

# Vital Signs

4Q 2010  
WINTER • 2010

News, Information and Stories for Employees, Volunteers and Friends of VITAS Innovative Hospice Care®

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## Let's Keep Up the Great Momentum!

VITAS is off to a good start for 2010. Riding on the coat-tails of a strong fourth quarter for 2009, VITAS' Average Daily Census has continued to grow, showing an increase over the same time last year, and our patient admissions have steadily increased.

Let's keep up this momentum! As you will see, almost every department and program at VITAS has initiatives under way that contribute to advancing our mission—bringing the best in hospice care to patients and their families.

As VITAS President and CFO David Wester explains on page 2, our Information Technology Department has upgraded its services to provide better "customer service" to you, so you can provide better service to our patients and their families.

Our Communications Department is working hard to keep our employees connected with each other and their communities, and—as always—programs across the country are finding innovative ways to boost their community presence and improve upon our high level of patient and family care.

On our two-page insert, you will read about the new VITAS*Cares* Wellness Challenge. I hope everyone participates, because your physical health is also important to VITAS' overall mission.

And ... compliance. As challenging as it is, compliance is a fact of life at VITAS, and if we aren't up to speed, we can lose time and money. Read more about our preparation for changes in governance and compliance on page 4, as well as in VITAS Executive Vice President and COO Peggy Pettit's comments on page 5.

Finally, I want to express our sincerest condolences to our employees and friends who lost loved ones in the Haiti earthquake. While we could see in TV and newspaper reports how devastating the damage was, we also got eye-witness reports from VITAS employees who went to Haiti to provide medical relief or to help family members who live there. It's impossible to replace the losses that you've experienced, but we hope you know that your "family" at VITAS is here to support you.

Sincerely,

Tim O'Toole, CEO

## VITAS Employees 'Make a Difference' in Haiti

She simply irrigated an elderly woman's eyes with saline solution so they weren't so dry and itchy from the dust. Nonetheless, the woman's outpouring of appreciation was heartbreaking for Northern Virginia's Marvee McLendon, LPN, VITAS continuous care supervisor.

"She hugged me, smiled and was so grateful," recalls Marvee. "Giving her the solution was small, but it made a huge difference to her."

The woman was a survivor of the earthquake that devastated Haiti on January 12, 2010. Marvee traveled to the country in late January; she is among several VITAS employees who—at different times—volunteered as medical relief workers there. Collier County Team Physician Linda Lucombe, MD, gave her time, as did Chicagoland Central Team



"You wouldn't think one person could make much of a difference, but you can."

—Marvee McLendon, LPN, Northern Virginia

Days after an earthquake devastated Haiti, VITAS Continuous Care Supervisor Marvee McLendon, LPN, of the Northern Virginia program, soothed an elderly woman's painfully dry eyes by irrigating them with saline solution.

—Continued on page 8





## The President's View

### VITAS IT Focuses on 'Customer Service'

By David Wester, President & CFO

VITAS has nearly doubled in size over the past five years. That's good news, but that growth has also put some strain on some of our "back-end" operations—namely, on our information technology infrastructure.

With rapid expansion over the past several years in the number and size of our field programs, inpatient hospice units, call centers and our work force, we've had more people and information to support on our computer systems as well as more data moving through those systems at any one time. Consequently, our IT systems have gotten bogged down and have been moving slower. In short, we've been going through some growing pains.

All of us have been affected by these "side effects" of VITAS' growth, but they will get better, and that's because our IT department is working diligently to eliminate them.

Under the leadership of VITAS Senior Vice President and Chief Information Officer Chris Rieder, IT has—among many things—expanded its staff levels so it can respond to your needs faster, and is increasing the speed and capacity of our computer systems so they move faster.

#### Plotting a road map

Over the past year, IT has been focusing on providing better service and support to VITAS' "internal" customers—you, our employees—so you can provide better service to our "external" customers, our patients and their families.

Within the first few months of his employment, Chris met with his department leaders and VITAS' senior leadership to develop a comprehensive IT road map, or Mission Statement, giving IT a clear vision of where it's going and how it's going to get there:

VITAS' growth has caused some IT growing pains, but we're working on alleviating them!



Working in tandem with the VITAS Help Desk in resolving networking related issues are the Network Systems Engineers (NSEs). At the corporate office, the NSE Department consists of (from left) NSE Ricardo "Ricky" Lopez, Supervisor Area NSE William "Bill" Scarpinato and NSE Daniel "Danny" Capellan.

#### VITAS IT Mission Statement

VITAS IT delivers value-added services and products for its patients and families, employees and other stakeholders, using technologies, human expertise and information to continually innovate. We are a trusted business partner with open communication and transparency in our processes. We enable business-aligned technology solutions that extend VITAS' market leadership.

