



The Bridge

Fall 2007, Volume 3, Issue 2

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

Distribution List

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Meaning Breaking, Meaning Making: Rewriting Stories of Loss

Some 18 months after the death of her husband, Anna, age 62, describes herself as “drowning in a sea of grief.” Far from moving toward some form of recovery, she experiences herself as “stuck” in a futile protest against the impossibility of living without John, who had been the “compass” for her life for the past two decades. Without the special caring, attunement, and structure he provided her, Anna feels “disoriented,” “unreal,” as if his death is “just some sort of terrible joke.” John’s relatively fast demise from an aggressive cancer gave her little time to adapt to the harsh reality of her impending loss, even though the couple received the competent support of the hospice nurses, social worker, and chaplain during the period of his illness. Now, however, she feels



Robert Neimeyer, PhD

deeply lonely and “cut off” from others, with the exception of her concerned adult daughter. She is preoccupied with burning spiritual questions regarding God’s reason for taking the only man she had ever loved, and leaving her with a life that is apparently “meaningless” without him. Tearfully, she describes how she has “no purpose for living” since John’s death, and although she is not actively suicidal, she finds herself wishing that it were she, rather than he, who had died.

As Anna’s psychosocial-spiritual struggle suggests, bereavement—even in the caring context that hospice provides—can profoundly challenge survivors’ attempts to find some significance in the loss, ushering in a protracted attempt to reconstruct a life story that retains or restores meaning and purpose.

To organize these remarks, I will offer three overarching principles of a meaning reconstruction approach to bereavement (Neimeyer, 2001), grounding each in recent research findings, illustrating it each with actual case material, and

see Meaning Making on page 3

The Reclaiming End of Life Initiative Update

The Reclaiming the End of Life Initiative held a Press Conference on Tuesday, September 25th in the Lobby of the Legislative Offices Building in Concord to release *Citizen Voices: Report of the Findings of Citizen Forums in 8 New*

Hampshire Communities

Among the official participants were Donald Schumacher, Psy.D., President and CEO, National Hospice and Palliative Care Organization, and New Hampshire citizens Ed Koonz, Pastor of Pilgrim

Congregational Church, and Patricia Patten, Hairdresser, who related personal stories.

Representatives from AARP (NH), the NH Endowment for Health, the New Hampshire Hospice and Palliative Care

see RELI Update on page 2

From the President...



“We invite you to think about how you may help NHHPCO to make a stronger bridge with long-term care.”

Bridges have been in the news and it has not been good news. The tragic story from Minnesota has led officials across the country to inspect bridges and to try to assure safe passage for travelers. NHHPCO selected a covered bridge in designing our logo a few years back. It illustrates both a historic link with our state’s environment and it conveys the point that our work is about making connections or bridges as people transition through life threatening illness or end-of-life care.

NHHPCO is interested in building a stronger bridge between our colleagues in long-term care settings. We have some exemplary organizations in New Hampshire where the residents of long-term care facilities have their pain well-managed and the support of a hospice team but this is not always understood. Confusion about rules, roles and reimbursement can create barriers not bridges. We invite you to think about how you may help NHHPCO to make a stronger bridge with long-term care. Are you or a colleague/friend interested in helping with this effort? Please contact Janice McDermott, our executive director, and let her know.

There is an exciting annual education conference planned for October. We’ll have an opportunity to learn more about ‘open access’, a type of bridge program which allows patients to add hospice care to their current medical treat-

ment. A recent article in the New England Journal of Medicine (July 26, 2007) explores some of the issues—quality of care, patient decision-making, costs, reimbursement, etc. related to ‘open access’. Also, there will be an update on the Reclaiming the End-of-Life Initiative. Many of us had an opportunity in New Hampshire to meet in community groups this spring to express our opinions about end-of-life care. Participants overwhelmingly reported problems with our health care system and a desire for change—changes that would require new connections or bridges among providers, caregivers, patients and their families.

A final note of ‘congratulations’ goes to NHHPCO board member long-term supporter of palliative care in NH to Don McDonah, MD from St. Joseph’s Hospital in Nashua. Don received the 2007 NH Hospital Association Medical Staff Award. His nomination told many stories of his exceptional work building bridges within the health system that support patients, families and staff.

*Shawn Lafrance
President, NHHPCO Board of Directors*

RELI Update, from page 1
Organization and other organizations supporting The Reclaiming the End of Life Initiative were in attendance.

