



The Bridge

Fall 2006, Volume 2, Issue 3

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

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New Law for Advance Directives

New Hampshire House Bill 656, pertaining to advance directives and do not attempt resuscitation (DNR) orders, is effective on January 1, 2007. The new law established New Hampshire's first DNR statute law and is an update to advance directive laws that have not changed in 15 years. The new law will require hospices and other health care organizations to update their policies related to these issues and train staff. The NH Partnership for End-of-Life Care has developed a statewide education program and will be offering train-the-trainer sessions this fall, in communities across the state, for health provider organizations.



Shawn LaFrance

The statewide education program will include an updated 'Advance Care Planning Guide', new Portable Do Not Attempt Resuscitation (P-DNR) form, DNR policy template and specific education modules for: physicians and ARNPs; nurses, social workers and chaplains; health administrators; emergency medical services;

and patients and families. This information will be mailed to every hospice program, home care agency, hospital and long-term care facility and will be available on the Foundation for Healthy Communities website.

The purpose of the legislation is to update the law so that honoring patient wishes is as clear as possible. The changes in law, educational efforts and new forms should always be understood in the context of understanding what health care the patient wants or does not want. Forms are tools for patients to communicate, but they should not become barriers to listening and respecting patient choices. Advance care planning is a process to think about health care choices and make decisions. An advance directive is only a written document or tool to help communicate the patient's decisions. Understanding and honoring a patient's choices is the important task of health care providers in delivering quality care.

The distinction between an advance directive and a do not attempt resuscitation order is often a confusing one. An advance directive is an important written guide in determining the medical care a patient receives towards the end of his or her life. An advance directive can

see New Law on page 11

Can You Say QAPI? (pronounced "kwa-pee")

Practice saying QAPI a few times... or as many times as it takes until those two syllables flow easily from your lips. With the CMS-proposed revisions to the Hospice CoPs, we know that QAPI (Quality Assur-

ance Performance Improvement) is here to stay.

In my last newsletter article, I asked for participating New Hampshire agencies to share their successes and/or frustrations with collecting the End Result Outcomes Measures

(EROM)—Comfort within 48 hours of admission; Avoiding unwanted hospitalizations; Avoiding unwanted CPR. These three data points are reported on the final page of the annual National Data Set (NDS)

see QAPI on page 9

From the President...



Patrick Clary, MD

“Love and death are not alternatives; I have come to see them as thresholds between each other.”

All that separates us from the dying is time. Those in the disability community sometimes have been known to refer to everyone outside that community as “temporarily able.” The Latin root of patient is “suffering.” In that sense, as we age we are all “patients-in-waiting.” In all these ways, when we care for others we are preparing to be cared for, I know now more clearly than ever.

Thanks to circumstances of work and life this summer and fall I have had the privilege of extensive participation in the care of family members I love. This year I have also begun to see myself as a patient for the first time, to take medications regularly, likewise regularly visit a clinician (or 3), and to understand what a swamp of a health care system we are wading through, how dismal it is, and how we must support one another, patients, caregivers, clinicians, so as not to drown in regret, anger, shame, and fear. As Auden said, “We must love one another or die.” Later he regretted not changing that line in the poem to “we must love one another and die.” Love and death are not alternatives; I have come to see them as thresholds between each other.

Unlike many hospice nurses I don’t read auras, so when meeting people I tend to assess their spirituality in terms of their kindness. Caring for people you love is a spiritual experience, and I found myself aspiring to compassion in the process. Isn’t it odd how kindness leads to more kindness?

Some of you may have met my mother at the annual meeting of the Hospice and Palliative Care Council of Vermont last year. Yvonne Corbeil noticed how the presence of just one *real* patient “changed the way all of the participants talked.” Six weeks before my mother’s 80th birthday the hospice nurses warned us that they didn’t think she was going to make it, and that we should move the celebration up a few weeks if possible. Her little home town in Western Montana has a tradition called “First Fridays,” concentrating all the night-life in town on the first Friday of the month, finding it

livelier that way. The town leaders decided that the first Friday in March would be her birthday celebration. Mom is a water-colorist but in preparing for death has given most of her paintings away. The owner of the little gallery on Main Street offered her a show and she accepted, though she wasn’t sure how she was going to fill all those walls. When her friends heard of the plan, they took her paintings off their own walls spontaneously and lent them to the gallery – dozens more watercolors, even some oils I’d never seen, graced the whole place glowing like the windows of Notre Dame and a line formed outside the big night waiting to get in. Of course those of you who do hospice work can guess how that part of the story ends: I arrived the night before the party and her birthday was celebrated from then until the real date, the longest birthday party ever. She was, as ever, the brightest light in every room, and so she remains even as I write on the 5th anniversary of 9/11.