#### In the 'zones'

The IT Help Desk was one of the first areas to undergo several upgrades and improvements. To better balance the increased call load that has come with VITAS' growth, Chris has opened a second Help Desk Call Center in Lombard, Illinois. Having Help Desk



The VITAS Help Desk staff in Miami has been working hard to improve its service to its internal "customers"—VITAS' employees—so they, in turn, can provide better service to VITAS patients and families. Robert "Bob" Meyrose (back row, far left), VITAS director of IT infrastructure, oversees the Help Desk and Network Systems Engineers.

employees working in two time zones provides more flexibility in staffing its 24-hour Help Desk operations, and it can increase the Help Desk's response time to calls.

Also, VITAS' Networking Systems Engineers (NSEs) are now linked to the Help Desk, making them virtual extensions of the Help Desk. This means that, if the Help Desk cannot resolve a caller's issue, and if the problem is network-related, the Help Desk can contact an NSE immediately for assistance. This is true for software problems as well; if a Help Desk operator cannot resolve a software-related problem, he or she can call a developer of VITAS' software applications, such as Vx or CarePlanIT (CPI), for help.

#### Bringing everyone 'up to speed'

Another big IT goal this year is to increase the speed of our computer connections, which means increasing the size of the bandwidths—or "pipes"—through which we access our networks. By the end of this year, Chris' team will have upgraded each program's connections to match their individual size and needs.

All of these improvements and upgrades have been implemented to help you bring better end-of-life care to our patients and their families.





## Meet VITAS' Storytellers



The Communications Department consists of (from left) Jill Beach, Kal Mistry, Christine Lyall and Megan Carella.

Can we talk? That's what the VITAS Communications Department does—talk about and tell VITAS' stories, in the communities that VITAS serves and among VITAS employees.

"VITAS is about stories, but what's more important is connecting effectively with our communities and our employees to share those stories," says VITAS Chief Administrative Officer/Senior Vice President Kal Mistry, who oversees the communications department. "Because of VITAS' size, communication helps to ensure that VITAS' message is conveyed consistently to everyone. Our team makes sure that happens."

Before last spring, VITAS' communications, marketing and advertising components were all part of one department. To enhance each of those areas, VITAS restructured them; advertising and marketing moved to VITAS Vice President of Marketing Drew Landmeier's department, and communications transferred to Kal's leadership.

"People sometimes confuse communications with marketing and advertising," notes Kal. "While the two do sometimes overlap, there are key differences between them. Basically, marketing and advertising supports the organization by creating promotional and collateral materials such as brochures, ads and posters." (For more

information on the advertising/marketing department, see the 4th Quarter 2009 issue of Vital Signs.)

The communications team also promotes VITAS but through the writing and/or coordination of press releases, full-length feature articles and stories to "pitch" to outside media. These typically require more in-depth research and interviews with one or more sources, and because they are usually longer, they must catch and hold the intended audience's attention. "Plus, VITAS is often competing for highly valuable commodities—brand awareness and publicity," notes Kal. "Our team succeeds in getting our stories 'out there.'"

Many of the pieces the communications team produces are featured in healthcare- or other trade-related magazines and publications, as well as in local, regional and national newspapers and television and radio programs.

Sometimes VITAS pays to publish articles; in those cases, the communications team assists in coordinating interviews and producing or editing the content. That was the case in 2009 when VITAS placed articles in *Good Housekeeping*, *Woman's Day* and *Redbook* magazines and in several regional publications such as *MD News* in Houston and Miami. In fact, the communications team will help any VITAS program, department or division execute a "strategy" for reaching out to its community, as well as to manage a public relations crisis, if necessary.

VITAS also has an "internal communications" arm, which shares company news among VITAS employees using vehicles such as this newsletter, the *VITAS Cares Wellness* newsletter, the *Foundation Insider*, the recently re-launched *HME Full Setup* and the VITAS i-net.

If you have a story to share with the communications team (pictured), contact any one of them. They'll be happy "to talk."

## Army Reservist Awards Bosses' Sacrifices

Employers often give their employees awards. It doesn't often work the other way around.

"I wanted to recognize my employer for supporting me as a member of the U.S. Army Reserves," says Manuel "Manny" Alvarez, Medicare team lead in the VITAS corporate office and a Staff and Drill Sergeant in the Army Reserves.

Manny gave his bosses, VITAS Senior Director of Billing and Collections Antonio Aguiar and Medicare Collections Manager Antonio Torres, Employer Support of the Guard and Reserve Awards.

The U.S. Department of Defense provides the awards so reservists can recognize their employers for their "service." Though federal law mandates that employers allow reservists to leave work on a moment's notice and return with their jobs intact, it's often not easy to do.

