

Vital Signs

Winter • 2013

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

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2013: A Year of New Opportunities



The year 2012 was another successful one for VITAS. In fact, at year-end, our Average Daily Census was 14,140, increasing from 13,406 the previous year. That's incredible!

We had some challenges during

the year, such as when Superstorm Sandy hit the Northeast Coast. But, as always, we came out of those challenges stronger than ever because you, our employees, worked hard to make sure patients and families received the highest-quality care.

In this issue of *Vital Signs*, you will find many stories about our successes in 2012. On page 2, VITAS President and CFO David Wester talks about the expansion of VITAS HME Solutions, our durable medical equipment division, into Northern California. On page 3, you can read about two

important legislative victories in Connecticut and California that will make it possible for us to open more—or, in the case of California, to open our first—inpatient hospice units.

As we move into 2013, the healthcare landscape in the United States continues to shift. I am confident, that—no matter what—VITAS will continue to provide the best in hospice care to patients and families. That's our bottom line: Patients and families come first. I am confident about this, because I feel confident about you, our employees. Thank you for your continued hard work and dedication to patients and families at the end of life.

At the end of 2012, VITAS' Average Daily Census was a record 14,140 patients!

Sincerely,

Timothy S. O'Toole
CEO

VITAS Rallies during Superstorm Sandy



New Jersey North, Program 67—"It looked like a war zone," recalls VITAS General Manager Wesley (Wes) Rogers, describing his region of New Jersey after Superstorm Sandy.

When Sandy swept through the nation's Northeast corridor in late October 2012, she left in her path a swath of damage and destruction unlike any the region had ever seen. She left towns submerged under water; she

ripped up trees, blocking roadways, crushing cars, smashing homes and knocking down cell-phone towers and power lines; and she pushed cars, trucks, boats and trains—even houses—around as if they were mere TinkerToys®.

Sandy was devastating, but she did not diminish the spirit of VITAS employees, who tended to their patients and families before, during and after the storm. Sandy also inspired VITAS programs across the country to offer help, shipping boxes of blankets, hats and gloves to VITAS patients, families and colleagues affected by the storm, and raising money to help rebuild the lives of those, including several VITAS employees, who suffered great losses. (See related story on page 12 for details.)

—Continued on page 12



The President's View

By David Wester, President & CFO

Expansion for HME Solutions

The year 2012 was a strong one for VITAS, and the same can be said for our home medical equipment division, VITAS HME Solutions. Guided by Melissa Connelly, Vice President of HME Solutions, HME saw huge growth in 2012 and plans to continue that growth in 2013.

In June of 2012, HME Solutions opened a new, 8,900-square-foot service center in Hayward, California, that provides operational support and services to approximately 850 VITAS patients and families in the high-growth San Francisco Bay and East Bay programs.

Shortly after opening the Hayward facility, HME started building out a 2,700-square-foot satellite warehouse in Sacramento. With that build-out complete in December of 2012, it is anticipated that the satellite location will start serving VITAS patients and families in Sacramento Valley by the end of the first quarter of 2013.

Once the satellite warehouse is in full operation and all VITAS patients and families have been "switched out" to HME's equipment and services, the division will have added an estimated 450 patients and families to its roster.

Together, the new HME service center and satellite warehouse will serve a projected average daily census of almost 1,300 more VITAS patients and families. That's 1,300 more patients and families receiving VITAS' "total package" in high-quality care, and that's phenomenal!

A win-win model

The HME satellite center in Sacramento will function mainly as a staging area for medical equipment and will be staffed by four Medical Service Technicians (MSTs), a warehouse supervisor, a warehouse technician and an operations manager. All other services, including customer service, will be housed in the main Northern California HME center in Hayward.

HME first piloted this "centralized" model of operations—with a main service center and nearby satellite warehouse—in 2010 and 2011 in San Diego. There, HME reduced its operating costs by moving its Riverside, California, operation from a 6,500-square-foot facility to a 900-square-foot site. An MST then used the 900-square-foot site as his



From left: VITAS HME Solutions Director of West Coast Operations Mark Walton, VITAS Vice President of HME Solutions Melissa Connelly, and VITAS Senior Vice President of Operations JoAnn Mach at the June 2012 Open House at the new Northern California HME Service Center in Hayward, California.

"home base" for storing and delivering medical equipment. The MST's truck was serviced in San Diego, and his customer-service calls were handled in San Diego.

In Northern California, HME expanded on its San Diego model by adding more staff and functions. Still, with the satellite centers' scaled-down structure, HME has shown that it can cost-effectively and efficiently "in-source" smaller VITAS programs, all while providing the highest-quality care to patients and families. It's a win-win model.

New contract agreement

HME is planning to in-source even more VITAS programs in 2013. Until all VITAS programs are on-board with HME, however, the division recently took steps to help manage their durable medical equipment (DME) services.

Late in 2012, HME signed an agreement with Stateserv, a national DME vendor with contracts with approximately 150 "local" DME companies, to provide medical equipment services to VITAS programs that currently do not have HME Solutions in their vicinity.

Under the new agreement, HME will work closely with Stateserv's local vendors to manage the non-insourced programs' DME services. This will help to streamline these services for VITAS as well as reduce VITAS' per-patient-day medical equipment costs.

In a few months, HME will be serving approximately 80 percent of VITAS' total patient census. With the kind of growth that HME has experienced over the past few years, I can see the division soon servicing nearly 100 percent of VITAS' patients and families. Please join me in congratulating HME Solutions for a phenomenal 2012 and a very bright forecast for 2013!



