



HOSPICE & PALLIATIVE CARE TODAY

June 25th, 2024 Contents

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Headlines

[Jennifer Hale, MSN, RN, CHPN, CPHQ](#)

With great sadness we share that Jennifer Hale died Friday, 6/21/24. Vice President of Quality and Standards at Compassus, former Vice President Clinical Services at Optum Palliative Care and Hospice, and former Executive Director of the Georgia Hospice & Palliative Care Organization, Jennifer was widely known, respected, and loved in the hospice community. We share our condolences with her family, friends, and colleagues. Services are set for Thursday 6/27/24 at Heritage Funeral Home, Columbia, TN. Her obituary and additional information will likely be posted on her Facebook page (linked above) or [here](#).

Hospice Provider News

[Anatomy of hospice grief camps for children](#)

Hospice News; by Holly Vossel; 6/20/24

Training staff and volunteers to provide developmentally-appropriate grief support is among the key parts of operating summer camp programs for children and adolescents suffering a recent loss. Whether rolling out summer grief camps for the first time or innovating these programs throughout the course of several decades, hospices need a firm grasp around the different emotional and cognitive needs of pediatric populations coping with the death of a loved one, according to Alissa Drescher, senior director of mission-based services at Alive Hospice. With a greater understanding of how children process death, hospices can ensure staff and volunteers are well-equipped to support their evolving needs as they grow, Drescher said. [Click on the title's link to continue reading, particularly "Common threads among children's grief programs."]

[What employees say about their bosses and their companies: Top Workplaces 2024](#)

Cleveland.com; by Yadi Rodriguez; 6/23/24

What do employees say about their bosses and their "Top Workplaces"? We picked some of the best responses from employee surveys, to feature. Here's what they said: "I love my job because ..."

- the company really cares about helping me develop my professional skills, as well as cares about my personal wellbeing
- I am working for a company that does not see me as a number, but a person that can bring value to the work that I do
- The company keeps me updated
- I am able to learn more and expand my skills in a positive and encouraging environment.
- It allows me to meet both my personal and professional goals of being an advocate for quality care.
- They see me as a valued partner in their business.
- I am able to work remotely, which is beneficial for me personally.
- I feel like part of a family here. I come to work and enjoy being here. I not only have the opportunity to make an impact on patients' lives but they also make an impact on mine.

- There is trust and encouragement from leaders.
- I feel valued by the other team members around me and by my manager.
- The company cares about the overall well-being of its employees and achieving work-life balance.
- New ideas are listened to and encouraged, and I am given the freedom to complete my job at my discretion.
- Considering how large the organization is, I feel like I am counted as a person who has a voice and can feel comfortable to speak up at any time.
- My new role has a healthy work life balance and allows me to work full time but still have some flexibility.
- It has allowed me to grow as an individual. It has given me opportunities to share my ideas and develop process improvements to make our work easier and more efficient.
- Everyone's opinion counts! If you have something to say, you can say it and it will be heard. You can ask questions and you will get an answer. My abilities are always stretched. If I feel I have too much on my plate to be effective for the company, I always have the option to ask my supervisor to evaluate my workload with me. Safety, life-work balance, and ensuring you have what you need for your job are key aspects
- I directly influence the talent we bring into the organization. Having the ability to drive culture and our diversity recruiting strategy is exciting!
- I'm made to feel that my job is important, not only to me, but to the company and our customers.

Editor's Note: Contrast these with the many articles we post about healthcare employee unions, strikes, and their complaints. Examine these against your employees' feedback, retention data, and exit interviews.



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Bristol Hospice enters Mississippi market with Mid-Delta Hospice acquisition

Hospice News; by Holly Vossel; 6/21/24

Bristol Hospice has acquired Mississippi-based Mid-Delta Hospice, a move that marked its entry into the state.

