



Supportive Voice E-News

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Supportive Voice E-News is provided as a service to health professionals interested in palliative care, and is a publication of Supportive Care Coalition: Pursuing Excellence in Palliative Care, 19 Catholic health organizations working together to improve palliative and end-of-life care in their own facilities and throughout the nation. The Coalition member systems own health facilities in 48 states. www.supportivecarecoalition.org

In this issue...

NEWS

1. [Congress Recordings Available](#)
2. [Circle of Life Recognition Includes Citation to Coalition Member Facility](#)
3. [Governor Signs Bill to Put Patients in Charge of End-of-Life Care Decisions](#)
4. [Foundation Commits \\$2.14 Million to Expand POLST Program in California](#)
5. [Doctors Seek to Improve End-of-life Care for Cancer Patients](#)

OPPORTUNITIES

6. [Recognition of Palliative Care and Pain Treatment as Human Rights](#)
7. [Participants Needed For Caregiver Support Research Study](#)

RESOURCES

8. [Single Book Chapters Available through Hospice Foundation](#)
9. [Achieving Best Practices in Palliative Care for Dementia Residents](#)
10. [Web site Launched to Help Seniors to Live and Thrive at Home](#)

READINGS

11. [Pain Policy Studies Group Releases 2008 Reports](#)
12. [Parents' Perspectives on Physician-Parent Communication](#)
13. [Five Nurses' Experiences of Hospice Care in a Long-Term Perspective](#)

CONFERENCES - COURSES – PRESENTATIONS

14. [2008 Clinical Practice Forum: Caring for People Who are Not Like Me](#)
15. [POLST Pilot Project and Advances in California](#)
16. [Intensive Update with Board Review in Geriatric and Palliative Medicine](#)
17. [Billing and Coding for Palliative Care Consultations](#)
18. [28th Annual Oncology Nurses Symposium](#)
19. [7th Annual Contemporary Catholic Health Care Ethics Conference](#)
20. [Advanced Practice Nursing Conference](#)
21. [Organization and Community Advance Care Planning Course](#)
22. [Oncology Nursing Advance Practice: Innovation through Practice](#)
23. [29th Annual Oncology Nurses Symposium](#)

NEWS

1. Congress Recordings Available

Recordings from the Supportive Care Coalition's Congress, A Journey of Transformation – Expanding the Horizons of Compassionate Care, are available for purchase via the Coalition Web site. The formatting of the 20 presentations is a unique hybrid of the audio track and the PowerPoint, allowing viewers to fully focus on the materials while hearing each speaker's

comments as recorded during the event. The cost is \$15 for individual session downloads; \$165 for a 20-session DVD set, plus \$16 shipping & handling, no downloading required for the DVD option. (There were a few sessions that were not recorded at presenter request.) To order, visit www.supportivecarecoalition.org. If you experience any difficulty when placing an order, follow the link below to contact our vendor representative, Tom MacMahon, via email: www.meetingxav.com/GenPage.py?MainPage=Contact.

2. Circle of Life Recognition Includes Citation to Coalition Member Facility

Three programs that expand the reach of palliative and end-of-life care were recognized as the 2008 recipients of the Circle of Life Award: Celebrating Innovation in End-of-Life Care. And six others were awarded Citations of Honor, including Ascension Health's Providence Hospital in Washington, D.C. Ascension Health is a member of Supportive Care Coalition. The three awardees are Children's Hospitals & Clinics of Minnesota in St. Paul and Minneapolis, Minn.; Children's Hospital of Philadelphia in Philadelphia, Pa; and Haven Hospice in Gainesville, Fla. Each were recognized at the Circle of Life Award ceremony on July 25 in San Diego. "The award recognizes organizations that are focused on expanding the frontiers of palliative and end-of-life care, in terms of access and quality," said AHA President and CEO Rich Umbdenstock. Citations of Honor were awarded to Kaiser Permanente in Oakland, Calif., which is developing a system-wide vision of palliative and end-of-life care; LifePath Hospice and Palliative Care in Tampa, Fla., which provides a broad spectrum of services and facilities that provides open access to those who do not yet fit the traditional definition of hospice care; Providence Hospital in Washington, D.C., which has an extensive history of serving an inner city, low-income population, while focusing on continuity of care in inpatient, long-term care and home settings; Rice Hospice in Willmar, Minn., which is a department of Rice Hospital and has a well developed and successful outreach program based on partnerships with the surrounding communities and their critical access hospitals; Sentara Health Care headquartered in Norfolk, Va., which has a system-wide approach to palliative and end-of-life care with strong links to the system's senior services programs; the Joint Palliative Care Programs for the UAB Center for Palliative Care and the Birmingham VA Palliative Care Program in Birmingham, Ala., which are a collaboration between the academic medical center and the veteran's hospital that shares medical staff, policies and protocols to best serve patients. For more information, visit www.aha.org.

