



The Family Tree

25 Years of Caring

Matt Brauss, RN, CHPN - Executive Director

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Family Hospice of Belleville is celebrating its Silver anniversary of being a Hospice Provider in Southern Illinois. The purpose of the program is to offer a choice in end of life care for patients and families facing a terminal illness. The program has grown in depth and character over the years but continues to keep the values and mission as a small not for profit program. In addition to celebrating 25 years as a Hospice Provider, Family Hospice is also celebrating a 20 year Anniversary of the Heartlinks Grief Center at

Family Hospice. The Heartlinks Grief Center operates on donations and grants and provides counseling services for children, teens and families who have experienced the loss of a loved one and who need guidance, support and coaching with processing grief. "I am very proud of what Family Hospice has accomplished and the work we do. We quietly go about our work every day knowing we have had a positive effect on the hundreds of lives we touch every year. We are grateful for our workers, our volunteers, our

Board of Directors and all who support our mission. "



Labor Day

Who is considered the Father of Labor Day?
 When was the first Labor Day celebrated?
 When did Labor day become a National holiday?
 What President signed the law making Labor Day a national Holiday?
 Peter McGuire, a carpenter in New York, spent a decade trying to organize and improve working conditions throughout the city. His efforts led to a strike on September 5, 1882, when he was joined by 100,000 workers to parade throughout the streets of New York to

celebrate and draw attention to the workers. Twelve years later, in 1894, Congress passed, and President Grover Cleveland signed into law a bill making Labor Day a national holiday. Now Labor Day is celebrated the first Monday of September.



What is the difference between Palliative Care and Hospice Care?

The Hospice Concept was first developed in the 1960s as a pathway of caring for patients who were suffering from a terminal illness, usually cancer, when it was determined by physicians that the patient's disease could not be cured. Patients continued to have health issues that were magnified by intractable pain and other medical symptoms. In addition to physical symptoms, patients often suffered with emotional, social and spiritual issues related to death and dying. As treatments for symptoms became available and more acceptable, patients and families began choosing care that relieved symptoms and improved the quality of life for patient 's and their families. This care is called palliative care. To palliate or to provide palliative care means to provide comfort. As Hospice Care has grown and developed, the approach to providing palliative care rather

than aggressive care has become more accepted by health care professionals and patients. Improvement in methods of delivering supportive medical care and services led to the addition of the Medicare Hospice Benefit in the early 1980s. The Medicare Hospice Benefit is a benefit limited to Medicare and Medicaid recipients who are suffering from a terminal illness who have a life expectancy of 6 months or less if the disease runs its normal course. The Goal of care changes from one of finding a cure to one of providing comfort and support or "palliative" care. Under Medicare and Medicaid, all the palliative care related to the terminal illness is paid for by Medicare and Medicaid. Hospice is a successful approach to end of life care. Due to the limitations of the 6 month prognosis criteria, many patients may not be eligible to elect the

hospice benefit. More and more, as the average life span increases, people are living longer with chronic life limiting diseases that cannot be cured. We have discovered the palliative care model in hospice care can be applied to patients who may be eligible for some aggressive care but who also do not want their lives prolonged artificially with machines or artificial support. Although they may not have a prognosis of 6 months or less, they may still benefit from pain and symptom relief offered through a palliative care program. Currently, some, but not all, services of a physician or nurse practitioner, medications, treatments and medical supplies and skilled nursing services may be paid by Medicare, Medicaid and private insurers.

Music Therapy...is a lot more than music!

Music therapy is what we call one of the "Alternative Therapies" used in relieving symptoms of anxiety and pain and feelings of Isolation. Too often, I have seen and heard of people placing a CD player or radio in a patient's room and turning on music and calling it "music therapy". That's a nice effort, but it doesn't come close to what "Music Therapy" provides. A Music Therapist is a professional who is CERTIFIED to assess patients and determine

strategies for pain relief and emotional care providing personalized therapeutic sessions for patients or groups. The Music Therapist at Family Hospice is definitely a member of our Interdisciplinary Team. I was most impressed recently by an intervention by our Music Therapist working with a restless, agitated and confused patient. During a One on One-30 minute session, I witnessed the Music Therapist, Carrie, relieve the anxiety and restlessness of

one of our patients diagnosed with Alzheimer's disease. Carrie, if we haven't said it enough, Thanks for being there and helping out.



Caring for One of Our Own

Carol Vander Waal RN was a caring and compassionate person full of life and generous to a fault. She volunteered her time and talents by visiting Family Hospice patients and families in addition to volunteering for Faith in Action and the Glen Ed Pantry. Carol used her skills to actively listen to each patient's story. She was not afraid to discuss difficult topics allowing patients and

families to lead the discussions. She offered words of encouragement, humor and, above all else, sincerity.

Sadly, Carol was diagnosed with cancer and she fought back. Although treatments failed to cure her disease, the disease did not stop her from living and especially loving. She continued to be an inspiration to the Family Hospice Team and although we are sad, we can't help but be

thankful to have known such a compassionate person. Carol's example would good for all of us to follow. She was truly a blessing to her husband, her children and her grandchildren.



Thoughts to Ponder



“Dealing with people is probably the biggest problem you face, especially if you are in business. Yes, and that is also true if you are a housewife, architect or engineer.” Dale Carnegie
 “Give a man a fish and he will have food for one day. Teach a man to fish and he will spend the whole day at the lake drinking beer.” Anonymous

“The road to success is always under construction.” Lily Tomlin

“It has been said that Politics is the Second Oldest Profession. I have learned that it bears a striking resemblance to the First.” Ronald Reagan

“Sometimes I wonder if we will ever grow up in our Politics and say definite things which mean

things which mean something, **OR** whether we shall always go on using generalities to which everyone can subscribe and which mean very little.” Eleanor Roosevelt
 “One of the great pleasures in life is to do what people say you are unable to do.” Walter Bagehot

Heartlinks Welcomes A New Face

Lisa Murphy has joined our Heartlinks Team to provide assistance to Diana Cuddeback, Director of the Heartlinks Grief Center. “ Lisa's skill set and life's experience will be a great asset to our programs and the people we serve” said Diana. Lisa moved to the Belleville area with her daughter in 2004. Together they are raising 2 two guinea pigs, Charlie and Bob.



A special thanks goes out to Kris Fulkerson for everything she has brought to Heartlinks over the past 11 years. Her innovative ideas and dedication have helped in the development of the Heartlinks Grief Center, making it a unique program serving the Metropolitan and rural areas in southern Illinois. Kris is still part of the team and is the Heartlinks Clinton County Coordinator.



5110 West Main St.
Belleville, IL 62226-4729

Phone: 618-277-1800
Fax: 618-277-1074
E-mail: info@familyhospice.org

www.familyhospice.org
www.myheartlinks.com

*Heartlinks Group meets the
first Monday of each month.
Call Diana or Lisa for more
information.
618-277-1800*



Your donations keep our specialty programs thriving. Donate securely online at www.familyhospice.org or call the office for additional information on ways to help.

Family Hospice is venturing into the world of social media.

Check us out on Facebook and Twitter!

We are always looking for informative, fun and relevant ideas. What types of postings would you like to see? Let us know your ideas; after all, this is for you –

Refer With Confidence

If your organization would like a speaker to talk with your group on end of life care topics or if you would like to make a referral for services please call.

(618) 277-1800

Available to evaluate patients on weekends and evenings.



FAMILY HOSPICE
5110 West Main St.
Belleville, IL 62226-4729