Vital SGNS News, Information and Stories for Employees, Volunteers and Friends of VITAS Innovative Hospice Care*

CPE is just another way we define Innovative

From our founding, VITAS has been a leader in

commitment to clinical pastoral care advances our

position as a leading hospice advocate. Our

awareness of and utilization of hospice.

defining the spiritual component of hospice care. Our

commitment to clinical pastoral education reinforces

our commitment to advance hospice care in the

None of this groundbreaking work would be

possible without the support of our program

leadership and the good work of our CPE

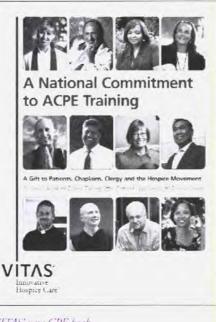
United States by advocating at all levels for greater

Hospice Care® at VITAS.

Clinical Pastoral Care ... Another Way VITAS Raises the Bar for Hospice

Hospitals, hospices, nursing homes and other healthcare providers will commemorate Pastoral Care Week from October 21-27. And while this celebration is always important at VITAS, where we have at least one chaplain working on every one of our interdisciplinary teams, it will be a little more noteworthy this year.

That's because 2007 marks the five-year anniversary of VITAS joining the ranks of some of the nation's most prestigious hospitals and health systems in offering clinical pastoral education (CPE) to divinity students working toward their degree as well as working clergy and interested laypeople who want to enhance their ability to provide spiritual care to those with a life-limiting diagnosis.



VITAS' new CPE book.

At the time VITAS was certified by the Association for Clinical Pastoral Education, Inc. (ACPE), there were only a few hospices doing this work. VITAS was and still is the only hospice certified nationally to offer CPE.

As of this summer, we have eight ACPE-certified VITAS sites supporting CPE activities at 24 of our program locations. That's more than half of our VITAS programs-from some of our largest to some of our newest!

As a result of VITAS' size and reach, we provide much more CPE training than any other hospice organization-and we rank with some of the nation's largest health-system-based CPE providers in terms of the volume of training we provide, according to ACPE. In just our first five years, approximately 400 spiritual care professionals have received CPE training from VITAS, including 119 in 2006 alone.

All Roads Lead to VITAS

VITAS employees take interesting roads in life and on their path to VITAS. Each is a unique "traveler," but only a few will be honored with the 2007 Employee Recognition Awards (ERA).

Every year, selected employees are recognized for extraordinary professionalism, community service and embodiment of the VITAS Values. This year, we are looking for VITAS "travelers," those who have taken interesting journeys with VITAS. Who extends goodwilleven outside of VITAS-for all of our benefit? Who in your program consistently takes the high road through life?

VITAS Innovative Hospice Care® Tim O'Toole CEO Nominations are now being accepted. If you have not received a

nomination booklet and would like to nominate an individual or team, see your general or business manager.

Local winners are chosen at the program level. The National Selection Committee determines national winners in 11 categories. Here's a tip: Judges look for specific examples of how nominees embody the VITAS Values and spirit, so include detailed stories about your VITAS traveler in your nomination.

National nominations must be submitted to the Communications Department in Miami by November 9, 2007. National winners will be treated to a four-day weekend in Fort Lauderdale in April 2008. So take care of each other, and nominate someone today.

supervisors. In honor of Pastoral Care Week, we thank and salute our CPE leaders: CPE Director Martha Rutland and our dedicated site coordinators-Beth Burbank, D.Min.; Steve Dutton, D.Min.; John

Gillman, Ph.D.; Jacobus Greyling, M.Th.; Misti Johnson, M.Div.; Samson Naidoo, M.Div.; Mary Carole Nelson, M.A.; and Lujuan Thompson, M.Div.

Thanks to the work we do in CPE, VITAS is raising the bar throughout hospice in terms of the professionalization of those providing spiritual care to patients who follow every faith and belief system.

- Patients and families come first.
- We take care of each other.
- I'll do my best today and do even better tomorrow.
- I am proud to make a difference.



I'LL DO MY BEST TODAY AND DO EVEN BETTER TOMORROW.

¿Habla espanol? En Chicagoland Northwest-Si!



Members of the staff at the Chicagoland Northwest program learn Spanish to improve communication with their growing Spanish-speaking patient population.