The Pulse

VITAS Palliative Care Division Gets New Name

PALLIATIVE MEDICAL ASSOCIATESSM

In September of 2012, VITAS changed the name of its palliative care division, formerly known as VITAS Palliative Care Services, to Palliative Medical Associates.

"We changed the name to eliminate any confusion with VITAS' hospice services and to build on the palliative care services we provide," says VITAS CEO Timothy O'Toole.

VITAS' palliative care division started four years ago in Florida. Since then, it has expanded to Pennsylvania and California. The new name for the division will apply to all of VITAS' palliative care services across the nation.

The proper way to refer to a palliative program is to use the name Palliative Medical Associates and then attach the name of the respective state. For example: Palliative Medical Associates of Florida.

Palliative Medical Associates will continue to provide high-quality palliative services that enable seriously ill patients to receive the complex pain management, emotional support and multi-disciplinary care they need. As a critical component of the end-of-life continuum, Palliative Medical Associates will familiarize patients with VITAS Innovative Hospice Care so if they become hospice-eligible, they have a choice in hospice care.

"This name change will further strengthen our leadership platform in hospice and palliative care and position us for continued growth and success," says Tim.

New IPU Laws and Regulations Open Doors for VITAS

One of VITAS' strategies for growth is to open more inpatient hospice units (IPUs). Implementing this strategy has always been challenging, however, in Connecticut and California, where the healthcare legislative and regulatory environments were not conducive to IPU development. That all changed in 2012, thanks to the hard work of VITAS' Public Affairs Department and the VITAS employees in those states.

In July, Connecticut legislators voted to revise the state's outdated IPU regulations, which had made it extremely difficult to open and operate hospice IPUs. And in September, California lawmakers approved a measure to create a separate licensing category for hospice IPUs. Previously, when no such category existed in California, the only way hospices could provide IPU care was by partnering with facilities such as hospitals or nursing homes.

"These developments will greatly impact the IPU landscape for VITAS," says VITAS Executive Vice President of Development and Public Affairs Ron Fried. "While our contract bed care is excellent, when we can operate our own IPUs, staffed with VITAS-trained employees, we have more control over the quality of care provided."

Victory in Connecticut

By the time it opened VITAS' first hospice IPU in Connecticut—the 12-bed unit opened in April of 2011—VITAS in Waterbury, Connecticut, had already been working with its sister VITAS programs and other hospice providers across the state in urging legislators to revise the state's 30-year-old IPU regulations.

Written when Connecticut's first hospice provider opened a free-standing, 52-bed hospital facility, the state's hospice IPU regulations applied to a vastly different model of care than today's, explains VITAS Director of Public Affairs Chris Santarsiero.

"The old regulations required hospice providers to maintain standards similar to that of a hospital, even if they wanted to operate a much smaller unit," says Chris. "The old regulations caused an undue administrative burden and were not in line with Medicare's Conditions of Participation for hospice."

Although VITAS opened its Waterbury IPU under the state's old regulations, "we had to jump through a lot of hoops to get it," notes Chris. "The demanding process for opening the IPU accelerated our interest in getting the state's regulations changed."

To help in the cause, all three VITAS programs in Connecticut invited state legislators to tour their offices and/or accompany VITAS employees on field visits. VITAS also worked closely with other hospice providers in the state "to coordinate our message so we spoke with a unified voice," says Chris. VITAS employees also



VITAS Senior General Manager Thomas Burkhardt (second from left) at Waterbury, Connecticut, and VITAS Senior Vice President of Operations Nancy Wallent (second from right) recently marked the opening of VITAS' first inpatient hospice unit (IPU) in Connecticut—a 12-bed unit at St. Mary's Hospital, with a ribbon-cutting ceremony. Looking on are local community and healthcare leaders. The IPU opened in April of 2011, despite VITAS having to jump through many hoops to comply with the state's then-outdated IPU regulations. A year later, the Connecticut legislature voted to update its regulations.

sent letters to their state legislators, and a few testified before the state public health committee as it debated IPU regulation reform.

While VITAS awaits implementation of Connecticut's new IPU regulations, "We are already exploring opportunities to open more IPUs," says VITAS Senior Vice President of Operations Nancy Wallent.

Big win in California



Bruce Schlecter, MD

Before California lawmakers approved creating a separate licensing category for hospice IPUs, "trying to contract an IPU bed was like trying to fit a square peg into a round hole," says VITAS Director of Public Affairs James Burkhardt. "The licensing categories under which hospice IPU beds had to be contracted, such as for hospitals or nursing homes, simply didn't fit the unique qualities of hospice IPU care."

VITAS and other hospice providers in California had tried for years to get the hospice IPU licensing bill passed. "This year we decided our state legislators needed to hear from their constituents—not other legislators or lobbyists—about the need for hospice IPUs and, therefore, proper licensing terms for hospice IPUs," says James. "We focused on getting our VITAS caregivers to talk."

One caregiver who talked was VITAS Senior Medical Director Bruce Schlecter, MD (pictured), of San Gabriel Cities, who testified before the state assembly's health committee in Sacramento. "I spoke about the clinical issues of IPU care and explained how critical it is for patients and families to have access to that level of care," he says.

VITAS employees then sent more than 750 letters urging the California governor to sign the hospice IPU bill into law. VITAS also invited state legislators to attend team meetings and visit patients and families.

"The new bill will create jobs in California and open the door to more hospice services for patients and families," says VITAS Senior Vice President of Operations JoAnn Mack. "This is a big win for everyone."

