



Coastal
Hospice

November /December 2017

Volunteer News

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

Welcome to our new volunteers!

Thirteen prospective volunteers attended training on Sept. 20 and Oct. 25, completing the requirements to become patient care, office support, and We Honor Veterans volunteers. Welcome!

Topics included the Coastal Hospice philosophy, admission criteria, communication, family roles and values, cultural diversity, end of life changes, bereavement and grief, coping and self-care, and pain management, as well as the role of the volunteer.

This course will be offered again in January. If you know anyone who may be interested, please refer them to us at Volunteer Services.



Joan Gunby,
McKayla Sterling,
Wes Page, and
Tom Berry

Kate O'Connor,
Judi Menavich,
and Suzanne
Szymanski



Susan Koerber,
Kimberly
Stephens, and
Anthony Osodi

Tricia Purcell,
Jerri Nolet,
and Rebecca
Dunn



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Flu shot reminder

Flu shots are required for all volunteers with direct patient contact and all volunteers at Coastal Hospice at the Lake.

Please send the completed form to Volunteer Services as soon as possible and no later than Nov. 1. A volunteer who is required to get a flu shot and declines must still complete the form and will be required to wear a mask while in patient areas during the flu season.

Thanks for helping us stay compliant.

Safety tips for all volunteers

(adapted from a presentation by Kevin Ireland, Director, Facilities & Infrastructure)

Safety is a top priority for Kevin Ireland, particularly because he is the safety officer for Coastal Hospice. As a volunteer, you may encounter these safety issues:



Emergency situations (most likely weather related) – All volunteer assignments are cancelled, but volunteer assistance could be helpful at Coastal Hospice at the Lake if home patients have to be moved there. If hazardous travel conditions are anticipated, interdisciplinary teams make as many visits to home patients as possible to ensure their prescriptions and other supplies are adequate. In low lying or remote areas, consideration is given to evacuating home patients.

Fire – Our Coastal Hospice at the Lake wing at Deers Head Hospital Center has sprinkler and generator power. If patients need to be evacuated there, it's easier on the patients to move laterally, e.g., into the auditorium on the same floor. Whether at the Lake, at another facility where Coastal Hospice has patients, or if the patient is a Compass client, volunteers should follow directions by facility staff until the fire department/police department arrives. When evacuating from Coastal Hospice locations, volunteers should gather where employees are assembled, usually near a Coastal Hospice sign.

Safety key - In any location, the key to safety is R.A.C.E. (rescue, alarm, contain, extinguish). Don't try to fight a fire bigger than a small waste basket. When using a fire extinguisher, use the key P.A.S.S. (pull, aim, squeeze, spray) and use the entire contents.

Know your emergency exits - Some facilities may have locked doors, but they should open automatically in an emergency. Have an escape plan at home, too. There should always be two ways to safely exit. Remember to look for exits in public places, as well. If visiting a bedbound patient and a fire breaks out, call 911, look for a fire extinguisher, and close the door to contain the fire. To avoid smoke inhalation, stay low. Smoking with oxygen in the home should be documented.

Workplace violence – You may notice signs posted at Coastal Hospice locations that no cash or drugs are found on the premises to discourage unlawful acts. Every attempt is made to make sure dark areas are well-lit and security cameras are placed strategically. If you're entering a patient's home and encounter behavior indicative of violence (e.g., yelling, threats), do not go into the home, and later document what happened. Emotions can run high when a loved one is at end of life. Given the hunting tradition on the Lower Shore, there may be guns in the home. We ask that guns be locked away. Another potential risk is the availability of opioid and other controlled substances. To prevent drug diversion, some home patients may be issued lock boxes.

Dogs – Know the signs that a dog is about to attack and what you should do to avoid being attacked. Home patients are asked to keep their pets locked away so that there will be no contact with visitors.

Office hazards – Be aware of cables on the floor, stacks of boxes, torn carpeting, spills on slick floors, open file drawers, loose electrical wires, etc., and report them to Volunteer Services. If lifting heavy objects, lift with your legs, do not overreach, and hold the load close to you.

Driving – Keep your vehicle in safe operating condition (radiator filled, clean oil, tires inflated, wiper blades functional). Clear windows completely, wear a seatbelt, do not speed, do not tailgate (remember the three second rule), use turn signals and mirrors, and do not drive while distracted (eating, grooming, texting). If you

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Safety tips *continued from Page 2* -

are driving and not sure of your location, do not disclose to strangers that you are lost.

