



The Bridge

Spring 2008, Volume 4, Issue 1

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

Distribution List

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Inside this issue:

President's Note	2
ED's Update	4
NHPI News	5
Members' Corner	6
Pediatric Palliative Care	6
Keeping Stories Alive	7
Honoring National Volunteer Week	12

Caring in the Hospital Setting: Palliative Care Approaches and the Role of the SW

Let's begin our exploration of care in the hospital setting by looking at the words "palliative care". The *Encarta Dictionary* definition of the word palliative is 1. soothing anxieties or other intense emotions; 2. alleviating pain and symptoms without eliminating the cause. Yet another way of looking at the words "palliative care" has emerged. What is it you think when someone says they have a "palliative care program"? In many cases it



Gary Gardia, M.Ed., LCSW

means those programs and services that seek to reach patients who have been diagnosed with a serious illness and are not on hospice programs.

So let's take a look at both of these concepts. If we look at the first *Encarta* definition mentioned above, we have to ask the question: "where are the social workers?" In hospice care, our outdated models allow for a psychosocial assessment and then follow-up visits. For a large number of short stay patients, they are lucky if they receive the psychosocial assessment. How is that effective social work practice? To what extent are we active players in "soothing anxieties?" When this is the case, we must examine our staffing and practice models.

see Hospital Setting on page 3

NH Participates in Healthcare Decision Day

Two items that are certain in life...death and taxes. The IRS filing deadline for our Federal taxes was April 15. On Wednesday, April 16 everyone, regardless of income, was invited to think about their future health care decisions if faced with a serious illness or near death. NHHPCO led an effort in New Hampshire, and with many other states, in recognizing National Healthcare Decisions Day.

The importance of health

care decision-making is well understood by those who work in hospice or palliative care but have *YOU* and *ALL* your colleagues, family and friends done advance care planning? Do you know what values you want to guide your health care if you lack capacity to make decisions near the time of death? Who else knows? Where is it written down? These are a few of the questions asked on April 16, but open for discussion anytime.

Hospice care advocates and palliative care professionals have a special opportunity to share their knowledge and help more people understand the value of thinking about these issues. Telling a story of someone whose health care preferences were known to the hospice care team can be way to open a conversation. The unfortunate stories, such as Terri Schiavo, have been prominently covered. Many people may be less familiar

see Healthcare Decisions on page 2

From the President...



“Mark your calendars for our annual meeting on Monday, May 19th.”

The NHHPCO board had a strategic retreat meeting in early February to review the prior year activities and set priorities for this year. The board agreed that the top three strategic goals for us to concentrate on are:

- #1. Advocate effectively to improve access to hospice and palliative care.
- #2. Secure adequate resources to goals and support the NHHPCO mission.
- #3. Increase public awareness of hospice and palliative care.

As always, our financial resources are limited but our February meeting addressed this concern with a presentation and facilitation (pro bono) by fundraising consultant Elaine Kindler. Board member Bruce Mast helped us to plan this portion of the retreat and we were able to better link our discussion of program priorities to NHHPCO resources. We have made great strides recently with some new grants, particularly with the NH Pain Initiative efforts, and our momentum will continue with the help of

everyone interested in supporting NHHPCO’s mission.

Mark your calendars for our annual meeting on Monday, May 19. Janice and others have planned an excellent program. We will be electing new board members and recognizing those who will be shifting their commitment from service on the board to ‘active member’. We are trying a different season and time of day for our annual meeting (springtime morning rather than a late fall evening) and we hope that the switch will enable more members and guests to participate. Please let me slafrance@healthynh.com) know if you have any comments or suggestions on how we can make NHHPCO stronger.

*Shawn LaFrance
President, NHHPCO Board of Directors*

Healthcare Decisions, from page 1 with successful stories of individuals who made healthcare decisions in advance and were able to give their loved ones peace of mind in the choices that needed to be made near the end of life. Hospice providers have an opportunity to share these good stories.

NHHPCO is encouraging provider agencies participate in this ongoing education effort. A few suggested activities include:

- Provide an opportunity

within your community to complete or update an advance directive;

- Partner with a nursing home in your area and do a program together on healthcare decision-making for staff and clients of both organizations;
- Host a client or community education program about healthcare decision-making (also a excellent opportunity to inform people about hospice and palliative care);
- Write a letter to the editor of your local paper with a story about healthcare decision-making and your program.