"These developments will greatly impact the IPU landscape for VITAS."
—VITAS Executive Vice President of Development and Public Affairs Ron Fried

Helping Children 'Bloom' After Loss



Children express their grief over the loss of a loved one in many different ways. Kwaku J., of Miami, Florida, recently noticed that his two young sons—Levi, 7, and Gabriel, 6—were starting to mention their older sister, Genesis, who died a year and a half ago, in their prayers. And when Gabriel was struggling to focus in school, his teacher suggested the youngster might benefit from grief counseling.

Kwaku then learned about the Children's Bereavement Center (CBC) (www.childbereavement.org), a non-profit organization in South Florida that provides free professional, peer-group grief and bereavement support to children (aged 5 through young adult) and their family members after the death of a loved one or friend as a result of illness, accident, suicide or homicide.

Kwaku started taking his children to a CBC group "to try to eliminate all possible obstacles to being successful in school and moving toward healing," he says. "We are doing this as a way to remember (Genesis) and to help (our children) deal with the loss."

VITAS lends expertise

Two years ago, the CBC asked VITAS to lend its expertise in grief and bereavement support by helping to facilitate—on a voluntary basis—some of the CBC groups. VITAS agreed, starting with the Dade-Monroe program in the fall of 2011 then adding the Broward program in the fall of 2012.

Once a week during the school year, from 6:30 to 8:30 p.m., about 10 staff members from each of the two VITAS programs facilitate CBC groups in their communities. During the summer months, the CBC and VITAS organize monthly activities, such as picnics or bowling outings, for the children and their families.

"Partnering with CBC made perfect sense for us, since we are experts in bereavement care."

—VITAS Senior Vice President of Operations Mary Zalaznik

On December 2, 2012, CBC and VITAS hosted an event in which artists from New York City worked with participating children in spray-painting a wall in a Miami art district. A week later, CBC and VITAS hosted a 5K run/walk called "Steps for Healing," and in mid-December, CBC and VITAS hosted a candlelight memorial for grieving children and their families.

"Partnering with CBC made perfect sense for us, since we are experts in bereavement care," says VITAS Senior Vice President of Operations Mary Zalaznik. She adds that VITAS paid for its staff to be trained, licensed and certified under CBC's grief-support model.

"The children in the CBC groups that we facilitate aren't necessarily the children of VITAS patients, but we have seen the potential for our patients' family members to benefit from the CBC model," says Mary. "All of our staff members who are involved have seen and felt the difference it makes in the lives of the children and families. It's truly a magical and inspired partnership."

Children 'bloom'

Judy Weisenfeld, LCSW, a social worker in the VITAS Inpatient Unit at North Shore Medical Center in Miami, is one of those staff members. She facilitates a CBC group for children aged 5 to 10.

Judy explains that the CBC groups use hands-on activities such as games, drawing, painting, or creating memory books, to help the children process their grief. "And every session starts with a simple question like 'What is your favorite dessert? ... What was your loved one's favorite dessert?' to encourage discussion about their loss," she adds.

In the year since she has been facilitating a CBC group, "I've seen the children really grow," says Judy. "Often when they start out, the children are sad and withdrawn. But usually within a few sessions, they become confident and outgoing and just bloom."



VITAS Helps NHPCO Develop 'We Honor Veterans' Program

Chicagoland NW, Program 31—When VITAS Community Liaison Andy Balafas conducts a recognition ceremony for military veterans, he not only presents them with American flag lapel pins and Certificates of Appreciation for their service, he gives each recipient a salute.

"If someone can't get out of his or her wheelchair to stand up and salute, I kneel down, look them in the eye and salute," says Balafas, a U.S. Army veteran and Airborne Ranger who has worked at VITAS for about two years. "It seems to mean a lot to them to have that eye-to-eye contact, especially from a fellow veteran."

This small but meaningful gesture is just one of many Andy daily performs as a veterans liaison for the Chicagoland Northwest program. His efforts have helped his VITAS program achieve Partner Level Four status—the highest level possible—in the National Hospice and Palliative Care Organization's (NHPCO) "We Honor Veterans" program (www.wehonorveterans.org).

VITAS was instrumental in helping NHPCO develop "We Honor Veterans," which launched in October 2010 in collaboration with the Department of Veterans Affairs to promote awareness of and help address the unique needs of military veterans at the end of life.

Get with the program

Divided into four levels, "We Honor Veterans" starts with a written pledge to better understand and meet the end-of-life needs of veteran patients through staff development and community outreach.

Participants in "We Honor Veterans" advance through the four levels by achieving specific goals, such as presenting a certain number of staff and community educational programs, conducting a certain number of veteran recognition ceremonies, and forging partnerships with veterans-related organizations in one's community, such as the local chapter of the American Legion.

"We Honor Veterans" provides free tools and resources to help hospice providers meet their level goals, including: staff development resources; a military history checklist to identify veteran patients at admission; documenting veterans' stories; providing emotional and spiritual care to veterans; honoring veterans for their service; and helping veterans and their families access government benefits.

In Chicagoland Northwest, Andy went from making 15 presentations to VITAS staff and community organizations between Veterans Day and Pearl Harbor Remembrance Day of 2011 to making 40 presentations during the same time period in 2012. He is also active with many organizations that represent and/or serve veterans, and he helps VITAS clinicians with everything from visiting veteran patients at the bedside to organizing funerals for veterans.



VITAS Community Liaison Andy Balafas (right) of the Chicagoland Northwest program presents a Certificate of Appreciation to a World War II veteran during a recognition ceremony that he conducted at a retirement community in December of 2012. "Although this veteran needed some assistance to return my salute," recalls Andy.