The press conference and the formal release of the report coincided with the De-

mocratic Presidential Candidates Debate hosted at Dartmouth College on Wednesday evening, September 26th (broadcast on MSNBC).

The Executive Summary and the full Citizen Voices report are now posted on the

Reclaiming the End of Life Initiative web site. You can find it at www.ReclaimTheEnd.org.

We encourage you to download the report and distribute it far and wide. For more information contact: Yvonne Corbeil, Project Manager,

Reclaiming the End of Life Initiative
YCorbeil@ReclaimTheEnd.org,
603-650-5402.

NHHPCO members are sponsors and partners of The Reclaiming the End of Life Initiative.

*Yvonne Corbeil
RELI Project Manager*

Meaning Making, from page 1

offering two specific methods for grief counseling that help close the gap between abstract principles and concrete therapeutic practice.

Principle 1: Grieving entails reaffirming or reconstructing a world of meaning that has been challenged by loss.

How can bereavement professionals and volunteers foster meaning reconstruction in the wake of loss? Perhaps the most obvious response is “in conversation,” as meaning making is a process that unfolds between people as much as within them (Nadeau, 1997). For example, as part of a broader *Meaning Reconstruction Interview* (Neimeyer, 2002) that I use in some grief counseling situations I first explore the factual and emotional story of the loss, and then invite bereaved individuals or families to respond to questions such as the following:

- *How did you make sense of the death or loss at the time?*
- *How do you interpret the loss now?*
- *What philosophical or spiritual beliefs contributed to your adjustment to this loss? How were they affected by it, in turn?*
- *Are there ways in which this loss disrupted the continuity of your life story? How, across time, have you dealt with this?*
- *How has this experience affected your sense of priorities?*
- *How has this experience*

affected your view of yourself or your world?

Such questions can be asked in an individual or group setting or used to prompt reflections in a personal journal. They help identify enduring or evolving meaning systems that can foster constructive integration of the lessons of loss. Alternatively, responses may indicate that the bereaved person is experiencing an intense disruption of meaning and is in need of more focused psychotherapeutic or pastoral work.

Another helpful procedure is encouraging bereaved persons to construct a brief biography, in the form of a “Table of Contents” of their life story, if they were to write it. In this *Chapters of Our Lives* exercise (Neimeyer, 2006a), people first spend a few reflective minutes writing down chapter titles as therapeutic homework or in session, and then share them with the therapist or members of the group in an atmosphere of (mutual) curiosity. Various facilitative questions can then be used to illuminate the autobiographical integration of loss and to envision ways that alternative stories might be constructed to grant different significance to the same life events. Such questions could include the following:

- *How did you decide when one chapter ended and a new one began? What role, if any, did significant loss experiences (deaths, relationship dissolution, geographic displacement, seri-*

ous illness of self or significant other, loss of job) play in marking or symbolizing such transitions?

- *As you look back on how your story has developed over time, does the change seem to be more evolutionary and gradual, or revolutionary and sudden?*
- *If your self-narrative were a book, would it be a comedy, tragedy, history, mystery, adventure story, or romance? Or would different chapters represent “short stories” of different kinds? If so, which of them would you like to expand?*
- *Looking at the story, what are the major themes that tie it together? Do you notice any minor themes that pull in a different direction? If so, how might the story be different if these themes were really to have their say?*
- *Whom do you see as the primary author of this self-narrative? Are there any important coauthors who deserve credit (or blame!) for the way the story has unfolded?*
- *Who is the most relevant audience for this self-narrative? Who would enjoy the way it is written, and who would want to “edit” it?*

Such reflective questions have no right or wrong answers. They invite exploration rather than evaluation, and often yield important insights into how loss intersects with life and people’s sense of agency and life purpose in

learning how to accommodate it.

Principle 2: Adaptation to bereavement typically involves redefining, rather than relinquishing, a continued bond with the deceased.

For most of the past century, mainstream grief theorists followed Freud’s injunction that healthy mourning required a painful review and relinquishment of bonds to the deceased, understood as the “decathexis” (or withdrawal) of “libido” (or emotional investment) in the loved one (Freud, 1957). Accordingly, grief therapy was typically organized around the goals of “saying goodbye,” “seeking closure,” and “letting go.” However, over the past decade scholars have begun to revisit these assumptions, suggesting that adaptation to bereavement could often take the form of retaining ties to the deceased, through actively recalling them in memory and conversation, seeking continuity with their purposes, and maintaining an active inner dialogue with them in a spiritual or psychological sense (Attig, 2000; Klass, Silverman, & Nickman, 1996).

