



The Bridge

Winter 2006, Volume 2, Issue 1

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

Distribution List

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and route to:

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New NHHPCO Board and Executive Committee Members Announced

NHHPCO is pleased to announce the results of the election for new members of the Board of Directors. The new Board Members, elected at the Annual Business meeting held on October 25, 2005, are Andrea Huertas, RN, BSN, CHPN, and Bruce Mast, MA.

Another new Board member, Cal Robinson, joined the Board when he assumed the position of Chair of the New Hampshire Pain Initiative. The NHHPCO Bylaws call for standing representation on the Board by the Chair of this committee.

Executive Committee

The Executive Committee is elected by the Board of Directors after the Annual Business Meeting. The Executive Committee members are:

- President: Patrick Clary, MD; Seacoast Hospice, Exeter NH
- Vice President: Shawn LaFrance, The Foundation for Healthy Communities, Concord, NH
- Treasurer: Laurie Farmer, Concord Regional VNA, Concord, NH
- Secretary: Susan Herrmann; Home Healthcare, Hospice, and Community Services, Keene, NH
- Officer-at-Large: Mary Swanson, Kindred Healthcare, Andover, MA
- Executive Director, Yvonne Corbeil, DHMC, Lebanon, NH

Nominating Committee and Bylaws Changes

In the past year, the Board has been focused on succession planning and recruiting additional strong leaders to serve on the Board as a means of maintaining the forward momentum of the organization. This focus reflects the goals outlined in the NHHPCO strategic plan.

Therefore, the Nominating committee was charged with creating a slate of candidates for the Board and for the Executive committee of NHHPCO that would help to achieve this goal. For the first time, there were more candidates for the Board than there were vacancies!

Three excellent candidates came forward to run for positions on the Board. Each of the candidates came from different backgrounds and all offered skills and experiences that would have supported the Board and the organization in achieving the goals established in the strategic plan. The nominations process was also more formalized for this election. Each candidate went through a defined process to be placed on the ballot. The following steps were required:

- Written nomination (by self nomination or by an NHHPCO member)
- Written acceptance of nomination and statement of commitment to responsibilities of Board membership if elected
- Completion of nominee questionnaire outlining qualifications, experience, and understanding of issues facing NHHPCO

see NHHPCO Board on page 5

SAVE THE DATES

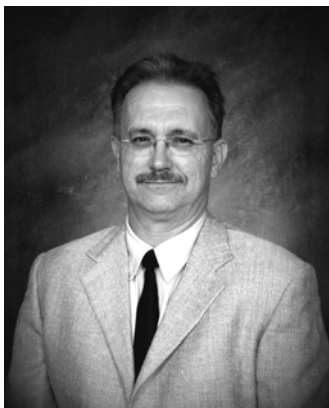
- March 11 - Clinical Review Course for LNAs
- March 31 - Citizens Forum on End of Life Care
- April 5 - HFA Teleconference 'Pain Management at the End of Life'

- May 25 - Patient-Centered Cancer Care Conference
- October 18 - NHHPCO 11th Annual Fall Conference

See www.nhhpc.org for event details

From the President...

President's Letter...from the Presidential Range



“It is clear that Hospice work has taken a sharp turn away from “too good to be true, too small to be useful...”

I write this on the second day of the New Year, two weeks past the solstice and already the days are growing longer as the earth begins to turn toward the light. “It’s a perfect time,” my teacher Richard Strozzi said in an email yesterday, “to see if where we are going is aligned to our purpose, and to give thanks for where we have come from.” I am sitting in a window seat overlooking Mt Washington from Bretton Woods, gratefully cut off by the White Mountains from beeper and cell phone access, with a chance to think about the future and the past.

It is clear that Hospice work has taken a sharp turn away from “too good to be true, too small to be useful,” the mournful mantra we heard from Ira Byock when he visited Northern New England in the early Nineties. Ira now heads palliative medicine at Dartmouth, and Hospice has become part of the mainstream of medical care.

