

The Cloak

The VISN 3 Palliative Care
E-Newsletter

Vol. 2, No. 3 April 2005

Palliative Care within VISN 3:

VISN 3 Recognizes Carol A. Luhrs, MD: A Solid Vision For Palliative Care

Submitted by Therese Cortez, NP

When VISN 3 was invited to attend the AACT I (Accelerated Administrative Clinical Training) Program in Pittsburgh during the fall of 2002, little did we know how palliative care in VISN 3 would evolve. During AACT I, one member from each VHA facility was invited to promote, build, and expand a new initiative: the National VA Hospice and Palliative Care Initiative. It was from this pivotal meeting that the concept of a VISN-based Palliative Care Initiative emerged.

With the support of VISN leadership, Dr. Luhrs developed and implemented the innovative idea of a system-wide and standardized approach to palliative care. Dr. Luhrs has led the VISN 3 Palliative Care Initiative from the building blocks to the development of our three Working Groups that continue to drive our initiative: Standards of Care and Outcomes, Education and Training, and Community Outreach. It is her extraordinary leadership and passion for Palliative Care that brought together all the PCCTs in our VISN and has continued to nurture, motivate and support their work. Under her guidance, all sites in the VISN have developed designated and functioning PCCTs and followed the VHA Mandate. Under her leadership, ongoing education and training programs have been provided to palliative care staff; standardized CPRS Palliative Care Templates have been created; a VISN Policy on VA Funded Home Hospice patients has been developed; a strong VISN 2/3/ NY and NJ Hospice Veteran Partnership has been established; Palliative Care Beds Units in St. Albans, Lyons, and Castle Point have been designated; and a Bereaved Family Satisfaction Survey for continuous performance improvement has been launched and quality outcome measures have been identified. Dr. Luhrs has built a realm of academic and clinical excellence, enhanced knowledge and training in End of Life Care, and created a structured vision for delivery of high quality care for palliative patients.

On many occasions, Dr. Luhrs has stated, "Palliative Care is a hobby." But to those who have been given the opportunity to work with her, or even interact with her, one can immediately sense that her drive and passion to promote Palliative Care is more than, "just a hobby." It is true dedication and commitment. She is a leader, mentor and pioneer. Dr. Luhrs's solid vision for Palliative Care has put VISN 3 on the map. VISN 3 still remains the only VISN in this nation with a unified approach to the delivery of Palliative Care.

For these many reasons, Dr. Luhrs was honored by Mr. Farsetta and Dr. Feldman on behalf of VISN 3 for her outstanding leadership on Jan. 18, 2005 at the VISN Palliative Care Quarterly Meeting in the Bronx VA.

VISN 3 thanks Dr. Luhrs for her extraordinary level of dedication and commitment by providing leadership and direction to our VISN 3 Palliative Care Initiative.



In This Issue

With each issue, we will focus on an aspect of the VISN 3 Palliative Care Initiative. This issue focuses on the many awards, both team and individual, that the VISN 3 has received.

Carol Luhrs and Therese Cortez provide an update on the activities in VISN 3.

Jennifer Egert, Diana Tumminia and Deborah Coleman provide an article based on the Manhattan VAMC's noon case conference presentation on avoiding caregiver burnout.

Ariela Rodriguez reports on her rotation at the hospice unit in the Bay Pines, Florida VAMC.

Louisa Daratsos provides a perspective on recent events regarding palliative care.

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The Cloak

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Paul Swerdlow, MAHL, JD receives VISN 3 Palliative Care Outstanding Individual Award

Submitted by Therese Cortez, NP



A new program recently implemented this year is the VISN 3 Outstanding Palliative Care Individual Achievement Award. This award was designed to recognize an individual who has made an innovative approach to the delivery of Palliative Care locally, VISN-wide, and/or nationally. Members of the Palliative Care Consult Team were asked to nominate an individual who they felt had made a significant contribution or innovation to the Palliative Care Initiative. After the nominations were submitted to a central location, a Selection Committee reviewed the nominations.

