CONFERENCE – Thursday, November 9

8:00 – 8:45 am

REGISTRATION & CONTINENTAL BREAKFAST 8:45 – 9:00 AM

WELCOME

Timothy Boon, RN, HPCFM Board Vice President, CEO, Good Shepherd Community Care, Newton

9:00 – 10:00 am KEYNOTE ADDRESS

Palliative Care: The Specialty that Should be Superfluous (and Why It Isn’t)

Muriel Gillick, MD, Author, Professor, Department of Population Medicine, Harvard Medical School, Cambridge

Palliative Care patients with advanced illness often receive sub-optimal care. Understanding why care is inadequate despite a sufficient knowledge base to do much better requires more than blaming American medicine for an excessive focus on cure instead of comfort. Prevailing norms persist because of the interaction of a number of powerful players that together make up the health care ecoculture, principally physicians, hospitals, drug companies, device manufacturers, health insurance companies, and federal regulators. Beginning with a clinical case to articulate the workings of the medical ecoculture, Dr Gillick will present an analysis of how the interests and interactions of each of these players perpetuate the status quo, offering hope to dramatically alter advanced illness care.
Session 1 – 10:30 – 11:45 am Thursday, November 9th

4A Practical Tips to Avoid and Respond to a Hospice Audit or Investigation

David S. Schumacher, JD, Partner, Hooper, Lundy & Bookman, PC, Boston

Responding to audits and investigations can be daunting for a hospice. Attorney, Schumacher will provide an overview of current fraud and abuse issues in the hospice setting and discuss recent cases and investigations. Based on recent False Claims Act and ZPIC (Zone Program Integrity Contractor) investigations, the presenter will also provide practical tips for avoiding, and responding to, audits and investigations.

4B Strong RN Case Management: Essential to Ensuring Excellence in End-of-Life Care

Ruth Recchia, RN, CHPN, HCS-H, RN, Senior Hospice Consultant, Simione Healthcare Consultants, Hamden, CT

The hospice benefit is designed to be an interdisciplinary model in order to meet the many needs of patients and families at end of life. Ms. Recchia will describe the critical role of the hospice RN as case manager. From documentation of patient condition changes to the nuances of the plan of care, the presenter will challenge RN’s and hospice management to return to the essence of hospice care through skilled assessments, critical thinking and enhanced communication with the team.

4C Teaching Families about Palliative Symptom Management in Late Stage Alzheimer’s

Karen Blair, BSN, Palliative Care Coordinator, Commonwealth Care Alliance, Springfield

Assessment and treatment of symptoms in patients with late stage dementia is key to avoiding emergency room visits and hospitalizations.
Ms. Blair will share education techniques that clinicians can teach families to address common symptoms and enhance quality of life.

4D Methadone: Fact or Fiction

Deb Arzonico, RN-BC, CHPN, Hospice & Palliative Care Case Manager, VNA Hospice & Palliative Care of Cape Cod, South Dennis

Methadone is an excellent tool in the symptom management toolbox. Ms. Arzonico will describe the action of methadone and identify types and palliative care patients. The presenter will address Methadone dose conversion guidelines.

4E Rising Above the Challenges of Providing Hospice Care in a Skilled Nursing Facility

Maria Rivera, RN, CHPN, Clinical Director and Katherine Curtis, BSN, CHPN, Director of Compliance, Hospice of the Fisher Home, Amherst

Providing hospice care in skilled nursing facilities (SNF) may present challenges to both teams. Ms. Rivera and Ms. Curtis will present key elements of successful collaboration between hospice and skilled nursing facilities. The presenters will use case examples to demonstrate the value of care coordination, quality documentation and effective communication between hospice and SNF teams to improve quality of life and care for hospice patients in skilled nursing facilities.