Leading the way

VITAS had a strong veterans initiative in place several years before NHPCO conceived its "We Honor Veterans" program in response to needs identified by the Veterans' Administration (VA).

"VITAS was honored to participate with NHPCO, the VA and others in developing the 'We Honor Veterans' campaign," explains VITAS Senior Director of Corporate Services Thad Jaracz, a retired Lieutenant Colonel of the U.S. Army. "The men and women who served our country deserve the best care possible at the end of life. No matter who delivers that care, if VITAS helps to ensure that it is provided, then we have succeeded in our role as leaders in hospice care."

Today, more than 1,600 hospices across the country participate in "We Honor Veterans." At VITAS, 11 programs have achieved Partner Level Four status and another three programs are at Level Three.

As of today, 11 VITAS programs have achieved the highest partner level possible in the "We Honor Veterans" program.

Friends in High Places

The following VITAS programs have achieved Partner Level Four status in the National Hospice and Palliative Care Organization's (NHPCO) "We Honor Veterans" campaign:

- Atlanta Metro, Program 70
- Broward, Program 14
- Chicagoland NW, Program 31
- Cincinnati, Program 51
- Dade-Monroe, Program 11
- Dayton, Program 50

- Milwaukee, Program 39
- New Jersey North, Program 67
- Northern Virginia, Program 63
- Palm Beach, Program 16
- San Antonio, Program 29

The following VITAS programs have achieved Partner Level Three status in NHPCO's "We Honor Veterans" campaign:

- Chicagoland Central, Program 38
- Chicagoland South, Program 37
- San Francisco Bay, Program 98

Military Memory Bears 'Open Doors' Toward Healing

Brevard, Program 18—
When VITAS Volunteer Jerry Dixon is scheduled to visit a patient who is a military veteran, he doesn't leave the VITAS office without a Military Memory Bear in hand.



Jerry Dixon, a volunteer with VITAS in Brevard County, Florida, poses with an armload of Military Memory Bears, which program volunteers started making in early 2012. Jerry says the bears always elicit a smile and often help patients talk about their military experiences.

"I would never want to deliver a Certificate of Appreciation (for military service) without a bear," says Jerry, who has been a hospice volunteer since 1996 and a VITAS volunteer since 2002. "The certificates that we give are nice and the 'Thank You' cards are nice ... the patients always graciously accept these then set them down. But when I give my patients a bear, they get a big smile on their face and many times they say, 'You just made my day.'"

Volunteer Services Manager Susan Blakeslee explains that Volunteer Coordinator LuAnn Moyer came up with the Military Memory Bears idea in early 2012 when she spotted some patriotic fabric in a store. Made from such fabric, or from donated military uniforms, the bears are designed to represent each branch of the United States armed forces.

"We weren't sure how the bears would be received," says Susan. "We expected our female patients to like them, but we wondered about the men. It turns out our male volunteers and patients love them!"

LuAnn adds that the bears have brought yet another unexpected outcome. "Many of our volunteers have reported that when they give a patient a military bear, the patient opens up and talks about his/her military experience," which often isn't easy for military veterans, she says. "I think the bears help because they are something cuddly to hold and they are more personal than a piece of paper."

Jerry has his own theory as to why the stuffed critters make talking more "bear-able."

"By the time we see these folks, they've been through years of medical treatments and doctors and hospitals," he says. "The bears open a door and take the patients away from the stress they're feeling. They are just the best thing since ice cream!"

Dayton Wins First NHPCO Veteran Award

Dayton, Program 50—As part of its efforts to recognize the important work of caring for military veterans at the end of life, the National Hospice and Palliative Care Organization (NHPCO) recently presented its first Advancing End-of-life Care Access Award to VITAS in Dayton.

VITAS in Dayton started its veterans initiative almost four years ago. Among its many activities to support veterans are outreach services to local homeless veterans and a partnership with the Veterans Administration to provide support to drug- and alcohol-dependent veterans.

"It is critical for hospice providers to offer the specialized care that veterans need and to show appreciation for the sacrifices they made for our country," says VITAS General Manager Kim Vesey. "We are proud to serve Dayton's veterans and we are honored to be the first recipient of the NHPCO award."

Flying High in Ohio

Cincinnati, Program 51—In VITAS Community Liaison Carole Quackenbush's opinion, it "took way too long" for the Ohio Tuskegee Airmen to be recognized for their contributions to advancing civil rights. But when that recognition finally came, it was due in large part to her and VITAS' dedication to honoring these special war heroes.

In an early-October 2012 ceremony held at the Ohio Statehouse in Columbus, Ohio, the Ohio Tuskegee Airmen (TA) chapters in Cincinnati, Columbus and the North Coast were inducted into the Ohio Civil Rights Commission's Hall of Fame.

"Carole nominated the group for this recognition," explains VITAS General Manager Wendy Knight. She says Carole coordinated the entire effort, including drafting 20 letters of recommendation from such organizations as the Veterans Hospital, the Military Order of the Purple Hearts and the American Legion.

"Carole's work in veterans' affairs is tremendous," says Wendy. "She has truly been accepted into the TA community, becoming a member of the Cincinnati TA chapter's board



VITAS Community Liaison Carole Quackenbush poses with (from left) Vice President of the Cincinnati Chapter of the Tuskegee Airmen's 1st Central Postal Directory, T.A. 1st Lt. Adams, and President of the Cincinnati Chapter of the 1st Tuskegee Army Airfield, T.A. 1st Lt. Shaw, at the Ohio Statehouse in Columbus. At the TA organization's induction ceremony, Ohio Civil Rights Commission Hall of Fame

of directors and befriending the chapter's president, James Shaw."

