Stevens Patient Care Unit: Feeling Like Home for 25 Years
A MESSAGE FROM OUR CEO

Can it be 25 years since Caldwell Hospice opened the William E. Stevens Jr. Patient Care Unit at Kirkwood? With our cover story and our January 2014 Caldwell County Today interview, we remind ourselves and our community of the benefits in having a free-standing (not affiliated with a hospital or a nursing home) inpatient unit for hospice patients—unheard of in North Carolina when we started planning ours.

We have taken another huge step in providing quality end-of-life care and being “companions for the journey” with hospice and palliative care patients, with our expansion to Ashe, Avery, and Watauga counties in western North Carolina’s High Country. The article on page five will show the detailed planning and work required to make this a reality. We appreciate everyone who is part of the Appalachian Regional Healthcare System for recognizing the quality work we do and for inviting us to be their partners in caring for patients in the Blue Ridge Mountains.

Palliative care means “comfort care,” and we provide palliative care for patients whose serious, chronic illnesses make fulfilling their daily routines a real challenge. We can provide palliative care services at any stage of the illness, even when patients are receiving treatments intended to cure their condition. This is very different from hospice care, which is offered when a patient’s condition cannot be cured.

To make the purpose and the scope of our palliative care program clearer, we have renamed it AIM: Advanced Illness Management. The AIM team members work with patients’ primary physicians, the patients, and their caregivers to develop a plan of care which fits their needs and respects their ability to learn about and take charge of their health options. Read more about AIM on page five.

Caldwell Hospice’s staff is at the foundation of everything we do for both hospice and palliative care patients. We hire capable, compassionate people, and I am proud to say that, once they get “hooked on hospice,” they stay. To learn about our “long-time” employees, see the article on page 15.

—Cathy Swanson, Chief Executive Officer

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The Caldwell Hospice journey began over three decades ago with a dedicated group of citizens who were determined to make compassionate end-of-life care available for anyone who desired and needed it. These visionaries, with a growing foundation of community support, saw their desire become real in 1982 when Caldwell County residents had access to excellent end-of-life care in their homes provided by Caldwell Hospice.

Caldwell Hospice’s leaders and staff knew that most people would prefer to remain in their homes at the end of life. They knew, too, that it isn’t always possible. Controlling pain and managing symptoms sometimes requires a more controlled environment, and caregivers sometimes need “time off” without worrying that their loved one might suffer.

The solution was clear: they needed to build an inpatient unit for hospice patients. It would be the first of its kind in North Carolina, operating independently of a hospital or other medical organization, and the idea was coming from a small hospice program in Lenoir—not in one of the larger cities. The strong advocacy of Parker Williamson and the late John A. Forlines Jr., who solicited the assistance of banking industry lobbyists, was essential. Parker said they had to learn quickly how to answer legislative opposition. One important ally was Congressman Jim Broyhill. This determined effort laid much of the groundwork for inpatient hospice care in North Carolina and the US. Hospice organizations from across our state and the country, even Hawaii, have visited our facility to learn how to provide inpatient acute and respite hospice care. Twenty-five years later, only 25% of hospice providers in the US have their own inpatient units.

And that is how Caldwell Hospice came to plan, apply to the State for approval, educate the legislators, revise the original plans, and begin construction.

The process required four years, from start to the “open house” on January 15, 1989. More than 500 people attended the ceremony, including Hospice of North Carolina (now The Carolinas Center for Hospice and End of Life Care) Executive Director Judith Lund. The first patient was admitted on February 1.

The inpatient unit was an addition to Kirkwood, the home that Miss Margaret Harper willed to First Presbyterian Church for use by Caldwell Hospice. It was meant to “look and feel like home,” offering patients and families comfort and peace, as well as quality hospice care during their time there. They could use the living room, library, dining room, and kitchen; they could stay overnight, if they wanted; they could cook meals, celebrate family events, and be close to their loved one.

Former Caldwell Hospice nurse Diana Ervin came to work 10 days after the dedication ceremony and seven days before the first patient.

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On the Cover: Patients and families find comfort at Stevens Patient Care Unit.
was admitted. The PCU census was not stable in the early months, so all the beds weren’t always filled. One patient stayed for five months and was the only PCU patient during part of that time. This woman was missing a family connection, so the staff celebrated her birthday, took part in her baptism, and stayed by her bedside when she died.