4F Theories to Practice: Working with Complex Family Dynamics at End of Life

Kristen Dillon, PsyD, Clinical Psychologist in Hospice & Palliative Care and Karen Budnick, LICSW-ACHP, MSW, Hospice Social Worker, Edith Nourse Rogers Memorial Veterans Hospital, Bedford

Family dynamics can be complex at end of life. Ms. Dillon and Ms. Budnick will discuss risk factors that may lead to complex family dynamics and the theories or models associated with these dynamics. The presenters will identify tools for hospice and palliative care professionals to best support families at end of life.
4G Navigating the Bumpy Road to Guardianship and Conservatorship

Andrea A.J. Witt, Esq, JD, Partner and Stephen Spano, JD, MBA, Partner, Board Certified Elder Law Attorney, Spano & Dawicki, LLC., Saugus

Caring for an elder is often a rewarding but daunting experience. Caring for an elder who doesn’t have a health care proxy and/or durable power of attorney is like taking a cross-country trip without a road map, cell phone or GPS. To assist hospice and palliative care professionals, Attorneys Witt and Spano will discuss the legal process including all the alternate routes, and identify the potholes to avoid along the way.

4H How to Prevent Compassion Fatigue and Create Resiliency in the Workplace

Shayndel Kahn, Rabbinic Pastor, Chaplain and Certified Trainer – HeartMath, Merrimack Valley Hospice, Lawrence

Compassion fatigue and burnout among health care professionals can be problematic for hospice and palliative care professionals. Ms. Kahn will present the science behind stress and its effects on the body and the tools to assist with finding balance. The presenter will identify strategies that will be useful in creating a workplace where staff members are able to care for themselves and their patients without feeling overwhelmed and stressed.

4I Building Meaningful Ritual Experiences for Hospice Patients

Rabbi Amy Goodman, BA, MAHL, Rabbinic Director and Rabbi Joel H. Baron, MA, Rabbi/Chaplain, Hebrew SeniorLife Hospice Care , Dedham

Spiritual caregivers can support patients and families by revealing new meaning and understanding in the fixed liturgy that spotlight the special nature of this sacred time. Rabbis Goodman and Baron will outline ritual and liturgical opportunities within the High Holy Days (Jewish tradition) and Sacrament of the Sick (Catholic tradition) for community-based hospice patients and families/caregivers while uncovering new meaning and understanding in one’s own personal prayer lives as a result of
providing this sensitive, compassionate spiritual care to patients.

Session 5 – 1:00 – 2:15 pm Thursday, November 9th

5A Navigating End of Life Choices for Patients with Amyotrophic Lateral Sclerosis (ALS)

Larissa Lucas, MD, FACP, HMDC, Medical Director of Quality, Care Dimensions, Danvers, Instructor of Medicine Harvard Medical School, Cambridge and Erin Barker, BSN, RN Case Manager, Care Dimensions, Danvers

Hospice care is a viable option for patients with Amyotrophic Lateral Sclerosis (ALS) that provides physical, emotional, social and spiritual support for ALS patients near the end of life. Dr. Lucas and Ms. Barker will review the disease progression of ALS, its symptoms, treatment options, prognosis and end-of-life decision-making. The presenters will present case studies of patients with ALS who were managed at home with hospice from both ends of the spectrum; dependent with mechanical ventilation and no life sustaining intervention.

5B Cultivating Our Capacity for Compassion

Jeanne-Marie Maher, MD, FACP, MAHPM, Palliative Care Consulting Physician, Catholic Medical Center, Manchester, NH and Ann Allegre, MD, FACP, FAAHPM, Senior Instructor, Spiritual Care Programme, Spiritual Care, Kansas City, KS

Caring for those who are suffering/dying can lead caregivers to feel depleted. Empathy alone (feeling the suffering of others) leads to risk of burnout. Drs. Maher and Allegre will discuss compassion as a way of being, a feeling that arises when witnessing suffering of others and a desire to help. The presenters will describe the use of traditional compassion practices caregivers can cultivate to help them connect with others, increase positive emotions, and feel restored.

