



Coastal
Hospice

May/June 2017

Volunteer News

OUR VALUES: AFFIRMING LIFE - RESPECT - COMPASSION - TRUST - COMMITMENT - QUALITY



President Alane Capen and retired Judge Newton Jackson present the Heart of Hospice Award to volunteers Carolyn Jenkins and Jennifer Hawkins

We celebrate your dedicated service during National Volunteer Week

Volunteers gathered for brunch at The River Church in Berlin and the Philmore Commons conference room in Salisbury during National Volunteer Week (April 24 to 28) to accept thanks for all they do to support hospice. Over the past year, volunteers in all roles contributed 13,961 hours! All volunteers received gifts of appreciation, and some were recognized for extraordinary service.

The Heart of Hospice Award is named for one of Coastal Hospice's founders and most beloved volunteers, Jean Camie Jackson. Every year, we select two volunteers to receive this award for their dedication and service to hospice and its mission of offering quality care to patients and their families. Before presenting the awards, Alane Capen, president of Coastal Hospice, thanked the volunteers for their outstanding service.

Alane introduced retired Circuit Court Judge W. Newton Jackson, III, who described his mother's dedication to Coastal Hospice and what it meant to her. Alane presented the Jean Camie Jackson Award to Carolyn Jenkins, patient support volunteer, and Jennifer Hawkins, patient care volunteer.

You Make a Difference certificate award recipients included Mickey Ashby, Gerry Martin, Walter McCabe, Anna Jarvis, and Pat Westcott.

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The Berlin volunteer brunch



The Salisbury volunteer brunch

Meet our new volunteers

On Wednesday, April 5, six new volunteers spent the day learning about Coastal Hospice and the many roles volunteers fill, as well as the impact of a patient's illness on the family and the need for volunteer boundaries and self-care.

The classroom training for volunteers is supplemented by online learning to successfully meet the learning objectives of the 13 topics required by the State of Maryland for patient care volunteers.

These volunteers will soon be making a big difference in the lives of our hospice patients and their families. Welcome!



*Above left to right: Pam Ferinde, Kerry Burns, Bob Waltersdorff
Below left to right: Barbara Morris, Kelly-Anne Grammes, Maggie Miller*



Are you compliant? HIPAA, social media and electronic communication

The use of social media offers an opportunity to share your volunteer experience with others. At the same time, provisions of the Health Information Portability and Accountability Act of 1996 (better known as HIPAA) may be triggered.

To avoid violations using social media, a review of HIPAA policies may be helpful. For example, never post or comment about patients by text or photographs, and do not use unsecure devices. Even posting information about an unnamed patient's diagnosis along with the patient's cultural membership, for example, could be a breach if the patient is known in the community. Posting information about past patients or even "liking" posts about them could be a HIPAA violation. Privacy settings on social media do not provide adequate protections and, even if health information is deleted, it can still be accessed.

Likewise, care in transmitting protected health information is essential. Secure transmissions can be completed using an approved network email system or an electronic health record program. Personal email, texts, online learning forums and social media posts (e.g., Facebook, Instagram, Twitter) are not secure. **If you have any questions, please call our office at 410-543-2590.**

It's Christmas every day for Thrift Shop volunteer

Anna Jarvis, volunteer at the Coastal Hospice Thrift Shop in Berlin, feels like it's Christmas morning every time she works. "My favorite thing is housewares," she said. "Housewares is like Christmas. You're unpacking something every single day."

Anna began volunteering not long after the Thrift Shop opened its doors five years ago. "Everybody said it's such a beautiful shop, which it is," she said. "I stopped by to check it out and asked the manager about volunteering. She was very friendly and welcoming. And I wanted to stay local, help a local cause."

Knowing the money the Thrift Shop raises is going to a local nonprofit — Coastal Hospice at the Ocean, a new hospice residence — makes the volunteer work feel important. In the five years since it opened, the Thrift Shop has contributed more than \$500,000 toward the project.

Anna volunteers four to five hours a week at the Thrift Shop, but also takes sewing home, sometimes working 16-20 hours a week. She repairs donated clothing so everything is in good condition when it hits the racks.

