospice and Palliative Care

A generous donation of patriotic, heirloom quality quilts was made to Carondelet Hospice and Palliative Care in November of 2010 from American Hero Quilts – a project that was born out of the love and compassion of one determined Washington State woman. Her dream is that each of our injured troops returning home from war receive a "hug" of appreciation.



William "Willie" Sanchez, age 68, served as a wheel vehicle mechanic in the 3rd Battalion, 18th Artillery division in Bamberg, Germany during the Viet Nam War. Sanchez attempted to enlist in the Army in the early 1960's, but was turned down. Ironically, he was drafted in 1964

and served until 1966. Although Sanchez did not participate in combat action during the war, the 12-year battle that Sanchez fights is with colon cancer. Currently a patient of Carondelet Hospice and Palliative Care home care team, Sanchez lives with his wife and caregiver, Sylvia .

Harold "Doug" Eskridge grew up during the depression in Souther, VA, a self-described "hillbilly."

Doug enlisted in the Air Force during the Korean conflict and went on to serve his country for 30 years. He met and married his wife Frances "Mary" from Nottingham when he was doing a 4-year stint in England. Mary is a seamstress and appreciates the craftsmanship in the "hug for Doug."



To learn more about American Hero Quilts go to americanheroquilts.com

A TOOL YOU CAN USE

Report from NHPCO

In 2009, the National Hospice and Palliative Care Organization estimates that approximately 41.6% of all deaths in the United States were under the care of a hospice program. However the median length of service in 2009 was only 21.1 days. This means that half of hospice patients received care for less than three weeks. The average length of service for hospice patients was only 69 days.

Several studies have concluded that hospice and palliative care may prolong the lives of some terminally ill patients. In a 2007 study, the mean survival was 29 days longer for hospice patients than for non-hospice patients. In other words, patients who chose hospice care lived an average of one month longer than similar patients who did not choose hospice care.

In a 2010 study published in the *New England Journal of Medicine*, lung cancer patients receiving early palliative care lived 23.3% longer than those who delayed palliative treatment as is currently the standard. Median survival for earlier palliative care patients was 2.7 months longer than those receiving standard care.

Findings of yet another major study demonstrated that hospice services save money for Medicare and bring quality care to patients with life-limiting illness and their families. The report's authors wrote that "More effort should be put into increasing short stays as opposed to focusing on shortening long ones."

http://www.nhpco.org/files/public/Statistics_Research/NHPCO_facts_and_figures.pdf

Comfort, Compassion & Care

Indicators for Hospice Evaluation

- Frequent hospitalizations, emergency room visits and/or physicians visits
- Frequent disease exacerbations and/or shorter intervals of time between periods of stability
- ≥ 10% weight loss over a 6-12 month period
- A decline in overall functional status, activity tolerance, endurance, ability to perform ADLs (Determine what patient could do 6-12 months ago, but is unable to do now)
- Increased dependence or assist with ADL's
- Worsening laboratory values

Note: Presence of additional co-morbid conditions can impact prognosis

Please utilize the following indicators to help you determine when a patient may be eligible for hospice services or when to introduce the hospice concept as an alternative option. These are guidelines only – patients who do not meet all criteria for a particular disease should show significant decline in their functional and/or nutritional status.



CARONDELET
HOSPICE AND
PALLIATIVE CARE

Referrals or Information
Call 205-7700

Cancer

- Presence of metastatic disease
- Progression of disease despite treatment or refuses/stopped treatment

Heart Disease

- Class IV cardiac, optimally treated
- The more cardiac abnormalities, the greater impact on prognosis
- Low ejection fraction (not required)

Pulmonary Disease

- O2 dependent or refuses O2
- Hypoxemia or Hypercapnia
- Disabling Dyspnea or Tachycardia
- Weight loss or frequent URI

Renal Disease

- Refuses or discontinued dialysis
 - Grossly elevated serum creatinine
- #### HIV Disease
- CD4 < 25 or viral load > 100,000
 - Complications from disease

Dementia/Alzheimer's

- ≥ Stage 7 or beyond on the FAST scale
- Assist or dependence in ADLs
- Urinary and fecal incontinence
- Decrease of intelligible words
- Infections/DU within previous 12 months

Liver Disease

- Hepatorenal syndrome, ascites, encephalopathy, varices, peritonitis
- Elevated PT and INR
- Low serum albumin

ALS

- Rapid progression of disease with critical impaired breathing capacity and/or nutrition impairment

Infections or DU

Stroke/Coma

- Dysphasia, weight loss, inadequate caloric intake with functional decline
- Infections or DU
- Coma beyond 3 days duration

With the exception of patient choice, physicians have the right to designate a hospice provider to care for their patients.

Call 205-7700 to make a referral to Carondelet Hospice & Palliative Care.

Clip this card to carry with you and use as a helpful tool to know when to call Carondelet Hospice and Palliative Care for a hospice evaluation from a Registered Nurse for someone you love.



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HOSPICE AND PALLIATIVE CARE

630 N. Alvernon Way, Suite 361

Tucson, Arizona 85711

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The Gift that “Gives Back”

Gifts are used to advance the mission of Carondelet Health Network, to help purchase equipment, enhance facilities, expand services, fund staff education and to reach out to meet the health care needs of our communities throughout Southern Arizona.

You can also give by visiting the Carondelet Foundation Website at:
www.carondelet.org/foundation

Yes, I would like to make a gift to Carondelet Foundation to support the mission of Carondelet Hospice and Palliative Care.

Name

Address

Amex Card # _____

Expiration Date ____/____ (month/year)

Mail this form to: Carondelet Foundation 120 N. Tucson Blvd. Tucson, AZ 85716