



*Every feather  
helps a bird  
take flight*

2016 year in review

Gilchrist  
HOSPICE CARE





Life is a journey. As its end approaches, patients and families are often scared and weary from months, if not years, of battling and treating, hoping and waiting. They come to Gilchrist Hospice Care not knowing what to expect but needing a shoulder to lean on, a knowledgeable guide to help them during their most difficult time.

They find all that... and so much more.

At Gilchrist, patients and families may benefit not only from the extraordinary care of our nurses, social workers, chaplains, aides, counselors and volunteers but also from an array of specialized programs and offerings designed to ensure that all their needs are met, that the end of life is rich and meaningful and pain-free, and that loved ones who will be left behind have the strength to journey on.

On the following pages are stories that highlight just a few of these programs, all designed with the knowledge that...

*every feather helps a bird take flight*

# Sometimes

patients need a safe and comforting place to nest

Monica Hastings walked into Gilchrist Center Baltimore – Joseph Richey House to interview for an open nursing position and stayed for hours, captivated by the warmth and simple charm of a place she had never seen before that day.

The residential hospice center would soon become her second home, a place where she could care for, console and comfort patients, most who were there because they had no place else to stay or no one to take care of them as they lived out their final months, weeks and days.

“I feel very privileged to share this intimate time in people’s life,” said Monica, who began working at Joseph Richey House two years ago. “There are so many opportunities for gratitude on both sides. Patients have a place to stay and us as their second family as death nears.”

“The staff operates as a family as well,” she said. “We wear our hearts on our sleeves.”

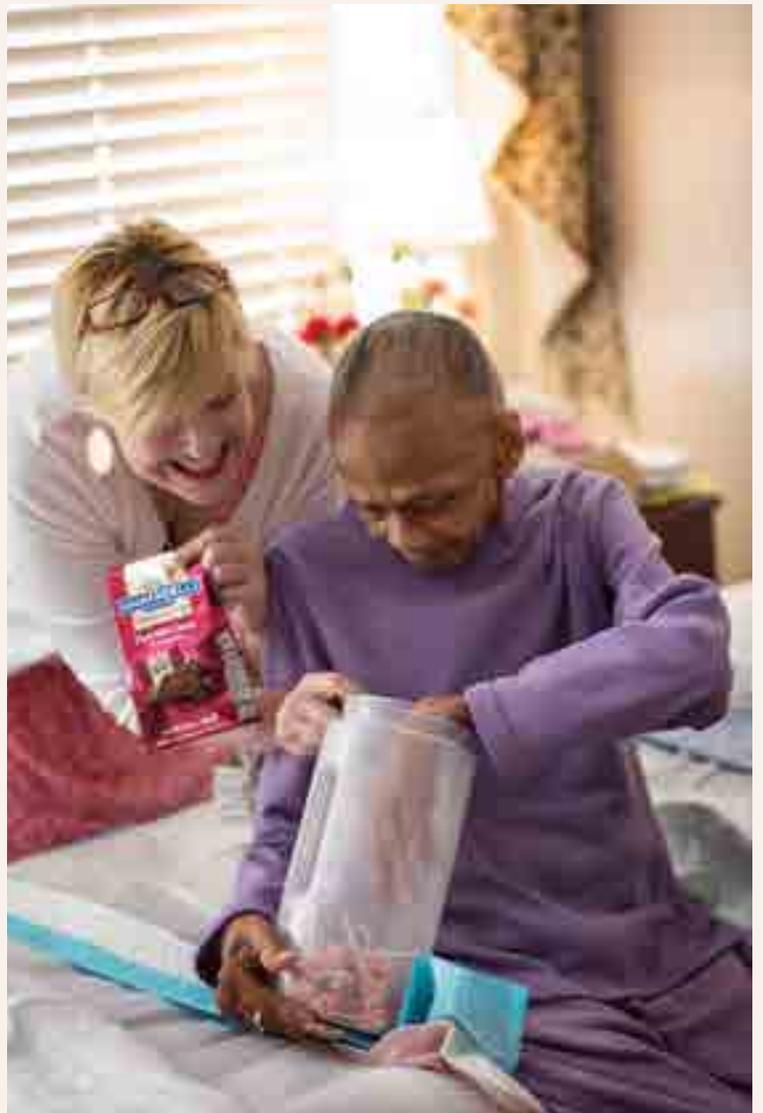
As the only residential hospice center in the Baltimore area, Joseph Richey House provides a much needed service for patients at the end of life. But because staff and volunteers often care for patients over a period of several months, the center feels more like a home than a series of connected rowhomes with 18 individual patient rooms.



