

**OUR MISSION**

*Honoring every moment of life, Pathways Hospice, provides compassionate, excellent, comprehensive care for those who have an advanced medical condition and those who are grieving.*

**OUR VALUES**

*We honor life through: Compassion, Respect, Integrity, Excellence, Stewardship*

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**POLICY NOTES:  
NEW LAWS ON END-OF-LIFE CARE**

BY JENNIFER BROWN - THE DENVER POST

**A look at some of the new laws — all signed by Gov. Bill Ritter — regarding end-of-life care in Colorado:**

**Living Will Act** — A complete repeal and revision of the act regarding do-not-resuscitate orders. The old version made living wills applicable only if a person was unconscious or incompetent to make decisions and had been diagnosed by two physicians with a terminal illness. The new version will make living wills apply to people who have suffered a traumatic brain injury and will allow more flexibility and detail in a person's last wishes.

**Living Will Registry** — This law allows a public or private entity to create a centralized registry for living wills. Lawmakers said a mandate to create a state-run database would not have passed this year because of budget restraints. At least one entrepreneur has shown interest in building the registry, which could help EMTs and doctors find out quickly whether a patient having a heart attack or involved in a car crash has a do-not-resuscitate order.

**The MOST Form** — A new standardized form called Medical Orders for Scope of Treatment will be available to patients who are terminally ill or living in nursing homes. The form specifies whether a person wants CPR, antibiotics, artificial nutrition or hydration, "comfort measures only" or "full treatment." Unlike a living will, which is considered an expression of patient wishes, the MOST form carries the power of doctors' orders and is intended to follow the patient from a home to a nursing home to a hospital.

**Earlier Hospice Coverage** — This law would expand Medicaid coverage for hospice from a six-month terminal diagnosis to a nine-month diagnosis. If the federal Medicaid program approves the change, bill supporters are hopeful private insurance companies will adopt similar policies.

**Medicaid Coverage for In-Patient Hospice Care** — Under the new law, inpatient hospices will receive reimbursement from Medicaid to cover room and board, similar to nursing homes. The law requires federal approval. courier volunteers.

**AGENCY UPDATES:**

**Windsor Address**

Three years ago, Pathways Hospice opened the doors to our Windsor Office. As a result, we gained increased visibility and relationship-building with the citizens, medical community and skilled nursing homes and assisted living facilities of Windsor and western Weld County. In July, we will celebrate our move to a new building in Windsor. This new office – located at 1480 Main St. Ste #2 – will offer much improved visibility in Windsor. We will have an open house in August that you will receive information about as soon as it is determined.

Thank you so much to all of our wonderful Windsor and Weld county volunteers for helping provide services to hospice families east of the interstate! If you know of anyone in these communities who would like information on volunteering with Pathways Hospice, please pass along our information or we would be pleased to contact them directly.

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## Bulawayo Island Hospice

The "Africa 5" travel group is back from our trip to Bulawayo, Zimbabwe after an amazing trip! The entire experience was life changing for us all. We spent 7 days with the staff and volunteers from Bulawayo Island Hospice, doing patient visits and gaining an understanding of the incredible challenges these wonderful people have in providing medical care in a country with such poverty and with such compromised infrastructure. Now that we are back, we are all super-charged to bring the story of the Bulawayo Island Hospice to the people here with the goal of raising awareness and – of course – funds. We have a presentation on the trip that we would love to present to any community group, church or private group. If you would like us to present at your group or organization, let us know! If you have questions – of course I would be thrilled to answer. Also, we would love to have some volunteer representation on the FHSSA committee so if you have an interest – I would love to share more about what that commitment looks like. Thank you!



*Sarah Van Etten, Jane Anderson, Georgia Torson, Nancy Jakobsson, and Wilma Feeley in the airport on the way to Zimbabwe.*



## Zimbabwe Notecards

As part of our fundraising efforts, the FHSSA committee made sets of notecards from some of the photos that we took in Zimbabwe. These notecards are \$15 and come in sets of 8 – four images (Zebra, Elephant, Impala and Giraffe.) We have them for sale at the front desk or you can call Sarah. All proceeds benefit our hospice partner.

## WELCOME JUDY PLATT – NEW HCC DIRECTOR

We have a new director of the Care Center! Meet Judy Platt (if you haven't already.) Judy came to the United States from South Africa in 1986 and worked for CSU and as a researcher at National Jewish before obtaining her RN. Prior to becoming the Care Center Director, Judy was an HCC nighttime RN. Judy replaces Mark Clem who has accepted the position of Clinical Services Executive (a promotion!) Mark now supervises all clinical operations including the care center and home care. Welcome Judy!



Judy Platt  
*Director of the Care Center*

## VOLUNTEER DEPARTMENT UPDATES

### New format volunteer training

This June, the volunteer office was excited to unveil an alternate format volunteer training intended to enable folks working 8-5 with limited flexibility - to still be able to attend the training. This new format has the training happening two weekends in a row on Friday night and Saturday day. Participants take DVDs home of the sections not covered "live" to watch during the week. Our first training using this format was attended by 8 wonderful participants and we got lots of good feedback. We will begin offering this format twice a year - June and January - in addition to the Spring and Fall training.