The benefit to hospice patients and their families has been proven time and again during the past 25 years. When Father Mike Cogsdale, the rector of St. James Episcopal Church in Lenoir, saw his father’s health decline from late 1988 into 1989, he took a Caldwell Memorial Hospital doctor’s advice: “You guys are tired, and Mr. Cogsdale is probably tired. Let him go to Hospice for a few days, and you can get a break.” The few days turned out to be his father’s final days, and he slipped peacefully into death. Father Mike refers to Kirkwood as “a holy place,” overseen by staff members who are professionals and who recognize the importance of being “part of the process at end of life.”

The inpatient unit was named, formally, in 1992, on Caldwell Hospice’s 10th anniversary. Community citizens and leaders gathered in the courtyard as the inpatient unit was dedicated to the memory of William E. Stevens Jr., remembered by Parker Williamson as one of Caldwell Hospice’s first patients. The Stevens and Broyhill families presented a portrait, which now hangs beside the Team Center in the PCU.

The Stevens PCU became, for many people, the image of CHPC’s patient care, even though about 95% of patients were receiving care in their homes or in long-term-care facilities.

As Caldwell Hospice’s patient load increased, so did the number of patients requiring inpatient care; the six beds were almost always filled, as was the waiting list. CHPC began construction in 2008 of The Jack and Shirley Robbins Center, an additional facility, in Hudson.

When the 12-bed Forlines PCU opened in August 2010, Stevens PCU patients were transferred there, so full-scale renovation and refurbishment could begin. Almost 20 years of inpatient care, family visits, and daily wear-and-tear required updating. From August until November, carpenters, electricians, plumbers, and decorators renewed and updated patients’ rooms, the Team Center, shower room, and the family kitchen, dining room, living room, offices, and sunroom in Miss Margaret’s house.

The Stevens PCU reopened on the Monday after Thanksgiving 2010. CHPC staff and volunteers welcomed the community to an open house in February 2011 to see that, with all the necessary upgrades, refittings, and improvements, Kirkwood still “looked and felt like home.”

Today, at any given time, fewer than 12 percent of Caldwell Hospice and Palliative Care’s patients are in either of our two patient care units. Still, for the many patients and families who have spent time at the Stevens PCU and Kirkwood over the past 25 years, memories and meaning remain strong.

Staff members often hear patients’ sons or daughters or spouses giving tours to family members when they come to spend time with their loved ones.

In this “holy place,” as described by Father Mike Cogsdale, families can spend time together; patients and their primary caregivers can be refreshed by “respite” time.

The unheard-of idea over 25 years ago was, and remains, exactly what many hospice patients and families in our community need and desire.
CARE, COMMUNITY, AND COMMITMENT:
Caldwell Hospice Expands Service to the High Country

With more than 30 years’ experience caring for patients and families in Caldwell and surrounding counties, Caldwell Hospice and Palliative Care has expanded its geographical boundaries of service, beginning in late January 2014.

“Because of our desire to provide quality end-of-life care and our awareness of the existing need for services, we are expanding our full range of services to western North Carolina’s High Country,” Chief Executive Officer Cathy Swanson said. A complete interdisciplinary team—physician, nurses, medical social workers, certified nursing assistants, chaplains, and volunteers—is based at a work station in Boone, NC, and soon in Avery County, as well. All services will be available 24 hours a day, 365 days per year, with a registered nurse, physician, medical social worker, and chaplain on call.

“Appalachian Regional Healthcare System is pleased to partner with Caldwell Hospice and Palliative Care to provide palliative care and end-of-life services to our community. We have a very similar vision and mission and see many opportunities to work together,” stated Chuck Mantooth, President, Watauga Medical Center.

The High Country expansion required months of careful study, a detailed business plan, and Caldwell Hospice Board approval.

“The Board of Directors and team members are truly excited about expanding our service area,” CHPC Board Chair Marc Carpenter said. “We are eager to offer our approach to end-of-life care: years of professional experience and, more importantly, a sincere, caring attitude to the patients and families we serve. We are enthusiastic about becoming a part of the end-of-life support system for our High Country neighbors.”

BRAND NEW LOOK, SAME QUALITY CARE
Targeting a Higher Quality of Life

Palliative care (“comfort care”) brings specialized medical care to people with serious illnesses; it relieves symptoms, pain, and stress—whatever the diagnosis and alongside curative treatment, if the patient so chooses. It is appropriate at any age and at any stage in a serious illness.