Pictured above: Monica Hastings, RN, (r) and hospice aide, Doreen Christian spend time with patient, Charles “Butch” Troyer. Picture on page 3: Social worker, Victoria Ringo watches as patient Lumelia Turner digs into her candy supply. Lumelia died at Joseph Richey House in late September.

Patients soon realize that Joseph Richey House is about so much more than medical care. Monica might spend time with a patient just talking about fishing on Lake Okeechobee in Florida. Social worker Victoria Ringo often works to connect patients with estranged family members. And staff have been known to stand by a patient's bedside, singing for an hour or more while a volunteer plays guitar.

"You learn everyone's wants and needs," said Monica. "There are so many opportunities for joy. I get to care for patients longer. I get to know their personalities. Sometimes we're all they have. There's a special intimacy."



## *Gilchrist Center Baltimore - Joseph Richey House,*

which opened its doors in 1987, was conceived as a safe place for patients with end stage HIV/AIDS in the days when the disease was almost always fatal and carried a great stigma. Nearly three decades later, it continues to serve as a residential haven for patients – but with a broad reach. Staff and volunteers care for patients with any terminal diagnosis. And while the majority of patients have limited financial means, Joseph Richey House has also been home to others who just need round-the-clock attention as they approach the end of life.

# Loneliness

departs as beautiful memories arrive



The minute the music starts, Sister Rita Thomas begins to dance, her body swaying and feet tapping, even as she sits in her recliner, her beloved dog, Lily, nestled on her lap. If she knows the words to the tunes Gilchrist Music Therapist Emily Mahoney is playing, she sings along; if she doesn't, Emily might help her remember the lines.



Emily's visits have become something of a highlight of what has, at the end of life, become a quiet existence for Sister Rita – time spent under the gentle care of nurses in a private wing at the Sisters of Bon Secours Convent after decades spent as a leader and trailblazer in healthcare.

"I sit here day in and day out, and the news is not so exciting. It's wonderful to be able to add something so beautiful to my week," Sister Rita said. "It's my time to reminisce and just enjoy music for itself. Emily brings me a lot of joy."

For Sister Rita, music therapy offers companionship, allowing her to engage and communicate through her love of everything from opera to classical to old standards. It also helps enhance her

quality of life, offering vital therapeutic support during her final months.

"Music therapy is really unique in that it creates an instant relationship. Once you play or sing a song together, there's this instant rapport," said Emily.

After hearing about Sister Rita's love of French opera singer Lily Pons, Emily found a recording of the soprano's performance of "The Bell Song" from the opera, *Lakmé*. As she listened to the song during a recent session, Sister Rita reminisced, her body and hands moving with every operatic run and trill.

"Music has a way of reconnecting us to memories and bringing joy to a time that is often isolating and lonely," said Emily.



## *Music Therapy*

More than 800 Gilchrist patients have received this specialized therapy since 2012—both by Emily and Music Therapist and Clinical Training Director Lacy Kidwell. The program is designed to use music in all of its forms to provide additional comfort by helping to relieve symptoms, reduce stress and anxiety and provide emotional support for patients and families.

