



Gilchrist
HOSPICE CARE 

2012 year in review



our mission

Guiding the way.
Providing the
finest in end
of life care.

our vision

Foster hope,
healing and
respect through
an unwavering
commitment
to what we do,
through the
education of our
patients, families
and the community,
and through our
interdisciplinary
teamwork.

Glimpse into the
Gilchrist
HOSPICE CARE 
approach to *Guiding the Way.*

{personal, relaxed, intimate, devoted, honest}

The Gilchrist Experience

In the earliest days of Gilchrist Hospice Care, I cared for a gentleman whose lung cancer was spreading quickly. Each time I visited, I took his vital signs and checked his disease progression. But I also ended with a question: "Is there anything you want to do with the time you have left?" Finally, he answered: He wanted to visit a lighthouse on the Outer Banks that always brought him peace and contentment.

We were a young organization and had no idea how to make his dream come true, but with a bit of grit and determination, we were able to safely send him to North Carolina. When he returned, he thanked me and told me how much it meant to him to make the trip. He died a few months later, having had the opportunity to fulfill a last wish.

I mention this story because it goes to the heart of what Gilchrist is all about. Sure, we monitor blood pressure and tend to wounds, but we also help our patients reflect on what's most important to them as the end approaches.

In the pages of this report, you'll see stories of extraordinary interactions between our professionals and volunteers and the patients they care for. These are a snapshot of the types of interactions – over and above the traditional care our families expect – that our team members have with patients each and every day.

We are most successful when we not only apply our knowledge and expertise, but take the extra time to learn everything we can about our patients and all those who love them.

Thank you for your past support. Please know that we could not care for our patients as well without your generosity.

Sincerely,

Regina M. Bodnar

Regina M. Bodnar
Director of Clinical Services



*"Hospice is not
just medical and
supportive care.
It is an experience
that is unique and
personal to each
and every patient."*



Hospice Aides

In the world of hospice, it is the nurse who monitors the patient's care, the social worker and chaplain who attend to the family's emotional and spiritual needs. But perhaps no one gets so intimately involved with patients as the hospice aides, who visit some of their families daily, providing personal care, feeding patients and attending to their every need. Many times, Shakia Lewis and her fellow aides go even further, stopping at thrift stores and other discount shops to buy everything from dresses to clean linens to scented soaps for patients – all at their own expense.

Additional support, beyond personal care...

So many days, Shakia's early arrival at Hilda Mellott's Baltimore row house was a welcome sight for Mrs. Mellott's granddaughter, Brandi. Shakia might help wake Brandi's three young daughters with hugs or assist in the search for lost shoes. She once flipped the breakfast sausages and took them off the stovetop so they didn't burn. But mostly, she took a weight off Brandi's shoulders on a daily basis by providing the personal care her ailing grandmother needed.

"She's my lifesaver. I told Shakia I'd complain if they ever took her away from me," Brandi said. "You can tell she has compassion. She really cares."

Her caring is evident in everything she does. Shakia, who chose hospice because she never got to say goodbye to her own parents, works hard to get to know her families, their needs and their likes and dislikes. She often stops at the store to pick up favored snacks for patients and has been known to bring her lunch to visits with patients who don't want to eat alone.

In return, families like the Mellotts treat their Gilchrist aides like treasured loved ones; Brandi's daughters regularly greeted Shakia with bear hugs and her grandmother offered a smile. And when Hilda Mellot died, Brandi made sure Shakia heard it from her first. It was news that Shakia said left her deeply hurt and saddened – almost as raw as a loss in her own family.



"Patients become part of your family. You've got to love the work because if you don't, the patients won't get the care they deserve."

Shakia Lewis



...when it matters most.

