

Executive Director Retires After 33 Years In Hospice Care

Bonnie Knobloch, Carondelet Hospice & Palliative Care's Executive Director, retired from her position late June 2010.

Bonnie began her hospice career as Admission Coordinator for Hillhaven Hospice in 1977. She participated in the start-up of one of three hospices nationally awarded a grant from The National Cancer Institute. Hillhaven hospice was the third hospice in the nation in which Carondelet Health Network acquired in 1981. Bonnie worked at Carondelet Hospice as a Bereavement Coordinator from 1981-1986 and as the Director from 1986-1992. She left Carondelet briefly and returned in 2000 as the Executive Director of Carondelet Hospice & Palliative Care.

Her educational background includes her RN nursing degree from St. Luke's Hospital, New York, a Bachelor of Science from the University of Rochester, New York, and a Masters of Education, Counseling, University of Arizona. She was the first grief therapist in Tucson in 1977 and taught

a masters level program for counselors at the U of A. She is a published author, having written several books on bereavement, loss and hospice experiences.

Bonnie's life passions are counseling, teaching, hypnotherapy, hospice, achieving excellence in our care of patients, with a "special affinity for grief hypnotherapy". She will be changing careers having a private hypnotherapy practice here in the Tucson area.

One of her favorite memories of Carondelet Hospice is when her son, Eric, was baptized at the hospice inpatient unit when he was six months old. She says, the staff cleared a small area and the hospice Chaplain baptized him in witness of the patients at the unit.

Bonnie says of her experience with the hospice movement over the years that she is pleased that hospice has become more recognized as a model of quality medical care at the end of one's life. She says she is proud to be associated with the growth of hospice in our community and to be apart of a non-profit hospice.

Bonnie's exceptional dedication to hospice care in Tucson is greatly noted in many of her professional achievements. We, at Carondelet Hospice & Palliative Care, will deeply miss her and wish her a fantastic retirement! Best Wishes Bonnie!

Save The Date!

July 27, 2010– Home Healthcare Agency Appreciation Luncheon, call 205-7557 for more details.

July 28, 2010– Hospice 101, Santa Rita Care Center, Green Valley, AZ 1:00pm, no RSVP not required.

Carondelet Hospice & Palliative Care offer several presentations regarding end of life decisions, hospice, and advanced directives. If you would like to schedule a presentation for your community, civic or faith group, please call 205-7557.

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

Charitable Gifts
Carondelet Foundation
(520) 873-5000

Events
(520) 205-7557

In-Patient Unit
(520) 205-7700

FAMILY CORNER

Chocolate Math

Impress your friends with this cocoa– inspired formula.

1. Pick the number of times a week that you would like to have chocolate.
2. Multiply this number by 2.
3. Add 5.
4. Multiply that number by 50.
5. If you have already had your birthday this year, add 1760. if you have not, add 1759.
6. Now subtract the 4 digit year that you were born from the above result.
7. You should have a 3 digit number. The first digit of this figure is your original number (i.e. the number of times you wish to eat chocolate a week.)
8. The next two numbers are....YOUR AGE!

Employee Highlight of the Month

Susan Howard, *Community Liaison*

Susan comes to us as a recently added team member in May of this year. After living in Nebraska, Susan returned to Tucson for the third time to “get away from the Nebraska snow!” She’s worked locally in senior home care services and as a liaison in an Omaha, NE. hospice.

She laughs that she was introduced to hospice and became a volunteer during a fundraising Massage-A-Thon! Susan has two sons (23 and 29) and one daughter-in-law- all students at University of Nebraska, which she misses terribly.

Welcome, Susan, to Carondelet Hospice & Palliative Care!

New Staff

Brandie Gittins, CNA

Matthias Hoffmann, Reception

Susan Howard, Community Liaison

Kathy Johnson, RN

Robert Legato, Chaplain

Deb Maling, RN

Please extend a warm welcome to the newest members of our Hospice team! Welcome!