Making their debut during World War II, the TAs were the first African American combat pilots in the U.S. Army Air Corps. In her letter of nomination to the Ohio civil rights commission, Carole wrote that the racial and segregationist treatment the TAs experienced while in the military as well as when they returned home "gave them every excuse to be vindictive, bitter and angry.

"However, these men are always quick to teach the importance of tolerance, acceptance, peace, equality and working together," she wrote. "They remained focused on the bigger picture of equal rights."

Field Notes & News

Dog Volunteers Have Their Day



VITAS Paw Pals® Volunteer Brenda Abbott and her dog, Charlie, try a stress-reducing acupressure technique demonstrated to them at a Paw Pals® retreat in Dayton. Volunteer Services Manager Gail Heath-Stokes organized the retreat to show her appreciation for the hard work of her two- and four-legged Paw Pals® volunteers.

Dayton, Program 50— Visiting patients as a VITAS volunteer can be fulfilling work but also mentally and emotionally stressful. Not immune to the stresses of tending to VITAS patients are our furry, four-legged friends, our VITAS Paw Pals® volunteers.

To show her appreciation for and to help reduce the stress of her “dogged” Paw Pals® volunteers, Dayton Volunteer Services Manager Gail Heath-Stokes recently organized a Paw Pals® retreat at a local obedience clubhouse. About 40 people and their dogs attended.

In addition to providing treats for both the dogs and their owners, Gail invited a veterinarian who specializes in natural medicine to demonstrate simple stress-management techniques, such as acupressure, aromatherapy and food and massage therapy, that dog owners can use at home to help their pets relax after a long day of volunteering.

“Many of my Paw Pals® volunteers have joked that if they could teach their dogs to drive, they wouldn’t even need to go on patient visits because their dogs do all the work,” says Gail.

“The dogs really pour their hearts into their work,” continues Gail, “especially when they sense that a patient is very ill or near the end of life and needs extra love and attention. If a patient is anxious or distressed, the dogs sense that and absorb that emotion and try to offer comfort. Patient care is hard work!”

VITAS Paw Pals® Volunteer Lori Genaw and her dog, Maggie, both enjoyed the retreat. “I thought it was very interesting and informative, and I appreciate that VITAS tries to educate us as well as show appreciation for us. And Maggie likes to be around people and other dogs, so she had a good time.”

An American Dream Comes True



VITAS Nurse Harriet Wade (left) and VITAS Inpatient Hospice Unit Team Manager Claudia Khan, RN, celebrate with VITAS patient Rosario C. moments after her last wish materializes—to become a U.S. citizen.

Dade-Monroe, Program 11—

It was VITAS patient Rosario C.’s last wish to become a U.S. citizen. VITAS Nurse Harriet Wade, RN, and the team at the VITAS Inpatient Hospice Unit (IPU) at Hialeah Hospital made it happen for the Cuban native.

For various reasons, the immigration process for Rosario, 51, who came to the United States five years prior, had dragged on for more than a year, growing ever-more complicated as she became terminally ill and missed her appointments at the immigration office to sign her paperwork and undergo her swearing-in. As she neared the end of life, “Rosario worried that something might happen and she might be sent back to Cuba,” recalls IPU Team Manager Claudia Khan.

Knowing time was precious for Rosario, Harriet stepped in to help. As a field “service recovery nurse,” Harriet helps different VITAS teams with patients and families’

extra-special needs and requests. Rosario was no exception.

For two months, as Rosario moved in and out of the IPU, Harriet visited the immigration office multiple times to talk to immigration officers. When Rosario’s case seemed to stall, she called a local Congressman for help. The Congressman’s office called immigration as well. Finally, the immigration office agreed to send two agents to the IPU to conduct Rosario’s swearing-in as a U.S. citizen.

“It was one of Rosario’s best days,” recalls Harriet. “She put on street clothes and makeup and she cracked jokes with her daughter and the IPU staff. She was chirpy.

“As soon as the swearing-in was done, Rosario got sick,” continues Harriet. “She had been hanging on by a thread just for the swearing-in. Becoming a U.S. citizen meant the world to Rosario. I’m glad we were able to make her dream come true.”

“Becoming a U.S. citizen meant the world to Rosario. I’m glad we were able to make her dream come true.”

—VITAS Nurse Harriet Wade, RN

A Room of Her Own

Inland Empire, Program 92—VITAS Team 929 “is always trying to come up with projects to help patients and families and to enhance our customer service,” says General Manager Cookie Doran. “They are always thinking outside the box.” And recently, the team outdid itself.

In a project that worked as both a customer-service enhancement and a team-building exercise, Team 929 furnished and redecorated the bedroom of 29-year-old Keisha L., who, with her 9-year-old daughter, had to move into a friend’s home when she became terminally ill because she could not take care of herself.

“The room was kind of drab, and Keisha had no furnishings, except a hospital bed and medical equipment and supplies,” says Team Manager April Lilly-Topachikyan.

The room needed a facelift, and April’s team, which at the time was feeling a bit stressed due to increased responsibilities, needed a lift as well. Decorating and furnishing Keisha’s room was the perfect solution to both problems.



