

HOSPICE *Happenings*



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in this issue

MOUNT SINAI STUDY SHOWS HOSPICE SAVES DOLLARS FOR MEDICARE

Hospice is known to significantly heighten quality of life, prolong life, and improve care for people nearing the end of their life's journey. But does it lower cost of healthcare? A new study by researchers at Mount Sinai Medical Center shows it does.

Lead author of the Mount Sinai study, Amy S. Kelley, MD, MSHS, Assistant Professor of Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai, in New York City, along with researchers, Partha Deb, Qingling Du, Melissa D. Aldridge Carlson, and R. Sean Morrison, found savings for Medicare could translate into millions of dollars per year. From over \$2000, to over \$6000, savings were seen per patient depending on length of stay. Patients also had lower rates of hospital use and hospital deaths. This study builds on a 2007 Duke University study supporting the same assertion.

The Mt Sinai study used data from 3069 cases, comparing the cost of Medicare between hospice and non-hospice patients.

Hospice programs in the United States grew from one in 1974 to 5000 in 2009. The hospice benefit was added to the Medicare program under the Social Security Act in 1982 to provide holistic care at the end of life.

According to the National Hospice and Palliative Care Organization (NHPCO), 44% of Americans at end-of-life received hospice care in 2011, and 84% of that care was paid for by Medicare. 

• *Hospice Medical Director Likes Team Approach*

• *How to Get the Conversation Going*

• *Hospice is a Good Fit for New Bereavement Coordinator*

• *Cooking Up Joy*

• *Hospice Frogs Tell a Story*





HOSPICE MEDICAL DIRECTOR LIKES TEAM APPROACH

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“Dr. Houston talked to me about it. He had me come to meetings.” So began Dr. Joe Schoeber’s introduction to hospice ten years ago.

Joe Schoeber, M.D. has called Casper home since 1985. He did his undergraduate work for becoming a medical doctor at University of Wyoming, and graduated with his medical degree from Creighton University Medical School in Omaha, Nebraska.

He became a general practitioner because, “It’s the most interesting, [providing] variety, and I wouldn’t be focused in one area of the body or disease process.” Medicine intrigues him as “You never know it all, there’s always something interesting...new treatments or new drugs,” he says.

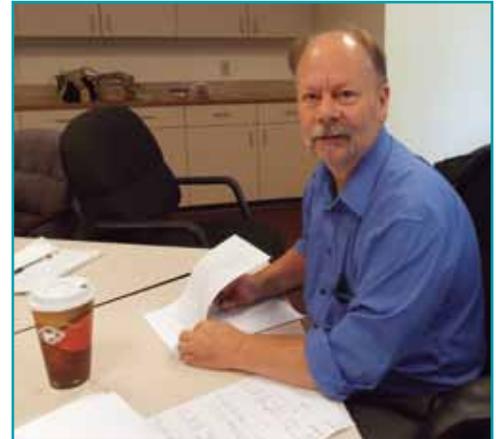
When Dr. Houston retired as medical director of Central Wyoming Hospice in 2003, Dr. Schoeber took on the task of directing, guiding and caring for Central Wyoming Hospice and Transitions Programs (CWHTP) patients and staff.

While Dr. Schoeber accepts patients admitted to hospice, they may also be admitted by their family physician. However, if staff are unable to reach a patient’s physician for an urgent need, the hospice medical director may be contacted.

When one thinks of a doctor caring for someone, the next word that comes to mind for healthcare workers is usually patient. But at CWHTP, the caring also extends to staff, because as hospice staff see the needs of patients that only a doctor can provide, Dr. Schoeber is available to help staff meet the goal of hospice—to provide pain relief, comfort and prevent or deal with any crisis a patient may have in an expedient manner.

He arrives at 6:15 AM one morning a week to meet with hospice’s Interdisciplinary Team (IDT), and sign paperwork he hasn’t already received by fax at his office. During this time, patient’s needs and concerns are discussed by the hospice team and Dr. Schoeber.

This is a holistic approach, covering spiritual, emotional, physical and social concerns that may exist for one of CWHTP’s inpatients or outpatients. IDT members include nursing staff, Medical Director, Psychosocial and Spiritual staff and volunteers.



Dr. Schoeber, with his signature morning cup of coffee, signs patient paperwork at 6:15 AM at CWHTP.

continued ➤

► The team approach is what drew Schoeber to become a hospice physician. “There is no one member more important. You make the patient, and family members part of the team,” he says.

