

September/October 2017



Coastal
Hospice

Volunteer News

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

Volunteers go to “camp”



Left to right: Carolyn Post, Margot Ralph, Dave Duitscher, Sea Gull. Back row: Kristi Wike, Reneé Smith. Front row: Ellen Lowe, Susan Henry

Once again this year, Coastal Hospice partnered with Salisbury University (SU) to benefit 26 children who were grieving a recent death of someone important to them. Seven volunteers joined hospice staff members and SU staff and students to offer Camp Safe Harbor.

Camp Safe Harbor was established three years ago to serve the unmet needs of grieving children in the community. The three-day camp is open to children ages 6 to 12 at no cost. Referrals to camp were made by Coastal Hospice staff who identified children in need as they worked with patients and their families. Children also came to camp in response to letters sent to school guidance counselors and nurses on the Lower Shore.

Margot Ralph volunteered again this year and ended the week exhausted but with a “great experience.” After just one day of camp, Margot saw a reluctant young lady transformed into an enthusiastic camper who said she was so glad her mom signed her up. “Kids get close to each other,” Margot observed.

The volunteers attended an intensive orientation program before camp, then worked with the children Monday through Thursday, and attended a debriefing on Friday. The time commitment was significant, but the rewards were worthwhile.

As a first-time camp volunteer, Carolyn Post saw how one little camper who was small for his age brought out all the best in the other children. In his group of boys ages 6 to 8, he was the only one grieving for the loss of a parent. When he got chocolate on his face, an older boy offered to wipe it off. All the boys were involved in developing their video project, acting as angels sent by their loved ones with special messages. When one little boy broke down in tears, an older boy comforted him with hugs.

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Returning volunteer Susan Henry said she “gets so much out of it, just being there.” She was especially touched by the memory bracelet activity. As Susan was making a bracelet for a deceased friend, a little boy asked if she were remembering someone like he was.

Returning volunteer Dave Duitscher recalled some lighter moments. He had lunch with a little girl on Thursday who said, “I have been so spoiled this week.” Dave laughed as he recalled that campers enjoyed throwing water balloons at the staff, particularly the one intern who got soaked.

It was volunteer Reneé Smith’s first experience with the camp, and she was “glad to have participated.” Reneé served as the camp director’s helper and focused on logistical issues. Volunteers with previous camp experience noticed the big difference Reneé made with the camp’s organization.

Volunteer Ellen Lowe summed it up. “Thank you to the Camp Safe Harbor Staff for allowing me to be a part of this camp. The circumstances by which some of our children experienced the loss of a loved one was tragic, devastating, and heart wrenching. Watching them bond with peers that had similar traumatic losses was a unforeseen blessing. The support that they gave to each other was as valuable as the support given from the staff/counselors, the Salisbury University students, and volunteers.”

Three Coastal Hospice staff members — Sharon Hutchison, manager of spiritual care services; Janelle Beiler, pediatric bereavement counselor; and Melissa Dasher, bereavement assistant — joined with Kim Van-Vulpen, SU social work professor, as the coordinating committee for the camp. Members of this committee offer a huge thanks to the volunteers who contributed to the success of the camp.

“The support, encouragement, and love shared by our volunteers — and the time they give to help these children — is the heart of hospice and Camp Safe Harbor,” Hutchison said. “Thank you for all you give!”

If this type of volunteer activity appeals to you, please let us know, and we will contact you about next year’s dates when they become available. Thanks to this year’s volunteers who so generously donated their time and energy to make such a difference in children’s lives.



Provider Relations Manager Nancy Stewart (center) with “We Honor Veterans” volunteers (left to right): Don Huber, Dave Duitscher, Jim White, and George Shoben.

Veteran volunteers recognized

Provider Relations Manager Nancy Stewart wanted to celebrate with the volunteers who helped make it possible for Coastal Hospice to become a four-star “We Honor Veterans” partner. So she hosted a luncheon for those who could attend to offer her thanks and appreciation for these volunteers who are themselves veterans. They diligently present veteran patients with certificates honoring their military service and a patriotic blanket.

If you have military service — or know anyone who does — and are interested in volunteering, please contact Volunteer Services at 410-543-2590 for more information.