"I've been on five missions since joining the Reserves in 2008," says Manny. "My supervisors have found ways to pick up the slack when I'm gone, and that's stressful. They deserve these awards."



VITAS Medicare Team Lead, Manuel "Manny" Alvarez (center) was honored VITAS Senior Director of Billing and Collections Antonio Aguiar (left) and Medicare Collections Manager Antonio Torres (right) for their support of the U.S. Army Reserves.



Is there a hospice doctor in the house?

# Fostering Future Hospice Physicians



Recruiting hospice physicians is becoming more challenging. (See related story on this page.) One way VITAS is addressing that challenge is by working to “produce more of its own,” says VITAS Senior Vice President and National Medical

Director Joel Policzer, MD (pictured).

Starting this summer, VITAS will sponsor two brand-new fellowships in hospice and palliative medicine that will differ from other, similar fellowships in two ways: 1) they will more strongly stress hospice medicine; and 2) they will focus on all venues of care, including patients’ homes.

“Most of the approximately 60 existing hospice and palliative medicine fellowships in the United States require one month of hospice service. Ours will require at least three months,” explains Dr. Policzer. “The other fellowships also are mostly hospital-based, taking place in hospice inpatient units. VITAS has and values IPU’s, but most of our patients receive their care at home—in private residences, nursing homes, long-term care or assisted-living facilities.”

Home-based hospice care is different from hospital-based care because, in patients’ homes, physicians cannot as readily order lab tests or administer intravenous treatments. “Symptoms are thus managed quite differently,” explains Dr. Policzer.

The first two of what could become several VITAS Fellowships will be offered through the Department of Family Medicine at the University of Miami and the Department of Geriatric Medicine at the University of Chicago. They will focus on all venues of care, will include working with VITAS’ interdisciplinary care teams and will include an education on hospice regulations.

In a third and slightly different discipline—hospitalist medicine with a specialization in palliative medicine—VITAS also will sponsor a fellowship at the Cleveland Clinic Florida in Broward County.

“These fellowships will help VITAS—and the hospice field in general—by cultivating physicians who might work for us in the future,” says Dr. Policzer.

VITAS’ hospice and palliative medicine fellowships will require at least three months of hospice training vs. the typical one month.



## Kudos to VITAS

Florida International University in Miami, Florida, recently presented VITAS with an award of recognition for supporting the school’s new College of Medicine, which opened in September 2009.

“VITAS sits on the Dean’s Advisory Committee, and I am writing the curriculum for and teaching a course in end-of-life care, which is offered during a portion of each semester,” explains VITAS Senior Vice

President and National Medical Director Joel Policzer, MD.

“I hope to expand the end-of-life care curriculum at FIU in the future,” adds Dr. Policzer, and—like the new VITAS Fellowships—VITAS hopes its efforts to support educational medical programs like FIU’s will produce more hospice physicians for the future.

## New Times Call for New Measures

Changes in the medical field are challenging hospice providers in two ways—recruiting physicians and finding new referral sources. VITAS is adapting by taking action.



“Physicians used to wear themselves out working 24/7,” notes VITAS Associate National Medical Director James Wright, DO (pictured). “Today, they want more balance in their lives and they want to spend more time with their patients.

“Also, our main referral sources used to be primary care physicians and general practitioners,” Dr. Wright continues. “Today most medical practitioners work in large specialty groups that emphasize aggressive curative and maintenance care. An unintended consequence of that appears to be later referrals to hospice care.”

To recruit more physicians, VITAS is:

- Sponsoring new hospice and palliative medicine fellowships (see related story on this page);

- Targeting palliative medicine specialists—whose ranks have increased since 2008, when the Centers for Medicare and Medicaid Services officially recognized the discipline as a subspecialty—as potential job candidates;

- Developing more flexible work schedules and compensation packages to attract physicians to hospice care.

To find those “specialty” referral sources, “Our VITAS representatives are drilling down to the specialty clinics—to the end of the specialty lines—to find our referral sources, and they’re talking to the people who manage those patients,” says Dr. Wright.

“The physicians’ assistants and nurse practitioners often see the patients more often than the specialty physicians, so a good representative knows how to relate to those members of the specialty staff, as well as to the physicians,” he says.



## What's Up, Docs ...

### Why Are YOU in Hospice Care?

VITAS is always looking for ways to educate, attract and hire the best physicians to provide the best in hospice care. And the best people to talk about that kind of care are those who practice it every day. Here's how three VITAS physicians replied when asked why they practice hospice medicine:



**Jane Appleby, MD, Medical Director, San Antonio, Program 29 • With VITAS for 6 years**

Before joining VITAS, I had a private practice as an internist and treated people with chronic and terminal illnesses. Many of my patients' distresses weren't alleviated by writing a prescription; what was often more healing was the time spent building relationships with them.

