

Vital • SIGNS

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

Our Growth is Planted Firmly in Our Roots

I love this company!

I am consistently inspired by the way our teams care about their patients. I am humbled by VITAS' past and challenged every day by what lies ahead.



I've had these thoughts hundreds of times, but they came to me again as I watched the latest installment of "VITAS In Touch," our video news magazine. I found myself nodding in agreement as I listened to our founders, our employees, our patients and their families talking, in their own words, about the many facets of VITAS. Yes, I wanted to say out loud. Yes! That's what we're all about!

And the news just gets better. In the past few months we've seen our new start programs in Cleveland and Southeast Michigan become licensed and begin serving patients. We expanded our Delaware program by opening a satellite office. With amazing agility, we opened a new program 100 miles west of Chicago in LaSalle and the Greater Illinois Valley by relocating one of our four Chicago licenses.

We've opened new inpatient units in Delaware County, Pennsylvania, and Dayton, Ohio, relocated another unit in Houston and are pursuing a number of promising discussions across the country to open more units.

We've accelerated the roll-out of *VxCarePlanIT*, VITAS' proprietary electronic patient records system that allows caregivers to read and write real-time bedside notes. At the same time, we have entered the

next generation of *Vx* with *VxNext*, taking it from DOS to Windows, making it user-intuitive and combining the best of our software in one package.

We're continuing to invest in the people who make VITAS great through our VITAS Cares initiative. We're expanding our investment in the VITAS brand of Innovative Hospice Care® through our targeted advertising and marketing initiatives. We're investing in a new business platform that will allow VITAS to leverage its national presence and industry-leading reputation to build mutually beneficial relationships with companies in such fields as managed care, disease management and assisted living.

And while we're busy growing the business, we haven't forgotten about our responsibility to be good corporate citizens through our support for the Foundation for Hospices in Sub-Saharan Africa, the Duke Institute on Care at the End of Life, the Hospice Foundation of America, the VITAS Hospice Charitable Fund and dozens of local causes.

How can we ensure that VITAS continues to succeed in an increasingly challenging healthcare world? The answer has guided VITAS' growth since our founding in 1978: A laser-like focus on providing quality care to every patient and family we're privileged to serve and an enduring commitment to living the **VITAS Values: 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.**

Thank you for your commitment to our patients and their families—and to each other. It is because of you that I love this company.

Tim O'Toole, CEO

Empty Chairs Full of Memories

"Those who work in the hospice field are often so concerned about others' grief that we forget to allow ourselves time to grieve," says Chaplain Kevin Morris of Team 184 in Brevard County, Florida.

That's why Brevard's two nursing facility teams hosted "compassion fatigue" retreats for each other earlier this year. The highlight of the retreat for Team 182 was a display of 169 empty chairs, set facing the ocean (*right*). Each chair represented a patient cared for by Team 182 who died in 2006.

Team members were encouraged to walk along the beach, and reflect upon and process their grief for those patients. Rev. Morris says the chairs, most of which a church donated, made a simple yet profound visual statement on life and loss. Brevard Volunteer Coordinator LuAnn Moyer took the photograph.



What's In a Name? Sometimes Our Patients Tell Us

By Paul Veliyathil, Chaplain, Broward



I was born and raised in India, although I have lived in the United States for 18 years. During these years, only a handful of people have attempted to pronounce my last name (Velly-AH-tul), and few have succeeded. The majority either butcher it or give up and say, "I'll just call you 'Paul.'" At those moments, I have had fleeting thoughts of changing my name to Paul Smith.

One day, I searched my name on google.com, and I was pleasantly surprised to find that there were only 119 entries listed. The name Paul Smith, on the other hand, had two million entries. That day I decided, once and for all, that regardless of how many people mispronounced my name, I was going to keep it—because it is unique (plus, my chances of avoiding identity theft are better).

But I recently experienced the greatest blessing from my name when one of my patients tried to pronounce it.

Dolores is 79 years old. She is charmingly confused and a joy to be around because she is so innocent and playful. She revels in the attention I give her, and I enjoy the experience of looking into her twinkling eyes and wondering what kind of life she had before Alzheimer's set in.

Dolores tells me that she is 30 years old and her husband is 25, and

that they have a 35-year-old daughter. When I point out that this is impossible, she squeezes my hand and laughs loudly. Regardless of the content of our mundane and disjointed conversations, I always enjoy visiting her, because there is a pure joy that comes from being in the presence of someone going through a second childhood.