Volunteer perspective: When communication is difficult

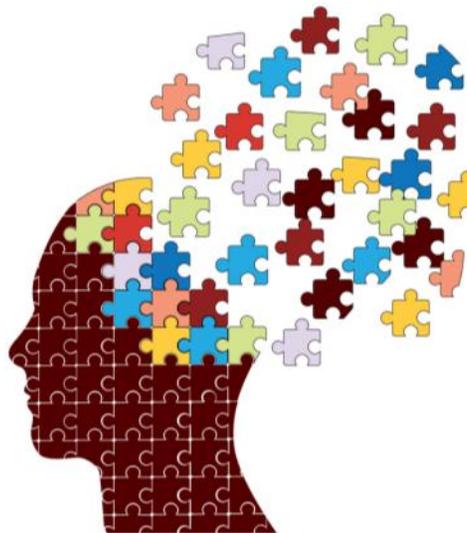
Glenn Mohr began his volunteer experience with regular weekly visits to a hospice patient and a Compass client, both men affected by Alzheimer's disease. Glenn knew he would have difficulty finding ways to communicate, so he began by gathering information from family members and facility staff about the men's lives prior to hospice. He researched the disease's progression and learned that long-term memory could still be intact. His plan was to try to communicate based on the individual's past experiences and interests.

A hospice patient is generally non-communicative at this point in the disease process, but it was Glenn's hope that he might be able to connect with him in some small way. After learning that the patient had been the baritone in a barbershop quartet for many years, Glenn decided to use his talent and experience as a musician (and a baritone himself) to engage with his patient.

Glenn learned a few barbershop songs from the list of the patient's favorites provided by his wife. From the first song Glenn sang, he could see a connection by looking into his patient's eyes. Glenn brought a new song to each weekly visit, and the patient seemed to relate to the music. Most recently, Glenn started gently tapping a steady beat on the patient's arm as he sang to him, and the patient began tapping on the table with his hand, to the amazement of his wife.

The Compass client resided in a facility and also had difficulty with communication, but was still somewhat ambulatory and able to participate in more activities. Glenn asked the facility staff for suggestions on how to best work with him. He observed that the gentleman would wander and was non-responsive at times. Glenn noticed how he seemed to always be fidgeting with his hands, so he tried to work children's puzzles with him, but they didn't capture his interest. During a recent visit, Glenn found the patient engrossed with a piece of paper and a crayon. At the next visit, he brought coloring books and markers and watched as the client colored very carefully within the lines. Coloring is now something Glenn does with the client on every visit.

It is often difficult to tell if volunteer visits to those affected by Alzheimer's disease have resulted in mental stimulation. In many cases, no responses are forthcoming, but the volunteer's time is still well spent. Exercise and socialization are vitally important for those living with Alzheimer's disease. For tips about communication and activities, see <https://www.alz.org/care/dementia-communication-tips.asp> and <http://www.alz.org/care/alzheimers-dementia-activities.asp>.



Orientation for new volunteers scheduled

A combination of classroom and online learning will be offered to meet learning objectives. For those who do not have access to a computer, computers are available at the Volunteer Services Office or at local libraries.

Two dates are available. Plan to attend either of the six hours of classroom training:

Wednesdays: September 20, 2017 or October 25, 2017

10 a.m. to 4 p.m.

Philmore Commons, Suite 202, Salisbury

To enroll, call **410-543-2590** or email volservices@coastalhospice.org. We provide instruction about how to complete the online portion of the training. Please refer anyone who may be interested!



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

Calendar of Events

September 20 Introduction to Coastal Hospice
10 a.m. - 4 p.m. Philmore Commons
Encourage interested individuals to register to learn more about opportunities for volunteering for Coastal Hospice.

September 26 Salisbury Chew & Chat Roundtable with Clinical Team and Veteran Issues at End of Life
Noon - 1:30 p.m. Philmore Commons
Open forum with the Clinical Team Leaders followed by a presentation on the issues and medical problems affecting veterans at the end of life. Bring a friend.

October 24 Berlin Chew & Chat Veteran Issues at End of Life
Noon - 1:30 p.m. Racetrack Rd.
Bring a friend and learn more about the issues and medical problems affecting veterans at the end of life.

October 25 Introduction to Coastal Hospice
10 a.m. - 4 p.m. Philmore Commons
Encourage interested individuals to register to learn more about opportunities for volunteering for Coastal Hospice.

November 28 Salisbury Chew & Chat Open Volunteer Forum
Noon - 1:30 p.m. Philmore Commons
Share your favorite experiences, get perspectives from other volunteers, and enjoy an exchange of ideas in an open discussion.

December 12 Santa Run
This begins the multi-day delivery of gifts and holiday cheer to hospice patients.

December 20 Volunteer Holiday Party
11 a.m. - 1 p.m. Philmore Commons
Mark your calendar for this festive party.

