

## NEW HAMPSHIRE HOSPICE and PALLIATIVE CARE ORGANIZATION

Vol.5 February/March 2004 issue

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### From The President

Dear Colleagues

The Board of Directors of the NHHPCO asked me to approach New Hampshire's Home Care Association last year to consider ways we could collaborate effectively to maintain a New Hampshire voice for Hospice and Palliative Care in spite of financial challenges.

Susan Young, the well-regarded executive director of the Home Care Association responded very positively to this approach. With our agreement, Peg Gilmour, known and trusted on both sides of the hospice/home care divide, was hired by the Home Care Association to facilitate negotiations.

Peg started by interviewing a number of hospice and home care leaders and stakeholders, and produced a report identifying hospice needs and priorities with suggestions for moving forward. Many NHHPCO members participated in these extensive interviews. Peg's evenhanded report of these interviews is the most coherent account of the mission and vision of the NHHPCO I have seen. It looks like a blueprint of the direction the organization should be going with or without a Home Care Association affiliation.

While discussions with the Home Care Association are ongoing at the Board level, a special task force of the Board is examining other options for the future of NHHPCO. According to Peg's report this future must include:

- Advocacy: both at the legislative and community levels, with the organization coordinating outreach, identifying issues, monitoring legislation, and offering expertise for appropriate outreach.
- Education: continuing support of interdisciplinary team clinical development, initiation of leadership skills enhancement, preparation for certification and in many other areas.
- Networking facilitation: "The opportunity for various discipline groups to come together to share information, promote clinical expertise, develop standards of (best) practice was seen as critical." Though the ongoing meetings set up under the umbrella of the organization were mentioned with appreciation, lack of skilled facilitation and focus were cited as ongoing problems.

- Communication: Newsletter, website, and consistent materials to communicate news, issues, trends, best practices standards. Availability of a network of experts on call for technical assistance seems critical.
- Data Management: with many overlapping and competing organizations the NHHPCO has a role as a mediator in the collection and/or dissemination of data.

For too many years the State hospice organization has been dependent on the goodwill, sacrifices and hard work of a very small group, notably Bill Bushnell and Ann Blair. Bill and Ann deserve credit for the accomplishments Peg's report cites, with ongoing discipline-based meetings, a growing, nationally known annual conference, and this newsletter. These accomplishments have occurred in spite of a continual struggle for resources. Peg's report makes it clear that "you get what you pay for," but many small hospices are struggling themselves and have been resistant to increasing provider dues. Individual and sustaining memberships have not closed the gap. The Board of Directors has an infusion of new, energetic members who are looking at all these issues.

When it became clear that NHHPCO could not afford to keep office space in Concord, Seacoast Hospice's executive director offered the organization a home in Dover with no rent. This has been interpreted as placing the NHHPCO under the control of Seacoast, far from the case in my experience. The Board of Directors remains as feisty and independent as you would expect in the "Live Free or Die" state.

Certainly our location should be considered as temporary. Perhaps other agencies will step forward to house the NHHPCO offices in the future, if the organization has an independent future. Members of the Board will be looking for feedback from individual members and providers as we continue to work on the issues raised in Peg's report. Formal meetings are scheduled with some groups and we welcome direct contact. My email address is [PLCLARY@AOL.COM](mailto:PLCLARY@AOL.COM).

Thanks for your consideration.

*Patrick Clary*

## Notes

Last Acts and Partnership for Caring have merged to form Last Acts Partnership. The new website [www.lastactspartnership.org](http://www.lastactspartnership.org), contains links to an article about the merger and a webcast of the special launch event that was held on January 7. (Last Acts Partnership)

New Hampshire will challenge the FDA over the issue of reimporting lower-cost prescription medications from Canada. Governor Craig Benson says the state will set up a website which will provide residents access to Canadian pharmacies certified as "safe" by the state Department of Health and Human Services. The article is online at [www.thoushalthonor.org/news/nh\\_fda.html](http://www.thoushalthonor.org/news/nh_fda.html). (Caregiving Resource Center Website)

Dennis G. Smith has been named interim head of the Centers for Medicare and Medicaid Services following the resignation of administrator Tom Scully. In making the announcement, HHS Secretary Tommy G. Thompson said that Leslie V. Norwalk will remain in her position as deputy administrator and chief operating officer of CMS. (HHS Website, 12/17)