Principle 3: Narrative methods can play a role in restoring or re-storying a sense of autobiographical coherence that has been disrupted by loss.

Finally, it is worth underscoring that narrative and literary approaches can

see Meaning Making on page 11

From the Executive Director...



“With change comes opportunity and I look forward to the next emerging chapter of NHHPCO.”

Just one year ago, I began working with NHHPCO - serving as Deputy Director and working with Yvonne Corbeil. The months from October to April were a gift and provided a smooth transition with regard to NHHPCO operations. While being mentored by Yvonne, I was aware of a very capable, skilled leader who provides excellent organizational structure and prioritizes tasks with ease. Just as important, I observed someone who has up-to-date knowledge of the important issues in end-of-life care who consulted with nation wide friends in the industry. I want to take this opportunity to give my sincere thanks to Yvonne for the care she took in teaching me the ropes to carry on at the helm of NHHPCO.

In Yvonne’s two and a half years as NHHPCO Executive Director she worked with the board members, committees and full compliment of statewide agencies to ensure the future of our state association. As you no doubt remember, this organization was struggling when Yvonne entered New Hampshire. With support from statewide stakeholders, Yvonne was able to create a partnership between New Hampshire and the National Hospice and Palliative Care Organization (NHPCO) to provide a stable base for operations. NHPCO provided business services such as answering our phone calls, keeping mailing and membership lists current and most recently partnering with us on a joint membership option. This was a service that NHPCO provided to other states as well in an effort to ensure the existence of state hospice and palliative care organizations for all states.

At this juncture in time, NHPCO is no longer able to provide business service support to the states. New Hampshire and others have started the process of replacing the services provided by NHPCO again with an eye to a smooth transition. To accomplish this in New Hampshire, we are drawing on the help of some new and some loyal partners. We have hired Anne Rawson, of *Anne Rawson Consulting* to manage our accounting needs. Anne specializes in non profits and small businesses. We are feeling very lucky to have found Anne.

Thanks to Board President, Shawn LaFrance, NHHPCO will be acquiring much needed office space in November at 125 Airport Rd. Concord. This is currently the mailing address for our organization and we have held residency in the building before. We are grateful for this new level of support and partnership. **I am also pleased to announce a new, local, telephone number 603-225-0900 - in place as of this writing. This is the main line to the N.H. Hospital Association Building where our new office space is located.** This is truly an example of “*when one door closes, another opens*”.

NHHPCO is also blessed with the ongoing support from Dartmouth Medical Center and the American Cancer Society for making conference call lines available to us for board and committee meetings. With any statewide association, time and travel can become barriers to in-person meetings. We accomplish so much more with the option of call-in meetings.

An ongoing challenge will be managing mailing lists and clerical support. Please look for more information in this newsletter of new volunteer opportunities for NHHPCO. Anyone with a little time, interest or expertise in one of several specific areas can make an impact on the success of NHHPCO going forward.

Last, but far from least, I would like to thank NHPCO and all of you for continued support of a strong Hospice and Palliative Care Organization in New Hampshire. I know that Yvonne was able to accomplish so much with the help of our partners at NHPCO. Since May 1st, when I took on the role of Executive Director, I have been thankful for the support from leaders and administrators at the NHPCO office. I particularly want to thank Donna Bales for her attention and prompt response to our needs. Thanks also go to Judi Lund Person, who, along with Donna, has been key to providing this level of core business service support. Along with Judi and Donna, there are many administrative support people who have helped us over the past two years. They have been professional and a pleasure to work with. Even though we will no longer have business services provided

New Energy and Accomplishment for NHPI

by NHPCO staff we remain a loyal member of NHPCO as a state hospice and palliative care organization. NHHPCO will continue to receive up-to-date information and industry guidance to pass along to our members.

With change comes opportunity and I look forward to the next emerging chapter of NHHPCO that is stronger for the past, present and future partners who make us who we are today.



Janice McDermott
Executive Director, NHHPCO

**Announcing
a new website
in development:
www.NHPain.org**

The New Hampshire Pain Initiative has enjoyed a resurgence of energy and movement in the past 2 years. With both veteran and new volunteers, the NHPI Steering Committee set ambitious goals for our renaissance.