Every Wednesday since June, John Vance, RN, of VITAS' Chicagoland Northwest program, has gotten up an hour early to report to work by 7 a.m. to learn a whole new way of communicating ... in Spanish.

John is one of 20 employees in his program who volunteered to take the two-hour class once a week for 16 weeks. They gather in a conference room with a teacher from nearby College of DuPage.

"The Hispanic population has grown in Chicago's suburbs, so we have more patients and families who speak primarily Spanish," says John. "I think it's good if we can communicate, even just a little bit, in their language, because it shows respect and it makes them feel more comfortable."

The VITAS program has about 13 Spanish-speaking patients a day out of roughly 400—and their numbers are expected to grow, says General Manager Sharon Rostoker. "It's hard to find nurses and other medical professionals who already speak the language," she says, so the class was a logical solution. It is subsidized by a \$3,750 grant that the college helped VITAS secure through the DuPage County Workforce Development Board.

Sharon says she'll continue the classes as long as they prove beneficial, which they seem to be doing—for more than just conjugating verbs and forming sentences.

"There is a medical focus in the class ... we're learning how to say words like 'pain' and 'comfortable'," says Social Worker Jeff Gilliland.

AM PROUD TO MAKE A DIFFERENCE.

It's Mind Over Matter for a Richmond Volunteer



Nothing stops Kimberly Stallworth ... not her wheelchair, not her tracheotomy, none of her physical limitations. Nothing.

The 19-year-old volunteer for the Richmond, Virginia, program was born with muscular dystrophy. But when she talks

about her goals to become an accountant or an office administrator, it's as though her disability melts away. In fact, if Kimberly's easy laugh is any indication of her disposition, it seems she never has a bad day.

"If my mother ever caught me feeling sorry for myself, she put an end to it right away," says Kimberly. "She always encouraged me to do whatever I wanted to do. The reality is, I can't do a lot physically, but I have my mind, so I look for things to do where I can use it."

When Kimberly set her mind to volunteering at VITAS, Volunteer Services Manager and Social Worker James McDonald was happy to oblige.

The two found each other through a partnership that James formed with the State Department of Rehabilitative Services (DSR), which coordinates both work and volunteer opportunities for people with disabilities so they might gain employable skills.

Kimberly, who is attending community college to become a certified accountant, got involved with the DSR to acquire office and bookkeeping skills and experience.

"I was interested in VITAS because they specifically offered administrative assignments, plus they said they would help me develop skills in bookkeeping and accounting," says Kimberly, who currently answers the reception phone at the VITAS program office and helps with data entry.

When she started at VITAS in early September, Kimberly made a commitment to work one day a week from 9 a.m. to 1 p.m. during her two years of school.

"She is an inspiration to everyone here," says James, adding that because his experience with Kimberly—his first DSR volunteer—has been so positive, he will expand his participation in the state training program.



All Worked Up Over Multiple-Generation Staffing



Jean Walsh (scated), PCA for the Midwest Telecare team, is flanked left to right by Merry Sullivan, RN, and patient care secretaries Tonci Reed and Sandra Brown. Together, they represent a wide span of generations.

Look around your office and among your team members, and you will likely find staff reflecting four generations.

For the first time in the history of both VITAS and the United States, four generations—the Matures, the Baby Boomers, Generation X and Generation Y—are working together. This wellspring of knowledge, experience, skills and creativity also presents challenges.

These generations are more different from each other in their work habits and value systems than previous generations that have worked together, explains Marc Grad, VITAS senior director of recruitment and retention.

The older generations seek job security, defer to hierarchy, follow the rules and work extra hours if necessary, even at the expense of their personal lives, says Marc. The younger generations, which grew up amid corporate layoffs and scandals, do not expect job security. They seek flexibility, informality and fun in the workplace; they often question the value of the tasks they're assigned, and they don't typically work extra hours.

"The older generations think the younger ones lack respect and work ethic, but that's not the case," says Marc. "The fundamental differences in what motivates the generations come from the life experiences and cultural events that shaped them."