On January 18, 2005, during the VISN Palliative Care Quarterly Meeting, Paul Swerdlow, MAHL, JD, Lead Chaplain at the Northport VAMC, was presented with the Outstanding Individual Award. His fellow peers recognized him for his outstanding leadership in creating the Palliative Care Spiritual Assessment during FY 2004, for engaging the support of the chaplains to develop core competencies for Advanced Practice Palliative Care Chaplains, and for his ongoing work with the National VHA Workgroup on the development of the VHA Bereavement Policy. His visionary work has increased the awareness by all the Palliative Care Team members to ensure comprehensive spiritual assistance at the end of life care. He mentored his fellow peers within the VISN regarding the pertinent role that the Chaplains play in the delivery of high quality end of life care. He was able to demonstrate, that as a member of the VISN Palliative Care Initiative, he can make a difference by raising the consciousness of the importance of chaplaincy and spiritual care in palliative care.

VISN 3 recognizes Paul Swerdlow for your exemplary contribution to the VISN and nationally. Thank you for helping us raise the standard of the care that is provided to the patients and their families at the end of life.

A Letter from the Executive Editor

By Judy Howe, PhD



Dear Colleagues:

I am truly gratified with the success of *The Cloak*, now in its second year. Of course this is only possible because of the Managing Editor, Anne Ottomanelli, who puts an enormous amount of time and energy into its production, and the Contributing Editors, the Interprofessional Palliative Care Fellows. Thanks also to Dr. Luhrs and Therese Cortez for their ongoing updates and articles. We are always pleased to receive submissions from VISN 3 Palliative Care Initiative members on emerging and meaningful topics. In this issue, for instance, there is an excellent article on "Caring for the Caregiver" submitted by Dr. Egert, Ms. Tumminia and Ms. Coleman based on their VISN 3 noon videoconference conference on February 17, 2005. Louisa Daratsos has provided a thought piece on the lessons learned and educational opportunities sparked by the Terry Shiavo case. We encourage each and every member of the VISN 3 community to submit to *The Cloak* - in the past, we have had poems, cases, and other types of submissions. If you would like to talk about your idea, please email Anne Ottomanelli or me.

St. Albans Palliative Care Consult Team Recognized for Outstanding Achievement During 2004

Submitted by *Therese Cortez, NP*



Every year the VISN recognizes a Palliative Care Consult Team that has demonstrated significant growth during the previous year. Based on the measures outlined in the FY 2004 Performance Improvement goals, each of the teams were evaluated on their overall performance and impact of palliative care in their site.

St. Albans Palliative Care Consult Team outstandingly achieved these measures by not only increasing the number of Palliative Care Consults 8-fold over FY 2003, but also implementing an enhanced delivery of Palliative Care at St. Albans. During FY 04, with the support of New York Harbor Leadership, the members of the team, which include Arlene Blackett, NP, Alice Beal, MD, Winsome Dyer, SW, Josephine Henry, LPN, and Joyce Mazaras, OT played an integral role in centralizing and designating a Palliative Care Unit on the Extended Care Unit B3. Patients with life limiting illnesses that are newly admitted to St. Albans are clustered into the B3 Unit. The centralization of beds into one unit has ensured that patients with end of life care needs are addressed. With VISN guidance, in an effort to train the front line staff and provide them expertise in end of life care, a Palliative Care Curriculum was implemented in December 2004. To further enhance the atmosphere of the unit, they were able to engage the support of St. Albans Volunteer Services, to provide additional amenities in the unit, such as a fish tank in the patient recreation room, stereo speakers to provide a harmonious atmosphere, and decorating an existing room to become the patient/family meeting room.



This emphasis on the care being provided to the terminally ill has received recognition by their fellow staff and leadership at St. Albans. On January 18, 2005 at the VISN Palliative Care Quarterly Meeting, Mr. Farsetta and Dr. Feldman presented St. Albans PCCT with the Outstanding Team Award for 2004. Mr. John Donellan, NY Harbor Director, and Dr. Michael Simberkoff, NY Harbor Chief of Staff, represented the PCCT and the B3 staff with the award on February 16, 2005.

VISN 3 recognizes the dedication and hard work of the members of the St. Albans PCCT. Congratulations St. Albans PCCT for your outstanding performance during 2004! We look forward to the great work you and the Palliative Care Teams in the VISN will achieve this year!