With current funding from the American Cancer Society and the NH Comprehensive Cancer Collaboration, Janice McDermott, Program Director, Kelly Doherty, Clinical Specialist (both very part-time staff) and Deb Kimball, Grant Writer, worked diligently to move committee initiatives forward.

We are very pleased to announce that a new and improved website will soon be on line at www.nhpain.org. The design will provide a framework which will allow NHPI staff and volunteers to continually update and build the website. The site will provide two pathways with links from the homepage, one for lay people and the other for health care professionals. Initially, the site will provide a calendar of events relating to pain in NH, advice and direction for people dealing with pain and educational opportunities for medical professionals including CME programs. The search for “content” is on and we would be grateful for suggestions and useful links.

Funding was also available to produce the new and improved NHPI pamphlet, which will be introduced at the Fall Conference on October 17.

An outreach mailing to long-term care (LTC) facilities resulted in requests for the new pamphlet and for in-service presentations on assessment and management of pain and other symptoms in LTCs. The presentations will be provided by Kelly and volunteers from NHPI.

One of the most exciting developments this year has been in the area of public education. NHPI has collaborated with “Senior Moments” a seacoast repertory company, which produces educational and entertaining skits for seniors. *(See related story on page 12).*

Madeline Gerken, MD, NHPI Steering Committee Chair

Opportunity to Share Your Skills and Talents with NHHPCO

NHHPCO has had a busy year with many important projects and growing membership. With only one part-time employee, the many committee members give time and energy to many things including education and fundraising events across the state. The Annual Conference is a huge endeavor each year that is totally planned and executed by a volunteer committee. We could accomplish even more with some basic administrative support and IT skill. If you or someone you know would like to help with a very minimal time commitment - opportunities abound. Please consider:

- Updating mailing lists and email lists
- Editing and writing press releases and articles

- NHHPCO event photographer
- Creating electronic postcards for invitations and thank you notes
- Copying and collating handouts for occasional education events and meetings
- Laying out newsletters
- Web site maintenance

Offering these skills will enhance NHHPCO daily operations and can often be done from home. Please express inquiries and interest to jmcdermott@nhhpc.org or call **603-225-0900**.

Members' Corner

New Logo Unveiled for Seacoast Hospice

At Seacoast Hospice, we are proud to unveil a new logo that celebrates our patients and their families; our dedicated staff and volunteers; and our supportive community. The logo captures our identity and reflects our soul with the infused elements of home and heart. And we chose the color green to illustrate our philosophy that dying is a natural part of life — a time that can be lived with strength and beauty when surrounded by warmth and compassion.

Susan Cole, President and CEO, Seacoast Hospice



Community Health & Hospice Expands Volunteer Program

Pamela Littlefield has been named the new Volunteer Coordinator at Community Health & Hospice (CH&H). Pam Comes to CH&H with an extensive background in public relations and volunteer administration through the NH Department of Health and Human Services. She holds a Bachelor's Degree in Public Communications and has worked most recently with the American Red Cross as a Marketing and Media Specialist. Pam is a native of New Hampshire and grew up here in the Laconia area. She is excited to be working back in her home town and

to catch up with friends and family.

"We are lucky to have found Pamela" says Margaret Frankhauser, CH&H Executive Director, "her deep roots in the community will help to enhance CH&H and its' volunteer program well beyond what it has been in the past."

Community Health & Hospice has always depended on the dedication and support of community volunteers to help fulfill its' mission. In the past, becoming a volunteer at CH&H most commonly meant becoming part of our Hospice Program. This new full-time position for CH&H was designed to enhance the current Hospice and Home Care programs, as well as broaden the scope of volunteer service in Support Services and the Young Family Program. Community Health & Hospice recently hosted a Fall Volunteer Open House in September to welcome community members, students and seniors and educate them to the wonderful array of volunteer opportunities that exist in the hospice and home care environment.

Margaret Frankhauser, CEO, Community Health & Hospice



"Kick for Cancer" Raises Money and Awareness for Community Health & Hospice

Wendy Rollins and Vinnie Baiocchette of White Dragon Martial Arts in Gilmanton, delivered a \$5,000 donation for Community Health & Hospice to Director of Development, Brian Winslow. The gift is a result of a White Dragon Martial Arts event titled "Kick for Cancer" that was held on May 18, 2007.