New Volunteers:

Matthew Schmidgall

Sara Bhattacharjee

Tamara Armstrong

Zarah Earles

Lindsey Dermeyer

Danielle Giovannetti

Brian Espiritu

Marie Haynes

Erin Grady

Margery Langner

Julianne Green

Ashley Lukefahr

Jawad Hussein

Sarah Martin

Francheska Lapitan

Chris Morrison

Dana Reyes

Royce Olaso Sumayo

Greg Tatman

It's only when we truly know and understand that we have a limited time on earth - and that we have no way of knowing when our time is up, we will then begin to live each day to the fullest, as if it was the only one we had.

Elizabeth Kubler-Ross

New, Inspirational and Just Fun Websites:

doonenicething.com -Reminds us of little things we can do to help and inspire others.

websoduko.com - Free puzzles with difficulty levels ranging from easy to evil. Provides print and online syndication.

bigsiteofamazingfacts.com - Did you know that platypus’ are venomous mammals?

NEWS YOU CAN USE

Emergency Department Deaths

The emergency department (ED) of a hospital has been labeled 'a place of triage and transition,' serving over 14 million patients in 2004 in the United States. For many of those ED patients, that transition was from alive to dead. United States statistics reported that in 2004, 176,000 deaths occurred in hospital emergency rooms.

Emergency room personnel have limited training in providing bereavement support. They rarely are adequately staffed to attend to grieving families and feel unprepared, especially when confronted with acutely grieving families. In addition, families experiencing loss within emergency rooms do not get the benefit of hospice care at the time of death or get enrolled in bereavement follow-up. Despite great gains in the number of hospital palliative care teams over the last 10 years, it is rare for palliative care teams to intervene with this population.

As the financial market conditions changed in our country, so did the use of ED's as a primary source of medical care. According the CDC, in 2007, approximately one in five persons in the U.S. population had one or more ED visits in a 12-month period. Older adults— those aged 75 and over— were more likely to have had at least one ED visit in a 12-month period than people in younger age groups. As family income increased, the likelihood of having one or more ED visits in the past year decreased. These income-related differences were more pronounced than those based on age or race/ethnicity.

But why do so many dying patients seek medical care in emergency departments? A study was conducted to examine how often and why people dying of cancer visit the emergency department near the end of life. These visits are an ordeal since wait times are usually long and uncomfortable. They are also disruptive, distressing and exhausting for patients and their families. Emergency room visits at the end of life are considered an indicator of poor quality care for cancer patients. "Patients who are near death should have their symptoms controlled and cared for in a setting of their choice, instead of on an emergency basis," write Dr. Lisa Barbera, Odette Cancer Centre (Toronto, Ontario) and coauthors. "While some people have unexpected urgent medical problems that need an emergency department visit, the rest of the visits are likely avoidable."

Abdominal pain, breathing difficulties, pneumonia, malaise and fatigue and fluid in the chest were the most common reasons for visits to the emergency department both in the last six months and two weeks of life. Lung cancer was the most common primary cancer.

"Understanding why patients visit the emergency department near the end of life offers insight into the nature of the problems they experience and provides direction for possible interventions," write the authors. "With comprehensive and coordinated palliative care, individuals could be managed in a clinic, at home and in palliative care units or residential hospices without the need for an emergency visit. The majority of the reasons for visits are within the scope of palliative care expertise."

Carondelet Health Network offers Palliative Care consultations at St. Mary's Hospital as well as comprehensive end of life care with Carondelet Hospice & Palliative Care.

When to Consider

Hospice Care

- The patient has sought treatment in an emergency room or been hospitalized for disease-related episode twice in the past year
- The physician is receiving an increased number of calls and requests from family caregivers
- Family members appear to be overburdened with or fatigued by caregiving
- After hospitalization, the patient cannot return home and is admitted to a nursing facility
- The patient has had a weight loss of 10% or more in the past six months
- The patient's appetite has been steadily declining, unrelated to any other medical condition

To initiate a hospice consultation or for more information about Carondelet Hospice & Palliative Care, please call 205-7700



CARONDELET

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.

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Amount: \$ _____ Check #: _____

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Expiration Date ____/____ (month/year)

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