

# The A-Team

asera  care Hospice Volunteer Newsletter

## An Encouraging Word:



“The most important thing in communication is to hear what isn't being said.”

~Peter Drucker

## You Did It!

Our hospice management team continues to be impressed with the level of impact that volunteers are having with our program. Here's a glimpse at what our volunteer team has accomplished year to date:

- Direct Hours with Patients: **816**
- Indirect Hours: **675**
- Miles Driven: **21,913**

In addition, we are having more and more volunteers celebrating their one-year anniversaries. That means that the skill level and experiential level of our volunteer team is getting deeper and wider.



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## Timely Tips and Reminders

### MUST DO LIST:

#### 1) File Work

Please remember to keep your file up to date. You will be contacted by the Volunteer Coordinator via email when something in your file expires or becomes due/ overdue. The conditions of participation for Medicare guidelines state that volunteers are required to keep all of the following information current:

- ✓ Auto insurance
- ✓ TB screen (completed annually)
- ✓ 90 Day Performance Review
- ✓ Annual Performance Review
- ✓ Supervisory Visit (annual)
- ✓ AseraCare University

Please be prompt in following up with these email notices. If a volunteer is unable to complete these requirements in a timely manner, their status will be changed to "currently inactive."

Remember, the goal is to treat volunteers at the same level as staff with regards to formal reviews, health screens, etc. **YOU ARE AS IMPORTANT AS OUR PAID STAFF.**

#### 2) Aseracare University

##### a) **August PH1168 Spirituality and Care Giving Due by end of month**

- go to <http://aseracare.care2learn.com/>
- click the icon box that says "Volunteers! ClickHere." login as a *returning user* by entering your username and password
- see calendar for up-coming courses

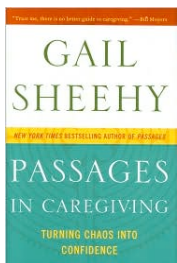
### TOP TIPS:

- Not sure how confused your patient is? Dr. Sonntag, AseraCare Medical Director, recommends the following: Ask the patient what year it is. Record exactly what they say; don't help them. Then ask them again on your following visits. This will help you gauge to see whether your patient's memory is improving or not.
- Send your patient's family a sympathy card after pt's death. The pt's primary contact info can be found on the pt's Volunteer Needs Assessment form. If the address is not listed simply email the VC. Please do NOT send a religious card.
- Sign up for text messages to receive PDV updates such as reminders to meetings, vigil requests, and IDG up-dates. Afraid you'll get too many text messages? You have the power to enable and discontinue texts. To start or end text messages simply go to the HVA website, click on Member Services> up-date profile.
- Write an informative entry in the patient's bedside journal. Include heart-warming details about your visit/ patient such as the sunny weather, pt quotes, pt was a WWII Vet, etc. These entries are treasured by the family and are also helpful to the vigil volunteers who may not know a lot about the patient (If you can't find your patient's journal please email the VC).

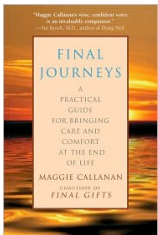
## YOUR OWN BAG OF TRICKS

When visiting patients, it's important that the volunteer comes prepared. This not only makes you more professional but it shows you are customizing your visit to your patient's interests. Here are some items to consider putting in your hospice tote bag.

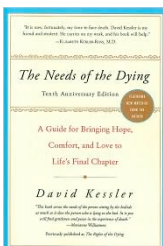
**Passages in Caregiving: Turning Chaos into Confidence** by Gail Sheehy. \$20.15 at Barnes and Noble. 416 pages. Sheehy uses some of her own stories, stories from other caregivers and research she did to lead the reader through this time in peoples' lives. This book includes resources and advocacy groups that are there to aid caregivers in even the most complicated situations that they might encounter.



**Final Journeys: A Practical Guide for Bringing Care and Comfort at the End of Life** by Maggie Callanan. \$12.24. 352 pages. Callanan aims to provide practical advice grounded in her experience as a hospice nurse. She uses stories from her work to examine topics including "potential family conflicts, ethical dilemmas faced by health-care workers, and various stages of the grieving process".



**Needs of the Dying: A Guide for Bringing Hope, Comfort and Love to Life's Final Chapter** by David Kessler. \$10.07. 256 pages. Kessler has identified key areas that are important to keep in mind at this time in peoples' lives. He provides a vocabulary that can be used by both the patient and family members that allow them to communicate with doctors, hospital staff and each other.



## WHAT IS IT?

Acronyms are commonly used in hospice. For those of you who are new to the jargon- this column's for you!

**Oriented x3**= references a patient's level of orientation to 1) *self* 2) *place* 3) *time*. If a patient is oriented x 3, they are oriented completely. If the patient is oriented x2, they only know *place* and *self*. Oriented x1, is just to *self*.

**Debility**= one of our most common hospice patient diagnosis's. This means the patient has multiple diseases or co-morbidities (ie. COPD, CHF, Renal Failure, Liver Disease, AIDS, Dementia, etc.). There is not one primary disease but all will hasten the patient's clinical progression.