December 25 & January 1 Holiday and office closed

January 23 Salisbury Chew & Chat A Day with a Hospice Chaplain
Noon - 1:30 p.m. Philmore Commons
Learn more about the issues faced by hospice chaplains, including distinctions in spiritual/religious and cultural practices/respect. Bring a friend.

Top Cancer Diagnoses

(from a presentation given by QAPI/Education Manager Stacy Cottingham, PhD, RN)

It is unfortunate that Maryland and Delaware lead the other 48 states in cancer mortality. Although this number has recently decreased, both states are still higher in cancer mortality than the national average.

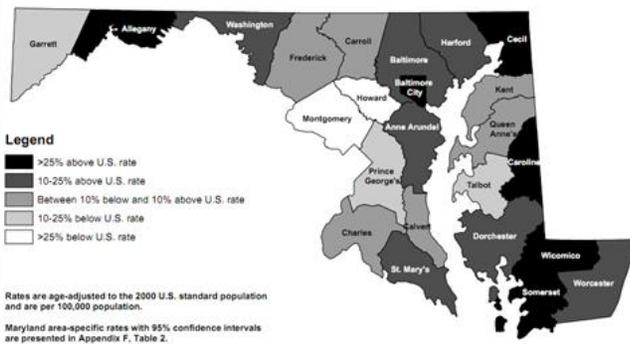
The rate of cancer in Maryland is about the same as the rest of the country. Wicomico's rate, however, is much higher than the state's and the country's, suggesting that the types of cancer are more serious.

The Lower Shore also has a higher rate of cancers that are difficult to treat, plus the cancer is often diagnosed later, leading to higher death rates. Current numbers show that the mortality rates for the Eastern Shore, and Wicomico County in particular, are falling, but that does not change the fact that they are still significantly higher than the rest of the state.

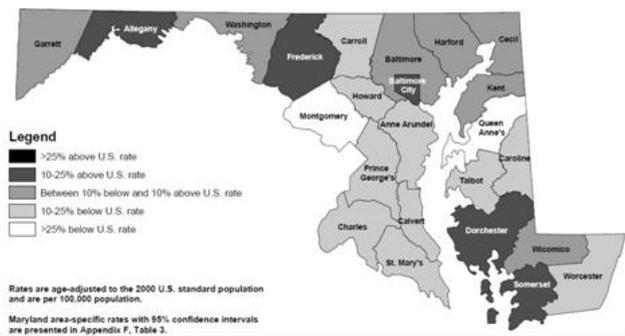
LUNG CANCER is the leading cause of death in both men and women – 26.1% of all cancer deaths in 2012. Rates in Maryland decreased at a rate of 3% per year from 2008 to 2012. About half of lung cancer cases are diagnosed at the latest stage.

COLORECTAL CANCER accounted for 9% of all cancer deaths in Maryland and is the second leading cause of cancer death in both men and women combined. Maryland had the 27th highest colorectal cancer mortality rate. In 2012, 22.1% were found at late stage.

Maryland Lung Cancer Incidence Rates by Geographical Area: Comparison to U.S. Rate, 2008-2012



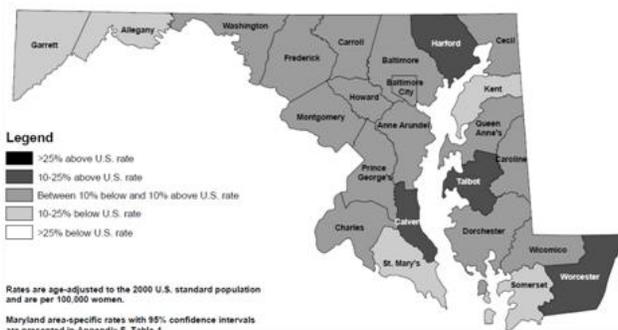
Maryland Colorectal Cancer Incidence Rates by Geographical Area: Comparison to U.S. Rate, 2008-2012



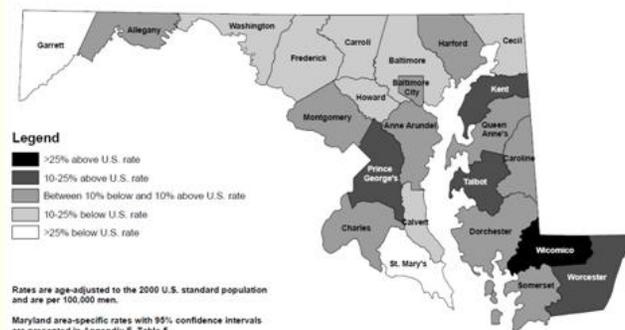
BREAST CANCER is the second leading cause of death among women in Maryland after lung cancer. Maryland had the 6th highest female breast cancer mortality rate. In 2012, over half were diagnosed at early stages, and 4.9% were diagnosed at the distant stage.

