

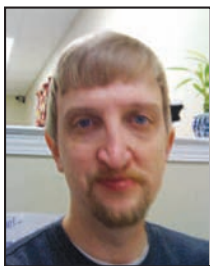
April 2009

in this issue

Hospice Volunteers with  
Crosswalk of Newly  
Revised CoPs

# The Journal

## The Incredible Impact of Heart Work



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North Mississippi Hospice has offices in  
Oxford, Southaven, and Tupelo, Mississippi

A volunteer offers himself or herself to a service designed to promote purpose and well-being. Volunteers (direct and indirect) are a vital part of hospice care and a part of the interdisciplinary team serving the patients. They bring comfort, hope, and peace to those patients and families who are facing a terminal illness.

In those times where families are uncertain about what the future holds, volunteers often empathize with them offering emotional support and reassurance. Whether it's reading a book, talking, or assisting the patient, the volunteer understands that listening is perhaps the most powerful tool to use. Most people facing a terminal illness just want to talk and their voice to be heard. Indirect volunteers do things on the side like making gowns or sending cards. We've



had volunteers to cut grass and help move furniture at a patient's home. It's heart work and we are thankful for the volunteers who assist us in caring for the patients and families.

A touching volunteer story involves a caregiver who requested a volunteer to provide emotional support for herself and the patient. The volunteer frequently visited and called the caregiver and patient while she was on hospice services. The patient's condition improved and hospice wasn't needed anymore. The volunteer made such an impact on the caregiver that she has kept in contact with the volunteer.

Volunteering takes a small amount of time but makes an incredible impact.

### Did You Know?

April 19-25, 2009 is  
National Volunteer Week.  
This year's theme is  
"Hope, Dignity, Love . . .  
it must be hospice"



**LOUISIANA-MISSISSIPPI**  
HOSPICE AND PALLIATIVE CARE ORGANIZATION

717 Kerlerec, N.O., LA 70116 Toll Free 1-888-546-1500  
(504) 945-2414 Fax (504) 948-3908 [www.LMHPCO.org](http://www.LMHPCO.org)

### Not yet a Member?

Get more information about LMHPCO at [www.LMHPCO.org](http://www.LMHPCO.org)

**next month:** Role of Hospice Chaplains with  
Crosswalk of Newly Revised CoPs



The Louisiana-Mississippi Hospice and Palliative Care Organization is a 501(c)3 non-profit organization governed by a board of directors representing all member hospice programs. It is funded by membership dues, grants, tax-deductible donations and revenues generated by educational activities. LMHPCO exists to ensure the continued development of hospice and palliative care services in Louisiana and Mississippi. LMHPCO provides public awareness, education, research, and technical assistance regarding end-of-life care, as well as advocacy for terminally ill and bereaved persons, striving to continually improve the quality of end-of-life care in Louisiana and Mississippi.

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 Noya with questions, comments and submissions at  
 ph: 504-455-2585 • Em: noyadesign@cvat.net

**Outreach Suggestions**  
**National Volunteer Week**  
**April 19 – 25, 2009**


**Hope, Dignity, Love...Hospice and Palliative Care Volunteers**

Volunteer recognition comes in many forms – ranging from verbal praise to a formal event. Here are a few ways to show your volunteers they are appreciated:

- Hold a formal recognition event during Volunteer Week, such as a dinner, a reception or a dessert buffet.
- Select and honor a Volunteer of the Year during National Volunteer Week.
- Maintain a Volunteer of the Month program, highlighting the special accomplishments of outstanding volunteers each and every month of the year.
- Place articles in your organization’s newsletter or Web site showcasing the hard work of your volunteers. Share these articles with your local newspapers; they make excellent human interest stories.
- Send individual thank you cards to each one of your volunteers. Short, handwritten thank you notes from board members mean a great deal.
- Establish a volunteer bulletin board with volunteers’ photos and names. Highlight special projects and place the board in a prominent place to be viewed by everyone.
- Send letters of recognition to the volunteers’ workplaces. These letters reflect well on the employee. It also raises public awareness of your organization.
- Create a photo scrapbook or yearbook of your volunteers in action.
- Share outcome and evaluation results with volunteers showing their personal impact.
- Create a booklet containing comments and quotes from staff, patients and families demonstrating the difference volunteers make. Share it at a recognition event or have it mailed to your volunteers.
- Arrange discounts for your volunteers at local shops.
- Give verbal praise, thanking your volunteers publicly for their contributions.
- Provide certificates of accomplishment for completion of a project, length of service, or active participation in your volunteer program.

**December 4-6, 2009**  
**NHPCO’s 6th National Conference on**  
**Volunteerism & Family Caregiving**  
**Walt Disney Swan Hotel, Orlando, FL**  
 For more information go to:  
<http://www.nhpc.org/i4a/pages/index.cfm?pageid=3259>

**The Leslie Lancon Memorial Education Nursing Scholarship was established in 2005 by LMHPCO. The annual scholarship will be awarded to support hospice nursing excellence and education throughout Louisiana and Mississippi. The awards will focus not only on excellence for those seeking academic degrees in hospice nursing, but also those seeking advanced certification in hospice and palliative care nursing.**



**Donations may be sent payable to LMHPCO, 717 Kerlerec • New Orleans, LA 70116**

# HOSPICE VOLUNTEERS

## crosswalk

### LA State Minimum Standards

Current as of December, 1999  
*Proposed Changes in Red*

#### Subchapter A. General Provisions

##### §8201. Definitions

**Terminally Ill** — a medical prognosis of limited expected survival, of approximately six months or less at the time of referral to a hospice, of an individual who is experiencing an illness for which therapeutic strategies directed toward cure and control of the disease alone are no longer appropriate.

