

Hospice of Sun Cities passes inspection,

By Betty Latty

Gazette correspondent

It's official.

Hospice Services of the Sun Cities Area has passed its scheduled Sept. 19 inspection by the state's department of health services, and is now licensed as a hospice.

The local non-profit organization, which is seeking more volunteers, has complied with the regulations set forth by the state effective Jan. 1 of this year, said William Foster, executive director.

The new regulations, which required licensing of all hospices, call for such

facilities to have a medical adviser and nursing services. Those positions are filled, on a volunteer basis, by Dr. Teresita Co Barnett, a Sun City oncologist, and Joy Beanland, a nurse and former president of Hospice Services board of directors. Other nursing services are contracted out.

Hospice Services of the Sun Cities Area is 10 years old; the organization will observe its anniversary in November, coinciding with National Hospice Month. Plans are being made for a banquet at the Lakes Club Nov. 9.

The office is located at 10503 Thunder-

bird Blvd., Suite 6, in Sun City.

High turnover rate has increased the need for volunteers, said Foster. Factors include the extended summer vacations of many local residents, understandable burnout, and increasing need.

To replenish volunteer ranks, Hospice Services will begin a 30-hour training and education program for interested persons on Oct. 26.

The training sessions offer instruction on the dying process, and are in accordance with licensing requirements, said Foster. Included in topics presented will

be stress and anxiety; communication; spiritual, physical and psychological characteristics of dying; and assistance for family members who must deal with grief and bereavement.

"Our people are trained in the hospice concept, which is not curative, but a palliative treatment," Foster explained. "In hospice, we try to ease pain rather than find its source, and to make the patient comfortable," he continued.

The 10-year-old, non-profit organization is not Medicare-certified, and therefore is not funded with any federal money, Foster

obtains license

added. Financial support comes through annual membership fees of \$10, memorial gifts and donations, and space for volunteer training is provided by Sun Health Corporation.

Three part-time paid staff members include, in addition to Foster, Lou Carey, coordinator of volunteers, and Irma Johnson, office manager.

Information about the upcoming volunteer program and the November anniversary banquet may be obtained from Hospice Services at 933-3937.

Hospice sale stuns institute

Donations may fall by the wayside

By Zach Colick

Independent Newspapers

A local caregiver institute helping to train current and former Sun Health Hospice staff members said they were saddened to hear the company was sold to a for-profit business.

Raoul Sada, CEO/president of

Caregiver Resource Institute, said the institute had a good working relationship with Sun Health Hospice and was shocked to hear of the sale last month.

"It was a surprising move by them," he said.

Officials also worry Hospice of Arizona, the company that bought out Sun Health Hospice in mid-September, will no longer seek their support because they will be able to better manage

their services with increased staff and money generated through their for-profit status.

"Our services are available to the new group, but they haven't expressed any interest yet," Mr. Sada said.

According to Pat Felton, a former volunteer coordinator for Sun Health Hospice who now works for the nonprofit Hospice of the Valley, Sun Health always retained their employees and, as a nonprofit, treated them better

than a big business could.

She said she was disappointed and saddened by the sale, and decided taking a position at another nonprofit would best fit her needs.

"I am so adamant about working for a nonprofit because I always have. Nonprofits benefit more," Ms. Felton said. "Their mission is to serve their patients and the community in general."

For more than 25 years, the Caregiver Resource Institute, for-

merly Volunteers for Hospice, has been recruiting, educating and training volunteers who want to work in hospices in the Valley.

Within the last year, Caregiver has also reached out to home-care volunteers by offering three to four annual seminars and workshops to help them understand the needs of their family.

"With the population getting

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older and living longer, there is a desire by most to stay in the comfort of their own home," Mr. Sada said. "More and more people are finding out about hospice care."

Because Sun Health Hospice was a strong financial supporter of Caregiver Resource Institute, Mr. Sada said he fears the public will not be as likely to donate to the for-profit Hospice of Arizona. Most people assume a hospice is a nonprofit company and would be worried donations would go to investments or shareholders, he added.

However, Lee Peterson, Sun Health CEO/president, said last

week they still need public donations for building maintenance and the upkeep of Sun Health's hospitals that include Sun Health Boswell Hospital, 10401 W. Thunderbird Blvd., and Sun Health Del E. Webb Hospital, 14502 W. Meeker Blvd., Sun City West.

As a for-profit institution, a separate charity is also set aside for tax exempt, public contributions for monies to go elsewhere, Mr. Peterson said.

Sun City West resident Bruce Kelly, a volunteer who transitioned to Hospice of Arizona during the buyout, said he may not donate as much money to Sun Health after its hospice transitioned to the for-profit Hospice of Arizona.

Mr. Kelly, who, along with his

wife, typically donates \$5,000 annually, said it was important to do because he was impressed with the medical services provided to his late mother-in-law.

"We felt like we needed to honor my wife's mother somehow and always thought we were pretty generous donors," he said. "The personal experience we got from Sun Health Hospice really got our attention."

The personal, one-on-one experience should be something Hospice of Arizona continues, according to Mr. Sada, who believes Sun Health Hospice set a benchmark for excellence.

"It almost feels like we lost a good friend," he said. "Ultimately, the biggest concern should be with the patients who shouldn't feel any hiccups during the

process of transition."

Post your opinions in the Public Issues Forum at www.newsazapforums.com. News Editor Zach Colick can be reached at 972-6101 or zcolick@newszap.com



Steve Chernek/Daily News-Sun

Forum, tour highlight opening

over

A worker vacuums the carpet at the new Sun Health Hospice Care Services and Residence, 12740 N. Plaza del Rio Blvd., Thursday. The bronze statue, "The Fledgling," is in place after being moved from its former perch in the Support Service building behind Walter O. Boswell Memorial Hospital. The residence grand opening is scheduled for Thursday.

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Daily News-Sun

Panelists kick off slate of events at hospice home

By MARY L. CRIDER
Staff writer

Sun Health staff at the new Hospice Care Services and Residence want hospice patients and their loved ones to live each moment.

"Living Each Moment" is the theme chosen for the 10 a.m. to 3 p.m. March 27 grand opening of the hospice residence honoring Harriet D. Hastie at 12740 N. Plaza del Rio Blvd., Peoria.

Hospice provides for the physical, spiritual and emotional needs of dying patients and their families through counseling and direct patient care. Considered long-term care, hospice is available with a doctor's recommendation to any patient in the last six months of a

terminal illness. The service is covered by Medicare and many other insurances.

The homelike atmosphere of the 12-bed residence promotes tranquility for patients and their families, a Sun Health spokesperson said.

Large suites include room for a family member to spend the night, if desired. A central garden atrium can be seen from each suite, allowing natural light to stream in while allowing those patients who are not able to visit the patio areas to enjoy the garden setting. Designed by Taliesin Architects, construction of the facility was funded through area residents' donations.

A community forum, 10 a.m. to noon, held under an awning in the residence parking lot will include a panel presentation by area hospice experts and will be followed by questions. It will provide the public the opportunity to meet the staff involved in hospice care. The free

event is co-sponsored by Sun Health and the Daily News-Sun.