5C Prognostication: Certainty, Accuracy and Usability in Clinical Care
Robert Abel, MSN, CHPN, Chief Nursing Officer & Director of Palliative Care, MaineHealth Care At Home, Saco, ME

Historically, prognostication in serious illness has been inaccurate and communication about it often inadequate. Mr. Abel will review commonly used prognostication tools and current research around the “Surprise Question” and the Mitchell Mortality Scale. The presenter will describe current work at health centers in New England to illustrate new tools.

5D  Regulatory Hot Topics: Hospice Aides and Home Health Aides

Lisa Gurgone, MS, Executive Director and Sydney Axelrod, MA, Training Facilitator, Home Care Aide Council, Watertown

Regulatory and policy changes continue to impact hospice and home health aide services. Ms. Gurgone and Ms. Axelrod will present changes in national regulations and discuss local, grant-based work-in-progress to develop, pilot test and implement new evidence-based trainings for front-line hospice and home health aides.

5E  Healing Grief from the Heart: The Meditation Path Through Grief

Deanna Upchurch, MA, Director of Community Services and Channing Gray, Hospice Volunteer, Hope Hospice and Palliative Care RI, Providence, RI

Dealing with the reality of grief through the gentleness and loving kindness practices that meditation teaches can be healing. Ms. Upchurch and Mr. Gray will present practical skills that may enable dealing with the pain of grief and introduce basic meditation practice techniques.

5F  Palliative Care Social Work: Bringing the Interdisciplinary Team to the Community

Annie Lebowitz, LICSW, MSW, Clinical Social Worker and Martha Quigley, MSN, GNP-BC, ACHPN, Nurse Practitioner, Mass General Hospital, Boston
The role of a social worker is essential within the interdisciplinary home-based palliative care team. Ms. Lebowitz and Ms. Quigley will highlight the importance and value of close coordination and collaboration between social worker, doctors and nurse practitioner especially during transitions in care.

**5G A Good Death: It Takes a Village, or at Least a Collaborative Hospice Team**

Rev. Kathryn Henderson, MA, Mdiv, ThM, Spiritual and Bereavement Care Coordinator, Community VNA, Attleboro and Rev. Dr. Rosemary McKay, Dmin, Mdiv, Spiritual Counselor, Cranberry Hospice and Palliative Care Services, Beth Israel Deaconess Hospital, Plymouth

Hospice professionals are familiar with the concept of a good death. Rev. Henderson and Rev. Dr. McKay will define the characteristics of a good death based on current research and describe the collaborative practices that enable interdisciplinary teams to function most effectively. The collaborative model is the foundation for providing the comprehensive care essential for good death.

**5H Turning Grief into Good: Healing the Heart by Helping Others**

Sarah Cordeiro, BS, PsyM Candidate, Grief Counselor and Audrey C. Eisenstein, BA, Volunteer Coordinator, Hope Hospice & Palliative Care of RI, Providence, RI

The grief process and the need to reach out to others becomes integral to healing. Ms. Cordeiro and Ms. Eisenstein will use case studies and anecdotes of such experiences will be presented. Ways to encourage others to transform their grief into small and large scale ways will be discussed.

Session 6 – Thursday, November 9th

**6A Aggressive Pain and Symptom Management for the Hospice Homecare Patient**
Community-based practitioners face many challenges in providing aggressive pain and symptom management outside of the acute-care setting. Using real-life case scenarios, Ms. McNamara and Rabbi Goodman will describe the challenges that emerge when working to balance a patient’s care preferences, do not hospitalize status, with adequate symptom management at advanced stages of disease process. The presenters will discuss ethical, clinical and logistical challenges of keeping patients home at the end of life.

