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Headlines

[Surprise D-Day veteran honored on anniversary](#)

Daily Independent; by Lin Sue Flood; 6/6/24

At the tender age of 18, Surprise [AZ] resident Ned Kent joined the Army. That was January 1940 — just four months into World War II — and he served faithfully through July 1945, virtually the end of the war. A hard worker, Kent rose to the rank of technical sergeant and fought on the front lines of the Battle of the Bulge in Belgium. He and his troop won a Bronze Star for their heroic actions storming Normandy while under German bombardment on D-Day 80 years ago. ... But those five years of service were difficult to talk about. It took Kent decades to open up about what he experienced, including the horrors witnessed while liberating a concentration camp. One of the people he shared openly with was Hospice of the Valley social worker Roberta Fellows. Once she learned about his time in the service, she was determined to give him some much-needed recognition for all he endured. She called upon a veteran volunteer with Hospice of the Valley's Saluting Our Veteran's program The humble centenarian was beside himself, surrounded by son-in-law Sam, a Vietnam-era veteran, and Debi, who brought a surprise gift: 11 of his medals framed in a shadow box.

Hospice Provider News

[Death with dignity: 50th anniversary of America's first hospice](#)

Yankee Institute; by Andrew Fowler; 6/7/24

... In the late 19th century, terminally ill patients faced undignified treatment or were even "refused admission to the hospital entirely" due to "availability of space and resources" or race and socio-economic class, according to *Doctors*,

Death, and Denial: The Origins of Hospice Care in 20th Century America by Sarah E. PajkaAll of this shaped the outlook of Florence Wald — a former dean of the Yale University School of Nursing, and a Branford native. Growing up in the early 20th century, she recognized the flaws and inhumane nature of medical care toward terminal patients, telling the Associated Press (AP), on Nov. 26, 1971, that death is “a period of life that can have a lot of meaning. It can be content, full of joy, with lots of reminiscing.” But death needed to be “more human and meaningful,” as she stated in the same AP article. Throughout her career, Wald’s passion for palliative care revolutionized the medical profession, with her co-founding “The Connecticut Hospice,” the **first** in the United States, on June 11, 1974. Since then, more than 5,200 hospices have been established in the country and **millions** have sought both in-patient and home care services. This is the story of how the first hospice was founded in Connecticut 50 years ago. ...

Editor's Note: This fascinating history of hospice's beginnings illuminate core purposes, outcomes (are we measuring the right factors?), and current 21st century challenges. This article is published by the Yankee Institute, not Connecticut Hospice. This author frames this history as a stand against "euthanasia." Whatever one's ethical, political, or religious stand on today's MAiD issues (Medical Aid in Dying)--also referred to as physician assisted suicide--we invite you to find common ground in learning from our history and celebrating Florence Wald's co-founding of The Connecticut Hospice. For readers, what do you know about your hospice organization's history? What might you research and learn? Whom can you honor? Fifty years from now, what will be said of how your organization chose to address 2024's core hospice purposes, outcomes, and challenges?

New partnership aims to expand hospice services in EUP [Michigan]

The Sault News; by Brendan Wiesner; 6/7/24

A new partnership between local and state organizations will help support hospice services for the Sault community. Several months ago, the Chippewa County Health Department decided to close its home health and hospice division. The division committed to providing hospice services until the end of 2024 or until a new program was made available for the community. The closing of the division did not affect the hospice services at the Hospice of the EUP, but it would have limited access to hospice services that are set up in people's homes. The division also provided some support to Hospice of the EUP through clinical support.

Editor's Note: We posted a related article on 6/7/24, "[Collaboration looks to fill void left by closure of Hiland Cottage Hospice](#)." However, that article highlighted "Hiland Cottage Hospice" while this one focuses on "Hospice of the EUP."



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AccentCare expands hospice care business to Rhode Island

HomeCare; 6/7/24

AccentCare, a nationwide provider of home health, hospice and personal care services, announced the opening of its Warwick hospice location and its expansion into Rhode Island after being awarded a Certificate of Need (CON) license in the state. "We are excited to expand our footprint in New England and to provide hospice services to more patients and families in the region," said Andy Johnston, president of hospice & PCS, AccentCare. "We know the critical role hospice plays in extending the continuum of care to patients and adding dignity to the end of life. We are honored to begin providing high-quality, compassionate care in Rhode Island."

What does death look like for those experiencing homelessness in Southern Nevada?

Nevada Current: by Michael Lyle; 6/6/24

Though the number of unhoused who died since 2020 has spiked 79%, there is still much unknown.