Moderated by Maryanne Leyshon, Daily News-Sun editor, panel presentations will include:

■ "Advance Directives and Ethical Decision Making" by Madeleine Lutz, Ph.D., Sun Health vice president of organizational development, will discuss how to express future health care wishes through living wills, durable powers of attorney and pre-hospital care directives, as well as the importance of patient values and the role of Sun Health Ethics Facilitation Service.

■ "Caring for the Caregiver" by Teresa MacIntier, CSJ, R.N., M.S., specialist in death education and grief counseling for Catholic Social Services of Phoenix, will discuss caregiver burnout and grief counseling.

■ "Volunteerism" by Peggy Griffith, executive director Hospice Volunteer Services of the Sun Cities

Area, will discuss volunteer roles in inpatient and outpatient settings.

■ "Medical Aspects of Hospice Care" by Dr. Teresita Co Barnett, oncologist, will discuss the value of early hospice referrals and the physician's role in pain control and symptom management.

■ "Spiritualism" by the Rev. Dr. Jerry Smith, president of Hospice Volunteer Services and a pastor, will discuss spiritual counseling and its role in making a patient's final days more meaningful.

■ "Sun Health Hospice Care Services and Residence" by director of Hospice Care Services Stephanie Cambio, R.N., B.S.N., will discuss the program, the new residence and hospice philosophy.

Beginning at noon, refreshments will be served and continuous tours of the residence offered until 3 p.m. For information about the residence, call 815-2800. To register for the grand opening, call 815-7600.

All the comforts of home

Sun Health announces
plan to build home
for hospice patients

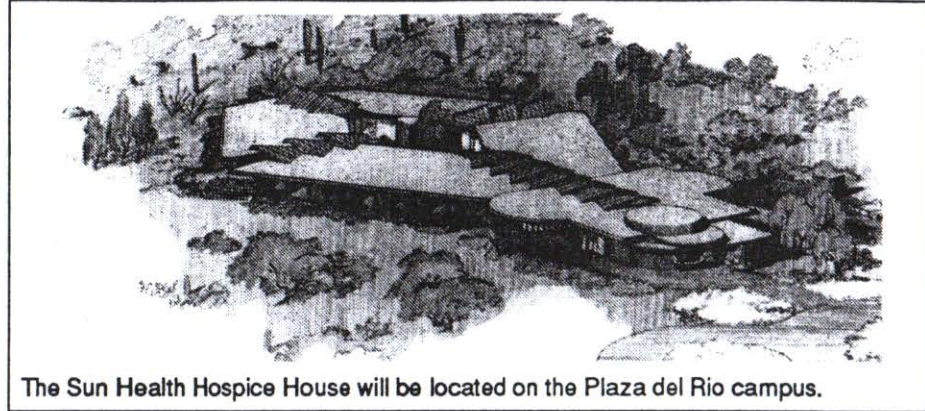
By ANNE RYMAN
Sun Cities Independent

Sun Health Corp. unveiled architectural plans last week for an all-new 12,000-square-foot hospice house to be built with community donations.

The new facility will be located on 2 1/2 acres of land on the Plaza del Rio campus in Peoria. It will be named the Sun Health Hospice House, Honoring Harriet D. Hastie, whose family made a substantial gift in her honor.

Nathalie Rennell, director of Sun Health Hospice, says the house will provide a place for hospice patients who can no longer be cared for in their own homes and require specialized care.

"The philosophy is that people do better in the comfort of their own homes. When it's no longer possible to provide for them in their homes, they would come to our home."



The Sun Health Hospice House will be located on the Plaza del Rio campus.

In keeping with this philosophy, the hospice house is designed more like a home than a traditional care facility, officials say. Twelve suites will encircle a garden, providing patients with a scenic view during their stay, says Larry Edwards, Sun Health vice president of engineering. Patients will have individual bedrooms and nursing stations will be

tucked away from view. "

Sun Health started its hospice program in 1990 with a focus on home-based care. The program served about 150 patients last year, Ms. Rennell says. The addition of a hospice house will be an extension of its program. The majority of

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hospice patients who can no longer be taken care of at home now go to care centers.

Officials say the hospice house will provide care specifically designed around the hospice philosophy.

Hospice care emphasizes management of symptoms associated with a terminal disease rather than cure. A team of professionals including a doctor, nurses, aides, clergy, volunteers and behavioral

therapists work to meet the patient's emotional, physical and spiritual needs.

Care extends beyond helping the terminally ill patient to help the family before and after the patient's death.

Funding for the hospice house is part of a \$12 million campaign Sun Health began last September called "Campaign for Caring." In addition to the \$1.7 million hospice house, the fund-raising effort seeks \$2.5

million for an Alzheimer's disease residence, \$350,000 for a dining room expansion at Sun Health Care Center, \$3 million for patient equipment at Boswell Hospital, \$2 million for a cardiac catheterization laboratory at Del Webb Hospital and \$2.5 million for an emergency services expansion at Del Webb Hospital.

The campaign has reached the half-way mark, with gifts and pledges totaling \$6 million at the

end of January, says Pamela Meyerhoffer, executive vice president and CEO of Sun Health Foundation.

The hospice house has received \$100,000 in gifts so far.

Officials hope to raise the money for the house by the end of 1995.

Construction would take about six months, Mr. Edwards says.

For more information on the hospice house, call the Sun Health Foundation at 876-5330.

The living end

Hospice program helps terminally ill keep 'quality in their lives'

By Lori Baker
Staff writer

Sun City

Ginny Edwards has stopped searching for a cure for her lung cancer.

But she hasn't given up on life.

Edwards, 83, says she has too much left to do.

She is teaching her husband of 53 years, Bob, how to cook and clean the house.

"I want him to know how to take care of himself after I'm gone," she said. "He didn't even know how to grocery shop."

And then there's her ceramics.

She still has several unfinished pieces waiting to be painted at her Sun City

home.

In February, Ginny Edwards thought she only had a couple of weeks left to live. Wracked with pain, she couldn't even walk across her living room.

That's when her husband called the Sun Health Hospice for help.

Hospice is a service for terminally ill patients and their families.

"Ginny wouldn't be here today without the hospice nurses' help. They've helped her control her pain so she can function," said Bob Edwards, a retired television station manager.

Hospice allows many patients like Ginny Edwards to be cared for in their homes. Others are in nursing homes.

Relieving patients' symptoms, such as

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Hospices offer hope

About 25 hospices in Arizona are certified by Medicare and licensed by the state Department of Health Services.

The following hospices provide services in the northwest Valley:

■ Sun Health Hospice, a nonprofit program, started in 1990 and is affiliated with Walter O. Boswell Memorial and Del E. Webb Memorial hospitals. 974-7810.

■ Hospice of the Valley, a nonprofit program founded in 1977, is the oldest hospice in the Phoenix area. 956-9040.

■ Community Hospice, a for-profit program which started in 1990, is affiliated with Camelot Care Center in

Phoenix. 252-2273.

■ Cigna Hospice, a for-profit program which started in 1983, is affiliated with Cigna Healthplan of Arizona, but non-Cigna members who have Medicare or who have been referred by their physicians also may participate. 678-3000.

■ Hospice Family Care, a for-profit program, began in late 1992. It provides in-patient care at Greenfields Retirement Community in Glendale. 263-7885.