#### Subchapter B. Organization and Staffing

##### §8217. Personnel

##### Qualifications/Responsibilities

**Q.(R) Volunteers.** The volunteer may and are designed to play a vital role in enhancing the quality of care delivered to the patient/family by encouraging community participation in the overall hospice program. Volunteers that provide patient care and support

### Medicare Conditions of Participation (CoPs)

Revised June 5, 2008 with  
Effective Date of Revisions  
December 2, 2008

#### § 418.3 Definitions.

**Terminally ill** means that the individual has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course.

#### § 418.78 Conditions of participation— Volunteers.

The hospice must use volunteers to the extent specified in paragraph (e) of this section. These volunteers must be used in defined roles and under the supervision of a designated hospice employee. **(a) Standard: Training.** The hospice must maintain, document, and provide volunteer orientation and training that is consistent with hospice industry standards.

### MS State Minimum Standards

Current as of February 22, 2008

#### 101 DEFINITIONS

**101.62 Volunteer** – Means a trained individual who provides support and assistance to the patient, family or organization, without remuneration, in accord with the plan of care developed by the hospice core team and under the supervision of a member of the hospice staff appointed by the governing body or its designee.

**101.63 Director of Volunteers** - Means a person who directs the volunteer program in accordance with the acceptable standards of hospice practice.

**101.61 Terminally Ill-** A medical prognosis of limited expected survival of approximately six months or less, if the disease follows its normal course, of an individual who is experiencing an illness for which therapeutic strategies directed toward cure and control of the disease alone is no longer appropriate.

#### PART V POLICIES AND PROCEDURES

##### 111 PERSONNEL POLICIES

**111.04 Employee Health Screening** – Every employee of a hospice who comes in contact with patients shall receive a health screening by a licensed physician, nurse practitioner or employee health nurse who conduct exams prior to employment and annually thereafter. The employee health screening shall include, but not be limited to,

**NOTE:** The Crosswalk is not all inclusive of all standards. Providers are urged to make certain they have a current copy of the CoPs as well as the State Minimum Standards.

## LA State Minimum Standards

services according to their experience and training must be in compliance with agency policies, and under the supervision of a designated hospice employee.

1. Qualifications. A mature, non-judgmental, caring individual supportive of the hospice concept of care, willing to serve others, and appropriately oriented and trained.

Volunteers who are qualified to provide professional services must meet all standards associated with their specialty area.

2. Responsibilities. The volunteer shall:

- a. provide assistance to the hospice program, and/or patient/family in accordance with designated assignments;
- b. provide input into the plan of care and interdisciplinary group (**team**) meetings, as appropriate;
- c. document services provided as trained and instructed by the hospice agency;
- d. maintain strict patient/family confidentiality; and
- e. communicate any changes or observations to the assigned supervisor.

3. Training. The volunteers must receive appropriate documented training which shall include at a minimum:

- a. an introduction to hospice;
- b. the role of the volunteer in hospice;
- c. concepts of death and dying;
- d. communication skills;
- e. care and comfort measures;
- f. diseases and medical conditions;
- g. psychosocial and spiritual issues related to death and dying;
- h. the concept of the hospice family;
- i. stress management;
- j. bereavement;
- k. infection control;

## Medicare Conditions of Participation (CoPs)

**(b) Standard: Role.** Volunteers must be used in day-to-day administrative and/or direct patient care roles.

**(c) Standard: Recruiting and retaining.** The hospice must document and demonstrate viable and ongoing efforts to recruit and retain volunteers.

**(d) Standard: Cost saving.** The hospice must document the cost savings achieved through the use of volunteers. Documentation must include the following:

- (1) The identification of each position that is occupied by a volunteer.
- (2) The work time spent by volunteers occupying those positions.
- (3) Estimates of the dollar costs that the hospice would have incurred if paid employees occupied the positions identified in paragraph (d)(1) of this section for the amount of time specified in paragraph (d)(2) of this section.

**(e) Standard: Level of activity.** Volunteers must provide day-to-day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff. The hospice must maintain records on the use of volunteers for patient care and administrative services, including the type of services and time worked.

### § 418.100 Condition of Participation: Organization and administration of services.

The hospice must organize, manage, and administer its resources to provide the hospice care and services to patients, caregivers and families necessary for the palliation and management of the terminal illness and related conditions.

#### **(g) Standard: Training.**

(1) A hospice must provide orientation about the hospice philosophy to all employees and contracted staff who have patient and family contact.

## MS State Minimum Standards

tuberculosis screening.

### 113 ORGANIZATION AND STAFFING PERSONNEL QUALIFICATIONS/RESPONSIBILITIES 113.17 Volunteers

Volunteers that provide patient care and support services according to their experience and training must be in compliance with agency policies, and under the supervision of a designated hospice employee.

1. Qualifications – Volunteers who are qualified to provide professional services must meet all standards associated with their specialty area.

2. Responsibilities - The volunteer shall:

- a. Provide assistance to the hospice program, and/or patient/family in accordance with designated assignments;
- b. Provide input into the plan of care and interdisciplinary group meetings, as appropriate;
- c. Document services provided as trained and instructed by the hospice agency;
- d. Maintain strict patient/family confidentiality; and
- e. Communicate any changes or observations to the assigned supervisor.

3. Training – The volunteers must receive appropriate documented training which shall include at a minimum:

- a. An introduction to hospice;
- b. The role of the volunteer in hospice;
- c. Concepts of death and dying;
- d. Communication skills;
- e. Care and comfort measures;
- f. Diseases and medical conditions;
- g. Psychosocial and spiritual issues related to death and dying;
- h. The concept of the hospice family;
- i. Stress management;
- j. Bereavement;

**NOTE:** The Crosswalk is not all inclusive of all standards. Providers are urged to make certain they have a current copy of the CoPs as well as the State Minimum Standards.