Thunderstorms – Beware of the signs of encroaching storms. If you can hear thunder, you can be struck by lightning. You should find shelter and avoid conductors of electrical charges.

SAVE THE DATE!

Volunteer Services Holiday Open House

Wednesday, Dec. 20, 11 am - 1 pm
Volunteer Services Office
Philmore Commons, Suite 102

Stop by anytime between 11 am and 1 pm.
Enjoy a light lunch, beverage, and dessert.
We look forward to seeing you!

Volunteer crafting group meets



Do you have an interest in providing comfort to hospice patients by crafting blankets and shawls? Join our yarn group by contacting Volunteer Services. The group also would welcome donations of yarn, fabric, needles (knitting, crochet, sewing) and other supplies.



We need volunteer Santas & elves for our annual Santa Run

Every year, teams of volunteers visit patients to deliver fruit baskets, blankets, and stuffed animals and offer seasonal holiday cheer. To make the visit more festive, volunteers dress as Santas and elves. We have several volunteers who have already offered to help this year, but we could use more!

Volunteer Services provides the hats and name tags, and the Santas and elves provide their own costumes. However, if you are willing to be a Santa or elf and do not have a costume, we would be glad to help. Elves also serve as drivers and need vehicles large enough to carry Santa's gifts. Our office works with the elves to make sure driving directions are clear. The teams arrive at the Volunteer Services office the morning of the run where they receive directions and the items for delivery.

Santa Run ~ Tuesday, Dec. 12 through Friday, Dec. 15

If you want to join the festivities, please contact us at **410-543-2590** or **volservices@coastalhospice.org**.



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Volunteer News Editor: Sally Rankin



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exclude people or treat them
differently because of race, color,
national origin, age, disability, sex.

Calendar of Events

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 12-15 **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.

January TBD **Introduction to Coastal Hospice**
10 a.m. - 4 p.m. Philmore Commons

February 27 **Berlin Chew & Chat**
A Day with a Hospice Chaplain
Noon - 1:30 p.m. Racetrack Rd.
Learn more about the issues faced by hospice chaplains, including distinctions in spiritual/religious and cultural practices/respect. Bring a friend.

March 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. Bring a friend.

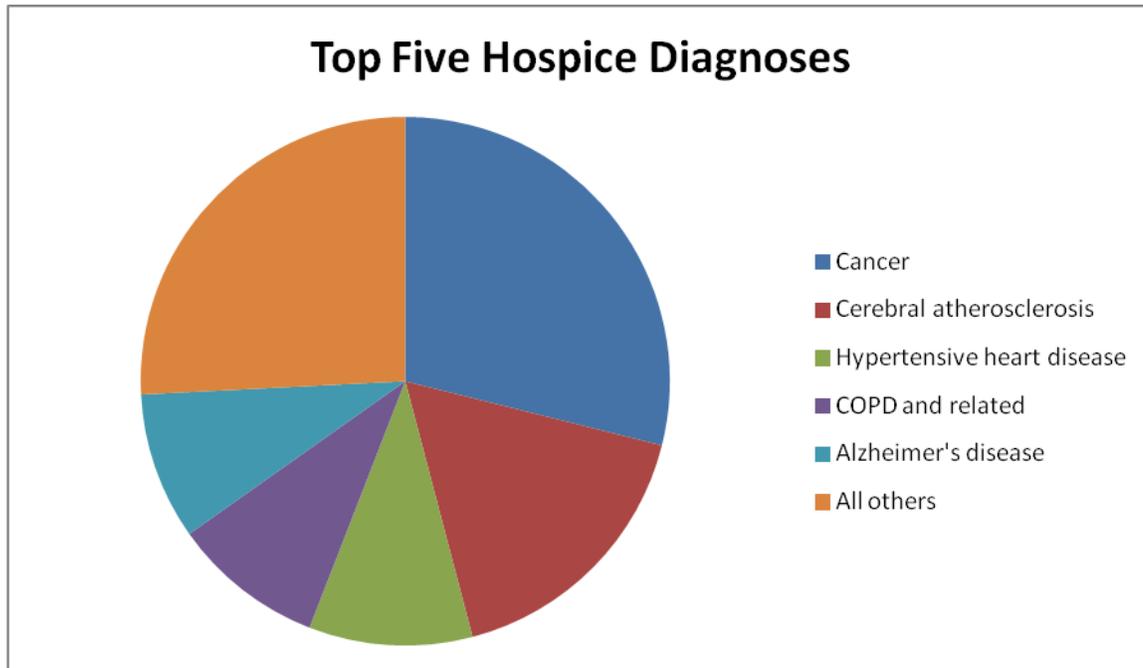
April 17 **Berlin Volunteer Brunch**
10 a.m. The River Church