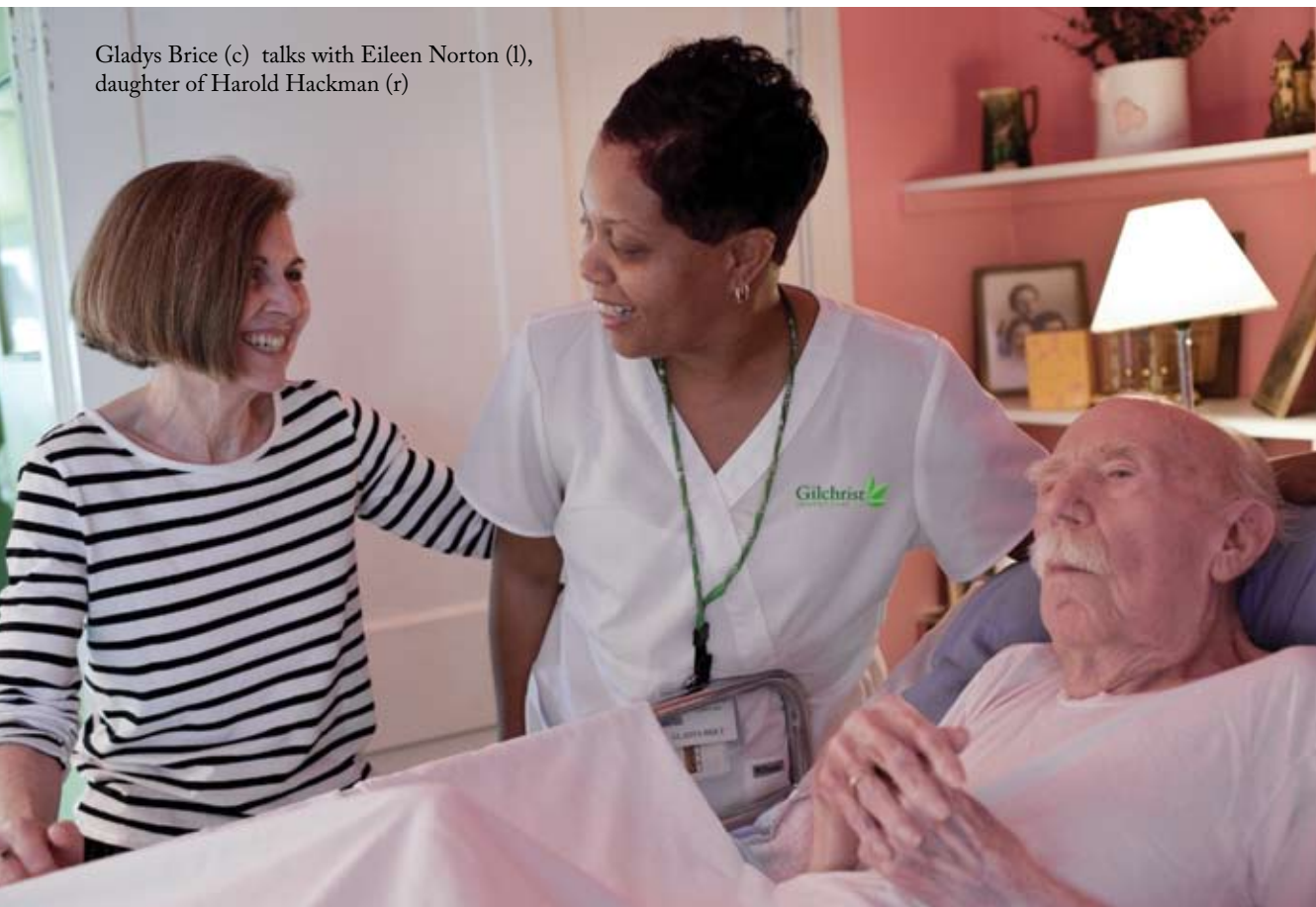
In fact, there are often times when patients remind aides of their own loved ones. When Gladys Brice met patient Harold Hackman several months ago, he immediately conjured thoughts of her uncle.

During her daily visits, Gladys and Mr. Hackman's daughter, Eileen Norton, often chat like old friends, talking about the recent goings on in their lives. And Gladys loves to gently tease her patient as she gets him ready for the day; she can still get Mr. Hackman to smile, even as he grows weaker. But perhaps just as importantly for Eileen, Gladys makes sure to involve her in the personal care of her father, knowing how hard it was for Eileen to hand those duties over to someone else.

"Their job is very difficult. I think of them as the unsung heroes. I am profoundly grateful to them for coming and doing what they do."

Eileen Norton

Gladys Brice (c) talks with Eileen Norton (l), daughter of Harold Hackman (r)



Child Life Specialist

Beth Kreyling's role as child life specialist is part playmate, part teacher and part emotional outlet for the young people Gilchrist cares for. For each of her young patients she cares for, Beth focuses not on traditional counseling, but rather on helping children work through their anxiety, fears and questions through activity and play. She once dug in the earth with a young boy to allay his concerns about his brother's impending burial. She created "worry jars" to hold the fears that two sisters wrote on scraps of paper. And she made a crystal ball out of tin foil to help a bereaved child look into the future and imagine happier times.

Bringing fun back into young lives ...

