

Member Submitted Summaries for Consideration by the Hospice Education Work Group

Hospice of the Chesapeake Marketing Efforts (Jessica Talley):

- Prince Georges Hospital Case Management Presentation on Identifying Needs of the Advanced Complex Patients entering the hospital and discussion around Hospice Care. This was held 9/12/13.
- Panel Discussion about Hospice at local Assisted Living in Bowie, MD on 9/12/13. Met with community healthcare professionals consisting on physicians, lawyers and other senior care providers. Also, disseminated information to family members and visitors of the assisted living community.
- We participated in "Skills Day" which is Advance Care planning, end of life care and Hospice training to local hospital staff
- Upcoming community participation in Faith Community and local Assisted Living fellowship event on Sunday, October 20, 2013
- Upcoming presentation at Hospice Network of Maryland Conference on 11/13/13. Several members of Hospice of the Chesapeake will conduct presentations on various topics including Cultural Competence, psychosocial concerns and Healing Arts.

Caroline Siva: Review of DVDs:

Thanks very much for the third DVD on Grief. I've now watched all of them and here are my thoughts. They are all very good.

When using any multimedia material, the facilitator of the event will need to fill in gaps and be able to address questions. I'll get into that in a minute. Of the three, for the purposes of this workgroup and project, I think the grief one would be the least relevant. While the information is excellent and well presented, if the goal is facilitating minority access to hospice and end-of-life care, the grief DVD might be put to better use for another event if at all. While there are definite cultural differences in grief and its expression, my experience with all cultural groups is that grief is understood reasonably well by all cultural groups. It is a pretty universally understood process.

If I was going to suggest how to use the other two, I would show "Reaching Out to Underserved Populations" first and "How Do I Pay for This" second with discussion in between and after.

"Reaching Out to Underserved Populations" does a good job both visually and with content. Multiple cultural groups are represented, and the length is also good. I like the interviews with the Hospice Director that discussed how to access more minorities and the effort they took to get a better sense of

the community's perceptions and needs. In developing a program that incorporated different language, the Transitions Program, as opposed to hospice, more minorities received hospice care. Utilizing the African American churches and having a pastor coordinate the program also helped.

The "How Do I Pay for This" DVD is also very good in terms of content and length. However, I feel that relative to minorities, the facilitator may want to keep certain things in mind. The DVD focuses primarily on the Medicare Hospice Benefit in terms of paying for hospice which is fine, but commercial insurances also have a hospice benefit. The plans will differ and patients and families will need follow up with their insurance company to know the specifics if they have commercial insurance. They do often mirror the Medicare Hospice Benefit but not always.

Additionally, some hospices have expanded their services to respond to some of the concerns and resistance many people not just minorities have had.

With the growth of hospice and more and more sophisticated treatments available to patients, some hospices have implemented Open Access. Open Access allows patients to continue with certain treatments that they would have had to forgo previously. Examples are TPN, IV fluids, antibiotics, tube feeding. I think this may be of particular importance to minority communities who often have difficulty discontinuing these interventions. Traditional hospice philosophy has been that these treatments must be stopped altogether before hospice care can be started. Some hospice programs have recognized that for most families regardless of ethnicity, race, or socioeconomic background this is a process and they approach it as a transition with ongoing education for the patient and family. As these interventions have less and less benefit, the hospice can then slowly stop them as it's appropriate and as the family becomes more comfortable.

The focus on quality time versus quantity of time in this video may not have the same meaning for minorities. I think some populations embrace the idea of quality time and would choose that. Other groups such as minorities and some religious groups would choose quantity over quality. So, the presenter should be mindful of that. Again, Open Access programs might be preferred by these groups.

In general terms, I would also say that relationships are how these discussions happen. So anything to facilitate relationship will help. If you think about it, you can usually have a conversation about something difficult and painful more easily with someone you know and have a relationship with. We can't obviously make relationships happen instantly but there are things that do facilitate relationship and establish rapport more quickly. As the workgroup has already established, minority providers facilitating the discussions can overcome barriers and establish trust. Culturally competent providers of all races and ethnicities can also establish rapport though it will be different. In my own work with patients, I approach different patients with an awareness and sensitivity to the uniqueness of their situation which includes their race, religion, ethnicity, gender, socioeconomic status, and other factors. My reason for saying this is that it's not always practical to match provider and patient according to these factors yet patients still need care that's provided in a culturally sensitive and competent way.

Prince George's County Faith-Based Community:

Prince George's County's faith based community is well organized and does extensive outreach and education to minorities and underserved. The Collective Banking Group, Inc. (CBG), was formed in 1993 as a result of concerns raised by pastors and church members in Prince Georges County and the Metropolitan D.C. area regarding inequitable access to services provided by local banks and businesses. Churches were faced with severe challenges due to redlining and other questionable practices. A group of pastors met to discuss means to gain economic empowerment and financial justice in their business dealings. After several meetings, the group decided to join its efforts under the name The Collective Banking Group of Prince George's County, (MD) and Vicinity. In 1995, the CBG signed its first covenant with banks. In addition, The Collective Banking Group partners with nearly two dozen organizations and businesses that offer a broad range of products and services to CBG members.

