



The Bridge

Spring 2007, Volume 3, Issue 1

... improving access to quality care for New Hampshire residents with life-threatening conditions

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Inside this issue:

President's Note 2

Executive Director's Update 4

Members' Corner 6

Culture of Quality 7

Reclaiming EOL Initiative (RELI) 8

National Poetry Contest Winner 11

NHPI Project Specialist 12

Pain Assessment in Non-Verbal Patients

Assessing pain is the first step in the process of pain management (although there is something to be said for preventing pain). You can't treat something that you don't know exists, therefore using tools to identify pain provides an essential metric by which we can plan, implement, evaluate and treat. There is clear consensus that the patient's self-report is the best measure of pain that exists. However, because pain is colorless and odorless, one must ask the patient about their discomforts rather than assume the presence or absence of pain based on behaviors. Patients who are unable to verbalize the presence or nature of their discomfort represent a group of patients who are vulnerable to having their pain go untreated or under-treated.



Paul Arnstein, RN, PhD

Some cognitively intact adults that have difficulty conceptualizing pain on a 0-10 horizontal scale, can still indicate pain levels by pointing to the area of some tools that best represent the intensity of their discomfort. Some tools that lend themselves to that use are "Pain Thermometers", Numeric Rating Scales, Visual Analog Scales, Color Scales and Faces Scales. In other populations who are either physically, mentally or emotionally unable to rate their pain using these scales pose a challenge for professionals and significant others who are providing pain relief interventions. For these patients, the approaches of behavioral rating scales, surrogate reporting and assuming pain is present are combined to provide the best estimate of a patient's pain and need for relief.

In young children for example, the FLACC rating scale examines the child's Facial expressions, Legs, Activities, Cry and Consolability to rate the pain using a 0-10 metric. Parental

see Pain Assessment on page 11

Hospice and Nursing Home/Assisted Living Relationships: Choosing the Right Partners

As with any contractual relationship, hospices and long term care facilities should be selective when choosing parties to contract with. It is critical that a hospice feels confident that each nursing or assisted living facility that the hospice contracts with is going to live up

to its responsibilities under the agreement and provide a high level of services, as the hospice retains professional management responsibility for all services provided to its patients.

In turn, long term care facilities must also be confident that the hospice provider will

fulfill all of its obligations to patients and the facility under the agreement. Long term care facilities may want to be proactive in seeking out hospices that will provide high quality services to residents, rather than waiting to be approached by a hospice. Increasingly, facility

see Nursing Home on page 2

From the President...



“Maintaining a TLC balance is important to high quality hospice and palliative care.”

‘TLC’ — Tender Loving Care. I think everyone like some TLC more often than not. TLC is a phrase most people understand and it represents a simple summary of what is at the core of hospice and palliative care. The staff and volunteers in hospice form a ‘TLC Team’ that helps a person with life threatening illness or near death to be as comfortable as possible. TLC underscores the work of palliative care teams too. In addition to the TLC provided by hospice and palliative care professionals it is important that TLC be provided to the staff and volunteers. It think mid-winter is a good time to reflect on how much TLC we provide and how much we receive. Maintaining a TLC balance is important to high quality hospice and palliative care.

We had an NHHPCO board retreat in January and I learned a new meaning for ‘TLC’— Time Limited Commitment. NHHPCO operates largely on the volunteer time of people who want to share their talents and commitment to more and better hospice or palliative care in New Hampshire. Time is a precious commodity for everyone. We appreciate the time of all our NHHPCO volunteers and invite everyone to

consider their own talents and interests. Make a ‘TLC’ to become involved in an NHHPCO group or committee. It is an opportunity to expand your horizons to a statewide level, network with committed colleagues from other communities and possibly experience a bit of the other TLC among colleagues and friends.

This is my first time writing this column and I am honored to serve as president of NHHPCO. The leadership dedication of our immediate past President Pat Clary, MD has brought our organization to a new level. My objective for this year is for NHHPCO to continue to grow and strengthen access to quality hospice and palliative care throughout New Hampshire. Your ideas and participation are most welcome to our continued success. Contact me at slafrance@healthynh.com.



*Shawn LaFrance
President, NHHPCO Board of Directors*

Nursing Home, from page 1

residents are demanding hospice services, and residents are not likely to differentiate between services provided by the facility and those provided by a hospice that it contracts with. The poor performance by the hospice will reflect poorly on the facility. In addition, an uninvolved or unre-

sponsive hospice places the facility at greater risk for survey citations and family complaints to the state survey agency.

There are several ways that a hospice or long term care facility can informally review another entity's fitness to become a contractual partner:

1. Review Hospice or Facility Staffing Levels and Turnover

Nursing homes are required by law to post daily informa-

tion regarding their staffing levels (e.g., the number of licensed and unlicensed staff per resident). Some states may also maintain statistics on staff turnover.

In the assisted living setting, the majority of care is often provided by unlicensed staff. Hospices should evaluate whether the assisted living facility has on-site licensed nursing staff and, if so, how often nurses work and the level of oversight they provide.