Future healthcare decision-making is an on-going issue

due to changing demographics with people living to age 85 years or older; smaller and more geographically dispersed families, fewer family members available to provide informal care; and because new medical interventions that can extend life. Most people will encounter a serious and life threatening chronic illness that will lead to their death unlike the sudden infectious disease deaths of the early 20th century. The Reclaiming End-of-Life Project held eight forums in the state in 2007 and an overwhelming 96% of participants indicated that it was important that their health care choices be honored near the end of life.

In 2001, there were over 9,813 deaths in New Hampshire. Data from studies in New Hampshire have found that about one third of people who die in a healthcare facility lack capacity to make their own healthcare decisions near death.

A new law took effect on January 1, 2007 that made it easier for people in New Hampshire to do advance care planning. The requirement for a notary on an advance directive was relaxed, legal language was simplified, definitions were updated and the roles of the health provider and health proxy were clarified. Nurse practitioners were *see Healthcare Decisions on page 3*

Hospital Setting, from page 1

Now let's take a look at the concept of "palliative care programs". We know that many patients die off of hospice programs. We know people frequently die in hospitals. Can hospice programs play a role in end-of-life care in this setting? What is the role of the social worker in this care? These questions might help you to examine the role your agency plays, or feels they should play, in end-of-life care in your community. Here are some questions we can ask ourselves:

- Do we see our mission as largely philanthropic?
 - Do we perceive a role or commitment to the terminally ill beyond our hospice admissions?
 - Are we clear about the role of the social worker in end-of-life care?
 - Are we clear about the role of social workers in palliative care?
- Are we clear about the role of

the social worker in "soothing anxieties and other intense emotions" as a critical component of pain and symptom management?

With these concepts in mind here are some program/supportive ideas that can be effective for caring for people who are dying in the hospital setting off of hospice programs.

Supportive care for children who are dying:

This type of program can be a combination of social work, chaplain and volunteer interventions. Services can include counseling and support for the patient, parents, family members, siblings, and friends. "Sibling sacks" can be created to give brothers and sisters activities that are good "distractions" for long visits. Comfort therapies can be included as well as information and referral services. Programs can be tailored for children who are near death or can include

support for children nearer the time of the terminal diagnosis. Post death support and/or inclusion in bereavement programs can be helpful for families.

Supportive care for adults who are dying:

The same types of services can be available for adults who are dying in the hospital setting. Since there may be challenges in formulating palliative care partnerships with hospitals, developing supportive programs for children is often a good first step. When the benefits of these services become clear, expansion into adult care then makes sense.

Stillbirth and neonatal deaths:

These deaths usually occur in the hospital and sometimes with some advance notice. Community support is often not available. Family members may feel disenfranchised because of the nature of their loss. Boxes that contain a baby outfit, blanket, stuffed animal to include in the casket, camera, packet for a lock of hair, and a method for making hand and foot prints can be helpful. Emotional support and information about follow-up community resources is also very beneficial.

In addition, there are many ways to be supportive of the hospital staff that care for people who are dying. As we know, some hospitals are pro-

viding quality comprehensive care while others still struggle with issues related to terminal illness. Here are some ideas that can be initiated and provided by social workers:

- Workshops on topics related to end-of-life care including communication skills, working with anger and depression, differentiating between grief and depression, and breaking bad news, can be helpful. Differentiating compassion fatigue and burn-out as well as effective interventions for both can help with employee retention and wellness. Offering continuing education credit for these presentations can be a good way to get "through the door".
- Support groups and debriefing sessions for hospital staff following a death or a series of difficult deaths may be a much needed service and an effective method for building relationships.

Developing topic specific support groups, like neonatal death support groups may be a much needed service. You might consider holding these groups in the hospital facility.

As you can see, opportunities for social workers abound! If you ever think "where are the social workers in palliative care?" I am hoping your next thought will be "well...just let me show you!"

Gary Gardia, M.Ed., LCSW

Healthcare Decisions, from page 2
recognized in the new law for the role they may play as a health provider.

NHPCO and the Foundation for Healthy Communities are both great resources for educating about advance directives. For more information, contact Janice McDermott (jmcdermott@nhhpc.org)

or Shawn LaFrance (225-0900 or slafrance@healthynh.com).