I knew about the team approach in hospice care as well as its psychosocial and spiritual aspects. Since I found it more satisfying to address those as well as my patients' medical needs, I tried—and have loved—hospice.

The hospice model of care is compassionate—and not just for the patients. For physicians, hospice is flexible, so you can find a better balance between your work and personal life. Hospice is another way of caring ... for ourselves and for our patients.



**Forrest Beaty, MD, Medical Director, East Bay, Program 91 • With VITAS for 6 years**

I was an emergency room physician for 25 years, so I saw many people dealing with death and dying. I thought there had to be an alternate path for helping them, and there is ... hospice.

The internal, or emotional, culture in hospice care is qualitatively different; it's not like that of physicians who believe in aggressively treating a disease until their patient's last dying breath.

Death is an important part of life; when you can see it coming, it's possible to make it a worthwhile experience, to treat it with dignity and respect, and to make it a tolerable process for the patient and his or her loved ones. That's rewarding.



**Gaurav Mathur, MD, Medical Director, New Jersey West & New Jersey North, Programs 66 & 67 • With VITAS for 3½ years**

I learned about hospice while doing a palliative medicine fellowship in New York City. I did the fellowship because—up to that point—I had been sticking a lot of tubes in my patients and running a lot of tests on them, but they weren't necessarily feeling better. In fact, they often felt worse.

In hospice care, you focus on your patients' symptoms, not their diseases. That's liberating, because it's the symptoms that are important to patients who are terminally ill. Plus, I enjoy spending time talking with my patients and their families, and I've met some amazing people. Regular physicians see those same amazing people every day, but they don't know it because they don't have time to talk to them.

## Field Notes & News

### Getting It Right the First Time

*By Peggy Pettit, Exec. Vice President & COO*



Are we in compliance? That's a question that VITAS field personnel should be asking themselves all the time.

We must constantly ask ourselves that question, not only to ensure that we're providing the highest quality of end-of-life care to our patients and their families, but to ensure that we're getting our files and paperwork right the first time.

Impeccable documentation is the key to being in compliance with ever-changing government regulations and requirements for hospice care. If we make any mistakes, we will have to go back and correct them—and those corrections could cost us time and money.

With MACs, RACs, COPs & QAPI, VITAS daily deals with an alphabet soup of compliance regulations.

As VITAS Senior Vice President of Clinical Development and Bioethics Robert "Bob" Miller says in the article on page 7 ("MACs and RACs—What are They and Why Should We Care?"), no matter how national healthcare reform works out, hospice providers will continue to experience increased government scrutiny as state and federal governments mine for more ways to save—and in some cases take back—their Medicare dollars.

Moreover, as part of its recent changes to the Conditions of Participation (COPs) for hospice, Medicare requires all hospice providers to institute a system of Quality Assessment and Performance Improvement, or QAPI.

MACs, RACs, COPs and QAPI. We daily deal with a veritable alphabet soup of governance and compliance regulations and requirements. VITAS has always been proactive in addressing these issues, having long since established good quality assurance and control systems and excellent documentation procedures. But there is always room for improvement, and since the government likes to keep us on our toes—as it should!—we must constantly be vigilant about filling out our paperwork correctly, properly scanning our documents and getting all of the correct physician certifications and signatures.

Patients and families come first, and 100 percent compliance with all regulatory requirements leads to improved quality of care. So let's all pull together and do our part!



# Field Notes & News

## Houston 'Heats Up' Its Community Connections

Near and far, this program reaches out to its communities to spread the VITAS message of caring and compassion.

Since last October, and continuing each month, the program has served a hot meal at the Ronald McDonald House® (RMH) at Memorial Hermann Children's Hospital. The program's teams take turns serving breakfast, lunch or dinner. The administrative team (*pictured*) recently served up spaghetti and fresh-baked cookies to 40 families.

"The meals can be home-made or catered," says Volunteer Services Manager Velanie Turner. "What's important is our providing comfort to the families."

### And far, far away ...

Bereavement Services Manager Bob Coberly knew he was in the right place when he saw



*VITAS Business Manager Julia Ball (foreground) and Case Manager Jennifer Patterson serve a meal to families at the Ronald McDonald House® at Memorial Hermann Children's Hospital in Houston.*



*VITAS Bereavement Services Manager in Houston, Bob Coberly, poses with members of the staff at Jinja Hospice in Uganda, Houston's FHSSA partner.*

a message on the airport wall in Uganda that read: "Great things happen when people are getting to know one another."

"I realized that was my purpose for traveling to Uganda—to meet people I had been helping to support at a great distance and for us to get to know one another," says Bob.