6B Partnering In: Interdisciplinary Strategies for Earlier Access to Palliative Care

Rosemary Crawford-George, RN, MSN, CHPNA, Clinical Nurse Specialist, Exeter Hospital Palliative Care, Exeter Health Resources/ Exeter Hospital, Exeter, NH

Partnering In is a new collaborative interdisciplinary approach utilized within episodes of inpatient acute care, outpatient oncology and community care to influence and sustain palliative care continuity for challenging trajectories of serious, complex or advanced illness. Ms. Crawford-George will describe initiatives, challenges, strategies and outcomes to date, utilized at a community hospital to better engage and partner-in with additional interdisciplinary teams also involved in the care of patients and families with serious, complex or terminal illness. The presenter will also identify strategies for attendees to use in the community.

6C The Use of Medical Cannabis in Palliative Care

Rosemary Mazanet, MD, PhD, Chair, Medical/Scientific Advisory Board and Emily Hoffnagle, PharmD, Head Pharmacist, Patriot Care, Lowell

Medical cannabis contains many medicines with different properties that can be used for symptom control and relief. Drs. Mazanet and Hoffnagle
will present the varying components of medical cannabis available in commercial products and the best formulation for patients. The presenters will discuss medical cannabinoids as related to optimum palliative care symptom control.

6D  Psychosocial Interventions for Anxiety: Alternatives to Medication

Jessica Mosey, LCSW, MSW, Hospice Social Worker, Care Dimensions, Waltham and Mary Polansky, BSN, CHPN, RN Case Manager, Care Dimensions, Danvers

Working with individuals suffering from anxiety can be challenging, whether they are coworkers, patients, or family caregivers. Ms. Mosey and Ms. Polansky will describe manifestations of anxiety and non-pharmacological strategies to increase effective teaching and positive outcomes when helping anxious individuals. The presenters will also identify coping strategies for clinicians who deal with anxious patients, caregivers, and coworkers, to reduce fatigue and burnout.

6E At the End of the Rainbow: End-of-Life Care for Lesbian, Gay, Bisexual, Transgender (LGBT) Elders & Loved Ones

Lisa Kynvi, MA, MT-BC, LMHC, Coordinator of Creative Arts Therapy, Care Dimensions, Danvers

Issues may arise when providing hospice services for lesbian, gay, bisexual, and transgender elders and their loved ones. Ms. Kynvi will present basic concepts behind working in the spirit of cultural humility— including engaging in self-reflection and self-critique—to help attendees become more culturally aware and sensitive to serving this historically marginalized and underserved population. The presenter will define terms, highlight medical issues, and identify challenges LGBT people have faced, and how to work toward providing a safer, more respectful environment for LGBT elders and their loved ones toward end of life.

6F  Refining the Art of Listening

Rev. Cynthia Antonuk, M.Div, Chaplain, Care Dimensions, Danvers
We have two ears and one tongue, that we would listen more and talk less. Ms. Antonuk will present barriers to listening, listening modalities and a positive approach to listening. Attendees will explore the benefits of deep listening as a gateway to providing excellent care in the hospice setting.

6G  The Wounded Healer: A Mythology of Transformation

Sandra L. Salzillo, MA, CAGS, LMHC, Mental Health Clinician, Women & Infants Hospital, Providence, RI

The mythology of the wounded healer is present and active in the psyche of many professional care givers. Ms. Salzillo will present the mythology of the wounded healer and provide examples of patient’s artwork and dreams that activate a mutual empathic relationship when the wounded healer is present in the clinical setting.

6H  Death Café: What It Is and How to Implement It

Heather Massey, MSW and, Founder and Facilitator, Cape Cod Death Cafe, Massachusetts and Elaine Moraglia, LICSW, MSW, Psychotherapist, Private Practice, Mashpee

Death Cafe, an international, social franchise, provides a safe, neutral environment to have conversations about death which may lead to communication regarding end of life choices, such as hospice care and advanced directives. Ms. Massey and Ms. Moraglia will describe the tenets of Death Cafe and the advantages of offering Death Cafe in local communities. Attendees will experience a Death Cafe and receive the material necessary for hosting a presentation of a hospice sponsored Death Cafe.