During a recent visit, Dolores asked me what my name was, and I said only, "Paul." I did not want to confuse her with the name that so many others find so hard to pronounce. But she insisted on knowing my last name, so I showed her my VITAS badge. She looked at it intensely for a few seconds, then she looked at me and said, "Very faithful."

My jaw dropped and tears welled up in my eyes. I was instantly elevated to a place of grace. I felt as if Dolores had peered into my soul and invited me to live up to the meaning of my name as she saw it. I took it as an affirmation of my life and as a challenge to be faithful to God, faithful to my job and faithful to life itself.

Speaking of Names ...

Another name that lends itself to different pronunciations is VITAS. It is pronounced "VEE-tahs," with emphasis on the VEE. The second half of the word resembles the sound doctors want when they say, "Open wide and say ..." — only there's an "s" on the end. VITAS is derived from the Latin word "vita," which means "life."

Another element of VITAS' name that many of us don't use correctly is the company's tagline: Innovative Hospice Care®. Think of it as our middle name: you can refer to us as VITAS, or you can refer to us as VITAS Innovative Hospice Care® ... but please don't refer to us as VITAS Hospice. The Innovative Hospice Care® tagline is a service mark protected as a complete phrase by the U.S. Patent Office.

The full name and brand have been incorporated into VITAS' new logo, which features a "flag pole" design extending above the "I" in VITAS. This should appear on all correspondence or materials that VITAS staff share with consumers.

Knitting a New Lease on Life



Sheila Small, a patient in VITAS' San Gabriel Cities, California, program, just wanted to say 'thank you' to her VITAS caregivers, when she made a discovery—better health was right there in her own hands.

Sheila Small breathes easier when she knits.

It was December 2006, and Sheila, who has end-stage chronic obstructive pulmonary disease, had hit a low point. "I was very ill and feeling sorry for myself," she says. Her breathing had become so labored, she seldom even wanted to get out of bed.

But Sheila appreciated the care that her VITAS team gave her—especially the nurses and home health aides—and she wanted to thank them with Christmas presents. Unable to shop, she decided to make gifts—and a profound change occurred in her life.

Sheila had taught herself how to knit years ago. She hadn't picked up her needles in a while, but she pulled them out and knitted her VITAS caregivers bright red scarves. "They were so pleased," she says. "Their gratitude made me feel better than my meds did."

Their admiration gave Sheila an idea. "After talking to my VITAS caregivers and my volunteer visitor, Rosalie Roder, I decided to try selling my creations on the internet," she says. She has since added shawls, clutch bags and baby booties to her inventory. "Everyone at VITAS has been so encouraging ... that's why I'm pursuing this."

Sheila's business is small, but it keeps her busy ... and she's enjoying a renewed sense of purpose in her life. She's also benefiting from a therapeutic side-effect of knitting.

"It relaxes me, especially if I'm having difficulty breathing," she says. "Within minutes I feel better, because when I'm counting and concentrating on the stitches it takes my mind off my health problems." And then she breathes a little easier.

View Sheila's handiwork at myspace.com/creationsbysheila.

- 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.



Stories

WE TAKE CARE OF EACH OTHER.

Behind-the-Scenes Aides Enjoy Star Treatment for CNA Week

Xiomara Medrano and her fellow home health aides (HHAs) on Team 196 in Central Florida knew their team was up to something fishy on June 20, but they weren't sure what it was.

"When we reported to the office for our weekly team meeting, no one was around," says Xiomara. But they soon found out why.

When the four HHAs walked into the meeting room, they were greeted with tables decked out in white cloths and pink balloons, faux-fur-lined gift bags filled with goodies, and a catered lunch.

The team had organized a surprise party especially for its CNA/HHAs who work in nursing homes in honor of Certified Nursing Assistant Week, June 14-21.

"It was all done with love and care, and it was really beautiful," says Xiomara, who has worked at VITAS for two years but has been an HHA since 1990.

Team Manager Debora Tindall, RN, coordinated the event. She was a field nurse for seven years before she was promoted, and she noticed that the CNAs employed by the nursing homes always received gifts and kudos throughout CNA week. "I wanted our HHAs to feel just as appreciated," she explains. So her team members pitched in and threw a party.