As any canoeist on the Saco could tell you, there are benefits and there are dangers associated with being in the mainstream, and we are lucky to have leaders like Ira and Yvonne Corbeil, our Executive Director, who recognize both. As we enter the process of strategic planning, both at my own agency and in the NHHPCO, I hear a lot of talk about “Old Hospice versus New Hospice.” The two coexist in our state and within each of our local institutions.

Cameron Muir has described end-of-life care as “meaning making, legacy work,” not only for those we serve but for ourselves as professionals and volunteers. That’s “Old Hospice,” the part we don’t want to lose that enriches our lives. But the Old Hospice of the past was also an elite service, caring for the 10% of the dying who might have found it by research, or community, or connection, or just plain luck. I remember being struck in the early days how consistently the family members of hospice staff

got hospice care when they needed it – more like 90% than 10%. Hospice care has gradually become a larger part of the general culture. Growth rates of 25% or more annually are seen among New Hampshire hospice agencies. To compete with other health care agencies we have had to offer higher salaries, relying less on “psychic wage,” advertising more widely, paying for benefits we wouldn’t have considered a few years ago. I no longer know everybody at my hospice, and the staff is more broadly representative of the folks we serve. New Hospice is about access, and access depends on education, collaboration, and marketing. New Hospices have a Development Department, and Marketing, and HR, and Employee Assistance ... and turnover. We lose staff members we need to move forward, and work at perfecting the exit interview to understand and stem that loss.

Not too long ago, I participated in an exchange in a nursing magazine about physicians’ reluctance to refer to hospice care because of procedures not covered by that service. I tried to make the point that the best hospices offer any therapy that fits in with the patient’s goals of care and appears likely to provide better quality of life – whether radiation therapy, chemo, paracentesis, pleuradesis, transfusions, hospitalizations or a ventilator. We understand that these are expensive treatments but understand also that a very small minority of patients will opt for them. If we limit care to what we think we can afford for each patient, we will end up building barriers to care against all patients. Old Hospice looks for patients whose goals of care are consistent with the hospice philosophy, while New Hospice looks toward how best to provide access to care for the terminally ill. One of my oncology colleagues once suggested that he hated the term “hospice inappropriate patient” as much as I seemed to hate the phrase “the patient failed chemotherapy.” Of course we were both right. Old Hospice is

full of barriers to care, and therapy fails patients.

If you were having a second drink in a bar with a bunch of Old Hospice nurses and asked about the main barrier to hospice care, you'd hear "it's the doctors." As New Hospice sees that physicians need help with the care of the dying and sees its role as offering that help, doctors become gateways to hospice instead of barriers. It is helpful to have a physician working for a hospice prepared to walk that walk as well as talk that talk. The Old Hospice uses the "Arm Model" of medical directorship; hospice nurses still joke "if only we could just take the Medical Director's arm with us to team meetings to sign all the paperwork and leave him behind, we'd be better off."

In fact New Hospice knows a well-prepared, board certified hospice medical director is essential for this care of those who are the sickest of the sick. Nurses in New Hospice are not expected to call up the primary physician of a patient with intractable pain, ready to offer spontaneous suggestions about relieving that pain effectively and safely. They can call the medical director to discuss some alternatives, with a back up plan to have the director speak with the attending physician if those alternatives are declined. Don Schumacher suggests the medical director can act in general as a broadband communication conduit with the medical community, and the new Medicare Conditions of Participation are also moving sharply in that direction.