In 1990 Grandmaster Verigan started the annual "Kick for Cancer" Martial Arts Tournament. The purpose is to teach students how to give back to their community and to help them to realize that at sometime in our lives we all will know someone who will need the services

provided by hospice. Each year proceeds of this tournament go to support Community Health & Hospice.

"Over the last 18 years, Kick for Cancer has raised over \$60,000," stated Vinnie Baiocchette.



Margaret Frankhauser, CEO, Community Health & Hospice

North Country Awarded Grant for New Collaborative Care Initiative

The Neil and Louise Tillotson Fund has recently awarded \$100,000 to a collaboration of four institutions to advance hospice and palliative care in the North Country.

Demographics of aging and chronic illness will contribute to a deepening challenge to communities in the North Country, and by extension, to care

providers in the region.

Census estimates suggest that by 2025 the number of adults age 65-74 years old will increase 101%; those who are 75-84 will increase 57%; and those who are over 85 will increase 70%. Critical Access Hospitals serving the region are currently limited to 25 beds and may keep patients for only 4

days, creating a challenge in caring locally for the most frail and seriously ill members of rural communities.

The Section of Palliative Medicine at Dartmouth-Hitchcock Medical Center is pleased to convene this collaboration with the Weeks Medical Center in Lancaster, NH; the Littleton

see North Country Grant on page 11

May 2008: Are You Ready for Proposed QAPI Revisions?

During the year, I have had the pleasure to facilitate ongoing state level presentations to the Hospice Coordinators/QAPI Networking Group at the New Hampshire Health Care Association, 125 Airport Road in Concord, NH from 2-4 pm. The focus of our talks has been preparing for the upcoming Quality Assessment Performance Improvement (QAPI) proposed revisions to the CoPs.

How would you answer these QAPI questions?

- Do you connect data elements on assessment forms with problems and interventions identified in the care plan?
- Are you identifying measurable targeted outcomes for patients/families?
- Do IDT meetings review data on how patients/families respond to specific interventions?
- Are you using data to improve performance?

- Are you measuring work-force excellence?
- Are you monitoring/tracking data over time?

We first met on February 20th and discussed collecting patient data elements. We are utilizing the existing National Hospice and Palliative Care Organization's (NHPCO's) tool, End Result Outcomes Measures (EROMs)/Patient Core Measure Sheet. What other proven tools are out there for benchmarking QAPI data? The National Data Set (NDS); the Family Evaluation of Hospice Care (FEHC); the Family Evaluation of Bereavement Services (FEBS); and Quality Partner's Self-Assessment Tools. All these tools are available from the NHPCO. Are you utilizing them? If not, why not? You can investigate these tools at www.nhpc.org.

On August 21st, we discussed "Conducting Successful Performance Improvement Projects (PIPs)". Performance

Improvement Projects work. If you missed this presentation, I will be co-presenting a variation of this presentation at the upcoming NHPCO 8th Clinical Team Conference in New Orleans, LA in November.

Finally, on December 18th, we will discuss the Comprehensive Assessment of the Patient, which is distinguished from the "Initial Assessment". We will address Interdisciplinary Group Care Planning and Coordination of Services, which is linked to the Comprehensive Assessment. We will also ask ourselves: What works for your agency? What are your still unmet challenges? How can we support each other?

If there was just one resource that I would personally recommend for your QAPI readiness, it would be [The QAPI Requirement: Resources for Hospice Programs](#). Merriman, M.; Tecca,

M.; Wilson, H. (2006). This was my manual for jumpstarting our QAPI readiness program.

Of course you need to be familiar with both the 30846 Federal Register / Vol. 70, No. 102 / Friday, May 27, 2005 / Proposed Rules and the [Clean Copy of the Proposed CoPs](#).

I look forward to our final 2007 statewide discussion—please join us for the third session in the series on December 18th. Bring your success stories and your challenges. It is not too late to create both our individual organizational and our statewide "cultures of quality". Are you ready for the proposed revisions to the CoPs in May 2008? Working together and sharing successes, I am confident that we can be QAPI ready for May 2008.

