Volume I Issue VI November 2009

The A-Team

Hospice Volunteer Newsletter

An Encouraging Word:

"Accept your grief as a gift --- for it is a reminder of how much you loved and were loved. We would not grieve if we had not loved." ~Anonymous

You Did It!

Here's a special thank you to those who were involved with the Maitrejean's. Laurel says, "I cannot thank you and your group enough for all of your assistance. You all have a heart of gold and are so kind and thoughtful…. I am so grateful to have had you there for me."

Thank you to all volunteers for the love, in the broadest and most complete sense of the word, which you give to our patients. May our own grief and loss remind us of the love we have shared.

In This Issue

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Timely Tips and Reminders

Reminder: Volunteers are not allowed to give out Aseracare staff cell phone numbers. Cell phones can be turned off or go to voicemail. We don't want families to think that we are ever unavailable. For this reason, please only give families the office number to call 952-943-0009.

Reminder: Remember your purpose for volunteering, your calling, your commitment to your facility, patient, God, or higher power. Before you enter your patient's room, ask that you would be a blessing.

Tip: Create a hospice bag for yourself. Have tote bag that you bring with on visits. Items may include: your nametag, hand sanitizer, reading materials, journal, pen, playing cards, nail polish, hand lotion, music, etc.

Tip: Consider the clothing you wear on visits. Bright colors give a feeling of cheerfulness, suits give a feeling of importance, skirts give a feeling of femininity. Perhaps this is another way you can create that feeling of connectedness with your patient.

The Book Nook:

Recommended Books, CDs, and Media

SHORT BUT POWERFUL BOOKS

This month we feature some short but powerful books that are helpful to hospice volunteers and can be wonderful gifts for hospice families or others handling loss.

The Art of Being a Healing Presence: A Guide for Those in Caring Relationships by James E. Miller and Susan C. Cutshall. (2001) This book is long on wisdom but a short 72 pages and easy to read. It will help make your presence as a companion or vigil volunteer more meaningful to both you and your patient.

Good Grief by Granger Westberg (1962) is another short classic of only 64 pages that describes the process of grief and provides caring and practical insights and tools to guide the bereaved through the stages of grief. It has been a favorite for many years.

Tear Soup: A Recipe for Healing after Loss by Schweibert and DeKlyen (1999). Here's a lovely book that looks like a children's picture book on loss and is indeed wonderful for children. But once you read it, you'll find it is also an appropriate book for adults and a thoughtful gift for anyone recovering from losses of many kinds.

INSIDERS' INSIGHTS

We're still looking for YOUR input. Please let us hear from you.

Can you share a special story about one of your patients? It doesn't have to be long!!

Does the HVA website work well for you or do you have suggestions?

What do you do on visits with patients who have trouble communicating?

Email your short stories, comments, suggestions and questions so we can share them with fellow volunteers to: **Renee.Gasch@aseracare.com**.

Helpful Hospice Hints:

Grief: Five Important Principles

1. **Grief is the normal response to loss.**
Grief and its pain are the results of the love and emotional investment you have in the person who died. If you did not love them and they did not make a difference in your life, you would not miss them and feel the hurt you do. Think of grief as another expression of the love you have for the person. Grief is the normal, natural way you continue expressing that love.

2. **Emotions experienced during grief are neither good nor bad. They just are.**
Although grief emotions are painful, they are part of the grief process. Grief is a transition from life with the person to life without them. The grief process helps us heal the wounds of loss.

3. **Grief emotions must be dealt with…either now or later.**
The emotions of grief cannot be ignored or avoided. If they go unexpressed, two things can happen to the mourner—he or she will either explode or implode. An explosion of withheld emotions can cause the mourner to go out of control with a reaction that harms or destroys lives, friendships, marriages, families, and others' spiritual well-being. An implosion of withheld emotions can bring about emotional meltdowns that can include chronic depression and serious mental or emotional disorders.

4. **Grief is an individual experience. Everyone does not grieve in the same way.**
Grief is not a set of predictable tasks that must be completed in a specific order and by a prescribed timetable. Grief takes as long as it takes. To some degree, the mourner will mourn the loss for the rest of his life. The difficult work of grief is to review the loss, assess the impact of the loss on your life and decide how best to live life without the lost person.

5. **Grief will not always be like it is in the beginning. As time passes, the grief experience changes.**
Time does not heal all wounds but time can allow space for wounds of loss to heal and for the heart to find hope. At first, grief is all-consuming and overwhelming. Everything is a reminder of your loved one and your loss. But time will bring healing and hope for the future. As you work through your grief, the bad emotional days will become further apart. In the future your grief will not be like it is right now. You will still grieve, but your grief will be different. If you can learn to make healthy decisions, there can be hope and healing in your grief journey.