Debbie Huntzberry, assistant manager at the Thrift Shop, says the work Anna does contributes significantly to the success of the shop and especially the much-anticipated boutique sales.

"Anna has been instrumental in repairing boutique pieces that need it," Debbie said. "She has taken home four to five bags of clothing at a time, and returned them the very next day all done. Then she handles the housewares, too. Anna is amazing."

Anna makes all her repairs by hand, a skill she learned growing up in Germany. Anna, 81, was born in Munich and came to the Shore in 1953 after marrying an American soldier. Her husband of 63 years, Wardie J. Jarvis, Jr., 85, is infamous for being the last living male born at home in downtown Ocean City.

The camaraderie among the Thrift Shop volunteers and staff is also inspiring to Anna.

"I can't say enough about all the ladies and men who work here," she said. "Everybody says hello. I don't always know all their names, but that's why we wear aprons with our name tags. I love the little get-togethers we have, like the picnics, because you get to meet everybody. It's such a great place to work. Everybody is really super friendly. It's like a family; you have another family. Everybody gets along. And we're appreciated. The managers, Dave (Trax) and Kevin (Ireland), always have something nice to say about us."

The flexibility at the Thrift Shop makes volunteering there very convenient, Anna thinks.

"They ask you if you want to work the register or in clothing," she said. "They let us do whatever interests us the most for as many hours as you want. It's very flexible. You can come when you feel well enough to do it. Everybody does a little bit of everything. The Thrift Shop recently expanded. Now we have a nice break room, plus a workshop area and a separate warehouse. Everyone has room to do their work."

Anna encourages others in the community to join her in volunteering.

"It's such a nice thing to do to volunteer, very satisfying," she said. "I have a good feeling when I leave here that I've done a job that is good for people, that helps people on the Eastern Shore. You get a really great feeling out of volunteering. And it's a lot of fun."

"Everybody who is capable of doing something should. It would make them feel really, really good."



Anna Jarvis at work



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Volunteer News Editor: Sally Rankin



Coastal Hospice, Inc., does not exclude people or treat them differently because of race, color, national origin, age, disability, sex.

See Coastal Hospice's brand new website at www.CoastalHospice.org!
 We are looking for stories about volunteering, so please share your most memorable experiences with us!

Calendar of Events

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| <p>May 19 Introduction to Coastal Hospice
 10 a.m. to 4 p.m.
 Ocean Pines Library, Berlin</p> <p>May 23 Salisbury Chew & Chat on Admitting Hospice Diagnoses
 Noon - 1:30 p.m. Philmore Commons
 <i>Bring a friend and learn more about the most frequent diagnoses of patients admitted to hospice</i></p> <p>May 29 Holiday and office closed</p> <p>June 27 Berlin Chew & Chat on Admitting Hospice Diagnoses
 Noon - 1:30 p.m. CHO
 <i>Bring a friend and learn more about the most frequent diagnoses of patients admitted to hospice</i></p> | <p>July 4 Holiday and office closed</p> <p>July 25 Salisbury Chew & Chat on Safety Issues for Volunteering
 Noon - 1:30 p.m. Philmore Commons
 <i>Bring a friend and learn more about the most frequent diagnoses of patients admitted to hospice</i></p> <p>August 22 Berlin Chew & Chat on Safety Issues for Volunteering
 Noon - 1:30 p.m. CHO
 <i>Bring a friend and learn more about the most frequent diagnoses of patients admitted to hospice</i></p> <p>September 26 Salisbury Chew & Chat on Veteran Issues at End of Life
 Noon - 1:30 p.m. Philmore Commons
 <i>Learn more about the issues and medical problems affecting veterans at the end of life.</i></p> |
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Advance Care Planning

(adapted from presentations by Coastal Hospice Chaplain, Arnold Bienstock)

Coastal Hospice & Palliative Care recently undertook a new community initiative aligning with the focal point of the medical profession today and in the future – advance care planning. To prepare for this undertaking, Coastal Hospice sent a team to LaCrosse, Wisconsin (population about 60,000) to learn from Gunderson Health how they were able to get 98% of their community to engage in advance care planning – a phenomenal accomplishment. By comparison, about 30% of the Salisbury area community has participated in advance care planning. Gunderson Health copyrighted their approach, and the Coastal Hospice team returned with training materials for the benefit of our local community.