When I returned to Montana this past summer, eight months into Mom’s hospice care, there were some emerging issues. “Dying is so boring,” she said, family feuds, the usual things I couldn’t imagine fixing. Seeing the flies buzzing around, I *could* mend all the screens in her house. Only after doing so did I realize that the back door was left open in all good weather for the dogs’ (and flies’) convenience. There are four dogs living with Mom, all well-loved, one over the town’s legal limit. The one named after me has three legs. Now, unlike some members of my family, I would never suggest that a reduction in the number of dogs would improve safety, not to mention abate noise. Nor did I object when I heard there was a plan afoot to breed the prettiest of them to a Schnauzer in Butte. However, when I chose the doggy door to install between the house and garden, I made sure it would be a tight fit for the pretty one as long as she wasn’t pregnant. So far, so good. Beyond methods of effective canine birth control I have some new insights into the need for pain management teaching which I

plan to share with the medical community here and elsewhere.

Having reached my statutory limit as the President and member of the Board of the New Hampshire Hospice and Palliative Care Organization, I know there were some who expected me to disappear, in the tradition of the previous president of the Board and of end-of-life care generally. According to the Board, however, I remain obligated to continue in the office of Past President. . . However, I leave this office in the able hands of Shawn LaFrance who will take over this column in *The Bridge*, along with the other duties of the leader of the Board, well assisted by an experienced executive committee, which I will sit on for a year *ex officio*. Those who know Shawn, especially his advocacy work with HB 656, know how lucky we are to have him coming into this role.

Until the end of the year I will continue to teach basic pain management without any honorarium at any institution or agency that agrees to distribute, as accompanying handout, 25 or more of the excellent laminated "Opioid Use Guidelines" from NHHPCO's "Best Practices Project." I'll gladly share the power point version of this talk with any clinician who has

sat through it and is willing to learn to present it. Teaching is learning. Also, until a little beyond the end of the year, I will do the presentation that takes my new book, *Dying for Beginners* as its text, without honorarium, as a joint fundraiser for the NHHPCO and any sponsoring organization in New Hampshire, Maine, or Vermont. See the web site for details and more news as time passes. See you at the conference – don't forget that patients and volunteers attend at a sharply reduced rate which I think their hospice agencies should pay, of course.

It has been a privilege and a pleasure to work with the people who have made NHHPCO succeed beyond any expectations I had when I took over as your acting president in 2003. I hope to continue to serve the State's clinical community in other roles, as the Board and Executive Director have modeled for me so well. How could I possibly leave?

Agape,



*Patrick Clary, MD
Immediate Past President, NHHPCO*

Do you receive the following information weekly via email?

HOSPICE NEWS NETWORK

What the Media Said about End-of-Life Care This Week

A Service of the

New Hampshire Hospice and Palliative Care Organization

National News

FAMILY CAREGIVER ALLIANCE URGES IMPROVED CAREGIVER ASSESSMENT

PALLIATIVE CARE AT A "TIPPING POINT"

ASSISTED LIVING CENTERS AND HOSPICES FORM PARTNERSHIPS

MANY FACTORS IMPACT HOW CHILDREN DEAL WITH GRIEF

HOSPICE AND PALLIATIVE CARE SPECIALTY ENDORCED

SCHIAVO PROMPTS EOL INTEREST BUT LITTLE FOLLOW-THROUGH

Other Features

RESEARCH AND RESOURCE NOTES

PAIN NOTES • BOOK NOTES • OTHER NOTES

Hospice News Network is published 48 times per year by a consortium of state hospice organizations. The above were recent headlines. An HNN email subscription is a benefit of NHHPCO membership. If you are not receiving HNN and would like to, consider joining NHHPCO. Individual membership is \$35/yr. Read more at www.nhhpco.org/join.htm.

From the Executive Director...



Yvonne J. Corbeil

“We may be a small organization, but with the creativity, energy and commitment of our members and Board, we can have a powerful impact on access and quality of care across New Hampshire.”

Dear Friends and Colleagues,

Our mission is rightly large. The need to advocate for and support services to “*improve access to quality care for New Hampshire residents with life-threatening conditions*” is out of proportion to the size of our small state and provider community. We must maintain a high degree of creativity in leveraging change with limited resources.

As I write this letter we have just completed the NHHPCO Annual Business Meeting for 2006. We are buoyed by momentum on all fronts. Tangible progress toward our strategic goals is being made within our formal Board Committees and Networking Groups, as well as the various collaborations NHHPCO supports as active partners (*see sidebar*).

I am pleased to devote my space in this issue to introductions of our new Deputy Director and Board members.

The development of the Deputy Director position has been part of the overall succession plan for the organization. The Board is pleased to announce that **Janice McDermott** has accepted this new role and began her responsibilities on October 2nd. Janice is already known to many of us. She comes to NHHPCO with 22 years of hospice experience in NH in a variety of positions, including most recently, that of Hospice Director at Home Health & Hospice Care in Nashua and Merrimack for the past 5 years. Additionally, Janice has Certifications in both Hospice Management and Non-profit Organization Management. In her new role, Janice will also serve as an ex-officio member of the Executive Committee.

The Board is also pleased to introduce to you the new Board Members elected on October 3rd.