In 2010, by unanimous decision of the Board, the Collective Banking Group became the Collective Empowerment Group, with increased focus on financial literacy, education, healthcare, homeownership preservation, public safety and public policy. The new name demonstrates the CEG's expanded role in *"building a healthy and empowered church, people and community."*

As it relates to health care, the Collective Empowerment Group works collaboratively with the Hospice of the Chesapeake to inform their members of the health care options that they have available at end-of-life.

Capital Caring (Malene Davis and Kelly Fields):

As a hospice provider with locations in Northern Virginia, Washington DC and Prince George's County we are pleased to provide input regarding the underutilization of end of life and hospice services in our community. For more than 35 years Capital Caring has been a leader and innovator in outreach and education to increase access to care of African Americans and other underserved populations. The following information represents some of the current work we at Capital Caring are doing to improve access and care to underserved populations within our community.

The following is a summary of Capital Caring's current and future outreach and education efforts to reach the underserved populations in Prince George's County (and our general service area).

Current Education and Staff Training in Cultural Competency

Month long General and Clinical Orientation classes are provided to introduce and expand the IDG (Interdisciplinary Group) and participants knowledge, attitudes and skills as they learn to address cultural issues with sensitivity and understand at end of life. The following classes have a full focus or have major components that address the issues of cultural competency. The classes are one, two or three hours in length and facilitate learning through face to face interactive discussion, role play and handouts. In addition, as an ongoing resource a complete CD of the full orientation for the month is provided to each participant.

The classes are:

1. Cultural Considerations at End of Life
2. Communication 1 – Goals of Care and Difficult Conversation

Communication 2 – Conflict Resolution by the IDG

3. Spiritual Issues at End of Life
4. Components of Pain 2 Advanced Pain Management
5. Components of Loss-Grief and Bereavement
6. Components of Last Hours of Living
7. Components of Individual Breakout Session of the Specific IDG Group

-Annual Conference and/or Lecture Series for the Staff: Josephina Magno

-Focus is on clinical, psychosocial and psycho-spiritual needs of the patients and how to equip the IDG to meet the needs.

-We Wrote the Book Conference

-Quarterly and Intermittent Education to the IDG

-Understanding and Respecting the Sexual Needs of Patient and Caregivers

-Social Worker and Chaplaincy Educational Series

Current Outreach and Education to Reach Underserved Communities

-Changed our name from Capital Hospice to Capital Caring in an effort to eliminate the barriers created by the use of the word hospice.

-Capital Caring is intentional in presenting our services in a manner that assesses the need for care and to facilitate the appropriate admission into hospice, palliative care or counseling services.

-Added the TeleCaring service line as a resource to our community patients to assure that ongoing assessment and support will be provided to those who are experiencing greater difficulty and have complex issues and needs.

-Hosted EPEC-O for African Americans – Cultural Communications for African Americans.

-Hosted APPEAL – A progressive palliative care educational curriculum for the care of African Americans at life's end. This curriculum educates providers on the unique needs of African Americans and other disparate populations regarding unique needs to access hospice and palliative care. This two day conference includes 9 interactive modules, role play and breakout sessions.

-Assessment of needs of our community partners and providing education in the areas of: Eliminating Barriers to Hospice Care, Breaking Bad News, Communicating Effectively-Clarifying Goals of Care, Cultural Considerations at End of Life, Spiritual Issues at End of Life, Who is My Family-Creating an Effective Care Giving Team at End of Life.

-In addition to the above topics that have a specific focus on cultural sensitivity, respect and access to care, we provide the required 7 Elements mandated by Medicare as we work with our community partners and assure that cultural sensitivity and competency is interwoven into each session.

-Capital Caring has formally established Caminando Juntos, an outreach aimed specifically to support Latino residents of the community. Volunteers are actively involved in health fairs, community meetings, church events, tuck in calls to our Hispanic families and grief follow up calls to bereaved families.

-Capital Caring's Hispanic volunteer chaplain goes out with various disciplines as needed to facilitate dialog with Latino residents. Spanish speaking administrative assistants help assist with translation when necessary. We have a nursing home initiative to make sure that Latino residents and staff are supported with end of life communication issues.

-Representation on the Langley Park TNI-Health Disparities Forum-from the office of Prince George's County Executive Deputy.

-Capital Caring staff represents our organization through membership in the Prince George's Community College International Network.

-For more than 10 years Capital Caring has hosted the annual Tribute of Lights service, which honors and memorializes those loved ones departed. In October 2011 through Caminando Juntos, Capital Caring hosted the first special Spanish Tribute of Lights. Upcoming services are scheduled for October 19, 2013.

-Community memberships

1. Board of Directors of the Southern Christian Leadership Conference which was founded by Dr. Martin Luther King Jr. in 1956. The group operates at the national level with several chapters including Prince Georges.

