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Tough economic times present challenge for hospice fundraisers

Donations, grants available, but you need time, creativity to find them

Diversification is not only sound investment advice during these rocky economic times, but it also is sound fundraising advice. While a financial advisor will recommend a mix of cash, short-term savings such as certificates of deposit and stocks in a variety of industries or types of companies, fundraising experts for hospice recommend a development plan that addresses passive and active efforts as well as short- and long-term activities.

"There are many stories of small, not-for-profit organizations, not always hospice, that lose an annual grant upon which they relied for operational and program funds," says **Pam Brown**, CFRE, executive vice president for community development at Alive Hospice in Nashville, TN. "You don't want to rely on one source of funding for any program."

For this reason, her development program includes grants, special events, individual donors, and endowments. A direct mail twice each year to former donors asks for individual gifts, and the hospice receives

EXECUTIVE SUMMARY

A tight economy is forcing hospices to look carefully at their fundraising efforts to maximize donations. Special events, direct-mail campaigns, and grants all provide opportunities to raise funds for new services or enhancement of current services.

- Don't rely on one funding source to support a program. You want the program to be able to survive if one grant disappears or if individual donors change their level of support.
- Look for small grant opportunities to expand your funding base.
- Fundraising is a continuous process. Commit staff time to identifying grant opportunities.

memorial gifts or thank-you gifts from family members throughout the year. "We also receive funding from United Way, which includes a three-year grant, as well as directed gifts from individual donors who ask that their entire pledge be given to the hospice," explains Brown.

Even with diversification, the current state of the economy is affecting fundraising. "I am noticing that the number of gifts from our direct-mail campaign is not decreasing, but the dollar amount of each gift is less," says **Mike Blanchard**, vice president of development for Hospice of Wake County in Raleigh, NC. Even grants from major foundations are affected, he says. Although grants that already have been announced will be paid, Blanchard received a letter from one foundation that wanted to let recipients know that the foundation staff were taking a close look at funds and would not be awarding any new grants. Although foundations have money set aside, grants are usually awarded from the earnings on the principal foundation funds, he explains.

"When the stock market dropped, foundations lost earnings just as individuals did," he says.

Blanchard also experienced smaller sponsorship levels for a fundraising special event. The event volunteers had to work hard to find more sponsors to raise the same funds that they raised last year, he explains. "Attendance at the event was also down slightly from previous years," Blanchard adds.

Alive Hospice coordinates two major special events during the year to raise funds, but the agency often is the beneficiary of events sponsored by third parties, says Brown. "If we know about the event, we ask that our special events coordinator be included in the planning," she says. **(For more about involvement in special events, see p. 136.)**

Larger gifts require staff involvement

While individual gifts and special event funds are important, larger gifts usually are the result of efforts to obtain grants, solicit major gifts from individuals, or endowments, points out Blanchard. "Endowments can be considered long-term savings," he says.

While some family members, board members, or individuals in the community might ask a hospice for advice on how to make a bequest in their will to the hospice, many times a hospice does not know in advance about the gift, says Brown. "Just this week, we received a check from an estate that we never anticipated," she says. Last year, the hospice received a six-figure gift from an estate that also was a surprise. "For every one endowment about which you know, there are four or five that you don't know," Brown adds.

Alive Hospice is opening a 16-bed hospice unit and palliative care center in a local hospital, and it is funding the renovation costs with grants and major donor gifts, Brown says. A recent $150,000 grant from a local foundation will be used for the renovation, she says. "Most of our grants are local because our staff grant coordinator is very familiar with local organizations that provide grants," Brown says.

At Hospice of Wake County, "about 8% of our operational support is provided by grants," says Blanchard. The grants designated for operational support are used for indigent care and support of

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the hospice's family grief center. "Bereavement programs are an active area of growth for hospices and their fundraising efforts," he points out. "Medicare requires that bereavement services be offered to families of hospice patients, but no reimbursement for the service is provided."