Long term care facilities should determine the hospice patient census and staffing levels of the hospice and (if available) information on staff retention. NHHPCO puts out guidelines on recommended hospice staffing ratios based on the hospice patient census. If you are an NHHPCO member, you can access this at www.nhhpc.org under "Technical Resources".

see Nursing Home on page 3

Nursing Home, from page 1

2. Hospices should Review the Acuity of Facility Patient Population

When entering into relationships with assisted living facilities, it is important for hospices to remember that the overall acuity level of assisted living residents is increasing. Ask whether the training and expertise of staff often has grown at the same rate as the facility's acuity level. It is also important to ensure that state regulations permit bed-bound patients to reside in the type of facility that the hospice is contracting with.

3. Review Hospice or Facility Survey History

Nursing homes, hospices and most assisted living facilities are surveyed by the government for compliance with applicable regulatory requirements. These results typically need to be posted in the facility. For nursing homes, survey information can also be found on the "Nursing Home Compare" website at <http://www.medicare.gov/NHCompare/Home.asp>. Assisted living and hospice survey information is often available through the state licensing authority.

4. Determine Hospice or Facility's Reputation

Physicians, other hospices or long term care facilities and hospital personnel can all be good sources of information regarding the hospice or long term care facility's perform-

ance. These sources may also have experiences related to the responsiveness of the hospice staff to a patient or facility concern.

One complaint sometimes raised by nursing facilities related to their relationship with hospice is the perception that the hospice does not provide meaningful services to residents of the nursing facility. The OIG has raised similar concerns (see the discussion of the 2007 OIG Work Plan in section 1 of this toolkit). Ask questions about the hospice—how responsive are staff to nursing facility patient needs? Will the hospice provide support to the facility if issues, including survey citations, arise related to hospice patients residing in the facility?

5. Determine Hospice or Facility Insurance Coverage

It has become increasingly difficult for nursing facilities to obtain sufficient insurance coverage due to the scarcity of insurance companies writing policies for nursing facilities. In addition, assisted living facilities and hospices are often run by small, private operators who are not financially able to acquire sufficient insurance coverage. If the hospice or long term care facility determines that the

other party is underinsured or has no insurance, it becomes a business decision whether to contract with that party. If a dispute arises, the party with adequate insurance might be considered the "deep pocket"—an uncomfortable position. Hospices and long term care facilities should consult with their own insurance carrier as contractual discussions proceed if the other party lacks adequate insurance coverage.

We understand that long

term care providers are sometimes hesitant to enter into contractual relationships with hospices. However, the reality is that consumers are increasingly demanding

hospice care, and nursing facilities and assisted living facilities will need to make such care available as hospice continues to gain popularity. Some providers have found that relationships with a hospice or long term care facility can be difficult to manage, with the relationship sometimes deteriorating into an "us versus them" mentality between the two providers.

A productive, mutually beneficial relationship between a hospice and long term care facility is possible, but it takes considerable work on the part of both parties. We suggest that you look at the written agreement developed

between the providers as the building block upon which a successful relationship is based. Clear roles and responsibilities of each party described in a written agreement can reduce disputes between the parties. In our experience, a number of factors beyond a good written agreement can also contribute to meaningful facility/hospice collaborations. These factors include:

- Mutual respect between the providers
- Sharing of information and knowledge of the other provider's business
- Support for the collaboration at the leadership level of each provider
- High level of hospice staff presence in the facility
- Staff training for each provider's discipline
- Timely response on the part of both providers
- Coordination in care planning between the parties



Mary Michal, JD

Excerpted with permission from "Hospice and Nursing Home/Assisted Living Contracting Toolkit," published by Reinhart Boerner Van Deuren s.c., MARCH 2007.

From the Executive Director...



“Key areas of focus for development this coming year include Public Policy and Public Engagement. Our principal challenge remains increasing our funding base to supplement the dues of our provider and individual members.”

Dear Friends and Colleagues,

As many of you may have heard by now, I will be leaving my position as Executive Director for NHHPCO as of May 1st, 2007. I look forward to resuming my role as Board Member and will continue to be involved in the governance and activities of NHHPCO.

The last 32 months have been demanding, productive and exhilarating. This was highlighted at the recent annual Strategic Planning Meeting of the NHHPCO Board held on January 22nd. Our organization is alive and vibrant; much has been accomplished. The foundations are solid and our structures work well. NHHPCO has come into its own and is well poised for this next phase in our history.

Key areas of focus for development this coming year include Public Policy and Public Engagement. Our principal challenge remains increasing our funding base to supplement the dues of our provider and individual members. We have been awarded two grants this past year: \$20,000 from the American Cancer Society; and \$7,500 from the New Hampshire Comprehensive Cancer Collaboration. We accomplish a great deal as an organization with minimal staff hours and a virtual office. This year we will be focusing grant applications on expanding infrastructure to better leverage the volunteer and in-kind support of our members and committees.

In past messages I have pointed out that all our successes could not have been accomplished without the consistent hard work and many dedicated hours of our Board and so many NHHPCO committee volunteers across the state. This has been remarkable to witness.

We are proud of our work here at NHHPCO

but know that none of it could take place without our provider and individual members.

