



The Bridge

Fall 2005, Volume 1, Issue 2

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

Distribution List

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Palliative Care: Gateway to Hospice

Decades ago when I was in graduate school I learned about the concept "win-win" meaning of course that it is possible for all participants to have their desired outcome. To my mind there are few ideas that, when put into practice, illustrate that point as does a palliative care program operated as a partnership between a hospital and a hospice.

Happily, the biggest winners are patients and families. Few of us Baby Boomers have escaped the experience of seeing a seriously ill loved one in a hospital setting.

They often have distressing physical symptoms, which are frequently not the focus of their hospital care. As family members, we join them in experiencing the acute anxiety that arises from not knowing how their disease or the treatment will change our lives, producing feelings of dread and confusion. Hospital-based palliative



Gretchen Brown, MSW
Hospice of the Bluegrass

care can relieve much of that suffering by using the tools of symptom-directed palliative care. Not only are distressing symptoms relieved, but this approach includes the patient and family in decision making and encourages the all important family conference that allows a free flow of information among the family and a team of interdisciplinary professionals. Further, families are not forced to choose to relinquish care they perceive to be curative, or at least life prolonging.

The hospital wins. Use of hospice concepts, including assessing the whole patient, involving the family, treating the symptoms, educating about treatment outcomes and the disease processes increases patient/family satisfaction with patient care. The control of symptoms and the understanding of the disease and prognosis often result in less costly interventions. The attending physician also wins. S/he has the opportunity to recommend a specialist who makes suggestions or initiates interventions that result in better patient care and satisfaction.

The hospice can win as well. The daily contact

see Palliative Care on page 6

The Case for Hospice and Palliative Care Certification

Over the past decade, a growing number of physicians and nurses nationwide have earned certification in hospice and palliative care.

Given the nature of the work, certification makes sense professionally and on a basic, human level.

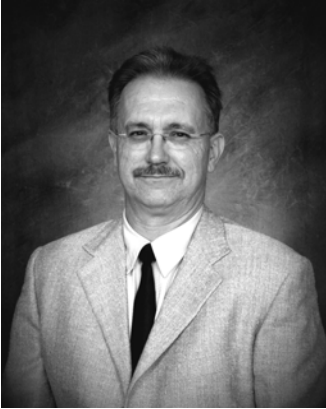
"We are caring for the sickest patients in the healthcare system. This is the most vulnerable time of their lives.

These individuals and their families are often overwhelmed," says Dr. Ira Byock, Director of Palliative Care at Dartmouth-Hitchcock

Medical Center. "Certification for nurses and doctors reflects the commitment required to care well for patients and families in these circumstances. The knowledge and skills required for certification are proportionate to the needs of the people we are serving."

see Certification on page 8

From the President...



“We began outreach to nursing home administrators to collaborate in expanding access. Our 10th Annual Fall Conference was planned as part of this effort, with a focus on ‘hospice in long-term care.’”

There is only one statewide organization solely committed to improving access to quality care for New Hampshire residents with life threatening conditions. You have its newsletter in your hands – or on the screen of your computer.

Here’s what we have done to fulfill this commitment over the past few months:

We convened a meeting of stakeholders of the New Hampshire Cancer Pain Initiative with the support of the American Cancer Society, and established a strategic plan for that effort. Look for educational activities and more advocacy in the state. Note the broadening of the initiative as it drops “Cancer Pain” to focus on all pain issues.

We involved 18 of the 22 hospice agencies in the state in the National Data Set, making all that information much more useful and valid in our area.

We initiated LNA education, and are actively planning to bring training to all clinicians beyond the well-established annual state conference.

We revamped the website at www.nhhpc.org. Thanks to our skilled volunteer webmaster the site has evolved into a real resource. The home

page now opens with a ten-item list of “Here’s What’s New,” including information about online registration for conferences, an “Outcome Measures” section, progress in the Pain Initiative, and other essential tools for improving access to quality care for New Hampshire residents with life-threatening conditions. You can advertise employment opportunities, seek information about local care providers, or join us, all without leaving your home or office.

We began outreach to nursing home administrators to collaborate in expanding access. Our 10th Annual Fall Conference was planned as part of this effort, with a focus on “hospice in long-term care.”

We are also reaching out to funeral directors as natural allies in the access effort, with a membership solicitation mailing in September, and a planned follow up campaign.