### Lemay Avenue Health and Rehab Volunteer Team

Pathways Hospice works very hard to establish strong relationships with the many skilled nursing homes and assisted living homes in our service area. This dedication paid off when Lemay Ave Health and Rehab (LAHR), near the corner of Harmony and Lemay, established a Pathways Hospice wing that includes 14 rooms - most private - and a spacious family room. We have created a volunteer team that will work with hospice patients on our wing. This team will provide the following services:

- Patient Care: companionship, read a book, play games, write letters or sit quietly and hold a hand.
- Caregiver Support: provide a compassionate listening ear, stay with loved one while caregiver takes a break, bring coffee, etc.
- Staff Support: sit with an anxious patient, provide extra support during mealtimes, assist the CNA with certain cares like lotioning/manicures, etc.

Volunteer currently are being assigned from 6:00 - 8:00 p.m. seven days a week. Where they are most needed - with which patient



*Welcome to the class of Summer 2010!*

and/or family - will vary week-to-week. We already have several volunteers who have started at LAHR - thank you so much to Carol, Greg, Sue, Joanne and Dee!

This idea of nursing home teams is something that the volunteer office has been interested in implementing for some time now and we are very excited to have this opportunity at LAHR. Once this team is up and running in force, we will be looking at creating similar teams at other facilities. If you would like more information on joining the LAHR team or a team at another facility, call the volunteer office.

### Sewing with Love

Thank you to Nettie Smith and special project group, "Love to Stitch" for sewing "Ear Pillows" and Rice Filled Heating Pads for our patients. Thank you to Lela Jacoby for sewing gowns for the patients at the Care Center. On behalf of all the staff and families we appreciate all the work you have done to provide comfort to our patients. Our staff and families often have requests for projects like this. If you know of a special project group who likes to sew we would love to hear from you.

## VOLUNTEER EDUCATION

### Dignity In Spiritual Care: The Chaplain's Perspective

How can Chaplains provide spiritual care that has patient dignity in mind? How can other care providers -Doctors, Nurses, Social Workers, and CNAs- provide their services in ways that treat patients' spiritual beliefs with dignity?

To borrow from the Buddhist tradition, taking Beginner's Mind is a great beginning! Beginner's Mind is a concept that encourages the attitude of openness, eagerness, and lack of preconception when studying a subject (or a person). "In the beginner's mind there are many possibilities, but in the expert's,

there are few."<sup>1</sup> We may find ourselves to be experts on Christianity, or Hinduism, or Judaism; however none of us are experts on how the individual patient practices those beliefs. So we become curious! Didn't curiosity kill that cat? Fortunately, in our clinical positions, curiosity leads not to our demise, but to excellence in comprehensive physical, emotional, and spiritual care. By being a Beginner, not an Expert, we graciously ask: "Do you have spiritual beliefs that help you with this illness?"

"Do you have a spiritual community that knows what has happened to you?" "What are you hoping for, given your current situation?" "What could I do that would encourage or support your beliefs?"

As CSU Professor Mark Benn PhD, teaches, "The Golden Rule has been replaced by the Platinum Rule." Rather than treating people the way we want to be treated, we now "do unto others as they would have us do unto them." The only way to find out how people would like to be known or treated is to respectfully ask. What a relief! We don't have to be an expert, and we don't have to know ahead of time.

What if someone chooses not to share this personal part of their lives with us? This has happened in my practice as a Chaplain. I thank them for their honesty in choosing who they share their spirituality with. Right away the tone has been set for respect and

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transparency, and a sense of dignity is enjoyed by both care giver and care receiver. Dialogue, as suggested by Chochinov, has been introduced in discussions about spirit. Finally, there are benefits for the caregiver in this dialogue. Many of us who engage our patients at this holistic and personal level find an interesting evolution in our own beliefs. We discover new areas of spirituality or practice; we refine and deepen long cherished beliefs; we further define areas of growth for ourselves. We become inspired. We change our priorities. And during the process, we share in the dignity we hoped to impart to our patients.

*1 Zen Mind, Beginner's Mind, Shunryu Suzuki  
~ Maria McLain Cox, MA, BCC  
Chaplain, Pathways Hospice*

### **Preserving Dignity: the Social Worker's Perspective**

A recent example of maintaining dignity through illness and death involves a hospice patient whom we shall call David. David's

life and death is a lesson for all care givers that dignity at the end of life may have many different meanings and that those meanings may change over time.

David became a quadriplegic after a sports-related accident in high school. Despite such a debilitating condition, David persevered and developed his personal dignity and self worth through high academic and vocational achievements. David earned advanced degrees, held leadership positions with several companies, founded a successful business, held a position at a prestigious university, and became an author and noted speaker. All the dignity he gained from a lifetime of adversity and achievement were jeopardized when surgical complications resulted in vocal cord paralysis, increasing pain and general decline. With limited speaking ability he was no longer able to lecture, ending his life-long mission of service to others.

Throughout his life, David fought to live with dignity which he defined as being in control of his health, daily care, and living independently. His declining condition

threatened all of these goals. Ultimately David seized the only control left to him: making the decision to die in a dignified manner. This included dying at home with hospice care, symptom management, spiritual and emotional support, and without heroic interventions to prolong his progressively impaired condition. David made a conscious decision to refuse medical treatment of increasingly frequent comorbid conditions. This seemed to others to be contrary to his beliefs and mission in life. With the hospice team's education and counseling, those closest to David came to understand and honor his decisions.

David's definition of dignity had changed, and Pathways Hospice and his friends shifted to support him. After several months, David passed away as he had hoped: at home in his wheelchair, surrounded by his closest friends.

*~ Michelle Schwartz, MSW  
Social Worker  
Pathways Hospice*