Why does someone who is so busy already, (Dr. Schoeber has a private practice at Western Medical Associates PC), devote so much time taking care of patients who are at end of life?

“The major part of treating a patient is taking care of them all the way—through birth and death,” he answers.

Schoeber says while giving so much time to patient care, he is like everyone else, needing to balance his career with family life, taking his kids to the park, relaxing with his family—his favorite thing to do. And then he remembers his other pastime when not seeing patients—knowing what drugs have been approved, signing and filling out insurance paperwork for patients, answering consulting physician’s phone calls, and the list continues.

“Appreciate your physician,” he says with a grin. 

HOW TO HAVE THE CONVERSATION

As a society, we generally avoid the topic of death when it gets up close and personal. It is often “the elephant in the room.” Physicians are programmed to heal or improve a patient’s health; it can be a difficult topic. It’s hard to confront our mortality, or our inability to fix a problem for someone who comes to us for help, especially for a healthcare worker. Neither an individual, nor their doctor, may bring up the question hovering in the background: Am I going to get better?

If a physician, Dr. Joe Schoeber says, “...can step back and see a general decline” in a patient, that physician might open the conversation regarding his patient’s prognosis by asking the person how they think they are doing lately. “Do you think there might be a different way to care for you?” they may ask.

Dr. Schoeber notes physicians often aren’t aware of the questions the patient may have, or don’t receive the information from a patient that may have been shared with a nurse or other healthcare worker. Sometimes the physician does not know the patient or family is wondering if they should be considering end-of-life care, which can provide comfort and support sorely needed.

Doctors do not need to be the person making a hospice referral. Anyone, including family, individuals with life limiting illnesses, pastors, or social workers may call CWHTP and ask about hospice care for someone. CWHTP will help the person make an informed decision and contact the person’s physician regarding the qualifications needed to be admitted to hospice care. Some individuals may qualify for the Transitions Program at CWHTP instead. For more information, call 307-577-4832.



Our Mission

*To Companion the
End of Life Journey
with
Skill and Compassion*

*Central Wyoming Hospice
and Transitions Program*

*Serving Natrona County
and Glenrock area*



*Sunday Church Services
are held as follows:*

Kloefkorn Home 10:30

*Chapman Home 11:00
(when occupied)*

All are welcome



COMING EVENTS

*Next Hospice
Volunteer Training*

September, 2013

*Call Volunteer
Coordinator 577-4832*

volunteer@cwHP.org



*Six-Week Bereavement
Support Group*

Beginning June 18, 2013

Open to community

*Call Bereavement
Coordinator 577-4832*

tisas@cwHP.org



*Primary Caregiver
Support Group*

*Meets 2nd and 4th
Wednesdays*

2 - 3 PM

Call 577-4832

HOSPICE A GOOD FIT SAYS NEW BEREAVEMENT COORDINATOR



Tisa Sucher, Bereavement Coordinator, likes being part of a team.

Always “drawn to quality of life and how it’s defined by different individuals,” Tisa Sucher, Central Wyoming Hospice and Transitions Program’s (CWHTP) new Bereavement Counselor, feels hospice is a perfect fit for that interest.

Sucher, who has her Bachelor’s and Master’s degrees in Social work from the University of Wyoming, chose social work because she wanted to work with families. Born in Sundance, Wyoming, she has been married twenty two years, (“I adore him” she says of her husband),

and has two children—a son, fourteen, and a daughter age ten.

Her experience has been in the medical field of social work, working with acute, chronic and end-of-life patients. She worked in a dialysis clinic for nine years. She had a private practice, but prefers and embraces hospice’s team approach to end-of-life care.

“I subscribe to the National Association of Social Workers Code of Ethics,” says Sucher. Those include recognizing the dignity and worth of a person, having integrity, and the importance of human relationships. She keeps the full list tacked on the bulletin board beside her desk.

Sucher comes alongside patients, loved ones, or anyone dealing with issues caused by someone facing or reaching the end of life, and facilitates working through those issues.

“It’s the grace with which people work through their regrets that’s awe-inspiring,” she says. “Hospice is a safe place to deal with them. People have the answer within themselves. The most honoring thing...is people share their lives with you.”

Grief often begins before death. Loss of health, career, companionship, sense of self—all begin a grief process. “Each person’s grief is unique,” says Sucher, “Grief hurts; it’s scary; it makes you vulnerable, [but] you’ll get through it to a new normal.