Bob and VITAS Chaplain and Uganda native Daniel Situka traveled to Uganda in late 2009 to visit Jinja Hospice, the Houston program's partner through the Foundation for Hospices in Sub-Saharan Africa (FHSSA). "Of course, they knew of VITAS, but that simple experience of personally meeting meant so much," says Bob.

The visit was particularly meaningful to Bob, since he had raised \$1,500 the previous year (walking 20 miles across Houston) to buy a computer and projector so Jinja Hospice could educate its community about its mission. "Everyone was so grateful," says Bob.

## Patients and Families Come First ... Even if They Aren't Our Patients!

Patients and families come first at VITAS, even when a patient or family isn't under the direct care of VITAS or a specific VITAS caregiver. Here are two stories to demonstrate that.

The patient's wife, Maria A., was distraught when she arrived at the VITAS inpatient unit at North Broward Medical Center.

"Her husband wasn't my patient, but I knew her," recalls VITAS Nurse Martha "Mardy" McKee, RN. "She said that, as she was rushing to see her dying husband, a police officer stopped her and gave her a speeding ticket. When she tried to explain her situation, the officer said, 'The hospital can wait.'"

Incensed, Mardy called the officer's supervisor. "I put the situation into perspective and said if it had been that officer's wife who was dying, I'm sure he would have been speeding, too."

The next day, the officer called Maria; he apologized and told her to disregard the ticket. "Maria was so appreciative that someone took the time to help her," says VITAS Social Worker Elisa Gaudiosi, LCSW.



*VITAS Nurse Martha "Mardy" McKee, RN (left), helped Maria A., a VITAS patient's wife, fight an unjust speeding ticket.*

A last-wish organization sent a New York pediatric hospice patient to Dallas to attend a Cowboys game. Three days before the boy's arrival, VITAS in Fort Worth was asked to provide "stand-by" assistance. VITAS did more than that.

The wish organization arranged for transportation, accommodations and regular tickets for the boy and his father to attend a January 3, 2010, game. "We wanted to make their visit a little more special," says Volunteer Services Manager Kathy Campbell. "It was a holiday weekend, but I emailed all of our business and volunteer contacts for help." The results were of Texas-sized proportions.

The boy received upgraded seats, field access for the pre-game activities, a signed cheerleaders' calendar, a football jersey printed with his name and much more. "That's what our contacts did with almost no notice. Imagine if we'd had more time!" exclaims Kathy.



*Matthew L. and his father, Stuart, both of New York, weren't officially with VITAS when they traveled to Dallas for a Cowboys game. But making their trip extra special was official business for VITAS.*



## MACs & RACs— What are They and Why Do We Care?



As the U.S. government tries to save money on healthcare, organizations such as VITAS that receive Medicare reimbursements will continue to face greater government scrutiny.

“To ensure that its Medicare payments are accurate, the federal government will build more due diligence into the Medicare system,” says VITAS Senior Vice President of Clinical Development and Bioethics Robert “Bob” Miller (*pictured*).

### MAC & RAC ‘attacks’

That due diligence will be enforced by multiple Medicare Administrative Contractors, or MACs (formerly “fiscal intermediaries”), and they all will likely have their own sets of criteria for documenting whether a patient is hospice-appropriate, explains Bob. “Our forms and procedures will therefore need to be that much more thorough and accurate,” he notes.

Following the MACs will be the RACs, or Recovery Audit Contractors, to find and recover allegedly incorrect Medicare payments, and “they will look diligently for recoverable funds,” explains Bob.

The RACs will review providers’ billing records for evidence of claims that resulted in higher or potentially inaccurate Medicare payments, says VITAS Director of Fiscal Intermediary Resources Maggie Macfarlane. “If they detect any billing issues, they will scrutinize our medical records and delivery of service,” she says.

“We do an excellent job in managing symptoms, soothing pain and holding hands,” says Maggie. “We will have to capture all of that in our documentation, because the RACs won’t be able to see the benefit of those services when they’re looking at six-month to 1-year-old reports. They’ll only see what’s in black and white.”

To make sure the “black and white” in VITAS’ documents meet the MAC and RAC requirements, VITAS has made changes to its documentation systems, says VITAS Vice President and Chief Nursing Officer Karen Peterson. (*For more on Karen, see related story on this page.*)

“We’ve also been making adjustments for Medicare’s 2008 changes to its hospice Conditions of Participation (COP),” notes Karen. “With those plus the changes for the MACs and RACs, we’ve greatly improved upon our already excellent quality control system.”

The MACs and RACs hit in 2011, and VITAS wants everyone to be ready for them.