To call attention to our palliative care services, in 2005, we changed our name to Caldwell Hospice and Palliative Care. We established a palliative care partnership with Caldwell Memorial Hospital, at the same time. Our palliative care team, the primary physician, the patient, and the caregiver work together to plan care options and help the patient regain some control of daily life and activities. The words “palliative care” can still confuse people, and lead them to reject the benefit it offers.

Wishing to make the name more clearly identify its purpose, we gave it a new name—AIM: Advanced Illness Management.

CHPC’s medical director, palliative care nurse, and nurse practitioner consult with the patient’s primary care physician; they work with the patient and the primary caregiver to improve the quality of life. When needed, they bring in medical social worker and chaplain support.

The team focuses on (1) relieving pain, shortness of breath, fatigue, constipation, nausea, loss of appetite, difficulty sleeping, depression and (2) educating and encouraging patients and caregivers to take more control over care options.

To learn more, talk to your doctor, call 828.754.0101, or visit www.caldwellhospice.org.
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Caldwell Hospice and Palliative Care, Inc., gratefully acknowledges memorials and contributions received between 01 October and 31 December 2013. Please notify us if we have omitted a donation from this listing. Contributions received after 31 December 2013 will be listed in our Spring 2014 issue.

Newsletter mailing list policy: CareLines is published four times a year. Each person who contributes during the six months prior to a mailing will receive the next two issues. Individuals who ask to be placed on our “do not remove” mailing list will receive the newsletter every quarter.
PET PEACE OF MIND
Mike Carswell and Ellie: True Companions

Six years ago Mike Carswell drove to Casar, NC, and chose a German Shepherd puppy for his daughter. But the puppy, named Ellie, chose Mike—and the bond between them has grown stronger through good and challenging times.

Some time ago, because of financial issues, Mike couldn’t afford to keep Ellie. His friend Lee Cox took her, but Ellie didn’t get along with Lee’s dogs. So Lee asked Dr. Laura Pearson, at Caldwell Veterinary Hospital, to adopt Ellie, but Ellie didn’t get along with Dr. Pearson’s dogs, either.

“Ellie had an inability to be given away,” Mike said.

German Shepherds are one-person dogs, someone once told Mike, and it seems to be true. Eventually, circumstances stabilized, and Ellie was able to return home to Mike.

Currently, Mike and Ellie are facing another challenging time. “All this got started with pneumonia. That’s what I thought I had,” Mike, a Caldwell Hospice and Palliative Care patient, said. “All this” includes tiredness, questions, changes in his financial situation and living arrangements, as his health got worse. Dr. Mark Faruque ordered tests, and the results showed cancer. Mike has since endured chemo, radiation, and steroids. He calls himself fortunate to have strong support from his son Ethan, his best friend Keith Annas, Dr. Faruque, Sandy Coffey, and Lee Cox. Also, “I’ve got a ton of people praying for me,” Mike said.

“Hospice is here. It’s comforting to know that, if I need anything, I pick up the phone. Karen (CHPC nurse) explains things. Jessica (CHPC medical social worker) has helped me with legal matters—you don’t like to think about it, but there are things to be done.”

Jessica told Mike about Pet Peace of Mind®, a new Caldwell Hospice program, developed and funded by Banfield Charitable Trust (BCT), to help hospice patients with pets who need care they can’t afford.

At Caldwell Hospice, PPOM grant money covers:
- essential vaccinations
- routine veterinary care
- flea/tick/heartworm testing and treatment
- spay/neuter for dogs and cats
- emergency grooming

If questions about treatments arise, Caldwell Hospice’s PPOM consulting veterinarian makes the call. Once approved, patients or their caregivers make the appointment and transport pets to and from a veterinarian’s office. The veterinarian sends the invoice to Caldwell Hospice, and it’s paid from PPOM grant money.
“Ellie was due for shots, but with my illness, I was unable to pay,” Mike said. “PPOM made it possible; it’s done a lot for me and for Ellie.”

“When you have a dog that you’re close to, it understands you and what you’re going through. Dogs can be pretty empathetic,” Mike said. Caldwell Hospice direct-care staff and volunteers understand. They carry treats with them to patient visits, know the pets by name, recognize the anxiety when patients worry about paying their other bills and covering their pets’ needs. Protecting this human-pet bond is where PPOM comes into play.

Concerned staff members began exploring patient-pet support options in 2012—surveying direct-care staff to identify the need; estimating the cost for necessary procedures; submitting a grant request to Banfield Charitable Trust; preparing an operating plan; educating CHPC staff, and introducing the program to area veterinarians.