## LA State Minimum Standards

l. safety;  
 m. confidentiality;  
 n. patient rights;  
 o. the role of the IDG (IDT); and  
 p. additional supplemental training for volunteers working in specialized programs (i.e. Nursing homes, AIDS facilities).

**S. Volunteer Coordinator.**-Someone designated in writing to coordinate the services provided by the volunteers of the agency. The Volunteer Coordinator is an employee of the agency skilled in organization and documentation.  
**Responsibilities:** The volunteer coordinator is responsible for overseeing the volunteer program. The volunteer coordinator is responsible for recruitment, retention, education of volunteers and coordinating the services of volunteers with the patient and/or family. The volunteer coordinator shall attend IDT.

### §8221. Plan of Care (POC)

C. Coordination and Continuity of Care. The hospice shall adhere to the following additional principles and responsibilities:

11. maintenance of appropriately qualified IDG (IDT) health care professionals and volunteers to meet patients need;
12. maintenance and documentation of a volunteer staff to provide administrative or direct patient care. The hospice must document a continuing level of volunteer activity;
13. coordination of the IDG (IDT), as well as of volunteers, by a qualified health care professional, to assure continuous assessment, continuity of care and implementation of the POC;
14. supervision and professional consultation by qualified personnel, available to staff and volunteers during all

## Medicare Conditions of Participation (CoPs)

### § 418.56 Condition of participation: Interdisciplinary group, care planning, and coordination of services.

**(c) Standard:** Content of the plan of care. The hospice must develop an individualized written plan of care for each patient. The plan of care must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:

- (2) A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs.
- (3) Measurable outcomes anticipated from implementing and coordinating the plan of care.

## MS State Minimum Standards

k. Infection control;  
 l. Safety;  
 m. Confidentiality;  
 n. Patient rights;  
 o. The role of the IDT; and  
 p. Additional supplemental training for volunteers working in specialized program (i.e. Nursing homes, AIDS facilities).

### 114.04 Coordination and Continuity of Care

1. The hospice shall adhere to the following additional principles and responsibilities:

- k. Maintenance of appropriately qualified IDT health care professionals and volunteers to meet patients need;
- l. Maintenance and documentation of a volunteer staff to provide administrative or direct patient care. The hospice must document a continuing level of volunteer activity;
- m. Coordination of the IDT, as well as of volunteers, by a qualified health care professional, to assure continuous assessment, continuity of care and implementation of the POC;
- n. Supervision and professional consultation by qualified personnel, available

**NOTE:** The Crosswalk is not all inclusive of all standards. Providers are urged to make certain they have a current copy of the CoPs as well as the State Minimum Standards.

## LA State Minimum Standards

hours of service;

16. each member of the IDG (IDT) accepts a fiduciary relationship with the patient/family, maintaining professional boundaries and an understanding that it is the responsibility of the IDT to maintain appropriate agency/patient/family relationships;

## Medicare Conditions of Participation (CoPs)

(6) The interdisciplinary group's documentation of the patient's or representative's level of understanding, involvement, and agreement with the plan of care, in accordance with the hospice's own policies, in the clinical record.

**(e) Standard: Coordination of services.** The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to—

- (1) Ensure that the interdisciplinary group maintains responsibility for directing, coordinating, and supervising the care and services provided.
- (2) Ensure that the care and services are provided in accordance with the plan of care.
- (3) Ensure that the care and services provided are based on all assessments of the patient and family needs.
- (4) Provide for and ensure the ongoing sharing of information between all disciplines providing care and services in all settings, whether the care and services are provided directly or under arrangement.
- (5) Provide for an ongoing sharing of information with other non-hospice healthcare providers furnishing services unrelated to the terminal illness and related conditions.

## MS State Minimum Standards

to staff and volunteers during all hours of service;

### § 418.114 Condition of participation: Personnel qualifications.

**(a) General qualification requirements.** Except as specified in paragraph (c) of this section, all professionals who furnish services directly, under an individual contract, or under arrangements with a hospice, must be legally authorized (licensed, certified or registered) in accordance with applicable Federal, State and local laws, and must act only within the scope of his or her State license, or State certification, or registration. All personnel qualifica-

### PART VI BASIC HOSPICE CARE 117 OTHER SERVICES

117.03 Volunteer services shall be provided by the hospice. These services shall be provided according to written policies and procedures. These policies and procedures shall address at a minimum:

1. Recruitment and retention;
2. Screening;
3. Orientation;
4. Scope of function;
5. Supervision;
6. Ongoing training and support;

**NOTE:** The Crosswalk is not all inclusive of all standards. Providers are urged to make certain they have a current copy of the CoPs as well as the State Minimum Standards.

## LA State Minimum Standards

### §8233. Clinical Records

A. In accordance with accepted principles of practice the hospice shall establish and maintain a clinical record (either hard copy or electronic) for every individual receiving care and services. The record shall be complete, promptly and accurately documented, legible readily accessible and systematically organized to facilitate retrieval.

The clinical record shall contain all pertinent past and current medical, nursing, social, and other therapeutic information, including the current POC under which services are being delivered.

I. Entries are made for all services provided and are signed by the staff providing the service.

J. Complete documentation of all services and events (including evaluations, treatments, progress notes, etc.) are recorded whether furnished directly by hospice staff or by arrangement.

## Medicare Conditions of Participation (CoPs)

tions must be kept current at all times.  
**(d) Standard: Criminal background checks.**

(1) The hospice must obtain a criminal background check on all hospice employees who have direct patient contact or access to patient records. Hospice contracts must require that all contracted entities obtain criminal background checks on contracted employees who have direct patient contact or access to patient records.

(2) Criminal background checks must be obtained in accordance with State requirements. In the absence of State requirements, criminal background checks must be obtained within three months of the date of employment

### § 418.104 Condition of participation: Clinical records.

A clinical record containing past and current findings is maintained for each hospice patient. The clinical record must contain correct clinical information that is available to the patient's attending physician and hospice staff. The clinical record may be maintained electronically.