A copy of an advance directive form may be obtained from them or you can get it free from the internet at www.healthynh.com (use the Quick Links for 'Advance Health Directives' in the left column of the homepage).

Shawn LaFrance

SAVE THE DATE:

NHPCO Annual Meeting - Monday, May 19th

From the Executive Director...



“...I am motivated to keep our collective voice strong in educating communities about the end of life care available in NH.”

Thanks to all of you who have given your support to NHHPCO by renewing your individual and provider memberships for 2008. There is still time to get your dues in for this year and we welcome all inquiries and new members throughout the year.

Having settled in to my new position, I am motivated to keep our collective voice strong in educating communities about the end of life care available in New Hampshire and supporting our providers through the current regulatory challenges occurring on the national level. I am also settling in to our new office space at 125 Airport Rd, Concord. This has allowed for all the NHHPCO files to be brought to one location and will soon be space for our accountant to work and committee members to have supplies and small meetings. Many thanks to the NH Hospital Association for allowing us to have this donated space and many thanks to Seacoast Hospice for Housing NHHPCO files and supplies for the past several years.

In November, I was fortunate to attend the National Hospice Council of States meetings in New Orleans and this month will attend these meetings again in Washington. These meetings are an opportunity to hear updates on the “hot topics” in hospice from throughout the US and share ideas with other state hospice organiza-

tion leaders. There is a network of resources that I can tap into to help us all. To best serve New Hampshire it helps me to have a pulse on the issues that you are experiencing. One of the best places for me to gain this knowledge is through our NHHPCO Networking groups and from community calls that are usually from folks looking for guidance in how to find the right care for a loved one. Thanks to those of you who have welcomed me to meetings and to those who have called with personal stories.

As you will read from the committee reports throughout this newsletter, there are many initiatives being worked on by our volunteers and board members. It is true that many hands make for lighter work and it is especially true that many minds are better than one. I am constantly proud of the work that is accomplished by the dedicated people associated with NHHPCO. I hope to see you all at our Annual Meeting on Monday May 19th. Look for details soon!

Janice McDermott
Executive Director, NHHPCO

Can You Fulfill an Item on NHHPCO's Wish List?

NHHPCO is thankful for all the ongoing support of our members. To further strengthen operations, there are a few current needs. Please let me know if you can help with any of the following:

- two – three office chairs - preferably nice desk chairs on wheels
- a clock (wall or table top)
- volunteers to answer phones and help with filing 2-4 hours per week.
- names of community businesses that have a relationship with hospice in your community and might want membership information for NHHPCO

Call Janice McDermott, Executive Director at **225-0900** or email jmcdermott@nhhpc.org.

New Hampshire Pain Initiative Reports on a Year of Accomplishment with Education in Many Formats

New Hampshire Hospice and Palliative Care Organization is pleased to report on the accomplishments of their **New Hampshire Pain Initiative Committee** in 2007-2008. Thanks to the financial support of the N.H. Comprehensive Cancer Collaboration and the American Cancer Society there has been great enthusiasm and increased momentum for the work of this important committee. Dr. Madeline Gerken, chairperson for NHPI, is one of the founders of the NH Cancer Pain Initiative and has brought consistency to the goals and efforts over the past year. With a stellar group of committee members already in place, the organization was able to add staff support with the funds available under the 2007 grants. A Program Director and Clinical Specialist were hired, part-time, to help strengthen the capacity of this group.

Kelly Doherty, ARNP-C, NHPI Clinical Specialist took the lead on one of our most ambitious accomplishments - the development of a new website. www.nhpain.org. This website provides two pathways with links from the homepage, one for lay people and the other for health care professionals who are often working with those living with cancer at end of life. Currently our website provides 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. Kelly and Program Director, Janice McDermott attended the Power Over

Pain Leadership Training in Baltimore in November and have posted American Pain Foundation resources on the www.nhpain.org website.

Funding was also available to produce the new and improved NHPI pamphlet, which was introduced at the ***Pain and Beyond Annual Conference*** on Oct 17, 2007. The pamphlet has also been introduced to Long Term Care facility staff and Senior Centers throughout the state. NHPI Steering Committee Members, Dr. Ira Byock, Dr. Patrick Clary and Kelly Doherty ARNP-C, provided presentations at the conference on topics of pain management and access to hospice and palliative care.