Photos from the VISN 3 Quarterly Meeting, January 18, 2005



VISN 3 Update

by Carol Luhrs, MD, and Therese Cortez, NP



From our last Cloak update, we continue to make enormous strides in all aspects of program growth, staff education, continuous performance improvement, and partnership with the hospice community on a local and state level.

During FY 2004, strategic goals were designed to enhance the delivery of palliative care in the Extended Care Units. These plans included clustering beds in the Extended Care Units; designating these beds as Palliative Care; and training the staff to become competent in the provision of end of life care. With these goals in mind, the newly designated Palliative Care Units at St. Albans B3 and Lyons Bld 7 developed and launched their Palliative Care Curriculums on Dec. 1, 2004 and Jan. 11, 2005, respectively. Modeled after the ELNEC curriculum, with additional topics tailored to the needs of the facility, a core interdisciplinary faculty from the PCCT and content experts created a comprehensive course that will extend up to nine months. Taking the program directly to the designated Palliative Care Units has been integral in ensuring that the front line staff is educated on caring for veterans at the end of life. We look forward to the continuation of this curriculum and additional educational programs to be extended into the other sites.

We were very fortunate to have another successful VISN Palliative Care Quarterly Meeting on Jan. 18, 2005 at the Bronx VA. During this meeting, Mr. Farsetta and Dr. Feldman joined us in presenting St. Albans with the 2004 Outstanding Team Award and Rabbi Paul Swerdlow with the 2004 Outstanding Individual Achievement Award (for more on these awards, please turn to page 2).

Our keynote speaker at the Quarterly Meeting, Dr. Scott Shreve, Director of the National VA Hospice and Palliative Care Initiative, spoke about Honoring Veterans' Preferences at the End of Life. Quantitative VISN comparison data on the Palliative Care Program activities throughout the nation demonstrated the continual improvements and outstanding performance of our program. His discussion has inspired us to continue moving forward with our own VISN Initiative, as we strive to enhance the delivery of compassionate care to our palliative care veterans. Chaplain Lowell Kronick, MHL, BCC, Associate Director VA Chaplain Center, also provided us an update of the VHA Bereavement Directive that is currently being drafted. We await the VHA Bereavement Policy, as this will assist us in improving the bereavement services given to terminally ill patients and their families.

With the continual growth of the program, we now move toward examining and improving the quality of care provided by the PCCTs throughout the VISN. With VISN Geriatrics and Extended Care Council approval, an ongoing VISN 3 Bereaved Family Member Survey for inpatient deaths with Palliative Care Consultations was launched on Feb. 7, 2005. Designated interviewers from each of the PCCTs have been trained and are currently in the process of conducting this ongoing process. We look forward to the results of this valuable data, as this will drive the continual performance improvement of our VISN Palliative Care Programs, both locally and VISN-wide.

Another exciting aspect of our VISN Initiative is the expansion of our Hospice Veteran Partnership with VISN 2 and the New York and New Jersey Hospice and Palliative Care Organizations. In addition to the State HVP, local Hospice Veteran Partnership roundtable discussions are being hosted at each facility throughout the VISN. As one of the first NY/ NJ Hospice Veteran Partnership activities, an HVP Educational Symposium was held on March 17-18, 2005 in Saratoga Springs. Over 130 attendees from VISN 2, 3, and the NY/ NJ Hospice and Palliative Care Organizations met to learn more about the VA National and local initiatives, VA directives on the provision of hospice and palliative care, Medicare Regulations related to the Hospice Benefit, outreach to Veterans Service Organizations and Veterans Organizations, and the partnership created between the VA and hospices to ensure comprehensive care at the end of life. Workgroups met to identify areas of opportunities in Quality Measures, Care Coordination, Bereavement, Education, Volunteer Training, and Outreach to patients and families. Action plans addressing the identified issues will assist the HVP move forward towards ensuring a seamless continuum of care for veterans needing hospice care in the community.

With many ongoing projects and initiatives outlined under our FY 05-06 Strategic Plan, we thank the Palliative Care Team members for your own commitment in improving our VISN Program. We are asked very frequently: how are we able to maintain a VISN initiative? The answer is quite easy. Each member contributes three "E's": *Excellence, Enthusiasm, and Energy*, all of which foster the momentum of our VISN Palliative Care Initiative. Because of these three "E's" we are able to sustain a network of dedicated and compassionate individuals working together to ensure quality care through the end of life for veterans and their families.