Blanchard and Brown have a staff grant writer who researches grant opportunities, prepares the applications, and produces the follow-up reports required by some grant sources. "Our grant writer spends time calling foundation staffs to make inquiries to be sure that our program is a good match for their funding priorities," says Brown. Matching your goals to the goals of the organization offering the grant is key to your success, she says. "You have to be creative as you look at grant opportunities," Brown says. "Don't just type in 'hospice' as you search the Internet for potential grants, because you limit yourself," she adds. If your bereavement program has a children's component, or a summer camp, look for grants focused on services for children, she explains. **(For more about identifying grant opportunities, see article, right.)**

Although large grants are nice, don't overlook small grants, suggests Blanchard. "We received a letter from a church that had money available for grants, but the letter was almost apologetic and pointed out that they were a small organization with a small amount of money to offer as grants," he says. After submitting a request for $1,000 to offset one-fifth of the cost of their children's bereavement camp, Blanchard's hospice received a check. "The letter not only thanked us for giving them the opportunity to support our program, but it also thanked us for recognizing their financial limits and asking for such a reasonable amount," he says. **(Editor's note: See the January 2009 issue for an analysis of the new administration's impact on hospice care.)** ■

Finding grants takes creativity, diligence

Use local contacts to increase success

It is not essential that a hospice create a staff position for a grant writer, but a hospice's fundraising program does have an advantage when a staff person is assigned the responsibility of finding and applying for grants, according to experts interviewed by *Hospice Management Advisor*. In fact, the part-time grant writer for Hospice of Wake County has more than covered her salary with more than $450,000 in grants obtained in the 14 months she's worked for the agency.

"In addition to identifying grant opportunities, a grant writer can be responsible for any follow-up required by the foundation or donor," says **Mike Blanchard**, vice president of development for Hospice of Wake County in Raleigh, NC. All of these activities require attention, and they need to be a priority for someone, he adds. His hospice was fortunate to find someone locally who had worked as a grant writer for other organizations and was looking for a part-time job, he says.

The advantage of a staff grant writer, even a part-time or contract person, is that he or she can spend time focusing on research, says **Pam Brown**, CFRE, executive vice president for community development at Alive Hospice in Nashville, TN. Searching the Internet, using contacts in different organizations, and calling foundations can yield information about grants that are typically not sought by hospices. "Our grant writer has even found organizations that fund services in specific areas of town that extend from one specific street to another street," she says. If the area is served by the hospice, the grant writer checks further to see if there is a grant that matches their service, Brown explains.

Before applying for a grant, make sure your services are a match for the foundation or donor's funding priorities, says Blanchard. You also need to be clear about your mission or goal, he adds. "One mistake that hospices make when applying for grants is to let funding opportunities shape a program rather than the program shape the grant application," he says. Just because there is money designated for certain services from a donor or foundation, a hospice should not create the service unless it fits with the agency's mission, Blanchard explains.

There are several ways to identify grant

opportunities, he says. The Foundation Center's web site (www.foundationcenter.org) offers free access to forms, tools, and statistics. A subscription service also is available for grant writers to gain access to comprehensive directories of funding sources, he adds.

Brown and Blanchard also suggest the following:

• Ask board members and volunteers to let you know if other organizations at which they work or volunteer offer community grants or financial gifts. Local churches also might have community grants for services.

• When approaching a national corporate foundation or not-for-profit organization for a grant, find a local connection such as a branch office in your city. Also, share the board of directors' list with your board members to see if they know someone with whom they can make initial contact to start the conversation.

• Don't be afraid of making telephone calls to gather more information and see if your hospice's program meets funding guidelines set by the foundation.

• Keep an open mind when searching for grants. Sometimes you run across a grant that is appropriate for another service. For example, if you're searching for support for a bereavement program, you might find a source that would fund your palliative care program.

• Expand your search to include children-oriented foundations to support your pediatric programs, specific disease-oriented foundations to support palliative care programs for certain patients, or local foundations that want money to stay in your community. By looking beyond "health care" or "hospice," you can gain access to more funding opportunities. ■

Get involved in third-party special events

Ensure that event upholds hospice's positive image

Casino night, dinner dance, golf tournament, a designer showhouse, and concerts are all. While the time and effort to plan and hold those fundraising events can be significant, the community awareness as well as the funds raised are important to sponsoring hospices.

