



Clinical Connections

A PUBLICATION OF
HOSPICE OF THE WESTERN RESERVE

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Better Together.



Stein Hospice Unites with Hospice of the Western Reserve

We are excited to announce that Hospice of the Western Reserve and Stein Hospice have joined together as one organization. Hospice of the Western Reserve is the leading provider of hospice and palliative care services in Northeast Ohio. Stein Hospice in Sandusky is the premier nonprofit provider for a service area encompassing Erie, Huron, Ottawa, Lorain, Sandusky, Seneca and surrounding counties.

"We are in an increasingly competitive environment. This new partnership ensures future generations will continue to have access to the best and most comprehensive end-of-life services available anywhere," said Bill Finn, President and CEO. "Together, we will build on our shared foundation of excellence to serve future generations with the compassionate care that has been a hallmark of both organizations for more than 40 years."

Our two nonprofit organizations have collaborated in the hospice and palliative care field for decades with a shared history of deep community roots. The mutual focus is on providing an exceptional scope of quality services and programs. The newly expanded organization offers Northern Ohio's largest team of hospice and palliative care certified physicians and specialists and a full continuum of services for the seriously ill.

CONTINUED ON PAGE 2

IN THIS ISSUE

- 2 My Hospice Experience
- 3 Hospice Patients "Teach" Medical Students Through Innovative Program
- 4 Understanding the Specialized Roles of Inpatient Hospice Units
- 5 The Expanding Role of Hospice Spiritual Care Coordinators

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OUR MISSION

Hospice of the Western Reserve provides palliative and end-of-life care, caregiver support, and bereavement services throughout Northern Ohio.

In celebration of the individual worth of each life, we strive to relieve suffering, enhance comfort, promote quality of life, foster choice in end-of-life care, and support effective grieving.

The expanded service area includes four inpatient hospice units. The Stein Hospice Care Center in Sandusky joins Ames Family Hospice House in Westlake, David Simpson Hospice House in Cleveland and the Medina Inpatient Hospice Unit to provide short-term intensive symptom management and specialized care for complex cases across the Northern Ohio region. Community hospice care continues to be provided across the region in any setting including private residences, assisted living communities, nursing facilities, or wherever the patient calls home.

Additional services include 24/7 access to an on-call hospice physician and clinical team, around-the-clock admissions including weekends and holidays and one of the nation's most comprehensive grief support programs. The two organizations provided bereavement support to more than 6,500 families in 2021.



A HOSPICE OF THE WESTERN RESERVE AFFILIATE

My Hospice Experience

By Aviva Aguilar

Last week was my first time meeting Mrs. Vargo and her daughter Sue. I envisioned having a positive experience, but my time with them was far better than what I imagined. Mrs. Vargo had her sweetest smile and shared so much of her life with me.



At first, I asked her how she was feeling. She shared that she was feeling her best lately, but this wasn't the case two months ago. She had a heart attack during Thanksgiving that she initially thought was reflux, so she waited in the ER for 8 hours because she did not appear to be having a heart attack.

After discovering her myocardial infarct, the doctors stated that she could no longer live alone. Mrs. Vargo was not happy about this because she loves her independence and home and had been living alone in her house near her family for the last 40 years. She moved in with her daughter and began to say her goodbyes to family "because I was ready to let go" she said. She wasn't swallowing well after the heart attack, and this really caused her to decline. I asked her, "What was that like ... 'letting go'"? She shared that it was okay because she is happy with her life and has enjoyed her family and time on earth.

Interestingly, palliative care got muscle relaxants for Mrs. Vargo, and she started swallowing and enjoying food again. Mrs. Vargo and I ate a chocolate together and it was this moment of pure bliss for both of us. I looked around her daughter's beautiful house and Mrs. Vargo's picture on the wall with her husband 80 years prior. What a beautiful person and a beautiful life in front of me.

60 years prior, Mrs. Vargo was widowed. She shared that it was so hard to overcome her grief and the loss of her husband. It took 13 years

CONTINUED ON PAGE 3

before she felt happy and herself again. She raised her kids with the help of family. Her husband died very young, unfortunately. I was so impressed listening to Mrs. Vargo's stories and the plethora of memories she has. Her daughter Sue shared many of her own experiences as one of two females in the chemical engineering major. It was awesome to hear how Mrs. Vargo has supported her kids and daughter Sue through difficult times of life.

Seeing Mrs. Vargo filled my heart with joy and is an example of what great quality of life looks like. Although Mrs. Vargo has heart failure, she is comfortable and surrounded by loved ones. She is still gardening and enjoying her favorite chocolates. Today we talked about her favorite Cassata Cake from the bakery Corbos in Little Italy. I'm bringing some of this cake next week. Mrs. Vargo's experience with hospice and palliative care is what I wish for all my patients and loved ones in end-of-life-care. My goal for all my patients is to reach optimum health and be in the mental and physical state Mrs. Vargo is in during the end of their life.