Research uncovers racial disparities in hospice discharge outcomes

McKnight's Clinical Daily News; by Kristen Fischer; 6/20/24

When Black patients leave hospice care alive, they have a higher risk for being admitted to a hospital, according to a study published on May 16 in JAMA Network Open. About 15% of patients who enter hospice actually wind up being discharged from it before they die. That can happen for various reasons such as unplanned hospitalization, getting other treatment for a terminal condition, transferring to another hospice service, or if their condition improves. The transition to hospice can be hard, but moving to a different care setting can be challenging as well “Hospice care teams may want to pay particular attention to the discharge planning needs of patients of racial and ethnic minority groups and patients with more complicated needs,” Elizabeth Luth, the lead author of the study and a faculty member of the Center for Healthy Aging Research at the Rutgers Institute for Health, Health Care Policy and Aging Research, said in a [statement](#).

Publisher's Note: Readers interested in this topic are encouraged to review Dr.

Luth's [statement](#). It is more detailed than the McKnight's summary and perhaps more understandable than the JAMA source article that we posted on 5/25/24: [Hospice Readmission, Hospitalization, and Hospital Death Among Patients Discharged Alive from Hospice](#).

Palliative Care Provider News

[The opportunity for palliative care in ACO Flex](#)

Palliative Care News; by Audrie Martin; 6/24/24

On Jan. 1, 2025, the Center for Medicare and Medicaid Services (CMS) Innovation Center will begin implementing a payment model for primary care known as the Accountable Care Organizations (ACOs) Primary Care Flex Model under the Medicare Shared Savings Program (MSSP). The ACO Flex Model is a voluntary initiative to improve funding and other resources to support primary care delivery within the MSSP. The model encourages the formation of new, physician-led ACOs, particularly those serving underserved communities and addressing health disparities. This program is not just a test but also seeks to empower participating ACOs and their primary care providers to employ more innovative, team-based, person-centered and proactive approaches to care. [Click on the title's link for more information.]



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Clinical News

[The opaque industry secretly inflating prices for prescription drugs](#)

The New York Times; by Rebecca Robbins and Reed Abelson; 6/21/24

Pharmacy benefit managers are driving up drug costs for millions of people, employers and the government. This is the first article in a series about how pharmacy benefit managers prioritize their interests, often at the expense of patients, employers and taxpayers. Americans are paying too much for prescription drugs. It is a common, longstanding complaint. And the culprits seem obvious: Drug companies. Insurers. A dysfunctional federal government.

Publisher's Note: Pharmacy costs are second only to staffing for hospices. Dr. Drew Mihalyo and I presented on the complexities of prescription drug pricing at the 2017 Louisiana~Mississippi Hospice & Palliative Care Organization conference. This article, and others like them, will likely both educate and infuriate readers. The more things change, the more they stay the same...

Column: Hospice offers redirection of care

The Andalusia Star News; by Vickie Wacaster; 6/22/24

Watching someone you love grow weaker and weaker with each passing day is challenging. Yet, sadly, many of us experience this. In my own life, when my late husband was diagnosed with a terminal, non-curable, yet treatable disease, I felt we were living on a roller coaster of emotions, appointments, and treatment options ... Every day was a journey into uncharted territory for both of us.. It was only during the last few days that we found the strength to say “no more treatments” and asked for hospice ... Physicians recognize that hospice is not a withdrawal of care but a redirection of care to meet the needs of patients with an advanced terminal illness/disease.

Editor's Note: The word "redirection" powerfully, easily shifts the course of care. The person remains at the center, with the focus being the person, not the disease. This is not a denial of dying and death, but rather a signpost, a gentle way to open the difficult conversation for providing information and asking "what matters most to you, now?"

Spirituality as a determinant of health: Emerging policies, practices, and systems

Health Affairs; by Katelyn N. G. Long, Xavier Symons, Tyler J. VanderWeele, Tracy A. Balboni, David H. Rosmarin, Christina Puchalski, Teresa Cutts, Gary R. Gunderson, Ellen Idler, Doug Oman, Michael J. Balboni, Laura S. Tuach, Howard K. Koh; 6/24

Reimagining public health's future should include explicitly considering spirituality as a social determinant of health that is linked to human goods and is deeply valued by people and their communities. Spirituality includes a sense of ultimate meaning, purpose, transcendence, and connectedness. With that end in mind, we assessed how recommendations recently issued by an expert panel for integrating spiritual factors into public health and medicine are being adopted in current practice in the United States.