With any special event that includes your name as a beneficiary, ensure that the event is well run and presents your organization in a good light, even if the event is sponsored by someone other than your hospice, says **Pam Brown**, CFRE, executive vice president for community development at Alive Hospice in Nashville, TN. "We are fortunate that local organizations want to name us as the beneficiary of events they plan, but we insist that our special events staff person be involved in the planning meetings when we know about the event," she says.

Hospice staff involvement is important for two reasons, Brown says. "We want to reduce the risk of being associated with an event that might put the hospice in a negative light, and our staff person can offer assistance as our way of showing gratitude for the support," she explains. "Our staff know what is and isn't allowed at special events in our area and can help the organization avoid problems," Brown says. For example, one organization was hosting an event for which they planned to raise funds for the hospice, and fundraising activities included a raffle, she says.

"The state of Tennessee has strict laws regarding games of chance, even raffles tied to fundraising events," Brown says. The event organizers did not realize that they were supposed to apply for a permit to hold a raffle, so they were in violation of state laws, she says. "We told them that we couldn't be associated with their event if it included a raffle," Brown points out. Once the raffle was no longer part of the event, Brown's staff were able to work with the organization. "Our involvement prior to the event enabled us to reduce our risk of involvement with an event that included an illegal game of chance and helped the organization hold a successful event." ■

You can use Internet to speed referral process

Two-way communication ability is best

In today's fast-food society, a speedy response often determines which agency gets the referral. By taking advantage of the speed of the Internet to secure and process referrals, Swedish Home Care in Seattle was able to boost referrals by 80% and slash referral processing time by 75%.

Moving to a web-based system for the agency has been a multistep process, says **Debby Ramundo**, RN, BSN, MSIT, senior

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project manager for the home care division of Swedish Medical Center. "Our first version of an electronic referral system relied upon faxed referrals and follow-ups," she says. The next version was a simple system accessed through a web page on which the name and contact information was captured in a spreadsheet. "The significant increase in referrals appeared when we developed an in-house program that enabled two-way communication so that we could better coordinate care," she says.

While the agency was developing its own in-house referral system, the hospital system was developing a system as well, says **Terri Wallin**, BSN, MHA, executive director of Swedish Home Care Services. The hospital system's program uses Extended Care Information Network (ECIN) software from Allscripts in Chicago, she says. It enables communication between all hospitals and departments throughout the system, she explains. The ECIN system includes information on home health, skilled nursing facilities, durable medical equipment providers, transportation, and more, she explains. Now that the hospital system is up and running, home care is moving to the ECIN system, Wallin adds.

Ramundo says, "We are ratcheting down our use of our homemade service, and I'll admit that it lasted longer than I ever thought it would last." Referrals are now coming primarily through the hospital system's ECIN program, and only a few referrals from providers outside the hospital system come through the home care web-based system, she says.

When moving to a web-based referral system, be careful about "who owns the referral," points out Wallin. With the first versions of the home care system, once discharge planners, physicians, or social workers sent the referral to the home care agency, they considered themselves finished with the case, she points out. "Even if the referral wasn't appropriate for home care, it took time to track the referral source and get them to handle the patient," she says. "With the hospital-based system, it is clear that it is the hospital's patient until home health has accepted the patient."

As part of developing each of the referral systems, Wallin and Ramundo talked with discharge planners, physicians, and social workers to identify what makes a home care agency stand apart from others.

The cost of implementing a web-based referral system doesn't have to be enormous, Ramundo says. "Our first version cost about $10,000 for development and testing, and we used existing computers," she says. "The second version cost about $29,000 for development and testing and did not require new hardware." The ECIN system costs the hospital system a fee based on number of users, but it includes software development and updates as well as ongoing support.

"The important thing to remember is that there is an option for almost any budget," says Ramundo. The investment is an important way to differentiate yourself from your competitors, she adds.