Medical student Aviva Aguilar, B.S., is an M.D. candidate at Northeast Ohio Medical University (NEOMED) in Rootstown, Ohio, Class of 2023.

Hospice Patients "Teach" Medical Students Through Innovative Program

By Kevin Dieter, M.D., FAAHPM, HMDC

Hospice of the Western Reserve is collaborating with NEOMED to provide an innovative three-week educational experience to third year medical students as part of the medical school's Family and Community Medicine Clerkship. It includes one-on-one visits with

hospice patients in their homes, guidance from a medical preceptor and participation in online end-of-life learning modules. A new group of students cycles through the ongoing educational program every six weeks.

The NEOMED students are hosted by HWR's Lakeshore, Westlake and Summit County teams to coordinate three visits with a hospice patient in their home. The goal of the visits is not to provide medical care, but to take time to be present, simply listening and learning from the patient. This is a unique opportunity for these young physicians to learn what is truly important to patients as they near the end of life.

Social workers from each of the teams identify and gain consent from hospice patients who are good candidates for participation who are interested in supporting the initiative. Hospice patients are often eager to share their wisdom with these students. It allows the students to become a type of living legacy.

The students collaborate with their preceptor to meet for one-on-one virtual learning sessions, contact the patient and their family caregiver to schedule times for the in-home visits, attend HWR team conferences, and complete independent web-based learning modules. Topics covered include understanding hospice care, pain management, artificial nutrition and hydration, spirituality at end of life, palliative sedation and self-care. Each medical student is also required to write a "hospice reflections" essay capturing what they have learned through their experience.

HWR Associate Medical Director Dr. Kevin Dieter is board certified in Family Medicine and Hospice and Palliative Medicine and became a Fellow of the Hospice and Palliative Medicine Academy in 2009. He is active nationally in the Academy of Hospice and Palliative Medicine. He is the 2019 recipient of the AAHPM Josephine B. Magno Distinguished Hospice Physician award. Dr. Dieter is also a clinical associate professor in the Department of Family and Community Medicine at NEOMED where he has received several teaching awards and was recently inducted into the Master Teachers Guild.



Understanding the Specialized Roles of Inpatient Hospice Units

When patients require intensive monitoring and 24/7 care to manage intractable pain or other serious symptoms of advanced illness, Hospice of the Western Reserve's four inpatient hospice units provide comprehensive state-of-the-art care and support in gracious homelike settings.

We specialize in collaborating with our community health care partners to fulfill specialized patient needs. Whenever possible, the goal of the IPU's is to manage a patient's symptoms in a brief time so they can return to whatever location they call home to continue their care there. This can often occur in a matter of days.



The Inpatient Hospice Units:

- ◆ Prevent unnecessary ER visits and hospital readmissions
- ◆ Support positive outcomes, reduce hospital lengths of stay and mortality rates
- ◆ Ease transitions between care settings
- ◆ Provide a true safety net for home caregivers or long-term care facilities for complicated conditions

Care is also available for the final days of life, and respite care is offered to give family caregivers short-term breaks from their caregiving duties in the home setting.

Specialized end-of-life care is provided for cancer, renal disease, COPD, HIV/AIDS,

neurodegenerative diseases, heart failure and even the most complex cases. A board certified Hospice and Palliative Medicine physician and transdisciplinary team of hospice and palliative care specialists conduct daily rounding.

Lab monitoring and pharmacy services are available 24/7. Care incorporates ongoing emotional and spiritual support to patients and family members.

A special focus at the IPU's is on enhancing quality of life. As a nonprofit community-based organization, Hospice of the Western Reserve is able to provide many specialized services through the philanthropic support of our friends in the community.

Life-enriching experiences at the IPU's include:

- ◆ Personalized patient support through our innovative Volunteer End-of-Life Doulas
- ◆ Flight to Remember allowing patients to "revisit" meaningful places via drone technology
- ◆ Volunteer support for companionship and respite
- ◆ Pet therapy
- ◆ Art and music therapeutic programming
- ◆ Grief support through Western Reserve Grief Services
- ◆ Peaceful & Proud to meet the unique end-of-life needs of veterans

Hospice of the Western Reserve's referral team is available seven days a week, 24 hours a day.
Call us at 800.707.8922.

The Expanding Role of Hospice Spiritual Care Coordinators

Spiritual care coordinators are integral members of the interdisciplinary hospice care team. Though they are frequently viewed in the traditional role of a chaplain (i.e., providing patients with religious and spiritual support), their mission and role have expanded significantly as societal needs have evolved.

