

## Hospice team guides Don Dickey through final passage

**T**eri Hiller, FNP, read aloud from a list of her patients who had passed away during the prior three months. "... Jane Johnson. Aldo Chester. Donald Dickey ..." The scene: Housecall Providers' quarterly memorial service for departed patients. While all patients are cherished by the members of their medical team, Don Dickey's name conjured special feelings among some of those gathered for the service.

Don had been a Housecall Providers patient for some six years prior to his passing last November. In that time, while continuing to reside in an adult foster care home in Lake Oswego, he had transitioned from primary care to hospice care. As a result, people like hospice chaplain Jill Johnson, who facilitated the memorial service, had gotten to know Don. So had Hospice Program Director Rebecca Ashling and Hospice Medical Director Lara Garrett, who were both present at the memorial.

**Housecall Providers' service model, which integrates primary with palliative care, served Don Dickey well.**

Don led an active life, excelling in sports as a young man, pursuing several different careers and making friends wherever he went. Beset with lung problems from his twenties, his health



Photo: Cathy Cheney

*Housecall Providers patient Don Dickey is surrounded by friends on his last day. From left to right: Housecall Providers Hospice chaplain Jill Johnson, volunteer Larry Schwartz and adult foster home owner Felicia Barza.*

deteriorated as he aged. Don became a Housecall Providers primary care patient in 2007 at age 87. As his health worsened, our hospice team became involved in his care.

Housecall Providers' service model, which integrates primary with palliative care, served Don Dickey well until his final day. With no relatives or friends living close by, Don was able to receive the additional caring support provided by our team as he went through the end of his life. He received regular visits from volunteers, Jill Johnson, and social workers in addition to his medical caregivers. "Housecall Providers, they are wonderful people," says Felicia Barza, owner of the adult foster care home where Don lived.

Blessed with a wonderful sense of humor and a sunny disposition, Don constantly delighted members of the hospice team involved in his care. His optimism in the face of his health problems made him "a pleasure to be around," says Nancy Gregory, RN, one of Don's hospice team members. Adds hospice volunteer Larry Schwartz: "Don was just a warm kind of person. A real character, very, very funny!"

Just before Thanksgiving, with friends and family gathered at his adult foster home, he celebrated his 92nd birthday. On Nov. 20, Don spent time chatting and laughing with his pal Larry, hospice chaplain Jill Johnson, photographer Cathy Cheney and Felicia. Sometime that night, Don passed away peacefully in his sleep, in the home that had been his residence for the last years of his life.

# Message from Benneth and Terri

*We recently hired Barb Gorman as our Fund Development Coordinator. She has asked us to share the following message with you. —Benneth and Terri*

For a community that desires to compassionately care for its older and disabled homebound members, Housecall Providers delivers an essential service. We are helping to usher in a new model of social responsibility in a time when Congress is threatening to cut Medicare reimbursements to doctors yet again. With a 20% shortfall between cost of service and payment, this looming threat to Housecall Providers can only be offset by the strength of our fundraising. Since we do not turn anyone away for inability to pay, gifts from individuals, businesses and foundations allow us to continue to meet the needs of this severely underserved population.

By far our greatest resource in fundraising for Housecall Providers is the family members of patients whose lives we have touched. If you have thought about donating to us before, now is the perfect time. If you already are a supporter of Housecall Providers but missed a gift in 2011, please consider renewing today.

There are several ways you can help Housecall Providers meet our financial needs:

- Make a donation of any size to Housecall Providers. Simply mail a check in the enclosed envelope, call us with your credit card number, or go to our website, [www.housecallproviders.org](http://www.housecallproviders.org), and click on the **Donate Now** button.
- Make a memorial gift to honor someone you love.
- When shopping on-line, check first if the store is one of more than 300 retailers listed on [Cafegive.com](http://Cafegive.com). This site offers Housecall Providers the opportunity to receive a percentage of the purchase price once our organization is selected.
- Donate your vehicle to Housecall Providers.

If you have any questions, please feel free to contact me at 503-988-5303 or [bgorman@housecallproviders.org](mailto:bgorman@housecallproviders.org).



*Medical Director Benneth Husted and Executive Director Terri Hobbs*

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Our new website is live! Please visit [www.housecallproviders.org](http://www.housecallproviders.org) to view it.

