## In this Issue

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Message from the Co-Editor in Chief</td>
</tr>
<tr>
<td>5</td>
<td>Message from the Guest Editor</td>
</tr>
<tr>
<td>6</td>
<td>NBNA President’s Letter</td>
</tr>
<tr>
<td>8</td>
<td>During COVID-19, VITAS Offers Partners Expertise and Support for Advanced Illness</td>
</tr>
<tr>
<td>10</td>
<td>Hone Your Skills, Boost Your Career with Continuing Education</td>
</tr>
<tr>
<td>13</td>
<td>It’s Time to Discuss Advance Care Planning in the ED</td>
</tr>
<tr>
<td>15</td>
<td>Strategies For Advocating &amp; Delivering End-of-Life Care in Diverse Communities</td>
</tr>
<tr>
<td>18</td>
<td>Managing Stress and Burnout as a Healthcare Professional</td>
</tr>
<tr>
<td>20</td>
<td>Your Insights Bring Comfort For Advanced Heart Disease and Cancer</td>
</tr>
<tr>
<td>23</td>
<td>What VITAS Did for Us Was “Lagniappe” at Its Finest</td>
</tr>
<tr>
<td>26</td>
<td>Leave No Stone Unturned as You Pursue Nursing Success</td>
</tr>
<tr>
<td>29</td>
<td>Hospice: An Experience from the Caregiver’s Perspective</td>
</tr>
<tr>
<td>31</td>
<td>Alzheimer’s/Dementia Patients and Caregivers Need Support—Start with a Plan</td>
</tr>
<tr>
<td>33</td>
<td>A Call to Action During a Pandemic: Nursing Volunteers to the Rescue</td>
</tr>
<tr>
<td>36</td>
<td>Unpacking Family, Culture, and End-of-Life Care</td>
</tr>
<tr>
<td>38</td>
<td>Prescribing Effective Pain Management: Introducing the VITAS Opioid Conversion Tool</td>
</tr>
<tr>
<td>40</td>
<td>VITAS and NBNA: An 18-Year Friendship &amp; Partnership</td>
</tr>
<tr>
<td>42</td>
<td>Navigating Grief During the Holidays</td>
</tr>
<tr>
<td>44</td>
<td>Healthcare Heroes: We Thank You!</td>
</tr>
<tr>
<td>46</td>
<td>End-of-Life Planning Education, Empowerment &amp; Advocacy</td>
</tr>
<tr>
<td>48</td>
<td>Barriers to Palliative and Hospice Care in Black Communities</td>
</tr>
<tr>
<td>50</td>
<td>The Work of the Death Doula</td>
</tr>
<tr>
<td>52</td>
<td>Encouraging Safe Acetaminophen Use During Cold and Flu Season</td>
</tr>
<tr>
<td>54</td>
<td>Cultivating Resilience: Balancing the Autonomic Nervous System</td>
</tr>
<tr>
<td>59</td>
<td>Members on the Move</td>
</tr>
<tr>
<td>62</td>
<td>Chapters on the Move</td>
</tr>
<tr>
<td>65</td>
<td>Chapter Presidents</td>
</tr>
</tbody>
</table>

## On the Cover

**Fellows of the American Academy of Nursing 2021**

1. Inductee Dr. Derrick Glymph, Dr. Wallena Gould, Inductee Dr. Edwin Aroke and Dr. Millicent Gorham
2. Dr. Ron Hickman, Inductee Dr. Kellie Bryant and Lifetime Living Legend Dr. C. Alicia Georges
3. Brigadier General Clara Adams-Ender and Inductee Dr. F. Diane Barber
4. Dr. Antonia Villarruel with Inductee
5. Inductee Dr. Larider Ruffin with Dr. Dorothy Powell
6. Inductees Dr. Pandora Hardtman, Dr. April Kapu and Dr. Larider Ruffin
7. Dr. Ernest Grant receives the Civitas Award
NBNA NATIONAL OFFICE STAFF:

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NBNA NEWS

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Millicent Gorham, PhD (Hon), MBA, FAAN, Editor-in-Chief
Jennifer Coleman, PhD, RN, CNE, COI, Co-Editor-in-Chief
Pandemic Fatigue – Nursing Remains Steadfast

Pandemic fatigue, a term that I heard recently, resonated with me as I reflected on the current state of the health of our nation and the world. As we make our way through a second year of the COVID-19 pandemic, we are all somewhat fatigued and weary of the seemingly never-ending list of precautions, safety measures, and protective behaviors that continue to be recommended by health experts. With any type of fatigue, feelings of lack of motivation, increased irritability, and feeling excessively tired and without purpose may appear. As nurses, we have the added stress of the nursing workforce shortage, long working hours, severely ill patients, and ongoing fears of transmitting infection to our high-risk family members. While some restrictions have been lifted and/or relaxed, we remain in the midst of a pandemic, and the significant responsibility of nurses is unchanged. Nurses continue to educate the public and to care for those who are ill, exhibiting the immense dedication and power of the profession to impact the nation’s health. At a time such as this, it may be tempting to feel ineffective as nurses are inundated with huge numbers of seriously ill patients, minimal staffing ratios, and anxious family members of patients who often exhibit challenging behaviors. Fortunately, nurses have resources to assist and empower us to continue our important mission. NBNA remains focused on caring for the physical and mental health of nurses through its programs that provide mental health resources. I invite you to visit the NBNA website, and take advantage of the available resources that are designed to strengthen, support, and empower you for the continuing challenge of educating and caring for the public during a pandemic.

Nursing’s voice is trusted, and the general population depends on us for assistance, advice, and honest information. We must stay focused, and we must also remind our citizens to rely on well-respected health experts for accurate information. We must caution our citizens against seeking health information from social media sites and from individuals who are not affiliated with reputable health care organizations. Misinformation and disinformation in relation to the COVID-19 vaccine, active and acquired immunity, and risks for serious illness must be addressed and corrected by nurses.

I am immensely proud of our local NBNA chapter nurses for staying the course, for challenging misinformation and disinformation, and for making a difference in the lives of members of our communities. The effectiveness of nursing’s trusted message is evident on a daily basis as we witness the large numbers of American citizens seeking vaccination for COVID-19, continuing to wear face coverings, remaining vigilant with hand washing, undergoing COVID testing after exposure to the virus, and adhering to other safety precautions. Across the nation, schools are open, and our children are able to safely learn in person in school systems where recommended safety precautions are practiced. May we be strengthened by the successes that abound, and may we remain vigilant in our efforts to educate and to care for the nation’s citizens. The NBNA’s 50-year legacy requires nothing less than our best! Stay strong!

Jennifer J. Coleman, PhD, RN, CNE, COI
Co-Editor
Never in the history of VITAS Healthcare have we been offered to feature an entire newsletter for one of our partner organizations. There’s a wonderful reason for that.

Never in the history of VITAS has an organization like the NBNA been such a valuable, supportive, inspiring, experienced, and collaborative partner in our collective quest to provide the best possible healthcare near the end of life to the patients, families, and communities we serve.

For this special edition newsletter of NBNA News, we have asked our talented and experienced VITAS colleagues, as well as some of your members from around the US, to share their wisdom, advice, and unique perspectives. Many articles end with a specific call-to-action aimed to support you and the work that you do.

Our clinician articles will provide guidance on topics ranging from COVID-19 responses to stress reduction, end-of-life care for key diseases to early identification of hospice-eligible patients, hospice care in the emergency department to grief support during the holidays, and other timely and timeless topics—along with a newly developed clinical tool for safe conversion and prescribing of pain medications for patients with advanced illness.

Personally, I am humbled to be associated with such an involved, active, and proactive organization of healthcare professionals. To a person, you amaze me every single day.

Professionally, I am immensely proud to be part of and support NBNA and its intentional focus on Black healthcare professionals and the Black community’s healthcare needs. The NBNA explicitly addresses healthcare inequality, underserved communities, access to care, vulnerabilities, health risks, educational opportunities—all topics that support people of color having their pain and needs addressed by healthcare professionals who understand them. I will forever treasure the day I was inducted as an honorary member of this esteemed organization!

With your insights, creativity, and support, I look forward to continuing my work as a member of the National Hospice and Palliative Care Organization’s (NHPCO) Diversity Advisory Council. In February, our council published the “Black and African-American Outreach Guide” for hospice providers to improve access to comfort-focused end-of-life care in their communities. My long-time association with the NBNA was incredibly valuable in bringing so many perspectives of our communities’ needs to this guide.

As VITAS sets its sights on the NBNA’s 2022 national conference celebrating 50 years of service to the Black community, we envision a series of master classes for nurses on end-of-life care. Based on the enthusiasm with which the NBNA has embraced VITAS-sponsored trainings and courses on hospice and palliative care, we plan to reciprocate with even more robust education and knowledge. Our goal: ensure that the compassionate, comfort-focused care that patients prefer and deserve as they near the end of life is the care they will receive: no matter where they live, what they believe, or how they want to spend their final months, weeks, and days.

Thank you for the opportunity to share our knowledge and experience in a healthcare specialty that focuses on life at the very end of the care continuum.

We are grateful for your friendship and support over the past 18 years, and VITAS looks forward to many more productive years as your partner, colleague, and friend!

Diane Deese, MCLSS-GB, CACPFI, EMT

A Message from the Guest Editor

Diane Deese is the vice president of community affairs for VITAS Healthcare. She has been working with NBNA nationally and with local chapters since 2003 and was inducted as an honorary member in 2018.
November is National Hospice and Palliative Care Month, and the 2021 theme is “It’s All About How You Live.” This year’s theme highlights the essential caring focus of palliative and hospice health care services. These unique multifaceted health services provide an interdisciplinary approach to help our loved ones maintain their quality of life. I translate the theme to mean that their goal is help their population to live their BEST life while providing support for both the patient and extended family. The National Black Nurses Association (NBNA) has had a long history and an over 20 years relationship with VITAS® Healthcare, a pioneer and leader in the hospice movement. VITAS was established in 1978, and is the nation’s leading provider of End-of-Life Care. The NBNA, VITAS connection is a partnership in action grounded in a co-production collaborative practice model of community engagement where our people are born, live, play, work, worship, and transition life.

In 2016, NBNA Board and members released a resolution in support of End-of Life Care. The resolution defined palliative care as a medical specialty that focuses on relieving the burden of advanced and life-threatening illnesses by providing compassionate and supportive caring interventions. Palliative care interventions are not corrective or curative health practices. The goal is to develop an individual treatment plan and approach where patients can receive aggressive disease management from an interdisciplinary team. Hospice care is a health service that provides supportive assistance to patients in their final phase of terminal illness and/or advanced age of life to provide comfort, support, and improved quality of life. Hospice focus is also on caring during the active stage of dying. Using a holistic approach, palliative and hospice staff address the spiritual, emotional, social, and physical needs of patients, families, and communities. The palliative and hospice industries align very well with the nursing profession by using a care planning approach for pre-planning, treatment, and follow-up care with families and loved ones.

In 2020, COVID-19 was identified as a health care threat and global pandemic. VITAS and NBNA were both working to address the massive needs of all communities, but specifically in the Black and Brown communities that were experiencing a greater burden of the virus relative to contact, hospitalizations, and deaths. The social determinants of health, lack of access to care, and health care disparities were not new concepts or issues because as partners, we have worked for years to address the issues. In the 2016 NBNA resolution the following statement of evidence was included:
“The National Hospice and Palliative Care Organization reported in 2015 that 1.5 million patients received hospice services, and the need for this service will continue to increase. However, there is a large number of patients that are seriously or terminally ill that are not receiving palliative or hospice services. The numbers for patients of color that are going without these services are devastatingly high. Of the 1.5 million patients being served, less than 10% of them are African Americans, less than 8% are Hispanics and less than 4% are Asians, even though patients of color carry an equal or higher incidence of having chronic and terminal illnesses that are appropriate for palliative/hospice referrals.”

As local, regional, and national partners, we have worked for 20 years to close the health care gap, not only in End-of-life care, but in service, education, research, and policy. VITAS Healthcare and NBNA have collaborated as corporate partners providing End-of-Life Nursing Education Consortium (ELNEC) training for 15 of these years across the country reaching hundreds of nurses per year. VITAS Healthcare has provided ELNEC training to 1,000+ NBNA members. In addition, prior to the pandemic VITAS Healthcare was providing a much needed healing service to many communities in 40 states by sponsoring “Missing our Mothers” and “Missing our Dads” events with our local chapter members. We know in the post-COVID era this service will be much needed; we stand as partners ready to serve.