One made beaded badge lanyards for each HHA; another bought the goodie bags and filled them with hand cream, colorful felt-tip

markers and VITAS memorabilia. Each place at the table was set with a glass goblet filled with candy. Debora created and framed a collage for the HHAs, and gave the guests of honor a big surprise—the rest of the day off.

July Pierre-Louis, an HHA for 15 years and a VITAS employee for four, says the party made her feel appreciated. "They acknowledged that our job is physically demanding, and it is good to know that they know that," she says.

A Star-Studded Tribute

Annette Kennedy, LCSW, a member of Team 196 in Central Florida, wrote and read aloud the following essay in honor of home health aides for the party her team organized during Certified Nursing Assistant Week in mid-June.

Many stars make up the palette of our night sky. There are those that shine brightly and are easily seen, but there are also those that shine behind the scenes. Although these stars are not as visible, the universe would not be the same without them.

At VITAS, many stars are needed to provide quality care to hospice patients. Some stars come out occasionally, like chaplains and social workers; and some stars are always in the spotlight, such as doctors and nurses.

Some stars shine more softly, yet steadfastly care for our patients and their families many days a week, providing comfort and care with a spirit of joy and respect. At VITAS, these stars are our Home Health Aides, who take the time to get to know our patients, so they can help them in a gentle manner that builds self-esteem and helps them remember the "true person" underneath their illness.

Today we would like to do what we often forget to do as we go about our daily business. We would like to thank you, our HHAs, and acknowledge the brilliant work you do each day. We couldn't do our jobs without you.

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

Set Your Sights on Certification



Sitting at the VITAS recruiting booth at the AAHPM/HPNA Annual Assembly are (from left) Zonia Lorenzo, team manager of the Hialeah inpatient unit in Miami-Dade and a first-time attendee; Carol Fink, RN, on Miami-Dade's contract bed team; and Nancy Auster, senior admissions nurse in Miami-Dade. All three were recognized during an HPNA luncheon for their commitment to hospice certification.

Nancy Auster has launched a campaign at VITAS to get every Miami-Dade County nurse certified in hospice care. In fact, she'd like to see every VITAS nurse *everywhere* become hospice certified.

After spending a week in Salt Lake City in February at the Annual Assembly of the American Academy of Hospice & Palliative Medicine (AAHPM)/Hospice & Palliative Nurses Association (HPNA), she believes all 42 VITAS programs should campaign with her.

Twenty-five VITAS clinicians attended this annual event, some for the first time, and many vowed to return. "There are lectures on pain management, symptom control, ethics and spirituality. There are CEU programs, networking opportunities, vendors and a chance to meet your peers. There were almost 1,300 attendees!" says Nancy, whose enthusiasm has not waned. *(see 'Certification' on page 4)*

- *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.*



Stories

Certification *(continued)*

Hospice, she says, is the only specialty that mixes RNs and MDs at its annual meeting, making for a more dynamic (if unconventional) convention.

Nurses and aides must be recertified by HPNA every four years. "I've been recertified three times already," says Nancy, a 16-year VITAS veteran. She returned to Miami determined to promote HPNA's certification process for all VITAS nurses.

Step in the right direction

Many VITAS programs across the country are taking pro-active steps to encourage their nurses—and aides, in some cases—to get their hospice certification or recertification. They are, to name a few: Brevard, Palm Beach and Broward in Florida; Chicagoland Northwest and Chicagoland South; Dallas and San Antonio in Texas;

Los Angeles/Ventura County, San Francisco Bay, East Bay and Coastal Cities in California; Milwaukee; New Jersey Shore; and Pittsburgh.

"A hospice-certified nurse makes families that much more comfortable that their loved one is being cared for by an expert," says Nancy. "And when physicians find they are referring their patients to hospice-certified nurses, that gives them peace of mind."

VITAS Chief Operating Officer Peggy Pettit adds that hospice certification "assures the highest quality of clinical care and underscores VITAS' commitment to its patients and their families."

"Studying for the certification exams requires a tremendous amount of dedication," says Peggy. "The large number of certified nurses and home health aides at VITAS programs across the country is just one more way we can demonstrate to the communities we serve that VITAS is America's hospice leader."

I AM PROUD TO MAKE A DIFFERENCE.