## Dr. Husted Recognized

The Jessie F. Richardson Foundation (JFR) has selected our founder and Medical Director, Dr. Benneth Husted, as the 2011 recipient of its Ladd Award for Home and Community Based Care. In selecting her for the award, the Foundation said: "Since 1995, Dr. Husted has worked tirelessly to help older adults, particularly those difficult to serve in traditional medical networks. Housecall Providers has helped countless older adults to remain in less restrictive environments and receive the medical care they need. Housecall Providers is unique among health care providers, known for sending physicians to the settings where their patients live. For many, particularly those with chronic physical and mental conditions, this makes the difference in their ability to remain in more independent settings."

## Housecall Providers featured in *Business Journal*

Executive Director Terri Hobbs was interviewed by Robert Goldfield of the *Portland Business Journal* in February. The article based on Terri's interview appeared in the *Business Journal's* special Health Care Focus section on Feb. 17. Here's an excerpt from the article.

"Our model of health care means our patients don't have to make difficult trips to physician offices for routine medical care. They receive quality medical care in the residence of their choice. Our patients' caregivers value our services because our support allows them respite from their hard work, and they know our professional team truly listens to them when they talk about the patient. Our service model saves money: A survey of 40% of our patients in 2011 showed an average annual cost of care per patient of \$10,593, compared to the Medicare benchmark for a comparable group of \$16,083."

*Editor's note: That \$10,593 includes the cost of hospitalization, pharmaceuticals, tests and other elements of treatment.*

# Clinician loves diversity of the job

## No two days are alike

**A**my Long, Geriatric Nurse Practitioner, definitely took the long way to a career in nursing. Born and raised in Wenatchee, Washington, she received an undergraduate degree from Western Washington University in social stratifications (a major she designed) and then embarked on a rather unstructured journey to see what life was all about.



“I really wish there was another day in the week so I could see even more patients.”

—Amy Long

After a decade of traveling, working primarily in the hospitality industry, she concluded that her calling was to serve others. “I was interested in helping underserved populations,” she says. After stints doing social work at Outside In and Planned Parenthood in Portland, she decided that to truly make a difference she needed to become a licensed practitioner. She hopped across the country to Cleveland, Ohio, where she spent five years studying for her nurse practitioner’s license at Case Western Reserve University. There, she discovered she loved working with older patients.

She set her sights on a career in geriatrics.

Amy was looking to return to Portland. She saw an advertisement for a nurse practitioner position with Housecall Providers. She knew nothing about it, but as her job search proceeded, “people in the field kept mentioning to me that I should look into a position with Housecall Providers,” she says.

She looked, she liked what she saw, and in 2010 she came on board. “I could not be happier,” she says. “At Housecall, everyone is about the mission.” She loves the collaborative environment, the ability to

set her own schedule, the lack of pressure to take on a large panel, and the money—surprisingly good pay, she reports.

But most of all, she loves her geriatric patients. “I really wish there was another day in the week so I could see even more patients,” she says. “I love being part of this special time in their lives.”

Speaking of needing another day in the week, Amy thought she’d share a typical day with our readers to give them an idea of what her job is like. She cautions that no two days at Housecall Providers are ever alike!

## Amy Long: A Day in the Life

**6 a.m.:** Rise and off to the gym by 6:30. My afternoons can be unpredictable so I work out in the morning to make sure I get it in.

**8:15 a.m.** Back home, start taking care of business I either didn’t do yesterday (like finishing chart notes) or work I have to get done at home (like ordering scheduled meds by fax).

**10 a.m.** Hop in the car and drive to first patient visit of the day. She lives in a single home, so I allow one hour for the visit plus travel to my next appointment.

**11 a.m.** Seeing multiple patients at an adult foster home. I allow about one half hour per patient. I finish up with them right as their caregiver is serving their lunch.

**12:30 p.m.** I join my patients at the dining room table while finishing up their visit notes. (This also gives me a great opportunity to see how well they are eating!) I check my messages in our Electronic Health Record that my care coordinator Jeanette sends me. Looks like one of my patients need to be seen urgently. Luckily, I have a hole in my schedule. I arrange to see her this afternoon.

**1 p.m.** On my way to my next visit, I make calls (on my Bluetooth headset: safety first!) to families of the patients I have just seen, to give them updates on their health. I don’t want to have to think about where I’m driving, so I have all of my patients’ addresses programmed into my GPS. I eat my packed lunch in my car.