Caring for the Caregiver - Managing Burnout in Palliative Care Settings

Submitted by Jennifer Egert, Ph.D., Diana Tumminia, M.S.W., and Deborah Coleman, R.N., M.S.N, G.N.P.
Manhattan Campus PCCT

Note: This article is based on a noon case-conference presentation on 2/17/05.

As caregivers, we are well trained in facilitating the comfort, emotional well-being, and health of others. We recognize when our patients take on too much or behave in ways that may not be in their best emotional and physical interest. However, often our own needs come second or even last. When we give so much to others but forget to give to ourselves, then we run the risk of burnout.

Palliative care settings are known to be high stress environments and palliative staff are at above average risk of burnout. The concept of burnout has been extensively studied since the 1970s, and today burnout is viewed as: "a chronic affective response pattern to stressful work conditions with high levels of interpersonal contact." Three components of burnout are: 1) Emotional exhaustion- marked by lack of energy and feelings of frustration; 2) Depersonalization or dehumanization- characterized by treatment of clients as objects rather than people; and 3) Diminished personal accomplishment- a tendency to evaluate oneself negatively.

A number of personal and environmental stressors affect individual predisposition to burnout. Personal stressors usually include demographic factors such as age, experience, family status, personality traits, social support systems, as well as previous and concurrent stressors. Environmental stressors are usually related to patient/family and illness-specific variables, occupational roles and work environment. Burnout is usually manifested through physical, emotional and behavioral channels. Physical symptoms include sleep problems or fatigue. Psychological signs of burnout include mood swings, depression or difficulty concentrating. Behavioral manifestations include inter-staff conflicts and job-home crossover. Staff are usually advised to employ a variety of personal coping mechanisms such as reassessing one's personal values system (e.g., is one's notion of a "work ethic" sacrificing valuable free time or a lunch break?), social support, and lifestyle management. One may need to implement changes at the workplace such as increasing effective teamwork, getting support from other professionals, and changing administrative policies or training.

The PCCT can play an important role in preventing burnout and facilitating self-care. Weekly team meetings for not just patient conferencing but also collective unwinding allows us all to release tension, laugh, and bond. Laughter is great medicine! Working together as a team to confront stressful situations so the pressure is not only on one person also helps to reduce the emotional demands of providing palliative care. If one member of the team is overwhelmed, other team members can "fill in" for each other, especially during stressful situations or in managing challenging patients. We must accept the fact that one person cannot be everything to all people. Therefore, we rely on our team when needed. To combat stress and burnout, also look for ways that the team can spend time together doing something enjoyable (not just talking about patients), such as bringing home cooked foods to the team meeting, going out for lunch from time to time and celebrating birthdays.

We can cope as a team, but also need to take charge of our own lives to relieve the stress of our work. As individuals, don't "hope" or "wait" to find the time for you to do something enjoyable. We all have demands and pressures on us, both at work and at home. "Hoping" the free time will miraculously appear will mean a lot of waiting (maybe until retirement!). Recognize that doing something for yourself is not taking anything away from someone else. It enables us to continue giving to our patients and colleagues since our life is in better balance.

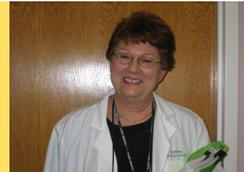
As a group during the noon-time conference on 2/17/05, we (the VISN 3 PCCT's) came up with a FANTASTIC list of activities, (listed on the next page). Some take little or no time (so the 'time' excuse won't work!) and others are great ideas to plan for in the future. Some cost nothing or almost nothing (so the 'money' excuse won't work!). Others may take some savings. The recommendation is to have something daily that brings some pleasure into life. If not daily, then schedule at least three pleasurable activities for yourself each week. By "schedule" we mean to put it on your calendar, plan for it, and make it happen. You deserve it!

