

An exceptional life ends with dignity

Photo: Barb Gorman

Marjorie Fitzpatrick's journey through life was a rich one, marked by courage, achievement and compassion. The life that began in St. Louis eight decades ago came to its close in Portland, where Marjorie passed away on Housecall Providers' Hospice last fall. This remarkable woman was able to end her days with the same courage and dignity that she had lived the rest of them, thanks in large measure to Housecall Providers' philosophy about end-of-life care.

Her daughter, Victoria Etchemendy, credits Marjorie's primary care provider, Family Nurse Practitioner Natalya Balanetskaya and the primary and hospice teams with truly listening to Marjorie and her family, and with helping the family make the right decisions in those final days.

"The knowledge and guidance they offered made the choices that much easier to make," Victoria said.

Marjorie was a woman truly ahead of her time. She dedicated her life to closing the gap that racial, cultural and socioeconomic differences created.



A few members of Marjorie Fitzpatrick's care team: from left, chaplain Jill Johnson, granddaughter Stephanie Brachman, daughter Victoria Etchemendy and nurse Nancy Gregory.

"Growing up in St. Louis, mom would host international students who were working on their graduate degrees," remembers Victoria. "At different times

"I felt that this was an exceptional care team."

— Victoria Etchemendy

we had Buddhists, Hindus, Muslims, and others from different nationalities, faiths and traditions living with us, and she would help these students navigate life in America."

Her career and charitable passions took her to other parts of the U.S. At age 86, her health deteriorating, she moved to Portland to be near Victoria and Stephanie, her granddaughter. There she entered the circle of care of Housecall Providers.

She became Natalya's patient, and soon the two reached an understanding

about her care. "Natalya had my mother's best interest at heart, but it took time for her to really understand what Marjorie wanted. She didn't want tests or interventions or to go to the emergency room, so when she did, Natalya was a great advocate for her there too, especially at the end of her life," Victoria said.

Almost two years after becoming a patient, Marjorie's health rapidly declined. She was placed on hospice. Her team included Nancy Gregory (nurse), Jill Johnson (chaplain), Taylor Clark (social worker), Dee Dee Bacon (CNA) and two volunteers.

Victoria said she feels fortunate indeed to have had Housecall Providers take care of her mother in her final years. "I felt that this was an exceptional care team," she said. "Natalya and the hospice team really supported us through some tough decisions and those last few months were harrowing and difficult and challenging."

Gratitude . . .

Donors to Housecall Providers are valued partners in helping us continue to provide excellent patient-centered care. To view a list of our 2015 donors, please visit page 8.

From the Executive Director

Thankful for the community's support

As you will see in the 2015 Donors List found in this issue of *Vital Signs*, neither our past successes nor the ability to plan for our future would be possible without strong community support. Grants to create new programs, or those tailored to specific patient needs, coupled with individual and memorial gifts, help to ensure that our patients are receiving the best care possible.

This past year we received a music thanatology grant from The ESCO Foundation to support our hospice patients who are nearing the end of life. Music thanatology is prescriptive live music that responds to the physiological needs of the patient moment by moment. In this way it allows them to move forward in their process. This is the first grant of its kind for Housecall Providers and another way that we seek to treat the whole person, not just the physical body.

New to our donor list this year, we are adding a category for our "Vision Providers" – those forward-thinking individuals who have remembered Housecall Providers in their wills or estate plans. We are most grateful to those considering the needs of this organization well into the future.

This issue also highlights stories that illustrate why our hospice continues to be at the heart of this organization. Whether it be the daughter of one of our patients, who "felt supported by her mother's care team through some very tough decisions", a hospice nurse's reflection, or a photo article on one of our patients, all these stories emphasize the incredible bond that is created between our hospice team and the patients and families that we serve.

We are grateful to each of you for your thoughtful contributions that make our work possible.

