

## Cordt Kassner

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TODAY**

**May 29th, 2024**

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## Hospice Provider News

### **Three ways to communicate with Gen-Z—and why it's important**

*Forbes; by Clarissa Windham-Bradstock; 5/28/24*

"It's not what you said, it's how you said it!" ... Gen-Z (born 1996-2015) is leading the charge on this one, according to a new Gallup survey. ... They want to hear full transparency. ... How to Speak Gen-Z: ...

1. Clarify your organization's mission and mission. ...
2. Foster connections. ...
3. Let them be heard. ...

*Editor's Note: Calling all hospice and palliative leaders born before 1996: Read, learn, listen, and reframe your communications with your Gen-Z employees. Identify a current conflict and examine your communications against this model and its guides. What communication changes can you pilot and evaluate? For an example, pair this with another article in today's newsletter, "What AccentCare's clinicians wanted from the company's AI implementation."*

### **Would an 'unbossed' culture work in healthcare?**

*Becker's Hospital Review; by Madeline Ashley; 5/24/24*

The workforce has seen an influx of changes and trends come and go in a post-pandemic world, with more employees taking the reins and standing up for new, flexible ways to get their jobs done. One such trend catching on lately is the "unbossed culture." The term describes a work environment wherein management assumes more of a leadership role than a supervisor role. The hands-off approach makes for fewer check-ins, allowing employees to have more

ownership over how they tackle and complete their tasks. While this new workforce trend spreads across multiple industries, the glaring question remains, "Would an unbossed culture work in healthcare?"

*Editor's Note: Let's push that question further, "Would an unbossed culture work in hospice care?" Or perhaps, what new short-term trends and longer-term evolution is happening in hospice/healthcare leadership, management, accountability, collaboration, and outcomes? How has technology changed long-standing patterns for organizational communications, assessments, planning, implementation and evaluation?*

## **Hospice of the Red River Valley awarded \$2 million grant**

*NewsDakota; by Steve Urness; 5/25/24*

The North Dakota Department of Health and Human Services, Medical Services Division, has awarded a substantial grant of up to \$2 million to Hospice of the Red River Valley. This grant is designated for the expansion of home and community-based services to Medicaid members residing in under served regions of North Dakota.



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## **Publicly traded hospice companies poised for deals**

*Hospice News; by Jim Parker; 5/24/24*

The nation's publicly traded hospice companies are primed for more acquisitions after a 2023 slump, fueled by census and growth. Transaction volume declined in the hospice and home-based care space in 2023, following the two record-breaking prior years. [Examples include:]

- Vitas Healthcare, a subsidiary of Chemed Corp., made its first acquisition in several years with the \$85 million acquisition of Covenant Health and Community Services' hospice operations and one assisted living facility location.

- The Pennant Group has completed two acquisitions thus far in May, most recently the Corpus Christi, Texas-based hospice provider Nurses on Wheels Inc. for an undisclosed amount. Earlier this month Pennant acquired Utah-based South Davis Home Health and South Davis Hospice.
- Addus is seeking acquisitions that would pair its home health and hospice services with its personal care business in its existing markets.
- BrightSpring is also positioning itself for further growth, driven in part by acquisitions.

## Palliative Care Provider News

### **Palliative care and harm reduction: Improving outcomes for patients with cancer, substance use disorder**

*Pharmacy Times; by Alexandra Gerlach; 5/24/24*

Pain management and substance use disorder (SUD) present unique challenges for patients with cancer. At the 2024 Society of Pain and Palliative Care (SPPCP) Virtual Conference, presenters Sachin Kale, MD, MBOE, and Kyle Quirk, PharmD, discussed challenges related to limited training of health care professionals (HCPs) in the management of patients with cancer-related pain and SUD. They highlight a need for a more comprehensive medical model that incorporates harm reduction strategies in palliative care and fosters a patient-centric approach to treatment.

### **Stoneridge Hospice expands services with launch of palliative care branch in Scottsdale, Arizona**

*KNWA Fox24; by EIN Presswire; 5/26/24*

Stoneridge Hospice ... is proud to announce the establishment of its newest branch offering [palliative care](#) services in Scottsdale, Arizona. ... This new agency will offer a range of palliative care services, including pain and symptom management, emotional and spiritual support, coordination of care, and assistance with advanced care planning.

## **Disparities in palliative care use for patients with blood cancer who died in the hospital**

*The American Journal of Hospice & Palliative Care; by Tien-Chan Hsieh, Yee Hui Yeo, Guangchen Zou, Chan Zhou, Arlene Ash; 5/27/24 online ahead of print*

**Background:** Palliative care can enhance quality of life during a terminal hospitalization. Despite advances in diagnostic and treatment tools, blood cancers lag behind solid malignancies in palliative use. It is not clear what factors affect palliative care use in blood cancer.

**Conclusions:** This study highlights disparities in palliative care use among blood-cancer patients who died in the hospital. It seems likely that many of the 46% who did not receive palliative care could have benefitted from it. Interventions are likely needed to achieve equitable access to ideal levels of palliative care services in late-stage blood cancer.