## Introducing VITAS’ First Nursing Chief



Though a big part of her job concerns two “black and white” aspects of VITAS operations—documentation and compliance—VITAS Vice President and Chief Nursing Officer (CNO) Karen Peterson says “there’s nothing ‘black and white’ about hospice care.”

“You have to look at each patient and family separately. A ‘one size fits all’ approach doesn’t work,” says Karen (*pictured*), who was appointed as CNO a year ago.

While ensuring that VITAS teams provide the best “custom” care, Karen also must ensure that they document that care in compliance with government regulations. (*For more on compliance, see related story on this page.*) If anyone can do that it’s Karen, says VITAS Senior Vice President of Clinical Development and Bioethics Robert “Bob” Miller.

“Karen approaches complex situations by breaking them down into parts and devising simple and direct solutions,” says Bob.

Previously, Karen was VITAS’ senior director of operations compliance; before that, she was a national patient care administrator (PCA), and before that, she was PCA for the Los Angeles/Ventura County program. She joined VITAS 15 years ago as a team manager.

## Top 10 Tips to Improve Documentation

Following are 10 top tips for documenting delivery of care to a hospice patient.

- Any outcomes or interventions documented in your note should also be in the patient’s plan of care (POC).
- Write your note during your patient visit.
- Think of each note as an evaluation of everything since the last patient visit.
- Document patient/family response to the interventions you are providing.
- View the patient’s medications and supplies during each visit and document what you ordered.
- Whenever a hospice aide is assigned to a patient, a team RN should make a supervisory visit.
- When the patient has a “staged” wound, a team RN should complete a “wound progress” note at least every seven days.
- Document follow-up calls regarding evaluation of POC changes (i.e., when you change a medication).
- Follow up on Telecare calls or unscheduled visits.
- Complete the “Open and Close Visit” check list for each visit.



Physician Mauricio Consalter, MD, and Team Nurse Rosite Merentie, RN.

Other VITAS program and corporate employees helped as well—coordinating fundraisers, organizing bereavement support groups and memorial services, and collecting and delivering boxes of supplies to local drop-off sites. Under the leadership of Don Dolan, RN, team manager of the Florida Medical Center inpatient hospice unit in Broward County, Florida, that program delivered more than 10 truck loads of supplies.



*As part of their efforts to provide medical relief to Haiti's earthquake survivors, VITAS Physician Mauricio Consalter, MD, and VITAS Nurse Rosite Merentie, RN, both of the Chicagoland Central program, drained a young man's abscessed cheek.*

### It could have been me!

The story was similar for Haiti native Rosite Merentie. She and Dr. Consalter traveled with a group of Chicago-area medical professionals, moving from camp to camp in Port-au-Prince providing care. They also set up several surgery tents.

"You could see little chairs and notebooks where there had been schools, so you knew children had been in there," recalls Rosite. "In every child, I saw my son's face. I thought, 'It could

have been me here!'" But Rosite and her group soldiered on, and despite the oppressive grief, there were some bright spots.

"Dr. Consalter brought some soccer balls," says Rosite.

"Despite their pain, the children had such joy in their faces when they saw those balls!"

Many VITAS employees are Haitian and have family there. Their VITAS programs, such as New Jersey North, took up collections of money for them. "We stand ready to help in any way possible," says General Manager Maureen Gilligan.

### The power of one

Marvee traveled from village to village in Haiti with a group from her church, as well as co-worker Wendy Cornejo, LPN. They treated wounds, dispensed medication and distributed water and other items.

"Everything was flattened and the smell of death was strong. It was awful," notes Marvee. "But the people were so appreciative. I came away feeling I had done my part to help, no matter how small. You wouldn't think one person could make much of a difference, but you can."

"I brought several soccer balls. It was important to give the earthquake survivors not only medical relief but some recreational relief, too."

—Dr. Mauricio Consalter, Chicagoland Central

Originally from Brazil, Dr. Consalter knew the Haitian people would like the soccer balls. "I felt it was important to give them not only medical relief but some recreational relief as well," he says.

The Haitian people still need money to rebuild, tents for shelter and food, water and medical supplies, says Rosite. "Basically, they need everything," she says.



### She's Got 'Em Covered!

New Jersey West, Program 66—VITAS Admissions Nurse Cythia "Cindy" Curran, RN, believes no U.S. military veteran should go without a warm "thank you" for his or her service.

"I make sure that any military veterans who cross my path know they're appreciated," says Cindy, who served in the U.S. Navy for a year in the 1970s. "Many of our patients are veterans of World War II and the Korean War.

It's especially important to thank them because their generation doesn't talk much about their war experiences, so you never know if anyone has thanked them."