(Excerpted from ***Grief: Five Important Principles*** by Larry M Barber, LPC-S, CT, Director, GriefWorks & CounselingWorks.)

Interview Insights—Documenting Volunteer Visits

Renee Gasch, our Volunteer Coordinator asked me to share with you how I document my visits with patients, and provide some tips that you might find helpful as you write up your notes.

Guiding Principle

The purpose of hospice care is to provide comfort to the patient (physical, emotional, and spiritual). As a companion and vigil volunteer I may have a role in providing comfort in all three of those areas, however, as I am a volunteer, my actions will be quite different than those of the paid AseraCare (the nurses, social workers, spiritual and bereavement) staff. The paid staff are the experts. My role as volunteer is more similar to a caring presence to the patient, an advocate with good boundaries.

A Fictional Visit

I might notice that my patient (who I'll call Karen) is in what appears to be an uncomfortable position when I arrive. Do I go track down a nurse immediately? No, not if Karen is awake and able to communicate. First I will ask her if she is comfortable; does anything hurt; have you been sitting in that position for a long time? If Karen indicates she is fine – I trust that is the case. However, Karen might say something like, "You know, my shoulders and neck are getting sore." I then might ask "What would help?" She may be able to tell me it would help to lie down, or she may not know what would help. If she doesn't know, I would ask, "Do you think it would help if you laid down for awhile?" She might say, "No I'm tired of lying down", or she might say "Oh, that would feel better." Either way, now I have more information when I talk with the nurse, or certified nursing assistant (CNA). When I speak to the nurse or CNA I tell them I'm visiting Karen, and that I'm a hospice volunteer with AseraCare. I tell them that I spoke with Karen, who has told me she is getting sore in the position she's in. Would it be possible to help Karen find a more comfortable position?

Now, the paid staff has information, and may tell me, "I just moved her 10 minutes ago – so I'll stop back in a little bit to see if she's OK" – or, maybe they'll say "Thank you for letting me know, please tell Karen I'll be in as soon as possible." Either way I can tell Karen what will happen, so she knows that we care about her comfort level.

I would NEVER attempt to move a patient myself into a more comfortable position, even if it seemed like it would be a very easy thing to do – that is not my role. And, as I'm sure Renee would agree, a volunteer taking on a responsibility like that is clearly out of bounds!

The CNA comes in and repositions Karen in her wheelchair, adding a small pillow to rest her head on, as her neck is weak. Karen smiles, and says "Thank you that is much better."

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Now I say "Karen, would you like me to give you a hand massage?" and she says, "Oh that would feel so good." Karen was pretty quiet when I rubbed lotion into her hands; she closed her eyes, and relaxed. Afterwards, I asked Karen what she was thinking about. She told me she was thinking about her sisters, that they are both gone now, and she misses them. I ask her to tell me about her sisters. Karen is quiet, I think not knowing where to start. I ask her their names. Were they older or younger than her? What did the sisters do for fun? We have a good conversation, and Karen smiles and laughs as she tells me about her sisters.

My Role on the AseraCare Team (and Boundaries)

I believe the value I can bring to the AseraCare team with regard to my patients, is to help the team get to know the patients even better, physically, emotionally and spiritually. When other AseraCare staff read my notes, I hope that I add to what they already know about the patient.

In my notes I don't send directive notes to the paid staff, or notes that suggest that the paid AseraCare or other (nursing home staff) need to do something that they are not doing. Neither do I suppose that there are health or other conditions (e.g. depression) that I need to report in my notes.

If there is something that I absolutely believe the AseraCare staff needs to be aware of (for example, maybe I think Karen has bed sores, maybe that's why she's really uncomfortable sitting in her chair). I don't put this in my notes – but I call the AseraCare office, and ask if Karen's nurse could call me back. I might tell the nurse that I don't know if this is an issue or not, but it is a fear that I have, and I just wanted to be able to tell someone about it. It's the nurses' role to deal with a health issue, not mine.

Also, in the case of Karen, I wouldn't write in my note that Karen is depressed because she misses her sisters, and needs to talk with the Social Worker or Bereavement counselor. The AseraCare staff will see my notes and will know how or if to deal with that issue. It is not my role to determine (nor am I qualified to say) that Karen is clinically depressed – maybe the reminiscing we did about her sisters was very helpful, and she might not need to have done anything more than talk about her memories, and the fact that she missed her sisters. Again, if I really do feel concerned about depression and Karen, I know that I can call the AseraCare office, and ask if Karen's Social Worker could call me back, so I can report my concern.