Peg Gilmour has been involved in hospice and home care since 1983. She is currently a Healthcare Consultant specializing in Home

Health Care and Hospice. She is also a Site Visitor for Community Health Accreditation Program (CHAP). Prior to these, Peg was President/CEO of Home Health & Hospice Care in Nashua, NH where she was responsible for the leadership and growth of a flagship Visiting Nurse Association (VNA) and Hospice in Southern New Hampshire and also led the community wide effort to raise the funds, build and open a 10 bed residential and inpatient Hospice Facility (The Community Hospice House). Peg was a Founder and Executive Director of Community Hospice of Greater Nashua, the first Hospice in Southern New Hampshire. She subsequently led a merger of the Hospice with two Visiting Nurse Associations to form Home Health & Hospice Care.

Peg holds an MS and BS from Boston University, and an RN Diploma from Massachusetts General Hospital School of Nursing. She also attended the Institute for Non-profit Administration at Radcliff College, in Cambridge, MA.

Linda Hotchkiss is currently the Program Manager for Palliative Care at St. Joseph Hospital in Nashua, NH where she functions as the Administrative team leader and is also responsible for program development, community outreach and advanced practice clinical assessments. Prior to this, Linda served as the Hospice Coordinator / Director for Derry / Salem Home Health and Hospice where she was the Administrative Team Leader and had responsibility for hospice operations including clinical care, financial planning, staff productivity and the Bereavement and Volunteer programs. Linda began her career in hospice in 1991 at Elliot Home Care and Hospice.

Linda holds an MS degree as an Advanced Practice Nurse Practitioner / Primary Care, with a Specialty in Palliative Care from Northeastern University / Bouve School of Nursing. She also attended the RN to MS

program at Northeastern University / Bouve School of Nursing, where she received a BS in Nursing degree.

Trish Joy is currently a hospice nurse with Home Health and Hospice in Merrimack, NH. She is responsible for case management for hospice patients and their families. In addition to her eight years of hospice nursing experience, Trish has experience in long term care, specializing in care of residents with Alzheimer's Disease. She also has corporate business experience in sales and as an account manager. Trish has been active in the NHHPCO Golf Tournament, is a massage therapist, and has completed a Dale Carnegie course. Trish holds an Associates degree in Nursing.

Lastly, the New Hampshire Hospice and Palliative Care Organization extends a sincere thank you to the outgoing Board Members: **Laurie Farmer, Mary Kazanowski, Maryanne Mercier, and Patrick Clary**. All four of these members have played an important role in the organization and we thank them for their committed work. They have been integral to the success of the organization. Pat Clary stepped into the role of President when he was a relatively new member of the Board of Directors. He has led the organization through significant change and growth over the past few years. Pat has

agreed to serve in an ex-officio role on the Board for the next year as Immediate Past-President. Laurie Farmer has served as Treasurer of the organization for the past several years, and has also been a key part of the success of the annual Pain and Beyond Conference. Laurie will continue to participate as Chair of the Conference Committee. Mary Kazanowski has served as Secretary of NHHPCO and has also spearheaded the very successful NHHPCO Golf Tournament for the past two years helping to raise critical funds for NHHPCO. Mary has agreed to Chair the Golf Tournament Committee again next year. Maryanne Mercier served one term on the Board and chaired the Public Policy Committee. Maryanne facilitated an improved understanding of key legislative issues for our members, and assured that hospice and palliative care issues were made known to the legislature.

We may be a small organization, but with the creativity, energy and commitment of our members and Board, we can have a powerful impact on access and quality of care across New Hampshire.



Yvonne J. Corbeil
Executive Director, NHHPCO

Board Committees

- Education Committee**
Chair, Kathy Hopkins
- Conference Committee**
Chair, Laurie Farmer
- Communications Committee**
Chair, Mary Swanson
- Public Policy Committee**
Chair, to be announced
- Fundraising Committee**
Chair, Jean Montana
- New Hampshire Pain Initiative (NHPI)**
Chair, Paul Arnstein

Networking Groups

- PC & H 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



Thank you to our sponsors for the
11th Annual Fall Conference
Pain & Beyond: 2006
Wednesday, October 18th, 2006

Joint sponsorship by



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Dying for Beginners — A Book Review by Suzanne Bowman

One way of thinking about a human being is that each person is really three in one: first, there is the person that one presents to the world, the person who is observed by others; second, there is the inner person - the thoughts, feelings, motives that are not usually seen by others; and finally, there is the spiritual being, or spiritual essence, which underlies the first two.

I thought about this as I read *Dying for Beginners*, by Patrick Clary. I have known Patrick for a number of years as the highly skilled and committed Medical Director of the hospice where I also worked as the Bereavement Coordinator. He is an unusual doctor, even for hospice. He knows the importance of meeting each patient along with his or her family in their own home, he understands the need of regular, scheduled in-house support groups and memorial services for the well-being of the staff, and he never stops working on himself and learning from others. Still, it wasn't until I read the poems in this book that I felt as if I had the rare honor of looking at all three aspects of this poet/doctor. I saw Pat in all his honest and courageous complexity for the first time. It was a great privilege!

"Poetry," Wordsworth said, is "the spontaneous overflow of powerful feelings recollected in tranquility." Sculpted from the diverse experiences of the poet's life, *Dying for Beginners* tells us harmonically of war, human degradation, relationships, place, family, friendship and dying. They are snapshots of

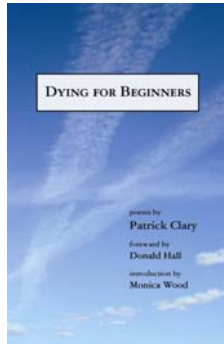
meaning, or no meaning at all. They imbue us with feelings. They engage us, shock us, startle us, amuse us and sometimes horrify us. They ring true.