Warmly,
Terri Hobbs

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Dr. Nancy Cloak becomes third 'Dream Team' member in three years

Dr. Nancy Cloak of Housecall Providers (HCP) Hospice was named Hospice Dream Team Physician of the Year by the Oregon Hospice Association at its annual conference in Bend September 14. Dr. Cloak has been part of the HCP team for less than a year. Nonetheless, her medical acumen and compassionate care sent ripples throughout the organization, particularly with her colleagues and the patients and families that we serve.

The award was presented by HCP Hospice Program Director Rebecca Ashling, MSN, who touted Nancy's extensive medical knowledge of mind and body.

"Nancy has provided valuable education about symptom management to our hospice team, and, as a practicing psychiatrist, has a wealth of knowledge surrounding mental health. She has won the hearts of both staff and patients and is a valuable member of our team," Ashling said.

Dr. Cloak was nominated by Hospice Clinical Supervisor Richard Holman, RN. She is Housecall Providers' third Dream Team member in three years. Yana Kindrachuk received the award as a certified nursing assistant last year and Volunteer Coordinator Todd Lawrence was honored in 2013.

"Frequently, staff members will come to me and let me know something amazing that Nancy has done. She is dedicated to ensuring that our hospice patients have whatever they need to be comfortable," said Holman. "She has an uncanny ability to always be available, and her communication skills with all staff members go above and beyond."

Courage is the hallmark of survivor Mickey Brown



Willie and Mickey Brown celebrated their 57th wedding anniversary this year.

Lenora “Mickey” Brown is no victim. Stricken with polio at the age five, she worked tirelessly to reclaim much of what the disease took away. When experts said she’d never walk again, that she would die young, she refused to believe them. Polio was not going to shape the person she would become.

She proved the experts wrong. Now, 70 years later, it is clear that she has held true to that commitment to overcome obstacles and live a full life. “I think self-pity is a person’s worst enemy, and you have to learn to take things as they come and say okay, give me some more and I will take care of it,” she said.

Today, that toughness can be seen in Mickey’s coping with the return of her polio symptoms. Although she has had some serious health issues as a Housecall Providers primary care patient, her spirit remains strong, her outlook positive. “People have said ‘I marvel at you’ – well what’s to marvel? I love life and people and was never going to hide in a corner and throw my life away,” she said.

She had a tough start in life, as childhood polio left her completely paralyzed and needing the “iron lung” to survive. With the help of a concerned

physician, Dr. Allen Voshell, Mickey charted a course to recovery that few believed was possible. Dr. Voshell was the Medical Director and Surgeon-in-Chief at Kernan Hospital in Baltimore, MD, a leading hospital in the country for disabled children. He made it so Mickey

could enter the rehabilitation facility, where she could work to regain the use of her legs and arms. “When I left the hospital two years later, I was able to walk out on crutches and braces,” she said.

She excelled in academics and social pursuits in high school, landed work easily upon graduation, and married a former Navy seaman, Willie Brown. It was a good match. The two traveled widely for Willie’s work, raised a son (who passed on in 1994) and celebrated their 57th wedding anniversary this year.

Work brought them to Portland. They built a strong community of friends and neighbors. Mickey got involved in youth activities and held

various executive offices, including state president within the Letter Carriers Auxiliary. But the normalcy of her life ended 20 years ago when she was diagnosed with post-polio syndrome. The condition affects 25% to 50% of polio survivors and is characterized by new and progressive muscular weakness, pain and fatigue. Infections left her hospitalized in 2006 and 2008; surgery resulted in a three-month-long recovery in a rehabilitation center.

“One of the reasons I kept getting the infections is that I wasn’t going to the doctor because it was so difficult for me to get to the clinic,” she said. “I was calling my doctor all the time but there is only so much he could do over the phone. My health was spiraling downward.”

Enter Housecall Providers, recommended to her by a social services caseworker in 2012. Physician

“I wasn’t going to the doctor because it was so difficult for me to get to the clinic.”