**DNR**= Do Not Resuscitate. This means heroic measures will not be taken to save the patient's life if they were to stop breathing. Often time families will also create other advanced directives that state Do Not Hospitalize (DNH) and/or Do Not Intubate (DNI).

**Full code**= the opposite of DNR. This means the patient *does* want all measures taken in order to sustain life. Sometimes pts come onto hospice "full code." Our goal is to educate families and eventually change this code status to DNR. This is important so the pt's care plan can come into alignment with the hospice philosophy.

**Aspiration risk**= to cough or choke easily. This is typically a sign of patient decline. The patient's body does not respond fast enough to keep fluids from entering the lungs verses the stomach. This is why these patients' will drink thickened liquids or eat soft/ pureed food.

## Helpful Hospice Hints



As volunteers, we should take time to reflect on the lessons we have learned through our hospice experience. Creating space in our own lives is just as important for nurturing ourselves, as it is for nurturing our patients.

Here are some tips discussed from hospice volunteers and family caregivers found in the book *Lessons for the Living: Stories of Forgiveness, Gratitude and Courage at the End of Life* by Stan Goldberg. Three of the concepts that went together were:

- 1) to sit when talking,
- 2) to reduce noise and
- 3) to create a calming environment.

Sometimes volunteers have to be both creative and assertive when visiting nursing homes to meet these three suggestions.

Dr Goldberg writes “if you sit down on a chair at the same eye level, the interaction becomes one of equals”. One volunteer noted that sitting in the chair also helps you to RELAX, the first cardinal rule for volunteers.

Sitting in a chair also encourages us to take time, to not rush visits, to be more comfortable with quiet, “unproductive” time. Secondly, in reducing noise, Dr Goldberg writes “Dying is hard work. The more noise that is present, the harder the work.” Volunteers have noted the ever-presence of TVs and how often patients tend to jump at the chance to have it turned off.

Lastly, Dr Goldberg writes “surround the person with objects, music and smells that are peaceful and comforting... and if possible, remove objects that relate to their illness.” Volunteers shared stories of times they had put pictures more at eye level and removed incontinence supplies and catheter tubing from their line of vision. Volunteers talked about how we all need to go ahead and be a little more assertive and pull curtains or ask permission to “tidy up.”

Simple steps like these can go a long way to signal to a patient that he or she is valued and the time with them is special for the volunteer.



## INTERVIEW INSIGHTS

With Joan Quinlan-Wielock

As hospice volunteers, we can all benefit by sharing our experiences and insights with each other. Through volunteer interviews, we hope you will be inspired and touched by the wisdom that is shared. This month Joan shares her story of how she overcame challenges as a volunteer and how this has helped her to find her niche.

Joan Quinlan- Wielock began volunteering in 2009 as a companion and vigil volunteer. *[Italicized portions added by Renee] As the months went by Joan like many volunteers felt she was struggling to find her niche. If the patient was chatty, she was afraid she'd run out of conversation topics and then "What if Mable thinks I'm boring?" While on the other hand making a visit was a nonverbal dementia patient also had its obstacles; a dementia patient can render a plethora of ideas futile.*

*As a result, after several matches Joan began losing motivation to meet her monthly frequency and vigil visits were difficult to commit to, as she was a mother and a wife. Something needed to be done or she was likely going to be done volunteering. So Renee and Joan came up with a plan.*

*Several months ago a harp had been donated to the office from one of our patient's family members. This was nothing short of a miracle. Our team now had a \$500 Reverie Harp **and** a way to meet the vacant needs of patients requesting supportive music services.*

*Unfortunately, as paid staff has agendas they must get done with patients, they were finding it difficult to play the harp as often as they'd like on visits. So a second and ironic miracle happened. Joan's confession of her struggle now set her up to be the perfect and first designated Reverie Harp player volunteer.*

Joan began playing the reverie harp for patients. She now has a list of patients at a facility that she plays for. Her visits playing the harp have given her unique insights into the volunteering experience.

### ***What is the Reverie Harp?***

*This is the perfect instrument for someone who is not musically inclined but wishes to bring music to the bedside. Designed and invented by Musicmakers in Stillwater, MN in collaboration with Australian music thanatologist Peter Roberts, the Reverie Harp is fast becoming a must-have tool for music therapists, hospice volunteers, visitation ministers/chaplains, activity directors, and nursing home care-givers.*

### **Why is this instrument so successful?**

- \* Beautiful shape is inviting - everyone wants to hold this instrument
- \* Lightweight and comfortable to hold for even the most frail individuals
- \* Pentatonic tuning means there is simply no wrong way to play this instrument
- \* Players love feeling the vibrations through the wood



## Interview Insights Continued

### **How are patients responding to the reverie harp?**

During Joan's first visit to play the reverie harp, she was able to play for the patient and her two daughters. She ended up playing for them for 2 hours! Although the patient was not able to verbalize her feelings, Joan recalls that her breathing became more regulated as she played. When she was done, the daughters were so happy- the sound of Joan's playing had relaxed them so much. *The daughters said "it was like an angel came to visit." With everyone now so calm, the patient transitioned into the next world two hours after Joan left. Wow!*

Joan has said that most patients' responses have been positive. Some patients have said that the sound was "relaxing", "beautiful", and "soothing". One patient even said that the sound of the harp "sets my mind free".