The morning had just hit 96 degrees when Elizabeth Cannon sat down in a vacant lot nestled in between a church and the edge of a mostly shadeless neighborhood near Sahara and Eastern avenues*[Click on the title's link for more of this story.]*.....Cannon was one of 333 individuals who died in 2023 who were considered homeless or transient, according to the Clark County Office of the Medical Examiner. *Nevada Current* examined homeless death data provided by the coroner's office and found there has been a nearly 80% increase in the number of unhoused people who have died in Southern Nevada since 2020, when the office reported 186 deaths.

Editor's Note: What is the data for your service areas? What community agencies do you partner with? For a premier example, see the [Hildegard House](#) in Louisville, KY provides the "home" with trained volunteers who serve as "family" caregivers; Hosparus Health provides the hospice team. For related recent articles we've posted, visit the following:

- [Social Model Hospice: Providing hospice and palliative care for a homeless population in Salt Lake City, Utah](#)
- [New facility is first in Wisconsin to serve homeless people with terminal illnesses](#)
- [Changes coming to Long Beach homeless center where 20 enrolled died](#)
- [Why California doesn't know how many people are dying while homeless](#)

Haven Hospice team members win three Florida Hospice and Palliative Care Association awards

Press release; 6/5/24

Gainesville, FL: Three Haven Hospice team members were awarded with Florida Hospice and Palliative Care Association (FHPCA) Awards of Excellence at the 2024 FHPCA 39th Forum in Orlando, Florida.

- Jennie Lyons was awarded the Barbara Janosko Excellence in Leadership Award.
- Sarah Murnahan was awarded the Catalyst Award.
- Nooriel Nolan was awarded the Rising Leader Award.



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Clinical News

Paramedics helping hospice patients make final memories with family

CKXS 99.1 News, St. Wallaceburg, Ontario; 6/7/24

A new hospice program in Chatham-Kent is giving patients a chance to take one last end-of-life journey with their loved ones. Chatham-Kent EMS and the Chatham-Kent Hospice have partnered to create the Lasting Memories Program,

which allows palliative patients to take a day trip to a location of their choosing. The program helps families create lasting memories of their loved ones in the final days through a trip to the farm, a ride to the lake, or enjoying a sporting event. Local paramedic Jon Benoit was credited for helping to get the program off the ground by coordinating services between the hospice and Medavie Health Services. "Medavie is really good about letting us use their ambulances and helping get this program running and supporting us through it... but the medics doing the actual program, it's all volunteer time," he said. Staff at the hospice work with families on coordinating the outing with volunteer paramedics, who escort them throughout the excursion, alleviating any health or medical concerns.

Navigating the complexities of palliative care for patients with comorbidities and complicated symptoms

Pharmacy Times; 6/6/24

In an interview with the Pharmacy Times, Justin Kullgren, PharmD, FAAHPM, Palliative Medicine Clinical Pharmacist Specialist and PGY2 Pain Management & Palliative Care Residency Program Director at The Ohio State University Wexner Medical Center, James Cancer Hospital, shares insights into palliative care and common challenges faced by pharmacists treating patients with complicated symptoms. He discusses the complex nature of patient cases in palliative care, emphasizing the importance of effective treatment management, pain tolerance, and overcoming patient barriers to treatment.

Design, creation, and 13-month performance of a novel, web-based activity for education in primary cardiology palliative care

Journal of Pain and Symptom Management; by Jill M Steiner, Caroline L Doherty, Jill A Patton, Jadry Gruen, Sarah Godfrey, John Mulrow, Richard A Josephson, Sarah J Goodlin; 6/5/24 online ahead of print

Cardiovascular disease (CVD) clinicians who care for seriously ill patients frequently report that they do not feel confident nor adequately prepared to manage patients' palliative care (PC) needs. With the goal, therefore, of increasing PC knowledge and skills amongst interprofessional clinicians providing CVD care, the ACC's PC Workgroup designed, developed, and implemented a comprehensive PC online educational activity. This paper describes the process and 13-month performance of this free, online activity for

clinicians across disciplines and levels of training, "Palliative Care for the Cardiovascular Clinician" (PCCVC).

Editor's Note: Reiterating, this "free, online activity [is] for clinicians across disciplines and levels of training." The trajectories for cardiovascular diseases can elicit enormous anxiety--due to their roller-coaster changes that can result in sudden death--in contrast to the more predictable trajectories for cancer. Whether you use this resource or another, educate your interdisciplinary clinical managers and team members to the all-important disease and care factors for cardiology palliative care, relevant to the scope of professionals' different roles.