Eldercare Locator, a toll-free service helping seniors and their caregivers find local services, has made part of the service available online at [www.eldercare.gov](http://www.eldercare.gov). Users can search for services by state or zip code, or call an Eldercare Locator for more specific help. For more information, see the website, or call the phone service at 800-677-1116. (US Administration on Aging Eldercare Website)

The Kaiser Family Foundation website, which has been newly updated, has numerous Internet resources related to the recently approved drug benefits in Medicare. One recent update includes a calculator that allows users to enter their annual prescription drug costs and receive estimates of what the law's changes might mean to them. Kaiser's Out-of-Pocket Spending Chart is another online calculator that assists users in estimating potential out-of-pocket expenses. See [www.kff.org/medicare/rxdrugdebate.cfm](http://www.kff.org/medicare/rxdrugdebate.cfm). (Kaiser Family Foundation Website)

Susan Miller of Brown University will lead a one-year study of hospice services in nursing homes. The goal of the study, which is funded by the Robert Wood Johnson Foundation, is to publish guidelines that support easier collaboration between hospices and nursing homes. (WBZ News, 12/14)

The American Medical Directors Association has released a white paper on surrogate-decision making and advance care planning in long-term care. The paper is available online at [www.amda.com/library/whitepapers/surrogate/ethical\\_framework.htm](http://www.amda.com/library/whitepapers/surrogate/ethical_framework.htm). (American Medical Directors Association Website)

New York Assembly Bill 09211, if enacted, would create a statewide palliative care program. A palliative care leadership center would be established at Mt. Sinai School of Medicine and Hospital, and three other palliative care centers would be established in New York City, Nassau/Suffolk County, and Buffalo. A palliative care advisory board would be charged with "disseminating information regarding the availability of resources, assisting interested hospitals in starting palliative care programs and gathering demographic data on programs in the state." See a summary and full text of the bill at [assembly.state.ny.us/leg](http://assembly.state.ny.us/leg). (Last Acts Policy Newsletter, 11/2003)

The new Medicare Prescription Drug, Improvement and Modernization Act of 2003 will fund a CMS project to establish three hospice demonstration sites in rural areas. Care will be provided in residential facilities of 20 beds or less for persons who cannot receive hospice care at home. Other hospice-related items in the bill include enabling Medicare-certified hospices to contract with other Medicare-certified hospices for core services, allowing nurse practitioners who are not employed by hospices to follow patients who choose hospice care and providing a one-time hospice consultation service for Medicare recipients who are terminally ill. (AScribe Newswire, 12/10; AP Online, 12/7)

A study reported in a recent NEJM found that caregivers of patients with dementia recovered from the grief and depression of the patient's death much faster than other caregivers. They usually showed "marked improvement within three months." A year after the death, many reported less depression than during the last year of the patient's life. The article says that many of them had mourned before the actual death, and that 90% believed that death was a relief to the patient. William Haley, director of the University of South Florida's School of Aging Studies, says that early counseling would be beneficial to help these caregivers "ameliorate the guilt and realize their sense of relief is acceptable." (NEJM, 349;1936-1942; Tampa Tribune, 12/9)

## Pain Information

A study by the National Foundation of Women Legislators has found that even though OxyContin is more expensive than other Schedule II opioids, the cost of other treatments for very sick patients who take OxyContin may be significantly less. Half of very ill patients on OxyContin and other Schedule II opioids for breakthrough pain were able to drop the other painkillers after 30 days and 75% were able to drop them after 60 days. Drug costs for OxyContin patients averaged \$1,685 more for OxyContin recipients, but their overall healthcare costs were \$23,761 less. See [www.marylandpaininitiative.org/MDMedicaid.htm](http://www.marylandpaininitiative.org/MDMedicaid.htm) for more information on the study. (Maryland Pain Initiative Website, 12/23)

On December 16, the American Association of Physicians and Surgeons (AAPS) held a briefing on the "Politics of Pain Management" on Capitol Hill. The panel discussed pain management, patient experiences, law enforcement initiatives, the economic effects of untreated pain, sentencing guidelines, the HR 3015 drug database act, and possible solutions for cooperation between the medical community, regulators, lawmakers and the law enforcement community. Documents from the briefing are online at [www.aapsonline.org](http://www.aapsonline.org). (AAPS Website)

The November issue of Archives of Neurology includes "Advances in Neuropathic Pain," an article that contains guidelines that are designed to assist physicians in diagnosis and management of chronic neuropathic pain.