Thank you to all who have encouraged staff members to be involved during paid hours and who have contributed money, in-kind goods and services to further our work. Together we have moved the needle forward *in improving access to quality care for New Hampshire residents with life-threatening conditions.*

On May 1st I will turn the organization over to Janice McDermott who is currently serving as Deputy Director. Janice is known to many of you. Her many accomplishments and preparation for this position have been extolled in an earlier issue of *The Bridge*. The last few months of mentoring have been a true pleasure. I leave this post with full confidence that the organization is in good hands and that Janice’s experience and background are entirely what NHHPCO needs at this time.

I will not be retreating from hospice and palliative care. I will continue striving with all of you to expand access to services and improve quality of care through the end of life within the challenging reimbursement and regulatory environment, for people throughout New Hampshire, including the rural areas we serve.

My deep respect and affection to all of you. I am sincerely grateful for having the opportunity to do this work to which we are committed. It has been an honor and a privilege to serve you.

Yvonne J. Corbeil
Executive Director, NHHPCO

Reclaiming The End of Life Initiative (RELI)

www.ReclaimTheEnd.org

Scheduled Citizen Forums

Littleton—Thursday, March 29th

Laconia—Tuesday, April 24th

Manchester—Thursday May 3rd

See article on page 8 For details or to get involved contact: JFleischmann@ReclaimTheEnd.org

Additional Citizen Forums to be scheduled

Concord, Portsmouth/Exeter, Nashua,
Keene/Peterborough, Lebanon/Hanover

From the Deputy Director...

When I made the decision to leave my position as Hospice Director at Home Health and Hospice Care last year, my biggest fear was that I would never again have the sense that I was part of something that “makes a difference”. At that pivotal moment, I could not have guessed that I would be hired as Deputy Director for NHHPCO. To say that this is an honor is putting it mildly.

Over my years in hospice, I have seen the work through many vantage points and I have worked alongside some true hospice leaders. I watched a program start with two employees and grow to be a Medicare certified, interdisciplinary team of excellence that provided a full compliment of volunteer services, bereavement services and later was able to build the second hospice house in the state. Through it all, I met incredible people who made a huge difference in the lives of patients and families struggling with end of life care, physical challenges and grief.

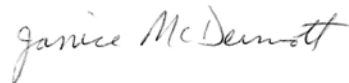
How lucky am I to now work with hospice and palliative care leaders across this state and to represent and advocate for the good work of all programs in New Hampshire. While I can well appreciate the time constraints on all our professional members, it is my hope that you will share your talents on the state level. This can be as simple as making time for a NHHPCO networking meeting or encouraging a co-worker to attend an NHHPCO education event. The old sayings about “many hands making lighter work” and “two heads are better than one”, is the truth and I know that we can accomplish so much more together.

For those who would consider helping in a specific capacity, the NHHPCO Board members and existing committee members could use some reinforcements in

the following areas: the **Fundraising Committee** can use help on a single event or networking for new opportunities. If you or someone you know could give time on the day of the Golf Tournament, for example, or is good at asking for Silent Auction Items for our Annual Conference, please consider helping. Our **Public Policy Committee** is also poised for action and could use advocates throughout the state who are willing to support legislative action to enhance end of life care for everyone in New Hampshire. Typical issues for this committee would be legislation effecting pain management or advanced directives. Training will be provided for anyone volunteering in this capacity. The **Communications Committee** could use help with website management and newsletter production. Last, but not least, are the many and varied **Education Committee** events that we host and hope to expand on for professionals as well as community members to promote better understanding and access to end of life care.

In addition to my plea for professional members, there may be volunteers or family members in your community who would be interested in helping NHHPCO in some way. We are all volunteers when we go above and beyond the basic responsibilities of our chosen position. Volunteers don’t get paid much, except in the satisfaction of making a difference. For more information please contact me at

JMcDermott@nhhpc.org.



Janice McDermott
Deputy Director, NHHPCO



“We are all volunteers when we go above and beyond the basic responsibilities of our chosen position. Volunteers don’t get paid much, except in the satisfaction of making a difference.”

Board Committees

Education Committee - Chair, Kathy Hopkins
Conference Committee - Chair, Laurie Farmer
Communications Committee - Chair, Mary Swanson
Public Policy Committee - Co-Chairs, Shawn LaFrance and Peg Gilmour
Fundraising Committee - Chair, Jean Montana
New Hampshire Pain Initiative (NHPI) - Chair, Paul Arnstein

Networking Groups

PC & H Directors, Managers and Coordinators - Sue Herrmann
Social Workers - Laurie Farmer
Pastoral Care and Chaplains - Bevan Tulk and John Davies
Bereavement and Volunteer Coordinators - Tanya Prather
Regional Groups - Seacoast - June Daigneault
NH Palliative Care Clinicians Special Interest Group - Patrick Clary

Collaborations

NH Partnership for End of Life Care - Chair, Shawn LaFrance
NH Comprehensive Cancer Collaboration – Palliation Workgroup - Co-Chairs, Don McDonah and Yvonne Corbeil

Members' Corner

5th Annual Goodwillie End of Life Care Symposium: "It Hurts All Over: Managing Pain of the Body, Mind & Spirit in the Terminally Ill"

On May 10, 2007, Seacoast Hospice, an Exeter, NH-based non-profit independent hospice, will present its 5th Annual Trucia Goodwillie End of Life Care Symposium at the University of New Hampshire in Durham, New Hampshire.