– Mickey

assistant Laura Hanks became her in-home primary care provider.

“It’s been wonderful to have Laura. She is my angel. She is very comfortable to be with and she knows exactly what she is doing, recognizing problems before they get bad,” Mickey said. Better still, when Mickey’s feeling well, Laura is content to let her be, Mickey said.

It seems that the little girl with the indomitable spirit not only survived, but thrived. And Housecall Providers proved to be the perfect medical care fit for the independent-minded Mickey. “The in-home care I have received from Housecall Providers has allowed me to live my life the way I want to live it.”

Reflections of a hospice nurse

by Rebecca Ashling, MSN, RN
Hospice Program Director

Walking up the drive to visit a hospice patient, I check the address and make sure I have the supplies I will need. This appointment will require my stethoscope, wound care supplies, some paperwork about medications and, most important, that I be present to my patient and the family. I stop to take a deep breath and focus my thoughts and energy on the task at hand.

A hospice nurse never knows what to expect on the other side of the door. Is the patient facing the end of their life as a surprise or as the expected outcome of a long battle with illness? Is the family shocked or relieved, overwhelmed with their loved one's care or eager to help? Is the patient scared or confused or unaware of the finality of their prognosis?

Today, the family is all together and very open to learning as much as possible from my initial visit. They have already selected who will take the lead for their father's care, which is a very important first step as it helps the "team" start envisioning the roles they will play while hospice is involved. The family has a list of questions, and within the hour almost all of them have been answered: How will I know he's in pain if he is not able to speak? How much and how often should food and liquids be given? How will we know when he is actively dying? These are some of the questions almost everyone who has a loved one on hospice home care is concerned about.

"A hospice nurse never knows what to expect on the other side of the door."

Hospice nurse Jamie Tiller, RN, visits a patient living at Lake Grove Care Home.

It is important for the family to know that the answers are as different as the patients themselves and that their hospice home care team is there to help them determine the best course of action for their loved one. In this initial conversation with the family, caregivers and, when possible, the patient, I listen to their unique needs and determine which services – personal care aide (CNA), social work, spiritual care and/or volunteer – this patient will need, to allow for the most comfortable end-of-life care possible. Discovering these needs is like discovering yourself and your own family in the midst of all that is going on, and I continually

receive so much from this work, its effects radiating out into other areas of my life.

I know the support I bring is for everyone involved, not just the patient, and that this is a time when families can come together, or not. Resolve problems, or not. Uncover love they thought they lost, or not. My job is not to have an agenda except to be present, offer my expertise and facilitate the path of greatest comfort for the patient, family and/or caregiver. What I hope to bring is an awareness that hospice care is not about dying. Instead, it's all about living each day to the fullest extent possible.

Housecall Providers Hospice: because every day matters

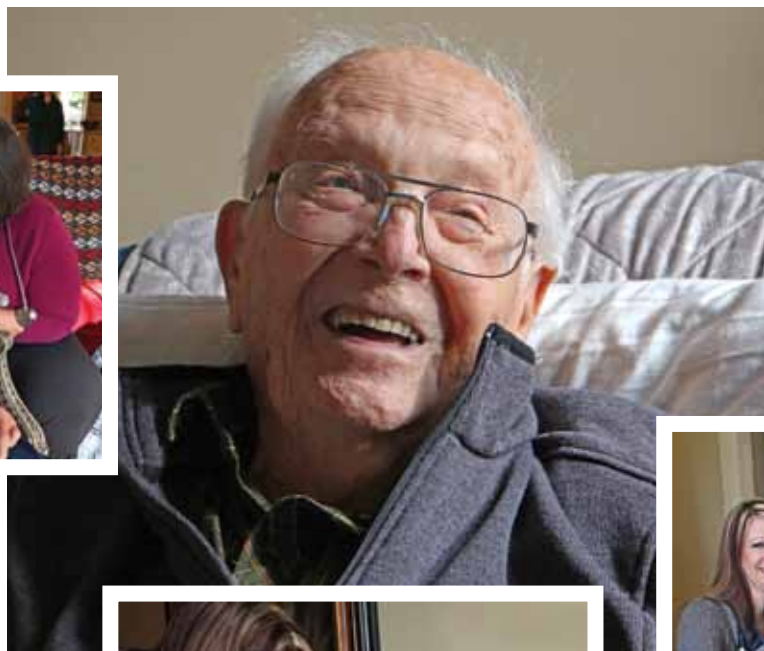
George Weidlich has pretty much seen it all in his 94 years. Born in Pierre, S.D., he commanded a tank battalion at the Battle of the Bulge as a young soldier in World War II. He and his wife raised their three children in Portland, and George taught sixth graders in Hillsboro for many years.