3. Governor Signs Bill to Put Patients in Charge of End-of-Life Care Decisions

California Governor Arnold Schwarzenegger signed into law, on August 4, legislation to provide seriously ill patients with a life expectancy of a year or less with a new tool to communicate precise instructions for their end-of-life health care. Assembly Bill 3000 ensures that when a patient has a completed Physicians Orders for Life Sustaining Treatment (POLST) form, the form must be honored by all health care providers. A POLST form addresses a range of treatment options and enables a patient to clearly express their treatment preferences regarding life-sustaining treatments such as resuscitation, nutrition and pain management. POLST forms will carry the weight of a doctor's order. AB 3000 does not require that a physician utilize the POLST form. The bill is broadly supported by more than 40 organizations including the American College of Emergency Physicians, Alliance of Catholic Health Care California, California Academy of Family Physicians, California Hospital Association, Palliative Care Association, California Association of Health Facilities, California Assisted Living Association and the California Coalition for Compassionate Care.

4. Foundation Commits \$2.14 Million to Expand POLST Program in California

The California HealthCare Foundation (CHCF) announced in June 2008, a second funding cycle to build momentum in the establishment of Physician Orders for Life-Sustaining Treatment (POLST) throughout California. The \$2.14 million, four-year project seeks to establish POLST as the standard of care, and to enable patients with life-limiting illness to have their wishes about end-of-life care honored. POLST has been adopted by Oregon, Washington and West Virginia, as well as parts of 12 other states. In 2007, CHCF selected the California Coalition for Compassionate Care (CCCC) to oversee support of seven coalitions to introduce POLST in their communities and to establish a taskforce of California stakeholders (hospitals, physicians, nursing homes, emergency services, and consumers). The goal is the statewide adoption of POLST by 2012. To learn more about the program, please visit <http://www.chcf.org/topics/chronicdisease/index.cfm?itemID=133509>.

5. Doctors Seek to Improve End-of-life Care for Cancer Patients

The July 11 broadcast of "NewsHour with Jim Lehrer" featured a story on physicians seeking to improve end-of-life care for cancer patients. Recent studies have indicated that barely a third of

patients report having substantive conversations with their oncologists about end-of-life care, a statistic some physicians are looking to change, reported health correspondent Betty Ann Bowser. To listen to the broadcast, visit www.pbs.org/newshour/bb/health/july-dec08/endcare_07-11.html.

[Back to top](#)

OPPORTUNITIES

6. Declaration Calls for Recognition of Palliative Care and Pain Treatment as Human Rights

A Joint Declaration and Commitment Statement calling for the recognition of palliative care and pain treatment as human rights was presented August 4 at the XVII International AIDS Conference in Mexico City. The declaration was developed jointly by the International Association for Hospice and Palliative Care (IAHPC) and the Worldwide Palliative Care Alliance (WPCA), and is signed by representatives of several international and regional organizations from Africa, Latin America, Eastern Europe, Western Europe, Asia and North America. Based on International Human Rights Agreements, United Nations Declarations and World Health Organization documents, the document will serve as an advocacy tool to be used to support the advancement of palliative care and pain treatment around the globe. Signatures will be collected until October 11, the date of World Hospice and Palliative Care Day. To view the document and a list of supporters, or to sign the declaration, www.hospicecare.com/resources/pain_pallcare_hr.

7. Participants Needed For Caregiver Support Research Study

The Caregiver Support research study seeks participants to help test an online program designed to help caregivers provide assistance to an aging loved one. Participants can receive up to \$275 for filling out four online surveys and trying out a new caregiver support Web site before August 18, 2008. To qualify, participants must be providing care giving support to an aging loved one who needs assistance with at least one activity of daily living (i.e. eating, bathing, etc.), and participants must have an email address and a computer with a high-speed internet connection. This study is being conducted by the Oregon Center for Applied Science, Inc. by a grant from the National Institute on Aging. To learn more, please visit <http://info-caregiversupport.orcasinc.com>.

[Back to top](#)

RESOURCES

8. Single Book Chapters Available through Hospice Foundation

The Hospice Foundation of America offers numerous resources to those working in palliative and end-of-life care, in particular, single chapters from books, \$2.50 per chapter, on themes from ethical dilemmas at end of life, to pain management. To view the products available, <http://store.hospicefoundation.org/home.php?cat=16.8>.