Now of course as a physician I feel a little uneasy insisting on skilled doctors as a feature of New Hospice. But it is an area that I know very well. I do realize that physicians are expensive. New Hospice no longer expects Hospice Medical Director to be a volunteer position. When my mentor and predecessor directed Seacoast Hospice he was a volunteer in all but name, and all the work could be done on a surgeon's day off. Estimates suggest that it takes a full time physician to cover an average daily hospice census of 100 or so, which my

agency surpassed last year. Fees-for-service billed to Medicare as a pass-through can go a long ways to support a Medical Director, and changes in the regulations are likely to stretch that envelope to allow ARNPs employed by hospices to close many gaps. Many small hospices could also share medical directors in the "circuit rider" model, allowing physicians with roots in their communities and a desire for the meaningful work of full time palliative care to honor both motivations.

What will the future hold? Fewer, larger, perhaps collaborating or consolidated hospices are an assured trend, with a broader range of services caring for a broader patient base, including more residents of assisted living facilities and nursing homes. NHHPCO will grow to two full-time employees and more than a virtual office. New Hampshire will have laws assuring that patients lacking capacity will have a surrogate pathway for making emergency medical decisions. We'll also see laws governing DNR orders, and allowing pharmacists to collaborate with other clinicians to manage some categories of complex illnesses. New Hampshire will no longer be among the 5 states lacking a Medicaid Hospice benefit. NHHPCO is working on all of these issues with many collaborating organizations. Join us to influence this future.

Perhaps someday we will finally have single-payer national health insurance. And we'll have cell phone service even in the White Mountains.



*Patrick Clary, MD
President, NHHPCO Board of Directors*

A Great Educational Opportunity for Long Term Care Staff

The NHHPCO Education Committee is seeking involvement from LTC employees and Directors of Nursing in planning an educational program on "Palliative Care in the Long-Term Care Setting."

The program will target pain and symptom management, nursing assessment skills, and partnering with physicians and nursing center management in achieving an effective plan of care in this highly-regulated setting.

If you are interested in helping to develop this program, please contact Peggy Dorson, pdorson@verizon.net

National Data Set

Working deadline this year will be May 1st. Watch the NHHPCO website and your broadcast email for details.

From the Executive Director...



**“Opportunities
abound to
advance our
mission of
improving and
expanding
hospice and
palliative care...
Please get
involved by
joining one of our
formal NHHPCO
committees or by
offering your
special talents.”**

Dear Friends and Colleagues,

If my quarterly notes to you had a title, I'd call this one 'Looking for Leaders'. I know you are out there. NHHPCO is making great strides in accomplishing the goals and outcomes that we set forth in our Strategic Plan for 2005-2007. Opportunities abound to advance our mission of improving and expanding hospice and palliative care. Our main limitations are hours in the day, and the number of volunteers on the committees... an all too familiar refrain, I am sure!

Here are just some of NHHPCO's current accomplishments:

1. Our annual educational conference in October was the largest ever, offering 350 caregivers training and support in varied aspects of hospice and palliative care.

2. Our Education Committee launched LNA education efforts and are actively planning a Clinical Review Course for the Hospice and Palliative Nursing Assistant on Saturday, March 11. Their recent education needs survey will further inform program planning for the coming year.

3. Our initiative to increase participation in the National Data Set, and quality management in general, has now attracted a majority of the providers.

4. Our collaboration with the American Cancer Society has enabled us to revitalize the NH Pain Initiative and we are actively chipping away at the goals set in our August Strategic Planning meeting for that group.

5. We are actively participating in the NH Comprehensive Cancer Collaboration ensuring that hospice and palliative care outcomes are part of the overall 5 year plan for the state.

6. Other current collaborations include:

a. Participating in the planning of the *Citizens' Health Care Working Group*,

one of a national series of federally mandated open community forums. This one will be held in Hanover, NH on March 31st and will focus specifically on national policy that enables Americans to live well through the end of life.

b. Co-hosting this year's Hospice Foundation of America's 13th Annual Live-via-Satellite Teleconference titled 'Pain Management at the End of Life: Bridging the Gap between Knowledge and Practice,' on April 5th. A number of venues are being explored.

c. Participating in the planning of a patient-centered cancer care conference titled: 'Transforming Cancer Care: Patients at the Center of Science and Service', on May 25th in Manchester.