**(a) Standard: Content.** Each patient's record must include the following:

(1) The initial plan of care, updated plans of care, initial assessment, comprehensive assessment, updated comprehensive assessments, and clinical notes.

(3) Responses to medications, symptom management, treatments, and services.

(4) Outcome measure data elements, as described in § 418.54(e) of this subpart.

## MS State Minimum Standards

7. Documentation of volunteer activities.

### 121 IN-SERVICE TRAINING

121.03 The hospice shall provide relevant inservice training on a quarterly basis for volunteers. Documentation of the offered inservices and attendees shall be maintained.

### 114.10 Clinical Records

1. In accordance with accepted principles of practice the hospice shall establish and maintain a clinical record for every individual receiving care and services. The record shall be complete, promptly and accurately documented, readily accessible and systematically organized to facilitate retrieval. The clinical record shall contain all pertinent past and current medical, nursing, social and other therapeutic information, including the current POC under which services are being delivered.

9. Entries for all provided services must be documented in the clinical record and must be signed by the staff providing the service.

10. Complete documentation of all services and event (including evaluations, treatments, progress notes, etc.) are recorded whether furnished directly by hospice staff or by arrangement.

### 122 RECORDS

**122.02 Content** - Each clinical record shall be comprehensive compilation of information. Entries

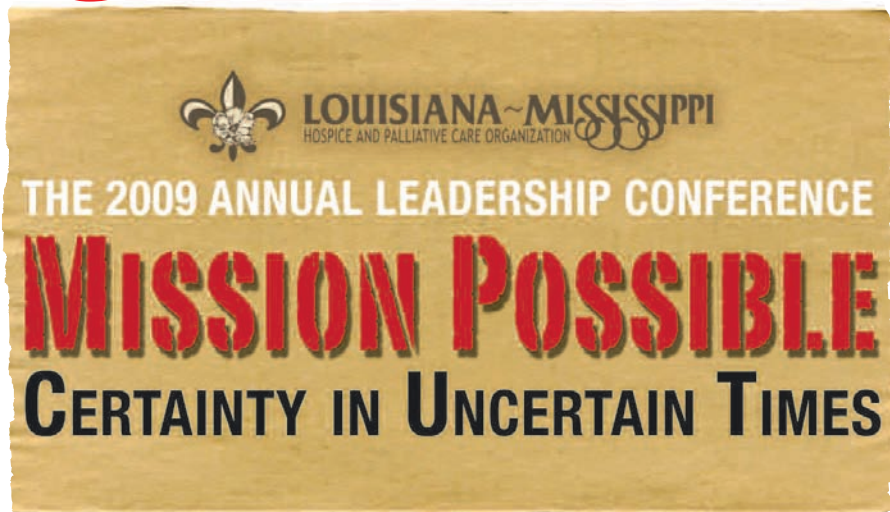
**NOTE:** The Crosswalk is not all inclusive of all standards. Providers are urged to make certain they have a current copy of the CoPs as well as the State Minimum Standards.

| <p><b>LA State Minimum Standards</b></p>  | <p><b>Medicare Conditions of Participation (CoPs)</b></p>  | <p><b>MS State Minimum Standards</b></p>  |
|---|--|---|
|   |  | <p>shall be made for all services provided and shall be signed and dated within 7 days by the individual providing the services. The record shall include all services whether furnished directly or under arrangements made by the hospice. Each patient’s record shall contain:</p> <p>6. Complete documentation of all services and events (including evaluations, treatments, progress notes, etc.)</p>   |
| <p><b>§8239. Quality Assurance</b><br/>                     A. Agency shall have an on-going, comprehensive, integrated, self-assessment quality improvement process which provides assurance that patient care, including inpatient care, home care, and care provided by arrangement, is provided at all times in compliance with accepted standards of professional practice.<br/>                     G. Quality assessment and improvement activities are based on the systematic collection, review, and evaluation of data which, at a minimum, includes:</p> <ol style="list-style-type: none"> <li>1. services provided by professional and volunteer staff;</li> <li>3. reports from staff, volunteers, and clients about services;</li> <li>4. concerns or suggestions for improvement in services;</li> </ol> | <p><b>§ 418.58 Condition of participation: Quality assessment and performance improvement.</b><br/>                     The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice’s governing body must ensure that the program: Reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.</p> | <p><b>115.05 Quality Assurance</b><br/>                     1. The hospice shall conduct an ongoing, comprehensive integrated self-assessment quality improvement process (inclusive of inpatient care, home care and respite care) which evaluates not only the quality of care provided, but also the appropriateness care/services provided and evaluations of such services. Findings shall be documented and used by the hospice to correct identified problems and to revise hospice policies.:<br/>                     6. Quality assessment and improvement activities are based on the systematic collection, review, and evaluation of data which, at a minimum, includes:</p> <ol style="list-style-type: none"> <li>a. Services provided by professional and volunteer staff;</li> <li>b. Outcome audits of patient charts;</li> <li>c. Reports from staff, volunteers, and clients about services;</li> <li>d. Concerns or suggestion for improvement in services;</li> </ol> |

**NOTE:** The Crosswalk is not all inclusive of all standards. Providers are urged to make certain they have a current copy of the CoPs as well as the State Minimum Standards.



# SAVE THE DATE



## Heart of Hospice Award Nominations Requested

LMHPCO is seeking nominations for the Annual Heart of Hospice Award. This award recognizes an individual who has attained repeated outstanding achievements in hospice and end-of-life care. Award presentations will be held on Thursday, July 30, 2009, at the lunch meeting of the LMHPCO Annual Leadership Conference in New Orleans.