■ St. Joseph's Mercy Hospice, a nonprofit program, began in late 1992. It is affiliated with St. Joseph's Hospital and Medical Center in Phoenix. 650-7709.

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pain and nausea, is the main purpose of hospice.

"We try to keep the patients comfortable so they still have quality in their lives," said Sun Health Hospice nurse Mona Berrier.

Most costs for Sun Health Hospice services, which have been available since 1990, are paid for by Medicare if the patient is eligible.

Making a choice

"The patients make a choice that they don't want to treat their disease, they want to treat their symptoms," said Nathalie Rennell, director of the Sun Health Hospice.

Ginny Edwards, for example, stopped taking blood tests, X-rays and radiation treatments several months ago. It doesn't matter to her how much her cancer has spread.

"I know I'm living on borrowed time," Edwards said. "I'm making the most of each minute I have left."

Another special aspect of hos-

pice, Rennell said, is that it uses a team approach. The team consists of a variety of health care professionals, including a medical director, nurses, social workers and aides.

"We're trying to meet the needs of the patient and the family," Rennell said. "We focus on the whole being — physical, emotional, social and spiritual."

In addition to health care professionals, volunteers also help hospice patients, going to patients' homes to give their caretakers a break.

Dick and Dorothy Bauer of Sun City West decided to volunteer after Dick Bauer's mother was in the Sun Health hospice program in November.

"My mother refused to go to a doctor. She had breast cancer and we didn't know it until the hospice nurse came to her home," Dick Bauer said. "They helped her with her pain."

"You feel good that you helped them in their last days of life," Bauer said. "I play cards to help them pass the time so their wives

can get their hair done or do whatever they need to."

The Bauers also provide shoulders to lean on for widows and widowers whose spouses were in the hospice program.

Lyndell Bell, 81, said the hospice helped her cope during the last 10 days of her 85-year-old husband's life.

"We don't have any children and our family lives in California and Nevada so I didn't have anyone here," the Sun City resident said. "Larry was a proud man and he didn't want to be in a hospital. But it got to the point where I couldn't care for him. The nurses were very efficient and compassionate."

Likewise, Sun City West resident Chuck Haskell said he "couldn't have handled things alone." His wife, Ann, had stomach cancer and broke her hip.

"The hospice nurses support you emotionally by the fact that they are there when you need them," Haskell said.

Hospice volunteers share joy of life while facing despair of death

Sun City resident Tom Nunnally shares people's good memories — courting a future husband or wife, raising children and traveling across the country on vacation.

"I also inquire about photographs. This helps them go over the good parts in their life and makes the remaining days pleasant."

Mr. Nunnally is one of 74 local volunteers who spend time with people who have terminal illnesses, many of whom have only days or weeks to live.

Volunteers visit with the family and provide relief for the person taking care of the patient, he says.

"A lot of them go to the bank or to the dentist. It's a chance to get away for people who may have been (taking care of them) for five or six years."

Hospice Volunteer Services of the Sun Cities Area provides volunteers to Sun Health Hospice, Hospice of the Valley, Community Hospice and Cigna Hospice as well as having a few of its own hospice patients.

Volunteers attend 30 hours of training sessions that cover the philosophy of hospice care, the death and dying process, communication skills and stress management.

They learn about terminal illnesses such as Alzheimer's disease, cancer, acquired immune deficiency syndrome and the physical and emotional changes that occur when a person dies. The training program consists of 11 sessions over three weeks.

"The classes prepare you. They don't teach you everything, but it's a good starting place," Mr. Nunnally says.

The volunteers do not provide patient care or give medication, says Executive Director Peggy

Griffith. They operate as part of a team that includes the patient, family, doctor, nurse's aid, clergy and social worker.

Volunteers say people often ask them why they want to work with dying patients and people tend to view the work as depressing and undesirable.

Not so says Volunteer Coordinator Pam Gaston.

"It isn't depressing. You get a sense of worth and good," she says while working with the patient and family.

Hospice volunteers should have compassion and empathy, volunteer Barbara Chennault says.

"We'd like not to get personally involved and come unglued when the person dies. But that's not possible. We do become involved," she says.

"I remember my first patient dying. It took me three days to get over it. I had just left her house when I got the call. My husband was away and I fell to pieces."

Mrs. Griffith says volunteers often become attached to the patient and this is encouraged, but they have to recognize they will suffer a loss when the patient dies.

"You get to the point where you realize the person has a terminal illness and death is inevitable," Mrs. Chennault says.

"You don't get used to it, but you can rationalize it in your mind."

In some instances, becoming involved with hospice has changed a volunteer's life. It made Mr. Nunnally come to grips with his own mortality.

"I've got a living will and a tombstone in West Virginia. Before (Hospice) I thought everyone else did the dying, not me."

For information on becoming a volunteer, call 974-7888.

Independence is key to Sun Health Hospice program

For patients with terminal illness, staying at home may promote life—quality of life—although it neither hastens nor postpones death.

By remaining at home, patients, family and caregivers can devote time and energy to make the most of their remaining time together.

A hospice "team" can make the difference.

Sun Health Hospice, a division of Sun Health Homecare services, has a 24-hour-a-day program with an assigned nurse making scheduled visits during business hours, Monday through Friday. Emphasis is on symptom control, rather than offering treatment directed toward curing a disease.

The hospice programs for homebound are under direction of each patient's physician and are Medicare-certified.

Marlene Stolz, Sun Health Hospice care coordinator, says "We make the best of the time that is left. We work with the patient, and work with the family."

The philosophy is to enhance quality of life, focusing on physical, psychological, social and spiritual needs of patients and families.

The program also strives to maintain each patient's independence and dignity and offers those most involved a chance to participate in making decisions.

Homecare Hospice is not limited to patients with cancer. It is designed for any terminally ill patient with a life expectancy of six months or less.

"There's a lot of pain management in the program," says Ms. Stolz. "Pain will be at a level acceptable to the patient."

Nurses in the program will make calls two to five times a week. A nursing assistant might be part of the team, providing personal care.

Respite care also is available, says Ms. Stolz. If the family is exhausted or needs a vacation, a nurse might be put on special duty to take over continuous care, or the patient could be placed in an extended-care facility while the family regroup.

In addition to registered nurses and assistants in the program the team includes pastors or chaplains, medical doctors, behavioral, mental health and nutritional counselors and volunteers.

Volunteers are available to stay with the patient for a few hours so a caregiver can go shopping or to a hairdresser, perhaps, or attend a social event, the coordinator says.

Charges for services vary with special-care needs. Medicare or health insurance may help pay for care.

Payment programs are designed to fit individual requirements.

"A lot of (insurance) agencies give hospice benefits, although others don't provide home care for terminally ill patients.

"But there's a good reason for insurance companies to include hospice care," says Ms. Stolz.

"It's less expensive to keep the patient at home. And the majority of people at this age group (in the Sun Cities area) want to stay at home."

Sun Health Hospice has people on call 24 hours a day.

For information on Sun Health Hospice call 974-7810.