Now, George lives peacefully as a resident of Lake Grove Care Home in Lake Oswego. He is a Housecall Providers patient currently on hospice, and he and his children could not be happier with the care he receives.

Photos: Cathy Cheney



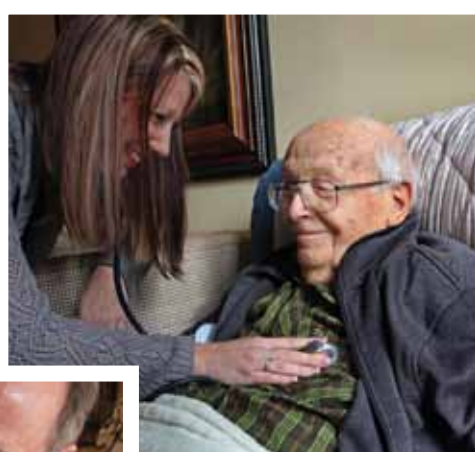
George's primary care provider, Natalya Balanetskaya, FNP, remains a valued member of his treatment team even though he is on hospice. It's unusual to find a primary care provider making visits to hospice patients, but that's part of what makes Housecall Providers the unique organization it is.



Jamie and Natalya share a light moment with George.



Hospice Nurse Jamie Tiller, RN, visits George regularly or whenever family members or his caregiver asks.



Housecall Providers' Taylor Clark, LCSW, is the social worker on George's hospice care team. He and George have become buddies.



Jamie, Natalya and Taylor review George's plan of care with daughter Susan Andersen.

The perfect care for Melanie – now and in the future

Sunny Williams and Melanie have been together for a long time. For nearly 20 years Sunny has been Melanie's companion and caregiver, working with Melanie's family to provide the round-the-clock care she needs. When Sunny met Melanie in Lincoln City in 1996 she immediately felt a connection.

"She put her head on my shoulder at our first meeting," Sunny says. "I knew there was a bond between us. I agreed to help out. Melanie is an amazing woman. There is something constant about her being. It draws me to want to help her. I give her comfort and she gives me joy."

When Sunny moved back to Portland, she and Melanie's parents decided it would be best for Melanie to go with her. Melanie, 30 years old when the pair relocated to Beaverton, did well in her new home. But Sunny had trouble finding the right primary care provider to meet Melanie's needs.

"They all wanted to tell us how Melanie's care should be managed. They wanted to prod and poke her and do all kinds of tests. We said, 'We know how

to take care of her! We need someone who will accept us and will work with us. We've been doing this for years, and no one can believe how healthy she is!' It was a very disappointing, aggravating and time consuming struggle."



Sunny and Melanie

Finally, Sunny discovered Housecall Providers. After her first conversation with the intake team she knew she had found something special. "They were the only ones who asked us to describe her circumstances. When we did, they said, 'Let's move forward.'"

When Melanie and Sunny entered Housecall Providers' circle of care last September, Sunny was so impressed with the services they received that she wanted to help make sure they would always be available to those who need them.

"From that first phone call to our first visit with Christina Park [physician assistant, Melanie's primary care provider], they have accepted us, are professional, work on our timeline and respect Melanie's routine."