C. Andrew Martin, MS, RN, CHPN

NHPCO 4th Annual Golf Tournament Is Successful Event

NHPCO hosted its 4th Annual Golf Tournament at Canterbury Country Club, Canterbury, NH on Friday August 24, 2007. More than 60 golfers played and joined in the festivities. Many thanks go to our diamond sponsor, Dr. Michael O'Connell of **Dr. O'Connell's Pain Care Centers, Inc** in Somersworth and Merrimack NH, and the many other sponsors of the event.

This year's tournament was dedicated to Armand Dubois, in appreciation for his participation and support of the first three NHPCO tournaments. To many of us who called Armand friend, he was loyal, honest, and in a word, hilarious, having a way with words that will never be matched. Armand's wife Gail and his two daughters Amanda and Hannah volunteered to help make the tournament a success. Gail asked to share the following information with all tournament supporters.

"My husband Armand, a great supporter of the NHPCO Golf Tournament was diagnosed this past spring with Pancreatic Cancer. Armand passed away on July 8th after a courageous battle that brought together family and friends to celebrate his life. A man of simple needs, his only request was to be able to die the way he lived...with dignity. (A Provider agency of) NHPCO made his wish possible by not only caring for him during his last days in our home, but by supporting his family during this devastating time with strength, caring and compassion but most of all respect. To those of you who participated in this past year's golf tournament and helped to make it a success, our heartfelt thanks go out to you. Your participation as an organizer, volunteer, player or supporter has helped to provide support for families in their most desperate time of need."

With much appreciation,
Armand's Girls,
Gail, Amanda and Hannah

Anyone interested in supporting or playing in the Fifth Annual NHPCO Golf Tournament should contact Mary Kazanowski at 603-315-3739.

*Mary Kazanowski
NHPCO Golf Committee Chair*

Seacoast Hospice Announces Two Educational Events

You are invited to attend two upcoming educational events offered by Seacoast Hospice.

2nd Annual Grief and Healing Symposium

Date: Thursday, November 8, 2007, 9am – 4 pm

Featuring Renowned Speakers:

Carol Wogrin, RN, PsyD – *Complicated Grief: Current Understanding and Clinical Challenges*

Nancy Boyd Webb, DSW, BCD, RPT-S – *Playing After a Parent's Death: Play Therapy Methods to Help Bereaved Children*

This symposium will present current information about complicated grief with attention to sudden and traumatic death. Participants will learn to distinguish complicated grief from depression and trauma, identify risk factors and specific intervention strategies for complicated grief. Participants will also understand the rationale for using expressive play methods and learn specific methods and activities that can help bereaved children of different ages in both individual or group sessions. In-depth case examples will illustrate the use of a variety of drawing activities and board games and time will be allotted to practice using various methods.

Cost is \$75.00 per individual or \$65.00 early registration by October 12, 2007. NH-NASW has approved 5.5 contact hours for this event and clergy have been approved for 6.0 CEE's. For more information or to register call Elaine Wiesman at **1-800-416-9207 X1106** or visit their website at www.seacoasthospice.org

Seacoast Hospice End-of-Life- Care Symposium with presentation of the 6th Annual Trucia Goodwillie Excellence in End-of-Life Care Award

Date: Thursday, April 17, 2008

Location: University of New Hampshire, Durham, NH

Theme: "The Journey of A Lifetime"

Contact person: Andrew Martin
1-800-416-9207
amartin@seacoasthospice.org

This annual one-day educational event has steadily grown since its inception, now attracting close to three hundred clinicians, spiritual care providers, social workers, hospice volunteers and employees. Previous plenary speakers at this event have included Richard C. Stephenson, MD; Barry Baines, MD; Kenneth Doka, PhD; Ira Byock, MD; and Kathleen Rusnak, MDiv.

Committee Updates

Conference Committee

The 12th Annual Fall Conference Pain & Beyond: 2007 is just around the corner! Once again, this year promises to be a wonderful educational opportunity for everyone. We have 3 internationally recognized speakers; Donald Schumacher, PsyD, Ira Byock, MD, and Robert Neimeyer, PhD. In addition, we have our own famous Patrick Clary, MD who will be reading poetry from his book, [Dying for Beginners](#). There are a variety of additional talented speakers who will share topics ranging from grief, veterans at EOL, depression, compounding medications, and pain and symptom issues. Get there early to start your day off right and be treated to harp music during registration.