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Mergers & Acquisition News

[Private equity investment in assisted living: Distinct impacts and policy considerations](#)

Health Affairs; by Kali S. Thomas, John R. Bowlblis, Paula Carder, Cassandra Hua, Sean Shenghsiu Huang, Yashaswini Singh, Lindsey Smith, Momotazur Rahman; 6/18/24

Numerous academic publications, newspaper articles, and government reports have addressed private equity (PE) investment in health care entities, including nursing homes, hospitals, and physician practices. Proponents argue PE investment brings much-needed financial capital, allowing health care providers to renovate aging facilities, invest in the latest technology, spur innovation, and enhance operational efficiency. However, there are also concerns that PE investment has been associated with higher prices, lower quality, and inadequate staffing levels. Such changes could lead to patient harm, even death.

However, one significant and continually expanding sector—assisted living—has several distinct features that, compared to other health care entities, may lead to different outcomes from PE investments. Assisted living is paid for differently. In relation to PE investments, the arrangement of assets and operations in assisted living are different from other health care sectors. This distinction creates unique and more nuanced incentives. Crucially, there's actually no evidence to date on the effect of PE investment on the welfare of the people who reside and work in assisted living communities.

Post-Acute Care News

[48 health systems with strong finances](#)

Becker's Hospital CFO Report; by Andrew Cass; 6/20/24

Here are 48 health systems with strong operational metrics and solid financial positions, according to reports from credit rating agencies Fitch Ratings and Moody's Investors Service released in 2024. Note: This is not an exhaustive list. Health systems were compiled from credit rating reports. [Click on the title's link for the list.]

Editor's Note: This list is from larger "health systems," and does not reflect stand-alone hospice and palliative organizations.

General News

[From C-suite to scrubs, CEO takes a walk in employees' shoes](#)

Becker's Hospital Review - Leadership & Management; by Madeline Ashley; 6/20/24

Todd Forkel, CEO of Altru Health System in Grand Forks, N.D., quite literally knows what it's like to walk in his colleagues shoes, and it's all because of a program called "Shadow Me, Todd." Mr. Forkel has been CEO of Altru for more than two years, but has been in healthcare for 32 years with 13 years of CEO experience. A nonprofit health system, Altru comprises around 3,400 employees, including more than 300 providers across 65 care specialties. In the program, Mr. Forkel will shadow a different colleague two to four times a month, typically in the morning or afternoon.



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[Photojournalist blinded by MPD projectile during 2020 unrest enters hospice care](#)

Star Tribune Minneapolis, MN); by Zoë Jackson; 6/21/24

Photojournalist Linda Tirado, who was partially blinded by a foam projectile fired by Minneapolis Police during unrest in June 2020 has entered hospice care. The photographer was covering riots outside the Third Precinct in Minneapolis following the murder of George Floyd when she was injured four years ago. Minneapolis police "ignored the press credential she wore around her neck" and marked her with a "ballistic tracking round" and then "shot her in her face with foam bullets," according to her federal lawsuit, for which she was awarded \$600,000 from the city of Minneapolis.

International News

[The hospice as a sacred place](#)

The New Statesman; by Ken Worpole; 6/21/24

[UK] The hospice building retains a special place in the modern imagination, a new iteration of Larkin's "serious building on serious earth" The symbolic power of the hospice building was demonstrated in 2014, when 500 people attended a meeting protesting the proposed closure of Pilgrims Hospice in Canterbury. "It's only bricks and mortar," advocates of closure argued, suggesting that hospice care could be provided just as meaningfully at home. John Harries, resident-researcher at St Christopher's, followed the saga closely. The arguments against closure, he saw, came from families of those who had died within hospice walls, and for whom the building had "achieved the status of a sacred place": for them, "closure was seen as an act of desecration". For Harries, "Care is an invisible abstraction, but for many it is symbolised and made

concrete by the building.”

Publisher's Note: A bit of hospice history is woven into this interesting piece.

Today's Encouragement

In summer, ice becomes water faster than I can make decisions. - Anonymous



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