The Coastal Hospice team learned that most hospital visits occur in the last year of life (six to seven trips to the emergency room). Doctors do not want to receive that kind of care at end of life and neither do their patients. Studies show that people live longer in hospice care than going back and forth to the emergency room. Aggressive medical interventions are not necessarily effective at the end of life.

The Gunderson Health approach to advance care planning has three steps based on extensive research including advance care planning issues affecting populations as diverse as Singapore, Australia and teenagers with AIDS in the inner city of the District of Columbia. The first step is conversation when the individual is in good health. The second step is when the individual is living with a chronic condition. The last step is when the individual is eligible for hospice care.

“I have a healthcare directive not because I have a serious illness, but because I have a family.”

-Dr. Ira Byock



Individuals who are young and in good health are better able to make rational decisions regarding their future medical care. The goal is to start the conversation with a 20-year-old whose view is objective and not influenced by stress from an emotional situation regarding health.

There are a significant number of hospice patients who want CPR when the facts and statistics about its effectiveness may cast doubt on that choice. CPR and other aggressive measures are highly unlikely to resurrect hospice patients when considering the number of other chronic conditions most likely present. The success rate of CPR in the hospital setting is 22% as compared to a 3% rate for older patients in nursing homes. Even if successful, there are side effects such as reduced brain activity, dependence on artificial respiration and rib damage.

Part of the facilitated discussion about advance care planning includes defining what it means to live well. How you feel about the quality of life with a feeding tube, for example, may change after having a feeding tube inserted. How you feel about living well and a decline in mental capacity may change.

That is why it is important to appoint a health care agent to make decisions if you are incapable. The health care agent should be someone you trust, not necessarily your closest relative or friend. In many cases, the spouse acts as the health care agent. What if you are estranged in your marriage but not legally separated, or your spouse would be influenced by strong emotions? The health care agent is separate from the financial power of attorney. In the Gunderson Health model, you meet with an advance care planning facilitator to discuss end-of-life issues, then invite your health care agent into the conversation.

(continued on next page)

Advance Care Planning (continued)

Quality of life discussion includes issues like ventilator support, religious values, ethical beliefs, and the health care agent's experience with end-of-life issues. It is important to record goals, values and attitudes to help the health care agent make decisions for you. Clearly defining end-of-life scenarios is important so that your health care agent can speak for you when you cannot.

In addition to deciding who your health agent would be, discussion includes cultural, spiritual and personal beliefs that influence the care you want and would like to receive after serious illness or injury. For example, if you suffered severe irreversible brain damage, what would your choices be? The resulting advance care plan results from a summary of this facilitated discussion. Later, there is a second conversation that includes your health care agent. By accepting the role, your health care agent has agreed to follow your decisions whether he or she agrees with them.

Advance care planning involves forms, too. The Medical Orders for Life-Sustaining Treatment (MOLST) form used in Maryland is very specific. More information is available at http://marylandmolst.org/pages/molst_form.htm. The advance care planning materials available from the Office of the Attorney General are fairly general. Information about advance directives can be found at:

<http://www.marylandattorneygeneral.gov/Pages/HealthPolicy/advancedirectives.aspx>.

The forms are a good place to start with advance care planning.



COASTAL HOSPICE VOLUNTEER EDUCATION CERTIFICATE

Only patient care and patient support volunteers need to complete and return the education certificate.

I certify that I have read *Advance Care Planning* included in the May/June 2017 Volunteer Newsletter.

Please print your name _____

Please sign your name _____ Date _____

Patient care and patient support volunteers, please sign and return to Volunteer Services.

Email to srankin@coastalhospice.org, fax to 410-860-2094 or mail to:

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