Ask to Come Home. Ask for Caldwell Hospice.
Caldwell Hospice and Palliative Care continued its mission to meet our community’s end-of-life needs in the 2012-13 fiscal year, honoring founding supporters and enhancing care for patients and families.

Our Board named Dr. Robert Belk medical director emeritus and Parker Williamson chair emeritus. In December 2012, Parker received the John A. Forlines Jr. Distinguished Service Award, sharing the honor with long-time friend, the late John Forlines.

We welcomed four new Board members: Linda Story, Charles Shell, former CHPC nurse Dottie Metzger, and James Sponenberg.

Recognizing that hospices in both Carolinas serve most effectively when we learn from each other, in December 2012, I accepted The Carolinas Center for Hospice and End of Life Care’s board membership and now serve as vice-chair/chair-elect.

Hospices across the country began preparing for federal sequestration spending cuts, which took effect on April 1, 2013, and Center for Medicare and Medicaid Services (CMS) rate cuts in Medicare reimbursement for services, after September 1, 2013. As the national debate on healthcare continued, CMS regulations became more stringent, scrutiny of operating practices intensified, and hospices were required to “explain ourselves.” Caldwell Hospice confirmed patient-care accuracy and credibility each time.

We earned our first Accreditation Commission for Health Care accreditation in 1997-98. Every three years, surveyors come, unannounced, to review our work, interview our staff, and make their decisions. The surveyor arrived just before Christmas 2012; when the results were announced, we once again achieved high ratings.

We will keep telling the hospice story, resolving much of the pain and end-of-life uncertainty, and reassuring patients and families. Still, people wait to request hospice services—nationally, almost 36% receive services during their final week of life. Education and commitment will be our surest allies in the coming year.

Cathy Swanson, Chief Executive Officer
At Caldwell Hospice and Palliative Care, providing quality end-of-life care to hospice patients means:

- Serving the physical, emotional, and spiritual needs of terminally ill patients and those they love.
- Doing whatever we can to make the end of life as positive and pain-free as possible, giving patients and their families time to enjoy each other’s company, resolve any lingering issues, and say goodbye in peace.
- Caring for patients and their caregivers 24 hours a day, seven days a week, 365 days a year, holidays included, resolving concerns about medications, pain, and changes in patients’ conditions.
- Assigning a nurse and medical social worker to each patient; assigning a certified nursing assistant, chaplain, and volunteer, if the patient wishes.
- Providing grief support to the family up to 13 months after the patient’s death.
- Providing services to every hospice-appropriate patient, wherever he or she calls home, regardless of ability to pay. Basically, it means “being there” as their “companions for the journey” to the end of life.

The mission of Caldwell Hospice and Palliative Care is:

- to provide a loving, caring atmosphere for the terminally ill, their caregivers, and families in a location appropriate for their respective needs;
- to relieve the emotional and physical pain of those who come into our care;
- to project an attitude of goodness and openess to the community so that all who need us will feel welcome and confident of our professional abilities and advocacy for patient-directed care until life’s end;
- to educate the community about hospice, and to serve as a leading resource for dying and grief issues.

Hospice acknowledges our Christian basis, and as such, our overall purpose is to demonstrate the unqualified love of Jesus Christ in all that we do.

Words cannot express how much you all mean to me. Your kindness, care and thoughtfulness during my dad’s passing made it so easy for him and me. Your whole staff went beyond their duties to make this time comfortable… The atmosphere and wonderful setting made us feel welcome. Thanks for everything.

—patient’s daughter
PALLIATIVE CARE

THE JOURNEY THROUGH CHRONIC PAIN TO RELIEF

Palliative care means "comfort care."
When people with chronic or debilitating illnesses receive palliative care services, they receive additional support. Caldwell Hospice’s palliative care team takes medical care and hope to patients—at home, in the hospital or long-term-care facility—and works with them and their regular healthcare providers to find solutions.