Managers need to understand these differences, says Marc, because trying to bend the younger generations to the old ways of doing business simply doesn't work. "If these employees aren't happy, they just leave," he says. To address these issues, the Human Resources Department published a booklet called "Managing Our Best: Working with a Multigenerational Workforce." It outlines each generation's defining characteristics and gives tips on how to communicate with and manage them. For a copy of the booklet, see your general manager or team manager

Communication is Key

"My staff talks about its differences," says Anna Manzella, senior patient care administrator at Southeast Telecare in Miramar, Florida. "That has helped me understand their different communication needs and working styles."

"The older generations are systematic," she says. "When you approach them with a problem, they say, 'Tell me what to do, and I'll do it.' The younger generations are more collaborative and might say, 'I have a better idea.'

"The younger generations are not as conservative or responsible. When I started working, we weren't as friendly and casual with our superiors, and I was never late-I was at work by 7:30 a.m. for a day that started at 8 a.m. But it's an experience working with younger people, and-by example-I try to help them learn respect and workplace morals." -Secretary Judy Rigaud

a Mature in Southeast Telecare

"Matures see managers as being on a different level," says Anna. "To get input from Matures, I find it's more effective to appeal to their years of experience and give them choices. Then they are more comfortable telling me which option they think is better."

With her younger staff members, Anna says she has learned to give them clear direction toward a goal, but not to bog them down with details. Attending to details, she says, is the Baby Boomers' strength.

"I've learned that I can trust Generation X-ers—who are autonomous—to take a project and run with it," says Anna. "I, being a Baby Boomer, might want to discuss things in detail and supervise, but that stifles X-ers."

Members of Generation Y grew up participating in group activities with abundant family support, and often

work best in groups. They, too, need only direction toward a goal, but they like frequent feedback and support, says Anna.

It's about Balance

Younger employees bring initiative, fresh ideas, technological knowhow and adaptability to the table, says Julie Vold, senior PCA in Milwaukee. The older generations bring dependability, stability, dedication and attention to detail.

(continued on page 4)



Generations

The trick, says Julie, a Baby Boomer, is juggling those traits to create a positive working environment.

"I praise my older employees for sticking to the book and my Baby Boomers for being detail-oriented," she says. "The Gen-X-ers are skeptical, ask good questions and challenge the status quo. The youngest employees are confident and goal-oriented, so I let them openly express their out-of-the-box ideas." When everyone feels valued, says Julie, it's VITAS that wins.

Bullet Points, Please!

"The Generation X-ers are so bombarded with messages, they've learned to filter out 'noise'-they like clear and direct communication, not drawn-out discussion," says Alex Silva, volunteer services manager and a Generation X-er in San Diego. "When I give instructions to my younger volunteers, I find they prefer an email with bullet points," while his older volunteers like telephone conversations and personal interaction.

The same principle applies to paid employees, says Marla Hoyos, inpatient team manager and Baby Boomer in the Miami-Dade/Monroe program. "When I have an older employee who needs to talk to me, I find it's best to set aside time so they can explain the issue completely."

Younger employees might not need the same amount of time to discuss their work-related issues, says Marla, but "they do need the rules to be explained to them explicitly."

During staff meetings, generational differences especially can hinder progress, says Marla. She's therefore devised ways to curtail those problems.

"I noticed that people of the same age tended to sit together," says Marla. "With the Baby Boomers, especially, that sometimes

presented problems, because they would use their numbers alone to roll over everybody."

So Marla started assigning seats at meetings, mixing the generations. "They hated it at first, but it works," says Marla. "There is less side-talking, and everyone pays more attention; it broke up the cliques." And younger and older employees get to know each other better, she says.

Pats on the Back Help

Other tactics that help maintain harmony, says Jean Walsh, PCA and a Mature for the Midwest Telecare team in Matteson, Illinois, are to optimize the strengths of each employee, delegate responsibilities as evenly as possible, and reward jobs well-done. Of course, those tactics apply to any staff-not just a multigenerational one-but they've become even more useful with her increasingly diverse group, says Jean.

"I also maintain an open-door policy," says Jean. "I've got a younger employee who often comes in to complain about something, but I've told her I don't mind. If she's got a good idea, I'll try to implement it. I think that shows I value everyone's opinion."

The bottom line is, "Everyone wants to know they're making a difference," says Cathy Agosti, volunteer services manager in the Miami-Dade/Monroe program. "Volunteers especially want to hear that from someone ... that's their paycheck."