# Taking

a family under our wing... more than once



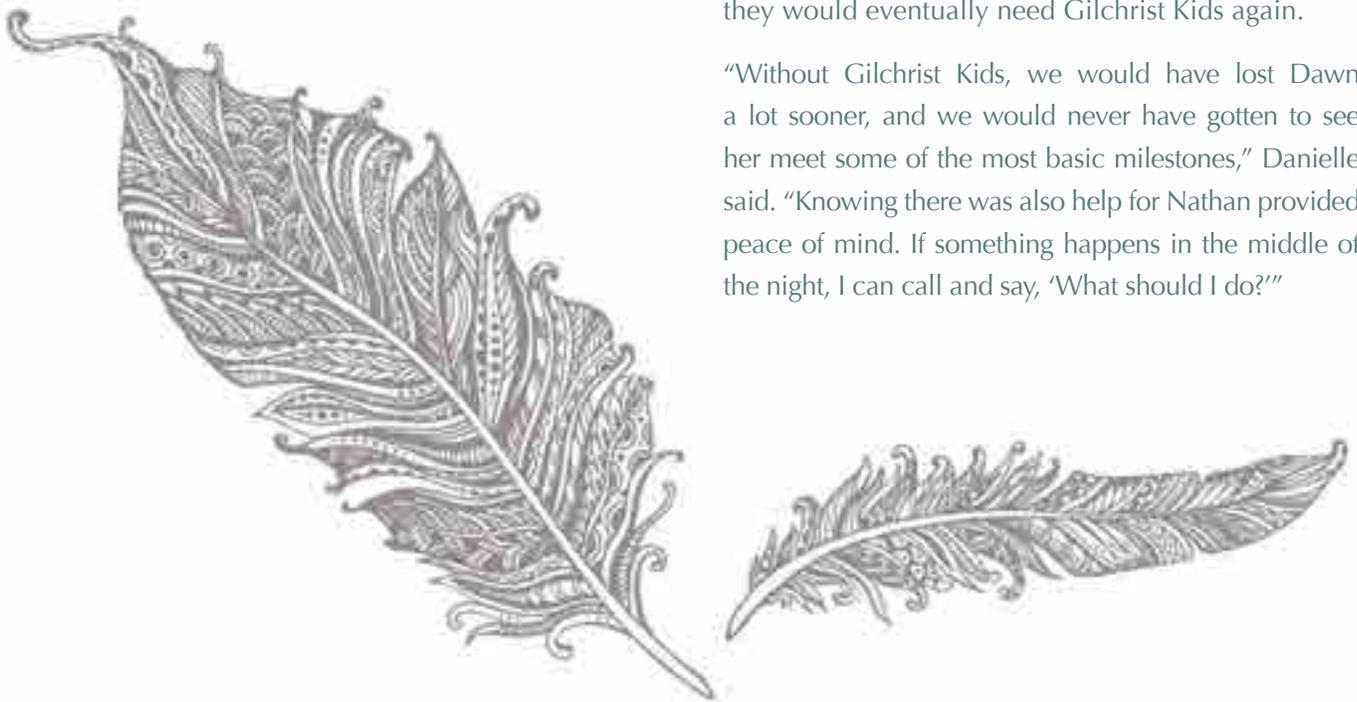
Nathan Zang, (l) and his older sister Dawn (r) were both diagnosed with the same rare genetic disorder. Sadly, Dawn died in 2014 from the condition at age 2. Nathan is now 2 years old.

The life limiting diagnosis for their baby daughter, Dawn, brought only unanswered questions for Danielle Zang and Jesus Espinoza. Told that the little girl had a rare and fatal genetic disorder, medical professionals said only to take her home and “keep her comfortable.”

It wasn't until Dawn was admitted to the hospital many months later that Danielle and Jesus were finally guided to the Gilchrist Kids pediatric hospice program – and to the therapies and support that would allow Dawn to thrive for the next 11 months.

So when the couple learned that their second child, Nathan, who was born five months prior to Dawn's death, suffered from the same condition, they knew they would eventually need Gilchrist Kids again.

“Without Gilchrist Kids, we would have lost Dawn a lot sooner, and we would never have gotten to see her meet some of the most basic milestones,” Danielle said. “Knowing there was also help for Nathan provided peace of mind. If something happens in the middle of the night, I can call and say, ‘What should I do?’”



For Danielle and Jesus, the program offered so much more, including help accessing the therapies that would teach Dawn to roll to her side and balance herself, and encourage Nathan, now 2, to sit with support and say words like “Dada.”

The Gilchrist Kids program also served as a bridge for support in the months between Dawn’s death and Nathan’s admission to hospice seven months later. During that time, Jody Staley, the Gilchrist Kids nurse who had cared for Dawn, kept tabs on the family, making periodic visits, counseling the couple and checking on their baby boy.

