

TO YOUR HEALTH

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A Decade of Care By Marcia Feldman, Palliative Care Coordinator

2019 marks the 10-year anniversary of Carleton-Willards' innovative *Living Fully, Dying Well* palliative care program. In the decade since it was first launched in 2009, hundreds of Residents at the end of life and their families have been the beneficiaries of the unique services provided by this program. As we reflect on the lives that have been touched by this philosophy of care, we can set our sights on how we continue to grow, offering support to those with terminal illness and their loved ones into the coming years.

For those that are newer to the village, here is a summary of some of the support offered by the *Living Fully, Dying Well* program.

Complementary Therapies including gentle Massage, Reiki and Acupuncture can offer comfort to those nearing the end of life, often reducing pain and alleviating anxiety.

Live **Music** played at the bedside for people with terminal illness and their loved ones can be soothing. A piece of music often brings us back to the time in our lives when we heard it, conjuring up memories and helping us review the past. It can promote relaxation and enhance the quality of life in the final days.

Our Chaplains provide **Spiritual Care** that brings comfort and peace to Residents in their final days. Clergy from different faiths can also bring prayers and healing as needed. We celebrate the lives of all who have died in the village at our bi-monthly memorial services.

Vigil Volunteers are an integral part of our program so no one dies alone unless that is their wish. These trained volunteers bring needed respite to family members and offer a quiet and loving presence.

Our **Partnership with Hospice** insures that each person will have access to additional specialized resources including expert Nurses with advanced training in pain and symptom management and a team of specialists in end-of-life care.

The **Resource Library** for the *Living Fully, Dying Well* program is available to Residents, families and staff. It lives in the Meditation Room and includes the latest resources pertaining to issues around end-of-life care, grieving, advance care planning, spiritual beliefs and more.

We offer continuing **Staff Education and Support** that includes best practices in palliative care. Staff is also encouraged to reduce stress and nurture compassion through self-care strategies.

When families are sitting vigil with their loved ones, we can bring in meals and provide **Comfort Baskets** with supplies to support their long visits.

Our **Legacy Project** gives Residents the opportunity to be interviewed about their lives on video. Photos are edited into the final video and the result is like a mini-documentary about their lives. It is an effective tool for reviewing ones' life, and it can be particularly meaningful for families to have as a remembrance of the person after they are gone.





One of the most frequent questions we hear is, “What is palliative care and how is it different from hospice care?”

What is Palliative Care?

Palliative care is a team-based approach to treating serious illness that focuses on a person’s physical, emotional and spiritual needs...The goal of palliative care is to prevent and relieve the physical symptoms, anxiety and stress that often accompany a serious illness.* Addressing the symptoms can improve the person’s quality of life.

What is Hospice?

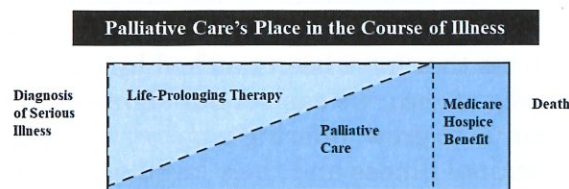
Hospice provides an array of comfort and support services—also called palliative care—to patients and their loved ones. This is usually when a serious illness is no longer responding to treatments focused on a cure. Hospice helps patients who are dying clarify their priorities and establish their goals of care while providing relief from pain and other symptoms.*

* Excerpt from “*Know Your Choices: A Guide for Patients with Serious Advancing Illness*,” Massachusetts Department of Public Health

What is the Difference between Palliative Care and Hospice?

Both palliative care and hospice care provide comfort. Palliative care can begin at diagnosis, concurrent with life-prolonging treatment. Hospice care begins after curative treatment is discontinued and when it is clear that the person is expected to live 6 months or less.

The chart below illustrates how palliative care can be increased at the same time as life-prolonging therapies can be decreased. Palliative care then continues through the transition to hospice and end-of-life care.



American Academy of Hospice and Palliative Medicine

As the *Living Fully, Dying Well* program moves forward into the next decade, we will seek new and creative ways to continue providing compassionate, innovative, person-centered care for those nearing the end-of-life.

Health Education Lecture

“Have You Had the Conversation?”



Marcia Feldman,
Palliative Care Coordinator at CWV
April 10, 2019
10:30am — 11:30am
Auditorium Center

Have you taken care of your Advance Care Planning? Have you told your loved ones your wishes in case you are unable to make your own decisions? Would you like to know more about the care at Carleton Willard Village for those at the end of life? If so, please join us for this informative lecture.

THANKS

Thank you to all who participated in the Age Well Study. We mailed in 76 completed surveys and two residents completed the survey online. We appreciate your time in answering the questions. Carleton-Willard is a model community for aging well, your insights are a valuable tool to assess best practices. **MANY THANKS!**