Please join us.

Patrick Clary, MD

NHHPCO Annual Business Meeting

Tuesday, October 25th, 2005 - 3:30 TO 5:00 PM

Attendance is Free and Open to Everyone

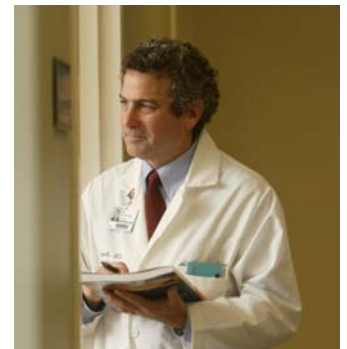
Members must sign in to be credentialed for voting privileges

Guest Speaker: Ira R. Byock, MD

Director, Palliative Medicine, Dartmouth-Hitchcock Medical Center, and Professor of Anesthesiology and Community & Family Medicine, Dartmouth Medical School, Lebanon, NH

Topic: *Transforming the World from Northern New England*

Place: Gadbois Building, Saint Anselm College, Manchester, NH 03102



How Is Your Agency Collecting End Result Outcome Measures Data?

Are you currently collecting the data to report End Result Outcome Measures and how is your agency collecting these data?

You may recall that the questions on the last page of the recently submitted 2004 NHPCO NDS Survey, titled OUTCOMES ADDENDUM, addressed:

1. Comfort within 48 hours of admission

(“Currently the best single comparative measure of pain management, both for use within hospice and for use across healthcare providers”)

2. Avoiding unwanted hospitalization

3. Avoiding unwanted resuscitation
(“Avoiding unwanted hospitalization and resuscitation, respectively, are measures of self-determined life closure. These measures are important in illustrating the differential ability of hospice to meet patient preferences”)

I would like to share how we collect these data at our agency, using one simple tool—the NHPCO Patient Core Measure Sheet.

My suggestion is to first designate one person at your agency who will integrate End Measure Outcomes questions into existing forms or surveys, if necessary, and who will also be responsible for collecting and reporting these data internally and quarterly. For these three previously listed outcomes, the task was very simple for us to

address by devising this collection and reporting procedure.

We took the NHPCO Patient Core Measure Sheet (www.nhpc.org/files/public/patientcoremeasuresheet.pdf) and revised its format to make it user-friendlier for our admitting nurses. We also condensed it onto a one-page, front-and-back form. Also, some additions were made to it for our own internal tracking purposes. One such addition was adding a response line for the reason, should it be reported that pain was not brought to a comfortable level within 2 days of admittance to the hospice program.

“I look forward to hearing from you ... so that all New Hampshire hospice agencies can benefit from meaningful statewide benchmarking for quality improvement.”

This revised Patient Core Measure Sheet is considered one of our admission paperwork requirements. The admitting nurse asks these three questions and documents the responses on the Patient Core Measure Sheet. This Patient Core Measure Sheet becomes part of the patient’s permanent record, so that the primary nurse can document any changes in status preferences or hospitalizations during the patient’s length of stay.

You might ask how we document if pain was brought to a comfortable level within 48 hours of admission, using this tool? Our Visit Note Sheet has been revised to reflect this question, with space for patient response. Therefore, the patient’s reply, documented on the first Visit Note Sheet following admission, is entered on the Patient Core Measure Sheet, satisfying the Outcome Measures’ *comfortable pain level within 48 hours* question.

Then, upon death or discharge of the patient, the primary nurse completes the final sections of the Patient Core Measure Sheet prior to closing out the chart. Medical Records staff pulls the Patient Core Measure Sheets on a monthly schedule for those deaths and discharges that occurred over the prior month. Quality Assurance Performance Improvement (QAPI) staff inputs the data on an Excel spreadsheet, which is continuously updated and maintained during the fiscal year. At the mid-June deadline timeframe for NDS submission, these Outcome Measures data are readily available for easy reporting. But more importantly, these Outcomes Measures data are available to our agency throughout the year for evaluating “best practices” for pain management and unnecessary/unwanted hospitalizations and resuscitations.