Sun Health to start hospice care

By CONNIE STEELE
Daily News-Sun staff

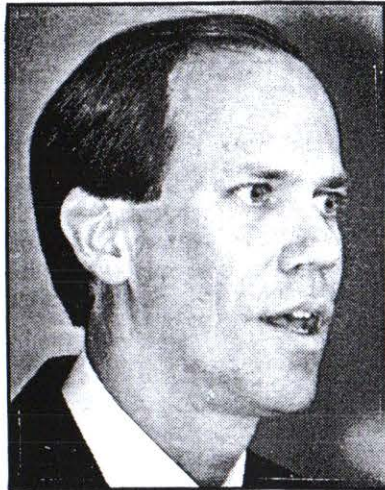
SUN CITY — Sun Health Corp., parent company of two local hospitals, will begin accepting hospice patients sometime around July 1, Sun Health President Leland Peterson said Tuesday.

"We do plan to start this summer, but we'll start with a few patients," he said.

Peterson made his announcement at the annual meeting of Hospice Services of the Sun Cities Area, until now the only nonprofit hospice service in the Sun Cities area.

Describing a cooperative effort between the two groups, Peterson said, "You can help us in identifying (patients) and have that focus on home health. We'll start small and get better and bigger over time."

Locally Walter O. Boswell Memorial Hospital in Sun City and Del E. Webb Memorial Hospital in Sun City West are



Daily News-Sun

LELAND PETERSON — Sun Health Corp. president said volunteers will be essential to hospice service.

affiliated with Sun Health Corps. a nonprofit health care provider.

About 40 members of the hospice volunteer group met at

10 a.m. in a classroom of the Sun Health Support Services Building, behind Boswell Hospital.

Promising a close working relationship with Hospice Services, Peterson said, the home health service component of Sun Health's hospice program would be emphasized and it would be Medicare reimburseable.

It is yet to be determined where in-patient care will be provided, he said.

Options are either the fifth floor of Del E. Webb Memorial Hospital in Sun City West or the Sun Health Care Center on the Boswell Hospital campus.

Before Sun Health can begin hospice service, the company will have to be Medicare certified for hospice care.

"Your role as a volunteer won't change," Elsie Kraml, chairman of the Hospice Services board of directors, told hospice volunteers attending the meeting.

Hospice volunteers become a friend of terminally ill individuals during their final six months of life. The volunteers will visit the patients at home or in a care center.

Hospice volunteers attempt to meet the emotional and spiritual needs of the dying person and those of the person's family.

"Since we've been state licensed, there's been more paperwork and I know you don't like paperwork any more than I do," Kraml said. "But we're going to get better hospice service for people in our community."

Peterson's announcement was welcomed by Bill Foster, executive director of Hospice Services of the Sun Cities.

"It offers an alternative to the \$90 to \$110 a day for room and board services."

Hospice service under Sun Health would grow slowly, Peterson said, and would retain the original hospice focus upon the independence of the in-

dividual.

"I think the hospice concept is consistent with our dedication toward the independence of patients, And hopefully having them cared for comfortably in their home for as long as possible," Peterson said.

Remaining at home in familiar surroundings is the underlying purpose of hospice care.

When pain or other needs force a person into an in-patient setting, it is usually a short term stay. Often the person returns home to die.

Sun Health's decision to work more closely with Hospice Services of the Sun Cities Area, Peterson said, is based on experience of working together and a consistency between the hospice concept and that of Sun Health Corp.

"It was one of the founding aspects of Sun Health, not to have a focus on beds being filled, but how to keep citizens in their homes and independent

for as long as possible."

That philosophy, Peterson said, led to the development of the first hospital-based home health program in Arizona.

"It's sometimes been difficult to keep home health going, because of the economics and the Medicare payment system," Peterson said.

"With Medicare paying for services the way they have done late, we're increasingly non-profit," he said. "But I think the important part of it is that Sun Health's volunteer board of directors make their decision based on what meets our local needs."

"Of course Sun Health has to be economic and prudent in the way we provide services and business, but as resources come down, as they do, sometimes the way we make decisions is different from other organizations if we had to return a profit."

Camelot to build inpatient hospice

By SCOTT BONTZ
Staff Writer

PEORIA—David Ostlie doesn't know if they'll wear tails, but butlers are coming to Camelot.

So is the Valley's first inpatient hospice service.

Camelot, the complex of apartments and nursing home at 11311 99th Ave., plans to boost the Sun Cities area's burgeoning nursing home population with a \$4.3 million, 123-bed addition. Construction on 14 acres south of the existing buildings should begin within eight days, said Ostlie, director of operations. The projected finishing date is Jan. 15, 1987.

Ostlie said Camelot also plans to build apartments for 300 people on the same now bare lot, almost doubling the 319 existing independent living and supervisory care beds. Construction should begin in mid- or late-year, he said.

The new two-story nursing annex will have an H-shaped plan with four wings, each with a care designation: skilled nursing, Medicare-certified, hospice and "club."

The club section, with 28 beds, will have larger-than-standard rooms, more luxurious furniture, special menu services, a chef and butlers to tend residents' needs.

Services such as hair-cutting, for which other residents must go to a beauty/barber shop, will be brought to the club section's private and semi-private rooms.

Unlike administrators at the last two nursing homes to open in the area, Ostlie

believes demand for rooms will continue to spurt ahead of supply.

The Sun Cities area, including bordering parts of Peoria, currently has more than 1,500 nursing home beds. Ostlie said that in the Northwest Valley, a larger but inclusive area, 4,500-5,000 people annually are joining the ranks of those needing a nursing home.

Ostlie thinks Camelot will easily fill its new facility, including the "high-end" club section.

"There's a lot of people in the Sun Cities who need and want extra services because they're used to them," he said.

Daily costs will be up to \$20 more than the base rate Camelot charges (currently \$54-\$65 for skilled care, the highest level above less expensive intermediate care and personal care). Club residents will be able to pick the level of extra services they want to receive and have cost adjusted accordingly.

Stays in the hospice wing will cost \$80-\$90 daily, of which Medicare may pay part of in some cases, Ostlie said.

Like the club section, the 23-bed hospice unit will have larger rooms—in this case to accommodate hospice volunteers and family members of terminally ill patients.

"It won't look as much like a hospital room or a skilled nursing room. We want to make it as much like home as possible," said Lou Carey, who will direct Camelot's hospice unit.

Carey started and ran a three-county hospice program in Illinois before becoming

health care coordinator for Camelot Manor, a 99-bed collection of apartments.

She said the hospice wing will have a family room with a refrigerator and microwave oven.

Carey said Camelot will work "hand-in-hand" with the existing Hospice Services of Sun City Area, a group that sends volunteers into homes and hospitals to comfort dying people and their families.

Carey wants to avoid duplicating services, and said Camelot's hospice facility will be for those patients that a family can no longer care for at home—usually when a dying person needs a professionally administered pain control.

"Hospice is a program. It's really not a place, per se," Carey said.

Caretakers will be able to leave wards at Camelot for stints of relief, she added.

Rose Ann Roe, director of Hospice Services of Sun City Area, said she was "delighted" with Camelot's plans because the terminally ill will be able to live their last days in a "non-institutional" environment.

About two-thirds of the people her service deals with die outside their homes, either in hospitals or nursing facilities.