This year's event will focus on comprehensive holistic pain control and is entitled "It Hurts All Over: Managing Pain of the Body, Mind, and Spirit in the Terminally Ill." The keynote speaker will be Richard Stephenson, MD of the Hospice and Palliative Care Center in Winston-Salem, North Carolina. A noted pain management expert, Stephenson will address the ethical mandate to relieve suffering. Additional breakout sessions will be offered throughout the day on a variety of subjects including "The Appropriate Use of Methadone," "Assessing Quality of Life," "Managing Terminal Restlessness," "Compounding Medications," "Having Difficult Conversations," "Spiritual Pain," and many more important topics. The day will also

Dr. Carolyn Crosby Receives Certification in Hospice and Palliative Medicine

Community Health & Hospice in Laconia, NH is pleased to announce that Carolyn Crosby, MD, Hospice Medical Director, has been certified in Hospice and Palliative Medicine by the American Board of Hospice and Palliative Medicine. Dr. Crosby joins more than 2,800 fellow physicians to have achieved such certification.

Hospice and palliative medicine is the medical discipline of the broad therapeutic model known as hospice and palliative care. The discipline and model of care are devoted to achieving the best possible quality of life for the patient and family throughout the course of a life-threatening illness through the relief of suffering and the control of symptoms. Hospice and palliative medicine helps the patient and family face the prospect of death assured that comfort will be a priority, values and decisions will be respected, spiritual and psychosocial needs will be addressed, practical support will be available, and opportunities will exist for growth and development. Hospice in the United States is an organized program that provides palliative care for terminally ill patients and supportive services to patients, their families, and significant others.

Dr. Crosby is a graduate of Dartmouth Medical School and the Family Medicine Residency Program at the Naval Hospital, Camp Pendleton, in Southern California. She is also certified in Family Medicine,

include the awarding of the Trucia Goodwillie Excellence in End-of-Life Care Award which will be given to a deserving LNA or LPN from the Seacoast region.

Trucia Goodwillie was an RN who advocated for increased end-of-life education. She worked at the Edgewood Centre, a family owned skilled nursing and long term care facility located in Portsmouth, New Hampshire. Upon her death in 2002, her family established the Trucia Goodwillie Fund at Seacoast Hospice to further her cause.

This annual day-long event has steadily grown since its inception and now attracts hundreds of clinicians, spiritual care providers, social workers, hospice volunteers, and employees. Previous speakers have included Barry Baines, MD; Kenneth Doka, PhD; and Kathleen Rusnak, MDiv.

CEUs are expected to be offered for Social Workers, Chaplains, Nurses, and Nursing Home Administrators. The cost is \$65.00 for LNAs and HHAs, and \$95.00 for all other disciplines. A 10% early discount is available. Brochures are available and we are no accepting registrations. Sponsorship opportunities and exhibitor booths are still available. For questions about the event, contact Emily Falbe at Seacoast Hospice at 603-778-7391, toll free 800-416-9207, or efalbe@seacoasthospice.org.

Emily Falbe, Seacoast Hospice

by the American Board of Family Medicine, one of the largest medical specialty boards in the United States. Dr. Crosby practices in Meredith, NH at the Belknap Family Health Center, a department of Lakes Region General Hospital.

The American Board of Hospice and Palliative Medicine was formed in 1995 to establish and measure the level of knowledge, attitudes and skills required for certification of physicians practicing hospice and palliative medicine.

Eligibility requirements for certification are significant. In order to be eligible to sit for the certifying examination, applicants must have received prior major specialty certification, practiced at least two years following residency, worked as a member of an interdisciplinary team for at least two years and have directly participated in the active care of at least fifty terminally ill patients in the preceding three years. Alternatively, applicants must have completed specialty fellowship training in palliative medicine. The fellowship training program must be at least one year in length and must meet the established voluntary standards for such a program.

Information on the American Board of Hospice and Palliative Medicine including a listing of certified physicians may be obtained from the website at www.abhpm.org.

Jackie E. Bonafide, Community Health & Hospice

Members' Corner cont.

North Country Hospice Programs Join

North Country Home Health & Hospice Agency and Hospice of the Littleton Area Volunteer Program have recently entered into a merger agreement combining their programs into one unified hospice program. This joining of programs will offer a tremendous advantage to our community including easier access to a wider range of services, more seamless transitions

from Palliative Care Services to the Medicare Hospice program and a single point of entry for care. Holly Lakey, Volunteer Coordinator, and Beth Edwards, Volunteer Support Services Assistant, and 115 trained hospice volunteers have now joined the NCHHA team through this merger agreement. We look forward to the expansion of community bereavement support services, palliative care support and training opportunities for all involved that will result from this merger.