Here are some direct links

to assist you with the process of collecting and reporting Outcome Measures :

- **End Outcomes Measures for Hospice**
www.nhpc.org/i4a/pages/index.cfm?pageid=3377
- **2003 NHPCO NDS Summary Report—Part 2 (Outcomes)**
www.nhpc.org/files/public/2003_NDS_Outcomes_1008_04.pdf
- **Instructions for use of the Core Measures**
www.nhpc.org/files/public/protocolsOCFmeasures.pdf

I would be very interested to hear your answers to my original question of how are you currently collecting end result Outcome Measures Data? Please email me at camartin@NHPCO.org with your responses or with any additional questions related to Outcome Measures. I may be able to offer some assistance in making this data collection and reporting easier for your agency.

You may currently have an Outcome Measures collection and reporting process in place that differs from our system. I look forward to hearing from you and sharing the knowledge so that all New Hampshire hospice agencies can benefit from meaningful statewide benchmarking for quality improvement.

C. Andrew Martin, BS RN CHPN

From the Executive Director...



“We are very pleased that Hospice and Palliative Care figure prominently in the New Hampshire Comprehensive Cancer Collaboration. From the beginning of the planning process, the overriding goal has been to create a plan that does not ‘sit on a shelf,’ but that will become the framework for effective action.”

Dear Friends and Colleagues,

In this issue, I am choosing to devote my space to two important areas: an invitation to attend the NHHPCO Annual Business Meeting and some exciting information about the New Hampshire Comprehensive Cancer Collaboration.

NHHPCO 2005 Annual Business Meeting

The NHHPCO Annual Business Meeting is coming right up on Tuesday, October 25th. Important business will be conducted including an election to fill two upcoming vacancies on the NHHPCO Board and approval of several amendments to the existing bylaws. Following this, we are pleased to have Ira Byock, MD, Director of Palliative Medicine at Dartmouth Hitchcock Medical Center and Dartmouth Medical School, as our guest speaker. The title of Dr. Byock’s presentation will be *“Changing the World from Northern New England”* and will focus on the current and future challenges facing us as we care for people with progressive, incurable illness. We have asked Dr. Byock to present practical strategies for improving access to services and quality of care. Dr. Byock will discuss his vision for engaging the communities of northern New England in broad-based social and cultural efforts to improve the way people are cared for and die.

The NHHPCO Annual Business Meeting is open to all and there is no attendance fee. Members will be asked to SIGN IN at the Registration Desk to be credentialed for voting privileges. If you are not already a member, we ask you to seriously consider joining our effort as an individual member (\$35 annual fee). Details are available on our website at www.nhhpco.org. There will also be an opportunity to do so at the meeting.

The New Hampshire Comprehensive Cancer Collaboration

The New Hampshire Comprehensive Cancer Collaborative is comprised of individuals as well as representatives of organizations throughout the state who have come together through a series of workgroups to identify ways to reduce cancer mortality and morbidity in our state. The result of this work will be a five-year, comprehensive cancer plan for the State of New Hampshire which addresses the issues of prevention, early detection, treatment, survivorship and palliation that surround a diagnosis of cancer.

For the past year workgroups have been meeting to give input and prioritize goals and objectives for the plan. The Palliation Workgroup was chaired by Dr. McDonah, Medical Director, Circle of Life Palliative Care Program at St Joseph Hospital in Nashua. What appears on the facing page is the final DRAFT submitted by this workgroup to the Steering Committee. We share it with permission of Dr. Lynn Butterly, Chair of the Steering Committee, and Margaret Murphy, state representative on the Steering Committee, with the understanding that it may be subject to some revisions before becoming official.

We are very pleased that Hospice and Palliative Care figure prominently in the New Hampshire Comprehensive Cancer Collaboration. From the beginning of the planning process, the overriding goal has been to create a plan that does not “sit on a shelf,” but that will become the framework for effective action. We urge you to become involved as we collectively carry this plan forward over the next five years. There is much important work to be done on behalf of the citizens of New Hampshire with progressive life-threatening conditions and their families.

Yvonne J. Corbeil
Executive Director, NHHPCO

Palliative Care

Goal: New Hampshire residents living with cancer shall experience patient-centered cancer care that encompasses routine assessment and high quality management of physical symptoms, as well as emotional, social and spiritual distress.

The working definition of palliative care used by the Comprehensive Cancer Collaboration is the following: Interdisciplinary care of persons with life-threatening illness or injury that addresses physical, emotional, social, and spiritual needs and seeks to improve the quality of life for the person with an illness and his/her loved ones.