Watch the NHHPCO website and your NHHPCO broadcast email for more details on all of these.

7. NHHPCO continues to participate on the Region I Hospice Advisory Panel. This is a critical activity giving us a voice in the setting of fiscal intermediary policies and one reason why Region I has historically had the most reasonable Local Medical Review Policies in the US.

8. We also continue our collaborations with the state Partnership for End-of-Life Care, the Home Care Association, the Medical Society, and with the Health Decisions Coalition – all working in the area of advocacy for those in New Hampshire with advanced illnesses.

Our 2005 Annual Business Meeting, key-noted by Ira Byock, MD, drew an enthusiastic response from state leadership. Participants voiced broad agreement with Ira's assertion that together we can "Change the World from Northern New England." Doing so will require *us all to be leaders* – in health care of course, but also in the communities in which we live.

You get a flavor of the work we are undertaking in each issue of *The Bridge*, on our website and at our various meetings. The rewards of getting involved in the work of your state organization include the camaraderie with like-minded colleagues, networking opportunities for yourself and your program, professional growth, and the satisfaction of knowing you are contributing to ever-better hospice and palliative care for people in New Hampshire.

Please get involved by joining one of our formal NHHPCO Committees or by offering your specific talents – we are currently scouting for a newsletter editor and layout person, and assistance with the upcoming National Data Set

benchmarking campaign. In all areas, mentoring and peer support of your fellow NHHPCO volunteer committee members and your Executive Director are very present. That’s how we do things at NHHPCO!

As always, I’m only a click away at YJCorbeil@nhhpc.org. Let’s set up a time to talk!

Yvonne J. Corbeil
Executive Director, NHHPCO

Volunteers Needed to Assist with *The Bridge* Newsletter

Our newsletter, *The Bridge*, has become an increasingly important tool for communicating the ongoing activities of NHHPCO. We are now in search of a couple of talented volunteers to assist with its quarterly production.

An editor is needed to solicit material for the newsletter and to edit incoming submissions.

A graphic designer is needed to coordinate page layout.

Both volunteers will work under the direction of the Communications Committee.

Please contact Mary Swanson via email at newsletter@nhhpc.org or by phone at 603-988-7163 if you are interested in either of these positions.

NHHPCO Board, from page 1

- Interview/discussion with at least one member of the Nominating Committee.

The Board now consists of members that are expert in hospice and palliative care as well as members with experience in business and industry. This type of well rounded Board will facilitate the achievement of the work that the membership has asked to organization to accomplish.

The Board has made the decision that, whenever circumstances allow, the Vice President will become the next President, and will use the year in the VP role to gain in-depth knowledge of the functioning of NHHPCO. In addition, a position of Officer-at-Large was created to permit succession planning for the role of Treasurer. The addition of a new position on the Executive Committee was approved by a change to the Bylaws at the annual meeting. The change permitted the Board to add additional members as determined by the Board of Directors.

NHHPCO Election goes electronic!

This year the Board decided to offer the option of electronic voting to the membership. The decision to offer this option was made so that more members could participate in the elec-

tion process. This option provided members that were not able to attend the annual meeting with the opportunity to vote. It is anticipated that electronic voting will continue to be offered to the membership.

Thanks to Outgoing Board Members

The New Hampshire Hospice and Palliative Care Organization extends a sincere thank you to the outgoing Board Members: Bill Bushnell, Wanda Harris, and Paula Caron. Bill has been a long time member of NHHPCO. He served as the Executive Director, as a volunteer! Wanda Harris, Patient Care Coordinator for the Visiting Nurse Association - Hospice of Southern Carroll County and Vicinity has also been very active in NHHPCO. She served one term as a Board member – representing rural hospice, her insight and perspective will be missed. Paula Caron served as a Board member as a result of her role as Chair of the New Hampshire Cancer Pain Initiative (recently renamed the New Hampshire Pain Initiative). All three of these members played an important role in the organization and we thank them for their work. They have been integral to the success of the organization.