**2 p.m.** Stop by to evaluate the patient who needs to be seen urgently. She had a fall and bruised her foot, but she seems to be OK. To be sure, I send a message to Jeanette to order an in-home X-ray. I just saved my patient a trip to the emergency room!

**3 p.m.** Drop by Housecall office to deal with the few things I can’t take care of by phone, computer or fax. I also drop off the labs I collected today to be picked up by courier. Chat with a fellow clinician who is also there; she tells me about a difficult patient she saw today and we brainstorm about how to better manage him.

**5 p.m.** I’m not quite done with my charting. I leave the office and stop by a restaurant on the way home to get a bite to eat while finishing my work. I had a good day: saw six patients!

# *Prednisone and Prayers:* How hospice restores hope

The following is an excerpt from a book that Rebecca Ashling, our hospice director, is writing, entitled *Prednisone and Prayers*.



*Oh, there's the doorbell, I say to myself as I walk up to this home. I know a little information about the woman I am going to*

*meet. I know her diagnosis and why she has been referred to hospice, but I know nothing of her life, of her worries, her fears, her family or her happiness and hopes for the future. I brace myself as I hear footsteps and take a deep breath as the door opens and I am invited into a sacred and intimate space reserved only for family and friends.*

*Thank you ... Is he gone? ... How often do I give the medication? ... What does that sound mean? ... I know where I am going ... I am scared ... This disease sucks ... I really want to go to Disneyland and before I die to see my grandchildren's faces ... She slept in a bed of roses ... You can do whatever you want as long as you don't kill my buzz ... Please, can you help us bathe him? ... She*

## Hospice family clients overwhelmingly recommend Housecall Providers

*We thought we would share our 2011 survey of families with loved ones in our hospice who passed away. The chart below reflects the results of those family members who responded to the survey.*

SURVEY QUESTION	RESPONSES	YES	NO	
1. Based on the care your loved one received, would you recommend our hospice services to others?	67	100% (67)		
How would you rate our hospice team on the following:		Excellent or very good	Good	Fair or Poor
a. Management of your loved one's pain control*	18	95% (17)	6% (1)	
b. Efforts to support your loved one's quality of life*	19	100% (19)		
c. Response to your needs in the evenings and weekends	53	96% (51)	4% (2)	
d. Overall care your loved one received under the care of hospice	65	97% (63)	3% (2)	
		At the right time	Too early	Too late
2. In your opinion, was your loved one referred to hospice too early, at the right time, or too late during the course of his/her final illness?	63	92% (58)	2% (1)	6% (4)

*\*New question added to the survey in July 2011*

### FAMILY MEMBER COMMENTS

*Your care was beyond words. Love would be closest. Thank you again.*

*My only regret: We didn't connect sooner. Finally, our primary care doctor told us about you. (Thank God!)*

*Amazing staff and services.*

*Yes, yes, yes!!! [re: Recommend services to others]*

*Wish I would have had them [hospice team] much sooner!*

*Thank you so much. I am so very grateful for all you've done.*

*looked so peaceful ... How much longer? ... We believe a miracle will happen ...*

*The miracles happen every day even as someone dies and continue to happen when they are gone. What do the miracles look like? They look like enjoying a sunset, seeing the sunrise and living until Christmas. They look like a warm cup of tea and the grasp of a hand. They look like chocolate chip cookies, warm fuzzy socks and reconnecting with family and friends. They look like prednisone ...*

*I maintain that Hospice is a labor of love. Love listens, observes, validates and evaluates everything we do so that we can do it with every person again and again. We are scared of death, hopeful for what we have faith in, and unsure of what the next chapter will bring. Do we talk about death or shroud it in secrecy? What does our culture dictate?*

*Tell me about your life; what are your dreams? Who do you love? Who loves you? Share with me the intricacies of what defines you. Tell me nothing ... your choice. My choice you say. How can that be? Yes, in this time of feeling like you have no choice about your life ending, you get to choose how you live and who you let in. Sometimes you tell me things, sometimes the social worker or chaplain and sometimes the aide. None of us can do this work in a vacuum; we rely heavily on each other to provide the best care possible.*

## Staff Spotlight: Teri Hiller's love affair with hospice

When you ask nurse practitioner Teri Hiller why she sometimes misses hospice work now that she has joined Housecall Providers' primary care team, get ready for a powerful response. Teri had some amazing experiences during her hospice service, and she is not afraid to share them.