When Hiedi Baker, who has cancer, worried about her patchy hair, Beth bought hats for her young patient to decorate. When the 13-year-old was anxious about a scheduled medical procedure, Beth introduced "Chemo Duck," a stuffed animal that allowed her to show Hiedi what would actually happen to her body. And a discussion of music before a crocheting session – Beth brought the hooks and yarn – sparked family talk about burial preferences.

For Beth, the sessions with Hiedi are all about creating a safe, relaxed atmosphere in which her young patient can make sense of her new world, all while having fun.

"She's almost like a kid herself. She doesn't come with a prearranged agenda," said Melissa Hollifield, Hiedi's mother. "She just comes up with ideas she thinks Hiedi might enjoy and leaves it up to Hiedi to decide what to do."

And Hiedi looks forward to her arrival, saving fun activities like crocheting for her visits with Beth and opening the door with a smile before Beth even has time to knock. Other youngsters have rewarded her with unconditional love and affection as well; the young brother of a Gilchrist Kids' patient once asked her to marry him.



"I provide a distraction from these children's everyday life, where they get to create and imagine, and have somebody different to talk to. I bring the opportunity to be a kid again."

Beth Kreyling

...while creating everlasting gifts.

While many of the young people Beth cares for are either Gilchrist Kids' patients or their siblings, others are the children and grandchildren of adult Gilchrist patients or bereaved youngsters from the community. Still others are the parents of Gilchrist Kids' youngest patients or those who have never walked or talked. For the last, Beth, whose career choice was stoked by her own childhood illness and the chronic illness of her mother, works to leave a lasting legacy, making foot molds, hand and footprints and helping to create songs or scrapbooks to commemorate their children.

"Child life epitomizes everything I dreamed about as a child: working with sick or critically ill children to help them understand what is happening to them and to bring some fun back into their lives. My goal is to provide them with some sort of normalcy in an abnormal situation, and to leave families with positive and lasting memories of their children."

Beth Kreyling



Volunteers

As one of Gilchrist's more than 400 volunteers, it is Linda Baker's job to help patients where and when she can. Last year, Gilchrist volunteers donated more than 30,000 hours, sitting by the bedsides of patients, helping out with household chores, doing clerical work for Gilchrist staff or performing more specific, yet equally extraordinary tasks. Volunteers have played the flute and harp for patients at Gilchrist Center. They've made family meals in patient kitchens. They've rocked the young children in Gilchrist's pediatric hospice program. They've offered gentle massage or hairdressing sessions. In short, many times over, they've helped complete the Gilchrist experience for patients and their families.

Dedicating time and talent ...

The day they met, Joan Plank shared some of her most intimate family moments, hopes and dreams with Gilchrist volunteer Linda Baker. Over the next few weeks, Joan, her voice weakened by the cancer ravaging her body, would share more memories, as well as bits of advice she wanted her two adult daughters to carry with them after her death, as Linda dutifully jotted the words in journals, fighting her own emotions as she wrote.

It was a task Joan wanted to do herself. But as her colon cancer progressed, she found that she was too weak to do more than write a few words at a time.

She was surprised, she said, to learn that a Gilchrist volunteer could help her with the journals. And so, with time becoming more precious every day, Joan and Linda began to spend a few hours a week together, as Joan spoke of marriage and love and children and Christmas memories, and Linda transcribed her thoughts, word for word.

"One time she said, 'I don't know if I'll be able to finish this.' And I said, 'You will. You will finish,'" said Linda, whose mother was cared for by Gilchrist several years ago. "I was determined to see her through this. It's like we were on a mission."

For Linda, time spent with Joan would become another unique experience to cherish – much like her show and tell sessions with one patient who loved antique collections or her time spent showing patients at Gilchrist Center the giant silk moths she raised.



*"We usher new life into this world with love, affection and caring.
The journey to our parting should be filled with the same."*

Linda Baker

...with love and affection.

And while each volunteer experience is intimate in its own way, few are more so than the relationship that Linda was able to forge with Joan in a few short weeks. During that time, the two women were able to finish first one daughter's journal, then the other. Their work complete, Linda found herself back by Joan's bedside once more a few days later as her patient neared death. On that last visit, Linda sat by Joan's side and held her hand. Joan thanked her once more and Linda told her that she would always be in her thoughts.

In the weeks following Joan's death, Linda would focus on other aspects of her volunteering – baking cookies at Gilchrist Center, assessing the needs of patients at team meetings, performing simple massage – while she waited for her next patient assignment. She would be ready when the call came.

"I'm often asked how I can do this with people at the end of life. You never know when you'll have the opportunity to really help somebody."