*Enter your submission today!*

Download form at: [http://www.lmhpc.org/blahdocs/uploads/2009\\_hoh\\_award\\_nomination\\_form\\_5630.doc](http://www.lmhpc.org/blahdocs/uploads/2009_hoh_award_nomination_form_5630.doc)

### LMHPCO HEART OF HOSPICE AWARD 2009 NOMINATION FORM

**Deadline for Nomination is Monday, June 1, 2009**

The Heart of Hospice Award recognizes an individual from each of the two states who has attained repeated outstanding achievements in hospice and end-of-life care. This award will be presented on Thursday, July 30, 2009 at the Lunch Meeting of the LMHPCO Annual Leadership Conference in New Orleans.

**Information requested includes all of the following:**

Name of Nominee

Hospice/Palliative Care Program Affiliation:

City:

State:

Zip:

Phone number:

Fax:

E-mail address:

**Nominee's Curriculum Vitae/Resume**

**Narrative:** Describe nominee's history and relationship to hospice/palliative care, including accomplishments and contributions to hospice/palliative care.

**Reference Letters (at least 1)**

Name of Nominator (Your Name):

Hospice/Palliative Care Program Affiliation:

City:

State:

Zip:

Phone number:

Fax:

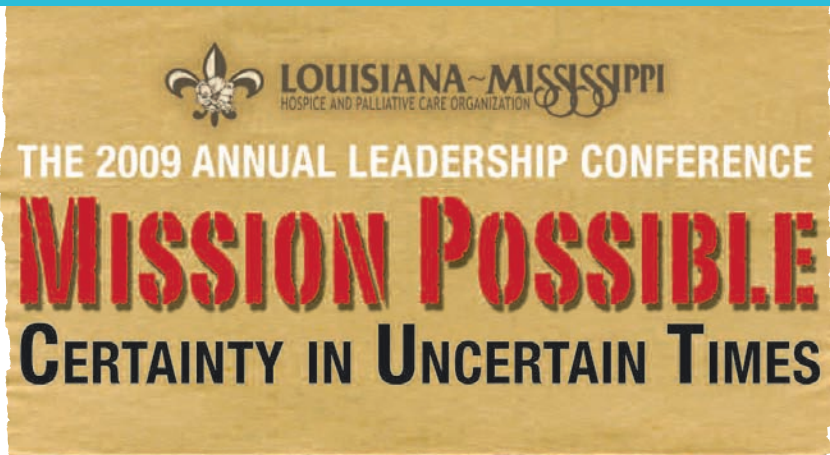
E-mail address:

**All requested materials may be e-mailed or mailed by June 1, 2009 to:**

**E-mail: [nancy@LMHPCO.org](mailto:nancy@LMHPCO.org)**

**Mail: LMHPCO • 717 Kerlrec • New Orleans, LA 70116**

July 29-31, 2009



July 29-31, 2009

## OPENING PLENARY

Wednesday Morning, July 29, 2009  
*“You Have To Know What Is Coming  
To Be Prepared For It”*

Presenter: Peter Benjamin

This presentation will help providers to have a better understanding of overall healthcare spending, consumer attitudes about EOL and how hospice fits into the overall health care continuum. Mr. Benjamin will discuss common practices among US hospice providers as well as help hospices understand non-hospice EOL providers. Mr. Benjamin will explore best practices in sales and marketing for hospice providers as well as non-hospice EOL providers.

About the Presenter:



Peter Benjamin is the founding partner for The Huntington Consulting Group (HCG). For the past twelve years HCG has worked with hospice providers around the country to help them understand key trends in health care as well as key trends in end of life care. In addition, HCG has worked with hospice providers to help them understand the organizational implications of external trends and to best position themselves for success in their communities. In addition to working with hospice providers HCG works with home health providers, HME companies, pharma/biotech organizations, health systems, payors and disease management entities. By working with a broad array of healthcare organizations HCG is able to offer hospice providers a broad perspective on how they should position their organizations.

## AFTERNOON PLENARY

Wednesday Afternoon, July 29, 2009  
*“Hospice Care in the Nursing Home:  
Why or Why Not?”*

Presented by: Gerald Holman, MD, FAAP, FRCPC

The Educational Needs Survey from last year demonstrated a large request for information regarding hospice care in the nursing home setting. LMHPCO is pleased to bring Dr. Holman to this year’s annual leadership conference. Dr. Holman will be addressing specific issues related to hospice care in the nursing home setting.

About the Presenter:



Dr. Gerald H. Holman, B.Sc. (Med), MD, FAAP, FRCPC (Ret.) is the founding Medical Director of the Hospice Care of the Southwest in Amarillo and Livingstone Texas. He has held several distinguished positions nationally and internationally in hospice/palliative medicine. He is a past President of the American Academy of Hospice and Palliative Medicine and was the founding Chairman of the American Board of Hospice and Palliative Medicine. He was Vice-Chairman of the International Hospice Institute and College and past member for six years of the Board of the National Hospice and Palliative Care Organization. He was chairman of the Board of the American Hospice Foundation (AHF) for eight years and recently became their Emeritus Chairman.

Dr. Holman has been a faculty member for the American Medical Association’s Education for Physicians in End-of-Life Care (EPEC) program. He has lectured and led workshops in hospice care for adults and children in the United States, Canada, China, and Great Britain. He served for five years (1992 -1996) as Chief of Staff at the Amarillo, TX, Department of Veteran’s Affairs Medical Center, where he was involved with the Department of Veterans Affairs National Hospice Initiative.

## MAKE PLANS FOR THE LMHPCO LEADERSHIP CONFERENCE

The LOEWS NEW ORLEANS HOTEL  
has again been selected as the site  
for the 2009 LMHPCO  
Leadership conference site.



[www.loewsneworleans.com](http://www.loewsneworleans.com)



### MORNING PLENARY

Thursday Morning, July 30, 2009

*“Because You’ve Never Died Before:  
The World of the Dying”*

Presenter: The Rev. Dr. Kathleen Rusnak, Ph.D.

