



HDH News & Notes

5th Anniversary Celebration BBQ



and Cheryl of KLAD radio did a great job of explaining hospice care and interviewing staff. There was a coloring contest for the kids and all were winners of McDonald's "credit cards". For the adults, there was a drawing for a \$50 Visa card and a one-hour massage. But mainly there was a lot of conversation, some laughter, warm hugs and a few tears as we reminisced.

We called this an anniversary celebration, but it wasn't just a celebration of our agency; it was a celebration of the many people we have had the privilege to walk with on this very personal journey.

Even the bad weather couldn't stop our determination to celebrate our five years of service to the community. Our barbecue grills were moved under the awning and we moved indoors to eat and visit. The attendance exceeded our expectations. After a delicious meal of tri-tip, potatoes, beans, salad and rolls, we cut into the beautiful raspberry-poppysseed cake that our own master baker and cake decorator, Jan, made for this special occasion.

Our massage therapist, Debbie Burnett, set up her massage chair and gave 10 minute massages which many people tried and loved. Cory



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Do I Really Need Hospice???

At some point, a person with a life-limiting illness will hear about hospice care and wonder if he/she will need these services. What everyone should know about hospice care is that it is a choice. In fact, all of hospice care is about choices.

To make good choices, you have to have good information. Talking with your physician is the best way to get the information you need to make choices about your care.

Here are some things you might want to think about and discuss:

- What do I understand about my illness?
- What do I think is going to happen in the next few months or year?
- What are my treatment options?
 - What is the length and invasiveness of the treatment?
 - What is the chance of success?
 - What is the goal of the treatment?
 - Will it add time to my life?
 - How will it affect the quality of my life?
- What is my overall prognosis?
 - How long might I live with the treatment?
 - How long might I live without the treatment?
- What will my quality of life be after the treatment?

Always be honest with your doctor about how you feel. He/she can't help you if they don't know how you really feel. Your physician may only see you for a short period of time and depends on you to provide an accurate history and description of your symptoms.

Other things to consider when you have a life-limiting illness are:

- Who is going to care for me and will they know how to care for me when my care needs increase?
- Who will we call if I have increasing pain in the middle of the night? If we can't reach the doctor or can't get medicine, will I have to go the emergency room?
- Where do I want to spend my last days – at home or in the hospital?
- Will my family think I'm giving up if I choose hospice care?
- Who will help my family, even after I am gone?

There are many things to consider when making decisions at the end-of-life. Knowing your options, including hospice care, can take a burden off you and your loved ones. So maybe the time to learn about hospice care is before you or a loved one needs to make end-of-life decisions. If you would like to know more, please call us at (541) 882-1636 or visit our website at www.hdhweb.com.

Our Mission Statement

Our mission is to provide superior and compassionate care to our patients and their loved ones, so that they may complete their journey on this earth in comfort, dignity and harmony.



"Our Care speaks for itself"

What Does A Social Worker Do?

The social worker is an integral part of the interdisciplinary team that cares for the patient and the family. Services to the patient and family include:

- identifying where each patient and family member are emotionally and strengthening the patient's and family's coping skills;
- connecting the patient, family and caregiver with community resources as needed;
- reporting abuse and neglect;
- assisting patients and families in making health care decisions and goals of care;
- ensuring the patient's end-of-life wishes are documented and known by assisting with advanced directives and POLST forms;
- assisting with insurance, Medicare, and other paperwork;
- assisting with funeral planning;
- maintaining the dignity of the dying patient.



Because we are a small, family-owned business, our social workers can be called upon to help in ways that aren't necessarily covered in a social worker job description. For example, a social worker delivered food and firewood via snowmobile to a patient's home in Sprague River, helped a patient and family get a grant to buy them a refrigerator when their old one could not be repaired, built a wheelchair ramp for a family that wanted to be able to let mom enjoy the outdoors.

But sometimes, the most important thing a social worker can do is just be the person who sits and listens and lets you know you are not alone.

Meet Our Social Workers

Bob Mabou

Bob has lived in the Klamath Falls community for over 25 years and has been involved in numerous community activities and volunteer programs over the past 12 years. His work with High Desert Hospice has provided a unique opportunity to work with a team of professionals that are dedicated to providing comfort, dignity and respect for those at the end of their life. It is Bob's goal to advocate for and assist in meeting the needs of the terminally ill and their caregivers, and to offer support and understanding to those who have experienced the death of a loved one.



Dick Noonan

Dick Noonan is a Licensed Clinical Social Worker and has been in the field of social work since 1972. He moved to Klamath Falls in 2007 from Maine with his wife, Kathleen, who also is a patient/family volunteer for High Desert Hospice. In addition to working at High Desert Hospice, Dick has a private practice here in town.



Patient Comments

"I wish to express my deepest gratitude to the people of High Desert Hospice for their kind and generous support during my wife's last days. It is no wonder that she expressed herself as being very lucky".

"Our staff thanks you very much for all the love and care you give our residents. Your smile is warmth in our hearts".

"Thank you from the bottom of our hearts for jumping in and helping us to give him a comfortable end to his journey".

Bringing the Doctors to the Patient

We are fortunate to have two caring, compassionate and dedicated physicians who still make house calls to our patients when needed. A few months ago, Dr. Suarez visited a patient who had some skin breakdown and a severe wound. She called wound care specialist, Dr. Cheryl M. Bongiovanni, to see if she could give us some advice. Dr. Bongiovanni has been visiting and consulting with High Desert Hospice since then.