Bringing Laughter to the Bedside



By Terence Rose, Chaplain, Miami-Dade

There is a song that goes: "Smile awhile and give your face a rest/Raise your hand to the One you love the best; Then shake hands with those nearby/And greet them with a smile."

There are many expressions about the virtues of smiling or laughing, but the illnesses and the pressures of life today often make it difficult—or in some cases impossible—to smile, much less to laugh.

We are reminded that a good laugh relieves stress and that a laugh a day might just keep the doctor away. Timothy Schwab, MD, chief medical officer at SCAN Health Plan in California (a health plan for senior citizens) and an expert in geriatric medicine, has said, "Physically, a good laugh can protect your heart, lower blood pressure, boost your immune system, improve brain function, reduce stress and relax you immediately."

For those under stress, Dr. Schwab says, "Laughing releases the same good-feeling endorphins you release when exercising, so you truly feel happier, more positive and less stressed."

From my experience in the field, it is evident that having a sense of humor can help even those at the end of life feel a little better.

I once had a patient who had deteriorated mentally; her primary caregiver, a nephew, was very concerned. In fact, he didn't think she would even recognize me.

I had visited this patient on other occasions and conversed with her coherently. When I entered her room, she said, "Hello, Chaplain."

I said, "That's wonderful. You do remember me. What is my name?" Without hesitation she gave it. Then she started to laugh, and I said, "You laugh so wonderfully."

She replied, "When you cry, you get wrinkles. When you laugh you get dimples."

On another occasion, I had a patient who was well taken care of and alert and articulate. As is the custom, I asked him if he had any pain. I was surprised when he gave a resounding "yes." I asked him where he had the pain. He touched his neck then pointed to his caregiver. I looked at her. She burst out laughing and said, "Whenever I try to give him his medication, he says I am a 'pain in the neck'."

Yes, patients laugh at or with their chaplain sometimes.

In conclusion, I invoke the words of Michael Pritchard, a renowned motivational speaker who uses humor and laughter to communicate his ideas. He says, "You don't stop laughing because you grow old, you grow old because you stop laughing."

VITAS' Unique Fellowship Program Shapes Medical Students' Image of Hospice



Bob Jeske, a medical student at University of Miami's Miller School of Medicine.

The patient is in pain. She likely has only a few weeks to live—something she recently came to terms with—but her doctors continue to push for aggressive disease-modifying therapies.

She's undergone treatment after treatment, and continuously feels nauseous. When she needs to go to the bathroom, she must wait for someone to come to help her.

Exhausted, she closes her eyes and tries to forget the revolving door that has become her life—rife with hurried strangers who ignore her pain, moving to a cacophony of beepers, buzzers and bells. If only her stomach would settle down ...

That's the kind of experience a terminally ill patient might have in a hospital—not great, but better than hospice, thought Bob Jeske, a medical student at University of Miami's Miller School of Medicine.

"Hospitals have a negative image, but most medical students think hospice is even worse," says Bob, adding that, to him, hospice meant "where people go to die." Or at least, that's what he thought—until last summer.

Bob's perception of hospice changed drastically when he participated in 2006 in an elective end-of-life fellowship program sponsored by VITAS Innovative Hospice Care® and the American Medical Student Association (AMSA). He recently shared his experiences with the 2007 AMSA scholars, who came from across the country to study hospice care in Broward County, Florida, the sole site for this program.

Bob says the six-week rotation radically improved his understanding of hospice. "Hospice feels like the way medicine is supposed to be," says the Springfield, Minnesota, native who wants to be a rural family doctor. "It's talking to patients about what they want. In medical school, we're taught to focus on the disease and do whatever we can to fight it because death is the enemy.

"Hospice is not taught in medical school," he continues. "More and more palliative care programs are sprouting up at schools around the country, and that's good. But there is still very little discussion about death," and how to treat patients approaching that threshold. "You can't face your own death if you can't even talk about it with a dying patient," says Bob.

Currently in its fifth year, the AMSA program introduces tomorrow's doctors to end-of-life care in real-life settings, explains Joan Hedgecock, AMSA's associate director of program development.

AMSA selects six to eight students each year from 25-30 applicants based on essays, professors' references and other criteria. "We look for students who don't need a lot of supervision, since much of their work—like hospice work—is self-motivated," she says.