Also, prior to the pandemic, we collaborated and educated local and national political leaders and lawmakers, and health professionals on the need to change laws and practices to address the opioid crisis from a medical intervention space. Not to brag, but NBNA and VITAS were trailblazers in this effort by going to Capitol Hill during NBNA Health Policy Day helping to get the Opioid Crisis Response Act of 2018 passed. One of our primary goals was to ensure that the bill did not overreach and negatively impacted the safe use of opioid in pain management by health providers. We also established a team of national subject matter experts to travel the country and educate providers, nurses, caregivers and law enforcement on the growing health crisis, care approaches and the bill.

Yes, we partnered and continue to address COVID-19 with ongoing educational presentations so that nurses can earn CEs to meet their licensure requirements. I invite you to read this newsletter and learn how VITAS stepped up during the COVID-19 pandemic and created an innovative program and educational approach to patient care that also met the needs of nursing schools and students. Their creative telehealth patient service approach supported hundreds of nursing students by providing clinical hours and allowing them to progress in their programs and graduate on time.

The NBNA and VITAS partnership approaches palliative and hospice services and End-of-Life Care through social-justice lens with an emphasis on mental wellness, community engagement and corporate responsibility accountability. We have elevated this partnership to another level by establishing this year, the NBNA End-of-Life Ad Hoc Committee. This Committee will be chaired by 2nd Vice President, Dr. Marcia Lowe who completed her PhD dissertation in end-of-life care. Again, I invite you to read the rich evidence in this newsletter highlighting the palliative and hospice care industry. This special edition issue of NBNA Newsletter is dedicated to all of us at NBNA, VITAS and this industry respecting our long-term relationship and future. It is also to celebrate, NBNA Life-time member and our NBNA Life-time Achiever on her retirement, Mrs. Peggy Pettit…she is all things NBNA, and we wish her all the best. Thank you VITAS Healthcare for being a corporate partner in ACTION!

Martha A. Dawson, DNP, RN, FACHE
NBNA President/CEO
Associate Professor University of Alabama at Birmingham
School of Nursing
During COVID-19, VITAS Offers Partners Expertise and Support for Advanced Illness

Diana Smith, RN

After more than a year and a half of life under COVID-19, many of us are feeling disconnected from others in ways that we’d never anticipated.

Even as certain sectors of society reopen, kids return to school, and some businesses resume in-person operations, rising infection rates, hospitalizations, and deaths remind us of the potential toll of simply being around other people.

Of course, indefinite quarantine isn’t an option for most people. For those of us committed to caring for others, it never has been.

Through the most restrictive, locked-down periods of this pandemic, nurses, doctors, and other clinicians have continued our vital work in person, face to face with COVID-positive and at-risk patients in every imaginable setting.

By working together, sharing expertise and resources with one another, care providers and individual clinicians can perform their duties more safely, more effectively, and with less burnout. With over 40 years of end-of-life care experience and a presence in 14 states and the District of Columbia, VITAS Healthcare is a capable partner in care, well-equipped to support your team, your patients, and your organization’s mission.

As the nation’s leading provider of hospice and palliative care, VITAS and its services are typically provided wherever the patient calls home. To achieve this, our care model is built on a mobility-first platform—a combination of technology and operational practices that ensure seamless care coordination and uninterrupted support for patients with advanced illness in any setting.

Under COVID-19, VITAS has taken extra measures to keep our staff, partners, patients, and their families safe. Since the start of the pandemic, VITAS leadership has worked directly with the White House COVID-19 Task Force and the Centers for Disease Control and Prevention, keeping us ahead of key policy changes and safety guidelines. Our teams maintain considerable stocks of personal protective equipment, allowing care to continue uninterrupted in any setting. Infection control managers at every VITAS location ensure adherence to all protocols and monitor and address potential risks.

During the pandemic, our mobility-first approach to care and telehealth capabilities emerged as valuable advantages for our teams, patients, and healthcare partners. Mobile technology and telehealth enabled us to deliver complex clinical modalities in restrictive settings, transition eligible patients from acute care to hospice at home at any hour, and provide psychosocial and spiritual support via telehealth to family members who remained separated from their ailing loved ones.

VITAS’ longtime embrace of telehealth services has prepared our teams for care in the socially distant present. We can coordinate remotely with teams in partnering facilities, ensuring that isolated patients’ goals of care are explored and followed, and that their symptoms are well-managed.

Our social workers and chaplains can provide 24/7 emotional and spiritual support via phone or videoconference. After a patient’s death, VITAS offers at least 13 months of bereavement care for patients’ loved ones, including Zoom and phone-in support groups (several in Spanish) for specific audiences.
A VITAS partnership supports the staff of partnering facilities and providers, too. We can educate and advise on hospice and palliative issues related to symptom management, comorbidities, staff burnout, and more. We also offer group support to facility staff following a resident's/patient’s death.

Trained VITAS clinicians are always available to answer questions via phone and can dispatch additional support to a patient’s bedside when necessary, no matter the hour. If a patient decides to go home for end-of-life care, admissions experts can arrange for transportation, plus delivery and set-up of necessary equipment, supplies, and medication, usually within a matter of hours.

COVID-19 hasn’t been easy for any of us, especially for those weathering the stress and trauma of frontline clinical care.

Still, by working together—rather than tackling these challenges alone—we can create safer, more positive outcomes for our patients, their families, and each other. When your team needs support caring for patients with advanced illness, VITAS is here to help. Call us at 800.93. VITAS, available 24/7/365.
Hone Your Skills, Boost Your Career with Continuing Education

Maite Hernandez, RN

As a US healthcare clinician, three factors are true for you, anywhere you are:
- Your time is precious
- Knowledge is power
- Continuing education provides timely, much-needed information to help you enhance your skills, maintain industry certifications, and improve patient care wherever you work

Over the last 18 years of our partnership with the NBNA, VITAS has provided 23,000 hours of continuing education training to members at chapter events and national conventions. We know that educated healthcare workers are better able to care for their patients and families, from the neonatal beginning to the palliative end of the healthcare continuum.

Throughout the year, VITAS also offers monthly, online CE and continuing medical education (CME) trainings on a variety of topics to boost nurses’ knowledge base, help them meet certification and training requirements, and build their confidence as they care for patients who face the challenges of advanced illness near the end of life.

Free CE webinars for nurses

Core topics include advance care planning, hospice basics and benefits, hospice’s impact on reducing hospital readmissions and length of stay, the differences between palliative and hospice care, artificial nutrition and hydration near the end of life, facts vs. misconceptions about hospice care, and the unique nature of hospice care for veterans.

Additional clinical webinars cover disease-specific topics, including eligibility determination and hospice protocols for a range of advanced illnesses: lung disease (and associated respiratory symptoms near the end of life), heart disease, cancer, sepsis, Alzheimer’s/dementia, and more.

If knowledge is indeed power, increased healthcare knowledge builds healthier patients and healthier populations over time. Knowledge ensures that we can provide factual, reassuring information about the value of the Medicare hospice benefit to our patients, colleagues, and communities to ensure timely identification of hospice-eligible patients and greater access to comfort-focused end-of-life care for patients with advanced illness and their families. These educational sessions elevate our confidence, enhance our knowledge, and help close healthcare gaps for underserved communities.

Education honors patients’ care goals

We also know that an educated nursing community ensures that patients’ wishes for compassionate, end-of-life care at home with family members and loved ones are more likely to be realized when the nurses who provide their care:

- Understand the value of compassionate end-of-life care, resources, and protocols
- Are familiar with the resources and impact of the hospice Medicare benefit
• Can counter common misconceptions or myths about hospice with facts, reassurance

• Understand the roles of the members of the interdisciplinary hospice team

• Know what to look for when determining hospice eligibility in patients

• Feel confident and comfortable about suggesting or initiating goals-of-care discussions with patients and their families when health continues to deteriorate

**Explore VITAS resources**

The VITAS website publishes regular content of interest to our healthcare colleagues, including *Making the Rounds: An End-of-Life Care Blog*, featuring disease-specific data and research, examination of healthcare trends, and insights from our medical directors about what evolving knowledge means on the front lines of healthcare.

An entire section of our website is dedicated to The VITAS Advantage, our range of expertise in end-of-life care and resources for hospitals, care facilities, and physician practices.

Enhancing your knowledge through CE training ensures that you can make the most of your time at work, and that your patients will benefit from care provided by educated, informed professionals who are dedicated to their health, safety, and well-being in the face of advanced or progressive illness.

Your time is precious, and this information is freely available. VITAS newsletters feature clinical news and updates about end-of-life care, and information about our free, monthly webinars. I invite you to join our email list today, so you can be notified when we post webinars into 2022. Sign up at VITAS.com/newsletters.
Q4 2021 VITAS Webinars for Healthcare Professionals

Earn one continuing education credit with each of these free webinars. Each 1-hour webinar begins at 12pm ET • 9am PT

- Respiratory Symptoms in the Terminally Ill Patient
  Wednesday, October 13

- Advanced Lung Disease: Prognostication and Role of Hospice*
  Wednesday, November 3

- When Decision-making Is Imperative: Advance Care Planning in the ED*
  Wednesday, November 17

- Palliative Care vs Curative Care
  Wednesday, December 8

*CME and CE approved

Stay tuned for more FREE CE and CME webinars. To register for a webinar, please visit VITAS.com/webinars or sign up through the VITAS app.

This activity is approved for one continuing education credit hour for nurses (RN, LPN, LVN; in California Registered Nurses only), social workers and certified case managers. Licensed nursing home administrators in the State of Florida and Illinois may also receive one hour of continuing education credit. Attendance for the entire online webinar, as well as completion of a brief online evaluation, is required. Certifications are made available after completion.
In busy emergency departments, physicians, nurses, and other team members are understandably focused on making immediate, consequential decisions about patients who present with critical illnesses or serious injuries.

It's no surprise that advance care planning—an activity that involves talking with patients and families about their wishes, values, and preferences for end-of-life care—often takes a back seat in the emergency department (ED) to more pressing, critical care decisions.

Nurses and care teams should know, however, that tools are available to help them approach advance care planning decision points quickly in the ED and in ways that honor their patients’ goals.

**Real-time decisions in the ED**

COVID-19 care and other difficult healthcare challenges have reinforced the value of talking with critically ill patients and their families about the care they want and do not want when faced with a life-threatening illness or as they approach the end of life.

Do they want to be placed on a ventilator? How do they feel about CPR? Given their diagnosis and prognosis, what are their goals, wishes, values, and preferences for care? If death is a possibility or inevitability, have they discussed with their physicians or family members how and where they prefer to die?

Most physicians cite “lack of time” as the reason for not engaging in patient discussions about their preferences for end-of-life care, and these conversations can be even more difficult in a busy, hectic ED. But emerging care models are incorporating geriatric and palliative care in the ED to explore real-time, condensed:

- Goals-of-care conversations
- Decisions about treatment options and preferences
- Decisions about managing pain and symptoms

These three topics represent the core components of advance care planning, and studies show that comfort-focused palliative care and hospice referrals can reduce ED utilization and hospitalization by as much as 50% (Wang, D.H., 2017, *Annals of Emergency Medicine*) and lead to higher satisfaction with care.

**A role for nurses in advance care planning**

Nurses often spend more time at patients’ bedside or with their families than other members of the care team, and they can play important roles by asking probing questions during bedside conversations to uncover a patient’s or family’s preferences, values, traditions, and goals for care. Nurses can be supported in these conversations by physicians, social workers, chaplains, and care coordinators, who all have skills, time, and insights to share.

Those of us who specialize in hospice care often rely on “the surprise question” to decide when to initiate these conversations. It involves asking yourself or your team members, “Would I be surprised if this patient died in the next 6-12 months?” If the answer is no, consider having a brief discussion with the patient/family about their goals, wishes, and values for end-of-life care.

**Existing advance care planning models can help**

Several models can help healthcare professionals engage in advance care planning conversations or deliver difficult news to patients and families. They include:
The SPIKES Protocol, first introduced in 2000, involves setting up the conversation (S), assessing patient perceptions (P) of their illness/prognosis, inviting (I) patients to allow you to deliver difficult news, providing knowledge (K) to the patient, expressing empathy (E) to the patient as they receive the news, and devising a strategy (S) for what to do next.

The 5-Minute Goals-of-Care Conversation in the ED includes assessment of the patient's understanding of the underlying illness to validate the patient's goals, fears, and expectations, and to identify priorities for intervention (minutes 1-2); discussion of treatment options based on the patient's wishes, followed by a recommended course of action (minutes 3-4); summarization and discussion of next steps, followed by introduction of other ED resources, including hospice care, social worker, chaplain, continued observation (minute 5).

An ABCD assessment for patients who are acute, unstable, or critical involves a brief advance (A) care planning conversation, interventions to make the patient feel better (B), caregiver considerations (C), and an assessment of a patient's decision-making (D) capacity.

What's the risk of not having these conversations?
Lack of communication can lead to unwanted treatments, inappropriate use of resources, undue patient suffering, and ongoing miscommunication.