The Raw Numbers Of VITAS' 8,700 employees:

• 8% – Matures				
• 54% – Baby Boomers				
• 32% – Generation X				

(born 1946-1964) (born 1965-1978) 7.5% – Generation Y (born 1979-1990)

(born 1920-1945)

The Fundamental Differences

Below is a summary of the defining events and belief systems of the four generations that make up today's workforce. (From Managing Our Best: Working with a Multigenerational Workforce.)

Defining Events	Matures Great Depression; WWII; labor unions; rotary phones	Baby Boomers Cold War; Vietnam War; civil rights & women's movements; landing on the moon; TV; touch-tone phones	Generation X latch-key kids; AIDS; Watergate; Desert Storm; corporate downsizing; computers; cell phones	Generation Y Oklahoma City bombing; school shootings; 2 sets of parents; 4 sets of grandparents; technology; internet; picture phones; email
Core Characteristics	respectful; conforming; disciplined	optimistic; involved	skeptical; fun-loving; informal	realistic; confident; social
Family	traditional	disintegrating	latch-key kids	merged families
Education	a dream	a birthright	a way to get there	a huge expense
Money	put it away	buy now, pay later	cautious; save	earn to spend
Work Ethic	work hard; respect for authority; duty before fun; live by the rules	workaholics; crusading causes; personal fulfillment	eliminate the task; self-reliance; structure and direction; skeptical	multi-tasking; tenacity; goal- oriented; "What's next?"
Work Approach	an obligation	an adventure	a challenge	a means to an end
Relationship Approach	personal sacrifice	personal gratification	reluctant to commit	inclusive



From left; Joe Killian, general manager of the Cincinnati and Dayton, Ohio, programs: Joel Policzer, senior vice president and national medical director; Prondolynn Ford, director of market development in Cincinnali; Dayton Mayor Rhine McLin; Patty Husted, vice president of hospice operations; and Peggy Pettit executive vice president and chief operating officer, cut the ribbon at the new Dayton inpatient unit in June.

VITAS on the Move

Change can be good—especially when it helps VITAS better serve patients and their families.

VITAS programs around the country recently have been moving, launching satellite offices and opening inpatient hospice units—all of which has expanded the company's outreach to new communities.

"These changes help VITAS further our commitment to making hospice services available to more patients and their families," says Peggy Pettit, executive vice president and chief operating officer. "They also create opportunities for new staff to become part of the VITAS family."

Here's a breakdown of the most recent logistical changes:

Pittsburgh

The Greater Pittsburgh program office relocated 30 miles away, moving from Irwin, Pennsylvania, to Pittsburgh proper.

"We wanted a more central location so we could cover a broader geographic area," says Alyson Pardo, general manager. "It also puts us

closer to the large hospital systems in the Pittsburgh area, which is better for referrals, recruiting and patient care visits."

At the same time, the program didn't want to lose its presence in Westmoreland County, the home of their former office. So they opened a satellite office in Jeanette, Pennsylvania.

Philadelphia

Philadelphia recently acquired a 14-bed inpatient hospice unit at Fitzgerald Mercy Hospital in suburban Darby, Pennsylvania, expanding their inpatient resources to four units in this market, plus the nearby inpatient unit associated with the New Jersey West program.

Delaware

The Delaware program opened a satellite office in Milford to provide services to patients and families throughout Sussex County in southern Delaware.

Cincinnati

The Cincinnati program has two new inpatient hospice units: a 12bed unit at One Elizabeth Place in Dayton, serving Dayton and the Miami Valley; and a 14-bed unit at Drake Center in Cincinnati.

LaSalle and the Greater Illinois Valley

It's a big name for a small program, but the new rural Illinois, LaSallebased program is working to become a giant in its region, says Margi Carlson, senior general manager.



The new LaSalle and Greater Illinois Valley program staff (and VITAS Paw Pals [®] volunteer), headed up by Senior General Manager Margi Carlson (middle row, far right), pose near the vault of an historical bank building that VITAS restored and moved into as office space in downtown LaSalle, Illinois.