In "Three Variations" he writes:

*I think of my own hands, square,
Filled with themselves, professionally
Tender on demand, but still uneasy
At your easy tenderness.*

Dying for Beginners is a highly personal collection of poetry shaped as an autobiography. Perhaps because it is so personal, it enabled me to touch an intimacy within myself. In the prose poem "Gustav Mahler in Amsterdam, 1910", he says "...words seek to become poems and poems seek to become the silent harmony of understanding." Initially, as I read these poems my mind was on duty asking if I understood what the poem was saying, the point it was making, and if some message embedded within a particular poem was also true for me. Gradually I let that go and allowed the emotional effect of each poem to wash over me. The honesty of the words enabled me to get in touch with my own honesty.

Dying for Beginners is a book of poems for those seeking to know life in all its complexity, and to know ourselves in all our complexity. Through this search we can each come closer to discovering the understanding, purpose and meaning of our own lives. It is also a book for those who simply want to take quiet moments to enjoy exquisitely crafted poetry which touches both the mind and heart.



Title: Dying For Beginners
Author: Patrick L. Clary, MD
Publication Date: October 20, 2006
Publisher: Lost Borders Press (www.lostborderspress.com)
Category: Poetry
Price: \$15.95
ISBN: 0-9777632-0-X

For orders via check and bulk orders, write to:

Lost Borders Press
PO Box 55
Big Pine, CA 93513.

www.nhhpco.org/DyingForBeginners.htm

Flatbread Pizza Fundraiser Benefits NHHPCO

On Tuesday evening, April 18, 2006 a successful benefit fundraiser was sponsored by the Flatbread Company in Portsmouth, NH for the NHHPCO. The Seacoast Regional Networking Group of NHHPCO, made up of four area hospices, including Wentworth Home Care and Hospice, Portsmouth Home Care and Hospice, Rockingham Hospice and Seacoast Hospice organized and hosted this benefit.

Friends of hospice from all over joined in for a great night out and a Care and Comfort gift

basket was raffled and won by Noelle Clews of Portsmouth. In four short hours, the event raised almost \$600.00 to support the work of NHHPCO. It was a wonderful evening and Flatbread's generous donation is very much appreciated. The group hopes to make this an annual event. Watch for news of our next event.



NHPCO Committee Updates

Communications Committee

The Communications Committee is continuing to focus on creating the newsletter on a quarterly basis, as well as, moving forward on the strategic plan initiatives that are the responsibility of this committee. After somewhat of a break over the summer the committee plans to intensify the focus in the following areas, most in collaboration with other NHPCO committees and the membership:

- Identify key issues of concern to members and generate talking points to assist member agencies
- Develop mechanisms to increase public awareness of hospice and palliative care
- Develop and implement a system to rapidly inform members about emerging media and legislative events and issues
- Develop relationships with media

Input from the membership is needed to increase the effectiveness and benefit of this work. VOLUNTEERS ARE WELCOME!!! If you are interested in helping with the work of this committee, please contact Mary Swanson at marvaswan-son@comcast.net. Thank you.

Mary Swanson, Chairperson

Fundraising Committee

On July 11th the Peterborough Players hosted the Second Annual Dress Rehearsal performance to benefit NHPCO. The evening was enjoyed by many members and friends alike. The play, "The Gin Game", tells the story of two new residents in a Nursing Home. It was at once entertaining and poignant. Refreshments before the play were supplied by *Sage with Thyme*

Catering. It was a lovely evening of entertainment and we look forward to partnering with the Peterborough Playhouse again next year.

On October 18, 2006 at the Annual Pain and Beyond Conference the Fundraising Committee will be hosting a Silent Auction for the second year in a row. The auction was a great success last year and we are looking forward to the excitement of the last minute "silent bidding" again this year.

Jean Montana, Chairperson

Education Committee

The NHPCO Education Committee has been meeting on a monthly basis and has been actively involved in a number of projects over the past year. Using the results of the survey completed at the NHPCO Fall Conference, the Education committee targeted activities toward needs identified by hospice providers.

On March 11th, a Hospice and Palliative Care Clinical Review Course for LNAs was sponsored by the Education Committee at the Home Health and Hospice Care's Merrimack facility. This program was offered to prepare LNAs for the certification exam that was held on March 18th. The program was attended by a diverse group of participants, including both new and seasoned LNAs, an LPN and a retired Physician seeking to learn more about hospice care from the perspective of other team members. Kathy Hopkins, RN, CHPN facilitated this training.

This LNA review course was repeated on August 26th in Lacomia at the Community Health and Hospice, Inc. office. A Hospice and Palliative Care Clinical Review Course for RNs was held in the same location on September

9th in preparation for the fall Certification exam. Plans are currently underway for offering these two courses again in the North Country in the spring of 2007.