Ostlie said that when the annex opens, the existing 119-bed Camelot Inn will serve only residents needing intermediate and personal care. He said the motel-like arrangement of the current nursing home, with its outdoor walkways, makes it difficult for nurses caring for frail, skilled care patients.

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Local hospice severs ties with Valley-wide group

By MARY DUMOND
Staff Writer

Sun Citians, independent as usual, have formed their own version of the hospice movement.

The local group has split away from the parent Hospice of the Valley group.

THIS MEANS, said Rev. Margaret Ronaldson, new volunteers' coordinator of the group, that a new title is in order—the Hospice Services of the Sun Cities Area.

The area, she added, includes Youngtown, as well.

Why the break with Hospice of the Valley?

"WE HAVE DIFFERENCES in needs and specialties out here that the Phoenix area doesn't have," said Mrs. Ronaldson. "Since those needs are special to this area, we decided that we should work with our own people.

"Most people out here want to stay at home to die and only when necessary do they go to a nursing home or a hospital."

Later, she said, the all-volunteer group hopes to provide a hospice building for the Sun Cities area.

RIGHT NOW "WE GO where the patient is," she said.

Hospice is a movement which began in Great Britain in the 1960s.

The hospice concept envisions quiet care for a dying patient and his or her family—not in terms of heroic measures and desperate fights against disease, but in accepting death as a part of life.

Within this context the wishes and needs

of the dying come first, said Mrs. Ronaldson.

A HOSPICE FACILITY—and there are no such facilities in the Valley now—"is a place to die with dignity, privacy, no extreme measures and no pain," said the volunteers' director.

Such a center, she explained, allows family members to visit at any hour, provides appetizing and nutritional meals and even allows pets.

"We work with the patient and family as a unit," she said.

WHILE BOSWELL HOSPITAL does give the local hospice an office in the hospital's Service Building, the movement itself is independent of the hospital.

This means, said Mrs. Ronaldson, that the Sun City area hospice must raise its own funds (including future funds for a building and the land it will stand on) and recruit its own personnel.

"There are many aspects to a hospice situation," she said. "We have a fantastic group of assessors."

ASSESSORS ARE HOSPICE members who evaluate the situation of a patient who wants the group's services.

The actual needs of the patient and his family are taken care of by volunteers.

Rigorous training is given new volunteers, so that they are equipped to cope with highly emotional situations.

"WE DO NO NURSING," Mrs. Ronaldson emphasized. "Our volunteers are there to serve the mental, emotional and spiritual needs of the dying patient and his family."

This means bereavement counseling, as well as help while the patient is still alive, she added.

Because the volunteer faces so many delicate situations, he or she undergoes detailed training before being assigned a patient, said the area coordinator.

THE 24-HOUR COURSE has attracted 12-15 students this time, she said.

The classes, taught in Boswell Hospital's Support Service Center, include personal attitudes concerning death and dying and physical-psycho or emotional characteristics of the terminally ill; listening skills and communications; visits to mortuaries and legal aspects of hospice care and personal assessments on being hospice volunteers.

Members of the new class will be graduated at 11 a.m. Feb. 28 in the Boswell Support Building.

HOW DOES HOSPICE get involved in a case of terminal illness?

"First, I get a referral," said Mrs. Ronaldson. "It may be from a doctor, a minister, a family friend or another hospice worker."

When the patient doesn't want any outside help, she added, and his or her spouse has gotten round-the-clock nursing service, a volunteer may help that spouse get through the ordeal.

"THE SPOUSE NEEDS emotional support," she said. "And this is where hospice can come in."

But assuming that the patient is willing to have hospice service, said the volunteer

COVER * SC hospice, C2

* SC hospice steps out on its own

—From CI coordinator, "I must have the doctor's and the family's okay, as well as the patient's.

"Then I send out an assessor..." she continued, "and get in touch with the doctor."

THE FAMILY physician makes up a complete medical care plan, she said, and the doctor, the family and the assessor work out a total care plan for the terminally ill patient.

"The doctor can call for outside agencies' help," said Mrs. Ronaldson.

Medicare may take care of many of the home care services provided—say—by Boswell Hospital.

THE HOSPICE care costs patient and family nothing. It is free for the asking.

The healthy member of the family, Mrs. Ronaldson explained, needs respite from heavy-duty patient-sitting and anxiety.

"It's terribly important to have someone who understands how he or she is feeling," she added.

Does the well member of the family feel

guilty at leaving the house for a brief respite—to the grocery store, to a local restaurant for perhaps just a quiet cup of coffee, to see a friend?

"A tremendous amount of guilt is there," replied Mrs. Ronaldson. "And that's where the hospice worker can help so much."

SERVICES WILL be given in a hospice situation when a building is available, she said, when the physician can see life for the patient lasting only six more months or less.

The assessor is available to the volunteer Mrs. Ronaldson assigns to the case.

"He or she knows what the prognosis is going to be," she said, "and the volunteer may need information on more of the medical implications.

"**WE TRY** to localize help as much as possible," she added. "If the patient lives in Sun City West, for instance, we try to get an assessor and volunteers from that same area, so there isn't a lot of mileage involved."

Mrs. Ronaldson, who has been volunteer coordinator since Jan. 16, also interviews prospective newcomers to the program. She likes particularly the number of married couples beginning to join the movement.

"I think the clergy should stress this with couples when they join the church here," she said.

ORDAINED A minister in 1974, Mrs. Ronaldson is a New Yorker by birth. She was working with six Ohio Presbyterian retirement homes, she said, when the hospice movement attracted her.

She followed the movement's progress in Cincinnati and Louisville, Ky.

She came to Sun City in 1981 and took her own hospice training the same year.

SHE ATTENDS and is in several programs at Faith United Presbyterian Church. She is a member of the board of trustees of Royal Oaks, is chairman of the singles group—"again, because I've been chairman before," and she does some visitation for the church.

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A4 NEWS-SUN MONDAY, JULY 27, 1987

Sun City hospice offers health care alternative

By MARY DUMOND
News-Sun staff

SUN CITY — A modest sign outside a walled patio reads "community hospice."

To many people, the word "hospice" means death with dignity, a natural death without tubes, wheezing respirators and hovering doctors.

A very few Sun Citians have gone past the modest sign and into the walled patio on the Desert Cove Avenue side of the new Camelot Care Center building, 11311 99th Ave.

An inconspicuous iron gate leads to the patio, which in turn lies just off the lounge entrance to the Community Hospice unit, which Camelot officials claim is unique because it's attached to a skilled-care center rather than a hospital.

Elaine Uhren, executive director, said the only other hospice in the state is in a hospital.

A walk through the self-contained unit shows a homelike L-shaped arrangement with wide halls and spacious rooms.

The rooms are done in soft blue-greens and shades of rose.

The nursing station, also wallpapered and with a light wood counter, is labeled "Reception."

The entrance lounge has upholstered bleached rattan furnishings, coffee tables and a color television set, for the comfort of relatives waiting long hours while a patient sleeps or goes through a crisis.

Around the corner from "Reception" and down the hall is "Yorkshire Gardens," a lounge-lunchroom, carpeted and furnished like the bigger lounge.

It has a sink, a microwave oven, a large refrigerator and a sign "Designated Smoking Area."