VISN 3 Pleasurable Activities List: (additional ideas added to original list)

Little Planning and/or Little or no Money	Some Planning and/or Some Money	More Planning and/or More Money
1. Church or other religious/ community activities	1. Massage	1. Casino
2. Foot Rub	2. Pedicure	2. Cruises
3. Nap time	3. Chiropractic sessions	3. Travel
4. Dancing	4. Eating out for fine food	4. Ski
5. Sports	5. Shopping	5. ice skating
6. Hang out w/ girlfriends	6. Dinner w/ significant others	6. Diamonds
7. Relaxation exercises	7. New Hair do	7. Buy Jewelry
8. Hang out in the park or beach	8. Makeovers	8. Going on a retreat
9. Sex	9. Make Jewelry	9. Blow glass
10. Light candles at dinner	10. Swim	10. Go to the mountains
11. Read with the kids	11. Yoga	11. Take a class
12. Read on your own	12. Tai Chi	12. Have the VA sponsor a palliative care team day at the spa annually
13. Listen to music	13. View sport activities	13. Take a weekend trip
14. Cook a nice dinner	14. Go to a water park	14. Play in a dart league
15. Bake	15. Museums	15. Listen to live music every other week, especially jazz or blues
16. Window shopping	16. Concerts	16. Learn to play the guitar
17. People watching	17. Paint	17. Go apple-picking
18. A nice cup of tea	18. Pottery	18. Take a trip to Europe
19. Going for a walk	19. Paint pottery	19. Go away to a spa.
20. Putting your toes in the sand	20. Dried flowers	20. Go someplace warm in the winter
21. Roam around a new place	21. Scrap-booking	
22. Outdoor music	22. Getting hair done	
23. Crafts fairs	23. Shop for unneeded things	
24. Take a random day off in the middle of the week to do something fun	24. Buy yourself flowers for office at work	
25. Calling a friend	25. Watch a movie	
26. Spending fun time with kids	26. Going to a ball game	
27. Drive with the radio LOUD	27. Rent a movie	
28. Long shower	28. Shopping	
29. Bubble bath	29. Go out to dinner to celebrate report cards, good MD reports, everything	
30. Sleep in	30. Short day trips	
31. Time alone	31. Go out on a date with spouse	
32. Meditation	32. Fresh flowers every 2 wks	
33. Visit family	33. Have the time to eat Lunch.	
34. See friends	34. Go out with friends	
35. Watch star trek	35. Photography	
36. Watch food network	36. Poker night	
37. Sleep uninterrupted/late	37. Explore New York Cit (alone or with friends)	
38. Glass of wine	38. Sat. lunch with an old friend	
39. Going to bank	39. Manicure	
40. Sitting in a quiet place	40. Date night	
41. Exercise	41. Visit a school for disabled	
42. Listen to people's stories	42. Amusement park	
43. Surf the net	43. Breakfast out	
44. Being alone	44. Sew	
45. Have a passion	45. Trying a new Restaurant	
46. Social gatherings	46. Watching comedy	
47. Make cookies		

External Rotation at the Bay Pines VAMC Hospice

by Ariela Rodriguez, PhD, LCSW



For information about the VAMC at Bay Pines FL please refer to <http://vaww.bay.pines.med.va.gov>

It was my good fortune to visit Bay Pines VAMC Hospice in St. Petersburg, FL one day in August 2004, shortly after hurricanes had roared through Central Florida. (For a report on my one-day visit to Bay Pines VAMC please refer to article published in *The Cloak*, December 2004, that can be found at www.nygrecc.org.)

At Bay Pines I was fortunate to meet Deborah Grassman, ANP and Hospice Coordinator, and to hear her address new employees with factual and emotionally moving information about Hospice patients and services. During that visit I toured the facility and participated in staff meetings and spoke to the diverse Hospice staff members about their roles. By the end of the day I knew I wanted to learn all I could about the management of the inpatient Hospice unit and their Bereavement Program in particular. Mrs. Grassman was receptive to the possibility that I could spend my external rotation at their facility. She even suggested that they would be able to arrange for my housing needs.

The rotation to Bay Pines was arranged and scheduled to take place in January 2005. As it turned out, Mrs. Grassman provided her home to be my home in St. Petersburg for the duration of the rotation. For her generous hospitality, I will be eternally grateful.