If comfort-focused care is the patient's decision, you can introduce hospice with a simple statement: “What if I told you about a medical benefit that covers medications, supplies, and medical equipment related to your illness, and sends a team to your home or preferred setting to provide medical, spiritual, and emotional care? Would you be interested in hearing more about these services?”

Nurses are core members of each hospice care team, and all nurses can play key roles in presenting hospice as an option for patients when their aggressive treatments are no longer effective or preferred.
During a recent interview, three executives from the VITAS Healthcare hospice team in Atlanta, Georgia, discussed the unique challenges and opportunities involved in providing hospice care and recruiting healthcare workers in large, diverse communities.

Atlanta is one of the largest, most diverse metropolitan areas in the US. Metro Atlanta Chamber 2020 statistics show the racial breakdown of its 6+ million residents as 46% White, 33% Black or African, 12% Hispanic, 7.7% two or more races, and 6% Asian.

The biggest challenges to providing hospice care, they agree, are overcoming common misconceptions about what it is: a medical specialty that patients actively choose in order to focus on comfort and quality of life near the end of life in the setting they prefer to be.

**Successful outreach to communities of colors**

**Robert Perez:** The best way to reach large, diverse groups of people is to engage with the trusted healthcare professionals within their communities—to talk to their doctors. That way, patients and residents are hearing about hospice care from someone they trust. Black and Hispanic nurses also play very important roles in ensuring that members of their families, communities, and faith groups can utilize the Medicare hospice benefit, which pays for up to 100% of care. Many people pass away without the benefit that they have worked for their entire life and deserve to have at the end of life. Increasing awareness of the hospice benefit is a unique, meaningful way for nurses to serve.

**Overcoming language barriers**

**Robert Perez:** Be aware of language barriers that can lead patients to feel misled or inadequately treated. In Spanish, for example, the words “hospicio” and “hospital” sound almost exactly the same. Patients might choose hospice care assuming that everything will be done to treat their illness, as would happen in a hospital. Acknowledge language barriers and be sure to work through them for clarity.

**The “human” approach to hospice conversations**

**Kevin Goodlow:** People need to see us outside of our roles as physicians and practitioners. I find it very fruitful to share my own personal experiences with hospice care. When my mom was on hospice care, I wasn’t Dr. Goodlow. I was Kevin, my mother’s son, and I was often full of emotion—and that was OK. When I can share that experience with my patients and families, they’re more likely to see me more as a person, and not the guy in the white coat with a perfect life and no real problems. It helps them understand that we’re all human beings with families, all living and dealing with similar issues. The more they trust you, the easier it is to connect with them one-on-one. And when you connect, you’re more likely to move them toward hospice as a care option.

**A role for nurses in advocating for end-of-life care**

**David Blake:** I always remind nurses in Atlanta and at NBNA end-of-life educational trainings, that many of them have undergone more training in end-of-life care than some physicians and specialists. Because of their training, they can “gently suggest” to physicians that hospice might be an option to consider when discussing a patient’s care. Many physicians, in fact, are attentive to an educated suggestion from a nurse: “Hey, doctor, how about we consider hospice?”

**On becoming a hospice nurse**

**Robert Perez:** Hospice nursing is one of the few places in healthcare where the RN has a tremendous amount of autonomy. They’re still under the supervision of a physician, but it’s the nurse who is out in the field and at the bedside day in and day out with patients and their families. Physicians rely on the nurse to be the eyes and ears of the patient to decide the plan of care. Within their scope, hospice nurses practice a much higher level of care than you typically see in other settings. There’s a lot of flexibility in the care they provide and how they plan their day. They might spend a few weeks, months, even a year with a patient, and they’re able to truly bond with the family. It’s a unique, special relationship with a lot of autonomy.
**David Blake:** Not every nurse can make a great hospice nurse. Spending that amount of time with a family can be very draining, and we know how the story is going to end. We’re basically helping patients and families transition to the end of life. For nurses who want to develop relationships with families and exercise a higher level of independence on a team with a high degree of autonomy, hospice nursing is a unique career path: a path we know some NBNA members have embarked on and we hope more members will consider.

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**Dr. David Blake** is associate medical director for VITAS Healthcare in Atlanta, Georgia.

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**Robert Perez** is general manager for VITAS Healthcare in Atlanta, Georgia.
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A career in healthcare attracts professionals who desire to make a difference in the lives of others. Through their passion, they find resiliency and meaning amid incredibly stressful circumstances.

Resiliency, of course, only goes so far for so long. After nearly two years of long hours, overburdened facilities, dwindling resources, and health risks associated with clinical work during COVID-19, some care professionals are asking: “How much more can I take?”

These stressors are more than a nuisance. Under stress, the body releases cortisol, an adrenal hormone that promotes alertness and focus by increasing heart rate, blood pressure, and blood sugar levels. Over time, chronically elevated cortisol levels can lead to weight gain and a weakened immune system.

Thankfully, these obstacles are neither permanent nor insurmountable. You can take steps right now to manage your stress and reduce the likelihood of burnout.

Stay Active, Stay Healthy

An active lifestyle and regular exercise support physical and mental health in numerous ways: reduced risk of chronic disease, better sleep, improved strength and balance, and short- and long-term relief from anxiety and depression.

You don’t need to know advanced techniques, perform difficult motions, or spend money on workout equipment to receive these benefits. For most people, incorporating 20-30 minutes of brisk walking into your daily routine is enough to make a difference.

Yoga, bodyweight training, swimming, and running require little or no additional equipment, are safe for most people, and utilize relatively simple techniques that can be learned online for free.

No matter how you get moving, maintaining a regular exercise routine will make you healthier, happier, and a better healthcare professional.

Be Mindful of the Moment

Burnout is not the outcome of a single unpleasant situation; it’s a result of ongoing, unrelieved stress. For many people, anxiety is an early and normal reaction to stress.

Momentary anxiety helps your body respond to challenges. But anxiety that lingers and keeps your attention glued to a past, future, or imaginary situation can interfere with your work, relationships, and other aspects of daily life.

Meditation is a mind-body technique that’s been practiced for thousands of years to improve physical, emotional, and spiritual health. Research shows that meditating for even a few minutes can effectively ease anxiety and tension.

Mindfulness meditation, perhaps the simplest method to pick up, involves opening your awareness to the present moment: the flow of your breath, the sensations of your body, your passing thoughts and feelings.

- To begin, find a quiet location with few distractions. Then, assume a comfortable position. You can sit, lie down, stand, or even walk around slowly.
- Bring your attention to the present, then to your body. Focus on your breathing. Acknowledge how your body feels without judging those feelings.
- Let your mind work, and observe your thoughts (again, without judgment). Recognize that you can choose to
react to these thoughts. If a thought distracts you or demands a reaction, gently return your focus to the rhythm of your breathing: in, out—in, out.

Meditation is simple but not easy. On your first attempt, you may even find it more frustrating than relaxing—rarely do we permit ourselves to simply be. But once you’re used to it, even a few minutes of meditation can provide reliable relief from acute anxiety. For best results, incorporate 5-10 minutes of meditation into your daily routine.

**Elevate Your Attitude**

Meditation can help you realize that your circumstances don’t have to define how you feel. When presented with an overwhelming challenge or undesirable outcome, express gratitude consciously to keep yourself rooted in a positive mindset and prevent a spiral of negative thought.

In fact, some research shows that people who regularly express thankfulness in stressful times are more likely to be satisfied in life, have higher self-esteem, and sleep better.

In Yoga and other Indian philosophies, we use the Sanskrit word “Santosha” to refer to this state of contentment, of finding peace among life’s chaos. Once we find Santosha within ourselves, our grateful thoughts can expand to others, helping to open the hearts of everyone around us.

Practicing gratitude daily can help you remain resilient amid the challenges of professional healthcare. Simply take a moment to acknowledge positive feelings as they occur, or write them down in a journal.

Whatever stressors you face as a healthcare professional, you’re not powerless against them, and you’re not alone. If you struggle to manage stress on your own, don’t hesitate to ask for help—for the sake of your patients, your colleagues, and, most importantly, yourself.
As clinicians, we know from personal experience and surveys that patients who are facing the challenges of advanced illness want to talk about their preferences and goals for care, and their clinical teams want to talk about the same issues, too.

But too often, no one knows how to start the conversation.

That’s where nurses play key roles, especially for patients with advanced heart disease and cancer, the two leading causes of death in the US in 2021 and the top-ranked causes of US hospice admissions. In 2018, the most recent year for NHPCO statistics, cancer caused 29.6% of all hospice admissions and 336,307 deaths, while heart disease caused 17.4% of all hospice admissions and 196,971 deaths.

Effective care plans for heart disease and cancer are individualized, based on each patient’s goals, values, and preferences. As nurses, you are in the ideal position to explore and understand those values because you spend so much time with your patients and their families.

Through your regular and consistent visits and checks, you develop a special level of rapport that’s unique in the clinical team.

You listen to and engage in patients’ bedside or living-room conversations. You stay behind after the physicians and specialists leave to make sure they understand what they’ve just been told. You hold their hands, care for them, calm their fears, and help them explore options for care as their illness progresses.

As a nurse, you play a pivotal role on each clinical team to:

• Explore what patients and family truly understand about their options, their diagnosis, and their prognosis

• Plant the seeds for (or engage in) goals-of-care conversations to ensure that each patient’s goals, values, and preferences for care are discussed, decided, and updated

• Assess whether a patient’s goals are realistic

Clinical teams should consider a “whole-person” view of each patient to determine the next phases of treatment. Beyond labs and test results, nurses who have regular contact and interactions with patients and their families should raise additional questions to help determine when comfort care is the next option:

• Has the patient been hospitalized/readmitted multiple times in the 6-12 months?

• Is the patient spending more and more time in bed, in a chair, or in the same room?

• Is the patient experiencing constant nausea, shortness of breath, or fatigue?

• Is the patient experiencing heightened anxiety, agitation, or delirium?

Hospice should be considered when patients show ongoing signs of decline, when decisions must be made about continuing or stopping aggressive treatments, and when patients or their surrogates decide that the side effects of ongoing treatments are no longer tolerable or preferred.
Indications of hospice eligibility for advanced heart disease include:

- **Symptoms:** shortness of breath, palpitations, angina, anxiety, nausea/vomiting, and agitation
- **Clinical eligibility guidelines:** NYHA Class III or IV heart disease if dyspnea, fatique, palpitations, or angina are present with minimal exertion or at rest; no further surgical/treatment options exist
- **Available VITAS modalities to provide comfort-focused, high-acuity hospice care:** continuation of cardiac medications, inotropes, intravenous and subcutaneous diuretics, respiratory therapy, implantable cardioverter defibrillators (ICD), and left ventricular assist devices (LVAD)

Indications of hospice eligibility for advanced cancer include:

- **Symptoms:** pain, nausea/vomiting, anxiety/agitation/restlessness, dyspnea
- **Clinical eligibility guidelines:** Eastern Cooperative Oncology Group (ECOG) score of 2 or greater; Palliative Performance Scale (PPS) score of 70% or lower
- **Available VITAS modalities to provide comfort-focused, high-acuity hospice care:** IV hydration, total parenteral nutrition, thoracentesis/paracentesis, blood transfusions, PleurX drains, parenteral opioids, venting G tube

Compassionate VITAS hospice care offers tangible benefits to patients and their families:

- Comfort-focused symptom management for the patient and psychosocial support for their families from a seven-member hospice team
- Care usually provided in the patient’s preferred setting: home, nursing home, or assisted living community
- Individualized care plans based on each patient’s values, goals, and preferences for care near the end of life
- Reduced hospitalization and care interruptions near the end of life
- One study of terminally ill residents in nursing homes shows that residents enrolled in hospice are much less likely to be hospitalized in the final 30 days of life than those not enrolled in hospice (24% vs. 44%)³

Download the VITAS hospice app at VITASapp.com for disease-specific hospice eligibility guidelines and seamless, secure referrals 24/7.

Thank you to all of the members of NBNA for all that you do and what you continue to do!

**References**


Refer Patients to Hospice Quickly via the VITAS App

Snap-tap-send

- Determine hospice eligibility quickly and confidently
- Refer patients securely via face sheet or mobile form* 
- Receive in-app referral confirmation
- Register for continuing education webinars

*Referrals are securely transmitted using industry-standard encryption protocols from end to end. Data is encrypted in private cache while at rest in the app and deleted after successful transmission. Contact your IT Department to enquire about whitelisting the VITAS app for your organization.
Here in New Orleans, one of our homegrown sayings focuses on the concept of “lagniappe,” which translates from Cajun as “a little extra.”

As proud New Orleanians, we like to brag that visitors to our unique city leave with more than beautiful memories of our over-the-top hospitality and legendary cuisine; they take home a little lagniappe, too.