Mary Swanson
Chairperson, Nominating Committee

Members' Corner

NH Agency Receives USDA Distance Learning Telemedicine Grant

USDA Rural Development Business and Cooperative Programs Administrator Peter Thomas and State Director Jolinda LaClair recently presented a \$327,100 Distance Learning Telemedicine Grant to Home Healthcare, Hospice And Community Services (HCS) in Keene, NH. The grant will be used to purchase home telemonitoring and point of care technology.

Accepting the grant money were HCS CEO Barbara Duckett and Board Chair William Moyle, MD. "This grant allows us to

bring modern technology right into patients' homes to improve their care," said Dr. Moyle. "The results should decrease hospital readmissions, decrease medical costs, and allow patients to spend more time in their own homes."

HCS is a state and Medicare certified health agency which provides extensive hospice and palliative care services. Other services include traditional visiting nurse care, physical, occupational and speech therapy, nutritional guidance, social work, personal care, homemaking and meals on wheels. Last year, services were provided to more than 4,000 individuals throughout 46 New Hampshire towns.

With the home telemonitoring equipment, caregivers will be

see Grant on page 9

Silent Auction Proceeds Benefit NHHPCO and Katrina Relief

The first Silent Auction at the Annual Conference *Pain & Beyond 2005* in October, was deemed a success by conference attendees, and many are looking forward to "putting in their bids" during the 2006 conference!

A total of 39 items ranging from the very popular Coffee with Governor Lynch, to gasoline gift cards, restaurant gift cards, art work and jewelry, to name a few, were bid on throughout the day. Attendees were each given a Silent Auction Guide and encouraged to bid on the items displayed on several tables in the main conference hall. The bidding closed at the end of lunch and this was when the real excitement took place. Ten minutes before the close of the auction, anxious bidders stood by the auction tables, sometimes several-deep, watching and waiting for anyone who might try to outbid them. Not to be outdone if someone did make another bid, they quickly pounced on the bidding sheet and wrote in their new bids. Then

those sweet words were spoken: "*The auction is now closed*", and the winning bidders walked away happy.

The Silent Auction was the brainchild of the NHHPCO Fundraising Committee charged task of raising funds to benefit NHHPCO programs and to raise the awareness of hospice in communities throughout the state. This first Conference Silent Auction raised over \$2,000, and a portion of the proceeds this year went to the Katrina Relief Fund at Louisiana and Mississippi Hospice and Palliative Care Organization.

Special thanks go to the creative team of the NHHPCO Fundraising Committee: Jean Montana (Chair), Mary Ann Antonelli, Mary Gaul, Anne Hebert, Inga Johnson, Mary Kazanowski and Di Lothrop, and to the all the generous participants! If you think you would like to be part of the Fundraising Committee, we would be thrilled to welcome you to the team. Contact us through info@nhhpc.org.

New Hampshire Pain Initiative News

The NH Pain Initiative has been busy setting its agenda for the coming year. The NHPI Steering Committee members are Ira Byock, Paula Caron, Beth Connelly, Yvonne Corbeil (ex-officio), Meg Gerken, Ira Gray, Deborah Kimball (NHPI Coordinator), Cal Robinson (Chair) and Susan Young. The Steering Committee has set the following priorities:

- Building the NHPI webpage as a resource for professionals and consumers
- Co-hosting the April 2006 Hospice Foundation teleconference "Pain Management at the End of Life: *Bridging the Gap Between Knowledge and Practice*" at various locations around the state

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- Expanding the base of financial support for the Pain Initiative
- Maintaining representation on the New Hampshire Comprehensive Cancer Collaboration and the New Hampshire Medical Society Task Force on Pain and Prescription Drugs
- Improving New Hampshire's "pain grade"
- Participation on the New Hampshire Hospice and Palliative Care Organization Annual Pain Conference Planning Committee