At left, VITAS patient Keisha L. thanks VITAS Social Worker Tammy Shewell (left) and Case Manager Belinda Witham, RN (right) for her cheerful new room. Above, VITAS Team 929 of the Inland Empire program decorated Keisha’s room in her favorite colors, transforming the room from drab to “fab.”

Team 929 pulled together to buy a bedspread, throw pillows, curtains, a lamp, assorted picture frames and several other accessories to make Keisha’s room more comfortable and inviting. They also fixed up an old dresser that a team member donated, and in a single weekend, Case Manager Belinda Witham, RN, and Social Worker Tammy Shewell, MSW, painted Keisha’s room in one of her favorite colors, lavender. The room was finished in time for Keisha’s birthday.

“She was so happy, she cried,” says April. “Any time people come together to accomplish a goal, they grow closer, and that’s what happened with our team.”

A Thread of Life Connects Us All

By Diane How, VITAS Volunteer, St. Louis, Missouri

Since retiring, I’ve often indulged in one of my favorite past-times—writing. Still, I yearned to get involved with an organization that would give me a sense of purpose. As I skimmed a list of volunteer opportunities in my local newspaper, two words caught my eye: Story Keepers.* I paused to read more.

The opportunity to “capture the meaningful moments of a patient’s life” intrigued me; yet, the thought of volunteering with a hospice organization concerned me. The emotional pain of watching my mother die a slow, difficult death from Alzheimer’s still weighed heavily on my heart.

A week later, I called Angela O’Hara, the volunteer services manager at VITAS in St. Louis, to learn more. Angie explained that Story Keepers involves making an audio recording of a patient’s life. Although it did not involve writing in the capacity I had hoped, the thought of helping someone document his/her life compelled me to sign up. Soon, I received my first patient assignment. Angie and I met the patient and his wife at their home. After brief introductions, we settled in to start the interview.

The interview took an unusual turn when the patient told me the name of the school he attended. I told him I knew the school, as I had attended a school in a bordering



neighborhood. The patient’s wife then remarked that she also attended my school. She asked me if I was the daughter of Dorothy Hootselle (my mother). She said she could see the resemblance when I first arrived, but could not place who I looked like.

We soon discovered the patient’s wife was my grandmother’s niece, and she grew up two blocks from my childhood home. Both she and her husband knew my family intimately and shared stories that I never would have heard had it not been for my visit. The patient’s wife even shared that my grandfather had saved her when she nearly drowned in a river.

The emotional journey over the next hours was overwhelming and rewarding. The wonderful stories about my mother and her parents brought such joy to my heart. I felt like I was given a gift that I would treasure for life.

Over the next few visits, I recorded many heartwarming stories, which I compiled onto an audio CD for the couple to give to their children and grandchildren. I presented the CD to the patient on his and his wife’s 65th anniversary. The smiles on their faces spoke volumes.

Being a VITAS Story Keeper has provided me with an opportunity to influence the life of another. The unexpected bonus of meeting two people who filled a void in my life made the experience astonishing. It is another example of how there is a thread of life that connects us all.

* VITAS now refers to the Story Keeper process as Life Review. You can find Life Review materials on the VITAS i-net, by clicking on “Learning Resources”; then go to “Volunteer Services,” then “Specialty Volunteers,” then “Life Review Volunteers.”

Field Notes & News

A Pack on the Back for Haitian Children

Dade-Monroe, Program 11—With the help of the VITAS Dade-Monroe program in Florida, school children in Haiti received brand-new backpacks from the Haitian American Nurses Association (HANA) for the start of the school year in 2012.

Active with HANA for many years, VITAS donated money toward the purchase of the backpacks. “We feel a strong bond with Haiti because so many of our employees are Haitian,” says Senior General Manager Maureen Knips. “When we look at the abundance that we have here in the United States, and we see images of the people in Haiti, some of whom still live in tents after the earthquake three years ago, it makes us realize that we have so much, we should be able to offer assistance.”



Promoting ‘Quality of Life’ as We Age

Broward, Program 14—

There is a saying that aging is not for sissies. “And it’s true!” remarks Laura Durant, LCSW, a VITAS “bereavement specialist” in Broward County, Florida. Because of this, Laura offers help and support to the aging population in her community.

As her program’s only bereavement specialist—her position was created in October of 2011—Laura, who previously worked as a VITAS team social worker, leads 13 “grief support” groups at 13 independent and assisted living communities. But her groups don’t necessarily focus on grief after the death of a loved one. Instead, her “Coping with Life’s Changes” groups focus on “healthy aging and learning to redefine oneself and one’s outlook on life as the little, gradual losses that many of us experience as we age, such as the loss of hearing, sight or mobility, take place and whittle away at our independence,” she says.

“Physical, emotional and personal losses abound in the aging population,” continues Laura. “It’s all a grieving process that ‘outsiders,’ such as family, don’t always understand. In this outreach program, we normalize the emotional responses to these changes in life by sharing laughs and tears over them and providing support. We try to help people move forward and enjoy life, despite these setbacks.”

Laura’s groups also work on “reframing” their losses in a more positive light. For instance, if a group participant has had to start using a walker for the first time in her life, she might resent it and experience grief.



“Physical, emotional and personal losses abound in the aging population. We try to help people move forward and enjoy life, despite their setbacks.”

—VITAS Bereavement Specialist Laura Durant

VITAS Bereavement Specialist Laura Durant, LCSW, creates, according to VITAS’ motto, “Quality of Life as We Age,” groups in a Broward County, Florida, senior living community. The group includes people who’ve recently experienced grief from the inability to prevent a loss that occurred in life or aging, such as the loss of hearing or mobility. Ultimately, says Durant, they focus on “reframing” their losses into positive feelings and celebrating what they have.