Another exciting development 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. This program, titled "I haven't got time for the pain" addresses numerous common myths and misconceptions about pain in a light-hearted way. Support for

this project includes NHCCC, the NH Council for the Arts, The Alliance of State Pain Initiatives, the NH Endowment for Health and the NH Charitable Fund. A schedule of twenty performances are well under way and include Senior Centers throughout the state, the NH Board of Nursing and The Conference on Aging.

Janice McDermott, NHHPCO Executive Director

www.nhpain.org

This new website provides two pathways with links from the homepage, one for lay people and the other for health care professionals who are often working with those living with cancer at end of life.

I Haven't Got Time for the Pain Educates as It Entertains

The New Hampshire Pain Initiative, along with Senior Moments, has performed ***I Haven't Got Time for the Pain*** for over 350 seniors during 12 performances throughout the state. ***I Haven't Got Time for the Pain*** is a series of skits focusing on issues of pain including self-medication, addiction and self-advocacy.

The skits are intended to bring humor to a sensitive and extremely relevant issue surrounding today's seniors. We have been featured on WKXL radio and have had local public access

television and Foster's Daily Democrat in our audience! Seniors have commented on the benefit they gained from seeing the performance, in fact several have come up after the show to ask personal questions or request more information on a specific pain topic. Information, from the American Pain Foundation, on pain treatments, resources and pain notebooks are available, free of charge, at each performance.

Kelly Doherty, ARNP-C

Members' Corner

Susan Herrmann Named as First Director of Hospice at HCS

Susan Herrmann has been named to the new position of Director of Hospice at HCS. Since its inception in 1982, Hospice at HCS has been part of the HCS Homecare department. With growth in both the VNA and Hospice and increasingly complex regulation and management of both, it has become clear that the Hospice at HCS program warranted its own department. Palliative care patients will remain in the VNA.

HCS is fortunate to have someone as qualified and as willing as

Susan is to accept this challenge. Susan has worked for Hospice at HCS for a total of fourteen years, seven of those as manager of the program. Susan is certified as a Hospice Administrator and as a Hospice and Palliative Care Nurse. She has been a board member and an officer of the NH Hospice and Palliative Care Organization for the past four years. Susan is passionate about hospice and committed to providing competent compassionate care to those who are in the final stages of life.

Susan Ashworth, Director of Community Relations, Hospice at HCS

Congratulations to our NHHPCO Winners

At the Fall 2007 *Pain and Beyond Conference*, the NHHPCO information table displayed the usual membership information. For the first time we also offered a drawing for a free registration to next year's conference day to a new and current member who paid their individual dues for 2008 on sight.

We are pleased to announce that the winners of the drawing are Allison Grosse, a new member of NHHPCO and Ann Hasbany, our winner for updating her membership for 2008. Thanks to both for the much appreciated support of the work of NHHPCO. Membership does have benefits!

Embracing Healing Even When There Is No Cure: CH&H Models Pediatric Palliative Care

There are many children in our community that could benefit from palliative care and for a variety of reasons they don't always get it. Their families may have never heard of palliative care, are unfamiliar with how palliative care works or just don't know how to access these specialized services. While no one would electively choose to have their child need this type of care, it should be a comfort to know that Community Health & Hospice has this program available and staff that are certified in providing it. We work collabo-

ratively as an organization within our community to support the child and their family through this experience.

What is Pediatric Palliative Care and why is it important? Palliative care for children seeks to enhance the quality of life in the face of an ultimately terminal condition. There are approximately a half million children in the United States with a life threatening illness and of those about 50,000 children die each year. Palliative care is a way to provide the care required for that population of children, it is a specialty in medical care where the focus revolves around the quality of life for all involved, including

concentrating on controlling physical, emotional and psychological symptoms for the child and their family.

The hospice and palliative care movement has grown rapidly in the past few years, with more than 4,160 hospices in the United States. Sadly, children have often not been included in many hospice programs. In 1983 there were 1,400 hospices in the United States, but only four were able to accept children. Currently many of the hospices in the U.S. now consider accepting children as patients for care and there are over 450 programs that have children-specific hospice, palliative or home care programs.

At CH&H, the Pediatric Palliative Care team is made up of a group of health care professionals who are committed to managing the child's pain and symptoms. It's about quality of life for the child and their family. The Team typically consists of: Doctor, Nurse, Social Worker, Nurse Case Managers, Pharmacists, Dietary Counselors, Spiritual Care Services, and Therapy Services. The focus of this team is support, quality care, and continuity of care, all working together to promote the child's plan of care... mind, body and spirit.