At Hospice of the Western Reserve, SCCs are highly trained and experienced in addressing the grief, emotional distress and existential pain that frequently accompany the end-of-life journey.

Their interventions help not only the religious, but anyone desiring their support, including atheists, agnostics and those who have no faith-based belief system or organized religious affiliations. Spiritual plans of care are informed by each person's lifestyle and system of beliefs and values.

Clinical Connections interviewed spiritual care coordinator Darcia L. Simpson to gain more insights.



Q: How do SCCs interface/collaborate with the rest of the team?

A: The SCC interface with the primary hospice team is vital and occurs from opening through bereavement. Often, I accompany the nurse and social worker on the initial visit. In preparation for this visit, we discuss the notes from the opening and decide the appropriateness of the SCC joining the visit or scheduling a later visit. The collaboration is constant and ongoing. Team members update me with needs and rely on my expertise to address specific spiritual concerns.

Q: How does spiritual suffering manifest itself and/or impact pain?

A: Spiritual pain is real. When a person is unable to make meaning of their circumstance and cannot find purpose in their existence, we frame this as spiritual pain, angst and or existential pain. This type of pain/suffering often manifest in the terminally ill and can sometimes make physical pain more difficult to manage. However, it is important remember that

the perception of suffering is unique to each person. Patients will tell me, "I don't want to suffer." Then I'll say, "Tell me what suffering looks like for you." Based on their response, we explore suffering and its alleviation.

Q: Can you share a case study that illustrates the healing power of your work?

A: Yes. One evening, I was on-call. The nurse and I were sent to a home that night to open the patient onto hospice services. I will call her "Nikki." She had arrived from out of state to her sister's home in Cleveland the previous day. Nikki was very sick and declining rapidly. The family was distraught, overwhelmed and inexperienced in caring for a bedbound patient.

Nikki was a fighter and had overcome many health challenges. Her family was accustomed to her beating the odds. When we arrived, Nikki was in bed, in pain, unable to walk, miserable and in need of inpatient care. Immediately, the RN and I prepared the patient and family for transfer to our IPU. However, Nikki was

CONTINUED ON PAGE 6

adamant that she was not going anywhere. It was very difficult for me. Everything inside of me yelled, "She needs to go to the ED or hospice IPU!"

However, one of my roles as a SCC is to advocate for the patient and their wishes. Because of my commitment to advocacy and Nikki's strong desire to not leave her sister's home, I advocated for her to stay home. Some of the family members were not happy that I was advocating for her wishes. Nonetheless, the RN and I worked collaboratively to uphold Nikki's decision and make her comfortable right there in the home.

That night marked a major point on the road to Nikki having a peaceful death. The following days and weeks, she improved. Nikki and I were able to have

several talks about her faith, spirituality, gratitude and her decisions.

Nikki had the opportunity to have friends visit. Being in her sister's home and not in a clinical setting allowed her spirit to prepare to die. Yes, maybe a clinical setting would have been better for her physical being, but as we know, we are more than physical beings. Her spirit was lifted. She celebrated her birthday surrounded by family and friends, had multiple visitors, the religious rites she desired and so much more.

Darcia L. Simpson, M.Div., CT, Ph.D., is a spiritual care coordinator and member of HWR's clinical transdisciplinary team. An assistant professor at Northeast Ohio Medical University (NEOMED), Dr. Simpson teaches Human Values in Medicine. She is the recipient of the 2022 H. Peter Burg Faculty Award for Excellence in Palliative Care.



Pictured with Korean War veteran Ronald McNeil (from left) are volunteer Victor DeMarco, the patient's son Keith, and Hospice Nursing Assistant Gene Gordon.

Peaceful & Proud Program Celebrates and Honors Veterans

HWR's Peaceful & Proud program addresses the needs of veterans at end of life. Our care teams promote healing and offer personalized support while leading the way in trauma-informed care. The program was the first in Northeast Ohio to achieve the top rank, Level 5 Partner, in the national We Honor Veterans program.

Volunteer veterans are paired with veteran patients, providing the camaraderie of shared experiences. Recognition ceremonies are a meaningful component. Recently, four branches were represented when our Warrensville hospice team honored patient Ronald McNeil, a Korean War veteran. Mr. McNeil's son Keith, a U.S. Marine Corps combat veteran, was present to honor his father. Conducting the ceremony was volunteer Victor DeMarco, who served in Vietnam as a flight surgeon. Hospice nursing assistant and Army veteran Gene Gordon presented Mr. McNeil with an honored veterans pin and a certificate recognizing his service. Staff Sergeant McNeil served in the U.S. Navy aboard the USS Okanogan. Personnel aboard the vessel played a pivotal role during the Chosin Reservoir Campaign, rescuing 500 Marines and retrieving 1,500 Marine casualties.