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Spring 2017

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HOSPICE CARE — MORE THAN YOU THINK

For years, end-of-life planning has generally consisted of making a will or establishing a trust. Today, people are being encouraged to shift their focus, and begin to seriously think about and plan every important aspect of the end of their life.

by Susan Stafford, for The Bulletin Special Projects / Photos by Kevin Prieto

Following the death of Mike Fetrow's mother, Marilou, he and his wife Linda, of Redmond, wrote a letter of thanks and baked cupcakes, which they delivered to the hospice staff in the Redmond Partners in Care (PIC) office to show their gratitude.

"In general, the members of Partners in Care with whom we have had contact have all been so caring and professional. You have provided wonderful care to my mother, and incredible support to the family. You have made a very difficult time in our lives more tolerable," read part of the letter.

Marilou had moved from Springfield to Redmond in October 2016 to be closer to three of her six children living in Central Oregon. Before she arrived, Mike had made all the arrangements for her to move into Brookside Place assisted living facility and to receive hospice services from PIC. His mother's Parkinson's was progressing and she had already been on hospice for several months in Springfield.

For three months, Marilou, and Mike and Linda, received care and support from the care team



Kristi Hammond, RN (left) and Jody Cade, CNA (right) worked closely with Mike and Linda Fetrow (center) in caring for Mike's mother, Marilou, during the end stages of her life while battling Parkinson's.

assigned to their family. Kristi Hammond, RN, served as the Fetrows' case manager, providing nursing care and coordinating the services of medical social worker Coleen Pidgeon MSW, home health aide Jody Cade CNA, and hospice medical director Lisa Lewis MD.

Other services available to all hospice patients include: chaplain visits; regular visits from a

hospice volunteer who can provide a few hours of respite for a caregiver and socialization for the patient; physical and occupational therapists to help with mobility and comfort issues, and to evaluate for safety and make adaptations to the physical surroundings; dieticians; massage and acupuncture practitioners; and bereavement staff who are available to support the family

during and after the patient's time on service.

In addition to in-home care, PIC also offers patients and families the services of Hospice House, the only inpatient hospice facility east of the Cascades. (see story page 26).

Hospice care is not just for the last few days of life, and going on hospice care is not necessarily a "death sentence." Social worker Pidgeon shared what she hears so often from family members.

"We came on service late and now that we know what hospice does, we wish we had come on sooner," is a common refrain.

Some patients go on hospice for awhile, their symptoms improve, and they go off. This can happen a number of times. Generally speaking, a patient is eligible for hospice care if they have a diagnosis of six months or less to live and a doctor (often at the request of the patient or family) makes a referral to hospice. In Central Oregon there are four different hospices to choose from and it is up to the patient/family to select one.

One of the biggest advantages of hospice care, is that a patient is

able to receive services wherever they call home.

"It was immensely helpful for us not to have to worry about getting Mom to some other location to receive medical care. The fact that the medical experts were willing to come to her took a considerable burden off the family," Fetrow's letter continued.

Hospice workers are a special breed, as evidenced by the team who worked with the Fetrows. Nurse Hammond found her way to hospice after her own experience of having PIC care for her mother, who was diagnosed with metastasized melanoma. Hammond went back to school to earn her nursing degree specifically to become a hospice nurse, which she considers a calling rather than a job.

"Kristi, the nurse, was a god-send. Mom very much enjoyed her company, and Kristi did everything possible to make Mom comfortable in the final stages of her life. That required frequent adjustment of medications, but Kristi patiently and lovingly worked with the family and the staff at Brookside to find the right combination of medications to make Mom as comfortable as possible. Kristi was more than just a blessing to Mom, she extended so much support to the family. We were comforted by her presence and her hugs. She really did help both Mom and us get through this difficult ordeal," the letter said.

Hammond credits the whole team for the care provided to her patients and said they "work like a well-oiled machine."

Hammond explained that every situation is different and her job is to "meet the patient and family where they are." She manages the patient's pain and offers symptom control, makes sure bodily functions are working, and most importantly, she helps them enjoy life, whether that is lying in a recliner or getting out of the house.

"I think I provided comfort to the Fetrows. They saw me truly

love their mother and advocate for her," said Hammond.

The nurse and social worker both educate the family and patient about what to expect as an illness progresses, while supporting them all and assuring them that whatever they may be feeling is alright.