The lead author asserts that these guidelines are significant because they review recent medication trials, recommend specific first-line treatment therapies, and offer information on side-effects, doses, titration, and other issues. The full article is free at [archneur.ama-assn.org/cgi/content/full/60/11/1524](http://archneur.ama-assn.org/cgi/content/full/60/11/1524). (Archives of Neurology, 2003;60:1524-1534)

## Education

April 28, 2004 Living With Grief: Alzheimer's Disease  
HFA annual teleconference.

## Nephrology Nursing Journal Article Focuses on EOL

"Resources for Planning Palliative and End-of-Life Care for Patients With Kidney Disease," an article in the December 1 issue of Nephrology Nursing Journal, begins with a brief overview of recent trends and significant events in palliative and end-of-life care development.

The article stresses the importance of respecting patient goals and choices in care; developing a complete plan of care, with patient/family input; utilizing expertise of providers; addressing caregiver concerns; and developing an environment where support and financial assistance are available. In all of this, the Last Acts Precepts of Palliative Care, says the author, are a guide to helping make the decisions involved in either initiating or withdrawing dialysis.

The article is written by Christy A. Price, a nephrology nurse practitioner in Salt Lake City, Utah, and past president of the American Nephrology Nurses Association (ANNA). The Renal Physicians Association (RPA) and the American Society of Nephrology (ASN) established the Clinical Practice Guideline for Shared Decision Making in the Appropriate Initiation of and Withdrawal from Dialysis. Designed to guide the care of patients with end-stage renal disease (ESRD) and acute renal failure (ARF), the guideline includes nine recommendations and a final section on dealing with difficult patients.

Most of the nine recommendations of the guideline address either general principles such as communication, informed consent, conflict resolution, etc., or issues specific to dialysis such as clinical stability or competence to participate.

Two recommendations pertain specifically to end-of-life and/or palliative care and are discussed at length in the article. The first of these encourages renal care teams to address the issue of advance directives with every dialysis patient and asserts that every patient needs written advance directives. Because the first dialysis treatment is often fraught with anxiety and fear, the guideline suggests that any discussion of advance directives take place at another time. If possible, such discussions should be held before dialysis begins. The nephrology clinical nurses play an important part in seeing that these discussions are held, that the proper forms are filled out and visible in the patient's chart and that reviews are held after any significant events affecting the patient's status, such as a heart attack, stroke or amputation. The article notes the importance of honoring patients' wishes.

Another recommendation stresses that palliative care should be discussed with all patients who decide against dialysis or transplantation or with those who discontinue treatment. The article stresses that when the disease has progressed to the point that the patient needs end-of-life care, "palliative care and symptom management become a shared responsibility between nephrology and hospice." The hospice staff becomes "the primary provider[s] to ensure a peaceful death with dignity," but nephrology professionals should remain involved in care and "arrange for a seamless transition of care." Hospice's traditional bereavement support for families is cited as another reason why palliative and end-of-life care referrals are important.

The author specifically addresses various scenarios of care that patients might receive if they determine to stop dialysis and/or if they have a prognosis of six months or less or if they have another terminal illness. The author stresses the importance of "collaboration between the hospice care team and the renal care team to ensure the maximum benefit for the patient and family."

The article lists a number of professional resources available to nephrology nurses and others. Organizations such as The Open Society Institute (sponsor of the Project on Death in America), the Nursing Leadership Academy for EOL Care, the American Nephrology Nurses Association (ANNA) Ethics Committee, the American Medical Association (AMA), the Renal Physicians Association (RPA) and the American Society of Nephrology are all cited for contributing resources to the areas of palliative care and end-of-life. The article includes several lists and tables contributed by one or more of these groups.