Upon my arrival at the Hospice unit, I was received with an outpouring of joy and affection. The virtue of Hospitality was the norm of the culture at the Hospice unit. Shortly after my arrival, they pinned me with a button that said "Gracious Receiver". This ritual eased my awkwardness and allowed me to accept their unconditional acceptance. Later I realized that this same button was pinned on Hospice patients upon their arrival in the unit. It certainly made it easier for me, used to doing things for myself and by myself, to relax and accept the love that was being offered to me. I understood how this seemingly simple ritual would allow fiercely independent veterans to relax their guard and accept the loving care and attention offered to them by the Hospice staff.

Few VHAs have fully functioning comprehensive bereavement programs. Most of my time at Bay Pines was spent learning how the Hospice Bereavement Program was organized and implemented. I also had the opportunity to participate at the bedside patient/family quality-of-life meetings, at the reviews of quality-of-death experiences, and at the many early morning in-service meetings led by Mrs. Grassman focusing on quality improvement issues or serving as staff stress-reduction retreats. (For more information about how Bay Pines Hospice meets the needs of patients and families please watch the video available at their website under Geriatrics and Extended Care, <http://vaww.bay.pines.med.va.gov/gec4.cfm>)

The Hospice Bereavement Program at Bay Pines is not limited to Hospice patients and their families but rather it is open to any bereaved person referred by any other hospital service and/or referred by any community-based service agency. I shadowed the Bereavement Program Coordinator, Mrs. Patricia McGuire, RN, and, with the participants' permission, sat-in during every individual and bereavement group activity she led. I also shadowed Mrs. McGuire when she responded to requests for consultation for possible admission to Hospice for patients who were deemed to be near death. (For more information on Bay Pines VAMC's Bereavement Program please access the Bay Pines website's Geriatrics and Extended Care and click on the Bereavement Clinic option at <http://vaww.bay.pines.med.va.gov/gec6.cfm>)



Mrs. Patricia McGuire, RN (left) with Interdisciplinary Palliative Care Fellow, Dr. Rodriguez

A Perspective on Current Events

Submitted by Louisa Daratsos, LCSW, ACSW

The Schiavo case has recently become a focus of public attention and intense discussion. The public has come to associate this case and several other similar cases with the issue of how medical care decisions are made when patients can no longer speak for themselves. The mention of the names of these patients has come to represent the complexity of issues surrounding life and death. The circumstances of the last stages of their lives have deeply touched the public, ourselves, and our veteran patients and families included.

Certainly, there are lessons to be learned by us and by our veteran population. Regardless of our function on the palliative as well as any other team on which we serve, we must talk to our patients to begin the dialogue about what their wishes are should they ever not be able to speak for themselves. We must follow this discussion with appropriate and timely documentation in the medical record. This is doing no more than following VHA guidelines regarding health care planning. Those of us who serve as faculty and mentors to more junior professionals must teach these issues with ever improving skill.

To truly be an example to our patients and colleagues, we must also have these discussions with our own loved ones and healthcare providers, enabling them to act with our wishes directing them, should that ever be necessary. We owe it to those we love and for to those for whom we care to record our personal wishes and preferences should we be faced with tragic circumstances in our lives.

The seasoned clinicians in our palliative care teams know it is as acceptable for patients to request complex medical intervention at the end of life as it is to have a simple death. At every stage of an illness and at every healthcare setting there is an imperative underscored by recent events---we must talk openly about health care decision making. We may wish to avoid the conversations based on many reasons, but the value of these discussions lead veterans, their families and treatment teams towards delivering compassionate care.

External Rotation (con't)

Having met the patients in the Hospice unit or during the hospital consults, makes it easier for the families of the terminally ill or of the deceased patients to seek the Hospice's bereavement support services. Mrs. McGuire is well known throughout the Bay Pines VAMC. In addition and responding to requests from Bay Pines employees, she started an early morning support group for bereaved employees.

The Bereavement Program follows individuals and families for 13 months, more or less if the families request it. Much paperwork is required to make timely contact with families and to keep accurate records of the contacts made. Mrs. McGuire actively recruits and trains volunteers to help her with this time-consuming task.

Mrs. McGuire or one of the specially trained volunteers contacts the families of deceased patients on the phone days after the death. During this telephone call, condolences are offered and a tentative assessment is made as to how well or how poorly the bereaved relative is handling the loss. A letter follows the phone call enclosing information about grieving and about services available to assist grieving families, including the schedules of the bereavement groups that are held at the VAMC and the names and telephone numbers of other community-based agencies that offer bereavement services.