This area also has small dining tables just the right height for wheelchair patients, should they want to eat out for a change.

Patient rooms, some with queen-sized hospital beds, look as much as possible like bedrooms at home. The only exceptions are Spartan closets, with tiny clothes space and two drawers below.

The overall impression of the hospice unit is a bed-and-breakfast home that's first-class all the way.

"We take only patients with a prognosis of six months or less," Uhren said.

"Usually the disease is cancer, because doctors can arrive at a prognosis more easily," she said. "But actually we take a terminal patient of any disease."

Exception at Camelot would be a victim of Alzheimer's disease, since the care center has a sepa-

rate unit for these patients.

The hospice unit works closely with Sun City Hospice, Uhren said.

"I have a hospice background," she said. "I worked two years for Hospice of the Valley."

Hospice of the Valley will offer home care only to couples.

"It's a safety factor," Uhren said. "If a nurse comes in and finds her patient alone on the floor, perhaps with a broken leg, she's got a problem she's not paid or equipped to deal with. That's why Hospice of the Valley serves only couples."

"Many times the primary caregiver works all day or lives out of town or perhaps there simply isn't one."

But Connie Will, owner of Camelot, and some of the staff thought people who live alone should have hospice benefits.

So when Camelot's 2-year-old idea came into brick-and-board reality earlier this year, Uhren said she was attracted to the unit.

"We offer a home care program in this area, too," Uhren said. Contact primarily is through Sun City Hospice.

Charges at Camelot's inpatient unit start at \$100 a day for a semiprivate room. Private rooms cost \$160 a day.

"Added to that are medications or other extras," Uhren said.

Families interested in following the patient's wishes, including being active and painfree as long as possible, will find that usually these fees are far cheaper than equivalent costs in home care.

"Average length of stay is 21 days," Uhren said. "At least, that's according to the data we have now. But we took our first patient Feb. 17, so we need to have more data to draw from."

Nursing staff members are specially chosen for empathy and the ability to express love of patients under the most trying circumstances, she said.

Even though the staff is being expanded, nurses and aides are kept busy.

Patients may be cared for behind closed doors, if they wish, Uhren said, "which sometimes gives the impression that there's nobody on duty. That's one reason I'm planning another person on the night shift."

Two other registered nurses are being retrained after coming out of retirement, she said.

There's no way a nurse can ignore a patient's call button. Besides the conventional light, a small buzzer sounds off in the kitchen-lounge around the corner.

Sometimes family members

leave goodies in the lounge refrigerator to tide somebody over until the kitchen opens in the mornings.

If a patient is ambulatory, he may walk down to the kitchen-lounge and help himself.

Service includes food any time a patient wants or needs it. Also available are a bath, a backrub, a hand on the forehead or pain medication — doctor's permission, of course.

"We try to give the atmosphere of an extended family," Uhren said. "We encourage touching, unless the type of cancer is so painful that touching bothers the patient."

"We originally ordered the queen-sized beds thinking of younger patients, perhaps mothers who would be comforted by having their children crawl in bed with them for awhile."

But the queen-size beds have served affection's purpose equally for elderly couples.

"We find that a spouse may want just to hold the patient awhile, or take a nap with that patient, while the quality of life is still good," Uhren said.

Few telephones are seen in patient rooms. While the inevitable pager warbles overhead sometimes, generally the unit is far more quiet than a hospital.

"Patients may order phones, but we don't mention them," said Uhren with a smile. "Pain medications do strange things to some minds. We had one woman who would call her daughter in the middle of the night. We quietly discourage that sort of thing."

Arizona law requires a physician to see a patient only once every 30 days. Some doctors won't bother to drive out to Sun City if their patients are from Phoenix or the east side.

In that case, Uhren said, the staff has two choices: the Camelot medical director can try to contact the family doctor, or call in someone local, with family permission.

Camelot has applied for Medicare approval, Uhren said.

"They really have no category in which to put us," she said. "That is the reason it's taken so long."

However, approval is forthcoming soon, she said. Uhren hopes Camelot's application may lead to a state and a national recognition of some type of classification of hospices separate from nursing homes or hospitals.

"We do need some form of state regulation so that not just anybody can hang out a shingle and say they're running a hospice," she

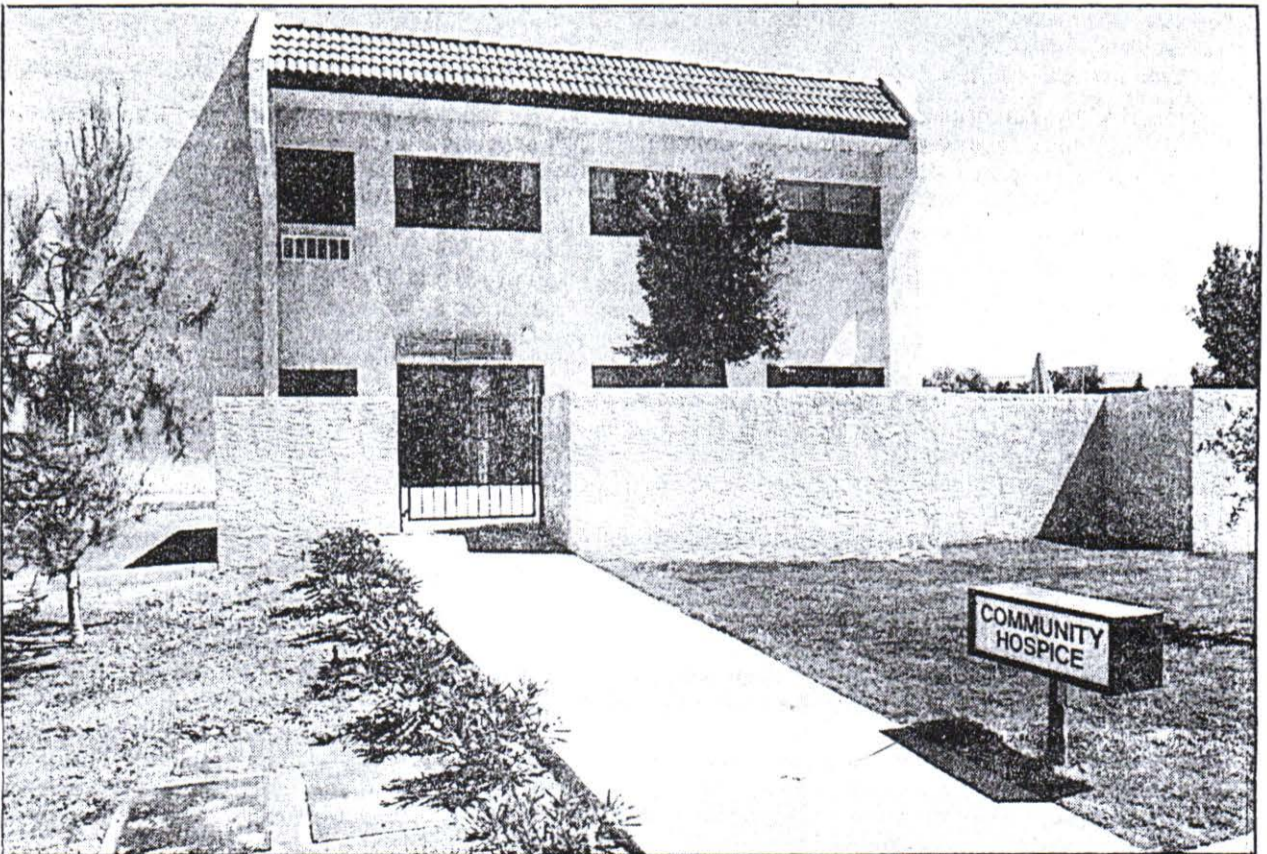
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said.