2. On the Advisory Board of Adelphi/Langley Park Family Support Center-Healthy Families-Prince George's Child Resource Center

3. Member of Action Langley Park, a forum by University of Maryland professor William Hanna- the voice of the underserved community in Langley Park

4. Community contact, Ventanilla De Salud-Health Awareness Forum

5. Member of Consilio Metropolitano – metro area leaders focused on health and disparities

6. Community contact for Instituto de la Seguera (Blindness Center for Hispanic Clients)

-Community partnerships include CASA MD, African American Churches, Hispanic festivals from CASA MD, Langley Park Day, Hispanic Heritage Month, SEED (Sowing, Empowering and Economic Development), and Telemundo Family Fair

Future Expansion of Education and Outreach

-Ongoing participation in the Prince George County Healthcare Action Coalition. General Managers serve as the co-chair for the access to care work groups. The vision is to provide the residents of Prince George's County with accessible, affordable and integrated high quality, culturally appropriate health care.

-We are expanding our role in the Prince George's County Senior Provider Network as we focus on issues of access

-Collaboration with the Prince George County Chamber. Clinical Care Representative serves on the Prince George County Health Care Committee and is co-chair of the upcoming educational conference and health fair.

-Development of future education to address the issues of

1. Lesbian, gay, Bisexual and transgender patients and their family/caregivers

2. Differently abled and cognitively challenged patient needs at end of life

-African American and Latino Outreach – Capital Caring actively participates in community health fairs and end of life awareness throughout the county.

Capital Caring is pleased to offer our input on current and future education and outreach. We would be interested to know if you plan to provide a full summary report of the research on this topic to assure we are addressing all communities in the county. We look forward to your response and ongoing collaboration. If you have additional questions or would like greater details on the above summary, please do not hesitate to contact Kelly Fields at 301-808-5650

Maryland Hospital Association (Nicole Dempsey Stallings):

Why is Patient- and Family-Centered Care Important?

The voices of patients and family members are essential to the improvement of health care systems. They offer a perspective that health care workers often don't see, especially when making changes.

Patient- and family-centered care revolves around the following principles: dignity and respect; information sharing; participation; and collaboration. The bottom line being that the family plays a vital role in ensuring the health and well-being of patients of all ages and this can be done in many different ways. When health care providers listen to and honor patient and family perspectives and choices, they are applying the dignity and respect principle. Information sharing is done by providing complete and unbiased information in ways that are affirming and useful. Encouraging the patient and family members to participate in care and decision-making is the third principle, and allowing patients and family members to collaborate with the hospital on committees is the fourth.

What is the Maryland Hospital Association Doing?

Research shows that when patients are engaged in their health care, it can lead to measurable improvements in safety and quality. To promote stronger engagement, MHA is inserting key aspects of patient and family centered care into every quality improvement initiative to encourage hospitals work as partners with patients and families to improve quality and safety. In addition, members of MHA's Quality Policy & Advocacy attended a four day training session in April of the Institute for Patient- and Family-Centered Care. This experience provided our team with the best practice tools to assist our hospitals better engage patients and family members in their care with a goal of making Maryland's hospitals a leader in this approach to care delivery. In June, MHA surveyed Maryland hospitals to determine the degree of integration of core components of patient- and family-centered care and are developing technical assistance offerings based on the survey results.

Additional Information:

The National Hospice and Palliative Care Organization has produced a self-assessment checklist for hospices to review their organization's leadership, mission and vision, resources, and services with respect to patient- and family-centered care. The hospice must be a member of NHPCO to take advantage of the self-assessment checklist. It can be found at: <http://www.nhpc.org/quality/self-assessment-system>.

The following write-up at the American Hospital Foundation discusses how hospice is already the true model of patient- and family-centered care: <http://www.americanhospice.org/articles-mainmenu-8/about-hospice-mainmenu-7/510-hospice-a-model-of-patient-and-family-centered-care>.

Baltimore City Health Department,
Morgan State University School of Social Work,
AARP and the Commission on Aging
Present

A Day of Learning to Help Others



WEDNESDAY, NOVEMBER 6, 2013

8:30 AM – 3:30 PM

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1700 E. COLDSRING LANE
BALTIMORE, MD 21251



Master of Ceremonies:

Reverend Lee Michaels

Heaven600.com
THE GOOD NEWS STATION

Helping Families at Life's End

Keynote Speakers Include:

Weptanomah Carter Davis

(daughter of the late Dr. Harold Carter of New Shiloh Baptist Church)

Dr. Karen Cousins-Brown - Understanding Hospice

Pastor J.L. Carter of Ark Church

AARP Presents - A Panel of Experts Discussing

President Obama's Healthcare Initiative,

The Affordable Care Act (ACA)

How to Help Families Register & Obtain Healthcare Before 2014



Breakfast provided by



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Religious Leaders Forum



Mayor Stephanie Rawlings-Blake

Oxiris Barbot, M.D., Commissioner of Health