Memorial services are held quarterly and a memorial picnic for bereaved families is planned every year to coincide with patriotic and other remembrance ceremonies held at Bay Pines during the Memorial Day weekend. The spacious park-like grounds at Bay Pines are particularly suited for holding large gatherings and family picnics.



I thoroughly enjoyed my time at Bay Pines VAMC. I am grateful for having had the opportunity to learn how to set up and manage a comprehensive bereavement support program. But most of all I'm grateful for the loving hospitality that was extended to me by every member of the Hospice staff. To them I say, "Mi Casa es su Casa", and "Y'all come visit me soon!"



Deborah Grassman, ANP, (in blue), and some members of the hospice staff at a farewell dinner for the Fellow

VA New York Harbor Healthcare System Celebrates National Hospice Month: November 2004

Submitted by *Therese Cortez*

November 2004 was National Hospice Month and all three sites of the VA-NYHHS joined with their community hospice partners in honoring and thanking veterans of the Palliative Care programs and in providing educational opportunities for patients and their families.

The members of the Palliative Care Teams and their community hospice partners held informational fairs at all three campuses. Patients and their families learned about palliative and hospice care options offered by the VA in partnership with community providers. Many visitors learned about the Hospice Veteran Partnership and how it can improve end of life care for veterans and their families.

Facility leadership and the members of the Palliative Care Team visited palliative care inpatients at Brooklyn and NY. The ceremonies were held at bedside, with family members close by. Mr. Donnellan, VA-NYHHS Director, thanked our veterans for their service to our country and presented them with a certificate of merit for their years of service and a commemorative pin noting the Hospice-Veteran Partnership.

A unique celebration for patients and their families was held at the newly designated Palliative Care Unit at St. Albans. During the celebration, which was attended by leadership from VA-NYHHS and St. Albans, the Palliative Care Team was presented with a special contribution from Voluntary Services to be used to enhance the comfort of the patients on the unit.



To highlight the development of the Hospice Veteran Partnership, the VISN 3 Executive Director, Mr. James Farsetta, Mr. Donnellan, and members of the VA palliative care and hospice teams made a home visit to Mr. Caton Lepore. Mr. Lepore, a WWII veteran, whose care is being jointly managed by the Brooklyn Palliative Care Team and Continuum Hospice, was personally thanked and honored by Mr. Farsetta. Mrs. Lepore was moved to comment: "Our gratitude and the honor that was bestowed upon... (him) will be a lasting memory."



Emerging Issues in Aging Videoconference

Submitted by *Valerie Menocal*

The Bronx – New York Harbor GRECC and the Consortium of New York Geriatric Education Centers (CNYGECs) are pleased to announce the **5th Annual Emerging Issues in Aging Videoconference** on **June 9, 2005** from 9:00 am to 1:00 pm.

Last year's videoconference, "**Geriatric Mental Health and Disaster Preparedness: Mental Health Interventions and Treatment Plans,**" hosted over 200 participants throughout the country from a variety of disciplines.

This year's interdisciplinary multi-site conference will focus on "**Improving Quality of Life**" and will be broadcast from the Bronx VAMC to 25 sites in New York State, New Jersey, Ohio, and Washington, DC. It will address the following topics that affect the quality of life of older persons: elder mistreatment and neglect, nursing homes, oral health, and loss and bereavement. Dr. Barry Gurland will deliver the keynote address on Quality of Life Issues. Dr. Gurland is the Sidney Katz Professor of Psychiatry and Director of the Columbia University Stroud Center for the Study of Quality of Life in Health and Aging. He also directs programs in geriatrics and gerontology at the Columbia University Medical Center and the Mailman School of Public Health.

All healthcare professionals and administrators are welcome! For more registration information, contact Valerie Menocal at valerie.menocal@med.va.gov.

Congratulations to those who passed the Palliative Care Certification Exam!

Past Certified

Carol Luhrs, MD
Andrea Leaf, MD
Victor Chang, MD
Mary Drayton, NP

Newly Certified

Alice Beal, MD
Jatinder Khokhar, MD
Zahira Shamsi, MD
Nancy Haliskoe, NP
Robyn Anderson, CNS
Dorothy Wholihan, NP