In the meantime, word of mouth advertising — Camelot is holding

off on any other type until its Medicare approval has come through — slowly is bringing dis-

creet inquiries from families and patients who know what's waiting down that long, darkening road.



Top, Elaine Uhren, director of the Community Hospice at Camelot Care Center, 11311 99th Ave, Sun City, looks at a jigsaw puzzle finished by relatives while the patient was resting. The lounge is the visitor's first introduction to the

homelike hospice unit. The door, right background, leads to the nursing and patient area. Above, the outside of the community hospice unit on Desert Cove Avenue.

(News-Sun photos by Stephen Cherek)

New license

Sun City Hospice meets new state requirements

By CONNIE STEELE
Daily News-Sun staff

SUN CITY — This has been a big year for Hospice Services of the Sun Cities Area.

As the service for terminally ill people approached its 10th anniversary celebration, it underwent a state licensing inspection for the first time.

"We passed the inspection with no discrepancies," said Bill Foster, executive director. As of its inspection date, Sept. 19, the non-profit hospice service has been state-licensed.

Up to this year there were no state rules governing hospice services in Arizona, said Bonnie Ballard, hospice program manager with the office of licensure, state Department of Health

'Rules set up minimum standards for a facility to operate by.'

Bonnie Ballard
Arizona Department of Health
Services
office of licensure

Services.

"Rules set up minimum standards for a facility to operate by," Ballard said.

The goal set earlier this year was to have all hospice services in the state inspected and licensed by October, said Judith Hylton, site inspector from the licensure office.

Nine agencies have been licensed since the first of the year and five are pending, Ballard said. She said she believed this comprises all hospice services in the state.

Hospice services are called facilities whether the service is provided within the home or within a nursing care. In-home facilities are considered hospices without walls, Hylton said.

State inspections focus on the types of core services provided by the hospice, including administration, nursing care plans, volunteer training and many other facets of service, Ballard said.

The move to license hospice services began in Arizona last year, when a task force of health officials working with a couple of legislators saw a need for rules to govern hospice operations, Ballard said. The process of developing permanent rules allows for suggestions by hospice services and the public so final rules are just now being reviewed by the state attorney general's office, she said.

In the meantime, emergency rules govern licensing requirements. Ballard said the Department of Health Services holds the statutory authority to mandate rules governing health facilities.

Hospice services by definition care for the terminally ill and their families. Some services offer in-patient care either as an adjunct to a nursing home or through contract services with a local hospital. But the prime purpose of hospice care is to allow the dying patient the opportunity to die at home surrounded by loved ones and familiar possessions.

Medicare-certified hospice services may accept only patients who have been declared

by a physician to have six months or less to live.

Because Hospice Services of the Sun Cities Area is not Medicare-certified, it can accept patients earlier than their last six months.

"We can take a patient earlier than a Medicare-certified facility," Foster said. "Right now we give nursing care con-

tracted through Sun Health Corp."

If a patient starts with Hospice of the Sun Cities, Foster said, at any time that in-patient care is needed it can be obtained and the same volunteer can make the move with the patient.

Hospice volunteers who serve the dying and their families

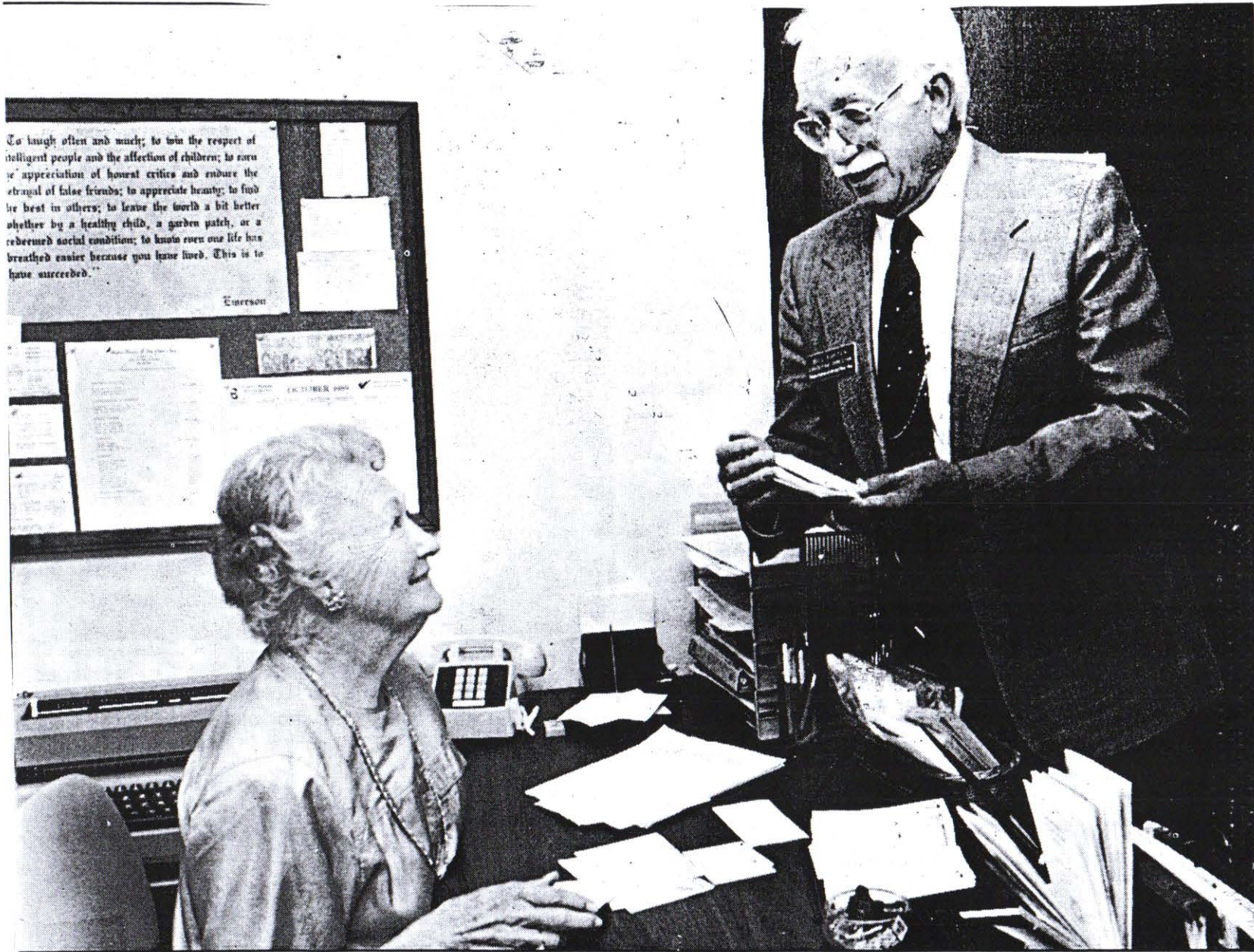
agree to stay with the patient until the end.