With a few simple sentences, Sunny created a provision for Housecall Providers in her will, ensuring that this vital care will be available for patients like Melanie long into the future. For someone like Sunny, who has spent her whole life caring for others, there could be no better legacy.

For now, Sunny and Melanie appreciate working with a compassionate medical team that truly understands them.

"Christina said to me, 'You know Melanie, you tell us what she needs.' No one has ever said that. I was so grateful to finally hear it!"

Leaving a Legacy to Housecall Providers

Join Sunny in safeguarding the future of primary medical and hospice care for those who are homebound through an estate gift from your will, retirement plan, insurance policy or living trust. It's easy! Find simple language on our website: www.housecallproviders.org/donate-now/estate-planning-bequests or contact our Director of Development, Susan Ehrman, at 971-202-5534 or sehrman@housecallproviders.org for more information.

Palliative care program: Formalizing what we've done all along



The Housecall Providers palliative care team: from left, nurse Katie Kusmaul, chaplain Kate Jaramillo, social worker Kirk Porter and nurse Kelly Ambrose.

With the launch of an “official” palliative care program this October, Housecall Providers is once again breaking new ground in healthcare. No blueprint exists for rolling out such a program.

“Palliative care has been mostly used in the hospital setting, so we are adapting this emerging field to fit with our mostly geriatric, frail patient population and primary care practice,” said Mary Sayre, MSN, RN, primary care program director.

Palliative care is yet another innovation from Housecall Providers. In 2009 the nonprofit unveiled its own hospice program, and in 2012 a transitions team was created to support patients who were hospitalized or at high risk of being so. In both cases there were no instructions for how to integrate these services with a primary care practice.

“We are continually being asked to share our experience and expertise with the greater community,” says Executive Director Terri Hobbs. “Healthcare administrators and professionals want to know how we have been so successful, and I truly believe it’s because we have put the

needs of the patients always at the forefront of our program design.”

Such is the case with the new palliative care program. Palliative care focuses on the relief of suffering and finding the best quality of life as chosen by the patient or family. It has been an

“We put the needs
of the patients
always at the
forefront of our
program design.”

—Terri Hobbs

integral part of Housecall Providers practice since its founding 20 years ago. But, leadership realized, a more structured program was in order.

“Our clinicians provide complex care, but sometimes the needs of the patient exceed what the clinician would normally be able to provide in a normal clinic setting,” Sayre continued.

The goal of the team is to partner with the primary care provider to

improve symptom management of the patients and offer psychological, social and spiritual support to those who have increased needs beyond what a monthly house call or other health support services, such as home health, can offer. The program will also fill the gap between primary care and hospice.

Currently, there are more than 40 patients enrolled in the palliative care program, taking advantage of the support offered through nursing, social work and spiritual care services.

Identifying patients who are appropriate for palliative care seems to be the relatively easy part. “Multiple trips to the hospital are a telltale sign of health instability,” says Sayre. “Also, increased calls to the care coordinators, several requests for our transition team to visit the home and conflicted goals of care are other indicators.”

Sayre is unsure how many patients the team will be able to handle at one time; the model is a new and untested one. Only time will tell. But, with Housecall Providers’ strong record of successfully launching new initiatives, it will likely become the new model of care for home-based medicine around the country.

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Georgette Porta
Gwen Renzelman
Maureen Rowe

Margaret Rose Bugenig Ruff
Mark Sator
Les Schallhorn
Douglas Sheron
Doris Simmons
Sr. Rae Skinner
Shiv Soni
Marjean Sprick
Dennis Sudbury
Shizue Sugihara
Marie Terzian
Kristina Watson
Daisy "Sissy" White
Lucille Wilberger
Dave & Nellie Wilhelm
Dorothy Worrall
Elaine Wynne
Robert Yandell
Esther & Elmer Yost
Ethel Jean Young
Frances Zubowicz

Although we make every effort to ensure that all information is accurate, there may be errors in this list.