“I would help her focus on what she still has,” says Laura. “We would talk about what led to her having to use a walker—for example, she fell—then help her see the positives of her situation, such as, she won’t fall again because she has something to hold on to, she’s mobile, and, if she looks around, she sees she’s not alone—a lot of people use walkers!”

Laura’s group participants, which typically number anywhere from 12 to 20, have told her they look forward to their weekly or bi-weekly meetings. “They say the first thing they do when they get their monthly calendar is circle the days that we are getting together,” she says.

Having a person like Laura in place “helps to build trust in the community,” notes VITAS General Manager Susan Acocella. “As people start to decline, they know they can turn to Laura and to VITAS for help and guidance.”

VITAS’ philosophy is “Quality of life at the end of life.” Through these support groups, adds Laura, “we have tweaked that philosophy a bit to ‘quality of life as you age.’ The message we are sending is, ‘VITAS understands that loss can come in many different forms and we are here to help.’”

Accolades Awards & Achievements

VITAS Nurse Named Top in Profession



Don Dolan, RN

Broward, Program 14—Team Manager Don Dolan, RN, who manages the VITAS Inpatient Unit at Florida Medical Center in Broward County, Florida, was recently named by *Nurse.com* as a 2012 winner in the Florida Nursing Excellence Awards.

Born with “a servant’s heart,” Don grew up in a family of 12 where everyone helped out daily, and he carried that tradition with him to VITAS. Two years ago, Don helped a woman who, though dying of cancer, was living in the hospital parking lot with her daughter and dog. Don arranged for all of them to stay in the IPU. After the woman died peacefully three days later, Don contacted a clinic to help the daughter with care and housing.

Over the years, Don has collected wheelchairs, beds and other medical equipment and supplies for Hope Hospice in Jamaica, and he has collected more than 10,000 pairs of eyeglasses for the University of Miami Lion Eye Bank.

Congratulations, Don!



Eva Pagan-Hill

An ‘Estrella’ is Born

Central Florida, Program 17—Bereavement Services Manager Eva Pagan-Hill recently received the “Estrella” (Star) Award presented by the Kissimmee/Osceola Hispanic Business Council and the Hispanic Chamber of Commerce of Metro Orlando.

The Estrella Award is given to someone who has contributed to the growth and enrichment of Hispanics in Central Florida through the arts and culture, community outreach, business, government, education and/or economic development. Eva was selected for her award for founding the “Working Together/Trabajando Juntos Coalition” in 2000. She is president of the coalition.

Eva started the coalition when she worked at a center for drug-free living in Orlando. “The coalition was born out of a need to find out what social-service, healthcare, government and other agencies and resources were available in the community,” she explains. “It started out as a small network of professionals. Today, our email base is more than 500.”

VITAS has been involved with the coalition for many years, having hosted many meetings, including one about dispelling hospice myths and one about caring for veterans at the end of life. *You are an “estrella,” Eva!*

(Clockwise from left) VITAS Chaplain Phil Fitchell, VITAS General Manager Kim Wicks of VITAS of Dayton, Ohio; VITAS Bereavement Services Manager Eva Pagan-Hill; VITAS Volunteer Kim Branger; VITAS Director Luis Gaylor and VITAS Volunteer Services Manager Gail Stuber at the Midwest Care Alliance MD. A special program was held inside a plaque recognizing the eight volunteer leaders on the MD. A board of directors. This holds the National Care Star Award for VITAS Bereavement Services program, which was recognized for its caring, committed bereavement support professionals committed to the best care through their ongoing participation of the team. It recognizes the bereavement services department in monthly and VITAS patients receive in assisting bereavement. Allowing the help for those patients who do not have regular family support. The cap.



Promotions & Appointments—3rd and 4th Quarters of 2012

Patrick Hale appointed Senior Vice President and Chief Information Officer, Corporate.

Nick Westfall appointed Senior Vice President of Operations, Corporate

Jennifer Ocana promoted to Assistant Vice President, Corporate

Irena Ronin, MBA, promoted to Accounting Manager of Hospice Programs, Corporate

Jacqueline Figueiro promoted to Accounting Supervisor, Financial Reporting, Corporate

Theresa Bacchuber promoted to Senior General Manager, Waterbury, Connecticut

Beatriz “Betty” Bel, RN, MHS, promoted to Senior General Manager, Dade-Monroe, Florida

Jennifer Nygaard promoted to Senior General Manager, Central Florida

Norene Scheck promoted to Senior General Manager, Chicagoland South

Gerald Barone appointed Director of Market Development, Cincinnati, Ohio

Concepcion “Conchita” T. Bas promoted to Director of Market Development, Dade-Monroe, Florida

Joseph Cummings appointed Director of Market Development, Washington, D.C.