Included in the article is information about the Priority Map for the Nursing Profession's Agenda for End-of-Life Care, funded by The Open Society Institute, the PDIA nephrology nurses and others. Organizations such as The Open Society Institute (sponsor of the Project on Death in America), the Nursing Leadership Academy for EOL Care, the American Nephrology Nurses Association (ANNA) Ethics Committee, the American Medical Association (AMA), the Renal Physicians Association (RPA) and the American Society of Nephrology are all cited for contributing resources to the areas of palliative care and end-of-life. The article includes several lists and tables contributed by one or more of these groups. The priorities are:

- ❖ Establishment of an ongoing network for building consensus among nursing organizations about the importance of end-of-life issues;
- ❖ Development of nationally recognized practice guidelines and nursing standards that are applicable between care settings; Encouragement to professional nursing organizations to establish end-of-life care as a "strategic priority."
- ❖ Promotion of end-of-life content in education, certification exams and accreditation standards;
- ❖ Influence on public policy in end-of-life care;
- ❖ Encouragement of nursing research on end-of-life care and a research agenda for end-of-life issues for nurses;
- ❖ Establishment of reimbursement mechanisms for pain management;
- ❖ Development of a nationwide long-range plan to prepare for future end-of-life care;
- ❖ Development of interdisciplinary models for teaching decision-making, effective communication and conflict resolution for end-of-life care;
- ❖ Establishment of an organization as a nursing resource center or clearinghouse for end-of-life resources;
- ❖ Dissemination of national nursing standards and guidelines for end-of-life care;
- ❖ Development of appropriate criteria for outcomes of end-of-life and palliative care;
- ❖ Develop a national campaign for patient education and rights; and
- ❖ Establishment of a system to educate the public about end-of-life issues.

The author concludes by saying that "the premise of shared decision-making should guide the care of dying patients. Nephrology health care providers have many available resources to assist with palliative and EOL care for patients with ARF or ESRD. The goal should be assisting every patient to achieve quality of remaining life, symptom management and a good death, as defined by the patient and family." (Nephrology Nursing Journal, 2003; 6(30):649)

## **NHHPCO Board of Directors**

### **Patrick L. Clary, MD (President)- *Medical Director***

Patrick L. Clary, MD, is Medical Director of the only freestanding nonprofit Hospice in New Hampshire, Board Certified in Family Practice and in Hospice and Palliative Medicine. Educated at Georgetown College and later at Georgetown's School of Medicine, his first professional training was in poetry as a student of Roland Flint. His work has been published in *The New England Journal of Medicine*, *CoEvolution Quarterly*, *Patient Care*, and *Journal of Medical Humanities*, as well as in anthologies, literary magazines and two collections: *Notes for a Loveletter*, and *Old Friends*. He wrote a chapter in *Being Human at Work*, an anthology of somatics published this year. A Quaker, he served as a medical corpsman with US Infantry Units in Vietnam 1969-70. Morphine was the most critical thing he carried as a platoon medic and it remains among his most important tools. He has long been active in palliative care advocacy in New Hampshire, drawing on his experience on the US Senate staff in the 1970s. He serves on the National Hospice & Palliative Care Organization's Legislative Advocacy subcommittee, is the Vice President of the New Hampshire Hospice and Palliative Care Organization, and is chairing the committee organizing the State's joint Cancer Pain Initiative and Hospice Organization's annual Palliative Care conference "Pain & Beyond, 2003," in its 12<sup>th</sup> year. This is his third year as chair. He originated the Bear Creek Retreats in 1999, meetings that examine innovations in end-of-life care. The 5<sup>th</sup> annual Bear Creek Retreat will be an examination of Buddhist practices led by Dr. Joan Halifax Roshi. Dr Clary was certified by the AMA as an Educating Physicians for End-of-life Care (EPEC) presenter in 1999 and has done more than 50 talks using that curriculum since certification.

### **Laurie Farmer, MSW (Treasurer)- *Social Worker Rep.***

Laurie Farmer earned her Masters Degree in Social Work from the University of Vermont, in Burlington. She works for the Concord Regional Visiting Nurse Association as a Medical Social Worker for the Hospice Program. Laurie's experience also includes: Working for the Mayor's Office for People with Disabilities in Chicago - making home visits in all neighborhoods of the city, experience in mental health settings providing crisis intervention with children and families, and domestic violence work. She has been a VISTA Volunteer (Volunteers in Service to America) in Austin, Texas and gained experience with diverse cultures and traditions by volunteering and working throughout Europe. She is currently a volunteer with the Rape and Domestic Violence Crisis Center, an NASW (National Association of Social Workers) member and on the Home Health and Hospice Committee for NH-NASW.

### **Mary Kazanowski PhD, RN, C, AOCN, CHPN (Secretary)**

Mary is a Professor of Nursing at Saint Anselm's College and a certified hospice and palliative care nurse for VNA of Manchester's transitional and hospice care program. She has a BS in Nursing from St. Anselm's, MS in Adult Primary Care Nursing and a PhD., from Boston University. Mary's dissertation –"Commitment to the End: Family Caregivers' Medication Management of Symptoms in patients with Cancer Near Death." Mary worked in ICU, Oncology and Med-Surg from 1975-1986 and as an instructor and staff nurse from 1986 to the present. Mary has served as Board member since 1999 and is up re-election for a second 3 year term.