9. Achieving Best Practices in Palliative Care for Dementia Residents: Steps for Success

This manual provides palliative care educational materials for nursing home administrators, management, trainers, and staff, using a "Train-the-Trainer" format. The materials are presented in a ready-to-use, easily accessible, compact form and are divided into seven training modules: Understanding Dementia; Palliative Care; Culture, Spirituality, and Religion; Advance Directives; Pain and Pain Management; Teamwork and Care Planning; and Creative Approaches. The training materials were created by a consortium facilitated by the Schervier Center for Research in Geriatric Care, a part of Bon Secours New York Health System. For more information, visit www.scherviercares.org/resources.html.

10. Web site Launched to Help Seniors to Live and Thrive at Home

The United Hospital Fund has launched a Web site, www.norcblueprint.org, to provide human services professionals, community leaders, public and private funders, and older adults with information to help transform naturally occurring retirement communities (NORCs) into good places to grow old. Focused on the development of effective health and social service programs, the NORC blueprint defines guiding principles, identifies elements of successful NORC programs,

presents practical program development and management tools, and takes a broad look at program financing.

[Back to top](#)

READINGS

11. Pain Policy Studies Group Releases 2008 Reports

The University of Wisconsin Pain & Policy Studies Group (PPSG) has released its 2008 reports on federal and state pain policies, *Achieving Balance in Federal and State Pain Policy: A Guide to Evaluation* (Fifth Edition) and *Achieving Balance in State Pain Policy: A Progress Report Care* (Fourth Edition). The policy reports were created to improve the quality and consistency of U.S. federal and state policy affecting patients' pain care. The *Progress Report Card* and companion *Evaluation Guide* provide a framework for deciding which policies to remove and recommend language that can be added to current policy which encourages proper pain relief. The reports provide tools that policymakers, healthcare professionals, and advocates can use to improve the pain policies in their state. Overall, the study notes that states continue to make steady progress in adopting balanced policies that help people with pain to alleviate their suffering. However, only five states have received a grade of "A" for enabling health care professionals to effectively alleviate the suffering of their patients without encountering barriers in legislation or regulation. Those five states are Kansas, Michigan, Oregon, Virginia, and Wisconsin. Georgia showed the largest improvement, from a "D+" to a "B". Georgia, Maine, Minnesota, Oregon, Rhode Island, Utah and Washington raised their grades, and 44 states now have grades of "C+" or better. To review the studies, please visit www.painpolicy.wisc.edu.

12. Parents' Perspectives on Physician-Parent Communication Near the Time of a Child's Death in the Pediatric Intensive Care Unit

The objective of this study, conducted by the National Institute of Child Health and Human Development Collaborative Pediatric Critical Care Research Network (CPCCRN), is to describe parents' perceptions of their conversations with physicians regarding their child's terminal illness and death in the PICU. Findings show that parents want physicians to be accessible and to provide honest and complete information with a caring tone, using lay language, and at a pace in accordance with their ability to comprehend. Ignoring parents or withholding prognostic information from them may lead to false hope and a sense of anger, betrayal, and distrust among parents. A central tenet of physician-parent communication is that parents need information to make treatment decisions for their child. *Pediatric Critical Care Medicine* 2008;9(1):2-7. To read an abstract, please click [here](#).

13. Five Nurses' Experiences of Hospice Care in a Long-Term Perspective

In this study, five nurses' experiences of regularly having to face the incurable illness and death of dying patients were explored. Qualitative interviews were conducted on two occasions, with an interval of 11 years. An interpretive method was used to discern the nurses' thoughts, feelings, and attitudes over the years toward death and dying. The main finding was that working in hospice care and facing the dying and death of many patients had an impact on daily work and private life. Narrations from the first occasion were conceptualized as the theme "death as an agent of change." Eleven years later, the presence of death took a less dominant place in the nurses' lives and the theme became "death as a companion in life." In the long term, nurses emphasized that their professional and personal growth was fostered by their relationship with the dying patients. *Journal of Hospice & Palliative Nursing* 10(4):224-232, July/August 2008.

[Back to top](#)

CONFERENCES – COURSES – PRESENTATIONS

14. 2008 Clinical Practice Forum: Caring for People Who are Not Like Me

September 5-6, 2008 / Pittsburgh, PA

Sponsored by Hospice and Palliative Nurses Association

This forum will focus on the challenges of caring for individuals and those who love them when differences in culture, languages, beliefs, attitudes, and practices may differ from those of the care giver. For more information, visit www.hpna.org.