### **When you visit patients is there a song or certain melody that you normally play?**

The point of the reverie harp isn't to necessarily play a song, it's to make "beautiful noise". Joan also brought up an interesting discussion from one of the volunteer meetings where a volunteer said that some studies suggested while music is helpful at the end of life, listening to specific songs that may help remember periods in a person's life, may actually hold the patient back. One of the reasons for this could be that the patient is trying to remember the words instead of just relaxing and letting the music wash over them.

### **What specific things can bring a visitor closer to the patient?**

Joan has been going on visits so long that she doesn't really think about doing specific things anymore. She does say that she is sure to position herself close to a patient, in their line of sight and close enough where she can lean over and speak into their ear. When she first begins to play the harp, she initially keeps eye contact with the person and watches how they respond to the music. What is different from Companion visits is that after a while, Joan says that she breaks the eye contact so the patient doesn't feel they have to keep it as well. She beautifully put it that the visit is "not about me"; she prefers to let the patient drift into their own world while listening to the music.

### **What is the one thing to always keep in mind on visits?**

Joan says that something that she always remembers is that on visits, a volunteer is dealing with individuals. You can read about a patient online, but their interests are always in broad terms. Inside of these broad terms there are so many particulars. Patients are not always able to communicate their likes and dislikes, so as a volunteer everyone needs to be in the moment and focus on how a patient is responding.

*For example, Joan met with a new patient. He was highly recommend for visits with Joan because he had had a career as a musician and was a very accomplished pianist- playing for president Bush and family! So as Joan is playing for him, he mentions that he "needs to find an audience for her."*

*Joan: I thought to myself, "Wow, he thinks I'm really good." After finishing playing for him, I asked if he would like me to return and play for him again. He [patient] declined saying "He wasn't a fan of that kind of music". [Continued]*

## QUINT QUIPS

### Then and Now:

#### the 1960's vs. the 2000's

THEN: Long hair.

NOW: Longing for hair.

THEN: Acid Rock.

NOW: Acid Reflux.

THEN: Moving to California because it's cool.

NOW: Moving to California because it's warm.

THEN: Hoping for a BMW.

NOW: Hoping for a BM.

THEN: Rolling Stones.

NOW: Kidney stones.

THEN: "Whatever"

NOW: "Depends"



### Interview Insights Continued:

*Joan laughs as she recalls this visit, "When told me he needed to find me an audience, I didn't realize he was trying to pawn me off on somebody else!" Turns out what he really wanted to do was go outside; that's how we finished our visit."*

*So Joan reminds herself again, "these patients we work with are individuals and their interests are listed in broad terms."*

*Thank you Joan for sharing your experiences of challenges and success. Your insights are helping us all become better volunteers. Your testimony is inspirational.*

*[Written by Kristin Voltzke. Italized portions written by Renee Gasch.]*

## Meetings and Special Events

Monday Night Monthly Meeting **CANCELED** September 6<sup>th</sup> due to holiday. Alternative class listed below.

**September SATURDAY 11<sup>TH</sup>, 2010**

### **Mile High Pancake Breakfast**

& Training for

### **Being a Compassionate Companion**

Location: Bloomington office 5001 American Blvd.

#### **Agenda:**

#### **8:00am-9:00am: Eat and Meet**

- Drop-in anytime during the breakfast hour.
- Enjoy seriously delicious pancakes with your fellow volunteers.

#### **9:00am-10:30am: Five Precepts to Develop Practical Presence at the Bedside**

1. Welcome everything. Push away nothing.
2. Bring your whole self to the experience.
3. Don't wait.
4. Find a place of rest in the middle of things.
5. Cultivate 'Don't know' mind.

#### **10:30am-12:00pm: Serving**

Examine the mutuality of service and the crucial difference between helping and serving. See how the true definition of compassion- "suffering with others" – allows us to serve from our whole self and leaves us with a feeling of profound gratitude. Develop your gift of touch, listening, and attending to the spirit through awareness.



**Volunteers are welcome to stay for all OR part of the day.**

\*You may come for just the breakfast, 9am topic and/or 10:30am topic

**Hope to see you there; this will be a great day of learning and laughing together!**

\*Attendance not required but is highly recommended for volunteer development

## Volunteer Job Openings

Now and then the A-Team has a need for special talents. Look here each month for ways you can help.

**Biography Journalist-** Volunteer from home, short-term assignment! Simply set-up phone interviews with AseraCare hospice staff. Creatively document staff bios so they can be shared with volunteers and families. Let's get to know each other...especially the juicy stuff!

**Volunteer Mentors-** Interested in leadership? As small group of experienced volunteers are needed to help new volunteers grow. Mentors would guide new volunteers by reviewing and discussing visits providing feedback and insightful reflection. A minimum of one year hospice volunteer experience needed.