“Our consulting veterinarian gave us the top five procedures to cover so our grant money can help as many hospice patients with pets as possible,” Pam Hildebran, PPOM coordinator, said. “It’s better to start slow and grow. We have lots of ideas for additional ways to help hospice patients and pets like Mike and Ellie in the future.”

“Having Ellie around is a comfort to me, and I guess I’m a comfort to her,” Mike said. Watching the two of them and considering all they’ve been through, we believe Mike is right.

For information about volunteering opportunities with Caldwell Hospice’s PPOM program, call 828.754.0101.

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ASHEWOOD GRIEF AND COUNSELING SERVICES
Seeking Answers to Hard Questions

**Learn at Lunch:**
**Rituals of Remembrance**
March 12, 2014
Noon to 1:30 p.m.
McCreary Family Professional Center, Room A, The Robbins Center, Hudson
Bereavement Coordinator Steve Butler will share ideas for creating or transforming rituals that allow people to remember loved ones they’ve lost to death. *Learn at Lunch* is held each quarter to help grieving people throughout the community understand grief and loss, ask questions, and find healing. You can purchase lunch for $5 or bring your own. RSVP to 828.754.0101, please.

**Understanding Your Suicide Grief Support Group**
March 27, April 3, 10, and 17
6 to 7:30 p.m.
Ashewood Grief and Counseling Services, 1004 Ashe Ave., Lenoir
Emotional support in the aftermath of suicide will be the focus during Caldwell Hospice’s four-week support group, *Understanding Your Suicide Grief*. Family and friends whose lives have been altered by suicide can find encouragement and understanding in a safe and caring environment, among others who can share their grief. Caldwell Hospice Chaplain John Robbins will facilitate the support group. For more information, call 828.754.0101.

**Love’s Labor Lost Support Group**
March 25, April 1, 8, and 15
6 to 7:00 p.m.
Ashewood Grief & Counseling Services, 1004 Ashe Ave., Lenoir
Emotional support for any parent or family member who has experienced the loss of an infant, following a miscarriage, stillbirth, or in early infancy. Co-facilitators for this four-week support group will be Bereavement Coordinator Steve Butler and Clinical Liaison Tracey Carriker. For more information, call 828.754.0101.

**Above and Beyond Recognition**
Kim Price, RN, Trinity Ridge (formerly Lutheran Home West) Director of Nursing, was named the Caldwell Hospice Above and Beyond award recipient for second quarter 2013. “I enjoy the work I do, and I try to incorporate humor in all my interactions with my residents,” Ms. Price said. “After all, laughter is the best medicine.”

“It is a pleasure to work with someone like Kim who cares deeply for the wellbeing of others,” said Trinity Ridge Administrator Tonya Hilliard. Caldwell Hospice employees and volunteers nominate staff members of area long-term-care facilities who encourage quality end-of-life care for resident-patients and their families for the quarterly award.

*Follow Caldwell Hospice on facebook for the latest updates on quality end-of-life care.*

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Pictured (L to R): Trinity Ridge Administrator Tonya Hilliard, Trinity Ridge Director of Nursing Kim Price, and Caldwell Hospice Clinical Liaison Tracey Carriker.
“It began with my good friend’s terminal illness. In the midst of all his health problems, he learned that his son had a terminal illness, too.” Caldwell Hospice Volunteer Jeff Linn remembers the situation vividly. “My friend’s wife was torn—which of them should she stay with? That was where I could step in as a trusted friend of the family and give comfort.”

Jeff was there to see the hospice care provided by Burke Hospice to his friend’s family. “I saw what a big difference the hospice workers made; they were advocates for him and his family,” he said. “I wanted to be a part of that; I wanted to be somebody who can help patients and their families get through the hard times.”

Jeff joined the Caldwell Hospice volunteer team just over a year ago. As a retiree, he can be flexible, visiting patients in the middle of the day. When called upon for 11th Hour volunteer support—“being there” during what will likely be a patient’s final 24 to 48 hours to talk or help or listen—Jeff can stay longer than the requested two-hour shift, if need be.

Jeff’s “usual” assignments are in Caldwell Hospice’s two patient care units (PCUs). Once a week at the Forlines PCU in Hudson, he distributes meals from the on-site kitchen, feeds patients, changes out the ice buckets, chats with patients, changes TV channels for them—whatever they and the direct-care team want him to do.

Once a week at the Stevens PCU in Lenoir, Jeff picks up meals from Caldwell Memorial Hospital’s cafeteria, distributes meals to patients, feeds them if asked, carries out the trash, and visits patients. In the words of a Caldwell Hospice certified nursing assistant, PCU volunteers like Jeff help to “free up” their time to do direct patient care.