Teri knew health care would be her calling when, as a teenager in New Orleans, she worked one summer as a candy striper at a local hospital. While helping out on the nursing floor, watching the nurses go about their work, "a light bulb went off. I knew that's what I wanted to do."

Her life's journey took her to Los Angeles, where she not only received her LPN and RN degrees, but was also raising three



**That's how I got into hospice care. I found my calling.**

young children. "I wanted them to live in a less fast-paced place," she says. She selected Portland and, at the Oregon Science & Health University, received her B.A. in nursing. She was studying for her master's degree and working for Tuality Home Health when she had her first real taste of end-of-life service.

"I had a patient that had a lung transplant that failed," she recalls. "I knew he was not going to make it. I went to see him one day, and he told me, 'I'm going to pass away at 9 p.m. tomorrow night.' He said the angels told him.

"He was in no pain and asked me to arrange lunch with his daughter that day and with his son the next day. This was after he was looking skyward and saying, 'No, I'm not ready yet.'"

Teri pauses to reflect on that moment. "Then a white, pearly, soft blanket started to surround us. I couldn't even see the phonograph to my left. We were enveloped in it. As fast as it came, it went."

Teri arranged the luncheons as requested. The next day she got a call at 8:30 p.m. from his daughter. "He knew he was getting close and he wanted me there. I was driving there, and as I was driving, there was a full moon, and a thin layer of clouds passed over the moon. I looked at the clock in my car.

It was 9:10. I got this feeling that he passed. And in fact he had passed at 9:10."

Another moment of quiet. Then she says, "That's how I got into hospice care. I found my calling."

Teri applied to work for Housecall Providers in 2010 and joined in early 2011. As she awaited her credentialing as a nurse practitioner, she served in Housecall Providers Hospice. Once again, she experienced many mysterious and spiritually uplifting situations that are often difficult to articulate.

"I was sad to leave hospice once I was credentialed, although now I have an exciting new position," she says. "And I still get to be with people like Don Dickey [see page 1] when they transition to hospice. It is such a special moment in someone's life. It is an honor and privilege to be able to share that with someone."

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## Our mission

Housecall Providers is a nonprofit medical practice dedicated to delivering, coordinating, and advocating for the quality medical care that homebound seniors and persons with disabilities need to experience healthful lives in their own homes.

Housecall Providers Hospice, in concert with primary care, serves our community by offering physical, emotional and spiritual support to persons completing life's journey and those who love them. We strive to add quality of life to this sacred time.

## Housecall Providers welcomes ...



**Todd Lawrence: Volunteer Coordinator** comes to us with a strong nonprofit background and plenty of enthusiasm for recruiting and training volunteers. Todd is developing new volunteer strategies with the rest of the management team and will soon unveil guidelines for volunteers for primary care as well as hospice, where the majority of our volunteer activities

are concentrated. Call him at 503-988-5336, ext. 232 or e-mail him at [tlawrence@housecallproviders.org](mailto:tlawrence@housecallproviders.org) to connect about getting involved as a volunteer.



**Barb Gorman: Fund Development Coordinator** cut her Portland fundraising teeth with the signature nonprofit New Avenues for Youth. She brings a range of talents to the job, as well as a passion for our work (she's a hospice volunteer) and a sunny disposition. Her message to readers about why Housecall Providers needs

donor support can be found on page two of this newsletter. To reach Barb, e-mail her at [bgorman@housecallproviders.org](mailto:bgorman@housecallproviders.org) or call 503-988-5303.

## Patient emergency room and hospital admissions

Note to those who are caring for our patients: Housecall Providers has clinicians available 24/7 if your loved one needs us. Please contact us at 503-988-5303 if possible before sending a patient to the emergency room or hospital. Our staff may be able to determine whether such a trip is necessary. If one of our patients is admitted to the emergency room or hospital, please advise us as soon as possible so we can coordinate with the hospital.

## Memorial service May 12

Housecall Providers will hold a memorial service for our departed patients on May 12 at 11 a.m. at our second-floor office at 4531 Southeast Belmont Street, Portland, OR 97215-1752. This very special service is open to the public; we would particularly welcome any family members and friends of those who have passed on in the preceding year.

**Save the Date!**  
**Fall fundraiser, Thursday evening, October 18, 2012**