“I said right away, ‘I want to be Nathan’s nurse.’ I already knew the family,” said Jody. “It’s been encouraging to be able to make sure Nathan does have a quality of life. Danielle only has to text me and I’ll be there.”



Danielle (l), Nathan and Gilchrist Kids nurse, Jody Staley enjoy a beautiful summer morning with lots of laughs.



## *Gilchrist Kids*

When Gilchrist Kids was added to the Gilchrist Hospice Care complement of services in 2010, it filled a void; at the time, no other hospice in the region was caring for the youngest of patients with life-limiting conditions. Six years later, the program has provided care and crucial support for nearly 200 patients aged birth to young adult and for their extended families.

# Helping

hearts move through grief



Dorothy Engel's family gathers together at Gilchrist Grief Services' 1st Annual Tribute Walk and Butterfly Release.

The butterfly had become a powerful symbol for Ginger Kremer and her children – an indelible reminder of their beloved “Oma” – since the day the majestic creature landed on Ginger’s shoulder, refusing to budge for half an hour during a Spring Break trip to Key West.

It was almost as if that butterfly was “Oma” the name they called Ginger’s mother, Dorothy Engel.

So when Ginger heard that Gilchrist Grief Services would be holding a Tribute Walk and Butterfly Release a month later, Ginger took it as a sign – and a chance to once again feel the presence of her mother, who died at Gilchrist Center Towson last November.

“I had goosebumps when I watched my daughters yelling ‘Oma!’ as they helped release the butterflies. They were so excited. The butterflies were all over them,” she said later. “You hope, in your heart, that she’s really here with you.”

For Ginger and her family, the butterfly release perfectly bookended the care they had received from Gilchrist, which also included home hospice and inpatient care for her mother and a personal counseling session with Gilchrist Grief Counselor Hilary Harrington after Dorothy Engel’s death.



For Russell Bullock, a Gilchrist volunteer's call checking in on him after the death of his wife, Kate, came at the perfect time. After three months spent tying up loose ends and trying to get his and his wife's affairs in order, he found himself suddenly

struggling. He started with a series of one-on-one sessions with Gilchrist Grief Counselor Laurel Goodrick and transitioned to a six-week support group for husbands and wives who had lost their spouse or partners. Since the support group session's end, he and other members have continued to get together informally and socialize; it's been helpful, he said, to talk with others experiencing a similar loss.

"My ability to cope and get through my grief was greatly enhanced by Laurel and the support group," he said. "I wouldn't be in as good a place in my life right now if I hadn't had that."



## *Grief Services*

A vital part of the Gilchrist program since its start in 1994, Gilchrist Grief Services offers everything from one-on-one counseling to support groups to one-day workshops and events like the butterfly release, to help families reeling from the death of a loved one, cope with loss and adjust to their "new normal."

# Every day, we work to educate others about the many benefits of hospice



Yet, despite tremendous growth in the number of patients we care for daily, from 620 patients last year to more than 735 patients today, so many individuals in Maryland continue to hold on to the misperception that those who seek out hospice will live hours, maybe a few days at most, bound to their beds and with no meaningful life.

Correcting that erroneous view will continue to be our work and our challenge.

Those of you who have experienced our extraordinary care know that the image I described above couldn't be farther from the truth. While some patients still do come to us with only hours or days to live, many more have months or more ahead – time to dance, to thrive, to live life on their own terms.

With a little bit of time, we can make sure our patients' lives are rich and meaningful. We can make sure we address their diverse needs and interests as they approach the end of life.

Over the past several years, we have continued to expand our services to ensure that any and all needs of our patients and families are met and that all have access to the extraordinary care we provide. Many of these programs are not funded or fully funded by insurance, and we are grateful for our generous donors, who help us ensure that these important services can continue and thrive.

Thank you – again and again – for your steadfast support. It is because of you that we continue to be able to grow, to explore and to create, and to find new ways to care for patients in Central Maryland and the loved ones they will leave behind.

Sincerely,

Catherine Y. Hamel, *Gilchrist Services President*