Once individuals receive a terminal prognosis, they embark upon an unexpected new journey. Their worldview is forever changed. An amazing journey into a previously unimaginable spiritual terrain is automatically set into motion, and discoveries into the meaning of life and the essence of the self, the other, and God emerge. What the dying learn about living at the end of life is their gift to us in the midst of life.



#### About the Presenter:

Kathleen is an ordained Lutheran pastor with a doctorate in Psychology and Religion. All of her endeavors throughout her career or vocation have been directed by interests developed as a child of the sixties, from civil rights, to the Holocaust and post-Holocaust theology for Christians and Jews, to her work in hospice. Kathleen has always been interested in the ultimate questions of life, the psychology behind religious beliefs and actions, and human transformation. She, in her own thinking, felt her only choice was to become a pastor and theologian. She was convinced that this was her niche to influence and change the world. To that end, Kathleen has been the pastor of three Lutheran congregations, has served as a hospice chaplain in two hospices, was the director of spiritual care and bereavement at another hospice. She lived and worked in Israel for over two years as the director of the theological department of a post-Holocaust Christian European kibbutz in the Galilee, and focused on repentance and renewal towards the Jewish people.

Kathleen is a thought-provoking, humorous, and dynamic speaker. Her insights and introspective and reflective talks on relationships and spiritual care are motivating and conscious lifting.

### CLOSING PLENARY

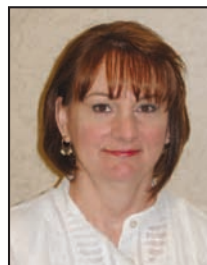
Thursday Afternoon, July 30, 2009

*“Palmetto-GBA Analysis of Claims for  
LA and MS Hospice Providers”*

Presenter: Mary Jane Schultz, RN

This presentation is designed to give participants a better understanding of the hospice data analysis for the states of LA and MS as well as national comparisons.

#### About the Presenter:



Mary Jane Schultz is the Director of Medical Review at Palmetto GBA. She is a Registered nurse and a graduate of Weber State University in Utah. She has over 22 years of experience in the Medical Review unit at Palmetto GBA and is a frequent speaker at provider education seminars. Prior to joining Palmetto GBA, Mary Jane had many years of experience in medical surgical nursing, dialysis, labor/delivery, patient education and staff training and development.



# briefs

Sanctuary Hospice House in Tupelo was the site for the 662 Chaplain and Bereavement Coordinator Meeting. A special thanks to Laura Morgan, Sanctuary Hospice House Volunteer, and Patricia Mitchell, Sanctuary Hospice House Special Events Coordinator, for handling on-site registration. There were 45 attendees present.



Attendees were given the opportunity to tour the beautiful facilities at Sanctuary Hospice House. Linda Gholston, Administrator (3rd from left), guided the tours. Thank you Sanctuary Hospice House for you hospitality.



## Calendar

[www.LMHPCO.org](http://www.LMHPCO.org)

**April 14, 2009**

Area Code 228 Quarterly Meeting

For more information, contact Suzanne MaGee at [smagee@mhg.com](mailto:smagee@mhg.com)

**April 16, 2009**

Area Code 662 Quarterly Meeting

For more information contact Nancy Dunn at [nancy@LMHPCO.org](mailto:nancy@LMHPCO.org)

**April 21, 2009**

Area Code 662 Chaplain, Social Worker, and Bereavement Coordinator In-service

For more information contact Nancy Dunn at [nancy@LMHPCO.org](mailto:nancy@LMHPCO.org)

**April 23-25, 2009**

NHPCO's 24th Management & Leadership Conference  
Omni-Shoreham Hotel, Washington, DC

For more information go to:  
<http://www.nhpc.org/i4a/pages/index.cfm?pageid=3259>

**April 28, 2009**

Area Code 601 Quarterly Meeting  
For more information contact Belinda Patterson at [bpatterson@hospiceministries.org](mailto:bpatterson@hospiceministries.org)

**April 29, 2009**

16th Annual National HFA Living with Grief Teleconference (12:30-3:00PM)  
Diversity & End-of-Life Care  
For more information, go to: [www.hospicefoundation.org](http://www.hospicefoundation.org)

**July 29-30, 2009 (Wednesday & Thursday)**

LMHPCO Annual Leadership Conference & Annual Meeting  
Loews Hotel, New Orleans, LA

**July 31, 2009 (Friday)**

LMHPCO Annual Leadership Post-Conference  
Loews Hotel, New Orleans, LA

**September 24-26, 2009**

NHPCO's 10th Clinical Team Conference  
Hyatt Regency, Denver, CO  
For more information go to:  
<http://www.nhpc.org/i4a/pages/index.cfm?pageid=3259>



## Volunteer Statistics and Facts

National Volunteer Week, April 19–25, 2009

# Hope, Dignity, Love...Hospice and Palliative Care Volunteers

### Facts about volunteering and hospice from NHPCO's most recent facts & figures:

- There were an estimated 400,000 active volunteers working in hospices in 2007, a figure that has remained consistent since the previous year.
- More than 16 million hours of service are provided by hospice volunteers every year.
- Volunteers, integral members of the care team, provide 6 percent of patient clinical care.
- NHPCO reports that 58.7 percent of hospice volunteers assist with direct patient care.
- The typical hospice volunteer devoted 45.1 hours of time during 2007; this represents an increase from 40.7 hours in 2006.
- Patient care volunteers made an average of 18 visits to hospice patients.
- Medicare regulations require that at least five percent of patient care hours be provided by volunteers; currently, seven percent of patient care activities are delivered by volunteers.