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At anytime, too, if there's something that happens during a visit and I just don't know what to think of it, Renee is my first call to explain the situation. Also, here's another tip, a bit off topic, but Renee is a great resource, if you're just having trouble connecting with a patient. She's a great listener, and will help you think of things you might be able to do to develop a relationship. She wants you to be effective, and comfortable in your volunteer work.

Documenting the Visit

Before I make my visit, I will often go to the HVA, and check on my notes from my last visits, just to do a quick review. At some point during my visit, I like to check the patient's notebook, to read about recent visits, and things the patient might have talked about with others.

Following a visit, on my drive home I think to myself, what are the highlights from my visit? If possible, when I get home I write my note into HVA right away. If I don't have a lot of time, I might just put down a couple of words and hit the SAVE button, vs. the SUBMIT button. Then when I have more time, I can go back, hit EDIT, and write up the full note. I've found that my memory for details is not as good after 24 hours, so I try to write notes before that. As they say, sometimes the devil's in the details!

When I write my note, I think about the visit from the start to the finish. In my mind, I'm writing a short story. I most often start with where the patient was and what he or she was doing when I arrived. What did I observe, and what did the patient and I talk about. Was there anything that I did that helped the patient be more comfortable in any way (hand massage, reminiscing, praying, singing, looking at pictures, holding a hand, organizing papers on a nightstand, talking to a nurse or CNA to communicate something the patient asked for, etc.).

In my fictional visit with Karen … here's how I might document my visit:

When I arrived to visit Karen today, she was awake, sitting in her wheel chair in her room. The position she was in did not look comfortable to me, so I asked her what she thought might help, and she said that she would like to lie down in bed. I asked her if I could tell the nurse that, and she said, "Oh please, yes do."

While we waited together for the CNA I asked Karen if she would like a hand massage, and she said "Oh that would feel so good". Karen closed her eyes and relaxed while I rubbed lotion on her hands.

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Then Karen and I talked about the two sisters she had, who are both gone now. Karen misses them. Karen said they used to call themselves the three musketeers. They always lived close to each other, raised their children together, would cook and quilt together. Ann died quite awhile ago, but Laura died just a couple of years ago. Karen says she misses them, but it is good to think about all the fun they had together.

Karen was getting sleepy. She thanked me for my visit, and I asked her if I could give her a little hug, and she said "Oh, I would like that." I got the nurse for her before I left. I told Karen I would plan on seeing her again next week.

Renee's Response to Ruth's Insights

Thank you Ruth for sharing your insights so we can learn from you. Remember, when a volunteer note is accepted and put into the volunteer's chart, it becomes a legal document.

Therefore please remember the following documentation pointers:

- ü Notes should be at least 5 sentences
- ü Don't use smiley faces (i.e. **J** ;) etc.)
- ü Use the patient's legal name (not nicknames)

Quaint Quips & Funnies

… to bring a smile …

If you laugh a lot, your wrinkles will be in the right places!

If YOU have a quip or cartoon to share, please send it along to Renee at Renee.Gasch@aseracare.com.

Education Aspirations

As Volunteer Coordinator, it is important that we address any concerns or feedback our volunteers may have. And what our community is saying is that they would like more trainings and volunteer gatherings. So I am here to say that "I hear you!" Based on volunteer feedback, we will now be holding monthly volunteer gatherings. Classes will be held the first Monday of each month. Classes will be here at the Bloomington office building. A sign will be posted on the doors directing volunteers to the reserved suite. Each class will be one hour long with thirty minutes afterwards for volunteers to mingle. Light refreshments will be served. Please RSVP by using the HVA invitation or by contacting the Volunteer Coordinator.

December Class Schedule:

Ready…Set…Go!: Monday, December 7, 2009 ~ 7:00-8:00pm

So you've completed the volunteer training classes, passed your tests, and reviewed all the policies and procedures…now what?

Come and learn what it means to meet the needs of the patient and their family member, while making each volunteer experience meaningful.

We will explore creative approaches to patient and volunteer interactions.

Whether you are a seasoned volunteer or relatively new, there will be something for everyone to learn.

Class Objectives:

Participants will be able to:

1. Identify the needs of the patient and family (Plan of Care).
2. Learn strategies to meet each patient and family members' needs.
3. Create a "bag of tricks."
4. Share ideas and tips during group discussion time.

Reflections Reunite: (for volunteers trained in Reflections)

- Monday, December 7, 2009
- 6:00-6:45pm

Class Objectives:

Participants will be able to:

1. Share their skills with other volunteers
   a. **Please bring examples of your work!**
2. Learn how they can integrate their skill sets to help with each other's projects.
3. Take away 2-3 actionable steps that will make them more effective.