Linda Baker

Volunteer David Reeves plays the Native American flute for patients at Gilchrist Center.



Nurses

There are basic medical tasks every Gilchrist nurse completes during each patient visit – everything from taking a blood pressure to checking a pulse to dressing wounds. But those duties don't even start to define the very personal roles that nurses like Andrea Katz play in their patients' lives. For Andrea, who works in nursing homes and retirement communities, a visit is often completed by sitting on the porch with her patients, wheeling them around the neighborhood on a beautiful day or joining them for Bingo. Other nurses may spend time gently massaging their patients' sore feet or coordinating with Gilchrist social workers and out-of-area hospices to help fulfill a patient's wish to attend a reunion or take a trip to the shore.

Personal connections ...

The moment Andrea wheeled Mildred Kolb's chair up to the old, out-of-tune piano in the nursing home, Mrs. Kolb reached her hands, gnarled by age, out to touch the keys. Within a few minutes, and with her favorite sheet music in front of her, Mrs. Kolb was playing one song after another on the instrument, as Andrea dutifully held the music close so her patient could see the notes better.

For about 20 minutes, the two held that posture as Mrs. Kolb, a long-time pianist and organist who suffers from dementia, delicately worked to remember her skill, and Andrea fought back tears.

"It's what she knows. It's who she is. It's a part of her," Andrea said. "These are the times you feel you're doing things just right."

Mrs. Kolb's daughter, Arlene, hoped the session would break through the fog in her mother's short-term memory. But it didn't. In fact, every time someone mentioned her impromptu recital, she adamantly denied she'd ever played and refused to touch the keys again – until one day, Andrea suggested a stroll outdoors, by way of the piano room. This time, with Arlene there to listen, Andrea again wheeled her patient up to the piano and Mrs. Kolb, her fingers stiff, again reached out to play the chords of a favorite song.



"As nurses, we're expected to assess our patients medically. But hospice is so much more than that. It's connecting with our patients."

Andrea Katz

...create richer relationships.

“We’re not curing our patients, but we’re giving such dignity to the whole journey,” said Andrea, who took an 18-year hiatus from nursing to raise three children before joining Gilchrist two years ago. This is the most purposeful job I’ve ever had. The scene and picture are changing constantly.”

Since many of her patients are bed bound, Andrea will take advantage of a “good day” on a nice weather day to get patients outdoors. The neighborhood strolls have an added benefit for Andrea, allowing her to assess her patients’ breathing and other medical issues while they’re active.

“They love it. When I take them home from a walk, they’re exhausted, but it’s a good tired. I love ‘good tireds.’”

Andrea Katz

Andrea rests outside with patient, Mary Ellen Murray, during a summer walk.



Chaplains

So much of the work of the Gilchrist chaplains is just being there for their patients, but sometimes, the title leaves patients with a narrow impression about the work they do. Patients and families will decline visits, not realizing the depth and breadth of the spiritual and emotional support the chaplain has to offer. In an effort to give patients an unbiased view of her work, Sarah Diehl tries to visit as close to admission as possible, identifying herself first as a “team member” available to help and listen.

Life review, special moments...

For Bobbie Bonhage, the hidden gem in her relationship with Sarah has been the opportunity to talk about what’s important, not only to pray together or discuss religion. Their time together has evolved into a spiritual journey focused on reviewing Bobbie’s life and experiences – including her time as one of the first female paramedics in Harford County in the 1970s and as a hospice volunteer in the 1980s and 1990s – and what matters most to her.

“This is a journey for me. It’s important that it be honest and real,” said Bobbie. “I’ve gotten that from Sarah.”

For Sarah, that’s just as it should be: “A lot of people think of the chaplain as Father Mulcahy from M*A*S*H performing last rites. I show up, a young woman, interested in learning about them as people. That tends to open up their perception of what I can offer them. I like to think what I provide is the safety and sacredness of what is most tender and meaningful to our patients.”

However, her religious ordination and chaplain training also offer patients a unique benefit: the chance to have a trusted advisor take part in some of the most intimate rites and rituals in their lives: Sarah has taken communion to a home-bound patient on Christmas Eve; another Christmas Eve, she baptized a middle-aged patient in his living room. She also performed a wedding ceremony for a patient whose guests chose to wear pajamas in solidarity with the ailing groom. More often, though, Sarah and the other Gilchrist chaplains are asked to officiate at funeral services or offer eulogies for patients who have died. The prayers they offer and the rituals they perform are always tailored to the patient and family’s own religious preference – not their own.