Andrea Huertas RN, BSN, CHPN

The Jelley Cupboard: Keeping Their Stories Alive

Everyone and anyone who has worked in Hospice can't help but to have been touched or moved by something or someone. The lives and events that we have been witness to are precious moments that beg not to be forgotten.

Having worked in the hospice field for the last 14 years I have seen many situations encompassing all aspects of the emotional spectrum. From the hospice miracles, when someone graduates from our services, to the emotional reunions where years of difficulty are swept aside and families are brought together again, are all stories we love to share and celebrate. But what about the difficult struggles and coping with the harsh realities of dying, couldn't we all learn from them also?

I began capturing these memories in poetry and more recently publishing a collection of them in book called "The Jelley Cupboard – Poems About Life, Death and Other Sticky Stuff". My book is not only attempt to write down the events I have been witness to, but also to share and perhaps in turn to help others on a similar path.

Three years ago we were all sitting around the table waiting to begin our interdisciplinary team meeting with our usual centering. This week the Medical Director recited from heart a poem about death through a hungry bear in autumn, by a poet called Mary Oliver. I had never heard of Mary Oliver, but thought if she could write poems about death then surely I could too, after all I worked with death everyday. So I began to write about the people, the emotions, and the frustrations I had witnessed.

The book itself is divided into three chapters, the chapter called Death of course is inspired by my hospice work, Life is about travel, and lighter topics, and then finally The Sticky Stuff, are poems about the things we get stuck in, that perhaps in hindsight we should have avoided. I've met a lot of people in hospice who are stuck in the sticky stuff. It's hard to share, and hard to talk about, but perhaps if we all share a bit of our sticky stuff, then perhaps others might not get quite as stuck!

I am hopeful my book will be helpful in several ways. Already people are using the poems for centering at their own team meetings, making a nice completion of the circle that Mary Oliver started. People are also using the poems to help start a conversation about difficult topics. As we know talking about death is hard enough but sometimes a poem can help to be that starting point, to open up a discussion, or to be a focus point of quiet reflection. I know when I sent the book for my dad to read in England, I called him up a few days after it had arrived and I asked him what he thought. He said he was only

on page 14, he said it was slow going, that it was bringing back memories that he was working through. Later he said that he was going to give it to his friend to read, but he was going to tell him to start on the second chapter called Life!

I am also hopeful my book will inspire others to pick up pen and paper and write their experiences down. Writing poetry for me was also a way I could process the feelings and emotions that hospice work stirred up in me. The first words I wrote really didn't make sense to anyone but me, and there are many versions that only I will ever see, or shall we say that are far too sticky. It is not the end result so much as the process of writing, whether it is in poetry, short stories, or one line written on the back of an envelope while waiting to pick the kids up from school. Just recently a hospice colleague finished reading the book and said how many of her patients she saw when reading it.

So be inspired, not to let their stories die but to write, and share and keep them alive.

It's My Turn

*Mum, remember when you
took me in your arms
and melted away my pains
with your soothing voice.*

*Remember when you
gently bathed my body,
rubbing lotion into my skin.*

*Remember when I walked,
and you walked beside me
to catch me if I stumbled.*

*Remember when you stayed
beside me and told me
not to be afraid.*

*Now mum,
it's my turn.
Let me do
the same for you.*

Dawn Jelley

LNA Hospice & Palliative Care Review Course

Speaker: Kathy Hopkins, RN, M.Ed., CHPN

Member NHHPCO Education Committee

Date: Saturday May 17th, 2008

Time: 8am-4pm

Place: Woodside at Taylor Community

**435 Union Ave
Laconia, NH 03246**

**Fee: \$50.00 which includes handouts and light
breakfast & lunch
Please register by May 9th, 2008**

RN Hospice & Palliative Care Review Course

Speaker: Linda Hotchkiss, ARNP, MS, BSN, CHPN

Palliative Care Nurse Practitioner, Director
Rockingham VNA & Hospice

Date: Saturday May 31st, 2008

Time: 8am-4pm

Place: Woodside at Taylor Community

**435 Union Ave
Laconia, NH 03246**

**Fee: \$100.00 which includes handouts and light
breakfast & lunch
Please register by May 23rd, 2008**

To register for either Review Course, contact:

Janice McDermott at janicemcdermott@comcast.net

or call 603-225-0900

Committee Updates

Public Policy Committee

The Board of Directors of NHHPCO adopted the following as guidelines for 2007-2008: "NHHPCO will devote resources, through Staff, Board of Directors, Public Policy Committee, *NHHPCO Policy Advisors*, and members as appropriate to the following Priority Issues:"

- **Access to Hospice and Palliative Care**

New Hampshire must assure that all citizens have access to high quality hospice and palliative care across **all components** of the health care system. Professional education requirements for health care should include management of care at the end of life.