It is estimated that over 70% of all persons living with cancer will experience pain. (Cleeland CS, Gonin R, et al., Engl J Med 1994; 330: 592-596. Wolfe J, Grier HE, Klar N, et al. N Engl J Med 2000;342:326-333.) Nausea, difficulty breathing, depression, fatigue, and other physical and psychological symptoms are also commonly experienced. Frequently, the complexity of symptom control and supportive care for persons living with cancer requires an interdisciplinary, patient-centered approach that integrates palliative aspects of care concurrent with disease-modifying medical treatments. Goals of cancer care extend beyond cure and prolonged survival to include informed decision-making, enhanced quality of life, optimized function, and preserved opportunities for personal well-being and development.

Palliative aspects of care should be available during all phases of the disease, including staging, treatment, survivorship, relapse or recurrence, advanced illness and dying. Cancer care providers of all disciplines can be expected to possess basic knowledge and skills required to communicate effectively with cancer patients and their families, promote informed decisions, and assess and manage physical discomfort and emotional distress. Specialty palliative care, through clinical consultation services and hospice programs should be available to support oncology teams and, when needed, to participate in patient care and family support. The ultimate goal of palliative care is to maintain the best possible quality of life for the person and his/her loved ones.

Priority Objective 14: Every New Hampshire healthcare system will offer people living with cancer timely information and access to palliative care.

Strategies:

1. Require all insurers in New Hampshire to provide a level of insurance coverage for palliative and hospice care that meets or exceeds comparable Medicare provisions.
2. Increase to 80 days the average length of stay in hospice care as measured by Medicare and private insurance data.
3. Increase the number of New Hampshire hospitals and health systems with clinical palliative care services.
4. Increase the number of New Hampshire hospice programs offering palliative care services in addition to home hospice care.
5. Provide education and support to New Hampshire hospitals to develop clinical Palliative Care programs, consisting of a minimum of two designated individuals from different clinical disciplines (such as a physician and nurse) responsible for dissemination of information and resources on palliative care.
6. Provide education and support for the improvement of coordination between hospitals and community agencies providing palliative and hospice care.
7. Expect all clinicians caring for persons living with cancer to acquire basic information and skills in the principles of palliative and hospice care.
8. Provide a variety of education programs and formats enabling clinicians caring for persons living with cancer to acquire basic information and skills in the principles of palliative and hospice care.
9. Increase the number of New Hampshire residents who spend their last days at home by 20% (from a 1991 baseline of 34.9%).

Priority Objective 15: All persons living with cancer shall have effective management of pain and other symptoms.

Strategies:

1. Increase New Hampshire's score on the Pain Policy Report Card by one full grade through advocating for the adoption of state pain policies that improve pain management for persons living with cancer.
2. Ensure all providers caring for persons living with cancer have current evidence-based information on symptom management.
3. Advocate for clinical trials of symptom management and palliative care.

FINAL DRAFT - Shared with permission of the Steering Committee of the New Hampshire Comprehensive Cancer Collaboration

Pediatric Palliative Care Survey Update

Fifty-one people representing a wide range of disciplines and settings responded to the Pediatric Palliative Care Survey distributed this past summer. The respondents represented primary care practices, home health care, hospice, schools, and insurers as well as tertiary center physicians and nurses.

The majority of the respondents indicated they care for between one and five children a year with a life threatening condition or illness. Three-quarters of the of the respondents indicated that palliative care is not initiated at the time of diagnoses of a life-threatening illness but if palliative care is initiated just over half said that a plan of care is written and followed throughout the course of the illness.

The surveys described many barriers to providing pediatric palliative care. The lack of knowledge and skill in pediatric palliative care was identified as a primary barrier. The respondents described, in varying ways, how the timeliness of involving the community health care team in the care of a child with a life-threatening illness or condition inhibited the initiation of palliative care. Communication and care coordination issues

among the various specialists, primary care providers, home care, hospice and families also contributed to the inability of many to provide children and families with the support they needed. Some of the physicians struggle with the time commitment of managing the health care needs of children with life-threatening illnesses in a busy primary care practice. Reimbursement for the comprehensive components of palliative care and the financial burden of providing palliative care was also described as an obstacle to implementing palliative care to children. This survey highlighted the various interpretations of pediatric palliative care and that, in and of its self, creates a barrier for providers and families to initiate and embrace the concept.