When asked if there is anything she would have changed about the development or implementation of the electronic referral system, Wallin says, "I wish we would have included home care in the ECIN system from day one. Having to disassemble and transition to a new system can be done; it's just not the easiest way to go." ■

Massage, meditation, and music become tools

Complementary therapy benefits recognition grows

The use of integrative medicine therapies continues to grow, with hospitals opening integrative medicine centers and health care providers offering massage therapy and acupuncture. Recent articles point out the use of complementary therapies by cancer patients with needs that are not met by traditional medicine[1] and the use of reflexology to reduce the stress and pain of nursing home residents.[2]

Integrative or complementary therapies also are beneficial to home care patients, says

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American Music Therapy Association, 8455 Colesville Road, Suite 1000, Silver Spring, MD 20910. Telephone: (301) 589-3300. Fax: (301) 589-5175. Web: www.musictherapy.org. The web site includes information about education and certification programs, and it answers frequently asked questions.

Beth Israel Center for Health and Healing, 245 Fifth Ave., Second Floor, New York, NY 10016. Telephone: (646) 935-2220. Fax: (646) 935-2272. Web: www.healthandhealingny.org. The web site includes a library of related web sites, books, audiotapes, and other educational material related to a variety of complementary therapies.

National Center for Complementary and Alternative Medicine (NCCAM), P.O. Box 7923, Gaithersburg, MD 20898. Telephone: (888) 644-6226 or (301) 519-3153. Fax: (866) 464-3616. Web: www.nccam.nih.gov. Part of the National Institutes of Health, the center was established to research and evaluate complementary/alternative therapies in order to determine their effectiveness and safety and to communicate this information to the public and the health care community. The web site contains information about complementary/alternative medicine (CAM), news and events, frequently asked questions, classification of CAM practices, fact sheets, consensus reports, clearinghouse, clinical trial awards data, and clinical trial opportunities.

Gayle Hasledalen, MSW, social worker at Lakeview Hospital Homecare and Hospice in Stillwater, MN. "We are working with our hospital to develop a group of home care nurses who receive healing touch training," she says.

Currently, the agency offers therapeutic massage to patients with a group of massage therapists who volunteer their time. Most of the patients who have asked for massages have had massages before, says Hasledalen.

Age is not always a predictor of a patient's willingness to try a complementary medicine approach, says **Kathleen M. Wesa**, MD, an internist and specialist in integrative medicine at Memorial Sloan-Kettering Cancer Center in New York City. "Acceptance of an alternative therapy depends more on the personality of the patient than the age," she explains. If the patient doesn't like needles, acupuncture is not a good therapy to consider, she points out. "Other patients might not [like] sitting still to meditate, while others are not comfortable with massage," she points out. The key to successful use of complementary therapies is to match the technique to the patient.

Complementary therapies can be used to manage pain, stress, nausea, anxiety, and a range of other symptoms patients might have, says Wesa. While only well-trained, licensed professionals should perform some therapies, such as acupuncture and hypnosis, there are several therapies that nurses and aides can learn and perform in the home, she adds.

Learning how to give the proper touch

Even though most health care professionals know the importance of touch, it is important that staff members learn the proper technique, says **Melissa Gulick**, RN, patient care supervisor for Community Hospice in Pittsburg, KS. Once staff members learn how to properly give hand or foot massages, they can teach family members, she says.

"In hospice, many family members will withdraw from the patient because they are afraid of hurting them when they are fragile or increasing their pain," she explains. When taught how to give hand, back, or foot rubs gently, family members can reconnect with the patient and meet the emotional needs of family and patient, she adds.

Family members are receptive to learning simple massage techniques, says Gulick. "They have been so busy meeting the medical and physical needs of the patient that sometimes they don't

Complementary therapies offer new options

Different techniques benefit patient needs

Complementary. Integrative. Alternative. Those three words often have been used interchangeably to describe nontraditional therapies to relieve pain or stress and reduce anxiety and heart rates. Before including these therapies in your services, be sure to know how to describe them, suggests **Kathleen M. Wesa**, MD, an internist and specialist in integrative medicine at Memorial Sloan-Kettering Cancer Center in New York City.

"An alternative therapy is an unproven treatment that is used in the place of proven, traditional medical treatment," she explains. The therapies that home health agencies are most likely to implement can be called integrative or complementary, Wesa says. "This means that they are used in addition to medications and traditional care to enhance care," she explains.