Thank you to our dedicated, all-volunteer conference committee; Lisa Rocheford – Concord Hospital, Andrea Huertas – Home Health & Hospice Care, Patrick Clary - Rockingham VNA, Linda Hotchkiss - Rockingham VNA, Paula Caron – Dartmouth Hitchcock, Sherri Brochu – community volunteer, and Janice McDermott - NHHPCO.

Laurie Farmer, Chairperson

Education Committee

The NHHPCO Education Committee convened for a summer strategic planning meeting, realigning leadership and resources so that it can more effectively address the goals set by the NHHPCO Board. Traditionally the Education Committee has focused on offering professional education for its provider mem-

bers, with an emphasis on clinical advancement. The committee will continue to support provider members in this way, as well as adding a new initiative to expand public awareness and education around palliative and end-of-life care in the state of New Hampshire. To achieve this goal, the committee will function with two co-chairs: Andrea Huertas directing Professional Education, and Tanya Prather directing Public Education. Committee resources are also being re-envisioned, with a focus toward offering education regionally when possible rather than through a central location in the state. Our hope is to both expand educational offerings and make them more accessible.

We are looking to add members to the committee, particularly in relation to the new public education initiative. If you know anyone who would be a good match for this exciting new endeavor, please have them contact one of the committee chairs.

In addition, an education subcommittee completed a very successful event on August 4th offering the first ever statewide bereavement training for hospice volunteers. Over 60 volunteers attended, gathering new skills for both one-to-one bereavement support and facilitating bereavement peer support groups. Volunteers will continue to have a role in expanding and improving the bereavement services that agencies are able to offer in the state.

Tanya Prather, Co-Chair

Networking Group News

Palliative Care Clinicians Special Interest Group

The next meeting of the Palliative Care Clinicians Special Interest Group will be held October 16th from 6:30 - 8:30 pm at Richard's Bistro, 36 Lowell Street, Manchester.

Directions from The Radisson at 700 Elm Street in Manchester to Richard's Bistro at 36 Lowell Street also in Manchester are: Start out going North on Elm Street 0.3 miles approximately five blocks, turn right onto Lowell Street less than a block or 0.1 mile and end at 36 Lowell Street. This is a 10 minute walk.

The agenda will include:

- 1) Networking
- 2) Best Practice Initiatives
 - a) Comfort Kits
 - b) Tools for Unipolicy use
- 3) Brief Discussions of Difficult Cases

Please contact Linda Hotchkiss at mlhotchkiss@comcast.net to RSVP.

Linda Hotchkiss, RN, CHPN

Chairperson, Palliative Care Clinician Special Interest Group

Hospice Coordinators Group

The Coordinator's meetings have been focusing on QAPI with Andrew Martin as our presenter. The next meeting will be December 18th, from 2 - 4 pm in Concord at the Hospital Association at 125 Airport Rd. The schedule is as follows:

- January 8th, 2008 from 11-1
- March 11th, 2008 from 11-1
- May 13th, 2008 from 11-1
- July 8th, 2008 from 11-1
- September 9th, 2008 from 11-1
- November 4th, 2008 from 11-1

Our focus will be to continue with QAPI, Conditions of Participation and new Regulation, Regulatory Compliance and general networking issues. The meetings are facilitated by Susan Herrmann

Susan Herrmann, RN, CHPN

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

Visit www.nhhpc.org/eduopps.htm for a complete list of upcoming educational opportunities

Networking Group News cont.

Social Workers' Networking Group

The Social Workers continue to meet monthly (either on the second Tuesday of the month or the first Monday of the month) from 8:30 -10 am at the NH-NASW office, 105 Loudon Rd, Suite 4307, Concord. The next meeting is October 1st.

During our last gathering we expanded our knowledge and clinical skills regarding personality disorders. One of the more recent meetings was held jointly with the Oncology Social Workers to facilitate increased sharing of resources and information.

The meetings are casual and a wonderful way to connect with other social workers in this field. We often share challenging cases and have stimulating discussions regarding the work we do. Please contact Laurie Farmer, LICSW at 603-224-4093 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 Coordinators Networking Group

This group meets monthly on the 4th Tuesday and is usually attended by 4-6 spiritual care coordinators. Currently the meetings enable networking among the spiritual care coordinators. They provide a forum for asking questions, discussing challenging issues, and sharing new or different things or approaches that participants have tried. These sessions offer mutual support and growth. The meetings start at noon and last for approximately 2 hours. They are held at 125 Airport Road, Concord in the NH Hospital Association Building.