### **Paula Caron, ARNP, MS, AOCN (NHCPI-Chair)**

Paula is an ANA Family Nurse Practitioner with Advanced Oncology Nurse Certification. She is an instructor of Medicine at Dartmouth Medical School and Outreach Advanced Practice Nurse at Frisbie Center for Cancer Care. Paula has worked in many areas of nursing including ICU, oncology and home care. She received the Sigma Theta Tau Excellence in Writing Award 1989 and in 1987 was the New Hampshire Nurse of the Year awarded by New Hampshire Nurses' Association. She is currently the Chairperson New Hampshire Cancer Pain Initiative

### **Lorraine Bishop - *Volunteer Coordinator Rep.***

Lorraine Bishop is Hospice Volunteer Coordinator at Hospice at HCS. She began with HCS in 1986 as Social Worker and Outreach Worker; in 1992, as Hospice at HCS developed the volunteer component, she began her present position. She has also served as Bereavement Coordinator for the Peterborough office; as of 6/02 she will coordinate Hospice volunteers for the entire hospice program, which includes Keene. Lorraine has a BA in Political Science from Towson State College, Maryland and completed course work at the University of Maryland School of Social Work & Community Organization. She has two adult children and lives in Peterborough with her husband.

### **Bill Bushnell - *At Large & Volunteer Rep.***

Bill retired as Chairman of Amoskeag Bank in 1988 after 38 years in banking. He was Vice President of Notre Dame College from 1992-1993 and worked for the Foundation for Community Encouragement from 1995-1997. Bill has been active in hospice, working as a member of VNA of Manchester-Hospice Ethics committee. He joined NHHO in January 1998, as its Executive Director and he worked tirelessly in this role as a volunteer. Bill has served as a Board member and Treasurer. He is up for re-election for a second 3 year term.

### **Yvonne J. Corbeil - *At Large***

Yvonne Corbeil has been involved in hospice and palliative care since 1983 when she accepted the position as Assistant Director for Program Development in the Division of Palliative Medicine at McGill University (1983-1997). In 1990 this position became an appointment within the Faculty of Medicine. Her responsibilities within this premier academic palliative medicine program encompassed program development and administration for palliative care within McGill's tertiary care, university health system. Additionally, during this period, Yvonne served as Coordinator for The International Congress on Care of the Terminally Ill (1984-1996), a five-day biannual event hosting over 100 speakers and welcoming upwards of 1400 registrants from 25 countries.

Over the years she has also served as a consultant to palliative care and hospice programs in a wide variety of settings and has lead and facilitated numerous meetings including development retreats for Hospice Boards of Directors. During 1998-1999 Yvonne was Vice President, Clinical Excellence for VistaCare, the country's second largest for-profit hospice. During the twelve years prior to joining McGill University, Yvonne held a series of senior operations management positions with full profit and loss responsibility within MDS Health Group, a large Canadian shareholder corporation with international holdings. Throughout her career, Yvonne has been a driving force in developing integrated networks among academic departments, hospital programs, government offices, public health agencies, corporations and consumers.

**Susanne M. Fortier - *At Large***

Sue is currently the Human Resources Director at Granite State Independent Living in Concord. GSIL is a non-profit Independent Living Center whose mission is to promote life with independence for people with disabilities through advocacy, information, education and support. Previously, Sue was the Community Coordinator for the NH Partnership for End-of Life Care statewide. for the Foundation for Healthy Communities. She was responsible for recruiting, training and supporting *Respecting Choices* Community Facilitators statewide. She also worked as Program Manager for the NH Council for Children and Adolescents with Chronic Health Conditions through the Dept. of Pediatrics at Dartmouth College, as a Community Organizer for the Children's Alliance of New Hampshire, and Human Resource Manager at Lockheed Sanders.

Sue is Vice President of the UNH Alumni Meritorious Service Association Board of Directors; member of the UNH Wildcat Athletics Council Board; Past President of the UNH Alumni Association; a former Trustee of the University System of New Hampshire, member of former Gov. Jeanne Shaheen's, of the Inaugural Committee.