## **Clinical News**

### **Bereavement care, often an 'afterthought,' should be public health priority**

*Healio; by Jennifer Byrne; 5/26/24*

Health care institutions and their staffs must take action to ensure bereavement care shifts from “an afterthought to a public health priority,” according to a position paper published in *The Lancet Public Health*. Bereavement support often is considered part of palliative care; however, there often is a lack of continuity of care for bereaved individuals after a person dies in palliative or [end-of-life care](#) settings, the paper’s authors contend. Healio spoke with [co-author Wendy G. Lichtenthal, PhD, founding director of the Center for the Advancement of Bereavement Care at Sylvester Comprehensive Cancer Center, University of Miami Miller School of Medicine] about what bereavement care encompasses, why it should be prioritized and how institutions can support grieving individuals who may require assistance.

## Post-Acute Care News

### **Kaiser physicians vote to unionize**

*Becker's Hospital Review; by Kelly Gooch; 5/24/24*

Resident and fellow physicians employed by Kaiser Permanente hospitals in Northern California voted to join the Committee of Interns and Residents, a local chapter of the Service Employees International Union. Nearly all participating voters (99%) cast ballots in favor of unionization, according to a May 23 CIR/SEIU news release. The National Labor Relations Board has not yet certified the results. Pending certification, the total percentage of residents represented by CIR/SEIU in California will reach 82%, according to the union.



### **NYCHA, HPD and HDC celebrate completion of nearly 200 units of senior housing in Bed-Stuy**

*New York Law School; by Veronica Rose; 5/28/24*

On May 23, 2024, the New York City Housing Authority, the Department of Housing Preservation and Development and the New York City Housing Development Corporation celebrated the completion of the Atrium at Sumner project, a new eleven-story residence for seniors. ... Of these 190 units, 57 apartments have been reserved for seniors who formerly experienced

homelessness, and 132 apartments are available to senior households at 50 percent area median income or less. ... On-site social services will be provided through Selfhelp's Active Services for Aging Model with voluntary social work support for individual residents and a Program of All-Inclusive Care for the Elderly (PACE Center) on the ground floor open to residents.

## Technology / Innovations News

### **What AccentCare's clinicians wanted from the company's AI implementation**

*Home Health Care News; by Joyce Famakinwa; 5/23/24*

Like many others, AccentCare has embraced artificial intelligence. However, the company wasn't satisfied with implementing generative AI and looping in its clinicians afterwards. Instead, the company made its nurses a part of this process from the start. "It's our philosophy at AccentCare that we don't make changes to clinical practice without having a conversation with the people who are delivering clinical care," Tracy Dent, vice president of clinical operations at AccentCare, told Home Health Care News. "They're the people who are delivering care at the bedside. We want to make sure they have a voice in decisions that are going to impact their ability to do so."

*Editor's Note: Pair this with another article in today's newsletter, "Three ways to communicate with Gen-Z—and why it's important."*

## Ethics

### **Coercive care**

*STAT; by Eric Boodman; 5/21/24*

For decades, physicians have steered sickle cell patients toward sterilization. I want to bring to your attention a deeply disturbing but vital series of stories STAT is publishing beginning today. It reveals that an injustice often relegated to the distant past persists to this day: For decades, physicians have steered sickle cell patients toward sterilization, their stories echoing the ugly history of eugenics in America. This series had its origins when reporter Eric Boodman read a research paper about the increased risk of pregnancy complications associated with sickle cell disease, which is most prevalent among people of African descent. As he began interviewing physicians and patients, they kept telling him about people

who'd been discouraged from having kids — and in some cases, felt pressured to have sterilizations they weren't sure they wanted.

*Publisher's Note: This series of articles may require subscription.*



## General News

### **Purdue student dies from brain cancer after captivating nation during team's Final Four run**

*Indy Star; by Dana Hunsinger Benbow; 5/28/24*

Jonathan Avalos, a 22-year-old Purdue basketball fan who captivated the nation and world with his openness as he faced death amid a terminal brain cancer diagnosis during the team's run in the NCAA tournament, died Sunday at his Indianapolis home. ... After IndyStar's story ran last month, people from all over the world reached out to support Avalos. ... When Avalos came home from Methodist on hospice, the love didn't stop. Country singing legend George Strait mailed Avalos an autographed album cover after reading in IndyStar that his favorite song was "Here for a Good Time." ... As he faced death, the lyrics to that song had a much deeper meaning. "Every day I wake up knowing it could be my last ... I ain't here for a long time ... I'm here for a good time."

### **Caring for an aging US population—the good news and the bad news**

*JAMA Health Forum; by Stuart M. Butler; 5/23/24*

The US is a rapidly aging society. The proportion of the population older than the retirement age is increasing, and more people will reach very old age. The proportion of people older than 65 years of age is projected to increase from 18% today to 23% by 2054, with the number of individuals older than 100 years of age quadrupling. This trend poses enormous challenges for the health care system and the social structure of the US. For instance, aging is associated with



loss of social connections, which is linked to accelerating mental and physical deterioration, including dementia. Caring for very old people with dementia and other chronic conditions is costly, compounded by a desperate shortage of care workers. In 2023, the yearly average cost was more than \$116,000 for a private room at a nursing home and the cost was more than \$75,000 for a home health aide. Affordable housing options continue to be in short supply. Community and health service organizations are bracing for a major increase in older people experiencing homelessness, especially among those with dementia and mental illness. An increasing number of older people may have to move into Medicaid-financed nursing homes as their private resources are depleted, which would also place increasing strain on state and federal budgets. However, there is some good news regarding innovations in health care, technology, and housing ...

## Today's Encouragement

**I am not afraid of storms for I am learning how to sail my ship. – Louisa May Alcott**





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