Inga Johnson, North Country Home Health & Hospice

Creating a Statewide “Culture of Quality”

The buzz phrase around our hospice agency is “creating an organizational culture of quality.” However, my challenge as the Quality Assessment Performance Improvement (QAPI) Coordinator is transforming that talk into action.

To comply with the proposed revisions to the Conditions of Participation (CoPs), we need to be more data-driven focused to back up our service standards. It is no longer acceptable to broadly say, “We admit patients on the day of referral”; we need to reframe such statements by saying, “We admit 90% of our referrals on the day of referral” and be able to back up such a statement with valid, measurable data.

So how do we transform the “creating an organizational culture of quality” talk into action? My philosophy is, “Why reinvent the wheel?” We all know that we are currently collecting outcome measurable data. Our next step is identifying that outcome data we want to measure and benchmark.

So how do we avoid reinventing the wheel? Do we participate in the National Hospice

and Palliative Care Organization (NHPCO) National Data Set (NDS) with End Result Outcome Measures (EROM) and/or the NHPCO Family Evaluation of Hospice Care (FEHC) survey? Do we send out additional satisfaction surveys such as to Physician, Referral Source, Facility, Bereavement Program and Support Groups? Chart audits and incidence reports are other sources of potential outcome measurable data. Yes, we are collecting measurable data!

Do we use a framework such as the NHPCO Quality Partners, the National Quality Foundation or other proprietary measures? Our organization has chosen to use the NHPCO Quality Partners as our framework. Our state organization, the New Hampshire Hospice and Palliative Care Organization (NHPCO), is listed on the NHPCO website as making a State Hospice Organization Commitment to Quality. As a follow-up to our state commitment, and on an organizational level, I have asked our Executive Director and Board Chair to sign the Quality Partners

Organizational Commitment to Quality Pledge. Our QAPI Committee members were then asked to sign the Quality Partners Individual Commitment to Quality pledges and I have asked our entire staff to become familiar with the Ten Components so that they may sign their Individual Commitment to Quality Pledges. All signed pledges will be forwarded to the NHPCO, making a public statement of our organizational commitment to quality—and our organizational statement of a “culture of quality”. For more detailed information about participating in the NHPCO Quality Partners, please go to www.nhpco.org and click on the Quality Partners icon.

The NHPCO Quality Partners’ ten components of overall commitment to quality are: Patient and Family Centered Care; Ethical Behavior and Consumer Rights; Clinical Excellence and Safety; Inclusion and Access; Organizational Excellence and Accountability; Workforce Excellence; Standards; Compliance with Laws and Regulations; Stewardship and Accountability;

and Performance Measurement.

Using the Quality Partners’ Ten Components as our framework, we then chose at least one individual indicator from each component. These were indicators that we were currently data collecting, mostly taken from the NHPCO NDS, FEHC, EROM and our financial reports. We found that we could list multiple indicators under each of the ten components and that we were not creating additional data collecting duties; we were identifying and reorganizing a broad range of indicators under a new framework into a one-page executive dashboard.

As the volunteer NH NDS Mentor of the NHPCO, I also want to promote a statewide “culture of quality”. I have been asked to present four times during 2007 to the QAPI Networking Group. The first meeting will be held on March 20th and will focus on End Result Outcome Measures. At the first meeting, the EROM section from the NHPCO website:

see Culture of Quality on page 8

Reclaiming the End of Life Initiative



Reclaiming the End of Life

What do pancake breakfasts, 19 presidential candidates (as of this writing), and sensible policies to improve care of the terminally ill have in common? They are all key ingredients in the Reclaiming the End of Life Initiative (RELI), happening this year in New Hampshire.

The Initiative, which was formally introduced at the annual conference of the NHPCO in October, is the brainchild of Dr. Ira Byock, Director of Palliative Care at Dartmouth-Hitchcock Medical Center. Dr. Byock saw an opportunity to use the quadrennial New Hampshire presidential primaries to shine a spotlight on the state of dying in America and the need for reform and resolve to deal not only with today's problems, but the crisis that will envelop us in the coming years if we stay on the current path.

"As bad as things are now, these may be the good old days," Byock told conference attendees. "It's time for us in this room to stop talking just to each other and to move the discussion into a broader, public arena."

The Initiative is designed to do exactly that, by capitalizing on the political primary process and the attention that focuses on New Hampshire every four years, to get end of life issues onto the national stage. A central part of the strategy is to engage advocates around the state to put questions to the candidates at every venue (that's where the pancake breakfasts come in!) so they cannot avoid seriously considering these issues and putting forth solutions they would propose if elected.

Since October, the Reclaiming the End of Life Initiative has been gathering steam and beginning to draw attention. Articles in the Boston Globe, the New York Times, and Associated Press have highlighted the effort and its strategy of forcing candidates, their staffs, and the national media to discuss the state of end of life care. Questions asked of Republican candidate Mitt Romney at a recent forum featured prominently in news coverage of his appearance.

In the early stages – with candidates already swamping the state, it's hard to remember that the primary is almost a year away – the Initiative team has been focusing on building alliances and strong networks throughout New Hampshire and nationally, and on planning the 8 Citizen Forums that are central to its strategy.