When I think about our city’s grueling recovery from 2005’s Hurricane Katrina, my thoughts turn immediately to VITAS® Healthcare and the support it provided to our nurses, residents, healthcare providers, clergy, and communities. I often describe it this way: “What VITAS did for us was an oversized portion of ‘lagniappe.’”

Over the years, I have learned of VITAS’ history of supporting communities during natural disasters and tragedies alike, from hurricanes and wildfires to mass shootings and a pandemic.

We called. VITAS answered.

My first encounter with VITAS came during a two-day training session on end-of-life care at one of our NBNA conventions. I connected with Diane Deese, vice president of community affairs, and we began to explore additional training sessions in Louisiana, even though VITAS is not a hospice provider in our state.

Then, as our city and region struggled with long-term recovery from 2005’s Hurricane Katrina, I called Diane with a specific plea.

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Then, as our city and region struggled with long-term recovery from 2005’s Hurricane Katrina, I called Diane with a specific plea.

“No that our heads are finally above the water,” I told her, “I can clearly see that there’s a lot of grief, loss, and hurt in our city and communities right now. We need help to address this grief and to recover from all this loss.”

VITAS responded by providing targeted end-of-life nursing care education (ELNEC) training for hundreds of members of our NBNA New Orleans, Lafayette, and Thibodaux chapters. As VITAS team members traveled throughout the city and region to their training events, they stopped in neighborhoods and communities to talk with residents (some of whom were nurses) in the process of rebuilding their own homes and businesses. They listened to their stories and viewed the remaining devastation. On one memorable stop, they witnessed a unique-to-New Orleans family celebration of life, complete with joyous street dancing, food, and an open house.

VITAS hosted “Missing Our Mothers/Missing Our Fathers” events for sons and daughters to remember and honor the memories and legacies of their loved ones—some of the most emotionally touching events I’ve ever attended.

In short, VITAS brought light as it educated and promoted positive learning experiences in New Orleans that helped us—as individuals, nurses, healthcare providers, and neighborhoods—understand, confront, and deal constructively with our collective and individual grief, loss, and recovery.

A broader source of recovery and education

I’ve learned that VITAS specializes in this kind of community support in the 14 states and District of Columbia where it provides hospice care.

For example, after horrific mass shootings at Sandy Hook Elementary School in Newtown, Connecticut, the Pulse Nightclub in Orlando, Florida, and the Marjorie Stoneman Douglas High School shooting in Parkland, Florida, VITAS care teams responded immediately to the scenes to support family
members, first responders, teachers, students, survivors, witnesses, and others who were affected by the tragedy.

VITAS continues to host support groups, provide bereavement assistance, and sponsors community events and child/family grief camps to help individuals, families, and communities continue to heal and recover from death and loss.

When hurricanes, storms, wildfires, floods, or other natural disasters threaten or strike VITAS, longstanding company protocols and disaster plans kick into high gear immediately. Their management teams in affected areas and executives throughout the US meet daily (or more frequently) to assess each patients’ safety, pre-stage and deliver several days’ worth of supplies and equipment to patients and families, evacuate at-risk patients to safer locations, coordinate with partner care facilities, and strengthen communications to stay in touch with local officials, patients and caregivers, employees, and VITAS executives.

If needed, employees who specialize in IT, communications, logistics, and other specialties can be pre-staged in other VITAS locations to maintain key operations during outages, travel restrictions, or major weather events.

Within a week of Hurricane Dorian’s three-day assault on the Bahamas in 2019, for example, employees in South Florida worked with a local company to fill an empty fishing boat returning to Marsh Harbor with several pallets of donated water, non-perishable foods, toilet paper, feminine hygiene products, diapers, toothbrushes, and toothpaste.

They might think of this kind of caring outreach and community support as standard operating procedure at VITAS, but I know it for what it is: an oversized portion of lagniappe.
The VITAS® Healthcare End-of-Life Nursing Education Consortium (ELNEC) Leadership Team

Diane Deese, MCLSS-GB, CACPFI, EMT
Vice President of Community Affairs, VITAS Healthcare

Brent MacWilliams, PhD, MSN, RN, APNP, ANP-BC
Associate Professor, University of Wisconsin-Oshkosh College of Nursing

Peggy Pettit, RN
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Trilby Barnes-Green, BSN, RNC
NBNA immediate past board member

Nancy Auster, CHPN, RN
Admissions Nurse & Veteran Liaison, VITAS Healthcare in Miami-Dade

Since 2007, this team of experts has given over 23,000 hours of CEUs to NBNA members at national conference and chapter trainings. Specialty trainings include:

- Core
- Geriatric
- Critical Care
- Pediatrics
- APRN
- Veterans

We look forward to more sessions at the 2022 NBNA National Conference in Chicago!
If there’s a running theme to my life and nursing career, it is this: Whenever doors opened for me, I walked through them. When mentors took me under their wings, I listened to their advice. Whenever opportunities presented themselves, I took advantage of them.

Today, when nurses come to me for advice, I give it freely, based on my career path and experiences as a hospice nurse, healthcare executive, and caregiver of a family member who died on hospice care.

My story is that of a young island woman who walked away from a bank job in Jamaica, received a full-ride international student scholarship at then-Broward Community College in South Florida, and found my way to a successful career in hospice nursing, management, and healthcare leadership.

The first door opens ...

When I graduated as a registered nurse, my scholarship’s sponsor freed me from a two-year work requirement because it had an oversupply of nurses at the time. I accepted a job instead at a local nursing home/rehab center.

There, I first observed hospice nurses from VITAS Healthcare. They spent time at their patients’ bedsides—time that I, as a floor nurse, did not have. They sat and talked with patients and families, took them on walks, listened to their stories, answered their questions, eased their anxieties, and helped them embrace quality of life and comfort in their final months, weeks, and days. They made a real difference.

Right then and there, I decided: “That’s what I want to do.” In the nearly 25 years since, I have worked for VITAS as a hospice nurse, team manager, patient care administrator, assistant general manager, and now general manager of one of the largest VITAS hospice programs in the US.

Find your passion in nursing

Hospice nursing is not my job. It is my passion, my calling, the equivalent of a nursing ministry.

It is a specialty I did not encounter as a nursing student, but one I came to embrace through my professional career and the personal experience of the death of my sister at age 52 from colon cancer. When she was placed on hospice care, I observed the value of compassionate end-of-life care from the caregiver’s perspective. I experienced the contributions of the interdisciplinary medical-social-spiritual hospice team and the support that nurses provided to family-members-as-caregivers.

Advice to my nursing colleagues

All nurses choose this caring career to protect, promote, and improve the lives of their patients, to prevent illness and injury, and to alleviate suffering.

For me, hospice nursing is built uniquely around compassion for others and specialized knowledge about end-of-life care and its ability to alleviate suffering.

No matter what age or stage of your nursing career, consider these suggestions and nuggets of hard-earned wisdom to ensure you can be the best nurse you can be in the specialty that resonates with your skills and goals:

- Take advantage of tuition reimbursement programs and all available learning opportunities to further your education, knowledge, and skills
• Welcome and accept the advice of mentors early in your career, and step into the role of mentor to other nurses and nursing students as your experience deepens so that they can see clear paths to change, success, and growth

• Leverage your clinical skills to take on management roles that enable you to become an exemplary nurse leader and role model

• Be assertive, use your voice, and encourage other nurses to speak up collectively because nurses are trusted healthcare professionals who can exert great influence

• Embrace out-of-the-box ideas and leverage your physical presence and time to understand the day-to-day working environment and improve the profession for other nurses via continuous education, patient advocacy, organizational development, and numerous other areas

• Use disappointments and setbacks as motivations for career growth; on my first visit as a VITAS nurse, a soon-to-retire nursing home administrator said I was “too young and inexperienced” — feedback I assimilated to become an even better hospice nurse

• Extend your knowledge of nursing and healthcare in your community, whether through health fairs, church ministries, mentoring programs, nursing education partnerships, outreach to underserved populations, or professional nursing organizations

• Enjoy life and family; always make time to take a break and have fun

• Pursue networking and unity among other nursing leaders to create a powerful voice for our unique and valuable profession

Most importantly, walk through all open doors, learn from others, and take advantage of all career opportunities as they are presented to you.
Fulfill Your Passion to Serve Others with a Career in Hospice

VITAS offers benefits that allow nurses to feel supported while doing work they love.

Joining the VITAS® Healthcare team as a nurse is more than just starting a new job. It’s an opportunity to do work you’re passionate about—work that truly matters—alongside peers who are equally committed. VITAS enables you to develop new skills, forge meaningful relationships, and explore opportunities for career advancement while you help maximize patient comfort. When you work at VITAS, the nation’s leading provider of end-of-life care, you enjoy a range of “Healthy, Wealthy, and Wise” benefits focused on your personal and professional growth and stability.

**Healthy:** Health insurance, free preventive care, 2022 wellness incentive, Teledoc® access, dental/vision options, EAP, and access to numerous health resources and app-based tools focused on fitness, nutrition, sleep, weight loss, mental health, and more

**Wealthy:** Tuition reimbursement, health and flexible spending accounts (HSA/FSA), 401(k) with company match, Rx benefits (Express Scripts®), employee discounts, and optional life/disability/legal insurance options

**Wise:** Good Sam roadside assistance, legal assistance, Lincoln Financial LifeKeys® resources (TravelConnect®, identify theft resources, EstateGuidance®, and GuidanceNow® mobile app), and optional hospital/accident/cancer insurance

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Hospice care is defined as compassionate comfort care (rather than curative care) for people with an advanced illness who have a prognosis of six months or less, based on their physician’s assessment if the disease progresses as expected. When a patient or family member hears the word hospice, they often associate it with death, however, many patients have been admitted to hospice and discharged.

Traditionally, African Americans underutilize the benefits of hospice because of late or low enrollment. And for those who do take advantage of the benefit, few academic studies have examined their experiences. Increasing hospice admissions will help improve end-of-life care for this population (Dillon & Basu, 2018).

My interest in palliative and hospice care began many years ago. In 2010, I took a training offered through the End-of-Life Nursing Education Consortium (ELNEC) by City of Hope and American Association of Colleges of Nursing while at the University of Alabama Birmingham Hospital. I found the course to be very beneficial and eye-opening. It touched on those topics of caring for patients at the end of life that seemed important to me. Through the years I have attended many ELNEC trainings presented by VITAS Healthcare at the National Black Nurses Association (NBNA) conferences, including one for geriatric specialty and a train-the-trainer for advanced nurse practitioners.

I encourage you to take advantage of VITAS Healthcare’s monthly webinars just as I do, which helps me to maintain my certification in Gerontology through the American Nurses Credentialing Center. One topic that sticks out in my mind is pain management of the palliative care patient. These webinars have been very beneficial, refreshing my knowledge base in palliative and hospice care. Because of my love for palliative care, my dissertation was on “Burnout in the Palliative Care Nurse”—information that is now published in the Journal of Hospice and Palliative Nursing.

To give a perspective of hospice, I interviewed a caregiver who had a recent experience. Lena was the primary caregiver for her mom for three years. After the last hospitalization, doctors finally presented her with a choice for next steps which included hospice. The prognosis was that her mom most likely had less than six months to live. Lena noticed signs and symptoms of her mom further declining. She was already bedridden, and soon after started to refuse food and began to sleep more.

Lena contemplated the advantages of hospice care. She sought advice from her coworkers, the nurse practitioner, and the home health nurse. She made the decision to place her mom on hospice, and for nearly a month she benefited from the service. When her mom needed medications for pain and anxiety, oxygen, and finally when her mom transitioned, hospice was there to assist. Hospice continued to check on her mother’s relatives after she died.

There has been a lack of enrollment in hospice and palliative care among minorities due to both intercultural and intracultural barriers (Hyatt, E. G., 2019). To assist health care providers working with the medically underserved, a better understanding, more education, and general awareness of factors impacting enrollment are required. By removing these roadblocks, enrollment can increase, allowing more patients and families to benefit from hospice services.

NBNA is dedicated to community education through its local chapters and, in response to the demand, has formed an End-of-Life Adhoc Committee. Stay tuned for further details on how you can become involved through your local chapters.
References


Alzheimer’s/Dementia Patients and Caregivers Need Support—Start with a Plan

Alzheimer’s disease and related dementias (ADRD) pose a considerable challenge to patients, their loved ones and caregivers, and the clinicians who oversee their care.

The symptoms of ADRD often develop slowly but progressively, making it difficult to recognize the onset of the disease. Many patients aren’t diagnosed until they display more serious, debilitating symptoms, by which point healthcare professionals have fewer options to slow disease progression and improve quality of life.

Some early signs of ADRD can manifest occasionally in healthy, stable individuals: forgetting important appointments, losing one’s train of thought, struggling to navigate familiar places, or experiencing unusual changes in mood. When these occur frequently enough for a patient or their family members to be concerned, healthcare professionals should take those concerns seriously and conduct a proper assessment.