CHPC nurse Beth Shore, nurse practitioner Jennifer Church, Dr. Thomas Ray, and Dr. Dennice Herman know that listening to patients and understanding their situations are essential to relieving symptoms, soothing pain, and bringing comfort. Working with patients, their families, and their primary-care physicians, the team can establish goals and priorities, assist with living wills and healthcare powers of attorney, alleviate symptom and pain issues, improve patients’ quality of life, and help patients and their families understand treatment options.

During the 2012-13 fiscal year, our team made 3,261 visits to 377 palliative care patients.

Anyone of any age and at any point in the serious illness—including people seeking curative treatment (chemotherapy, radiation, etc.)—is appropriate for palliative care. Anyone—the potential patient, a family member, friend, clergy, doctor, nurse, or social worker—can make a palliative care referral.
Volunteer Services

The Journey Through Compassion to Service

Hospice patients sometimes say that their volunteers have become “part of the family.” Serving patients and their families is only one way that Caldwell Hospice volunteers can share their enthusiasm and their willingness to contribute. We are fortunate to count on volunteers, male and female with a wide range of skills. Some work directly with patients; others assist with office work, maintain our grounds, and perform a multitude of other tasks to support the work we do.

Adult volunteers must be 18 years old or older, complete an application and 12 hours of training.

VolunTEENs must be in high school and, with permission of a parent of guardian, complete an application and pre-training interview—only 35 positions are available each year. VolunTEENs must also complete 12 hours of training.

Ambassador volunteers serve as liaisons between their faith communities and Caldwell Hospice. Ambassador volunteers must be 18 years or older, complete an application and Ambassador training.

During the 2012-13 fiscal year, Caldwell Hospice had 287 adult volunteers and 62 VolunTEENs, including 39 new adult volunteers and 39 new VolunTEENs. Eight volunteer chaplains provided spiritual support for patients and their families. A total of 53 Ambassador volunteers, including 12 new Ambassador volunteers, served as liaisons between their faith communities and Caldwell Hospice.

While it is impossible to put a true value on the contributions made by volunteers, the dollar amount set by the Bureau of Labor Statistics for each volunteer hour is $22.14. During 2012-13, volunteers at Caldwell Hospice accumulated just over 11,493 hours. The total dollar value of volunteer time is an amazing $254,457.90.

Cardiac Care at Home offers patients with end-stage heart disease the greatest level of comfort. We provided and trained hospice patients their caregivers to recognize signs of cardiac distress and use “comfort care kits.”

Pulmonary Care at Home treats patients with end-stage pulmonary disease. We trained hospice patients and their caregivers to recognize signs of pulmonary distress and provided them with “comfort care kits.”

Dementia Care Program addresses the need for education and understanding. With an Alzheimer’s Foundation of America grant, we provided Dementia Care Provider training for all our homecare and patient care unit certified nursing assistants.

Pet Visitors Maddie and Phoebe began making their patient care unit rounds just as FY 2012-13 was ending. The dogs are certified, and our patients love their visits.

11th Hour Volunteers receive special training and are on call for the final 12-24 hours of patients’ lives to sit with them and their families, when requested.

The Legacy Project, since 2005, has been the means of providing patients and their families with DVDs of videotaped and edited “life stories,” photos, and memories.

Veterans Honoring Veterans allows CHPC military-veteran volunteers to honor hospice patients’ military service in a simple but meaningful ceremony.

Alternative Therapies provide the comfort of massage therapy and Vigil Music by the Bedside, as needed, for patients.
The Caldwell Hospice and Palliative Care journey began in 1980 with a small but dedicated group of citizens determined to make compassionate end-of-life care a reality for anyone who desired and needed it. From one paid staff member plus several volunteers in 1982 to more than 100 paid staff and almost 400 volunteers in FY 2012-13; from donated office space in Lenoir’s First Presbyterian Church to offices in Lenoir and Hudson; from strictly home care to “wherever patients call home” (including private residences, long-term-care facilities, two inpatient units)—these are but a few of the changes the organization and the community have witnessed on this remarkable journey, and the growth continues.