Additional committee activities:

- A subcommittee led by Tanya Prather is developing a training program to prepare hospice volunteers to assist in the provision of Bereavement support services for Hospice programs. We anticipate offering this program in 2007.
- Education committee member Meg Gherkin, MD is exploring the development of a palliative care training program for Hospitalists in the state of New Hampshire.
- A team effort by Education Committee members, Peggy Dorson, RN, APRN, and Linda Hotchkiss, RN, APRN, will bring palliative care education to area long-term care (LTC) settings in 2007 and will specifically target pain and symptom management, nursing assessment skills, and partnering with physicians and management in achieving an effective plan of care in this highly-regulated setting. End of Life Care Education Consortium (ELNEC) modules will be adapted for use in these programs.

As the Education Committee moves forward with planning programs for 2007, we also welcome new members to join us in our efforts. For information about membership, contact Kathy Hopkins, Committee Chairperson at kmhopkins@hotmail.com or Inga Johnson, NHPCO Board member at ijohnson@nchha.com.

Kathy Hopkins, Chairperson

New Hampshire Pain Initiative

The New Hampshire Pain Initiative (NHPI) is picking up momentum after slowed activity in recent years. The devoted group of volunteers on the steering committee was too small to establish standing committees needed to accomplish the desired results set forth in our August 2005 strategic planning meeting. As an alternative to the traditional standing committee and subcommittee structure, NHPI is now testing the use of task forces with a very narrow focus, called Time-Limited Commitment ("TLC") groups. Three TLC groups have been formed aligned with the strategic plan priority areas of: Public Policy/Advocacy, Professional Development, and Patient/Public Education. Although this first set of TLCs had a matter of weeks to accomplish their work, most future TLC work will seek volunteers to serve for 3-9 months. Membership of the TLC groups include a liaison to the Steering committee, and citizens/professionals identified as having the best background/talents to do the focused work of the specific TLC. By recruiting new people to help accomplish the specific tasks, and using a "snowballing" technique of asking new members to suggest people with the sought background, we have broadened the base of volunteers helping to accomplish our goals.

NHPI is also gaining momentum in the area of receiving grant monies to support our activities. First, NHPI was awarded a \$5000 grant from the American Association of Cancer Pain Initiatives (AACPI). Ira Gray, our citizen representative, is providing leadership in

Committee Updates

the development of a Public Service Announcement with the monies. The American Cancer Society (ACS) awarded NHPI a \$20,000 grant to support our trial of the TLC and Snowballing models of accomplishing strategic initiatives as described above. Additional funding is being sought from the Tillotson Fund (NHCF) to support a training program in the north-country and an American Pain Foundation (APF) grant is being sought to help NH develop a "Power over Pain" program. To help us with these new, exciting activities, we are seeking a part-time Director for NHPI. The Director would help maintain and build our momentum through the following activities:

1. Refine and monitor progress pertaining to the strategic plan
2. Identify and pursue potential funding sources (e.g. grant-writing, fundraising)
3. Administer grants and contracts
4. Provide administrative support for the NHPI Steering Committee

Persons interested in the Director of NHPI role should contact Paul Arnstein during the month of October at arnstein@bc.edu or visit www.nhhpco.org/employ.htm

Paul Arnstein, Chairperson

Nominating Committee

The NHHPCO Board of Directors has continued its focus on succession planning and strong leaders to serve on the Board as a means of maintaining the forward momentum of the organization. Three excellent candidates came forward to run for positions on the Board. Each of the candidates came from a hospice background, but

with vastly different experience. All offered skills and experiences that support the Board and the organization in achieving the goals established in the strategic plan.

NHHPCO is pleased to announce the following results of the October 3, 2006 election for new members to the Board of Directors. The new members are: Margaret (Peg) Gilmour, RN, MS; Linda Hotchkiss, ARNP, MS, BSN, CHPN; and Trish Joy, RN. These new Board members will add to the expertise of the current Board members and continue progress toward achievement of the established organizational goals and strategic plan. Congratulations to all!

In addition, the Board of Directors selected the following members to serve on the Executive Committee. These were elected by the Board after the Annual Business Meeting.
President: Shawn LaFrance, Vice President, The Foundation for Healthy Communities, Concord, NH

Vice President: Inga Johnson, MS, Director of Hospice & Palliative Care Services, North Country Home Health & Hospice, Littleton, NH

Treasurer: Mary Swanson, Kindred Healthcare, Andover, MA
Secretary: Andrea R. Huertas, RN, BSN, CHPN, Hospice Program Manager, Community Health and Hospice, Inc., Laconia, NH

Ex-Officio Members:

Immediate Past President: Patrick Clary, MD, Palliative Care Service, Portsmouth NH
Executive Director, Yvonne Corbeil, Dartmouth-Hitchcock Medical Center, Lebanon, NH
Deputy Director, Janice McDermott, Amherst, NH

Members' Corner

SPECIAL SEACOAST HOSPICE BRIDGES EVENT

SPEAKER: Pam Leo on Children's Grief, Healing and Hope

WHERE: Community Campus, Portsmouth, NH

WHEN: October 27, 2006 at 7:00 PM

Seacoast Hospice welcomes Pam Leo, parent educator and writer, as our guest speaker on October 27, 2006 at Community Campus starting at 7:00 p.m. Contact Elaine Wiesman to find out if an NASW Authorization Number has been issued. The Friday night event is open to the public and is free of charge.

