(Copy for nurse education fundraising brochure)

Helping nurses help their patients...

Susan Marks makes what some might consider a bold statement for a nursing administrator in a hospice care center: “This is the only place in this country where you get *true* health care, where the objective is to help someone *live* well – to care for the *whole* person.” While she wishes that the same could be said of all health care, she finds fulfillment in a setting that allows nurses to actually practice what they were taught in school, “that beyond the patient’s clinical issues, there’s a whole human being who has spiritual needs, psychosocial needs, and emotional needs, and that I can help address those needs.”

Her burning desire is to communicate the potential for fulfillment to all of her new hospice nurses, by training them to succeed.

Many new hospice nurses have spent years in acute-care settings, such as hospitals, where they focused on a patient’s disease or injury with the goal of making the patient better. In acute care, the nurse has control over the situation – when patients bathe or take their medicine – although she or he has very little autonomy, because most of the treatment protocols are already established.

Hospice nursing, Marks explains, turns all of that upside down. The hospice nurse visiting a patient’s home has no control over the environment. The nurse does have a great deal of autonomy and responsibility in anticipating the patient’s needs and planning the patient’s care. Critical thinking and decision-making become paramount. But the biggest difference is acceptance of the fact that the patient’s disease is not going to improve and that the goal is now to manage symptoms and make the patient comfortable throughout the last six months of life. Furthermore, the hospice nurse must interact with the patient’s loved ones to help them understand what is happening and what the future will bring. The nurse is expected to work closely with a team that can include a chaplain, social worker, therapist and grief counselor. “We call our RNs ‘case managers,’” Marks says. “They’re supposed to be looking at the patient as a whole and helping to pull in those team members.”

Novice hospice nurses are often challenged by the differences. Some adjust, but others give up before they’ve discovered the true rewards of working in hospice care. With better training and mentoring, Marks says, new hospice nurses would more quickly learn their roles and begin to appreciate the huge difference they can make in their patients’ and families’ lives.

“The nurses who do well in hospice really love it.”

We are extremely fortunate to have Susan Marks on our team. She brings a lifetime of experience in nursing and health systems management, with major national accomplishments on her record. She knows what needs to be done, but she already has a full-time job as a vice president of clinical services. We need to bring in outside resources to create a training program that produces new hospice nurses with both the competence and the confidence to succeed, nurses whom families trust and feel at ease with during the most difficult days of their lives.

We need you to be there, too, by helping us to make this vital training possible.

(Copy for grief counseling fundraising brochure)

Grief hurts. Grieving alone is worse. That's why we're here.

When you've lost someone you loved, friends don't want to see you hurting. So with the best of intentions, they may say things like, "The first year is the hardest. Next year will be much better," or, "They say it takes six months to a year, so before long you'll feel a lot better."

But when deep emotional wounds do not heal "on schedule," a bereaved person may feel even worse and wonder, "Am I crazy?"

"No," Donna Hampton, director of our Grief Counseling Services, reassures her clients. "It's an incredibly difficult life transition. It doesn't necessarily look like what other people think it should, and it takes much longer than anyone believes it will. There is no timetable." Rachel, a 40-year-old mother of two young children, lost her own mother a year ago after a long illness. Three months later, her father died unexpectedly. Emotionally traumatized, she put her confidence in counseling. "If someone had told me, 'You'll still be crying a year from now,' I wouldn't have believed it," she confided tearfully. "It's still so raw." Counseling, however, has made a huge difference. "Being in group helped me to realize that what I was feeling was normal. We had people from age 25 to 75 and from different walks of life, and they were all hurting just like I was." One-on-one counseling added another dimension, by creating a space away from her busy family schedule where she could safely confront the pain that would not go away. Her children, who were very close to their grandparents, benefitted from Camp Carousel, where they met other children who had lost loved ones.

"Missing a loved one will never go away, but we can help by making that burden easier to carry," Donna explains. "The counseling we offer is about recognizing where people are in the grieving process, helping them identify their strengths, and assisting them in developing ways to cope."

Our four highly trained and specialized counselors provide both individual and group counseling. We serve in workplaces where employees have been traumatized by the death of a coworker. We operate Camp Carousel, a weeklong bereavement retreat each summer for both children and adults. We're committed to helping other counseling professionals understand grief and bereavement. And we provide these services to anyone, free of charge.

Our Grief Counseling Services are not covered by Medicare or insurance. We rely on the financial support of caring people like you.

Please help, so that when you or someone you love needs us, we'll be here.