Dr. Bongiovanni donates her time to High Desert Hospice and our patients. Here is what she says about working with hospice patients:

"I have been in healthcare, more specifically in vascular disease diagnosis and wound care, for nearly 40 years. For me, hospice care seemed alien since I could not expect to heal wounds or obtain timely intervention for

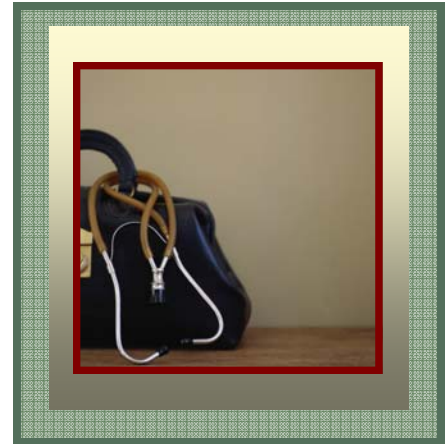
vascular problems. However, the degree of relief experienced by hospice patients and caused by my ability to reduce the pain of chronic worsening wounds and the restoration of dignity is more than enough compensation for my efforts. I am always amazed by the courage and compassion of the High Desert Hospice nurses and staff members. I am proud to be a very small part of the hospice effort."

Dr. Bongiovanni graduated from the New Jersey University of Medicine and Dentistry with a doctorate in cardiovascular physiology.

Since that time, Dr. Bongiovanni has worked in the fields of extrarenal organ transplantation, vascular surgery, noninvasive diagnosis of vascular diseases and, most recently, chronic wound care. She is the author of 15 books, over 100 reviewed papers and

countless presentations.

Dr. Bongiovanni is currently the director of vascular laboratories and wound clinics for Lake District Hospital.



Evaluating Our Care

If you have had a loved one that we have cared for, you probably have received a survey form asking you about the care you received from High Desert Hospice. This form, the Family Evaluation of Hospice Care, was designed by the National Hospice and Palliative Care Organization (NHPCO) and hospices all over the nation use them to determine how they are doing and what they can do better. The information from the

surveys are submitted to the NHPCO and at the end of each quarter we receive a report on how we did and how we compare to other hospices in Oregon and across the entire United States.

We use the data from this 30 page report for our Quality Assessment and Performance Improvement Program (QAPI) to review areas where we can improve our care and to identify Performance Improvement Projects (PIPs) for

our staff. It is a lot of data to review, but there are certain areas, we immediately look at for an instant read of how we are doing:

- Would you recommend hospice to others? Yes – 100% of the time
- Patient treated with respect? Always – 100% of the time

In future issues, we will share more information on our QAPI program.

Have you considered **volunteering?**

- You can make a positive difference
- It looks really good on your resume
- It brings you a whole new circle of friends
- It just feels good
- Volunteering makes life more interesting

For information give Karen a call at 541-882-1636

Good Grief Support Group

You do not have to grieve alone. This is open to the community, not just hospice patient families. The High Desert Hospice Support group meets weekly (except holidays) on Wednesdays, 5:30 pm to 7:00 pm in the Club House of the Alpine Meadows Mobile Park, 4200 Summers Lane, Klamath Falls. For information a call 541-882-1636

Notary Services

After trying to find a notary who would make home visits, we decided to offer notary services to our patients and families when needed. We now have two staff members who will notarize documents at no charge to our family members.

High Desert Hospice
2894 Greensprings Dr
Klamath Falls, OR 97601
541-882-1636

Thank You To Our
Sponsors:

- o Davenport's Chapel of
the Good Shepherd
541-883-3458

- o O'Hair & Riggs Funeral
Home
541-884-3456

- o Shasta Litho
541-883-3010

Sacred Art of Living & Dying

Chaplain Karen Little just completed the last 4 units of the Sacred Art of Living & Dying Education Series. Each unit is two days of intensive teaching on Spiritual Pain – Understanding Spiritual Pain, Diagnosing Spiritual Pain, Responding to Spiritual Pain, and Transforming Spiritual Pain. These classes are taught by the highly qualified personnel of the Sacred Art of Living & Dying Center in Bend, Oregon. Chaplain Karen said, “We are so blessed to have the opportunity to attend such a great program so close to home. Both the teachers and the participants have a great deal to offer.”

Book Review – *The Nature of Suffering and Opportunity at the End of Life*

By Dr. Ira Byock

Just like there are physical tasks for end-of-life, there are emotional/spiritual tasks for the end-of-life.

While we cannot do the physical tasks early we can start the emotional/spiritual tasks as soon as possible. Dr. Ira Byock, in his book *The Nature of Suffering and Opportunity at the End of Life* has named ten developmental tasks which need to be completed in our lifetimes. These tasks are: A sense of completion with worldly affairs; A sense of completion in relationships with community; A sense of meaning about one's life; An ability to experience self-love; An ability to experience the love of others; A sense of completion in relationships with family and friends; Acceptance of the finality of one's life and existence as an individual; A sense of new and transformed self; A general sense of life's purpose and meaning; A willingness to surrender to the transcendent, to embrace the unknown, and to “let go”.

When I first started college, I had a professor who kept saying to his class of eighteen year old,

“You need to start to figure out what you are going to do for retirement now.” It seemed strange then since most of us had forty years of work before retirement. I understand this much better now forty years later. What that wise teacher was saying is: It is never too early to begin planning but it can get to be too late really quickly. The same wisdom applies to being ready emotionally/spiritually for the end-of-life tasks. Wouldn't it ease our life if we could get an early handle on the ability to experience the love of others or a sense of meaning for one's life? Don't wait until the doctor reminds you that you are not immortal. All I'm saying is: It is never too early to begin these tasks, but it can get to be too late really quickly.

Karen Little, Chaplain

~Call to Volunteer
(541) 882-1636~