- **Pain Management**

Initiatives must support strategies that promote good pain management practices and eliminate existing barriers to quality pain management

- **Government Regulation and Licensure**

Regulation and regulatory changes should support and promote high quality and cost-effective hospice and palliative care services. Proposals for new regulation should avoid unnecessary and/or burdensome requirements without demonstrated value, and should be appropriate to the setting in which care is delivered.

- **Reimbursement for Hospice & Palliative Care Services**

Payment rates should be sufficient to support the delivery of quality care, and to assure that access to care is not restricted. Any Medicaid reform should include reimbursement for hospice and palliative care services.

The Board and Committee felt that, while other policy areas may have an impact on hospice and

palliative care providers (e.g. wage or employment issues), the primary resources of NHHPCO will only be dedicated to the priority issues above.

Current focus of the Public Policy committee is...rules, rules, rules! It seems we can't live with them, and we can't live without them.

The Department of Health and Human Services Bureau of Licensing & Certification has completed an initial draft of He-P 823 and 824, pertaining to Hospice and Hospice House. NHHPCO has facilitated a task group to review the drafts, and provide comment. The task group and providers will meet with representatives of the Bureau of Licensing and Certification on March 28 to present comments and concerns, and assure that any new rules do not have the potential to conflict with the new federal Conditions of Participation, due to be released in May.

And, speaking of CoPs, NHHPCO is participating with NHHPCO in the "Don't delay, CoPs on the way" campaign. New Hampshire will attend NHHPCO and CMS training to be held in June in Baltimore that will provide training tools that representatives from the states can bring back to hospice providers. Stay tuned.

Finally, it is a stated goal of NHHPCO to "Advocate Effectively to Improve Access to Hospice and Palliative Care in New Hampshire". Given this goal, at its recent Strategic Planning retreat, the Board voted to again pursue inclusion of a hospice benefit for all insured, whether under Medicaid, or private insurance.

Currently New Hampshire is one of two states (Oklahoma is the other) that does not, or has

Committee Updates

not legislated, a Medicaid Hospice Benefit. The Public Policy Committee will be working throughout the spring to organize a plan to bring this change to our state.

Peg Gilmour, Co-Chair

New Hampshire Pain Initiative

The New Hampshire Pain Initiative Committee of NHHPCO continues to work to balance growing opportunities with dwindling resources.

In the area of Public Policy and Advocacy, NHPI addressed the FDA's decision to withdraw approval for use of Methadone 40mg tablets for pain management although these same tablets may be used for management of opioid addiction. The effects this will have on NH residents with chronic pain managed appropriately with methadone were presented to the FDA and the NH Board of Pharmacy.

NHPI also monitored recent legislation seeking to remove the 100-dose limit for opioid medication prescriptions

Out of these efforts, the vision of a statewide conference for "stakeholders" has arisen. The goal of this conference would be to bring together those representing people living with severe pain with those charged with the prevention of drug diversion and misuse of potent pain medications. Please let us know if you would like to help!

A major accomplishment for NHPI was the launching in Feb. of the new and improved NHPI Website www.nhpain.org. Please visit our site and let us know what you think about it. We are eager for suggestions, content, links and of course, volunteers. Also please tell your friends and neighbors. We hope this will be an important source

of information for both patients (and the public at large) and for health care professionals in New Hampshire.

Our road show "I Haven't got Time for the Pain" continues to delight audiences in Senior Centers throughout NH. The play was developed with Seacoast Repertory Theater to provide entertaining education about pain and pain management. It is supported by grants from The NH Council of the Arts, The NH Endowment for Health, The National Alliance of State Pain Initiatives, and The NH Charitable Fund. Twenty performances are scheduled through 2008 and as well as planned performances at NHHPCO Annual Meeting, the NH Board of Nursing, LNA Recognition Day in May 2008, and the NH Conference on Aging. With so much going on and so little time and resources, the NHPI committee warmly welcomes new volunteers and new ideas.