New Hampshire Pain Grade Update

The New Hampshire Pain Initiative is working to improve patient access to, and health care professionals' ability to provide quality pain management. Part of this effort is through

see NHPI on page 7

Committee Updates

Conference Committee

The 2005 Pain & Beyond Fall Conference was a great success. This Conference achieved many milestones for NHHPCO: the highest attended conference, the highest number of breakouts, and the highest number of vendors that this conference has ever seen!!! 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 and nationally known speakers who presented.

Save the Date – The 2006 Pain & Beyond Fall Conference is planned for Wednesday, **October 18th** at the Radisson Hotel, Center of NH.

Laurie Farmer and Deborah Kimball are the current co-chairs of this committee and would be happy to hear from others about particular interests for topics, possibility of being a presenter, or any other feedback you might like to share.

We want to extend our appreciation and thanks to Kyle Pierce for all her many years of service on this committee.

Laurie Farmer, Chairperson

Education Committee

Thank you to all who participated in the recent Educational Needs Assessment. Results of this assessment will be used to help the Education Committee plan future educational activities. The Education Committee wishes to announce the following people who are the **winners of one free registration** to an upcoming event:

- *Meghan McGee Desfosses*, Pharm.D., Portsmouth Regional Hospital
- *Fran Lefebvre*, CHPN, Community Hospice House

- *Dolores Lavallee*, LNA, Wentworth Homecare Hospice
- *Robin Eastman*, LNA, VNA Hospice of Southern Carroll County
- *Lin Robinson*, Hospice Volunteer, Home Health & Hospice Care
- From the Member Agency Needs Survey: *Seacoast Hospice*

Congratulations to the winners. Vouchers are redeemable as registration fee for any program offered by the 2006 NHHPCO Education Committee.

Kathy Hopkins, Chairperson

Public Policy Committee

The NH House Judiciary Committee approved HB 656 on November 15, 2005 by a vote of 15 to 5. HB 656 would update current laws related to Durable Power of Attorney for Healthcare and Living Will and add new statutory language regarding Do Not Resuscitate orders.

HB 656 with the Mooney, et. al. Floor Amendment passed the House of Representatives on February 15, 2006 by a vote of 231 to 188. It will go next to the Senate for a vote. The Healthcare Decisions Coalition wishes to thank the many legislators for the enormous commitment of time and careful study of the bill.

NHHPCO has been an active member of the Healthcare Decisions Coalition that developed this legislative proposal over a 15 month period.

The NHHPCO Public Policy Committee and the NHHPCO Executive Committee both voted unanimously to support this bill, and on January 12, 2006 correspondence was sent to state legislators indicating NHHPCO support of this important bill.

*Maryanne Mercier
Chairperson*

Networking Group News

Hospice and Palliative Care Coordinators Networking Group

“Open Access” has been the hot topic for discussion at the last two meetings of this Hospice and Palliative Care Coordinators Networking Group. The group meets every other month at 125 Airport Road in Concord, NH. Opportunities for general networking abound. For more information contact Susan Herrmann at 603-352-2253, ext. 192, sherrmann@hcsservices.org.

*Susan Herrmann, RN, CHPN
Chairperson, Hospice and Palliative Care Coordinators
Networking Group*

Volunteer and Bereavement Coordinators Networking Group

Volunteer and Bereavement Coordinators met Wednesday, February 22nd in Concord and discussed a number of topics including bereavement support provided to the community, program use of complementary therapies, and policies surrounding volunteers providing transportation. Upcoming meetings are scheduled quarterly for the following dates: May 3, August 23, November 15. For more information contact Tanya Prather at tanya.prather@hhhc.org.