SPECIAL BRIDGES GATHERING

WHEN: October 28, 2006

This year marks the 15th year of our Bridges children's bereavement program. A fall gathering is planned on October 28th for past participants and volunteers to honor those who have participated and/or contributed their time and energy. Special issues arise when in helping children to heal during grief after a death of a loved one and with parenting a grieving child. Past Participants or Bridges facilitators who would like more information, please contact Jane Bruno at jbruno@seacoasthospice.org or call 1-800-362-5376 X116.

ALL-DAY SEMINAR: New Counseling Tools to Assist the Dying and Grieving

WHEN: Thursday, November 16, 2006 8:30 a.m. - 4:00 p.m.

Renowned speaker, trainer and consultant, Douglas C. Smith, MA, MS, MDiv, presents an all-day seminar 'Tools to Assist the Dying and the Grieving.' His workshop is filled with practical tools gathered from his most recent research and writing including his recently published book 'It Takes a Village to Say Goodbye,' as well as his own experience with the death of two children. Cost is \$75.00 per individual or \$65.00 early registration by October 13, 2006. Contact hours are 7.2 and 6.0 CEU's for Social Workers. For more information or to register call Elaine Wiesman at 1-800-416-9207 X1106.

SUICIDE SURVIVOR SUPPORT AND TELECONFERENCE

WHEN: November 18, 2006 12:00 pm - 4:00 pm

Seacoast Hospice will sponsor support for Suicide Survivors on Saturday, Nov. 18, 2006 from 12:00- 4:00 at Exeter Hospital in Exeter, NH. The support will begin at noon with a light lunch, followed by the American Foundation for Suicide Prevention (AFSP) teleconference from 1:00-2:30 and time to share experiences of loss in a supportive environment. This event is free. Space is limited, so please contact Elaine Wiesman at 1-800-416-9207 X1106 for more information or to register. For other site locations or further information visit www.afsp.org For more information about Seacoast Hospice Community Events, call 1-800-416-9207 or email events@seacoasthospice.org.

QAPI, from page 1

survey. My first question to you is: Are you currently reporting these outcomes on the annual NDS, so that we can realize both state and national benchmarking?

Judging from the lack of your responses since my previous request, I have to wonder



C. Andrew Martin, MS RN

the cause for our reluctance to share information amongst ourselves. I truly believe that we must learn from one another in order to be able to provide meaningful QAPI programs, both internally for strategic planning and externally to influence the hospice industry. I also strongly believe that we can, and need to, start this peer level sharing of measures and measurement approaches at our state level. At the recent Hospice Regulatory Compliance Seminar in August, we discussed the desire to have a formalized way of communicating amongst ourselves, such as via a list serv. So perhaps it is not reluctance on our part to share information, but the need for a vehicle that facilitates such discussions. I am anticipating that if such a list serv is created, it will enable our ongoing on-line dialoging of QAPI issues.

So allow me to jumpstart the conversation by sharing my initial thoughts with the NHPCO Patient Core Measure Sheet, as a measurement collection tool. Our agency is currently paper-driven, which makes data collection and data entry challenging. However, this will soon change as we move forward with an Electronic Medical Record (EMR). In the meanwhile, I look at the Patient Core Measure Sheet and at all the data points

that we ask our admission staff to complete on it. I acknowledge that much of the requested information is collected elsewhere in the patient record, yet we once again check off this demographic data on yet another paper form.

Once our admission staff collects and enters the data on the Patient Core Measure Sheet, the assigned primary nurse then updates the tool addressing pain within 48 hours, if pain was present upon admission. The nurse updates the tool once again upon the patient's death/discharge with the hospitalization and CPR data.

The Patient Core Measure Sheet tool then goes to data entry and a report is generated quarterly for our internal review and annually for NDS reporting. But at NDS reporting time, there appears to be no request for all that extra demographic information that was collected on the Patient Core Measure Sheet. So I ask, why are we having our staff complete all this demographic information on this tool that already appears elsewhere in the patient record?

For an answer to my question, I contacted Heather Milstead at NHPCO. She reports that NHPCO will begin collecting the requested demographic information in 2007 and will be making changes to the Patient Core Measure Sheet at that time. If an agency is collecting the information in other areas, there is no need to duplicate efforts as long as, when you go to submit the NDS information, you will be able to pull the information from other areas. A new Patient Core Measure Sheet will be available by the end of the year with information on how EROM is changing to begin with the 2007 data collection. It is part of NHPCO's new Quality Initiative.

Consequently, following her explanation, we will continue to use the Patient Core Measure Sheet tool for the pain within 48 hours, hospitalization and CPR

data capture and will wait to see their revised tool.

So coming back to QAPI. We all know that QAPI must be data driven. The NHPCO's established protocols of End Result Outcomes Measures data should be able to be easily collected, reported and analyzed. Utilizing this existing NHPCO benchmarking tool is just one way of meeting QAPI requirements, along with their National Data Set (NDS) and the Family Evaluation of Hospice Care (FEHC) survey tool.