**Advance care planning meets patients’ needs—and caregivers’, too**

For patients with early signs of ADRD—or for those who face a higher risk of ADRD due to family history and other factors—early advance care planning presents the best opportunity to address patient and family concerns, identify care goals, and prepare for challenges related to future decline, including the designation of a healthcare proxy. An advance care planning session is also an ideal time to develop helpful solutions for the patient’s caregiver through education and connection to supportive services.

Research shows that ADRD caregivers face a 30% increase in depressive symptoms compared to caregivers of patients without ADRD. Those symptoms rise in proportion to the length of time the caregiver is responsible for the patient’s well-being.

Early advance care planning ensures caregivers have the knowledge and resources they need to address the rising burdens of care associated with progressive memory disorders. Better-prepared caregivers can provide more effective, meaningful care to their patients/loved ones, and are less likely to experience burnout and other hindrances that impact their ability to support themselves and others.

**Look for signs of hospice eligibility**

If advance care planning coincides with or follows a patient’s ADRD diagnosis, families and their healthcare teams should consider having a discussion about hospice. Typically, ADRD patients are eligible for hospice once they are unable to communicate meaningfully, and unable to ambulate, dress, bathe, or use the toilet without assistance. Even if a patient displays a high degree of function, discussing the benefits of hospice will help prepare everyone involved for the eventuality of this supportive approach to care.

In a study of ADRD patients living at home in Israel, researchers found that hospice care was associated with improved symptom management and satisfaction with care, as well as reduced caregiver burden. The study also demonstrated hospice’s ability to prevent hospitalizations and discontinue unbeneﬁcial and/or harmful medications.

Rooted in palliative principles of comfort and dignity, the hospice care model surrounds patients, their caregivers, and families with layers of support.
Hospice can help
An interdisciplinary care team—physician, nurse, aide, social worker, chaplain, bereavement specialist, and volunteer—develops a care plan to meet clinical, psychosocial, and spiritual needs related to the patient’s advanced illness. They train the caregiver and family to manage daily care and visit the patient at home at least once each week to assess needs, deliver medications and supplies, and ensure the patient is comfortable.

As the patient’s and caregiver’s needs elevate, hospice responds in kind. Visit frequency may increase, additional therapies can be introduced, and, if deemed medically necessary, clinicians can be dispatched to the patient’s bedside at any hour for up to 24 hours a day until symptoms are under control.

Under hospice, caregivers enjoy the option of respite care, a Medicare-defined benefit that enables a caregiver to take up to five days off, while the patient is temporarily relocated to an inpatient hospice unit or contracted facility bed. Once the patient dies, hospice offers bereavement support to their caregiver and family for at least 13 months.

The progressive nature of ADRD can burden patients and caregivers for years, however, those burdens can be offset by early advance care planning and—when appropriate—compassionate, supportive hospice care. If your patients or their loved ones are worried about the impact of ADRD, you can provide much-needed reassurance by making a plan that adapts to their changing needs and level of ability.

Download the VITAS mobile app for disease-specific, interactive hospice eligibility guidelines, secure 24/7 referrals, and more.

Make sure hospice is a subject of your earliest discussions about care. When your patient is ready for end-of-life care, they’ll appreciate that you initiated an important discussion—and their caregiver and loved ones will, too.
A Call to Action During a Pandemic: Nursing Volunteers to the Rescue

Brent MacWilliams, PhD, ANP-BC
Blake K. Smith MSN, RN
Diane Deese, MCLSS-GB, CACPFI, EMT

Background

In 2019, Diane Deese, Blake K. Smith, and Dr. Brent MacWilliams attended a strategic partnership meeting. The discussion centered on student nurses as an underutilized, valuable population for use in the volunteer role. VITAS Healthcare had a pre-existing volunteer program in which volunteers contacted patients or their primary caregivers on behalf of the hospice team, completed scripted interviews, and reported their findings back to the team. The VITAS ProActive Calls program would be the perfect place to integrate student nurses to learn in a telehealth setting and provide additional support for hospice patients.

A Call to Action

In the spring of 2020, COVID-19 hit the United States, and an emergency meeting was called with senior AAMN leadership and VITAS. The purpose was to devise a plan to expand the hospice provider’s volunteer program using student members to provide proactive support to the 19,000 daily hospice patients, many of which were experiencing isolation from families and others due to the pandemic.

The Plan

The plan was twofold:

1. Call on nurse professionals and students who were looking for opportunities to lend their time and skills during the pandemic, and
2. Incorporate the VITAS volunteer program into nursing schools’ clinical curriculum as a telehealth virtual clinical experience.

Nursing students and nurses were recruited from AAMN school-based chapters who wanted to serve others and/or displaced from their clinical rotations used to replace clinical hours.

Blake K. Smith consulted on the project by facilitating the operation and developing a digital strategy. Dr. Brent MacWilliams offered to operationalize the pilot at the University of Wisconsin Oshkosh in the Accelerated BSN option (ACCEL) as well as with members of AAMN, both nurses and nursing students in nursing schools around the country.

The ACCEL students enrolled in clinical rotations became a part of the VITAS ProActive Calls program as another clinical resource. Following volunteer training and placement to hospice teams, calls were made to hospice patients and their families based on a scripted questionnaire. The information gathered from those calls was reported to the VITAS hospice team for appropriate follow-up.

AAMN leadership offered a free student membership after completing 20 volunteer hours and proportional clinical credit for participation in the VITAS ProActive Calls program.

Summary and Outcomes

Other nursing organizations joined the call to action to help, which resulted in a model of collaboration that had far-reaching effects. The high impact of the VITAS ProActive Calls program for a high-risk population is evident with half a million calls completed since 2020 from nursing programs and nursing organizations coast to coast. During the pandemic and with a vulnerable population, it resulted in a call-to-action that supported hospice patients throughout the country at a time when many patients and families were isolated from one another.

A testimony from Peter Miskin, an instructor from Evergreen Valley College in San Jose, California: “I received wonderful feedback from my students. I was aware of the quality of instruction, but I could not foresee the impact the volunteer training and educational workshops would have on our students’ overall learning. The students who were assigned to VITAS Healthcare teams, demonstrated a much higher level of understanding of the principles of therapeutic communication, prioritization, and holistic care than the students who did not have the same learning opportunities. I cannot thank you enough for the support you provided to nursing education.”
Diane Deese and the VITAS corporate volunteer and bereavement team, in consultation with AAMN leadership, enhanced the volunteerism program from pilot work. It is clear that telehealth for the healthcare industry is here to stay and theory-based educational strategies must be developed to guide its use during the post-pandemic period. The VITAS ProActive Calls program was very successful on several research fronts that need to be and will be explored further by this team of authors and other researchers working with us.

The goal was to provide proactive outreach to their 19,000 hospice patients using this unique and scalable telehealth approach. At the start of the pilot, approximately 50 volunteers made about 300 ProActive calls. Today, over 2,500 volunteers in 18 months have made more than 517,000 calls to patients and their families—and those numbers both in volunteers and calls are increasing every month.

Telehealth was used across the healthcare continuum extensively during the COVID-19 pandemic, but none may have had more impact on a vulnerable population than VITAS Healthcare ProActive Calls program. It will be studied, evaluated, and disseminated as a best-practice quality improvement model in various settings.

Join the call to action. Find meaningful volunteer opportunities like this and more at Vitas.com/volunteer.
Volunteer From Home During COVID-19

Lend your healthcare expertise to a good cause during the COVID-19 pandemic by answering the AAMN/VITAS Volunteer Call to Action.

VITAS Healthcare
Even in the best of times, family dynamics can be complicated. But when a family member is dying, family relationships can take on new significance and complexity.

Generational and cultural factors play a meaningful role in how these relationships evolve over time and how end-of-life care is handled.

As healthcare professionals, we can make conversations about end-of-life care more productive by being mindful of cultural, generational, and personal beliefs involved. Here are some tips I’ve learned from other VITAS colleagues around the country.

**Tackling taboo**

If talking about death is considered culturally disrespectful, shameful, or taboo, difficult conversations about end-of-life care may never occur if the dying relative doesn’t bring it up, according to Adam Kendall, MD, VITAS physician in Orange County, California.

For these patients, clinicians can find common ground by speaking about hospice as a proactive, supportive benefit for the whole family. Some patients take more comfort knowing they are protecting their children and their legacy than if the sole focus is on them.

“Taking time to understand the family history and virtues shows respect and helps patients/families successfully identify their needs and wants. Listen to understand who makes the life-changing decisions in the family and... pause before providing unsolicited advice, especially prognostic advice.”

At VITAS in Dallas, Texas, admission liaison Patrick Bullocks, who also works closely with the Dallas Chapter of NBNA in outreach to the faith-based community, found that connecting with Black pastors and congregations finally led to productive hospice conversations with Black patients and families. Ministers effectively delivered a message of "you didn’t get the word from God that you should go this path... God has already opened your eyes to this opportunity, and it’s up to you to decide how to continue this journey—with suffering or with dignity?" he says. “That’s how we have to start painting the picture of hospice care.”

**Good intentions, futile decisions**

Even if a patient has accepted their condition, loved ones may be driven to seek care that offers unrealistic hope, according to Birinda Marwah, MD, VITAS medical director in Chicago.

He tried unsuccessfully at first to convince his father to move from New Delhi, India, to Chicago for colon cancer treatment. Dr. Marwah thought his father could benefit from the US medical system; his father preferred to remain in India. When his father’s condition worsened, Dr. Marwah brought both parents to the US, but in less than a day, his father was dying. Luckily, “hospice gave us the courage and support to bring my dad home, and those five days changed me completely, forever.” His family had time to share their feelings and love with one another. Dr. Marwah was so moved by the experience that he redirected his career from geriatrics to end-of-life care.

“(Aging parents) are very reluctant to share their unmet needs with their family, but once hospice is involved, the parents feel that they can bring these feelings out in the open.”

**Coming to consensus**

Family members bring their own fears about dying to the decisions they face on their loved one’s behalf, even when
some interventions would contribute to a more comfortable
death, according to Jacob Huynh, MD, VITAS physician in
Orange County, California.

“Each patient and family has unique difficulties they have
to overcome at the end of life, and we try to help them to
successfully navigate this part of the journey,” he told me.

Sunil Pandya, MD, associate medical director for VITAS
in Naples, Florida, says even medical professionals
sometimes fail to find common ground in these contentious
circumstances.

His mother died in 2011 without hospice. “Our family never
had a good goals-of-care discussion, never had palliative
care. My brothers and I were all well-educated—three of us
in healthcare—but never came to a consensus on her care.”

Dr. Pandya eventually changed his specialty from geriatrics
to hospice care, and a decade later, his father would die
under his care at the VITAS inpatient unit in Collier County,
Florida. The difference between the deaths was “night and
day … he couldn’t have had a more blessed ending to what
was an eventuality that I couldn’t have changed.”

Start with a conversation

As healthcare professionals, we can cultivate trust and
develop a deeper understanding of our patients’ needs by
inquiring about family dynamics and concerns. Goals-of-care
conversations and advance care planning sessions offer
natural starting points for discussing these topics, especially
when family members attend.

Learn more about advance care planning and culturally
sensitive care at VITAS.com.
Pain is a complex symptom in patients with life-limiting illnesses, and managing it can be a challenge. Pain is a significant contributor to patient and caregiver distress, and effective pain management, including relieving symptoms and minimizing suffering, is crucial to ensuring high-quality care.

Pharmacologic pain management is a multi-faceted therapeutic area. Many different classes and types of medications are available, from local agents such as capsaicin and diclofenac, to systemic agents such as nonsteroidal inflammatory drugs (NSAIDS), salicylates, neurotransmitter analogues such as gabapentin, antidepressants such as serotonin and nonrepinephrine reuptake inhibitors (SNRIs) and tricyclics, and opioids. These agents serve as the cornerstone of medical management of pain.

As a hospice provider, VITAS Healthcare makes pain management a priority and is uniquely equipped to address the distinct needs of pain management in patients with advanced illness. Hospice physicians work in collaboration with a patient's primary or attending physicians to identify treatments that can best relieve pain, prevent further suffering, and allow for optimal quality of life.

Pain and patients with advanced illness

Studies show that hospice patients receive pain medication and symptom control more often than those not on hospice, and patient and family satisfaction is closely associated with the level of symptom control. However, the selection, dosing, and conversion of pain medications, particularly of opioids, can be especially challenging for patients who are dying.

VITAS has created a unique, comprehensive opioid conversion tool tailored specifically for the treatment of medically complex patients with advanced illness, particularly patients nearing the end of life. Available free on the VITAS mobile app, the tool takes numerous factors into account, including the drug's pharmacokinetics and pharmacodynamics, as well as a patient's comorbidities health status, functional status (e.g., ability to inhale or swallow certain medications), and clinical history.