Social worker Pidgeon said, "I love what I do," and she, too, believes her work is a calling. Formerly a Masters level biologist, Pidgeon was drawn to hospice work, first as a volunteer, following a personal experience with hospice. She went back to school to earn her Masters in Social Work, continuing to volunteer with hospice, and upon graduation, went to work at a hospice in Washington.

Pidgeon said hers is "heart work" as she helps her patients and their families to "relax into dying" by "bringing the language of dying to the family" and "giving them permission to talk about it" by facilitating the conversation. She pointed out that everyone has their own process and her job is to support that process. She offers emotional support and acts as a sounding board for both patients and families.

"I wish people wouldn't be so frightened of hospice," Pidgeon said, encouraging people to start hospice sooner to receive all the support available to them for as long as possible.

Certified Nursing Assistant Cade is a dedicated home health aide who has worked for PIC for 20 of her 35 years of caring for people.

"I love my job because I love people," said Cade. "It's a wonderful job. I wouldn't have done my life any different. But it's hard sometimes."

Besides the physicality of her work, with lifting and transferring people to enable them to have a shower, it is sometimes emotionally draining for this woman who loves people. She had nine patients who died in one week.

Earlier in her career, Cade worked in a number of different facilities, but her heart is with hospice.

"I think it is the most wonderful thing for people to stay in their homes and be comfortable, with their family there, and to have no pain," she shared.

When patients aren't able to shower, Cade provides bed baths (she calls them 'bird baths'). She also does nail and hair care, skin care to avoid breakdown and bed sores, simple wound care, and watches for bruising. She believes she is able to develop close relationships with her patients because she sees them at their most vulnerable. She is able to reassure the family and reinforce what the nurses have told them.

If a patient goes to Hospice House or the hospital, Cade visits them just to check on them and possibly to say a final goodbye.

"They're my peeps. I have to keep my eyes on them," Cade said with a smile.

Linda Fetrow, whose mother was also briefly on hospice,

believes firmly in the value of hospice care.

"I think hospice is a must. They are there for so many things. More people would benefit if they understood that hospice is not just for the very end."

Mike concurred that "both for the comfort of the patient and the family," hospice care is needed. He said his mother had always disliked being dependent on other people, but she enjoyed the care she received from her hospice team.

"I can't say enough about the support they gave the family," he said.

"Kristi always gave everyone a hug. Everybody needs that," Linda added.

Hammond summed up what she wishes everyone knew.

"I want people to know hospice means focusing on quality. It's an opportunity to tailor care which is unique and individualized to a patient's needs. We strive to maintain dignity and promote comfort through a patient's journey toward end-of-life."





HOSPICE HOUSE — A HOME AWAY FROM HOME

by Susan Stafford, for The Bulletin Special Projects / Photos by Kevin Prieto

Colorful homemade quilts adorn the beds. Pleasing artwork covers the walls. The window of each room looks out on a serene garden and koi pond. Although this sounds like someone's comfortable home, it is, in fact, the environment of the Hospice House at Partners in Care Hospice and Home Health in Bend.

Opened in 2003, and still the only inpatient hospice facility east of the Cascades, this six-suite facility is available to any hospice patient in the region.

The warm, home-like atmosphere of Hospice House welcomes terminally ill patients who are in

need of temporary acute symptom management. Registered nurses and certified nurse assistants, supervised by Jenni Carver-Ross RN, provide round-the-clock skilled end-of-life care as well as short term respite care to provide relief from caregiving duties so families can make the most of their time together.

"It is a privilege to serve people at this tender time in their life," said Carver-Ross. "It is life-affirming and inspiring. Some call us 'angels' for the comfort we can bring about; in fact, we are doing what we would want for ourselves and our own family members."

All of the care provided is under the supervision of the PIC medical director, Lisa Lewis, MD, who said, "So many people approaching the end of their lives find unparalleled support and profound solace for themselves and their loved ones when they enter Hospice House."

Each suite is furnished to provide comfortable and private surroundings for a patient and their family. A couch makes into a bed to allow loved ones to stay with the patient. Storage for food brought in is provided by a small refrigerator and a television is available if wanted. A table and chairs offers space for gathering. Each room has its own bathroom, with a bath/shower room down the hall for use by patients and family members.

Other facility amenities include a sun room with access out to the garden where people may walk or sit to find solace and rest. There is also a play area to entertain visiting children and an off-leash pet park for animals visiting their human.