15. POLST Pilot Project and Advances in California

Audio conference / September 18, 2008 / 11 am PT
Sponsored by Supportive Care Coalition

Coalition Board members from Catholic Healthcare West (CHW) will present information about the organization's POLST pilot project, as well as share information about the advances of POLST in California, as part of the Coalition's September board meeting in San Francisco. Detailed information about registering for the presentation (limited to the first 125 registrants) will be included in the September issue of E-News.

16. Intensive Update with Board Review in Geriatric and Palliative Medicine

September 14-17, 2008 / New York, NY
Sponsored by Mount Sinai School of Medicine

This four-day course offers intimate workshop sessions, enabling attendees to take advantage of one-on-one mentoring and networking opportunities with nationally recognized experts in both geriatric and palliative medicine. For more information, visit www.mssm.edu/geriatrics/education/courses/geriatric_medicine/index.shtml.

17. Billing and Coding for Palliative Care Consultations: Getting Paid for What You Do

Teleconference / September 17, 2008 / 1:30-2:30 PM ET
Sponsored by Center to Advance Palliative Care

Featured speakers Lynn Hill Spragens, MBA, and Julie Pipke, CPC, will review the common reasons for CMS application errors, provide recommendations to minimize denials and supply concrete strategies to simplify appeals. A Q & A session will follow the presentations, as well as an opportunity to continue the discussion and post questions and comments on the CAPCconnectTM Forum. To register, www.capc.org/support-from-capc/audio-conf/billing-coding/09-17-08/.

18. 28th Annual Oncology Nurses Symposium

September 28-October 1, 2008 / San Diego, CA
Sponsored by Scripps Cancer Center

Participants will experience an intimate learning environment where renowned faculty will present the latest in oncology care. For more information, please visit www.scripps.org/conferenceservices.

19. 7th Annual Contemporary Catholic Health Care Ethics Conference

October 9-10, 2008 / Maywood, IL
Sponsored by Loyola University & Catholic Health Association

This conference will bring together a diverse body of scholars and experts to discuss the moral, social and clinical foundations of Catholic health care ethics, to apply conceptual resources to current problems and to confront the moral challenges on the horizon for Catholic health care providers. To register, www.Bioethics.lumc.edu.

20. Advanced Practice Nursing Conference

November 13-25, 2008 / Seattle, WA
Sponsored by Oncology Nursing Society

The goal of this conference is to provide nurse practitioners, clinical nurse specialists, and other clinical providers with innovative, advanced educational experiences and networking forums that benchmark quality cancer care. For more information, www.ons.org

21. Organization and Community Advance Care Planning Course

November 17-19, 2008 / Onalaska, WI
Sponsored by Respecting Choices

This national advance care planning course, taught by Bud Hammes, PhD, and Linda Briggs, MS, MA, RN, will offer advance care planning training and certification. Participants can become certified in the skills of advance care planning facilitation, design effective systems to support quality outcomes, and get certified to teach the Respecting Choices model. For more information, please visit www.respectingchoices.org.

22. Oncology Nursing Advance Practice: Innovation through Practice

March 13-15, 2009 / San Diego, CA

Save the date for this sixth annual conference. www.scripps.org.

23. 29th Annual Oncology Nurses Symposium

October 4-7, 2009 / San Diego, CA

Save the date for this annual conference, www.scripps.org.

[Back to top](#)

Contribute to Supportive Voice E-News

Items of interest to palliative care practitioners are welcome and may be submitted to [Peggy Berwick](#) for possible inclusion in this E-News publication. If you wish to be removed from this distribution, reply to this email and change the subject line to: REMOVE

Member Systems

Members of Supportive Care Coalition: Pursuing Excellence in Palliative Care, with the location of main administrative offices:

Ascension Health	St. Louis, MO
Bon Secours Health System	Marriottsville, MD
Catholic Health Association of the United States	St. Louis, MO
Catholic Health East	Newtown Square, PA
Catholic Health Initiatives	Denver, CO
Catholic Healthcare Partners	Cincinnati, OH
Catholic Healthcare West	San Francisco, CA
CHRISTUS Health	Irving, TX
Covenant Health Systems	Lexington, MA
Franciscan Missionaries of Our Lady Health System	Baton Rouge, LA
OSF HealthCare	Peoria, IL
PeaceHealth	Bellevue, WA
Provena Health	Mokena, IL
Providence Health & Services	Seattle, WA
Sisters of Charity of Leavenworth Health System	Lenexa, KS
Sisters of Mercy Health System	Chesterfield, MO
SSM Health Care	St. Louis, MO
St. Joseph Health System	Orange, CA
Trinity Health	Novi, MI

[Back to top](#)