



# THE FAMILY TREE

**Inside this issue:**

**Hospice Over The Past 6 Years** 2  
**Volunteers** 3  
**Thoughts to Ponder** 3  
**Heartlinks** 3

## Anniversary Being Planned

Matt Brauss, RN, CHPN - Executive Director

In August of 2016, Family Hospice will celebrate its 25<sup>th</sup> year of operations. That in itself is an accomplishment, but to do that with the number of hospice programs that seem to be popping up all around southern Illinois is incredible. The First Hospice Program in the Metropolitan area was started in 1978 at Lutheran Medical Center and it is gone, absorbed by a large for profit chain that focuses on a myriad of services causing the hospice program to lose its autonomy.

In 1991, Diane Smith MSW, along with a lot of dedicated volunteers and staff, took Family Hospice under her wing and developed the program into the not for profit community based organization it is today. The goal then, as it is today, is to offer patients and families a choice in selecting a hospice provider. That spirit is still alive and thriving at Family Hospice. We are not interested in being the biggest program in southern

Illinois. We certainly cannot be all things to all people. But we can be expert at relieving the patient's suffering and we can be expert at supporting families and friends. We can use our resources to deliver a high level of care so that when everything is said and done, families feel they have made their best decision.

I am proud of the work we do at Family Hospice. Our volunteer Board of Directors provides their time, talents and treasures to make sure that patients receive the care they need. Our employees and volunteers focus on what we can do and there is always something we can do if nothing more than listen. Our Heartlinks Grief Center reaches out to those who are hurting even though they never used Family Hospice services, supporting, teaching and counseling children, teens and families through their losses. We quietly go about our work, making a difference to all of those we

serve. We touch hundreds of lives every year and let "the Golden Rule" influence our decisions.

On April 2, 2016, we are going to have a Masquerade Gala. Every dollar we raise will stay here in this area to support the work we do allowing us to reach out to the community. I am asking everyone who has ever worked, volunteered or served on the board of Family Hospice over the past 25 years to purchase a ticket and join us at Gateway Classic Cars to celebrate.



## Hospice Over The Past 6 Years

### Hospice over the Past 6 years

	2009	2010	2011	2012	2013	2014
Patients Served in Millions	1.34	1.38	1.46	1.53	1.6	1.7*
*estimated						
Median Length of Stay/Days	21.1	19.7	19.1	18.7	18.5	17.4
Location at Time of Death						
Private Home	40.1%	41.1%	41.6%	41.5%	41.7%	35.7%
Nursing Home	18.9%	18.0%	18.3%	17.2%	17.9%	14.5%
Residential Facility	9.6%	7.3%	6.6%	7.3%	7.0%	8.7%
Hospice Inpatient Facility	21.2%	21.9%	26.1%	27.4%	26.4%	31.8%
Acute Care Hospital	10.1%	11.4%	7.4%	6.6%	7.0%	9.3%
Hospice Diagnosis						
Cancer	40.1%	35.6%	37.7%	36.9%	36.5%	36.6%
Dementia (including Alzheimer's)	11.2%	13.0%	12.5%	12.8%	15.2%	14.8%
End Stage Heart Disease	11.5%	14.3%	11.4%	11.2%	13.4%	14.7%
End Stage Lung Disease (non cancer)	8.2%	8.3%	8.5%	8.2%	9.9%	9.3%
Stroke/Coma	4.0%	4.2%	4.1%	4.3%	5.2%	6.4%
End Stage Renal Disease	3.8%	2.4%	2.7%	2.7%	3.0%	3.0%
End Stage Liver Disease	1.8%	1.9%	2.1%	2.1%	2.1%	2.3%
Other	19.4%	20.3%	21%	21.8%	14.7%	12.9%
(Debility and adult failure to thrive were eliminated from diagnosis in 2014)						
Age at Time of Admission						
34 and younger	0.8%	0.13%	0.8%	0.8%	0.8%	0.8%
35-64	16.3%	16.1%	16.0%	15.7%	15.3%	15.3%
65-74	16.3%	15.9%	16.3%	16.3%	16.6%	16.8%
75-84	28.7%	27.9%	27.6%	27.7%	26.1%	26.0%
85 and Older	38.0%	38.9%	39.3%	40.5%	41.2%	41.1%

The majority of patients chose to remain home to receive hospice care. Patients and families feel they have more control and feel more comfortable in familiar surroundings. Many patients and families choose to receive the expertise that hospice offers in end of life care in a skilled nursing facility when caregivers are not available to care for the patient at home around the clock.