The Forums will bring together advocates, caregivers, and New Hampshire residents to discuss and debate specific proposals to address the problems that exist. Based on these meetings, a report summarizing the recommendations of these citizen panels will be distributed to the campaigns and publicized throughout the state. Candidates who are seeking the votes of New

Hampshirites will know that these are issues voters care deeply about and want to see solved by their next president.

"The good news is that unlike some of the major issues of our time – peace in the middle east, global warming, immigration – problems of end of life care CAN be solved. Realistic, cost-effective programs and strategies already exist. What we need is a national commitment to make them happen," said Byock.

The Initiative has gained support and funding from a number of partners and sponsors, including the New Hampshire Endowment for Health, Dartmouth Community Medical School, NH AARP, the National Hospice and Palliative Care Organization, National Citizens Coalition for Nursing Home Reform, and others. New Hampshire businesses have also expressed interest in supporting the Initiative, particularly the Forums in their areas. Those forums are planned for **Littleton** (already scheduled for March 29), **Laconia** (scheduled for April 24), **Manchester** (scheduled for May 3), **Concord**, **Hanover/Lebanon**, **Keene**, **Nashua**, and **Portsmouth/Exeter**.

What can you do to help? The Initiative needs volunteers to get involved in organizing forums in their regions, willing to ask questions of candidates, and to spread the word about this effort. More information and resources are available at www.ReclaimTheEnd.org. The web site also offers an opportunity to contribute financial support to give the project the power and visibility it needs.

"We CAN reclaim the end of life," said Byock, "but it means taking the conversation from our living rooms and conference rooms to a very public arena. We have a unique opportunity to do that, this year, in this state. We're determined to make it happen."

*Deborah Kimbell, Communications Director
Reclaiming the End of Life Initiative*

Culture of Quality, from page 7

www.nhpc.org >Professional Resources> Hospice Statistics and Research>End Result Outcome Measures will be reviewed. All who attend will be encouraged to share challenges and successes. If you are not currently collecting this EROM data, let us brainstorm on how you can start collecting data on these important indicators and subsequently accomplish benchmarking, both nationally and statewide. Please join us on 19 June, 21 August and 18 December at the NH Health Care Association, 125 Airport Road in Concord, NH from 2:00-4:00pm for ongoing QAPI discussions. I look forward to our 2007 statewide discussions—both at QAPI Networking Group meetings and through our QAPI Networking Distribution List, as we all create both our individual organizational and our statewide "cultures of quality".

C. Andrew Martin, MS, RN, CHPN, NH NDS & QAPI Mentor, NHPCO

Committee Updates

Conference Committee

The 2006 Pain & Beyond Fall Conference was a great success! The participant evaluations let us know that the content, location, and food were excellent. Participants were very pleased to hear and learn from the highly recognized nationally known speakers who presented.

Thank you to our dedicated, all-volunteer conference committee. Deb Kimball, Co-Chair, Lisa Rocheford, Andrea Huertas, Emily Falbe, Dawn Jelley, Jean Montana, Linda Hotchkiss, and Patrick Clary.

Save the Date – The 2007 Pain & Beyond Fall Conference is planned for Wednesday, October 17th at the Radisson Hotel, Center of NH.

Laurie Farmer, Chairperson

Education Committee

NHHPCO Education Committee Update: The Education Committee has organized two training programs that will be offered in the North Country this March, to prepare RN's and LNA for certification in Hospice & Palliative Nursing. A program to train hospice volunteers to provide bereavement support is also in the works! Watch for emails and website postings regarding this great new offering.

Kathy Hopkins, Chairperson

Golf Committee

The NHHPCO Golf Committee would like to take this opportunity to announce their Fourth Annual Golf Tournament to be held on Friday August 24, 2007, at the beautiful Canterbury Woods Country Club in Canterbury, New Hampshire.

Chairperson, Mary Kazanowski, and her dedicated committee are currently seeking several levels of sponsorships and golfers to participate in the tournament.

Sponsorships and donations to the NHHPCO Annual Golf Tournament can be made in a variety of ways including Corporate Sponsors, Tee, Green and Cart Sponsorships, putting contest, breakfast or lunch sponsors, muligans and hole-in-one contests. Also, companies can donate goods, services or products for raffle items and auction. After golf, a catered luncheon will be held, with the raffle items and auction.

As this event is one of the major fundraisers for NHHPCO, the Golf Tournament Committee is asking all members to try to get one sponsor, one golf team or one auction/raffle item to support this event. Please help us make this our best tournament ever.

For further information, contact DeeMarie Pinfield at (603) 315-6602 or Mary Kazanowski at (603) 472-2550.

DeeMarie Pinfield, Volunteer

Networking Group News

Hospice and Palliative Care Networking Group

The focus this year will be on QAPI (Quality Assurance Performance Improvement). Andrew Martin, the NHHPCO QAPI Mentor will be hosting four special meetings. These sessions will consist of education and brainstorming. The dates Andrew will be attending the meetings are: March 20th, June 19th, August 21st and December 18th. The time will be 2 -4 pm at 125 Airport Road in Concord. Upon implementation of the revised Conditions of Participation for Hospices, QAPI will be required for all Hospice Programs for Medicare participation. These meetings will permit hospices to be more prepared for the revised CoP requirements with Andrew's assistance. For additional information, please see *Creating a Statewide "Culture of Quality"*, on page 7 in this newsletter..