We regret any omissions, misspellings or other mistakes and welcome your feedback.

Please contact Susan Ehrman, Director of Development, at 971-202-5534 or sehrman@housecallproviders.org.

Music & Memory: A new gift to our patients

This news may very literally come as music to the ears of some Housecall Providers patients: Housecall Providers is now a certified Music & Memory organization.

Music & Memory was the subject of the award-winning 2014 documentary "Alive Inside," which chronicled Music & Memory founder Dan Cohen's crusade to bring iPods filled with personalized music playlists into the lives of people living with dementia. Patients have responded so positively to Music & Memory that it has found its way into thousands of dementia patients' lives. Soon some HCP patients and their caregivers will be able to experience the benefits as well.




It was watching "Alive Inside" that inspired Volunteer Coordinator Todd Lawrence to contact Music & Memory. "So many of our patients live with dementia. I'd been looking for more ways that our volunteers and the rest of our team can make meaningful contact with them, and this seemed like a natural fit," he said.

With the help of a grant from The Regence Fund of the Oregon Community Foundation, Lawrence and Assistant Volunteer Coordinator

Kim Cannard received the training necessary to bring Music & Memory to the Housecall Providers patient population. The plan is to begin rolling out a pilot program this month, at first with an emphasis on hospice, but then eventually to as many patients as possible.

If you are interested in volunteering to help with this program, please call Todd Lawrence at 971-202-5515. We are looking for tech-savvy people able to help us create playlists and load music into iPods. We are also looking for (perhaps less tech-savvy) volunteers willing to introduce the iPods to patients and help us learn what kind of music they might like. We are also seeking donations of new and/or gently used iPods, CDs and iTunes gift cards.



Ensure the future of home-based medicine in Portland

Become a Patient Provider with easy monthly gifts

Be at the forefront with us in caring for the primary, palliative and hospice care needs of thousands of homebound Portlanders. As a new monthly donor of \$10 or more, your gift *will be matched* by our founder, Dr. Benneth Husted.

For more information, contact Mary Finn, Development Coordinator, at 971-202-5541, mfinn@housecallproviders.org, or visit the **donate** page of our website.

Want to go paperless? Email us at
bgorman@housecallproviders.org.

The 21st Century House Call Forum

The re-emerging role of the house call in the American healthcare system was the focus of Housecall Providers' second annual breakfast forum held at the Multnomah Athletic Club in late fall. The event, which drew nearly 150 attendees, was sponsored by Providence Health and Services.

A five-member panel of experts agreed that the best way to serve this fragile population is in the home. While diagnoses for these individuals vary, serving them in place simply leads to better outcomes. The goal of the medical house call is to improve health outcomes, increase patient comfort and reduce health care costs for elderly and homebound patients.

Housecall Providers Medical Director Pamela Miner, MD, led the panel discussion that included Marian Hodges, MD, Providence-Oregon; Will Kennedy,

Photo: Andie Petkus



Board president Dr. Woody English addresses the audience at the second annual breakfast forum.

DO, CareOregon; and Robert Gorsuch, DO, Portland Veteran's Administration.

Dr. Miner brought up a major challenge that faces home-based medical practices: building a skilled, trained workforce. Currently, medical school training doesn't include curriculum on home-based medicine, she said.

"We lose a couple of practitioners every year to the high stress of travel and the increasing documentation," Miner said. "A lot of people do have the heart for this work but they don't know it's out there."

Dr. Hodges spoke about Providence's recent launch this summer of their home-based program called Elders at Home. Expectations are that it will save money, but, Dr. Hodges noted, "It's expensive work. This is our mission and we're in it for the long haul."

Our mission

Housecall Providers is dedicated to providing quality home-centered medical care, integrating primary, palliative and hospice services for homebound members of our community. We offer compassionate physical, emotional and spiritual support through life's journey.

Thank you to our
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