The converter helps clinicians identify optimal opioid options, delivery methods, and doses. Based on best practices, clinical evidence, and VITAS' decades of experience with the unique needs of the hospice patient population, this tool helps ensure the effective, safe, and consistent use of pain medications.

Holistic approaches to pain relief

While medication is a cornerstone of pain management, truly effective pain management goes beyond pharmacological treatment. A holistic, total approach to pain is essential and needs to address the patient's physical, psychological, social, and spiritual needs.

Members of the hospice multidisciplinary team—physicians, nurses, hospice aides, bereavement specialists, chaplains, and social workers, and volunteers—work together to address each patient's diverse needs.

Treatment extends beyond medication: VITAS uses a variety of non-pharmacological options to alleviate pain, including massage and gentle touch, thermal modalities, acupuncture, TENS units, virtual reality, pet visits, music therapy, and aromatherapy. Hospice teams also primarily provide care in the comfort and familiarity of patients' homes, nursing homes, or assisted living communities.

Patient and family/caregiver education on treatment options and modalities plays a significant role as well by building confidence, giving patients a role in decisions about their care, and reinforcing the value of streamlined, consistent, "all-inclusive" care from a single entity.

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**App-supported pain management**

Caring for patients at the end of life is inherently complex, difficult, and emotionally charged, and pain is a significant component of the overall clinical picture.

The VITAS opioid converter tool puts decisions about appropriate, effective pain control in clinicians’ hands within easy reach 24/7 on a mobile app. The hospice specialty’s focus on total pain management ensures that these patients with serious illnesses can live as well as they can with the highest quality of life near the end of life.

Download the VITAS Healthcare mobile app to access the opioid conversion tool that respects patients’ needs for comfort with advanced illness. (Available for iOS and Android devices at VITASapp.com)

**References**


Dr. Kevin Goodlow is medical director for VITAS Healthcare in Atlanta, Georgia.

Dr. Andrew Nguyen is a medical contributor for VITAS Healthcare.
Some friendships are more meaningful and profound than others, and that aptly describes VITAS Healthcare’s 18+-year professional relationship with the NBNA.

Our first interactions with the NBNA in 2003 set the stage for what has become a deep connection that grows stronger and more robust with each passing year.

Throughout our partnership with the NBNA, your organization and members have been impressively generous in sharing your personal knowledge, educational acumen, business experience, academic wisdom, community successes, and moving personal stories. As they have since 1978, VITAS teams across the US continue to help patients with advanced illnesses embrace quality of life near the end of life with the people they love in the places they prefer to be.

In the early to mid-2000s, you introduced us to the importance of involving clinicians and trusted community leaders in honest, appropriate discussions about what compassionate end-of-life care means and how it can be provided to Black Americans and historically underserved, underrepresented communities.

Those early interactions spawned equally impressive follow-up initiatives, including VITAS participation in the NBNA Corporate Roundtable; sponsorship of NBNA Chapter educational CE sessions, Chapter annual events, and national conferences; along with joint appearances at NBNA Days on Capitol Hill to ensure our needs and solutions are heard at the highest levels of government.

Inspired by your eagerness to share your expertise and knowledge with us, VITAS has provided over 23,000 hours of continuing education on hospice care and sponsored End-of-Life Nursing Education Consortium (ELNEC) trainings, an international educational consortium housed and owned by City of Hope and American Association Colleges of Nursing at NBNA conventions and local chapter events throughout the US. This training partnership alone has been one of the most successful educational initiatives in VITAS’ 40-plus-year history, enabling us to bring state-of-the-art hospice education to our healthcare colleagues—and they can take these trainings back into their own communities.

Because of your embrace of VITAS as a professional peer, we have reciprocated by initiating the formation of two new NBNA Florida chapters: Greater Fort Lauderdale Broward County Chapter and the Volusia Flagler Putnam Chapter, covering the counties near Daytona Beach.

We have provided the VITAS Healthcare Esther Colliflower Scholarship, in honor of one of our cofounders, to a deserving NBNA student for nearly the past 15 years. As all healthcare providers face the challenge of recruiting, VITAS takes pride in our ability to reach nursing students early in their careers to expose them to the possibilities and satisfaction of the unique medical specialty known as hospice and palliative care.

In 2011, when we were invited by NBNA leadership to participate in the Under 40 Forum to encourage and sustain involvement among younger members, we anticipated a crowd of 40 participants ... and over 100 NBNA members showed up. In 2019, in New Orleans, the largest ever Under 40 Forum took place with over 220 in attendance. Even at the 2021 Conference, the energy and enthusiasm continued as numerous chapters around the US (safely and masked up) held a live watch party to be a part of this year’s Under 40 Forum!

Looking forward, we are eager to participate in our 2022 national conference (no hints yet...just excited anticipation!). We are grateful to each and every past president and board member who has welcomed VITAS into the NBNA fold with open arms, inspiration, and unending motivation to do better always.

We will forever be grateful and appreciative for NBNA President, Dr. Martha Dawson, who has worked with VITAS on a number of state and national initiatives. Thank you for your tireless work with NBNA to be able to pass the End-of-Life Care Resolution in 2017.

We salute the dedication of Executive Director Millicent Gorham, PhD (Hon), MBA, FAAN, whose 26 years of professional NBNA leadership have positioned the nation’s Black nurses for unlimited opportunities and unbridled success.

We are always grateful to Dianne Mance, conference services manager for close to 20 years, and the NBNA’s national office staff. They work with VITAS to bring some of...
the many wonderful sessions and events that we have been a part of over the last 18 years.

Thank you, NBNA, for being such wonderful, impressive, inspirational long-time partners. All of us at VITAS Healthcare can’t wait to see where this amazing friendship continues to take us!

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**Peggy Pettit** is an executive vice president for VITAS Healthcare. She has worked with NBNA for over 17 years and became a member in 2015. She is an NBNA 2021 Lifetime Achievement awardee.

**Diane Deese** is the vice president of community affairs for VITAS. She has worked with NBNA nationally and with local chapters since 2003, and was inducted in as an honorary member in 2018.
Depending on your background and beliefs, the holidays can be a period of joy, togetherness, charity, and reverence. Nevertheless, for those coping with the loss of a loved one, traditional seasonal expectations can cause a foreboding sense of doubt or despair during the holiday seasons.

Holiday grief is marked by the primary loss of someone and the secondary loss of something special, whether status, a home, finances, or anything associated with the relationship. While the first year following a death has the reputation for being the hardest, lingering memories of the deceased can shade the holidays for years to come.

Those in the throes of holiday grief may feel alone, misunderstood, out of place, or frustrated.

- **What is the point?**
- **Why am I doing this?**
- **How will I handle others’ questions and sympathies?**

Whatever the source of one’s grief during the holidays, thoughts like these are routine. Successfully navigating grief begins with acknowledging the loss and then creating new space that better aligns with the new reality. Once you have given yourself permission to grieve, you can confidently choose whether to make holiday plans.

**Accept and accommodate your unique grief**

Grief is personal, unpredictable, and doesn’t adhere to a set schedule. Everyone grieves differently, but one experience is common: healing hurts. In fact, pain is a necessary and natural part of the healing process.

Start on the road to healing by accepting your grief and loss as an individual experience, and remind yourself that this year’s holidays may be unlike previous years. Permit yourself to make gradual changes toward new traditions based on your energy and schedule.

Maybe you don’t feel up to the pressure of cooking for this year’s gathering. Perhaps you prefer to be alone for reflection instead. Your feelings can change; it will take slow, steady steps to regain the emotional footing you had before your loss.

Establish new boundaries around your new comfort zone, and pay close attention to your emotions. Socialization is necessary, so try to avoid the temptation to “cancel” the holidays permanently. Celebration may cause feelings of guilt, but the presence of friends and loved ones during this difficult time will likely be a great source of comfort.

Keep in mind that some family members can occasionally express less-than-helpful notions (“Just get over it!”). Be persistent in letting others know how you need to be treated during this time. If a pet is more accommodating of your grief than another person, it’s OK to prefer their company.

**Lean on your loved ones**

In your grief, you may hesitate to ask for help from others out of fear of being a burden. Resist this urge; a strong support network can do wonders for grief, but you must be willing to invite and accept help from loved ones who have your best interests in mind.

When someone offers help, ask yourself what it would take to accept it. By allowing others to engage in selfless acts on your behalf, you can build a reservoir of good will and foster a sense of connection and purpose.

When you’re ready, invite friends and family to share stories and photos of your loved one. Don’t be afraid to laugh.
through the sadness—a funny photo or home video is its own sort of medicine.

**Embrace healthy habits**

It’s always better to cope with pain than to temporarily numb it with alcohol or illicit drugs. These substances can reduce the clarity of your pain and hinder your connection with those who want to help.

Instead, build a healthy routine around physical activity, eat a nutritious diet, listen to music, try a moment of meditation/prayer (or whatever nourishes your mind and soul), and sleep normal hours. Eventually, these habits will help you feel good again.

Consider setting new life goals, then discuss how to achieve these with a licensed therapist or counselor. A trained mental health specialist can help you navigate grief and loss, and build better habits to improve your overall quality of life.

However your grief manifests, and whatever you need to do to manage it, you are not alone. VITAS Healthcare has more than 40 years of experience supporting patients near the end of life and helping their families find healthy ways to cope with loss for the first year following a death.

VITAS can help you, too. Learn more at VITAS.com/grief. Sign up for our national support groups, offered weekly and monthly via Zoom or phone. Please remember we are here to support you, a loved one or a fellow colleague.
The past two years have been challenging for all of us in healthcare, but especially for the nurses delivering care on the front lines of the COVID-19 pandemic.

Make no mistake, physicians, respiratory therapists, and other clinicians have faced—and continue to face—many of the same challenges as nurses: extended hours, shortages of beds and supplies, staffing troubles, lack of family presence, and the ongoing risk of infection.

Nurses, however, provide the majority of hands-on patient care and perform crucial triaging, case detection, decontamination, and other demanding tasks. Nurses spend more time with individual patients throughout the course of their treatment than other care team members, all while juggling multiple patients with varied needs. When a patient dies in a facility with restricted visitor access, it’s nurses who handle the emotional labor of standing in for family members.

For all these reasons—and many, many others—YOU deserve our most sincere thanks. Through the most unforgiving and unfamiliar circumstances, YOU have persevered and demonstrated the depths of your commitment to patients, families, and your colleagues and peers in healthcare. If there’s ever been a time to tell a nurse how much YOU mean to us, it’s now.

As a nurse, I understand this is a frightening and uncertain time to be in this respected profession, especially for those just entering the field. But it’s also a time of courage, resilience, camaraderie, and truly meaningful achievement. Never have I been so proud to be a nurse, nor have I ever been so proud of my fellow nurses across the US and around the world—especially those I’m fortunate enough to work with every day at VITAS® Healthcare.

Those of us in hospice have a uniquely intimate relationship with death and dying, but that relationship doesn’t diminish the unprecedented demands we face during this pandemic. I am so thankful for all of my colleagues and especially my fellow nurses. Your tireless, continuous commitment and compassion will never cease to inspire me.

To every nurse reading this: THANK YOU. Thank you so much for choosing a career of services dedicated to making a difference and purpose in others’ lives. Thank you for pushing on when your strength seems to be exhausted or at its end. Thank you for supporting each other through all the challenges we’ve faced and all those yet to come.

This will get better—and it will be thanks in no small part to YOU and your dedication and commitment to each other and the communities we serve. I am sincerely humbled by your selfless care.
Creating a Culture of Diversity

Frontier.edu/NBNA

FNU is a three-time winner of the INSIGHT Into Diversity “Higher Education Excellence in Diversity (HEED) Award.

Earn an MSN or DNP through our Innovative Distance Education Programs

Specialties Offered:
- Certified Nurse-Midwife
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End-of-Life Planning Education, Empowerment & Advocacy

Brandi Alexander National Director of Community Engagement, Compassion & Choices

1. According to the Journal of Hospice and Palliative Medicine, Black Americans are not utilizing hospice and palliative care. Learn more about these important services at CompassionAndChoices.org

2. Planning equals peace! Compassion & Choices has free and easy-to-use tools to help with advance care planning.

3. Educate, Empower and Advocate! We can improve the way we approach end-of-life care and options. Compassion&Choices.org

National Hospice and Palliative Care Month is an opportunity to highlight the importance of these valuable, comprehensive and essential services for people with serious or terminal illnesses, and a chance to acknowledge and honor those who provide the care. COVID-19 has impacted everyone in such a profound way, and many are emotionally and physically exhausted. As a frontline worker, this last year and a half has left little time or energy for yourself. Time for self-care and a focus on mental health has become even more scarce than before. Planning equals peace! Use this month and the rest of the year to get your personal affairs in order. Complete or update your advance directive and living will.