“I have feelings; I get sad, but [at hospice] you get to honor somebody’s life.” People, she finds, “have strength and courage. Doing my own personal self-work is essential for my job,” Sucher says. “I have a strong spiritual self. And I find humor in life, and humor is so important. I [also] enjoy nature.”

Sucher enjoys teaching others, and has been a field instructor for Practicum Students of Social Work.

continued ➤

➤ A Bereavement Group started at CWHTP on June eighteenth will meet each Tuesday night for six weeks from 6:30-7:30 PM. Those wishing to attend may register by calling 577-4832.

Camp Hope, for children ages six to sixteen who have lost a loved one to death, was held in June by CWHTP. Children are welcome to visit with Sucher at any time to process grief issues, which may change as they grow and time passes.

Anyone in the community may come to CWHTP for grief counseling. Group or individual counseling is offered. Helping people through the grief process is important to Sucher, and is empowering for them.

She also feels it's imperative that providers in the community partner on this issue, sharing referrals and resources. As mentioned, she believes in a team effort. 🦋

COOKING UP JOY



Sheri Farwell, cook at CWHTP, enjoys hearing patient's stories as she satisfies their hunger

"I did not expect the depth of joy I've received...I am so grateful to be here."

"Getting to know them (patients); listening to the stories about their lives...they have fantastic stories. It is very rewarding."

Such are the testimonials of Central Wyoming Hospice and Transitions (CWHTP) Cooks—Mary Gothard, part-time, and Sheri Farwell, full-time employee. Both agree cooking for patients and families at CWHTP is more than a job—they are part of the team, and they receive more than they give.

Entering one of the hospice's two inpatient homes, you might smell cookies baking, soup stewing, or coffee brewing. "We go through a lot of coffee," says Farwell. One will always find a counter featuring something to snack on. While the cooks make sure there is something hospice home-baked, there are also items donated by volunteers or church groups. Coffee is always welcome, and often brownies, cakes or pies are donated. There's room for patients and visitors, sometimes joined by staff, to share a refreshment and make a connection.

When a patient is admitted, Farwell or Gothard visit them with a questionnaire regarding their favorite foods, when do they like to eat, any special requests. This is kept in the kitchen manual as a resource for anyone involved in feeding patients. Families are encouraged to bring favorite foods that may be kept in the kitchen fridge, just like at home. *continued* ➤



VOLUNTEER COMFORTS WITH MUSIC

While at CWHTP's Kloefkorn Home greeting visitors, volunteer and well-known musician Richard Turner was present when a family's loved one had just passed away. Turner offered the family a gift of music.

Turner says, "I am profoundly grateful for the opportunity I had to lend my musical abilities to the needs that arose.... The more I see that sacred place from the perspective of what keeps it going (compared to the perspective of a consumer), the more I am awestruck by everybody involved..., I am grateful, from both perspectives, for the job you do."



“Hospice is the best thing that happened, from the moment he [my dad] was diagnosed.”

~Vicki Windle, Daughter

➤ The pantry holds ingredients for snacks. Nurses and Nursing Assistants are adept at providing for that special request at bedtime, or three AM.

While breakfast is cooked to order, lunches and dinners are sent over from the Wyoming Medical Center. That food may be enhanced or paired with a favorite item, or traded for a special request of the patient. Families may bring meals in to share with loved ones in their room or dining room. Family members or a friend staying with patients or visiting at meal time may also share the meal, though cooks and staff make sure patients have what they want first. Farwell recalls the time she drove to the store just to buy a box of donuts for a patient with a craving. She smiles as she remembers the satisfaction at being able to do that.



Mary Gothard checks the refrigerator to see what's on the menu for cooking up joy at CWHTP.

Being part of the hospice team is important to Gothard and Farwell. Both express the satisfaction they get from becoming part of the lives of people facing end-of-life.

Gothard speaks of “being there” in the kitchen when family members gather after a loved one has died, offering coffee and understanding. She also expressed her amazement at how much the nurses and nurse assistants “chip in, and do, and mentor. I’ve learned so much from them,” adding, “And I didn’t expect the Appreciation Days for each member [of the hospice team]. It’s another way of saying you’re valued.”

While these cooks know how to follow stringent rules and regulations governing preparation of meals in a facility that must adhere to special guidelines, they also know how to make food, companionship, and comfort go together. Something everyone can relate to. 

The Bustard family has been assisting the families of Central Wyoming with their funeral and cremation needs since 1937.

Bustard's

Funeral Directors and Crematory



Bustard's is Casper's only locally owned and operated funeral home and crematory.