The majority of patients who elect hospice care are suffering from cancer when treatment no longer offers a cure or the patient's health cannot be restored. Patients who have a diagnosis of Dementia including Alzheimer's Disease and are losing the ability to walk begin to require more care. Hospice intervention support the patient and the family as their needs increase.

Over 80% of patients enrolled in hospice are 65 years old or older. This may be due to a Special Medicare Benefit that covers hospice care or possibly younger patients can tolerate more aggressive interventions. There is no age requirement for Hospice Services.

Family Hospice provides services to patients who live in St. Clair, Madison, Clinton, Washington, Monroe and Randolph counties, either in their own homes or nursing facilities. From time to time, Family Hospice is called in to provide specialized pain management and symptom control for hospitalized patients in preparation of getting the patient home.



## Volunteers

The National Hospice and Palliative Care Organization's Facts and Figures reports that in 2014, an estimated 430,000 volunteers provided 19 million hours of service, a slight increase over 2013. Hospice Volunteers provide invaluable support to patients, families and the hospice staff. Also of note in 2014, 60.8% of volunteers spent their time with patients and families, 20.2%

provided clerical support for the clinical team. 19.1% of volunteer hours were provided for general support, volunteer Board of Directors activities etc.

Under the federal rules and regulations, each hospice must have volunteers who provide support and services to patients and families. Volunteers must receive formal orientation and

continuing education in end of life care. They donate their time in the service of others in the same way they assisted when hospice services began in the 1970s.

Physicians, nurses, therapists and counselors may volunteer their time and practice within the scope of their license while providing volunteer support to hospice patients and families.

## Thoughts to Ponder



“Leadership is the capacity to translate vision into Reality.”  
Warren Bennis

“The best executive is the one who has sense enough to pick good (employees) to do what he wants done, and self-restraint enough to

keep from meddling with them while they do it.”  
Theodore Roosevelt

“The challenge of leadership is to be strong but not rude, be kind but not weak, be bold but not bully, be thoughtful but not lazy, be humble but not timid, be

proud but not arrogant, have humor but not folly.”  
Jim Rohn

“Never doubt that a small group of concerned citizens can change the world. Indeed it is the only thing that ever has.”  
Margaret Mead

## Heartlinks

*Heartlinks adds an Addiction Loss Grief Support Group for Parents and Adult Siblings who have lost a child/sibling to an addiction related death.*

For 20 years, Heartlinks, led by Diana Cuddeback, Director, has provided support, education and counseling for those who experience grief through the serious illness or death of a loved one. Over the first 20 years, Diana Cuddeback and Kris Fulkerson have reached out to area schools and community centers developing programs to support kids and families who struggle with loss. They have developed multiple support groups meeting at the Family Hospice office for grieving

people. The Summer Outreach Program has reached many other underserved, at-risk, inner city youth. The Heartlinks team- Diana, Kris, Brie and Beth- along with many volunteers, has worked tirelessly and affected the lives of thousands.

These programs have been funded by grants and donations so people in our community can have access to grief counseling at a rate they can afford. The Heartlinks Grief Center continues thanks to the support of the individual donors and foundations like The William Froelich Foundation, the Boeing Employees Fund and Community Kindness. It will soon be hosting

monthly grief support group for parents and adult siblings who have lost someone to an addiction related death. Every individual grieves in their own way. Heartlinks has found that by pulling people with similar experiences together and providing them with a forum to express themselves, people begin to support each other and realize they are not alone. Groups are free and supported by the 708 Boards of St. Clair, Madison and Clinton counties. For more information visit [www.myheartlinks.com](http://www.myheartlinks.com) or our Facebook page at Heartlinks Grief Center at Family Hospice.



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



Your donations keep our specialty programs thriving. Donate securely online at [www.familyhospice.org](http://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 – our

**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.



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