### Key Facts about Volunteerism in the United States from the U.S. Department of Labor, Bureau of Labor Statistics:

- Nationally, 61.8 million adult Americans volunteered in their communities in 2007-2008. This represents 26.4 percent of the adult population (age 16 and over).
- Women (29.4 percent) volunteered at a higher rate than men (23.2 percent).
- The most active volunteers continue to be persons age 35 to 44 (31.3 percent). While people in their early twenties (18.6 percent) continue to be the least likely to volunteer; those 16 to 19 years of age who volunteer increased by 1.4 percent.
- Married persons volunteered at a higher

rate (31.6 percent) than those who had never been married (20.4 percent) or those with other marital status (20.9 percent).

- The average volunteer in the U.S. spent a median of 52 hours volunteering between September 2007 and September 2008. Among age groups, hours spent on volunteer activities ranged from a high of 96 hours for those age 65 and over to a low of 40 hours for those 16 to 19 or 25 to 34 years old.
- Across the U.S., 43.7 percent of volunteers became involved with their main organization after being asked to volunteer, most often by someone in the organization. While 40.8 percent approached an organization to offer services on their own accord.

For more information about volunteering, call your local hospice, or contact Caring Connections at 800/658-8898 or [www.caringinfo.org](http://www.caringinfo.org).

**NHPCO is an excellent resource for ideas for Volunteer Recognition with sample proclamations, ad slicks, logos, and ideas. Check out the web site at [www.NHPCO.org](http://www.NHPCO.org)**

Volunteer

## Helpful On-line Resources

[www.caringinfo.org](http://www.caringinfo.org)

[www.volunteerresource.org](http://www.volunteerresource.org)

[www.pointsoflight.org/programs/seasons/nw](http://www.pointsoflight.org/programs/seasons/nw)



To calculate the economic impact of your agency's volunteers go to [www.pointsoflight.org/resources/research/calculator.cfm](http://www.pointsoflight.org/resources/research/calculator.cfm)

## Members make the work of LMHPCO possible! (2009 memberships received as of 4/6/2009)

### PROVIDER MEMBERS:

Agape Hospice of Shreveport, LLC, Shreveport, LA  
 Agape Northeast Regional Hospice, LLC, West Monroe, LA  
 Agape Hospice Care of Ruston, LA  
 AseraCare Hospice, LLC, Corinth, MS  
 AseraCare Hospice, LLC, Flowood, MS  
 AseraCare Hospice, LLC, Philadelphia, MS  
 AseraCare Hospice, LLC, Senatobia, MS  
 AseraCare Hospice, LLC, Starkville, MS  
 AseraCare Hospice, Tupelo, MS  
 Baptist Hospice - Golden Triangle, Columbus, MS  
 Bayou Region Hospice, Houma, LA  
 Brighton Bridge Hospice, LLC, Oberlin, LA  
 Circle of life Hospice, Inc, Shreveport, MS  
 Christus Cabrini Hospice, Alexandria, LA  
 Christus Schumpert Community Hospice, Shreveport, LA  
 Camellia Home Health & Hospice, Bogalusa, LA  
 Camellia Home Health & Hospice, Columbia, MS  
 Camellia Home Health & Hospice, Hattiesburg, MS  
 Camellia Home Health & Hospice, Jackson, MS  
 Comfort Care, Laurel, MS  
 Community Hospice of America, McComb, MS  
 Community Hospice of America, Meridian, MS  
 Community Hospice of America, Natchez, MS  
 Community Hospice of America, Shreveport, LA  
 Community Hospice, Inc, Sherman, MS  
 Community Hospice, LLC, New Orleans, LA  
 Continue Care Hospice, Hollandale, MS  
 Crossroads Hospice, LLC, Delhi, LA  
 Deaconess Hospice – Biloxi, MS  
 Deaconess Hospice – Brookhaven, MS  
 Deaconess Hospice – Hattiesburg, MS  
 Delta Regional Medical Center Hospice, Greenville, MS  
 Destiny Hospice Palliative care & Specialty Services, Inc, Tutwiler, MS  
 Elayn Hunt Correctional Center, St Gabriel, LA  
 Eternity Hospice, Inc, Gulfport, MS  
 Eternity Hospice, Inc, Indianola, MS  
 Eternity Hospice, Inc, Laurel, MS  
 Faith Foundation Hospice, Inc, Alexandria, LA  
 First Choice Hospice, Inc, Olla, LA  
 Forrest General Hospital, Hattiesburg, MS  
 Generations Hospice Service Corp, Denham Springs, LA  
 Gilbert's Hospice, Flowood, MS  
 Gilbert's hospice, McComb, MS  
 Gilbert's Hospice, Tupelo, MS  
 Guardian Hospice Care, LLC, Alexandria, LA  
 Guardian Hospice, Inc, Jefferson, LA  
 Gulf Coast Hospice, Ocean Springs, MS  
 Heritage Hospice, Amory, MS  
 Heritage Hospice, Corinth, MS  
 Hospice Associates, Metairie, LA  
 Hospice of Acadiana, Lafayette, LA  
 Hospice of Many, LA  
 Hospice of Natchitoches, LA  
 Hospice of St Tammany, Mandeville, LA  
 Hospice Care of Louisiana, Alexandria, LA  
 Hospice Care of Louisiana, Baton Rouge, LA  
 Hospice Care of Louisiana, Lafayette, LA  
 Hospice Care of Louisiana, Monroe, LA  
 Hospice Care of Louisiana, New Orleans, LA  
 Hospice Care of Louisiana, Slidell, LA