Jeff remembers a patient who was quiet and withdrawn when he went into her room one day—until he sang “Tea for Two” and got a smile from her. Maybe from remembering the song from days gone by, maybe because of his singing; Jeff isn’t sure!

“I’ve learned to ask patients, ‘How are you doing today?’” Jeff said. With one patient, he always...
brought crunchy peanut butter and graham crackers, her personal snack favorites, and her response was always, “God bless you!”

Jeff was reluctant to visit patients at home, initially. What if he didn’t know how to do something? What if he needed help? Caldwell Hospice’s volunteer program resolved that fear in two ways. First, the volunteer coordinator just asked him to shop for a patient. Jeff realized that the caregiver wanted to go shopping herself, partly to have some time to herself. Jeff had phone numbers for anyone at Caldwell Hospice he might need to call, so he stayed with the patient and they “hit it off.” Problem solved.

“A volunteer is not responsible for keeping the conversation flowing,” Jeff pointed out. “If the patient enjoys conversation, good; if he just wants to watch TV, good. You’re there to keep the patient company, no big demands.”

To illustrate the point, Jeff tells about one patient he visited regularly on Wednesday nights so the man’s wife could go to church. While she was gone, Jeff and the patient watched old Westerns and Hee-Haw on TV.

It’s important to note, Jeff says, that if a volunteer is ever uncomfortable with an assignment, the volunteer coordinator will reassign him or her, and will not think less of the volunteer, knowing that different people have different skills and levels of comfort.

Volunteers bring another perspective into the caregiving environment, according to Jeff. They come from their life experiences to the patient’s world, and most often both of them are enriched. After more than a year of volunteering, Jeff Linn is sure that serving as a Caldwell Hospice volunteer has been a blessing for him.

If you are looking for a life-enriching experience, consider joining the Caldwell Hospice volunteer team. The next adult volunteer training sessions will be April 8 and 10, from 8:30 a.m. to 4:30 p.m., with breakfast, lunch, and snacks included. Participants are required to attend both days. Topics will include Caldwell Hospice history, family relationships, patients’ needs, the dying process, and more. For additional information or to register, contact Volunteer Support Specialist Crystal Burch at 828.754.0101 or volsupport@caldwellhospice.org.

STAFF NEWS

Caldwell Hospice Recognizes Years of Service

Throughout its 30-plus years of service to Caldwell and surrounding counties, Caldwell Hospice has counted on its staff to be a trusted presence for patients and families during their end-of-life journey. Its employees have strengthened that trust by remaining present, over the years, and in some cases, over the decades. At the recent Staff Appreciation Luncheon, these employees received recognition:

Five years: Volunteer Coordinator Brittany Bonn, Homecare Nurse Lisa Callaway, Nursing Team Leader Tina Hartley, Medical Social Worker Kelly Mitchell, PCU Nurse Carol Parker, Medical Social Worker Kimberly Setzer, and Medical Social Worker Amy Umsted;

10 years: Hospice Accounts Specialist Judy Baire, Bereavement Coordinator Steve Butler, and Administrative Assistant Jane Prestwood;

15 years: Human Resource Coordinator Melissa Woodruff;

20 years: Volunteer Support Specialist Crystal Burch and Inpatient Coordinator Anita Pinson;

25 years: Chief Executive Officer Cathy Swanson.
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WISH LIST • 2014

- Snacks (individual-size) for patients’ families
- Applesauce
- Cans of soup
- Coffee (cans, regular and decaf)
- Decaffeinated coffee in single-serve bags
- Hot chocolate
- Napkins
- Aluminum foil
- Plastic wrap
- Storage bags (qt., gallon)
- Styrofoam coffee cups (8-oz.)
- Solo cups (16-oz. for soft drinks, tea, etc.)
- Paper plates and bowls
- Plastic spoons and forks
- Lotion (personal size)
- Deodorant (personal size)
- Toothpaste (travel size)
- Men’s lotion (personal size)
- Mouthwash (personal size)
- Nail clippers
- Orange sticks (to clean fingernails)
- Boxes of tissue (Kleenex)
- Baby wipes or refills (not anti-bacterial)
- Triple-blade disposable razors
- Hair brushes
- Disposable cameras
- AA and AAA batteries
- Amazon.com gift cards to purchase children/teen grief books, music, and resources
- Music CDs (instrumental, gospel, inspirational, meditation, nature sounds)