The regular Hospice/Palliative Care Networking Group meetings will be held April 17th, July 17th, and November 13th from 11 am -1 pm, also at 125 Airport Road in Concord. The goal of the time change for these meetings is to improve participation and allow people to drive home before dark during the winter months. Please bring a brown bag lunch for the meetings.

A future focused meeting is being planned with the Veterans Administration. The goal is to collaborate with them regarding Hospice/Palliative Care clients. The date for this meeting will be announced later this year.

These meetings are a great support for all hospice leaders and with your participation we can enhance the quality of care to the clients we serve throughout the state.

If you have questions or would like to be placed on e-mail list please contact Susan Herrmann, CHPN at Hospice at HCS, Keene, N.H., 1-800-541-4145 ext. 192 or e-mail her at sherrmann@hcsservices.org.

Susan Herrmann, RN, CHPN

*Chairperson, Hospice and Palliative Care Manager/
Director Networking Group*

Volunteer and Bereavement Coordinators Networking Group

Volunteer and Bereavement Coordinators met Wednesday, February 21st in Concord and discussed a number of topics including a future statewide training for hospice bereavement volunteers, processes for bereavement assessment, and volunteer recruitment. Upcoming meetings are scheduled quarterly for the following dates: May 16, August 8, November 14. For more information contact Tanya Prather at tanya.prather@hhhc.org.

Tanya Prather

*Chairperson, Volunteer and Bereavement
Coordinators Networking Group*

NDS Survey, from page 10

compiling data in preparation for submitting online. The deadline for 2006 data submission is 1 May 2007. Don't wait for the last minute!

I will personally be checking in with all NH agencies during the month of March to see where you are in the data collection/submission process. When I call, I hope you will be able to respond that you have downloaded the survey, looked it over and identified AT LEAST five data points that you will be submitting before the deadline. I look forward to our conversations and 100% participation from all NH hospice agencies this year!

C. Andrew Martin, MS, RN, CHPN, NH NDS & QAPI Mentor, NHHPCO

Networking Group News cont.

Social Workers' Networking Group

The NH-National Association of Social Workers (NASW) Home Health and Hospice Committee continues to meet every other month on the second Tuesday of the month from 8:30-10 AM at the NH-NASW office, 105 Loudon Rd, Suite 4307, Concord.

In November we traveled to Healing Environments to learn about some wonderful resources for the patients, caregivers, and families we work with. The January meeting focused on boundary issues. Cases were presented with this theme in mind and handouts and articles were shared for training and education purposes.

At our next meeting, March 13th, we will celebrate Social Work month!

We are again working with the Oncology SW group to offer, "Helping You Helping Them: How Serious Illness or Grief Affect Your Students and School." This workshop was a great success last year; therefore, at the participants request we will be holding this workshop again on April 14, 2007, 8:30-12:30 at the Payson Center for Cancer Care at Concord Hospital. There will be changes to the agenda. Anyone who came last year will still find something helpful to take home.

Please contact Laurie Farmer, LICSW at 224-4093 or laurie.farmer@crvna.org to be added to the email contact list for updates and information about future meetings.

Laurie Farmer

Chairperson, Social Work Home Health and Hospice Networking Group

Don't Wait to Submit NDS Survey!

The NHHPCO encourages and supports you in participating in the National Data Set (NDS). Our state organization has an annual goal of 100% participation from all the state of New Hampshire hospice agencies, at whatever level each agency is able to participate. For assistance or questions, you may contact me at camartin@nhhpc.org. I am your volunteer NDS Mentor for our state organization.

For any first time submitters, I request that you start with reporting at least five data points from the survey. Reporting demographics is a simple entry-level step. However, you will find that as each year passes, you are able to collect and report more data points in the annual survey. You will also notice that these data points are useful information for your agency to use for strategic planning and decision-making. This process of data collection is also important to our state and nation for the same two reasons. The NDS is a data collection tool that may be one potential way of addressing the proposed revisions to the Conditions of Participation (CoPs) by demonstrating benchmarking data against both state and national hospices.

If you are interested in viewing the results of the 2005 NDS, you can find the report at: www.nhpc.org/nds. You do not need to be a member of the NHHPCO to participate in the NDS, but you do need to be a member to view this report.

The 2006 National Data Set (NDS) survey is now available on the National Data Set Page of the NHHPCO Web site: www.nhpc.org/nds. Please download and print a copy of the survey today to use as a worksheet for

see NDS Survey on page 9

Hospice and Palliative Care Coordinators Meetings

Meetings are held every other month at the NH Hospital Association, 125 Airport Rd, Concord.

Contact: Susan Herrmann

603-352-2253, ext. 192

sherrmann@hcsservices.org

Bereavement and Volunteer Coordinators Meetings

Meetings are held quarterly at the NH Hospital Association, 125 Airport Rd, Concord, 12 noon to 3 pm.