Cindy's "warm" expressions of thanks go beyond words; she also gives each VITAS veteran patient a service-specific fleece blanket that she's made, using military themed panels that she buys at a local fabric store. She gets reimbursed for the material but not for her time, which counts as volunteer time for VITAS.

Cindy started making the blankets during Christmas of 2007,

when she sent one to each of her two U.S. Army sons in Iraq. She also sent blankets to 20 of her sons' friends. "They were a big hit," she says.

The blankets are a hit with VITAS patients, too; one patient won't leave home without his, says Cindy, who has made about 60 blankets since joining VITAS a year ago. She keeps several on hand at the VITAS office, so any employee who learns about a patient who is a veteran can give one as a gift.

Cindy has found that her blankets "cover" more than one aspect of VITAS patient and family care. "I think the blankets have served as an educational tool, especially for staff who weren't very aware of veterans' issues before," she says. "It's really starting to show around the office what it means to the patients to receive these blankets."



*VITAS Admissions Nurse Cythia "Cindy" Curran, RN, displays one of the approximately 60 blankets that she's made for the New Jersey West program's patients who are military veterans.*

"I make sure that any military veterans who cross my path know they're appreciated."

—Cindy Curran, RN, Admissions Nurse, New Jersey West



# Vital Signs

Walk this way!

## Take Steps Toward the 'Prize' of Better Health



Mary Cuervo

Whether or not you need or want to lose weight, the next VITAS*Cares* Wellness Challenge is one that anyone can participate in and benefit from, because it's all about walking.

Studies show that walking briskly for about 30 minutes a day at least five days a week can help you lose weight, lower your cholesterol and strengthen your heart—all of which help to reduce your risk of developing other health problems.

“Walking also helps you look and feel better by getting your blood pumping, increasing your energy and lifting your spirits,” adds Mary Cuervo, VITAS senior director of compensation and benefits, which oversees the VITAS*Cares* Wellness challenges.

To get VITAS employees walking, VITAS*Cares* has launched the Walk-to-Win Challenge, from April 15 to July 15, 2010. The three-month contest is voluntary and self-paced but will be divided into three, four-week sessions during which participants must walk a certain number of minutes in order to continue to qualify. Winners of the Walk-to-Win challenge will be determined based on the total number of minutes walked, and the top three program and corporate participants will win cash prizes of \$250 to \$1,000.

Although any form of walking is good for you, only “fitness walking”—or brisk-paced walking, not leisurely walking throughout the day at work or home—will count toward this challenge.

### And there's more!

“Because our first wellness challenge, the Lose-to-Win challenge, was so successful, and we want to continue to support any employees who want to keep losing weight, we are also launching a Walk-to-Win Weight-Loss Challenge,” explains Kal Mistry, VITAS chief administrative officer/senior vice president.



Participants of the weight-loss portion of the Walk-to-Win challenge will be weighed at the start and close of the walking contest. The top three program and corporate participants to lose the highest percentage of body weight, as well as to adhere to the rules for the regular Walk-to-Win challenge, will win cash prizes.

For more details on the Walk-to-Win Challenge and/or the Walk-to-Win Weight-Loss Challenge, please see your program business manager, human resources representative or your Wellness Champion.

### How to Sign Up and Get Moving!

- See your program's Wellness Champion\* and fill out a registration form. Your Wellness Champion will give you your walking logs and full challenge details.
- Begin recording your “fitness” walking minutes (brisk-paced walking, not leisurely walking at home or work).
- The contest will be divided into three, four-week sessions during which you must walk at least a certain number of minutes to continue to qualify.
- If you wish to participate in the weight-loss portion of the Walk-to-Win Challenge, tell your Wellness Champion; he/she will record your weight at the beginning and end of the challenge.
- On July 15, 2010, give your “walking papers” (your logs) to your Wellness Champion then wait to hear the results.

\* Wellness Champions will have been determined by the time this prints through the VITAS Corporate Benefits department. If you do not know who your Wellness Champion is, see your program business manager or human resources representative.

VITAS had approximately 9,500 employees in 2009. Of those, more than 57% were minorities.



Susan Philips

More on diversity...  
**VITAS is Diverse? Affirmative!**

When VITAS underwent a United States government affirmative action audit last year, it passed with flying colors.

“VITAS must have an affirmative action plan because we have contracts with the U.S. government, such as with Veterans Administration hospitals,” says VITAS Senior Director of Employee Relations Susan Philips, who prepared VITAS' audit materials for the U.S. Labor Department's Office of Federal Contract Compliance Programs (OFCCP).

Regardless of the law, affirmative action comes naturally to VITAS because we serve diverse communities and we hire the most qualified candidates possible within those communities, notes Susan.