As we all become more fluent with QAPI and its particular language, we will realize some of the many benefits of a well-run data-driven QAPI program within our agencies: increased efficiency, increased effectiveness and an increased quality in serving an increasing number of patients. And now that I have started a QAPI dialogue, please email me at camartin@nhhpc.org with your experiences regarding the Patient Core Measure Sheet and reporting EROM. I look forward to a time when we will be able to easily share our collective experiences and learn from each other.

*C. Andrew Martin, MS, RN, CHPN
National Data Set Mentor for NH*

**New Hampshire Pain Initiative
a Board Committee of NHPCO
is seeking a**

Part Time Director

For details visit

www.nhhpc.org/employ.htm

or contact

**Paul Arnstein, Chair NHPI
at arnstein@bc.edu**

Networking Group News

Hospice/Palliative Care Networking Group

Hospice Coordinators, Managers and Directors attended the Hospice Regulatory Compliance Seminar held August 8th, 2006 in Concord. Yvonne Corbeil was the presenter of this very informative seminar. Andrew Martin has agreed to attend the Hospice and Palliative Care Networking Group meetings on a quarterly basis to mentor us on the new CoPs and the QAPI Standards for Hospice and help us develop a sharing 'QAPI Community' here in NH.

Patrick Clary, MD presented the new Opioid Conversion Cards at the October 10th meeting. Those who are presently using the card are very pleased with the ease at understanding dose conversions. There is a charge for the cards which you can find on the NHHPCO website at www.nhhpco.org/opioid.htm

The Hospice and Palliative Care Coordinators' and Managers' Networking Group will now be centered on preparing for the changes in CoP's and the QAPI requirements. We are hoping many of you will attend these important meetings which take place every other month at 125 Airport Rd., Concord from 2:00-4:00 pm. If you have any questions, please contact Susan Herrmann, CHPN at 1-603-352-2253 ext 192 or e-mail her at sherrmann@hcsservices.org.

*Susan Herrmann
Chairperson, Hospice/Palliative Care Networking Group*

Social Work, Home Health and Hospice Networking Group

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

The July and September meetings focused on caregiver issues. Cases were presented with the theme of caregiver burnout and stress. Resources such as caregiver education handouts, selfcare techniques, poems, articles, and respite planning options were shared.

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*

Spiritual Care Networking Group

The Spiritual Care Networking Group is a support and peer supervision group specific to hospice and palliative care chaplains or spiritual care providers. The group meets on the last Tuesday of every month, from 12:00 -2:00 pm at 125 Airport Road, Concord.

These lunch meetings are a time for reflection, case review, and mutual support.

For information contact: Bevan C. Tulk, Spiritual Care Coordinator, Concord Regional Visiting Nurse Association at (603) 224-4093 X5267 or bevan.tulk@crvna.org; or John D. M. Davies, Chaplain & Bereavement Coordinator, Community Health & Hospice, Inc., Laconia, NH at 603-524-8444, x-321 or JDavies@commhlth.org.

*John D.M. Davies and Bevan C. Tulk
Co-Chairs, Spiritual Care Networking Group*

NHHPCO Bylaws Updated

The following rationale was presented for a bylaws change to Article VI that was approved by the membership at the Annual Business Meeting on October 3rd.

- The name of the organization was changed several years ago from the New Hampshire Hospice Organization to the New Hampshire Hospice and Palliative Care Organization to reflect the broader focus of the organization.
- The bylaws state that the composition of the Board shall reflect the diversity of the membership.
- The bylaws also require that at least 4 members of the Board have responsibilities for managing a hospice.
- Due to the expanded focus of the organization on hospice and palliative care, the Executive Committee recommended changing the wording to include the requirement that 4 Directors have responsibility for managing a hospice *or a palliative care program*.

The new wording for Article VI, section 2 is as follows (addition underlined)

The composition of the Board of Directors shall reflect the diversity of the membership representing geographical areas, disciplines and community at large. The Chair of the New Hampshire Pain Initiative Committee will be a Board member. At least four (4) Directors shall have responsibilities for managing a hospice or a palliative care program.

Mary Swanson, Chair, Nominations Committee

New Law, from page 1

include a patient's wishes regarding many different types of medical decisions, treatments, and procedures. A do not attempt resuscitation (DNR) order is the medical order that documents the particular decision of a patient not to have an attempt at resuscitation in the event of a cardiac or respiratory arrest. In New Hampshire, the term advance directive refers specifically and only to a single legal document with two separate sections: a *Durable Power of Attorney for Health Care* and a *Living Will*.