The most effective therapies for home health, according to Wesa, include:

• Self-hypnosis.

"This therapy is helpful in reducing anxiety or panic attacks," says Wesa. While it is a safe therapy, it must be taught by a staff member who is trained and certified to teach hypnosis, she points out. "This ensures that the therapy is effective for the patient," she adds.

• Massage.

"Gentle massage is appropriate for all patients, even frail patients, when done correctly," says Wesa. While most nurses or aides might not feel comfortable giving full body massages, they can easily be trained for foot and hand massages, she says. Not only does massage reduce pain and depression at the time of the massage, but the effects of a 20-minute massage can last at least 48 hours, she points out.

• Meditation.

Not all patients are comfortable with meditation, but there are several techniques that can be used to relax patients, reduce stress, and decrease heart rate and blood pressure, says Wesa. Meditation with a centering prayer and guided imagery can greatly improve a patient's emotional well-being, she says. "If the patient is not visual, the patient can focus on breath awareness instead of visual images," she points out.

• Music therapy.

Although some agencies already certified music therapists in their program, nurses and aides can use music to calm an anxious patient or prompt conversations. "If music was a part of the patient's life prior to illness, it can be a very moving therapy," says Wesa.

Be aware of state licensing requirements for different complementary therapists, suggests Wesa. "Licensing and credentialing requirements differ from state to state," she warns. If you choose to partner with a community-based therapist for acupuncture, massage, or music therapy, be sure that, in addition to the proper training, they have experience with ill, homebound, frail, or elderly patients, she suggests. ■

think they have time to give a back rub," she says.

Gulick's staff underwent therapeutic touch, and now clinicians and aides report positive results. "One aide happily told us about her patient who always became agitated at bath time," says Gulick. The patient had dementia and was unable to communicate, she says. The aide had been quietly singing to the patient to calm her, but after attending the therapeutic touch session, she tried rubbing her arms as they got ready for the bath. "The patient became so relaxed that she slept during the bath," she adds.

Physical therapists and nurses also can use yoga to help increase range of motion and fitness for bedbound or homebound patients, says Wesa. "Gentle exercises that work on balance and strength are helpful for patients in many different ways," she points out. "Any time that you focus on an activity, such as exercise, you alter your brain waves." Concentrating on performing an exercise can reduce stress and decrease pain because the patient is focusing on something other than the stress or pain, she adds.

Don't forget the value of meditation, suggests Wesa. Meditation can take many forms, from a centering prayer to guided imagery to breath awareness, she says. The key is to find a technique that enables the patient to completely focus on the meditation activity in order to relax. "There are great psychological benefits of meditation. It has been shown to decrease heart rate, reduce blood pressure, and lessen the patient's stress response," she says.

Whichever complementary therapy nurses choose to incorporate into care, remember that complementary therapies are not a substitute for ongoing assessments and traditional care, says Gulick. "Massage, music, and healing touch are beneficial tools that enhance our ability to meet patient needs."

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AHRQ says telehealth can improve home care

Implementation challenges identified in report

Patient safety and quality of care are improved with the use of telehealth, according to a recent report by the Agency for Health Care Research and Quality (AHRQ). Although the benefits and experiences of many telehealth patients in the 10 states awarded telehealth grants by AHRQ were positive, information collected from agencies identifies several challenges and obstacles that can reduce the effectiveness of telehealth.

AHRQ-funded projects are in primarily low-income, rural areas in which telehealth can extend care of chronic illnesses. Several project participants reported success in preventing medication errors and reducing unnecessary visits to the emergency room. Technical challenges related to telehealth implementation can affect effectiveness, according to the report.

Vendor-supplied home monitoring devices failed to work on a regular basis for one project, so approximately one-third of patients stopped using the devices out of frustration.

Video cameras used to transmit video and still images did not have high-enough resolution to accurately see small pills and patient wound areas.

Technical support was not always available around the clock. Small companies that provided the equipment were closed on weekends and evenings.

For other reports and resources for telehealth and information technology tools in health care, go to healthit.ahrq.gov. ■

CMS takes steps to fight fraud

The Centers for Medicare & Medicaid Services (CMS) is consolidating its fraud detection efforts, strengthening its oversight of medical equipment suppliers and home health agencies, and launching the national recovery audit contractor (RAC) program.