Reviewing the challenges health care providers face when caring for children with a life-threatening illness or condition, the majority of the responders find all of the components of palliative care somewhat to extremely challenging, but less

see Pediatric Survey on page 10

Palliative Care, from page 1

of palliative care staff in the hospital setting can increase the profile of the hospice. Hospice physicians and professionals on the palliative care team have the opportunity to practice career

“The daily contact of hospice/palliative care staff in the hospital setting can increase the profile of the hospice. Hospice physicians and professionals on the palliative care team have the opportunity to practice career skills for patients not traditionally availed of such care.”

skills for patients not traditionally availed of such care. For example, symptom relief, counseling, and education may be

provided to ICU patients or to those who have suffered heart attacks. Many of these patients eventually become hospice patients. They may be admitted directly in the hospital, become hospice inpatients in a dedicated unit or facility, or become rou-

tine care patients at home or in the nursing facility. Non-profit hospices have the satisfaction of meeting the needs of a greater variety of patients and families, as well as the opportunity to garner more donors and volunteers. Persons not previously exposed to hospice may avail themselves of bereavement services.

Finally, the community wins, as there is a higher level of quality and comfort for citizens. Palliative care services may be expanded to other hospitals, nursing facilities, cancer centers, or clinics.

It must be expressed that winning, at least initially, is not without dollar cost to the institutional partners and personal frustration for staff. But the rewards of working in a hospice-hospital palliative care program that remarkably improves lives can rival the satisfaction felt by those of us who work exclusively in hospice care.

Gretchen Brown, MSW

President & CEO, Hospice of the Bluegrass, Lexington, KY

NHHPCO Committee Updates

New Hampshire Pain Initiative (NHPI)

On August 19, 2005, a strategic planning meeting was held in Concord to discuss the future of the New Hampshire Cancer Pain Initiative. Facilitated by Mary Bennett, outreach coordinator for The American Alliance of Cancer Pain Initiatives, the meeting was attended by approximately 22 people with several other regrets due to prior commitments. Represented were approximately 19 different institutions or organizations with many attendees representing more than one entity.

At the outset of the meeting priorities were established to meet the stated goal of improving pain control in New Hampshire. The priorities fell into one of six categories:

1. Patient & Public Education
2. Professional Education & Institutional Change
3. Initiative Building & Networking
4. Access & Reimbursement
5. Advocacy & Public Policy
6. Quality & Compliance

In order to begin to tackle any of the goals and strategies associated with the priorities, mission, vision and infrastructure must be created. To this end, a steering committee was charged to begin crafting a mission and vision for the pain initiative with associated goals and activities. Currently the steering committee has seven volunteers.

The group came to the consensus regarding focus and 'location' of the pain initiative. The initiative will henceforth be known as the New Hampshire Pain Initiative, allowing for activities and advocacy regarding all types of pain. The Pain Initiative will remain a committee of

NHHPCO and the NHHPCO website will be the vehicle for dissemination of information. Collaboration between the American Cancer Society's New England Pain Relief Project and NHHPCO will continue in this endeavor.

Paula Caron, Chairperson

It's Here!!!

Look for the NHHPCO Educational Needs Survey

Complete it at the Fall Conference

Or Online at www.nhhpc.org

SPECIAL DRAWING

Your name will be entered for a free registration to any one program sponsored by the NHHPCO Education Committee in 2005-06

Education Committee

The National Board for Certification of Hospice and Palliative Nurses is dedicated to the promotion of comprehensive palliative nursing care through the certification of qualified hospice and palliative nurses. Certification provides a number of benefits to professionals, employers and consumers, including tested and proven competency in hospice and palliative nursing care, increased knowledge through preparation for certification, enhanced commitment to end-of-life care and access to a national network of experienced professionals. The 2005 Candidate Handbook and Application

are available online through the HPNA website: www.hpna.org. Study guides are available through the website. The Hospice and Palliative Nurses Foundation does offer some scholarships to help with the cost of exams. This information may also be accessed via the HPNA website.

The NHHPCO Education Committee is in the process of planning workshops for interested participants to prepare for the certification exams to be held in the spring of 2006. We will keep members posted on our progress in this endeavor.