A sample of some key points in the new law (RSA 137-J) include:

- Statutory definitions for: capacity to make health care decisions; near death; permanently unconscious; life-sustaining treatment; medically administered nutrition and hydration; etc.
- Allows a person to complete an advance directive without a notary. Two witnesses are still required.
- Allows an exception to a person who wants to revoke their advance directive. Current law states that if the patient lacks capacity and an advance directive is in effect, the physician or advance registered nurse practitioner (ARNP) must listen to the patient, and if the patient objects to the proposed treatment plan, even if they lack capacity and an advance directive is in effect, the patient's vocalized wishes must be honored. The new and only exception is if the patient's advance directive includes the following statement initialed by the patient: "*Even if I am incapacitated and I object to treatment, treatment may be given to me against my objection.*" This is designed for patients who anticipate dementia and want to create this option for treatment.
- All matters pertaining to DNR orders apply to all persons regardless of whether a person has an advance directive or not. An attending physi-

NHHPCO Board of Directors

<p>Shawn LaFrance, President Vice President for Planning and Development The Foundation for Healthy Communities Concord, NH slafrance@nhha.org</p> <p>Inge Johnson, MS, Vice President Director of Hospice & Palliative Care Services North Country Home Health & Hospice Littleton, NH ijohnson@nchin.org</p> <p>Andrea Huertas, RN, BSN, CHPN Executive Secretary Hospice Program Manager Community Health and Hospice Laconia, NH ahuertas@commhlth.org</p> <p>Mary Swanson, MBA, Treasurer Kindred Healthcare Andover, MA maryaswanson@comcast.net</p> <p>Patrick L. Clary, MD, Immediate Past President Ex-officio Board Member The Palliative Care Service Portsmouth, NH plclary@aol.com</p> <p>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</p> <p>Janice McDermott, Deputy Director Ex-officio Board Member Amherst, NH JMcDermott@nhhpc.org</p> <p>Tanya Prather Volunteer Coordinator Home Health & Hospice Care - Nashua, NH tanya.prather@hhhc.org</p>	<p>Paul M. Arnstein RN, PhD, FNP-C New Hampshire Pain Initiative Chair Associate Professor, Boston College William F. Connell School of Nursing-Chestnut Hill, MA arnstein@bc.edu</p> <p>Susanne Fortier Human Resources Director Granite State Independent Living Concord, NH longpondfort@metrocast.net</p> <p>Margaret Gilmour, RN, MS Healthcare Consultant Hollis, NH PegGilmour@aol.com</p> <p>Anne M Pierce Hebert RN, BSN, CCM, OCN Specialty Case Manager Oncology and Hospice Anthem Blue Cross and Blue Shield Manchester, NH Anne.Hebert@Anthem.com</p> <p>Susan Herrmann, RN, CHPN Hospice Program Manager Home Healthcare, Hospice and Community Services Keene, NH sherrmann@hcsservices.org</p> <p>Linda Hotchkiss, ARNP, MS, BSN, CHPN Program Manager for Palliative Care St. Joseph Hospital - Nashua, NH lhotchkiss@sjh-nh.org</p> <p>Trish Joy, RN Hospice Nurse Home Health & Hospice - Merrimack, NH</p> <p>Bruce Mast, MA President, Bruce Mast and Associates Exeter, NH bmast@bmaleadership.com</p> <p>Jean Montana, RN, BSN, MBA Director, Quality Management Department St. Joseph Hospital - Nashua, NH jmontana@sjh-nh.org</p>
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cian or ARNP may issue a DNR order for a person if the person, or the person's agent, has consented to the order. The new law provides protection of persons carrying out in good faith a DNR order. If a person with a DNR order is transferred from one health care facility to another, the health care facility initiating the transfer must communicate the existence of a DNR order prior to the transfer.

You can learn more about the current schedule and location of education programs by calling the Foundation for Healthy Communities at 603-225-0900 or visiting their website at www.healthyNH.com. A public education program will be launched in 2007.

*Shawn LaFrance
Vice President
The Foundation for
Healthy Communities*

Annual Golf Tournament a Success

The 3rd Annual NHHPCO Golf Tournament, held Friday Aug. 25, 2006 at the Canterbury Country Club was a success! Over \$8,000 was raised to support the work of NHHPCO. This is a great accomplishment given the tough competition for golf tournaments.

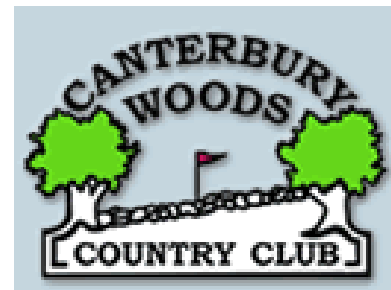
The Golf Committee would like to thank all who made this possible by helping us find golfers, raffle and auction items, and donating their time to

the effort. Special thanks to Dr. Michael O'Connell's Pain Care Centers, Bellemore Investments, James St. Jean Auctioneers, Sheldon Family Trust, and Anthem Blue Cross for their support. Other supporters can be viewed on the NHHPCO web site.

Members of the 2006 Golf Committee included Dee-Marie Pinfield, Jim Pinfield, Trish Joy, Sarah Kazanowski, Lisa Sheldon, Chuck Bellemore, Ray

Caron, Irene Coulon, and Glenn and Mary Kazanowski. Volunteers at the event included Michelle Hoefler, Lana Gagnon, Sue Adams, Jan Drummey, Tanya Prather, and Patience LaPierre.

Anyone interested in joining the 2007 NHHPCO Golf Committee or helping the committee identify potential sponsors and golfers for 2007 is asked to call Mary Kazanowski at 315-3739 or mkaz.nh.ultranet@rcn.com



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