Caldwell Hospice is a not-for-profit organization, licensed by the State of North Carolina, certified by Medicare, and accredited by the Accreditation Commission for Health Care.

- Caldwell Hospice admitted 576 patients in 2012-13, the highest number in the organization’s history.
- Caldwell Hospice had an average census of 147.33 patients per day in 2012-13, the highest number in its history.
- Palliative Care program admitted 189 patients in 2012-13 and had an average census of 199.8 patients per day, the highest number in the program’s history.
- 960 families received bereavement services from Caldwell Hospice.
- During 2012-13, Ashewood Grief and Counseling Services of Caldwell Hospice provided 1,107 bereavement support visits to patients and families and over 2,061 phone contacts to Caldwell Hospice family members.
- Total patient visits by Caldwell Hospice physicians, nurse practitioner, registered nurses, medical social workers, certified nursing assistants, and chaplains were 18,370.
- The percentage of cancer patients was 31.42.
- The average length of stay was 87.84 days.
- Total days of care were 53,775, the highest in Caldwell Hospice history.
- During 2012-13, $791,986 in patient care was provided without reimbursement through the generosity of community support.
MESSAGE FROM THE BOARD CHAIR

Throughout our history, if we saw a need, our Board members knew we had the wherewithal to make it work, financially and in staff. Every Board member brings something to Caldwell Hospice, and many have done much that people don’t know about. We will miss the dedication of our retiring members. At the same time, we are sure of our newest Board members’ strong commitment to our mission. When we call on them, they are ready.

When our county and our hospice have faced tough challenges over the decades, we have proven that we can meet them. We match end-of-life care to our patients’ needs through such programs as Cardiac Care at Home, Pulmonary Care at Home, and the Dementia Care Program. We offer educational programs to healthcare professionals and the community. Residential hospice care at the Stevens and Forlines Patient Care Units has enlarged the meaning of “hospice care wherever the patient calls home.” Our staff and volunteers are competent, committed, and compassionate. This community makes our work possible through its support, sometimes financial and always in heartfelt thank-yous.

I began my tenure on the Board 24 years ago, as Caldwell Hospice was constructing North Carolina’s first free-standing inpatient hospice unit, and now we are looking to a new year and a celebration of the Stevens Patient Care Unit’s 25th anniversary.

As the nation experiences economic uncertainty and prepares for major healthcare system changes, Caldwell Hospice is here to provide end-of-life care to anyone who needs it, regardless of ability to pay. It is our purpose and our commitment to make the end of life as positive an experience as possible, so patients and families can enjoy each other’s company and say their goodbyes. That’s why we established Caldwell Hospice, and that’s why we continue to serve you.

Houston Groome, Board Chair, 2012-2013

WE HONOR

PARKER WILLIAMSON FOR 30 years of SERVICE

Parker Williamson has been among Caldwell Hospice’s truest friends and most steadfast supporters since we were nothing but an ambitious idea shared by a small group of people who wanted to transform end-of-life care for their Caldwell County neighbors. Parker carried his unfailing faith in our purpose through every achievement, every financial concern, every growth spurt.

During a remarkable 30-year tenure as Board President, Parker and the late John Forlines—two good friends and Caldwell Hospice visionaries—were determined that hospice care would be available to anyone who needed it, regardless of ability to pay. After 30 years as Board President—overseeing our service to 140 or more patients each day, some of them in our two inpatient facilities—he retired from active service and accepted a new title as Chair Emeritus.

Caldwell Hospice created an award in 2001 to recognize exceptional leadership and named it the John A. Forlines Jr. Distinguished Service Award. Mr. Forlines was its first recipient, and Parker Williamson became the second person to be so honored.