*Kathy Hopkins, Chairperson
Inga Johnson, BOD Liaison*



Fundraising Committee

The Second Annual New Hampshire Hospice and Palliative Care Organization Golf Tournament was held on Friday August 26, 2005 at the beautiful Canterbury Woods Country Club in Canterbury New Hampshire. The purpose of this tournament was to raise funds for NHHPCO as well as to provide a forum to share information about palliative care/hospice issues. Both goals were accomplished! Thanks go out to our Major Sponsors: Bellemore Investments, ProCon Construction, Sheldon Family Charitable Trust, Hippo Press, and Dunkin Donuts of Derry, NH, as well as to James St. Jean for running the successful and entertaining auction. Thanks also to Golf

Committee Members DeeMarie and Jim Pinfield, Diane Terragni, Laurette (Fudgie) Mullen, Lisa Sheldon, and Trish Joy.

The Golf Committee is looking for assistance in obtaining sponsors, raffle and auction items, and golfers for the Third Annual Tournament scheduled for **August 25, 2006**. Please email Mary Kazanowski at mkaz.nh.ultranet@rcn.com if you can assist with this important annual fundraising event for NHHPCO.

Mary Kazanowski, Committee Member

Public Policy Committee

The HB 656 House Judiciary Subcommittee held a special meeting on Monday, August 29 at the Hospice House in Merrimack. The meeting was held to offer a first-hand opportunity for legislators on the subcommittee to learn more about end-of-life care issues as they relate to the pending legislation.

Clinical staff from the Hospice House answered their questions and gave a tour of the facility. The subcommittee is expected to meet a few more times this fall to consider the bill.

Maryanne Mercier, Chairperson

Visit the NHHPCO website "Education Events and Conferences" section for a listing of upcoming educational opportunities.

Networking Group News

Hospice and Palliative Care Manager/Director Meeting

Paul Redmond, MSW from the Manchester VA attended the August 8th, 2005 meeting. Paul presented the Hospice/Palliative Care Program through the VA. He will be sending out a letter to all agencies who presently have contracts with the VA for Hospice to clarify the changes that are occurring within the VA with regard to Hospice. Basically, the VA Hospice Benefit will mirror the Medicare Hospice Benefit. So everyone keep your eyes and ears open for the changes. For more information, contact sherrmann@hcsservices.org.

*Susan Herrmann, RN, CHPN
Chairperson, Hospice and Palliative Care Manager/Director Networking Group*

Seacoast Regional Support Network Meetings

The Seacoast Regional Support Network held their first meeting of the fall season on September 8th. The group is open to members of any Hospice organization in the Seacoast NH region, and has been meeting for nearly ten years. The group focuses on nourishing and supporting Hospice staff as we do this important work. We were joined by our Executive Director, Yvonne Corbeil, for an update on activities at the state level. If anyone is interested in attending a meeting or finding out more about the group, please contact June Daigneault at 742-7921, dgnlts@comcast.net.

*June Daigneault, MSW
Chairperson, Seacoast Regional Networking Group*

Certification, from page 1

While certification is not required, “it bodes well for our colleagues and member agencies to actively support those pursuing it,” says Kathy Hopkins, Education Co-Chair of the New Hampshire Hospice and Palliative Care Organization (NHHPCO). Studies have verified that certified nurses contribute to productivity, staff retention and better patient outcomes. “Achieving certification validates our knowledge and skills in the specialized area of hospice and palliative care. Even more, it supports collaboration with the patient, the caregiver and the interdisciplinary team in building and implementing a plan of care that meets the patient’s goals.”

Other benefits include: learning more about hospice and palliative care while studying for the exam; demonstrating one’s commitment to a specialty practice; demonstrating dedication to professional development; becoming a greater asset to employers; and receiving access to a national network of experienced hospice and palliative caregivers.