April 18 **Salisbury Volunteer Brunch**
10 a.m. Philmore Commons

Top Five Primary Diagnoses of Coastal Hospice Patients

(from presentations by Stacy Cottingham, RN, Phd., and Ann Lovely, RN)

Looking at the hospice patients receiving services from Coastal Hospice in May 2017, the top five primary diagnoses were cancer, cerebral atherosclerosis, hypertensive heart disease, COPD related, and Alzheimer's disease. Anyone who provides care to someone may find it helpful to know how the conditions affect patients as well as common complications or side effects associated with these diagnoses.



Cancer (all types combined) was the primary diagnosis for 28.9% of our hospice patients in May 2017. Although admitted with a diagnosis for the primary site cancer, cancer cells may metastasize to other parts of the body. For example, prostate cancer often affects the hip, and lung cancer tends to affect bones and the brain. At the same time, there are common side effects from chemotherapy and radiation, e.g., pain and nausea. Depending on the radiation site, incontinence may occur. Often, patients may have poor appetites and cooking odors can bother them. Also, the patient may lose sensation in feet and hands, causing some difficulty in walking, fastening buttons, and opening pill boxes.

Cerebral atherosclerosis was the primary diagnosis for 17% of our patients. This diagnosis includes all types of cerebrovascular accidents (CVAs, aka, strokes). Most of these patients experience dementia. Dementia is not a diagnosis in and of itself; it is a product of something else. Hospice patients come as a package and could have as many as 20 diagnoses.

Essentially, cerebral atherosclerosis occurs when plaque builds up in the brain causing a blockage. Those blockages reduce brain tissue volume. Symptoms are slowly progressive. Special precautions should be taken, with fall safety and kitchen safety in mind.

Hypertensive heart disease was the primary diagnosis for 10% of our patients, both with and without heart failure but not including cardiomyopathy (heart enlargement). This is progressive and mostly preventable. Heart failure may occur from the effects of high blood pressure or complications of high blood pressure. The heart changes. That occurrence causes stress on other organs like the kidney and brain. There could be problems with swelling.

COPD and related diseases (e.g., asbestosis, fibrosis, emphysema) were the primary diagnoses for 9.3% of our patients. These patients will likely use oxygen, prompting attention to fire safety. Patients will become out of breath easily, so activities should be undertaken one at a time. Also, there will be episodes of anxiety with shortness of breath in a cycle, with one triggering the other. It could be helpful to talk the patient through slow breathing. Fanning the patient or cooling the room could help, too.

Alzheimer's disease was the primary diagnosis for 9% of our patients. It can occur with and without behavioral disturbance. Although dementia is a separate condition, it will occur with Alzheimer's disease eventually. Over the age of 65, one in 10 adults is affected. Generally, the disease affects different areas of the brain in sequential order. The first signs interfere with language, and then logic, emotions, sight/smell/tactile sensations, oldest memories, balance/coordination, and finally breathing/heart.] Patients progress from remembering events from long ago but none recently to eventually forgetting to swallow. The progression is typically an eight- to 10-year period. *Watch a three-minute description of the disease progression at <http://ed.ted.com/on/sX7OV7CJ>.*



For more information about how to respond to common issues experienced by hospice patients and how you can help, we have teaching sheets on managing pain, managing anxiety, managing fatigue, food/fluid intake, spiritual distress, and social distress. Please contact the Volunteer Services office if you want a copy sent to you by email or mail.

COASTAL HOSPICE VOLUNTEER EDUCATION CERTIFICATE

Patient care and patient support volunteers need to complete and return the education certificate:

I certify that I have read *Top Hospice Diagnoses* article included in the November/December 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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