Compassion & Choices can help! We are the nation’s oldest and largest nonprofit organization working to improve care, expand options and empower everyone to chart their end-of-life journey. We envision a society that embraces life and also accepts the inevitability of death.

Whether helping a patient, a patient’s family members, yourself or a loved one, Compassion & Choices has planning tools and addenda to advance directives that can help establish your treatment goals, values and priorities.

Tools such as the End-of-Life Decisions Guide include several documents to help guide your care. The Values Worksheet, for example, ranks what is important on a scale of 0 (not important) to 4 (very important), such as being independent, preserving quality of life or even living as long as possible regardless of the quality. My Particular Wishes is about decisions for specific treatments, like antibiotics, artificial nutrition and plasma/blood transfusions, and allows for yes, no or trial-period responses. Compassion & Choices offers various other resources as well, including The Dementia Provision, Hospital Visitation Authorization and End-of-Life Wishes Letter to Medical Providers.

Historically underserved communities, particularly the Black community, complete planning documents at much lower rates. In fact, new data confirms inequities continue to exist in end-of-life care. The 2020 Journal of Hospice and Palliative Medicine published Disparities in Palliative and Hospice Care and Completion of Advance Care Planning and Directives Among Non-Hispanic Blacks: A Scoping Review of Recent Literature. It notes a survey of California adults on serious illness and end-of-life, a 2019 cross-sectional representative survey of California residents that found 33% of non-Hispanic Blacks aged 18 years and older claimed that they had written end-of-life wishes, compared to 46% of non-Hispanic whites aged 18 years and older.

The lack of preparation combined with not knowing what options are available directly contributes to hospice and palliative care’s low utilization, which can cause more

Brandi Alexander is the National Director of Community Engagement for Compassion & Choices, and has been with the organization for more than 15 years. At Compassion & Choices, she is responsible for outreach to Physicians, African Americans, Latinos, Faith Leaders, the LGBTQ+, and Disability communities. Brandi graduated from Middlebury College with a bachelor’s degree in psychology, with a minor in French and women’s studies.
suffering when approaching the end of life. The literature review also included a 2018 Health Information National Trends Survey (Cycle 2) that showed 3 out of 4 (74%) non-Hispanic Black adults in the United States report not knowing about palliative care, and that those who have some knowledge of palliative care are most likely to confuse it with hospice care. Knowledge is power, so let’s all be motivated to get this information into the hands of those who need it the most. Challenge yourself to do your own planning. Commit to educating and empowering the community so we change how we approach the dying process and start having better experiences. Build a new legacy of informed end-of-life care decision-making and of advocating for ourselves and loved ones.

Data:
https://journals.sagepub.com/doi/full/10.1177/1049909120966585
National Hospice and Palliative Care Month is an opportunity to honor all professionals who work in the broad field of palliative care and hospice work, especially nurses. It is also the perfect time to educate all communities and raise awareness of the immense benefits for patients and families. At End of Life Choices New York (EOLCNY), our mission is to expand end-of-life options, improve end-of-life care, and promote healthcare equity at the end-of-life. Our goal is for all New Yorkers to have a peaceful death and receive end-of-life care in alignment with their wishes and values.

People of color are less likely to receive effective pain management, more likely to die in an ICU rather than at home, and less likely to receive hospice and palliative care. Although hospice use is increasing and more patients are dying at home, there are still pronounced racial disparities in treatment intensity at the end-of-life. Even when Black patients have DNR orders in place, they are more likely to receive life-prolonging treatments such as mechanical ventilation, meaning that their end-of-life wishes are not being respected.

The reasons for these disparities are complex. Patients are often not told about the option to receive hospice or palliative care or receive this information in the last weeks of their life. New York’s Palliative Care Information Act, which my organization initiated, mandates that if a patient is diagnosed with a terminal illness or condition, the patient’s attending health care practitioner must offer to provide the patient with information and counseling regarding palliative care and end-of-life options appropriate to the patient. Unfortunately, even with this mandate, many patients still do not receive timely and necessary information about their end-of-life options.

Although the hospice and palliative care movements have been instrumental in increasing awareness, many people are still not familiar with these services. Many people think hospice is only for the last few days or weeks of a person’s life, and that is not the case. There is also a misconception that palliative care and hospice are the same things, which means that patients who are not terminal may be suffering unnecessarily through their journey with a disease. If a person starts palliative and hospice care at their earliest opportunity, they can have a much better quality of life for their last months or even years. This means that nurses, as trusted medical providers, are also in a position to share this knowledge within their communities.

Financial barriers also exist in accessing palliative care. Wealth is vastly unequally distributed in the US and there are race-based inequalities in health insurance. Unlike for hospice, there is no defined Medicare benefit for palliative care services. Many palliative care teams are dependent on provider billing – which is insufficient, given the interdisciplinary nature of palliative care teams.

Additionally, the historical and current abuses and discrimination experienced by Black patients within the medical system has produced a rational fear that doctors will not value their lives enough to try and save them when possible. “When we do untrustworthy things—when we have a system that fails time and time again—it is appropriate for people not to trust,” said one doctor in a 2015 survey of physicians on the barriers their perceived in providing end-of-life treatment for Black patients. When Black patients trust their clinicians, they have higher rates of hospice enrollment. Physicians’ well-documented implicit bias against their Black patients plays a big role in this poor patient-provider relationship—and also affects medical care.
EOLCNY recognizes that there is still much to learn. In response, we are conducting a survey and interviews of/with Black New Yorkers who were caregivers to a loved one at the end of their life. We are also holding focus groups with Black healthcare professionals to understand the needs and challenges to improve care. If you would like to participate or learn more, please visit endoflifechoicesny.org/research

**Call to Action**

As nurses, you have the ability to dramatically impact a patient’s care and their value of care. As Black nurses, you have the opportunity to build true trust, and advocate for our communities inside and outside the medical office or hospital. To do this, consider holding workshops and information sessions, posting on social media, advocating for improved policy in healthcare, and having informal conversations. We have resources on our website (endolifechoicesny.org) that you are welcome to use, and always feel free to reach out to us for help! The Center to Advance Palliative Care and NHPCO also have great materials and reports.
The Work of the Death Doula

Garrett Drew Ellis

As an End of Life Doula, I have the unique opportunity to support people as they face the end of the most precious possession they will ever hold: their own life. As a black man, I am also qualified, by the very fact of my existence, to support my culture in death support in ways that are unique to us.

Many people however, are not clear on what a death doula actually is.

First, let it be said that death support and the role of a death doula is an art form that has been in existence since the first person alive took their last breath. Supporting people in death has been something that we humans have been doing for ever. Whether it be at the bedside, in a hospital, on the plantation (for the African American) or in ancient cultures, death is something we intrinsically know how to labor and support.

The title of “Death Doula” or “End of Life Doula” however has become popular in recent years due to a resurgence in educational offerings and the need that grieving humans have for support.

At the current time, an End of Life Doula is an unlicensed professional trained in the art of death support, providing emotional, physical, and educational aid to a dying person and/or their family. The doula’s purpose is to help the individual define what a “good” death means for them, doing so with as much grace, peace and support as possible.

Practically, a death doula’s services can include the following:

- Fostering conversation around finding meaning in a dying person’s life.
- Helping create legacy projects or memorials to remember one’s life after death. Examples include writing memoirs, creating scrapbooks or photo collages, commissioning tree or bench memorials, etc. Legacy projects are wide, varied and unique to the life being remembered.
- Writing Vigil Plans: What do you want your last breath to be like? Who or what would you like in the room with you?
- Sitting Vigil during active dying: If you would like, a doula can be with you and/or your family during the active dying process.
- Grief Reprocessing
- Advocacy on behalf of the dying person and their last wishes
- Advanced Planning
- Death and Grief education for families and the general public.

This is not an exhaustive list. Luckily, Death Doulas are able to utilize their creativity in how they serve the dying. Whether it be a specialization in childhood grief, legacy work or cultural diversity in grief, Doulas are able to meet the needs of their dying in unique ways.

Healthcare is a field of service that is in particular need of support, and could utilize the services of death doulas more than it has in the past. Before the Covid-19 epidemic, people were grieving and experiencing loss. However, due to the epidemic, the stress levels, grief losses and need for compassionate care has risen within the healthcare community. Nurses in particular are overwhelmed with the level of grief and stress that they experience on a daily basis.
With units overrun by dying patients, this is a particularly poignant time for providing grief support.

As a doula, I can speak for my community in regards to our desire for providing nurses, aides and healthcare workers with the tools they need to navigate their losses and stresses. A few things that can be incorporated into their daily and regular routines include the following:

- **Regularly Scheduled times of Self Care:** More than pedicures and facials, self care is a vital part of maintaining a health emotional environment. Especially for healthcare workers. Schedule regular times of reflection and care for yourself.

- **Open Conversation:** Because we live in a world that is grief and death phobic, we often shy away from having conversation surrounding grief, loss and stress. Do not be afraid of your need to process your feelings when you are experiencing grief or loss on your job.

- **Cultural Dependence:** Do not be afraid to look to the ancestors, as well as to the black community around you, for support and advocacy. Our grief needs are unique and because we have had a history of emotional repression, we need to depend on each other as we process our losses.

Death doulas offer a necessary and important service. If you are interested in learning more about who we are and what we do, feel free to connect with the [International End of Life Doula Association](https://www.endoflifedoulassociation.org) where we can connect you with support.
Encouraging Safe Acetaminophen Use During Cold and Flu Season

The Acetaminophen Awareness Coalition
CDR Jennifer N. Lind, PharmD, MPH

Cold and flu season is here, which means that nurses will be on high alert for potential medicine dosing mistakes. With COVID-19 still a part of our lives, the chances that patients might take their medicines incorrectly—particularly when treating pain or fever symptoms using acetaminophen—could be even higher this cold and flu season.

Acetaminophen is found in more than 600 over-the-counter (OTC) and prescription medicines—including many of the cold and flu medicines that patients used to treat their symptoms. Research shows that seven in 10 people will reach for an OTC medicine to treat fevers, sinus headaches, and other unwelcome symptoms, but two in three will not consider other OTC medicines they’re taking before choosing an OTC pain reliever. And while acetaminophen misuse can happen regardless of age, additional research suggests that older adults (ages 65 and older) may be at an increased risk of taking too much acetaminophen.

CDR Jennifer N. Lind, PharmD, MPH with the Centers for Disease Control and Prevention’s (CDC) Medication Safety Program, is an advisor to the Acetaminophen Awareness Coalition (AAC). She explains the problem with this approach: “Acetaminophen is safe and effective when used as directed, but there is a limit to how much can be taken in one day. Taking more than the maximum daily dose is an overdose and can lead to liver damage.”

The U.S. Food and Drug Administration (FDA) recommends that patients take no more than 4,000 mg of acetaminophen in a 24-hour period.

As a nurse, you are a critical first line of defense to prevent acetaminophen dosing mistakes. Dr. Lind recommends that healthcare providers remind their patients about safe dosing practices, like always using the dosing device that comes with the medicine, and not to use household spoons or other common alternatives.

The Know Your Dose campaign, sponsored by the AAC, lays out four acetaminophen safe use steps for patients:

1. Always read and follow the medicine label.
2. Know if your medicines contain acetaminophen.
3. Take only one medicine at a time that contains acetaminophen.
4. Ask your healthcare provider or pharmacist if you have questions.

The Know Your Dose campaign offers a variety of educational resources, in English and Spanish, to help nurses start the conversation about safe use. From prescription tear pads to easy-to-distribute palm cards, all the resources at KnowYourDose.org/order are free to use and make discussions with your patients about acetaminophen safe use simple.

The AAC has worked for over a decade to promote the safe use of acetaminophen, and nurses are important partners in that mission. Nurses make up 30% of the more than 11 million educational materials that have been ordered to date. This cold and flu season, we know you'll continue to help your patients take their medicine safely.

To learn more, visit KnowYourDose.org and follow @KnowYourDose on Twitter. We have also included suggested Twitter and Facebook content below that you can share with your audiences to reinforce the importance of taking acetaminophen safely this cold and flu season.