Meg Gerken., Chair

Conference Committee

SAVE THE DATE! The 13th Annual Fall Conference Pain & Beyond: 2008 is scheduled for October 15th at the Radisson Conference Center in Manchester, NH.

This conference annually attracts approximately 350 attendees from a wide variety of health care disciplines. It brings together hospice, palliative care and related professionals to expand their skills in the delivery of pain and symptom management, spiritual care, and psychosocial support for those facing advanced illness, and their families and loved ones.

Check the web site for updated information about presenters and topics.

Please contact us about the benefits of being a vendor or sponsor.

Laurie Farmer, Chair

Networking Group News

Palliative Care Clinicians Special Interest Group

The Palliative Care Clinicians Special Interest Group is scheduled to meet on Friday, May 16th at the Common Man Restaurant in Concord. This dinner meeting from 6-9 pm will include conversation about the USGS Guidelines "Hospice Determining Terminal Status" also known as "the Unipolicy". A workgroup that included Ellie Atherton RN, CHPN, Linda Hotchkiss, ARNP, Gerard Tobin, RN, PhD, and myself; recently created a highly condensed summary of this information to be used as a working tool for community education and referral information. This is currently posted on the www.nhhpc.org web site.

The agenda will also include a discussion of billing changes and Gerard Tobin's presentation on Regional Breaking Bad News training.

For more information or registration pleas contact Janice McDermott, JmcDermott@nhhpc.org.

Patrick Clary, MD

Chair, Palliative Care Clinician Special Interest Group

Hospice Administrators Networking Group

The focus for the Hospice Administrators Networking Group this spring is to obtain participation from 100% of the hospices in New Hampshire in submission of data to the National Data Set. This goal was selected so that New Hampshire hospice providers can then use the data to benchmark with other states also focusing on quality improvement measures. The focus on Quality Assurance and Performance Improvement (QAPI) continues for this group also. The participation of at least five providers in this national survey will enable us to qualify for benchmarking as well.

It's our hope that there will be increased participation in the every other month Administrator's Networking Group which meets at 125 Airport Rd. in Concord from 12 PM – 2 PM. Susan Herrmann is the contact person for the group and can be reached at 1-800-541-4145 ext 192 or by-mail at sherrmann@hcsservices.org.

Susan Herrmann, RN, CHPN

Chair, Hospice Administrators Networking Group

Networking Group News cont.

Social Workers' Networking Group

The Social Workers continue to meet monthly from 8:30-10am at the NH-NASW office, 4 Chenell Drive, Ste. 103, Concord, NH. During our last gathering on March 11th, we celebrated Social Work month and listened to a presenter from NH Medicaid Services.

The remaining 2008 meeting schedule is as follows:

- Monday, April 14th
- Tuesday, May 13th
- Monday, June 9th
- Tuesday, July 8th
- Monday, August 11th
- Tuesday, September 9th - possible joint meeting with Oncology Social Workers Group
- Monday, October 13th
- Tuesday, November 11th
- Monday, December 8th

The Monday meetings are scheduled for collaboration time/case presentation and the Tuesday meetings generally have a specific topic and presenter who shares resource information.

The meetings are casual and a wonderful way to connect with other social workers in this field. We often share challenging cases, resources, and have stimulating discussions regarding the work we do. 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

Chair, Social Work Home Health and Hospice Networking Group

Volunteer and Bereavement Coordinators Networking Group

Volunteer and Bereavement Coordinators met Wednesday, February 20th in Concord and discussed a number of topics including planning for upcoming National Volunteer Week, and a variety of web, print and multimedia resources. Meetings are held quarterly, with the next one being on Wednesday, May 14th from 12-3 pm. Participants are asked to bring a bag lunch.

For more information contact Tanya Prather at tanya.prather@hhhc.org.