"Because Medicare pays for medical services and items without looking behind every claim, the potential for waste, fraud, and abuse is high," said CMS acting administrator **Kerry Weems**. "By enhancing our oversight efforts, we can better ensure that Medicare dollars are being used to pay for equipment or services that beneficiaries actually received, while protecting them and the Medicare trust fund from unscrupulous providers and suppliers."

As part of those enhanced efforts, CMS also is shifting its traditional approach of reviewing claim history to fight fraud by working directly with beneficiaries to ensure that they received the home health services or durable medical equipment for which Medicare was billed.

CMS will take additional steps to fight fraud and abuse in home health agencies in Florida and suppliers of durable medical equipment, prosthetics, and orthotics (DMEPOS) in Florida, California, Texas, Illinois, Michigan, North Carolina, and New York. Those additional steps include:

- conducting more stringent reviews of new DMEPOS suppliers' applications, including background checks to ensure that a principal, owner, or managing owner has not been suspended by Medicare;
- making unannounced site visits to double-check that suppliers and home health agencies actually are in business;

implementing extensive pre- and post-payment review of claims submitted by suppliers, home health agencies, and ordering or referring physicians;

- validating claims submitted by physicians who order a high number of certain items or services by sending follow-up letters to these physicians;
- verifying the relationship between physicians who order a large volume of home health visits or DMEPOS equipment/supplies and the beneficiaries for whom they ordered the services;
- identifying and visiting high-risk beneficiaries to ensure they are appropriately receiving the items and services for which Medicare is being billed.

For those claims not reviewed before payment is made, CMS is implementing further medical review of submitted DMEPOS claims by one of the new recovery audit contractors (RAC). The three-year RAC demonstration program in California, Florida, New York, Massachusetts, South Carolina, and Arizona collected more than $900 million in overpayments, and nearly $38 million in underpayments were returned to health care providers. While hospice and home health providers were not included in the demonstration project, they are expected to be included eventually in the permanent program. **(For more on the RAC program, see "CMS issues report on RAC demonstration," *Hospice Management Advisor*, September 2008, p. 108.)** ■

Cancer program carefully monitored for best results

Tool uses time, complexity to track patient acuity

OhioHealth Cancer Services in Columbus is building a navigator program called CancerConnections to educate and support cancer patients. The program intervenes as close to their diagnosis as possible.

New cancer patients are identified through hospital admission lists, the surgery schedule, or physician referral. Once patients are identified, information about them is gathered through the electronic medical record, diagnostic studies such as a pathology report, and discussions with their physician or the nurse on duty.

CancerConnections staff members, who currently are two RNs and one person without a medical degree, work with the patient to help him or her through the diagnostic and treatment process.

Currently, patients diagnosed with lung, colorectal, or pancreatic cancer take part in the CancerConnections program, says **Mary Szczepanik**, MS, BSN, RN, manager of Cancer Education, Support, and Outreach at OhioHealth Cancer Services. The next group of patients who probably will be added are those with head and neck cancer, because most could use a navigator. "We look for patients that really need us. They have a bad prognosis, and most of the time a complex surgical procedure is their very first treatment. Also, they have a shorter survival rate," she explains.

To make sure the program runs well, it is carefully monitored. An acuity measurement tool was implemented so staff in CancerConnections can monitor their workload, based on the complexity of the patients with which they work. **(For more on acuity measurement, see story, p. 142.)** Also, the program manager can monitor the overall acuity of patients in the program during any given month to determine if another staff member is needed to cover workload, or if those on staff should be given more hours. In addition, the manager can determine if the program is at a point to handle patients with another type of cancer.

Szczepanik says a database was created to record all the demographic information about patients, track the number of new patients added each month, and determine whether they are seen before discharge, which is one of the program's quality measures. The system also tracks whether new radiation therapy patients are contacted within 24 hours of their consultation appointment. It also measures acuity.