Atlanta

"People living in small

towns throughout the

have the same access to

VITAS' high-quality

hospice care as those

-Margi Carlson

Senior General Manager

LaSalle and Greater Illinois Valley

in Chicago.'

Illinois Valley now

The Atlanta office has moved from Northland to Northside. Its new location is at 1575 Northside Drive, Northwest, in the Atlanta Technology Center. In the process, the combination inpatient facility/office space, which was acquired from the former hospice owner and needed significant refurbishing, was closed.

All Around Florida

VITAS has been awarded a Certificate of Need (CON) to start a new program in Collier County, at the southern end of Florida's Gulf Coast near Naples. However, the CON is currently under appeal, so operations could be delayed.

The Central Florida program opened a southern-area satellite office in Kissimmee to better serve patients and families in Osceola County. The Palm Beach program opened a satellite office in Palm Beach Gardens in the northern part of the county.

PATIENTS AND FAMILIES COME FIRST.

New Wound Care Guidelines Heal More Than Bed Sores



From left: Cathy Murphy, RN, and Marilyn Wnuk, LPN, CHLPN, of the Chicagoland South program, study the new VITAS wound care best practices guidelines as they examine samples of products listed in the guidelines.

Gwyn VanCleave, RN, really appreciates the new VITAS wound care best practice guidelines. Not only do they feature products that are more effective and less painful, but they save him time as he helps our terminally ill patients.

The guidelines, launched in May 2007 to replace the 2004 VITAS wound care formulary, refer to new water-based products—Aquacel and Aquacel AG—which use, respectively, technologically advanced hydro-fiber dressings to absorb moisture and anti-microbial medicine to kill bacteria. The hydro-fiber dressings don't require daily changes, according to Gwyn, a nurse with the Inland Empire program.

"The dressings can be changed every three to seven days because they don't dry out like the conventional wet-to-dry gauze bandages do," he says. This allows moisture to stay near the wound for a longer period, which promotes healing. "And since we don't have to change the dressings every day, our patients experience less pain," says Gwyn.

"The Aquacel fibers also can be cut to fit into the wound bed," adds Cathy Carlson, PCA at Chicagoland South. That—especially in the case of infection—gets the treatment closer to the source of the problem.

Better Wound Care

The new guidelines also save time (and money) by relying on just one supplier. Florida-based MedEx ships products directly to patients' homes, nursing homes or assisted living communities.

"Orders received by 2 p.m. Eastern Time arrive the next day at the

patient's home, anywhere in the country," says Andrea Adkins, RN, internal consultant with VITAS' patient care clinical resources department and administrator of the wound care guidelines. That eliminates the need for programs to keep products in stock locally.

"Patients don't have to wait for someone to go to the office, pick up the product and bring it to them. MedEx brings it right to their homes," says Jillian Madsen, patient care administrator in Central Florida.

Education is Key

Margarett Jelinek, Dallas PCA, liked the educational sessions that representatives from Convatec, Aquacel's manufacturer, held for her program nurses.

"The new guidelines emphasized clinical education and gave our nurses good information to take to patients' physicians, especially if they weren't VITAS physicians," says Margarett. "That helped get their buy-in."

Convatec also set up a hotline (1-866-WOUND-RN) through which VITAS nurses can talk to another nurse if they have questions or concerns.

"The new best practice guidelines build upon our initial innovative approach in 2004," says Bob Miller, senior vice president of clinical development and bioethics. "VITAS was one of the first hospices to develop a proprietary wound care formulary, and based on the knowledge we've gained since then, we've rolled out an even better one."

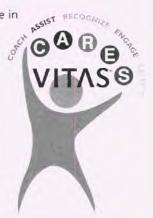
Benefits Abound with Open Enrollment

Open enrollment for medical, dental, legal, life insurance and other benefits is October 22–November 2. And there's a surprise this year.

"Employees who enroll online—a new option this year—will be eligible to win a prize," says Mary Cuervo, senior director of compensation and benefits.

Instructions for online enrollment are in the Benefit Choices package being mailed to your home. To ensure that VITAS has your current address, call the Help Desk at 1-888-467-8482.

All employees can qualify for the prize by registering online, even those who have no changes. There is also a new paper "bubble" form, but employees who use it will not qualify to win a prize.



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Send stories or ideas to VitalSigns@vitas.com.

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