The nurses’ certification program, begun in 1994,
see Certification on page 9

Hospice and Palliative Care Coordinators Meetings

Meetings are held every other month at the NH Hospital Association, 125 Airport Rd, Concord.
Contact: Susan Herrmann
603-352-2253, ext. 192
sherrmann@hcsservices.org

Bereavement and Volunteer Coordinators Meetings

Meetings are held quarterly at the NH Hospital Association, 125 Airport Rd, Concord, 11:00 a.m. to 3 p.m.
Contact: Tanya Prather
603-424-3822
tanya.prather@hhhc.org

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

Meetings are held at Prescott Park, the NASW office in Building 4, 105 Loudon Road, Concord, 8:30am to 10:00am. Remaining meeting in 2005: Nov. 8.
Contact: Laurie Farmer
603-224-4093
lfarmer@crhc.org

Hospice and Palliative Care Chaplain Meetings

Meetings are held monthly on the third Thursday from noon to 2:00pm at the VNA of Manchester, 1850 Elm St, Manchester.
Contact: Kathleen Cullen
603-622-3781
cullen1@elliott-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 palliative care programs. Meetings are usually held over dinner at a restaurant. Split checks are the custom.
Contact: Dr. Patrick Clary
603-778-7391
pclary@nhhpc.org

Certification, from page 8

has grown to include: Licensed Nursing Assistants (LNA); Licensed Practical/Vocational Nurses (LPN/LVN); Registered Nurses (RN); and Advanced Practice Registered Nurses (APRN).

Once certified, people may use the appropriate credentials. For example, APRN, BC-PCM (Advanced Practice Registered Nurse, Board Certified-Palliative Care Management); CHPN (Certified Hospice and Palliative Nurse); CHPLN (Certified Hospice and Palliative Licensed Nurse); or CHPNA (Certified Hospice and Palliative Nursing Assistant.)

RNs have earned the most significant number of certifications. Of the 8,089 RNs certified nationwide, 100 are from New Hampshire. CHPNs must be recertified every four years, either by re-taking the exam or by accruing 100 points through continuing education, academic courses, professional publications and presentations, item writer workshops, precepting nursing students – all related to hospice and palliative care nursing. The NBCHPN is also considering alternative methods of re-certification for nursing professionals at other levels as well, according to Deena Butcher, HPNA's Director of Membership.

The core curriculum—developed by HPNA—that must be studied before the exam, includes patterns of disease progression, pain and symptom management, ethics, and communication. NHHPCO is considering offering review courses of these subjects before each test.

The physician certification is recognized for eight years. Doctors must then fulfill the requirements of the ABHPM Maintenance of Certification Program to be re-certified.

Most New Englanders travel to Boston, MA, for the exam, Hopkins says. HPNA members receive a discount on the testing fee. Some agencies provide financial assistance to help cover the cost



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of travel and lodging. Others provide incentives for becoming certified, such as an increase in hourly wage.

Financial aid is also available through the Hospice & Palliative Nurses Foundation, which awards one certification exam scholarship at each level of nursing twice a year. To learn more, log onto

www.hpna.org/hpnf_Scholarships_Certification.asp.

Interested nursing professionals may register online by going to the HPNA

website at www.hpna.org and clicking on the NBCHPN link, which may also be reached directly at www.nbchpn.org. Other options include calling (412) 787-1057 or emailing the National Board at nbchpn@nbchpn.org.

Physicians can learn more about their certification process at the AAHPM website at www.aahpm.org.

Lynn Tryba
 Guest Journalist

Pediatric Survey, from page 6

are challenged by the physical needs of the child than the other components of the care.

In spite of the many challenges and barriers described by those completing the survey many described approaches that have worked well within their practice or organization. They described establishing clear consistent communication between members of the health care team (specialists, primary care provider, inpatients nurses, home care nurses, hospice providers, hospice house, school, social worker, etc.) and family. Some of the methods used to establish and ensure communication were

family/team meetings, the electronic medical record, working with a care coordinator, involving families in

The results of this survey identify numerous opportunities to facilitate the care of New Hampshire children with life-threatening illnesses.

Building the skill and rounds, early involvement in or consultation with hospice/palliative care, and working collaboratively on disease and symptom management.

knowledge of health care providers about pediatric palliative care increased the capacity of practices and organizations to provide palliative care to children. Maintaining a child and family focus in providing care has allowed some practices/organizations to fulfill the child & family's desires.

The results of this survey identify numerous opportunities to facilitate the care of New Hampshire children with life-threatening illnesses. Those opportunities for improvement span across many disciplines and organizations throughout the state of New Hampshire. The similarities of the responses support the concept of approaching pedi-

atric palliative care as a state-wide initiative so all communities may benefit, and duplication of time and money in building pediatric palliative care services is prevented. NHHPCO looks forward to exploring opportunities to build on the results of this survey. A more detailed summary of the results will be posted on the NHHPCO website at www.nhhpco.org.

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