~ We also offer complimentary prearrangement services. ~

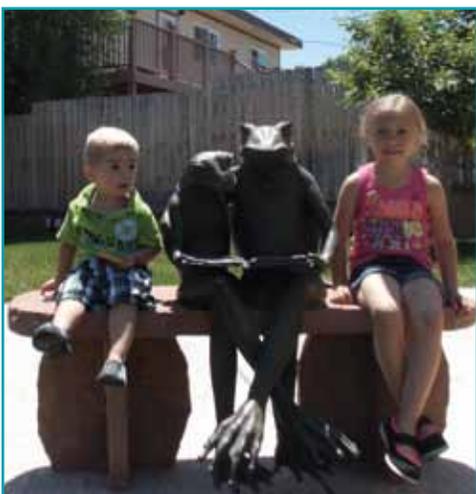
HOSPICE FROGS TELL A STORY

Gary Kloefkorn's wife, Penny, was diagnosed with breast cancer in 1992. A member of their Bible study group gave her a small ceramic frog as a memento to carry with her to doctor and treatment appointments in Denver. On the bottom of the frog was written F.R.O.G., reminding her to "fully rely on God." Soon, Kloefkorn's wife was receiving more keepsake frogs from friends. Later, while visiting a park near a cancer treatment center in Tulsa, OK, she found a large frog statue and sat on it meditating, asking Kloefkorn to take her picture there.



Gary Kloefkorn sits beside the frog couple reading the Bible in the back yard of the Kloefkorn Home. He commissioned the sculpture to honor his late wife, Penny Kloefkorn who died of breast cancer. The word FROG was her acronym to "Fully Rely on God."

"Penny was a magnet for people," says Kloefkorn. Throughout her nine years of battling cancer, enjoying remission, dealing with pain, they had nine years "that wasn't despair; she made it a great life," he says. "No one knew her pain. She changed people."



Lyric Buckley and Danae Black join the hospice frog couple in the back yard of the Kloefkorn Home while touring the gardens after visiting hospice with their moms. The frogs and the fountain invited their interest.

Penny died in the Chapman Home at Central Wyoming Hospice. And when he heard they were expanding to two inpatient homes, Kloefkorn, a licensed architect and structural engineer, with a Class One commercial contractor's license, wanted to be a part of that, be innovative in planning for patient privacy and comfort, and give back to hospice. He also wanted to memorialize his late wife.

He commissioned an artist to create a bronze sculpture, and as the new hospice home was finished, so was the sculpture. It was decided to name the new building "The Kloefkorn Home," and Kloefkorn says this was a surprise to him. *continued* ➤



WISH LIST

- Baby Wipes
- White and Colored Copier Paper/Cardstock
- Tide Free High Efficiency Liquid Detergent
- White-Out Tape
- CD Players for Patient Rooms
- New Flat Screen Monitors
- 9-Volt Batteries
- Permanent Markers
- Disposable Razors
- Travel-sized Deodorant
- Toilet Paper
- Shampoo
- Kleenex
- Paper Plates, Napkins, Cups, Plastic Flatware
- Quart and Sandwich Sized Bags
- Distilled Water
- Coffee
- Dry Erase Markers
- Postage Stamps
- Letter Sized Envelopes
- One-third Cut Letter Sized Folders

➤ “I got tears in my eyes,” he says, “I didn’t ask to have it named after me. I just wanted to help.” But he did know where he wanted his frog sculpture.

The sculpture depicts a male and female frog, legs crossed, arms around each other, reading a Bible. It sits on a bench in the back yard of the Kloefkorn Home, beside a large stone fountain Kloefkorn also built. There is room on either side for someone to sit beside the frogs.

Fascinating to children and adults alike, one hospice home resident wanted to put coats and hats on the frogs this past winter—to protect them from the cold. And one could ask the baby rabbit sheltering beneath the rock fountain, if having the frog couple nearby doesn’t make him feel safer. 



Sara Beer, RN, and Ben Howard enjoy visiting and reminiscing in the backyard gazebo of the Charles M. and Cara Lou Chapman Hospice Home at Central Wyoming Hospice

and Transitions. Howard’s wife, Cindy, spent fifteen months at hospice. Her memorial service was held in the gazebo last September. Howard and his wife celebrated their 72nd anniversary at hospice. Howard, who formed friendships with hospice staff as they cared for him and his wife, says, “I knew them all by name.” The yards and gardens at CWHTP offer a place of beauty for quiet reflections.