Tanya Prather

Chair, 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

Seeking Exhibitors for the 13th Annual Fall Conference

**PAIN AND BEYOND:2008
OCTOBER 15, 2008**
at
Radisson Hotel, Manchester, NH

Given the central location of the conference, we are attracting over 300 participants each year to the NHHPCO/NHPI Fall Conference. This includes physicians, nurses, social workers, spiritual care providers, pharmacists and volunteers. We want to offer you the opportunity to participate by exhibiting and/or by providing an educational grant. Your support is very important to the success of this conference and is greatly appreciated

EXHIBITOR INFORMATION:

Target Audience: Physicians, Nurses, Pharmacists, Long Term Care Providers, Bereavement Workers, Volunteers and other healthcare providers with an interest in pain management, hospice and palliative care. We will submit applications for Contact Hours and Credits to the NH Nurses' Association and the NH Social Work Association and will provide Continuing Medical Education Credits for Physicians and Pharmacists.

Exhibit Space/Hours: The Armory will be used as the vendor space and will also contain the refreshments for pre-registration, morning and afternoon break. Lunch will be served in the Armory as well. Therefore greater access to the participants will be available. The Radisson is open as early as 7:00 am for display set up. A

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>Inga Johnson, MS, Vice President Director of Hospice & Palliative Care Services North Country Home Health & Hospice Littleton, NH ijohnson@nchha.org</p> <p>Andrea Huertas, Executive Secretary Hospice Program Manager Community Health and Hospice Laconia, NH AHuertas@commhlth.org</p> <p>Mary Swanson, Treasurer Director of Operations Hospice Services of Massachusetts Everett, MA maryaswanson@comcast.net</p> <p>Patrick L. Clary, MD, Immediate Past President Ex-officio Board Member Medical Director, Rockingham VNA Palliative Care Service, Exeter Hospital plclary@aol.com</p> <p>Janice McDermott, Executive Director Ex-officio Board Member Amherst, NH JMcDermottl@nhhpc.org</p> <p>Madeline Gerken, MD <i>New Hampshire Pain Initiative Chair</i> Medical Director, VNA of Manchester Palliative Care Program, Elliot Hospital meg@ahlc.com</p>	<p>Yvonne Corbeil Director for Program and Network Development for Palliative Care Dartmouth-Hitchcock Medical Center Lebanon, NH yjcorbeil@nhhpc.org</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 Palliative Care Nurse Practitioner, Director Rockingham VNA & Hospice mhotchkiss@comcast.net</p> <p>Bruce Mast President, Bruce Mast and Associates Exeter, NH bmast@bmaleadership.com</p> <p>Tanya Prather Volunteer Coordinator Home Health & Hospice Care - Nashua, NH tanya.prather@hhhc.org</p>
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representative from the planning committee will be at the Hotel to welcome and direct you to the tables. A list of Exhibitors and those providing Grants will be included in the participant's conference materials.

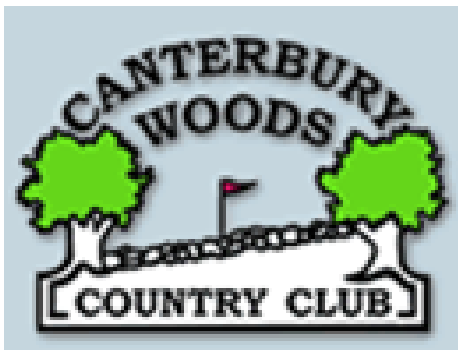
Exhibit Fee: \$250 fee will include display table, conference meal and break refreshments for ONE representative throughout the day. \$35 for each

additional representative to cover the costs of the facility fees.

Educational Grants: For companies who provide a minimum of \$500 support for the conference, an exhibit table will be provided with the exhibit fee waived. For more information contact: Andréa Huertas at AHuertas@metrocast.net

For more about the Fall 2008 Pain and Beyond Conference, visit: www.nhhpc.org/conference.htm

Announcing Fifth Annual NHHPCO Golf Tournament



NHHPCO is once again sponsoring a Golf Tournament to raise funds that support the activities of the state hospice organization.

Sponsors and players are needed. For additional information about how to become involved please contact DeeMarie Pinfield at 603-315-6602 or Mary Kazanowski at 603-315-3739.

Additional information and a registration form can be found at: www.nhhpco.org/download/golf/5thNHHPCOMINIGOLFFLYER.pdf

National Volunteer Week



NHHPCO thanks all the volunteers that help in so many ways throughout our state to support our citizens and communities and provide thoughtful end of life care.

Please take time to honor the hospice volunteers you know during National Volunteer Week, April 27- May 3, 2008



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**We're on the web:
www.nhhpco.org**