

## HOSPICE OF NORTHWEST MICHIGAN

*Your Local Hospice -*

*Treatment, Care and Compassion*

*For Quality of Life*

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### ***Mission Statement***

Hospice of Northwest Michigan in partnership with your local health department (The Health Department of Northwest Michigan) provides comprehensive physical, emotional and spiritual care to individuals and their families during and following life-limiting illness. We support the philosophy and practice of Hospice Care and serve as a resource for end-of-life care in our community.

### ***Statement of Philosophy***

Hospice exists to provide support and care for persons who have a life limiting illness, with a life expectancy measured in months or days, rather than years. Hospice recognizes dying as a normal process and we do not attempt to either prolong or hasten this process. Our services are for persons who have chosen to no longer receive curative treatment. The hospice program exists in the hope and belief that through appropriate care, and the promotion of a caring community sensitive to their needs, individual's/families/significant others may be free to attain a degree of preparation for death resulting in quality of life when quantity is limited. We recognize the individual/family/significant other as the unit of care. We provide support both during and following the individuals death.

We assist and support rather than take over the decisions best left to the individual, to make choices about how care is delivered and where they choose to die. We promote physical, emotional and spiritual comfort. Our goals are to assist with Safe and Comfortable Dying, Self-Determined Life Closure, and Healthy Grieving. We draw on an interdisciplinary team to develop a plan of care in collaboration with the individual/family/physician and other community resources when appropriate.

Our services will not be denied to an individual or family on the basis of race, religion, color, national origin, sex, age, disability, sexual preference, or marital status.

Adapted in part for "Statement of Philosophy" Hospice for Communities, Flint, Michigan.

### ***Board of Directors (As of July 2009)***

The Health Department governing Board is made up of elected county officials representing the four counties in its service area. Hospice of Northwest Michigan has a ten (10) member Board of volunteer Directors

representing the public and hospice related health care institutions. A list of current Directors and previous year directors and officers of the corporation follows.

Director	Officers July to June 2010	Officers July to June 2009
Bellissimo, Ruth	Treasurer	
Bockstahler, Lynda		President
Freidinger, Dr. Reed		
Jason, Mary	Vice-President	
Jenks, Lyn		
Lamb, Christopher		
Mansfield, Linda		
Milock, Diana		
Muniak, Mark	Secretary	Secretary
Saltonstall, Connie	President	Treasurer

***The Hospice Team (As of July 2009)***

None of the staff for the Hospice Program work full-time although they may be full-time employees of the Health Department. Hospice of Northwest Michigan staff are co-employed by both partners.

Hospice of Northwest Michigan (HNWM)

- Bruce Pulleyblank, Administrative Coordinator (0.8 full time equivalent)
- Margaret Lasater, Volunteer and Bereavement Coordinator (0.6 full time equivalent)
- Forty plus trained, supervised volunteers

Health Department of Northwest Michigan (includes contracted staff/services)

- Lynda Bockstahler, RN, Director
- Mary Robinson, RN, BSN, MSN, Hospice Supervisor
- Tina Lamont, RN, BS, Q1 Coordinator
- Karen Aepelbacher, RN, BSN Admissions Coordinator

- 7 to 10 Registered Nurses
- 3 to 5 Home Health Aides
- 2 Masters of Social Work, Medical Social Workers

- Dr. GERALYN DOSKOCH, Physician, Hospice Interdisciplinary Team
- Dr. ANNA YOUNG, Physician, Hospice Interdisciplinary Team
- Reverend Nancy Rohde, Chaplain, Hospice Interdisciplinary Team

- 4 Medical Records and Financial support staff
- As needed: Contracted services (physical therapy, speech therapy, etc.)

***Outcomes and Goals***

Over 80% of US adults say that when the time for serious illness and dying arrives they hope to be at home, surrounded by loved ones, free from pain and free from attachments to hospital medical equipment. The well documented reality is nearly the opposite: 80% die in institutions, too often in pain and too often tethered to machines people say they did not want. Hospice programs exist to assist patients with life limiting illnesses, and their families, realize these goals.

## Outcomes

1. Enable patients with life-limiting illnesses, and their families, to remain at home and maximize the patient's quality of life through hospice treatment, care, and patient/family support services while maintaining a 95% or higher ratings of overall satisfaction with program services.
2. Assist hospice patients and their loved ones with bereavement and loss services, to include 13 months of bereavement services/follow-up for family members after the death while maintaining a 95% or higher rating for effective grief and bereavement.
3. Promote and facilitate the development of our community as one that is highly responsive to the needs of the elderly, the dying, and their family caregivers through outreach and education (as indicated indirectly by increased Hospice utilization).

## Proposed Goals (2009 to 2015)

1. Maintain top tier quality:
  - a. Continue achieving scores within the top 20% per standardized national ratings.
  - b. Continue providing prompt services: normal on-site services available within 35 minutes.
2. Increase Hospice Program Utilization
  - a. Increase the percentage of persons who realize their wishes for how and where they wish to die by 31% by 2015 (from 86 to 113 patients enrolled per year).
  - b. Increase the benefit of Hospice Services to patients and families by increasing average length of stay in the program from 57.22 days to 68.25 days (19% increase) by 2015.
3. Improve Hospice of Northwestern Michigan's Financial Health
  - a. Raise funds sufficient cover Hospice Program costs not met by third-party payments annually.
  - b. Institutionalize" Hospice of Northwest Michigan by determining the reserves needed to ensure the delivery of effective services for many years to come by developing and implementing a plan to do so.
4. Promote and facilitate the quality of end-of-life transitions through outreach and education.
  - a. Increase the use of Living Wills, Durable Power of Attorney, "Vial of Life", "File of Life", Advance Care Directives, etc.
  - b. Provide "Transitional companions" (volunteers ensure no hospice patient dies alone except by choice)
  - c. "Life Review" (a systematic process to record significant events of a patient's life)