“What I love about my work is the opportunity to make a difference in people’s lives — to help take the edge off their loneliness or fear or despair or to more deeply connect them with their spirituality.”

Sarah Diehl

...and a chance to question and probe.

But for a patient like Bobbie, the gift in her relationship with Sarah is the opportunity to talk, honestly and openly. It is that interaction – where patients and families feel comfortable sharing their emotions and questioning everything from their faith to their life choices – that can help them find peace amid the turmoil of their situation.

Their role as non-judgmental listeners is key to the relationships that Gilchrist chaplains are able to build with families. For example, last year, Chaplain Don Hohne spent many months talking with the grandfather of a gravely-ill child as he made his journey from feelings of frustration and helplessness to acceptance of what was to come.

"Our hope is that the people we're with will feel a sense of presence from someone who cares enough to just listen, without sugar-coating anything and without pretending we have an easy fix."

Don Hohne



Chaplain Don Hohne (l), visits with a Gilchrist Kids patient and his grandfather.

Continuing the Gilchrist Experience

As Executive Director of Gilchrist Hospice Care, I am constantly amazed by the warm letters of thanks that come across my desk. And I am equally amazed by what they do and do not say.

Never once, has anyone put pen to paper to thank a staff member for taking a blood pressure or dressing a wound. It's as if families expect us to carry out these tasks, and to do them well. Instead, what our letter writers choose to focus on are the relationships they have built with one or more team member.

It is these relationships that have created a unique and compelling experience for them and for a terminally-ill loved one, allowing for a richer and more fulfilling journey at the end of life.

Over the past few years, we have continued to improve and expand the care we provide to ensure that there are no gaps in our service. During the past two years, our Gilchrist Kids pediatric hospice program has helped dozens of families navigate the devastation that comes with the loss of a young child. Our second inpatient center, Gilchrist Center Howard County, has provided care for more than 500 patients and their families in just over a year. And this year, we will implement a music therapy program that will help soothe patients.

Most of these programs are not self-supporting, but they are all important components in our effort to make the hospice journey that much more comfortable. With reductions in Medicare reimbursements set to take effect later this year, we will need your support more than ever to ensure that we may continue to fulfill our mission of providing the finest in end of life care.

Thank you for all you do,

A handwritten signature in black ink, reading "Catherine Y. Hamel".

Catherine Y. Hamel
Executive Director

"We feel fortunate that our patients not only allowed us into their lives but that we were able to impact their experience in a meaningful way."



Your contributions...

The actual cost of providing the finest in end of life care has always been greater than the reimbursements we receive from public and private insurers. However, at Gilchrist Hospice Care, we know that all of the specialized services we provide are crucial to ensuring that our patients are able to approach the end of life in comfort and with dignity, and that their loved ones families have the support they need at their most difficult time.

During FY2012, Gilchrist cared for **4,462 patients** and provided care, support and counseling for thousands of grieving loved ones. The following is a snapshot of the care and services your contributions helped support:

...Inpatient Care...

More than 1,700 patients received round-the-clock care at one of our two inpatient centers, Gilchrist Center in Towson and Gilchrist Center Howard County, where the actual costs of providing care exceed insurance reimbursements.

...Bereavement Support...

Gilchrist's bereavement counselors and support staff provide one-on-one counseling for grieving families. The program, which is a crucial component of our care but is not reimbursed by insurance, also offers support groups, workshops and other programs.

...Financial Assistance Fund...

Gilchrist underwrote 1,638 days of hospice care for 34 patients with minimal insurance coverage.

...Gilchrist Kids...

The two-year-old program serves our youngest patients, who often need more resources and longer visits from team members than patients in our adult program.

...Tanzania...

Since 2009, Gilchrist has partnered with Nkoaranga Lutheran Hospital's hospice and palliative care program in Arusha, Tanzania. After Nkoaranga's operating support lapsed in February 2011, Gilchrist stepped in to help keep this important program from closing.

...Patient Care Fund...

For those patients whose day-to-day costs of living are greater than their income, Gilchrist provides small grants, which have helped patients pay their medical insurance premiums and rent and utility bills and for such necessities as personal care supplies and linens.

...Expanded Care...

Gilchrist accepts patients who are still receiving advanced treatments for illness, like chemotherapy and radiation, and in many instances pays the costs of these continuing therapies.

We ask you to give...

so we can continue to touch the lives of others
cash,
appreciated securities,
bequests,
and other planned gifts {real estate, life insurance}...

for more information:

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