Hospice Care of Mississippi, Waveland, MS  
 Hospice In His Care, Baton Rouge, LA  
 Hospice in His Hands, Carthage, MS  
 Hospice in His Hands, Kosciusko, MS  
 Hospice in His Hands, Magee, MS  
 Hospice in His Hands, Walnut Grove, MS  
 Hospice Ministries, Brookhaven, MS  
 Hospice Ministries, McComb, MS  
 Hospice Ministries, Natchez, MS  
 Hospice Ministries, Ridgeland, MS  
 Hospice of Acadiana, Lafayette, LA  
 Hospice of Baton Rouge, Baton Rouge, LA  
 Hospice of Light, Gautier, MS  
 Hospice of Light, Lucedale, MS  
 Hospice of Caring Hearts, LLC, Dubach, LA  
 Hospice of Shreveport/Bossier, LA  
 Hospice of South Louisiana, LLC, Houma, LA  
 Hospice TLC, Winnsboro, LA  
 IBC Hospice, Youngsville, LA  
 Infinity Care Hospice of Louisiana, LLC, New Orleans, LA  
 Jordan's Crossing Hospice, LLC, Shreveport, LA  
 Journey Hospice, LLC, Alexandria, LA  
 Journey Hospice of Southwest Louisiana, LLC Lafayette, LA  
 Journey Hospice of the Shores, LLC, Metairie, LA  
 LifePath Hospice Care Services, LLC, Shreveport, LA  
 Life Source Services, LLC, Baton Rouge, LA  
 Livingston Hospice Associates, LLC, Walker, LA  
 Louisiana Hospice, Mamou, LA  
 Louisiana Hospice & Palliative Care, Jennings, LA  
 Louisiana Hospice & Palliative Care, Opelousas, LA  
 Louisiana State Penitentiary Hospice, Angola, LA  
 Magnolia Regional Health Center Home Health & Hospice Agency, Corinth, MS  
 Memorial Hospice at Gulfport, Gulfport, MS  
 Memorial Hospice & Palliative Care, LLC, Slidell, LA  
 Mid-Delta Hospice, Batesville, MS  
 My Hospice, Metairie, LA  
 North Mississippi Hospice, Oxford, MS  
 North Mississippi Hospice, Southaven, MS  
 North MS Hospice of Tupelo, MS  
 North Mississippi Medical Center, Tupelo, MS  
 North Oaks Hospice, Hammond, LA  
 Odyssey Healthcare, Jackson, MS  
 Odyssey Healthcare of the Gulf Coast, Gulfport, MS  
 Odyssey Healthcare of the Gulf Coast, Biloxi, MS  
 Odyssey Healthcare of Lake Charles, LA  
 Odyssey Healthcare, New Orleans, LA  
 Odyssey Healthcare of NW Louisiana, Shreveport, LA  
 Odyssey Healthcare, Shreveport, LA  
 Patient's Choice Hospice & Palliative Care of Tallulah, LA  
 Patient's Choice Hospice & Palliative Care, LLC, Vicksburg, MS  
 Pax Hospice, Madison, MS  
 Pointe Coupee Hospice, New Roads, LA  
 Premier Hospice, LLC, Bastrop, LA  
 Quality Hospice Care, Inc Philadelphia, MS  
 Regional Hospice & Palliative Services-Southeast, LLC, Lafayette, LA

Richland Hospice, LLC, Rayville, LA  
 River Region Hospice, LLC, River Ridge, LA  
 River Region Hospice House, River Ridge, LA  
 St Catherine's Hospice, LLC, LaPlace, LA  
 St Johns Hospice & Palliative Care, Ruleville, MS  
 St Joseph Hospice, Baton Rouge, LA  
 St Joseph Hospice Bayou Region, Thibodaux, LA  
 St Joseph Hospice – CenLa, LLC, Alexandria, LA  
 St Joseph Hospice & Palliative Care Northshore, Covington, LA  
 St Joseph Hospice of Acadiana, LLC – Lafayette, LA  
 St Joseph Hospice of CenLA, Pineville, LA  
 St Joseph Hospice of Shreveport, LLC, Shreveport, LA  
 St Joseph Hospice & Palliative Care, LLC, New Orleans, LA  
 St Theresa's Hospice & Palliative Care, Lafayette, LA  
 Sanctuary Hospice House, Inc, Tupelo, LA  
 Serenity Hospice Services, New Orleans, LA  
 Truecare Hospice, Raymond, MS  
 Unity Hospice Care, LLC, Grenada, MS  
 Unity Hospice Care, LLC, Oxford, MS  
 Unity Hospice Care, LLC, Southaven, MS  
 Unity Hospice Care, LLC, Starkville, MS  
 Unity Hospice Care, LLC Tupelo, MS  
 Vital Hospice, Inc, Hammond, LA  
 Willis Knighton Hospice of Louisiana, Shreveport, LA

### ASSOCIATE MEMBERS

Ark-La-Tex Medical Services, Inc, Shreveport, LA  
 Leonard J Chabert Medical Center, Houma, LA  
 Deyta, LLC, Louisville, KY  
 Granec Hospice Billing, Inc, Tuscaloosa, AL  
 Gulf South Medical Supply, Lafayette, LA  
 HealthCare ConsultLink, Ft Worth, TX  
 Health Wyse, LLC, Wilmington, MA  
 HospiScript, Montgomery, AL  
 MUMMS Software, New Orleans, LA  
 Mutual of America  
 Patio Drugs, Metairie, LA  
 ProCare Hospice Care, Duluth, GA

### ORGANIZATION MEMBERS

The ALS Association – Louisiana Chapter, Baton Rouge, LA  
 Palliative Care Institute of Southeast LA, Covington, LA

### INDIVIDUAL MEMBERS

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 Susan Drongowski, Las Vegas, NV  
 Delaine Gendusa, LCSW, Springfield, LA  
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 Heather Liao, RN, Madison, MS  
 Jo-Ann D Moore, MSW, LSW, Chalmette, LA  
 Matthews, Cutrer & Lindsay, PA, Jackson, MS

### PALLIATIVE CARE MEMBERS

Our Lady of the Lake RMC, Baton Rouge, LA