Special acuity tool

To gather data on acuity, a tool has been created to track time spent with each patient and factors that determine the complexity of each patient, such as the need to attend appointments with him or her. Acuity equals time plus complexity measured at each interaction with patient.

The acuity measure was implemented to help determine whether certain types of patients required more resources or needed more from staff than other types of patients, explains Szczepanik. The tool helps determine if it is individual need or if a certain type of cancer patient has a higher acuity, such as those with pancreatic cancer.

"It helps us know what types of patients really have the largest need for education, support, resources, financial assistance, and all the things that go into the acuity score itself," says Szczepanik.

Everyone in CancerConnections knows what is measured, so if one navigator nurse says her acuity is high a particular week and she cannot take a new lung cancer patient, then other staff members understand why. In addition, the tracking of the data creates a report that can be submitted to administrators detailing program acuity each month, which indicates the difficulty of the workload. Every morning, CancerConnections staff meet to discuss the patient caseload. The nonnurse navigator assumes a lot of the routine activities that do not require an RN, such as

Need More Information?

For more information on the CancerConnections nurse navigator program, contact:

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advising the patient as to what resources are available.

CancerConnections is part of the Cancer Education Support and Outreach department. Therefore, if a patient's distress score is high, he or she may be referred for a massage or to an oncology counselor. There are many resources and services within the department, including those to help children cope with the diagnosis of a family member. "In the past, most of our support programs have been used by patients who are done with treatment. Now we see them participating while in treatment shortly after they start chemotherapy. It has been exciting to see that happening," says Szczepanik.

From the patient's perspective, Cancer Connections provides education and support. However, it provides much more. It improves communication with the staff, the physician, and the patient. It helps solidify the relationship between hospital staff and outpatient office staff.

Better communication results because the nurse navigator assists patients with physician communication and provides support during appointments, if needed. Also, the nurse navigator provides the educational information needed by each patient in the program. ■

Determining acuity with CancerConnections

Tool helps determine overall patient need

An important element of the CancerConnections program at OhioHealth Cancer Services in Columbus is a tool to measure patient acuity.

According to the tool, acuity equals time plus complexity measured at each interaction with patients. It helps staff members who are navigating cancer patients through the diagnosis and treatment process to manage workload.

"Basically, what we were looking for was a way to determine what makes one patient take up more time than another," explains **Mary Szczepanik**, MS, BSN, RN, manager of Cancer Education, Support, and Outreach at OhioHealth Cancer Services.

Time is measured in 15-minute increments that are counted as one point. In addition, there is a list of activities that make work with the patient more complex, and each is counted as a point. Whenever a patient is contacted, he or she is assessed for distress, fatigue, or pain using the National Comprehensive Network measurement scales. If a patient scores higher than a 3 on a scale that is measured from 0 to 10, one point is documented.

Some of the categories that receive a point if the box is checked include:

- Patient is hospitalized.
- Diagnosis of cancer is unexpected
- Patient suffers from addiction.
- Patient has psychiatric diagnosis.
- Patient required financial assistance.
- Patient has complex family history/lives alone/other.
- Nurse must assist patient with physician communication.
- Nurse attends appointment with patient for support.
- Nurse does chemo teaching.
- Nurse does radiation therapy teaching.
- Nurse makes referral to other member of Connections team.
- Nurse must consult with physician.

Information is entered into a database to track numbers. For example, the average acuity for each month is calculated to determine the workload for staff in CancerConnections. An average acuity of 35% would mean that 3.5 patients out of 10 had acuity higher than three.

Monitoring acuity helps the program run smoothly because problems can be avoided. Szczepanik says she would not let the average acuity get much higher than 50% before asking that staff be given more hours or an additional staff member is hired.

If acuity is high for three months, it would not be long before there is a decline in staff members' ability to see all cancer patients before discharge or contact patients scheduled for radiation therapy 24 hours before their consult — all of which are program quality measures. ■

Resources available on advance directives

Several resources are available to health care providers and consumers on end-of-life issues. Consider the following:

The American Hospital Association has resources in Spanish and English for hospitals and consumers on advance directives. To access "Put It In Writing," go to www.putitinwriting.org/putitinwriting_app/index.jsp.