The program incorporates lectures, shadowing, visits to homes and facilities, and case presentations and debriefings with VITAS team physicians. At the end of the program, each fellow must develop an end-of-life curriculum project to implement at his or her medical school. Past students have coordinated end-of-life speaker panels and hospice shadowing programs. Bob organized a memorial service for the individuals who had donated their bodies to his school for research.

Dr. Paul Rozynes, medical director for VITAS' Broward program and chairman of the fellowship program, says the goal is to change the philosophy of medical schools in the United States and get them to add hospice medicine to their regular curricula.

VITAS leads the effort

VITAS has been a major sponsor for the AMSA fellowship program for three years, with the company's Quality Resource Management Department at the helm.

"VITAS not only contributes money, but also time, energy, human resources, books and materials, and several meals," says Dr. Barry Kinzbrunner, executive vice president and chief medical officer at VITAS. He says the program is challenging to coordinate, but Dr. Rozynes "has really made the clinical experience, the lectures and the debriefings relevant."

Marie Auguste-Alvarez, national director of quality resource management at VITAS, encourages other VITAS programs to contact her if they consider developing similar projects with medical institutions in their regions.

Megan Banis, a 2007 AMSA fellow from Northeastern Ohio Universities College of Medicine, supports that idea.

"The VITAS program has been amazing," says Megan. "Witnessing people who are experiencing a 'good death' changed my perception of death and has allowed me to accept and deal with it more effectively ... so I'll know how to present it as an option when curative treatments no longer help my patients."

"Witnessing people experiencing a 'good death' changed my perception of death and has allowed me to accept and deal with it more effectively."

—Megan Banis, 2007 AMSA Fellow

Corporate 'Trade Show' Matches Faces with Names for New VITAS Managers



Shanda Nobles, Atlanta's new patient care administrator (PCA), had spoken to Grace Fernandez, VITAS' senior national PCA, many times on the phone and knew her voice well. But she had never met Grace in person until May, when she attended the New Manager Orientation (NMO) in Miami and was treated to a new feature at these quarterly training sessions—the Corporate Departmental Trade Show.

The trade show, arranged by the Hospice Education and Resource Training (HEaRT) Department, was added this year to the week-long NMO program to help new managers visit, in one "field trip," all the departments in VITAS' corporate office and learn about their support services. It brings a human touch—and face—to each department name and function.

Sarah McKinnon, senior director of education and training, says the trade show "creates a dynamic two-way street for questions and answers. It not only provides new managers a chance to meet the people who support them at corporate, it also gives corporate employees an opportunity to build relationships with their internal clients."

Shanda says she enjoyed matching faces to names at the trade show. "It was great to meet Grace face to face at the show," she says. "The whole trade show in general was helpful because it provided a life-size snapshot of the different departments that work on our behalf.

"The show drove home just how much support we have in the company from the corporate office. Billing and Collections, for

example, turned out to be interesting," she says, with a hint of surprise in her voice. "I had a good discussion with the booth reps about claims processing and found out who is actually sending me all those claims!"

Shanda also gained more appreciation for the Foundation for End-of-Life Care by visiting their booth. "I knew the Foundation helped VITAS patients and their families, but I didn't know it also helped other hospice companies," she says. "I was impressed by that."

Joy Ikeme, a new team manager with the East Bay program in northern California, says she collected brochures, business cards and a few tips on best practices, particularly from Karen Peterson, senior director of operations compliance at VITAS.

"Karen explained how I can find all the forms that I need for my job on the VITAS' i-net website," says Joy.

For more information about this program, please call the HEaRT Department at V-Net 8-010-4343.



1. From left: Broward Home Care Team Manager Donna Kim chats with Marc Grad, senior director of recruitment at VITAS, at the May New Manager Orientation Corporate Departmental Trade Show.



2. From left: Rick Calvani, supervisor of accounts payable/claims at VITAS, visits with Patrice Anderson, nursing home team manager at Chicagoland Northwest, and Airlen Ricano-Bilbao, manager of customer service in the financial department at VITAS, at the third quarterly New Manager Orientation Corporate Departmental Trade Show.



3. From left: Rhonda Brooks, customer service supervisor at VITAS' Call Center Administration in Miami, talks about her department's support services with Maureen Parent, home care team manager in the Palm Beach, Florida, program, at the Corporate Departmental Trade Show for the New Manager Orientation in May.

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