**Wanda Harris, RN, MA - *Manages Hospice Program & Counseling Rep.***

Wanda has been a nurse since 1971 and has a Master's degree in Psychology and Counselling. She started in 1994 at VNA - Hospice of S. Carroll County as their Bereavement Coordinator and took over as Hospice Patient Care Coordinator in 2000. Wanda has her own private Psychology and counseling practice.

**Susan Herrmann RN, CHPN - *Manages Hospice Program & Pt. Care Coord. Rep.***

Susan has been a RN since 1990. She started out in Hospice @ HCS as a staff nurse in 1994 and was promoted to Team Leader then Supervisor to Patient Care Coordinator, and to her present position as Program Manager. She has been certified in Hospice and Palliative Care since 1999. Susan graduated from Antioch Graduate School with a Certificate in Community Health and Leadership this year and is presently on the Cheshire Medical Center Committee for Palliative Care and the Kingsbury Cancer Center Cancer Committee. She is also on the planning committee for the Cancer Survivors Day at CMC and has been coordinating the Program Manager's/Coordinators Meetings for the state hospice programs in Concord since March or April.

**Shawn LaFrance - *At Large***

Shawn V. LaFrance is Vice President for Planning and Development at the Foundation for Healthy Communities, in Concord, NH. The Foundation for Healthy Communities is a non-profit dedicated to improving health and health care in NH. He was formerly a Program Officer at the Commonwealth Fund, a private foundation that supports research on health and social issues. Prior to that, he worked for many years in public health and health advocacy organizations in New York City. Currently, he serves on the boards of several state and community organizations. He completed his graduate studies at Columbia University with a Masters in Public Health and M.S. in Urban Planning and holds a B.S. degree from the University of New Hampshire.

**Maryanne Mercier, RN, CHPN - *Manages Hospice Program***

Administrator, Community Hospice House. Twenty two years combined oncology and hospice experience.. Worked on the Oncology Units of 2 Boston teaching hospitals and in a local community hospital and ultimately in community health nursing. Chemotherapy certified, participated in The Wisconsin Role Model Conference for Pain Management mentorship program. HHC Pain Management Consultant for the past 9 years, educating staff, volunteers and consumers on the subject of Pain Management and published on this topic in the NH Nursing Journal. Served as a consultant on the Pain Advisory Committee for NH Blue Cross/Blue Shield worked with the NH End of Life Initiative in their Subcommittee for Pain Education. Guest speaker at Rivier College, ad hoc member of the Cancer Committee at Southern NH Medical Center (SNHMC), the SNHMC Oncology rounds and their Palliative Care Initiative Committee. Certified as an Hospice & Palliative Nurses' Association (HPNA) Trainer for the Clinical Review for the Generalist Hospice and Palliative Nurse Course, and a Certified Hospice Administrator, through New Hampshire Hospice & Palliative Care Organization (NHPCO).

**Don McDonah, MD - *Palliative Care Rep.***

Medical Director Souhegan Hospice, Medical Director Circle of Life/Palliative Care Program, St Joseph Healthcare, Family Physician Nashua, Founding Member Canadian Palliative Care Assoc., First treasurer of that organization, Founder of New Brunswick Palliative Care Assoc., Received first Life Membership of organization, MD Dalhousie University, Halifax, NS Board Certified American Board Of Family Practice, Board Certified American Board of Hospice and Palliative Medicine (first year it was offered), Board certified Canadian College of Family Physicians, Fellow of The College of Family Physicians.

**Penny Moquin, BSN, RN, CHPN - *Nurse Rep.***

Hospice RN with VNA of Manchester and So. N.H. for 7 years. Certified in Hospice and Palliative Care. Member of Pain Task Force at Elliot Hospital. Community education re: Hospice and Palliative Care thru in-service education at local Nursing Homes and MD offices Mentor to students at St. Anselm's College. Has worked as a School Nurse for 13 years and as Assistant DON at a Nursing Home in Manchester prior to Hospice Graduated with BSN in Nursing from Fitchburg State College.

**Mary Swanson, RN - *Manages Hospice Program***

Mary twenty years experience in healthcare management with demonstrated expertise in program development, project management, strategic and operations planning, and research. Highly effective at planning and managing change in a competitive market, and assessment and interpretation of clinical data. Experienced in medical device and human tissue regulations. She is currently the Director of Clinical Services for Seacoast Hospice.

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