*Tanya Prather
Chairperson, Volunteer and Bereavement Coordinators Net-*

NHPI, from page 6

collaboration with the New Hampshire Medical Society Task Force on Pain and Prescription Drugs. The Task Force is exploring ways in which New Hampshire can improve its “pain policy grade” as determined by the Pain and Policy Studies Group (PPSG) at the University of Wisconsin Comprehensive Cancer Center. PPSG’s mission is to promote pain relief by improving public policy and communications. They regularly review pain relief policy in all states. The goal is to achieve balance in drug control policy which both promotes the effective treatment of pain and minimizes diversion and abuse of prescription medications.

Further information about the work of PPSG is available at: www.medsch.wisc.edu/painpolicy.

Deborah Kimball, Coordinator NHPI

Networking Group News cont.

Social Workers Networking Group

At the Jan 10th meeting, Cheryl Flanders from The ALS Association and Amy Rohleder from Muscular Dystrophy Association were present to share information about the resources available through each of their organizations. We also briefly discussed the Medicaid changes for Long Term Care benefits.

We are working with the Oncology SW group on a workshop for educators titled, "Helping You Helping Them: How Serious Illness or Grief Affect Your Students and School." This workshop will be open to any educator, school nurse, counselor, or administrator in the state. Workshop is scheduled for Saturday, March 25th, 8:30-12:30 at the Payson Center for Cancer Care at Concord Hospital.

Next meeting is March 14th 8:30-10am at the NH-NASW office. Please contact Laurie Farmer, LICSW at 224-4093 or lfarmer@crhc.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

Palliative Care Clinicians Special Interest Group

The Palliative Care Clinicians Special Interest Group (PCCSIG) will meet in "The House Chamber" at the Concord Common Man restaurant, Friday, May 5th 2006, 6 - 9 PM. The agenda will include discussion of the "Comfort Kit" project, review and distribution of version 1.1 of the NHHPCO "Opioid Use Guidelines" quick reference pocket card, and a presentation on Hospice Open Access programs with an invited guest speaker. Continuing Education Credit has been applied for. This is a larger capacity meeting room and we will have to commit to a guaranteed attendance by May 1. Cost will be \$50/person, which will include dinner. There will be a cash bar available. Directions: Exit 13 off I-93. RSVP to Patrick Clary, MD plclary@aol.com.

Patrick Clary, MD

Chairperson, NHHPCO Palliative Care Clinicians Special Interest Group

Spiritual Care/Chaplains Networking Group

We are looking for someone who would be interested in bringing this group back together. Spiritual Care is an essential part of hospice and palliative care teams and we want to support the ability for those who provide it to gather as a networking group. If you have any interest in coordinating meetings for this group, please contact

Laurie Farmer, LICSW at 224-4093 or lfarmer@crhc.org. We would be happy to help guide you.

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, 11:00 a.m. to 3 p.m.

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

We are currently seeking a chairperson to re-activate this support group. (See note on page 7.) If you are interested, please contact Laurie Farmer, 603-224-4093,

lfarmer@crhc.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: Patrick Clary, MD

603-778-7391

plclary@nhhpc.org

New BOD Members

Andrea Huertas is currently the Hospice Program Manager at Community Health & Hospice, Inc, a position she has held since 2003. In this role she is responsible for the management and growth of the hospice program. Andrea has also served as the Nurse Manager at Oncology-Hematology of Lehigh Valley, P.C. in Bethlehem, PA where she supervised and managed the outpatient office. Andrea has over 15 years of experience in working with patients and their families at the end of life, including 5 years as the Clinical Home Health and Hospice Supervisor for the VNA of Eastern Pennsylvania. Andrea holds a Diploma from St Luke's School of Nursing in Bethlehem PA and a BSN from Cedar Crest College in Allentown, PA.