The National Cancer Institute (NCI) has published a free palliative-care training program for health professionals caring for cancer patients. To order, call NCI's Cancer Information Service at 800.4.CANCER or go to www.nci.nih.gov/about nci/epeco.

Advance Directives Packet: Choices, Living Well at the End of Life, a resource to help patients and their families make end-of-life decisions, is available from the Ohio Hospice and Palliative Care Organization. You can download the packet at www.ohanet.org/publications/special/choices_packet.pdf to distribute at your facility.

The packet includes forms used to create a living will, health care durable power of attorney, or to designate organ or tissue donation. The forms are available at www.ohanet.org/publications/special/choices.pdf. Large-font versions of the living will and durable power of attorney also are available are available at www.ohanet.org/directives/Lg%20font%20ADs_24pt.pdf. You can order additional hard copies at www.ohanet.org/publications/special/choices_form.pdf.

Old versions of the forms also available in Spanish Updated versions will be posted as soon as they are available. The power of attorney form (poder de cuidado de salud de) is available at www.ohanet.org/publications/spanishchoices1.pdf. The living will declaration (declaration de testamento ed vida aviso al declarante) is available at www.ohanet.org/publications/spanishchoices2.pdf.

Living Today, Planning for Tomorrow, a computerized graphic presentation, is available from the Ohio Hospice and Palliative Care Organization. Web: www.ohanet.org/directives/advance%20 directives%20slides.PPT.

Frequently asked questions, with answers from the Ohio State Bar Association, are available at www.ohanet.org/directives/faq.pdf.

The Ohio Hospice & Palliative Care Organization Information has downloadable forms on several types of advance directives, including the living will, health care power of attorney, Ohio's do-not-resuscitate law, and organ and tissue donation. Go to www.ohpco.org/living_will.htm. Select "Hospice & Palliative care," and then select "Click Here for Advance Directives, Living Wills, and Healthcare Powers of Attorney." ■

AHRQ addresses home role during flu pandemic

The Agency for Healthcare Research and Quality (AHRQ) has produced a publication to help home health agencies prepare for their role in a flu pandemic. "Home Health Care During an Influenza Pandemic: Issues and Resources" identifies the types of patients that will rely on home health agencies for care and provides tools and resources that can help agencies prepare.

The report points out that home health personnel will be called upon to provide care for two main groups of patients:

- medical and surgical patients not hospitalized because of the pandemic who are well enough to be discharged early from hospitals to free up hospital beds for more severely ill patients;
- patients who become or already are dependent on home health care services (predominantly elderly persons with chronic disease) and will continue to need in-home care during the influenza pandemic whether they become infected. Elderly patients who become infected with influenza often might need to be admitted to hospitals, because their age and pre-existing

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conditions could make their influenza infection especially severe.

Other issues addressed in the report include monitoring and reporting during a flu pandemic, work force concerns, communications, and reimbursement. To see a copy of the report go to www.pandemicflu.gov/plan/healthcare/homehealth.html. ■

Report reviews advantages, risks of IT in health care

Advances in information technology (IT) can improve the quality and other aspects of health care, but electronic storage and exchange of personal health information might compromise privacy, the Government Accountability Office (GAO) said in a report issued Sept. 17.

This report updates a January 2007 GAO report in which the agency recommended that Health and Human Services (HHS) define and implement an overall privacy approach to protect personal health information exchanged via a national health information network.

The new report recommends that the HHS secretary direct the national coordinator for health IT to implement a process for assessing and prioritizing stakeholder needs and its many initiatives pertaining to privacy. The goal is to ensure the important privacy principles and challenges are addressed fully and adequately. To read the report, go to www.gao.gov/new.items/d081138.pdf. ■

HIPAA security rule guide available

The National Institute of Standards and Technology (NIST) released publication SP 800-66 Revision 1, *An Introductory Resource Guide for Implementing the Health Insurance Portability and Accountability Act Security Rule*, on Oct. 24.

The educational publication provides information on security rule standards, terms, and concepts. To see a copy of the document, go to csrc.nist.gov/publications/PubsSPs.html and scroll down to "SP 800-66 Revision 1," dated October 2008. ■

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