PROSTATE CANCER is the second leading cause of cancer death among men in Maryland after lung cancer, representing 4.7% of all cancer deaths and 9.4% of cancer deaths among men in Maryland. Maryland had the 19th highest prostate mortality rate.

Maryland Female Breast Cancer Incidence Rates by Geographical Area: Comparison to U.S. Rate, 2008-2012



Maryland Prostate Cancer Incidence Rates by Geographical Area: Comparison to U.S. Rate, 2008-2012



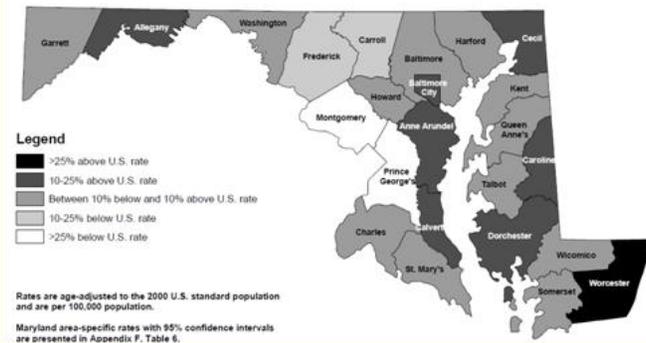
Top Cancer Diagnoses continued ...

ORAL CANCER (throat, tongue, neck) rates increased from 2008 to 2012. Maryland had the 33rd highest oral cancer mortality rate. In 2012, 28.6% of oral cancers in Maryland were diagnosed at the local stage and 20.3% at late stage.

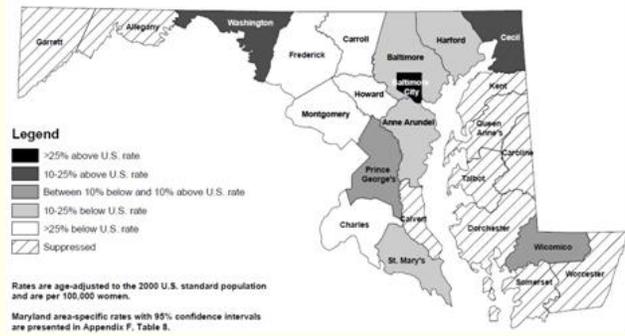
Maryland had 24th highest **CERVICAL CANCER** mortality rate. In 2012, 42.1% of all cervical cancer cases in Maryland were diagnosed at the local stage and 13.9% at the distant stage.

In 2012, males had rates of **MELANOMA** 80% higher than females; death from melanoma increased for females. Maryland had the 34th highest melanoma cancer mortality rate. In 2012, 59.8% of all melanoma was diagnosed at the local stage and 4.1% at the distant stage.

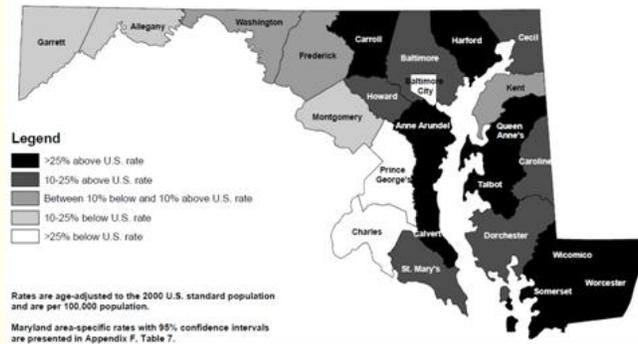
Maryland Oral Cancer Incidence Rates by Geographical Area: Comparison to U.S. Rate, 2008-2012



Maryland Cervical Cancer Incidence Rates by Geographical Area: Comparison to U.S. Rate, 2008-2012



Maryland Melanoma Incidence Rates by Geographical Area: Comparison to U.S. Rate, 2008-2012



COASTAL HOSPICE VOLUNTEER EDUCATION CERTIFICATE

Patient care and patient support volunteers need to complete and return this education certificate.

I certify that I have read *Top Cancer Diagnoses* article included in the September/October 2017 Volunteer Newsletter.

Please print your name _____

Please sign your name _____ Date _____

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