Bruce Mast is the President of Bruce Mast and Associates (BMA), a human resource firm that focuses on Leadership and Organizational Development. As President, Bruce brings expertise in Leadership and Organizational Development, Executive Coaching, and Staffing issues to the design and implementation of creative approaches and effective solutions to challenges facing employers and employees in today's organizational realities. As the creator and architect of BMA's innovative leadership development processes, Leadership On The Line® and Leadership By Designsm. Bruce focuses on developing effective learning that has a profound impact on both individuals and organizations.

Bruce holds a Master's Degree in Peace Studies (Applied Ethics) from the Associated Mennonite Biblical Seminaries, a BA in Social Science, summa cum laude, from Bethel College, and has done Advanced Academic Studies in Counseling. He also has served as President of the Board of Seacoast Hospice, and is currently a volunteer at Seacoast Hospice.

NHHPCO Board of Directors



Officers

Patrick L. Clary, MD, President
Medical Director, Seacoast Hospice
Exeter, NH
pclary@nhhpc.org

Shawn LaFrance, Vice President
Vice President for Planning
and Development
The Foundation for Healthy Communities
Concord, NH
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Laurie Farmer, MSW, LICSW, Treasurer
Medical Social Worker
Concord Regional VNA
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Susan Herrmann, RN, CHPN
Executive Secretary
Hospice Program Manager
Home Healthcare, Hospice and Community Services
Keene, NH
sherrmann@hcsservices.org

Mary Swanson, Officer-at-Large
Kindred Healthcare
Andover, MA
maryaswanson@comcast.net

Yvonne Corbeil, Executive Director
Ex-officio Board Member
Director for Program and Network
Development for Palliative Care
Dartmouth-Hitchcock Medical Center
Lebanon, NH
yjcorbeil@nhhpc.org

Board Members

Susanne Fortier
Human Resources Director
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Concord, NH
longpondfort@metrocast.net

Andrea Huertas, RN, BSN, CHPN
Hospice Program Manager
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able to track patients' health on a daily basis without an actual visit to the home. Monitoring health signs daily will alert the caregiver to a potentially dangerous change in the patient's health. The Point of Care is an electronic medical records system that will provide constantly updated medical records and improve access to those records by caregivers and physicians. It will also decrease the amount of

time a caregiver spends on paperwork, allowing more time to care for patients.

The Point of Care (electronic medical record system) technology will be of particular help to hospice and palliative care providers, since every caregiver will always have the most up-to-date information on medication changes and on symptom management and other patient care issues.

Members' Corner

Seacoast Hospice Announces Plan for New Hospice House

Seacoast Hospice is very pleased to announce that their planned hospice house will be named in memory of Abraham and Elizabeth Hyder, thanks to a generous donation from Mitchell Hyder and Edward Hyder. Seacoast Hospice Executive Director, Susan Cole, estimates that the Hyder Family Hospice House will care for 225 people a year. She states, "The Hyder family's gift will allow us to do something that our patients and caregivers have been asking us to provide for years – an inviting and homelike setting staffed by skilled hospice professionals."

Seacoast Hospice recently announced that they are conducting a capital campaign in support of the \$4.7 million project - the Seacoast region's first hospice house. "The Hyder's gift comes at a perfect time," says President of the Board, Dr. Mark Henschke. "Our joint goal is to raise both the community's awareness of the need for a hospice house and the capital for construction. The Hyder Family Hospice House will play a very important role in the continuum of health-care for the seacoast."

Speaking for the family, Edward Hyder said, "The Hyder family was

blessed with caring, compassionate parents who were always willing to help anyone in need. For all the good they have done in their lives, we are proud to contribute to this fine facility in their memory. We hope our gift will inspire others in the community to support the project."



The facility will include: 14 private resident rooms, family rooms, a dining room, chapel, children's corner and a community meeting room. The Hyder Family Hospice House will be the largest hospice house in New Hampshire and the design allows for expansion in the future. Construction of the Hyder Family Hospice House is scheduled to begin in 2006 with a planned opening in 2007.



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