The next hospice volunteer training program begins Oct. 26.

Instructors include Sister Teresa McIntier, a pastoral associate at St. Jeromes Parish who holds a master's degree in nursing, and Lou Carey, who coordinates the work of hospice volunteers. A registered nurse, Carey holds two graduate degrees in counseling and founded a hospice program in Illinois as part of the Lincolnland Visiting Nurse Association.

Prospective volunteers are asked to pre-register for classes.

For information, call 933-3937. OVER



HOSPICE HELP — Bill Foster, executive director of the Hospice Services of the Sun Cities Area, talks to Irma Johnson, office manager of non-profit service, in hospice

offices, 10503 W. Thunderbird Blvd., Suite 6. The service needs volunteers to help relieve pain and loneliness associated with dying.

Daily News-Sun photo by Mollie J. Hoppes

News - SUN 2-22-80

SC Hospice joins Valley organization

By MARY DUMOND
Staff Writer

"The hospice idea is flashing over the country like the Lord's fire," an audience heard Wednesday from a volunteer of the Sun City Area Hospice movement.

Gordon Anderson then informed his listeners in St. Clement's Parish Hall that the Sun City hospice group has decided to affiliate with the Hospice of the Valley, which serves the rest of the metropolitan area.

Reasons, he said:

—**THE HOSPICE** of the Valley has liability insurance that covers volunteers and which can serve as an umbrella for the local group.

—The Hospice of the Valley furnishes training for volunteers and assessment teams.

"It meets the needs of hundreds of persons in the area," said Anderson. He was pinch-hitting—or talking—for Sister Theresa McIntier and other members of her staff, who had been rain-stranded in Phoenix.

THE HOSPICE of the Sun City Area soon will be organized fully," he said. It paid tribute to the late

Marcella Smith, who had been a dedicated worker in the building of the Sun City group.

"There are two kinds of hospice," Anderson said, after tracing the historical course of the concept.

"One is a hospice with a central building, which will accept persons from two weeks to perhaps six months, so that the dying person may live the life of his choice," he said.

"The other is the hospice without walls, such as we have out here in Sun City," he said. "This type of hospice furnishes volunteers who visit a dying person in his home or in a hospital, if that person has requested a volunteer."

ANDERSON SAID he himself has attended two persons, one of whom has died.

"I am in a bereavement relationship with the remaining member of that family," he said.

Sun City, he told his listeners, is unique in its hospice needs.

"A hospice patient should have a caring family," he said. "In Sun City we have single-family or perhaps a double-family situation. Often the 'car-

ing family' here is some neighbors or friends. Or sometimes there is no 'caring family.'"

THE CHALLENGE of the Sun City hospice group, he said, is to answer, "How will we serve a single family as they go on their way to dying?"

A hospice, he added, does not exist exclusively for the religious person, he said. "It is," he added, "if the persons you serve wish it to be that way."

A questioner asked, "I thought that one of the main reasons for having a hospice was to serve the spiritual needs of a dying person. How do you reconcile this concept with what you have just said?"

Anderson replied, "If a person will not accept death, or God, or a need of the spirit, then you have to accept this and bring the help appropriate to that individual who is in the process of dying."

Anderson said his own hospice adoptee was a home much of the time and kept up most of his personal barriers.

"ALL I could do I did with him, to keep him in the way of living," Anderson said. He helped his patient install a new filter

in his heating system and clipped a tree for him.

There was little else to be done, said the speaker.

"A hospice does not furnish a volunteer unless one is asked for," Anderson said. "This couple asked for a volunteer and an assessment team came out and evaluated the situation. It was primarily a case of a wife nursing her husband 24 hours a day, without even being able to get groceries. She had no social outlets or even an opportunity to get out of the house. This was the primary need, I was told."

Yet reading the Bible to his patient, Anderson told his audience, "John 1, I believe," enabled the patient to finally doze, wake up when Anderson had stopped reading, then sleep peacefully as Anderson began to read again.

DOES THE volunteer inform the patient of his illness, if that patient asks him?

This was another audience-generated question.

"A volunteer isn't necessarily trained in medicine or nursing," he said. "You have on hand professional teams—a physician, a nurse and a counselor."

Anderson advised volun-

teers to beg such a question and take it back to the professionals.

"**MY OWN** patient never asked me," he said. "I'm quite sure he had complete knowledge of his illness, but he never referred to it."

A volunteer does not give medicine, cautioned Anderson. "He is not a doctor and therefore he shouldn't dispense medication."

By the same token, that volunteer does not have to bathe the patient, wash windows, change dressings, scrub the floor or cook.

After recounting his own service with his own patient, Anderson said, "You are not required to do any of these things, but you may find you want to do some, or you may find it best to do some."

THE SUN Citian said the local hospice hoped someday to have its own sheltered care center, where patients could live as they want to live, free of pain, as long as possible.

"They would have cancer, mostly," he said, "although patients could have just about any terminal and fairly predictable disease."

Dying in a hospital is sterile, he noted. "be-

cause there, the doctors have failed to save a life and they're frustrated with the disease. We may work with patients in the hospital, as well as in their own homes."

The Sun City group has 29 volunteers who have graduated from the 35-hour course at the Hospice of the Valley, Anderson said.

THE VOLUNTEER director here is Jean Moore, who can be contacted at 974-4430," he said. A second class of volunteers is in training and a third class is forming.

"The class meets for four weeks on Saturdays, with 2½ hours a week in each class," he said.

His own volunteer time with his first patient, he estimated at from five to 10 hours a week. Anderson is a board member of the Hospice of the Valley.

Local group discusses plans for hospice in SC

Plans for a local hospice to care for the terminally ill in the Sun City area were discussed at a meeting Saturday in Faith United Presbyterian Church.

Dr. Milton Fox of Sun City served as chairman. As a physician on active duty at Luke Air Force Base, he treats many patients from this area.

Attending the meeting were representatives from Luke, Boswell Memorial Hospital, Good Shepherd Retirement Center and other health service fields.

Physicians present were Co Barnett, Albert Baumann, H. E. Bonebrake, Robert Felix, Earl Latimer, Harry Matthews, Mabel Ross, Nelson Taylor and Irwin Zeiger.

Nurses participating included Pearl Coulter and Mary Tinsley. Among interested laymen were Grace Grunck,

Virginia Malterner, Janet Pope and Norman Wigutoff.

The meeting was arranged by Gordon Anderson, who is chairman of an ad hoc committee consisting of Bonebrake, Fox, Faith's intern pastor, Barbara Hadden, and Ed Pope. The committee is assembling a broad-based ecumenical group to work toward establishing a local hospice, Anderson said.

Since the hospice concept involves the spiritual, social and psychological care of the terminal patient, as well as the physical care, many volunteers will be needed, he added.

Hospice aims to improve the quality, rather than the quantity, of the remaining days. It also extends care to the patient's family during and after the terminal illness.

Rec'd - Sec 3-13-79