Contact: Tanya Prather

603-424-3822

tanya.prather@hhhc.org

Home Health and Hospice Social Work Committee Meeting of the NH-NASW

Meetings are held at Prescott Park, the NASW office in Building 4, 105 Loudon Road, Concord, 8:30am to 10:00am.

Contact: Laurie Farmer

603-224-4093

lfarmer@crhc.org

Hospice and Palliative Care Chaplain Meetings

The Chaplain group is co-facilitated.

Contact:

Bevan Tulk

603-224-4093 x5267

bevan.tulk@crvna.org

John Davies

603-524-8444, x321

jdavies@commhlth.org

Seacoast Regional NHHPCO Meetings

First Thursday of every month from 8:00am-9:30am except July and August. Healthcare professionals interested in hospice and palliative care are welcome to attend.

Contact: June Daigneault

603-742-7921

dgnlts@comcast.net

NHHPCO Palliative Care Clinicians Special Interest Group Meetings

Meetings held twice annually. These meetings are open to physicians, PAs, ARNPs, RNs and clinicians of other disciplines coordinating or otherwise interested in hospice and palliative care. Meetings are usually held over dinner at a restaurant. Split checks are the custom.

Contact: Dr. Patrick Clary

603-778-7391

pclary@aol.com

NH Volunteer Wins NHPCO Poetry Contest

A poem written by Art Knowles, a volunteer for VNA-hospice of Southern Carroll, won second place in the 2006 NHPCO Photo/Writing Film Contest. His poem "Precious Moments" was inspired by his beloved wife, Helen, who died on hospice care many years ago. His name was mentioned in the December issue of *NewsLine/Insights*.

PRECIOUS MOMENTS

If only for a moment
I could see you there
Standing by the garden
Near the view we shared.
If only for a moment
I could touch your hand
Walking down the wooded path
Or along the sands.
If only for a moment
I might talk with you
Of little things we'd done
And those we wanted to.
If only for a moment
Just to catch your smile
Perhaps we'd sit and daydream
For a little while.
If only for a moment
Time would just stand still
With all the world before us
And our cup to fill.
But now I spend my moments
In remembering
And when I think of you
The angels sing.
For in my heart your love
Will always be
And so, dear one,
I set your spirit free.

D. Arthur Knowles

*submitted by Betty John,
Volunteer & Bereavement Coordinator
VNA-hospice of Southern Carroll County*

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Pain Assessment, from page 1

involvement is also usually a critical component in the pain assessment of children, as the presence of atypical behaviors may also signal the presence of pain. In contrast, this FLACC scale yields meaningless results in patients who are on mechanical ventilation, paralyzed or suffering from dementia. An instrument (PAINAD) has recently been validated for use in assessing pain in elders with dementia by systematically observing behaviors and scoring them in a standard manner. Patients who are comatose, are physically or chemically immobilized, would not register a score on these tools, yet we know they still experience pain. For them, we must

Assume Pain is Present when painful procedures are implemented (e.g. suctioning, turning, dressing changes, etc) and treat them accordingly. Last year, the American Society for Pain Management Nursing developed a positional paper with practice guidelines to address these concerns and review the research supporting tools selection for specific populations. That paper is freely available on their website at www.aspmn.org/Organization/documents/NonverbalJournalFINAL.pdf

*Paul Arnstein, RN, PhD
Chairperson, NHPI*

Project Specialist Joins NHPI

NHHPCO and NHPI are pleased to announce the addition of Kelly Doherty, RN-C, MSN, ARNP-BC. As Project Specialist, Kelly will serve as the clinical voice in our public and community education efforts for the New Hampshire Pain Initiative. Kelly was asked to introduce herself to our readers:

"I am very happy to have been offered the position of Project Specialist for the New Hampshire Pain Initiative (NHPI). My position became official on January 1st, 2007 and I look forward to working with NHPI to develop new programs for the people of New Hampshire, both Health

Care Professionals and the general public. Our goal is to provide better access to information regarding all aspects of pain management.

With more than 10 years of clinical experience as a nurse and/or Nurse Practitioner in the fields of Hospice, Palliative Care and Pain Management, I am excited to blend my experience with the needs of the NHPI. The work of Pain Management as well as Hospice has been very satisfying for me and has provided many opportunities for personal and professional growth. I think that I am most proud of being chosen as one of thirteen nurses from around

the country to write the first ever American Nurses Credentialing Center (ANCC) *pain management specialty exam* for RN's and ARNP's

"I look forward to working with this most impressive organization and hope to assist in further advancing the treatment of pain."

I have guest lectured at UNH on the topic of pain for a pharmacology class of graduate Nursing students and hope to continue educating all

interested. I plan to continue to work in Pain Management.

A native New Englander, I grew up in Rhode Island, received my undergraduate degree at St Joseph's College in Maine, graduate degree in Maryland and returned to New England to live in Barrington, NH with my husband and 2 children.

I look forward to working with this most impressive organization and hope to assist in further advancing the treatment of pain. Please feel free to contact me on behalf of NHPI at Kda994@aol.com."

Kelly Doherty
RN-C, MSN, ARNP-BC



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info@nhhpco.org

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