A fireplace room with couches and chairs provides a comfortable space to relax. Warm soups and

homemade cookies are always at the ready in the kitchen area, which also provides beverages and a microwave. The interfaith chapel provides a quiet space for families to gather.

Other services are provided by social workers, counselors, chaplains, volunteers, massage and acupuncture therapists, musicians, a dietician, and HosPets therapy animals, to support the patient and their family in a comfortable and caring environment.

Beautiful bouquets of fresh flowers can be found in each room, provided by the Bloom Project, which recycles flowers from events into new arrangements that are donated to hospices for their patients.

Families are truly welcome to make Hospice House their temporary home while they offer companionship and support to their loved one who is being cared for by the Hospice House staff.

For a virtual tour of Hospice House, visit partnersbend.org, and find the video at the bottom of the home page.



How Hospice and Medicare Come Together

by Miranda Mathae, SHIBA Program Field Officer

The time surrounding the transition to hospice for end-of-life care can be emotional and trying for everyone involved. The last thing a patient or loved one wants to do is navigate how hospice care and Medicare intertwine when entering the end stages of life.

Hospice providers generally inform the patient and family members about how medical coverage will work with hospice care, but it is beneficial to know how Medicare and hospice care work together before the time comes. Recent estimates show that 1.2 million deaths in the United States transpired while in hospice care, while 85.5 percent of those who died in hospice care were covered by Medicare in 2015, according to the National Hospice and Palliative Care Organization.

Hospice coverage is a benefit under Medicare Part A. This is the case for everyone, whether covered by only Original Medicare, Medicare with a supplement or Medigap, or a Medicare Advantage Plan. If you or your loved one is enrolled in a Medicare Advantage Plan when the transition to hospice care takes place, the plan's extra services such as dental or vision will continue.

There are several key services hospice care provides if you or a loved one qualify. Hospice helps set up a plan of care and provides a specially-trained

If you or your loved one is enrolled in Medicare Part A, Medicare will provide hospice benefits while the illness runs its course if a doctor or medical provider certifies that the patient is terminally ill and has less than six months to live.

support team of doctors, nurses, counselors, and others. The hospice team provides only periodic services, but is on-call 24 hours a day, seven days a week to provide expertise and support. The hospice team is designed to care for a person's whole needs, which consist of physical, emotional, social, and spiritual needs. The hospice benefit is designed to allow you or your loved one to stay together in the comfort of your home unless inpatient care is necessary. The focus is on making sure terminally ill patients live comfortably, not on curing the illness.

If you or your loved one is enrolled in Medicare Part A, Medicare will provide hospice benefits while the illness runs its course if a doctor or medical provider certifies that the patient is terminally ill and has less than six months to live. The patient would need to sign a statement choosing hospice care instead of other Medicare-covered benefits. Also, the patient would need to get care from a Medicare-approved hospice program.

When the decision is made to transition to hospice care, there are some things Medicare won't cover. Once hospice care is chosen, Medicare will not cover treatment intended to cure the illness. In addition, prescription drugs designed to cure the illness, rather than control pain or symptoms, are not covered. Medicare will not cover hospice care from a provider that is not certified by Medicare. Also, care in an emergency room, inpatient facility care, or ambulance transportation is not covered by Medicare unless it is arranged by your hospice team or is unrelated to your or loved one's terminal illness.

There is a lot of information about Medicare coverage and how it works with hospice care, which can be confusing. If you or a loved one has questions about Medicare coverage or options, call the state Senior Health Insurance Benefits Assistance (SHIBA) program at 1-800-722-4134 (toll-free).

The State of Oregon has a dedicated team of approximately 300 SHIBA counselors

that spans the entire state. SHIBA counselors are Medicare subject matter experts and are skillfully trained on how to navigate the world of Medicare. As counselors, their passion is to help those with Medicare questions or issues, and to share their Medicare knowledge with fellow Oregonians. To schedule a local appointment with a certified SHIBA Medicare counselor, call the Council on Aging of Central Oregon at 877-704-4567 (toll-free).

Medicare coverage can be tricky to navigate when faced with a stressful life change, but SHIBA is here to help.



Miranda Mathae has more than 10 years of experience in the insurance industry. She has been with the Oregon SHIBA program since 2014 and is currently serving as a Field Training Officer for the southern half of Oregon.