To become involved in this group, please contact: John Davies at 603-524-8444 or by email JDavies@commhlth.org, or Gary Andy, Spiritual Care Coordinator, Manchester VNA/Hospice 603-622-3781 or by email GAndy@Elliot-HS.org.

John Davies

Chairperson, Spiritual Care Networking Group

Volunteer and Bereavement Coordinators Networking Group

Volunteer and Bereavement Coordinators met Wednesday, August 8th in Concord and discussed a number of topics including recent statewide training for hospice bereavement volunteers, and the role for volunteers in NHHPCO's new initiative for public education and awareness. Meetings are held quarterly, with the next one being on Wednesday, November 14th. For more information contact Tanya Prather at tanya.prather@hhhc.org.

Tanya Prather

Chairperson, Volunteer and Bereavement Coordinators Networking Group

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 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

The Chaplain group is co-facilitated.

Contact:

John Davies

603-524-8444, x321

jdavies@commhlth.org

Gary Andy

603-622-3781

GAndy@Elliot-HS.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 programs. Meetings are usually held over dinner at a restaurant. Split checks are the custom.

Contact: Linda Hotchkiss

mlhotchkiss@comcast.net

Meaning Making, from page 3

provide more than a metaphor or model for meaning-making; they can generate concrete therapeutic techniques to augment individual, family, or group therapy. Perhaps the most basic of these is simply oral narrative or *storytelling*, in which the client relates an account of a loss and its impact on her or his life, while the counselor or bereavement volunteer serves an “exquisite witness” to the telling, listening more deeply and thoroughly than others are likely to (Jeffreys, 2005).

As bereavement theory has evolved, so too has the fund of practices to facilitate coming to terms with love and loss. My purpose in writing this brief chapter has been to sketch a few of the core principles that animate one “growing edge” of bereavement theory, namely, one that views grieving as a process of reaffirming or rebuilding a world of meaning.

*Robert Neimeyer, PhD
University of Memphis*

Excerpt of larger article, published with permission



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North Country Grant, from page 7

Regional Medical Center and the North Country Home Health and Hospice in Littleton, NH; and the Northeastern Vermont Regional Hospital and Caledonia Home Health Care and Hospice in St. Johnsbury, VT.

The grant for the “North Country Palliative Care Collaboration” will support the initial 18 months of a planned 36-month initiative. The project is designed to assist local leadership in strengthening and

expanding local hospice and palliative care programs. It will also advance development of a modest, sustainable infrastructure within these rural communities for providing hospice and palliative care services to residents living with advanced illness and for their families.

*Yvonne Corbeil
Dartmouth-Hitchcock
Medical Center*

NHPI Collaborated with Seacoast Repertory Players for *Senior Moments* Project

Senior Moments, a senior theater group sponsored by the Seacoast Repertory Theatre in Portsmouth New Hampshire, is pleased to be working with the **New Hampshire Pain Initiative** to address the issue of pain management. This will be the third such project for the acting group. The first, working with the NH Risk Reduction Task Force, dealt with safety in the home. The second was a project with NH REAP (Referral Education Assistance Prevention) and the 10 community mental health

centers in the state, focusing on depression and suicide prevention.

“I Haven’t Got Time For The Pain” is a series of skits dealing with pain issues including a few humorous situations. Identifying and correcting the myths related to pain and treatment will be one of the topics in the presentation.

Performances are generally held at senior centers throughout the state. Those in attendance have agreed that this is a comfortable, familiar location for most seniors and many centers provide trans-

portation. Comments from audience members have also said that the message had more meaning when presented by other seniors.

The first presentation will be given in Bristol on October 30th. A total of 15 presentations will be offered throughout the state. Funding has been provided by the *New Hampshire State Council on the Arts, The Alliance for State Pain Initiatives, the New Hampshire Endowment for Health, and the New Hampshire Comprehensive Cancer Collaborative*. Additional

funding is pending from the *New Hampshire Charitable Fund*.

Senior Moments was founded in 1999 and has written and performed in 7 original plays. The group has also performed for State conferences as well as local groups. For more information about Senior Moments, contact Joanne Dodge at **603-749-2084**.

If you are interested in hosting a performance of “I Haven’t Got Time for the Pain”, please contact Kelly Doherty at KEDA994@aol.com.



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