Rita Dubois appointed Director of Market Development, SE Michigan

Patricia V. Osterheld appointed Director of Market Development, Chicagoland Central

Derrick Pollock appointed Director of Market Development, San Diego

Philip Slotin appointed Director of Market Development, Jacksonville, Florida

Luis Fernando Anez, MD, promoted to Medical Director, Jacksonville, Florida

Gregory Gramelspacher, MD, appointed Medical Director, Indianapolis

Alfred Hernandez, MD, appointed Medical Director, Houston, Texas

Christopher Labonte, MD, appointed Medical Director, St. Louis, Missouri

Matthew Mazur, DO, appointed to Medical Director, NW Indiana

Paul Pugliese, MD, promoted to Medical Director, Dade-Monroe, Florida

Lawrence E. Dorf, MD, promoted to Associate Medical Director, Collier County, Florida

Edie Beroldi, RN, promoted to Senior Patient Care Administrator, Broward County, Florida

Susan Bentley, RN, BSN, promoted to Patient Care Administrator, Cincinnati

Kathleen Kashow, RN, promoted to Patient Care Administrator, Brevard County, Florida

Jacqueline Bennett King, RN, BSN, promoted to Patient Care Administrator, Jacksonville, Florida

Shirley Lewis, RN, MSN, appointed Patient Care Administrator, Northern Virginia

Debra Oakes, RN, BSN, appointed Patient Care Administrator, New Jersey North

Sherilyn Oliver, RN, MSN, appointed Patient Care Administrator, Houston, Texas

Judith A. Tadros, RN, promoted to Patient Care Administrator, Brevard County, Florida

Pat Tully, RN, MSN, promoted to Patient Care Administrator, Orange County, California

Maria Vega, RN, promoted to Patient Care Administrator, Collier County, Florida

Sandra Vish, RN, BHS promoted to Patient Care Administrator, San Diego

Noelle Halterman, MSW, promoted to Senior Director of Customer Service, West Coast Region Admissions Call Center

Lilliann Osborne promoted to Director of Customer Service, West Coast Region Admissions Call Center

VITAS Rallies during 'Superstorm' Sandy

—Continued from page 1

Before the storm

From Pennsylvania to Connecticut, VITAS programs did as much as possible before Sandy hit to make sure patients and families were secure.

The VITAS programs in Connecticut had several conference calls among them, "to coordinate evacuations for patients in low-lying areas, such as along the coast, and to make sure patients had at least an extra week's worth of medicine, equipment and supplies," explains Waterbury Senior General Manager Theresa Bachhuber.

In Connecticut and elsewhere, patients who had to be relocated went to VITAS inpatient units or to contract beds at hospitals, nursing homes and other partner facilities. In Philadelphia, as well as at other VITAS programs, the inpatient unit teams "obtained extra linens, supplies and food ... and several IPU staff members slept at the units to ensure consistent patient care," says General Manager Suzanne Burgos.

VITAS Vice President of Operations Rosemary Baughn says VITAS HME Solutions helped, too, "getting out on the roads with equipment and supplies and locating extra oxygen tanks when needed."

After the storm

Although the Fairfield, Connecticut, program was without power for six days after Sandy hit, "we maintained office operations, thanks to the Waterbury office, which housed our staff ... and our field staff worked non-stop, checking on patients to make sure they were safe," says General Manager Laurie St. John.

"I am so proud of our staff," continues Laurie. "One of our contract facilities even commented on the leadership of VITAS and said no other provider had shown that kind of commitment to patients."

Hardest-hit among VITAS' programs were New Jersey Shore and New Jersey North. At the New Jersey Shore program, about 25 percent of patients had to be evacuated from their homes, while many more VITAS patients, employees



VITAS Vice President of Operations Rosemary Baughn drove slowly with her headlights on to bring several cans of gas to New Jersey North General Manager Wendy Rogers, who then drove to South New Jersey to get more to fill the cars for her employees because their own gas stations were closed. "Even when the gas tanks had been damaged and their electricity ran out, I really wanted to make sure my patients and the employees had fuel," says Wendy.

and the VITAS office were without electricity, heat or phone service for a week or more, says Rosemary.

"Some people's home phones were working, so they made calls from there," explains Rosemary, "and some staff used the phones and computers in the New Jersey West office."

When roads were impassable due to fallen trees, wires and debris, "staff got out and walked, with flashlights, to see patients and families," says Rosemary. She adds that the Telecare Call Centers helped a great deal. "They called our patients every day until they got an answer, so we could get a track on everyone," she says.

Overall, Sandy completely displaced two New Jersey Shore patients, who moved into facilities or with family. And while eight VITAS employees from New Jersey Shore and one from New Jersey North lost their homes due to storm damage or flooding, all of them found alternate housing, explains Rosemary.

In all cases in which Sandy displaced VITAS employees, VITAS provided grant money to help them find shelter and to replace some of the items they lost, such as warm clothing, says Rosemary.

"The programs are bouncing back," says Rosemary. "We're doing everything we can to get everyone, including patients and staff, back on their feet."

Cross-Country Aid

As word spread that VITAS patients and families and fellow employees in New Jersey and other East Coast programs were without power and heat—or, in some cases, lost their homes—after Superstorm Sandy, VITAS programs from coast to coast mobilized to help.

Fort Worth, Program 24—

Continuous Care Manager Anissa Gonzalez issued an all-staff request for donations of blankets and quilts for patients and families. Within 24 hours, Anissa had enough blankets to fill three big boxes, which she sent to the New Jersey North program. "It's all part of 'We take care of each other,'" says Anissa.

Coastal Cities, Program 94—

Performance Improvement Specialist Pamela Weber collected winter outerwear from her colleagues, which she shipped in three boxes to the New Jersey Shore program. She also sent several fleece blankets and socks. "It dawned on us that, because the New Jersey programs are coastal, this kind of devastation could have been us. This is us! It's VITAS!" exclaims Pam.



VITAS Financial Services specialist Anissa Gonzalez issued a request for blankets and quilts to help VITAS employees in the storm. She had three boxes of blankets and quilts sent to the New Jersey North program. "It's all part of 'We take care of each other,'" says Anissa.

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Send stories or ideas to Vital.Signs@vitas.com

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