Managing palliative care challenges for patients with complex symptoms

Pharmacy Times; 6/7/24

In an interview with the *Pharmacy Times*, Justin Kullgren, PharmD, FAAHPM, Palliative Medicine Clinical Pharmacist Specialist and PGY2 Pain Management & Palliative Care Residency Program Director at The Ohio State University Wexner Medical Center, James Cancer Hospital, shares insights into palliative care and common challenges faced by pharmacists treating patients with complicated symptoms. ...

Pharmacy Times: What do you wish pharmacists understood about hospice and palliative care in terms of patient care for patients with complicated symptoms?

Kullgren: So, I think, number 1, pharmacists across all healthcare systems, in the hospital, at community pharmacies, long-term care, you are all going to be involved in these patients— it's just to what degree..... We want to do those therapies that.....are going to have the least amount of risk for our patients, or at least side effects for our patients. ...

Regulatory News

Five arrested over 'sham hospices' alleged to bilk Medicare for over \$15 million

Los Angeles Times; by Emily Alpert Reyes; 6/8/24

Federal officials announced that five people were arrested this week in Los Angeles over an alleged scheme to bilk the Medicare program of more than \$15 million. The U.S. Department of Justice said three of the San Fernando Valley residents who were arrested — Petros Fichidzhyan, also known as Peter; Juan Carlos Esparza; and Karpis Srapyan, also known as Tony Levy — were accused of running "sham hospice companies" and turning in fraudulent claims to Medicare for hospice services..... As part of the alleged scheme, the three defendants misappropriated the identifying information of doctors to claim those physicians had deemed hospice services necessary for patients, federal prosecutors said. They also allegedly used the names and Social Security numbers of Russian and Ukrainian citizens who had left the U.S. to open bank accounts and sign leases, indicating that the "impersonated identities" were the owners of the hospice companies that they in fact controlled, according to the federal indictment.

Post-Acute Care News

Governor on hand for PACE opening

News-ExpressKy, Pikeville, KY; by Terry L. May; 6/7/24

Mountain View PACE (Program of All-Inclusive Care for the Elderly) was created to help adults 55 years old and older with complex care needs to avoid nursing homes and to receive care and services necessary to help them be safe, comfortable, and healthy while maintaining a more independent lifestyle, Mountain View PACE Medical Director Dr. James Rummel Jr. said..... "For those of us who have aging parents, we see this cycle of people who are having a hard time living well at home so they tend to do this circle of home to the ER to the

hospital to the nursing home for rehab then back home and it keeps repeating.” ... “We are not trying to replace anybody,” Rummel said. “We are trying to augment the system to fill the gaps. We are a niche type of healthcare system.” ... “What a great day in Pikeville and Pike County,” Governor Beshear said. “How we treat our seniors says something about us and our values as a people.”



Higher sepsis mortality in safety-net hospitals linked to fewer post-discharge care options

Contagion Live - Infectious Diseases Today; by Kenneth Bender, PharmD, MA; 6/9/24
Purportedly higher sepsis mortality in safety-net hospitals reflects less a difference in acute care than opportunities to discharge to hospice. By extending the measure of sepsis-related mortality from in-hospital events to occurrences within 30 days after the diagnosis, the purported higher mortality rate of sepsis treated in safety-net hospitals decreased to parity with non-safety-net hospitals, in a retrospective national cohort study. The investigators note the particular challenges of safety-net hospitals, which care for a disproportionately high share of low-income and underinsured patients, include fewer resources and narrower operating margins, as well as patient populations with decreased access to preventative care and more complex disease presentations.

International News

Better bereavement and palliative care priorities are needed internationally

ONS Voice - Oncology Nursing Society; by Elisa Becze, BA, ELS; 6/7/24
Palliative and bereavement care should be a health policy priority, an international team of public health scientists reported in *Lancet Public Health*.

They called for interprofessional health workers, organizations, and systems to “shift bereavement care from an afterthought to a public health priority.” The authors cited evidence that bereaved individuals are at increased risk for numerous adverse outcomes, including prolonged grief disorder, mood and anxiety disorders, existential distress, decreased work productivity, adverse health behaviors, cancer, heart disease, suicide, and death. They added that the burden is particularly high for vulnerable groups, including those living in communities with limited resources. Healthcare professionals’ barriers to providing bereavement care are similar to those for palliative care, they said, including:

- Limited training
- Lack of time
- Insufficient organizational and community resources

Today's Encouragement

Knowing your own darkness is the best method for dealing with the darkensses of other people. – Carl Jung



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