

Volume 3, Issue II November 2013

## November is the Designated Month to Celebrate the Gift of Hospice and the Lives of Those We have Lost.

By Tracy Sublett RN, BSN, MBA, ELNEC, Standards Hospice Administrator

Hospice is often thought of as a 'bad thing' or 'the end, giving up'. Hospice is a philosophy of how to honor and celebrate life, while delivering end of life care. Hospice is not about hastening death, instead hospice is about living all of the rest of one's days to their fullest. Hospice is about symptom management, comfort, dignity, and delivering the ability for patients' to have quality of life, whatever quality of life means to them and their family. Hospice employees are highly trained, some even certified in hospice and palliative care. Often by managing the symptoms associated with disease processes at the end of life hospice, more often than not, increases the quantity of life as well.

Hospice care is delivered wherever the patient lives, great hospices will deliver hospice care to homeless patients, hospitalized patients, indigent patients, and patients who live at home wherever home is to include any type of facility.

Great hospices will involve the patient, family, and caregivers in the patients' plan of care, which means the hospice provider educates all involved on options and allows the patient, family, and caregivers choose what is best for them without judgment and support all involved in their decisions. Great hospices do not take away hope by demanding patients or their families follow "their rules" such as having a DNR, give up palliative chemo, radiation, dialysis, blood transfusions, TPN, antibiotics, etc. These hospices understand that palliation is a part of hospice



and typically patients and families make decisions to stop certain treatments on their own due to side effects or decreased palliative results. The point is that it IS their choice not the hospice's choice. Great hospices show up 24/7 for any reason anytime the patient or family needs support or intervention, to include the ER to advocate for the patient and family.

All hospices follow families up to 13 months and beyond (if needed) after a loved one passes, we don't disappear.

End of life care can be expensive and drain a family's resources. Hospice pays for all medications, durable medical equipment and

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### Hospice Month (continued on page 3)

medical supplies related to the hospice diagnosis. Hospice pays for the emergency room, physician visits, and hospitalizations related to the hospice diagnosis. However, the majority of hospice patients do not want to spend their time at the hospital or in the ER, they would prefer to be at home and the expert care given by the hospice team allows for this to occur. The hospice team is comprised of Physicians, Nurse Practitioners, Registered Nurse Case Managers, Certified Nursing Assistants, Chaplains, Social Workers, Volunteers, and Bereavement Coordinators who meet weekly, more often if needed to coordinate care for the patient and their loved ones, they all also make home visits as needed. All of this is paid through the Medicare/Medicaid, private insurance hospice benefit. Hospices do not charge patients or families for their services. The difference between for profit and non profit hospices is nothing related to patient care, no hospice works for free. The difference is for profit hospices pay taxes that go back in to the community and non profit hospices may not pay taxes but they are required to put money back in to the community as well. Both hospices (the majority) take patients who do not have the ability to pay

regardless of the hospice's tax status.

If you have a family member who constantly has to be hospitalized, go to the emergency room, or go to their physician for medical problems and have difficulty keeping symptoms of their disease(s) processes under control it would be a great idea to contact hospice for an informational and/or evaluation visit. Anyone can refer to hospice you do not need a physician to refer yourself or a family member to hospice. The hospice will take care of the rest. Always remember to interview more than one hospice and that you have the ultimate choice of which hospice you want to provide care. No hospital, no physician, no nursing facility can make you use their hospice. You have a choice of how you want to live all the rest of the days of your life.

On a personal note, and I know I speak for every hospice care provider, it is a true privilege and honor to provide hospice care to each and every patient and their loved ones. The honor and privilege is that we are allowed to walk side by side with all involved during the most difficult time in a family's life and the family and patient have put all their trust in our care and hospice providers take this honor very seriously and know that there is no room for any error on our part.





Jennifer L. Kiening, D.D.S.

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# DIABETES PREVENTION FOUR STEPS ON THE ROAD TO HEALTH

### **November is Diabetes Awareness Month**

The old adage is true that every journey begins with a single step. On the road to improving your health, small lifestyle changes can lead to dramatic results, especially for people at risk of developing Type 2 diabetes.

"It's never too late to make lifestyle changes and reduce your risk of developing Type 2 diabetes," says Dr. Valerie Espinosa, an endocrinologist with Texas Diabetes and Endocrinology.

Diabetes comes in two forms: Type 1, which mainly affects children and is not currently preventable, and Type 2, which is usually diagnosed later in life and is often preventable. Most people who develop Type 2 diabetes go through a phase called pre-diabetes in which their blood sugar is slightly elevated. But some simple steps can help people with pre-diabetes avoid the progression to Type 2 diabetes.

### **Step 1:** Get More Physical Activity

Exercise can help people to lose weight, lower blood sugar, and boost the body's sensitivity to insulin,

which helps the body regulate sugar.

"While aerobic exercise is important for overall good health," says Dr. Espinosa, "resistance training to

build up muscle mass is especially important for someone with pre-diabetes."

Step 2: Eat More Vegetables, Beans, Nuts, Whole Grains

Adding more fiber and whole grains to your diet can reduce your risk of progressing from pre-diabetes to Type 2 diabetes.

When shopping for breads, pasta products, and cereals, look for the words "whole grain" on the label. Aim for making at least half of the grains you eat whole grains.

### Step 3: Lose a Few Pounds

Small weight loss goals can have remarkable results in lowering blood glucose levels in people with pre-diabetes.

A weight loss of five to seven percent in someone who is overweight can significantly improve their health.

"Someone who is 200-pounds and overweight can set a goal to lose 10 pounds," says Dr. Espinosa.

### Step 4: Make Healthier Choices

Eliminate the temptation to eat foods that you know will raise your blood sugar level, like cookies, potato chips, and sugary drinks, by making healthier choices in the grocery store.

"If you don't have potato chips at home, you won't be tempted to eat them," says Dr. Espinosa.

According to the American Diabetes Association's 2011 statistics, a whopping 79 million adults have pre-diabetes.

Small, healthy steps can help keep people with prediabetes from joining the 25.8 million adults in the United States who have full-blown Type 2 diabetes.

United States who have full-blown Type 2 diabetes. Both pre-diabetes and diabetes can be diagnosed with a simple blood test.

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# Mood Changes Triggered by Menopause

Because hormones influence mood, perimenopause, or the transition period prior to menopause, can be an emotional time for women, according to an expert at Baylor College of Medicine (www.bcm.edu).

According to Dr. Britta Ostermeyer, associate professor in the Menninger Department of Psychiatry and Behavioral Sciences at BCM, perimenopause occurs at the same time as other life changes, such as children moving away for college, leaving behind an "empty nest."

It's important to encourage someone with menopausal mood changes to stay involved, whether it's through work, social activities or exercise. Scheduling an appointment with a primary care physician or OB/GYN can also be helpful.

The most common type of mood disorder that can occur during perimenopause or menopause is depression. The symptoms include:

- A depressed mood that occurs most of the day, nearly every day
  - A decrease in interest or pleasure from daily activities
    - Weight loss or gain
      - Insomnia or hypersomnia
      - Feeling restless or fatigued
        - Feelings of worthlessness or guilt
          - Diminished ability to think or concentrate
            - Thoughts of suicide

Ostermeyer recommends seeking help from a health care provider as soon as possible if symptoms of depression occur.



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