“Many people think ‘affirmative action’ means meeting quotas, but that's inaccurate,” says Susan. “VITAS is ultimately about providing quality, compassionate care to our patients and their families. Because our patients and families represent different cultural and ethnic backgrounds, so do our employees.”

VITAS recruits in diverse communities by frequently sponsoring and participating in local and national recruitment events, such as those hosted by the Hispanic Nurses Association and the National Black Nurses Association. And through its Access Initiatives, VITAS reaches out to minority and underserved communities by talking to religious and civic leaders and organizations in those communities. All of this impressed the OFCCP, says Susan.

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Lisa Cushing

## Training Our Thoughts

VITAS' diversity training challenges the notion that perception is reality

### Is perception reality?

"That's the theme of our diversity awareness training," says Lisa Cushing, a VITAS Human Resources Recruiter 2. "I ask, 'Is what we see really what we get?' Often it's not."

Diversity is inherent to hospice, as people of many cultures, ethnicities and religions are represented in our patient and family populations. VITAS also works hard to provide caregivers who reflect those populations. (See related story on back side of this page.)

"But diversity is also about how one looks, walks, talks and acts," notes Lisa. And it is those differences—sometimes more than ethnic or cultural ones—that can affect employee relations.

### I like you because you're like me

It's human to judge people based on how they look and act, and it's natural to gravitate towards people who we perceive as being like ourselves, notes Lisa.

"It's easy to think, 'I like you because you're like me,'" she says. "But if we perceive differences in someone, we might treat him or her differently—sometimes negatively. In diversity training, I encourage people to get to know those who they perceive as 'different' and see if that changes how they feel about them."



In VITAS' diversity training, participants are shown this man's photo and typically assume he is not highly educated and does manual labor. He actually has a master's degree in engineering and works in construction on the side.

If you would like to bring VITAS' diversity awareness training to your program, contact the VITAS Human Resources Department.

In the training, Lisa shows photos of real people of different ages, looks, hair and dress styles and asks her participants to rate them on a "tolerance scale" of one (for "repulsion") to five (for "appreciation"). She then reveals each subject's true identity, occupation and background, which are often vastly different from how they were perceived. When participants have been asked to re-rate the subjects, many of the subjects' scores increased.

Because it encourages people to work with and respect each other despite their differences, VITAS' diversity training serves as a retention tool. "If you feel comfortable with your co-workers, you're going to be more productive and grow with a company," says Lisa.

"We got the diversity training when I asked about cultural sensitivity training," remarks Kevin Yarrow, VITAS general manager in Dallas. "It was more than two hours long, but Lisa's presentation style and high energy made the time fly by. Everyone enjoyed the training."



## Be GRACEFUL to Diversity

By Paul Veizyabik, Chaplain, Broward County, Program 14

Diversity is a hallmark of America, as people from all cultures and countries live here. Since it's impossible to know and understand every culture and belief system that exists, here are some tips for being GRACEFUL to diversity, no matter where you go or who you meet:

**Gentleness**—Approach every culture with gentleness, as you might be treading on "sacred ground."

**Respect**—When we respect each others' differences, we are saying, "We are all in this together" vs. "We are better than you."

**Appreciate**—We appreciate gardens with many colors and shapes. Humanity is a garden of diversity.

**Curiosity**—Socrates once said: "What I know is that I don't know." Be open to everything, attached to nothing.

**Empathy**—Sympathy means "I feel for you," whereas empathy means "I feel with you." Having empathy enables us to walk in another's shoes.

**Friendly**—Being friendly, not arrogant, is key to dealing with different cultures.

**Understanding**—Understanding others from their perspectives, not our prejudices, is the essence of learning.

**Love**—Genuine love can cut through many barriers.

## VITAS Accolades Promotions & Appointments

**Tara Friedman, MD**, promoted to Associate National Medical Director for VITAS Palliative Care Solutions

**Donna Scott**, promoted to National Patient Care Administrator, Corporate

**Suzanne Burgos**, promoted to National Patient Care Administrator, Corporate

**Julie Decker**, appointed General Manager, San Diego

**Mark Katich**, promoted to General Manager, Pittsburgh

**Joan Uronis**, appointed General Manager, Cleveland

**Sara Abbruzzi, DO**, promoted to Medical Director, Philadelphia

**Clare Cherny, MD**, promoted to Medical Director, Fairfield

**Christopher K. Daugherty, MD**, promoted to Medical Director, Chicagoland Central

**Marc C. Kaprow, DO**, promoted to Medical Director, Broward County

**Irene Prather, MD**, promoted to Medical Director, Dallas

**Thomas Smirniotopoulos, MD**, appointed Medical Director, Northern Virginia

**David Whitt, DO**, appointed Medical Director, Columbus

**Vanee Wongsurawat, MD**, appointed Medical Director, St. Louis