Suggested Twitter and Facebook Content

Thumbnail graphics are for reference only. All graphics can be downloaded at this link: https://gmmb.box.com/s/u3dfbfk6q105ubdfdeaw343u8nih8bpz
<table>
<thead>
<tr>
<th>Audience</th>
<th>Asset</th>
<th>Graphic (for reference only)</th>
<th>Text</th>
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</thead>
<tbody>
<tr>
<td>HCP</td>
<td>GIF</td>
<td><img src="HCP_GIF.png" alt="HCP GIF" /></td>
<td>7 in 10 patients will use OTC medicines to treat their cold and flu symptoms. This #FluSeason, remind your patients to read and follow their medicine labels to avoid taking too much acetaminophen. These free @KnowYourDose materials can help: <a href="https://bit.ly/KYDorder">bit.ly/KYDorder</a></td>
</tr>
<tr>
<td>HCP</td>
<td>Static [JPG]</td>
<td><img src="HCP_Static_%5BJPG%5D.jpg" alt="HCP Static [JPG]" /></td>
<td>#ColdandFlu season is here, which means that #nurses are on high alert for potential dosing mistakes among their patients. Order these free materials from @KnowYourDose to help start the conversation about safe acetaminophen use: <a href="https://bit.ly/KYDorder">bit.ly/KYDorder</a> #KYDColdFlu</td>
</tr>
<tr>
<td>Consumers</td>
<td>GIF</td>
<td><img src="Consumers_GIF.png" alt="Consumers GIF" /></td>
<td>DYK that over 600 medicines contain acetaminophen? This #FluSeason, read and follow your medicine labels to avoid accidentally taking too much acetaminophen. Learn more from the @KnowYourDose campaign: <a href="https://bit.ly/KYD-coldflu">bit.ly/KYD-coldflu</a></td>
</tr>
<tr>
<td>Consumer</td>
<td>Static [JPG]</td>
<td><img src="Consumer_Static_%5BJPG%5D.jpg" alt="Consumer Static [JPG]" /></td>
<td>During #ColdandFlu season, it’s important to know how much acetaminophen you’re taking in a 24-hour period. Follow @KnowYourDose’s 4 safe use steps to avoid #DoubleDosing and the health problems that can come with using acetaminophen incorrectly: <a href="https://bit.ly/KYD-coldflu">bit.ly/KYD-coldflu</a></td>
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The Acetaminophen Awareness Coalition (AAC) is made up of leading health, healthcare provider, and consumer organizations and advised by the Centers for Disease Control and Prevention’s Medication Safety Program and the U.S. Food and Drug Administration. In partnership with the AAC, the [Know Your Dose](https://www.knowyourdose.org) campaign educates consumers and patients on the importance of knowing the ingredients in their medicines and following the label to prevent unintentional acetaminophen overdose.
Resilience is the capacity to recover quickly from difficulties. When thinking about resilience, thoughts of rebounding from suffering, difficulties, and hardships may come to mind. In the absence of strength, healing, recovery, and actions to avoid or reverse the negative effects of these challenges, resilience may not occur. If we are not able to build resilience, the possibility of avoiding disease and/or disorders is reduced.

When humans face negative, disturbing, and/or frightening situations (real or perceived), the autonomic nervous system, specifically the parasympathetic nervous system (PSNS), is not able to function properly. The PSNS maintains equilibrium by regulating bodily functions and allowing the body’s systems to rest and restore. The sympathetic nervous system (SNS) is tasked with preparing the body for ‘fight or flight’. It is the system that is activated when we perceive danger. When faced with threats, our SNS provides what we need to survive: speed, heightened senses, and awareness. While these things are helpful when fleeing from danger, increased heart rate and respirations over an extended period of time are not sustainable, nor helpful, to oxygenate the body’s cells. We must seek equilibrium in order to regain and maintain health.

Studies have proposed a direct correlation between increased mindfulness and decreased negative health outcomes such as cardiovascular disease, immune suppressed responses, generalized anxiety, depression, problematic labor and delivery, and many more. One form of mindful meditation consists of sitting quietly, practicing a disciplined set of postures daily (ashtanga yoga), and holding postures on the mat/floor comfortably (restorative yoga).

Methods and tools that allow the PSNS to stabilize the mind and body are important, especially during these difficult times. The fact that we are living in the midst of a pandemic is only one of the major stressors African Americans have endured over the past year. We have been forced to isolate and refrain from sharing space, and touching is traumatic and has been stressful for adults and children. According to the Centers for Disease Control and Prevention, hospital emergency departments between April 2020 and October 2020 saw a rise in total visits from children for mental health conditions that included increased anxiety, depression, and loneliness. Increased professional and social media coverage focusing on violence and murders of unarmed African Americans has also been evident. These traumatic exposures may result in an overactive SNS. If left untreated, chronic stress can significantly and irreversibly negatively affect physical and mental health.

Fortunately, resources are available to assist us in maintaining balance between the SNS and PSNS. Advantages of our digital lives include social media access and constant availability of therapeutic tools. While we certainly should monitor our exposure to social media, we may also use it to our advantage and encourage our care recipients to do the same. Many resources are readily available via social media sites. A plethora of reliable social media sites share tips for reducing stress and increasing mindfulness and provide affordable or free yoga, meditation, gardening, minimalism, spiritually healthy rhetoric, and other activities that affect the PSNS and help us rest, restore, and recover.

Many well respected African Americans now openly discuss their mental health struggles and, as a result, stigma associated with mental health is reduced, increasing use of the resources that are available. Professional actors, athletes, and entertainers share that they have experienced an improvement in the quality of their lives after routinely
practicing mindfulness and after receiving mental health counseling. Currently, popular music often includes lyrics that encourage mental wellness, and television programs include discussions about mental health.

When nurses act as role models for our colleagues, our patients, and our youth, change is most effective. As nurses, we must live in a manner that exemplifies health and wellness.

We facilitate resilience when we are intentional with our health and our lifestyles. When we eat healthy food, seek assistance for mental health, practice mindful meditation and positive self-talk, pray, sing, dance, garden, access uplifting social media sites, and engage with nonprofit organizations, we assist our PSNS and cultivate resilience.
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Introduction

The long-term objective of this new postdoctoral training program is to improve the effectiveness of rehabilitation interventions in people with multiple sclerosis (MS). Research indicates that interventions involving the learning of self-management skills and engaging in healthy behaviors have only a modest effect on improving function and quality of life in people with MS. Innovative research is needed to optimize the effectiveness of self-management and rehabilitation interventions in people with MS. Such research will need to be (a) interdisciplinary, (b) inclusive, and (c) designed to identify the best strategies to improve outcomes of adherence and health.

Available Opportunity

Postdoctoral opportunities exist for nurse scientists to receive research training to improve rehabilitation and self-management outcomes in people with MS. This innovative training program is a collaboration involving the Cleveland Clinic Department of Physical Medicine and Rehabilitation and Frances Payne Bolton School of Nursing at Case Western Reserve University. The training program is sponsored by the National Multiple Sclerosis Society and a grant from the Patient-Centered Outcomes Research Institute. Mentoring will be provided under the direction of Matthew Plow, PhD, Francois Bethoux, MD, and Ronald L. Hickman, Jr., PhD, RN, ACNP-BC, FNAP, FAAN. Ideal applicants will be PhD-prepared nurses. Applicants who are PhD-prepared in rehabilitation or exercise science will also be considered. Qualified candidates from historically marginalized groups, ethnic minorities, sexual and gender minorities, and persons with disabilities are invited to apply.

Training Activities

Perplexing questions remain on designing self-management and rehabilitation interventions that incorporate optimal dosing, the most effective skills and behaviors to improve health outcomes, and the best ways to promote adherence. Training will be tailored to the selected candidates interests. It will include learning about rehabilitation concepts, universal research design principles, and the pathology and psychosocial impact of MS. After completing this introductory training, advanced training will be concentrated in the following areas: digital and blood biomarker discovery, function and quality of life measurement, technology-enhanced behavior change, and multiphase optimization strategies.

Benefits

Access to several datasets and hands on experience with conducting large clinical trials
Receive novel training from mentors with established research programs
Salary for 2 to 3 years of duration commensurate with experience
Stipend to conduct pilot study

Contact

Matthew Plow, PhD
Tel: 216.368.8969 Email: map208@case.edu
https://case.edu/nursing/i-well-research
NBNA Newsletter Criteria

- Articles should be 500-750 words
- Title of the article
- Author’s name and credentials
- Three line biographical sketch
- Headshot photo
- Resources where appropriate
- Three – five social media statements for Facebook and Twitter

Please send the article to millicent@nbna.org.

Please let NBNA that we can count on receiving an article, op-ed, educational item or infogram.

<table>
<thead>
<tr>
<th>Fall Issue Deadline</th>
<th>October 10, 2021</th>
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<tbody>
<tr>
<td>Winter Issue Deadline</td>
<td>February 20, 2022</td>
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Millicent Gorham, PhD(Hon), MBA, FAAN
Editor-in-Chief
NBNA Newsletter

Jennifer J. Coleman, PhD, RN, CNE, COI
Co-Editor-in-Chief
NBNA Newsletter
NBNA President Dr. Martha A. Dawson and Scott Eaker of Prolacta Biosciences present on “The Liquid God Standard: Keeping Donor Milk Safe” during the National Coalition for Infant Health Policy Summit, September 7, 2021. 
https://www.youtube.com/watch?v=u2JEFcOX0x4

NBNA President Dr. Martha A. Dawson co-authored a blog with Robert Blancato of Defeat Malnutrition. Mr. Blancato has been a speaker at the National Black Nurses Association Day on Capitol over the past few years. The blog was published in *Health Affairs*. 

Dr. Mary Kelly, Member, NBNA Board of Directors and President, New Orleans Black Nurses Association was nominated for the Nursing Administrator of the Year Award by the Louisiana State Nurses Association.

BAND-AID Brand Launches New Brown-toned Band-Aids: NBNA Receives $150,000 for Scholarships 

Ashley Pugh, Member, Atlanta Black Nurses Association, was featured as a frontline worker on a Johnson & Johnson Global Program held July 20. View her remarks time index 17–21 minutes. 
https://chw1.jnj.com/events/Join-us-for-the-July-20-Front-Line-in-focus-webinar

New White Paper Seeks to Improve Maternal Immunization Rates. Dr. Betty Braxter, Member, Pittsburgh Black Nurses in Action, represented the National Black Nurses Association on this national effort. Authors of the white paper represent the following leading organizations: Adult Vaccine Access Coalition, American College of Obstetricians and Gynecologists, American Public Health Association, AHIP, Association of Maternal & Child Health Programs, Association of Women’s Health, Obstetrics and Neonatal Nurses, HealthyWomen, Immunization Action Coalition, March of Dimes, National Association of Hispanic Nurses, National Black Nurses Association, National Coalition for Infant Health, National Minority Quality Forum, Society for Maternal-Fetal Medicine, Vaccinate Your Family. 

Dr. Ernest Grant, President, American Nurses Association, received the Civitas Award during the American Academy of Nursing Public Policy Summit.

Tiffany Gibson MSN-ED, RN, NPD-BC, CPN is the Lead Registered Nurse for the Chester Upland School District in Pennsylvania. She will supervise school nurses and medical assistants at 6 sites, and responsible for nursing education, COVID protocols and community health.

Dr. C. Alicia Georges, NBNA Past President, is the new chair of the board of Easter Seals.

Faye Gary, EdD, RN, received the Distinguished University Professor Award from Case Western Reserve University during the Fall Convocation. This is the University’s highest honor.

Dr. C. Alicia Georges, NBNA Past President received the Lifetime Living Legend Award from the American Academy of Nursing at its 2021 Public Policy Summit.

Dr. Marie Etienne, President, Black Nurses Association, Miami, is now the President-elect of the Florida Nurses Association.

Dr. Millicent Gorham, NBNA Executive Director, is a member of the American Academy of Nursing Edge Runners National Advisory Council.

Dr. Stephanie A. Patterson, JD, DNP, MBA, MPA, MSN, RN-BC, PMHNP-BC, PHN, a doctorally-prepared Psychiatric Nurse Practitioner, completed the Post-Master’s Family Nurse Practitioner certificate program at Spring Arbor University in Spring Arbor, Michigan. Dr. Patterson seeks to utilize her additional skills in the mental health arena to help improve patient outcomes among her psychiatric clients with co-morbid medical needs. She is a Lifetime Member of the Council of Black Nurses-Los Angeles (CBN-LA) chapter and Dr. Patterson was selected as a recipient of the “2016 NBNA Under
40 Award” and she also received a “2015 NBNA Nurse of the Year Award.”

New scholarship named after Dr. Irene Trowell-Harris, Member, Black Nurses Association of Greater Washington, DC area. https://ysph.yale.edu/news-article/executive-masters-degree-in-public-health-scholarship-named-for-distinguished-ysph-alumna/

Dr. Robyn Drake, Member, Black Nurses Association of Greater St. Louis launched, opened and filled her first home for housing the homeless for her not-for-profit organization Pick Up The Pieces.


NBNA President Dr. Martha A. Dawson accepted the Elizabeth Keckley Award from the Black Women for Positive Change at its annual meeting on October 16, 2021. Thank you goes to Attorney Carthenia Jefferson, chair and Dr. Monica Debro, co-chair and the Ad Hoc Committee on Violence Reduction for its outstanding contributions in the non-violence space.

Congratulations to Pastor Chad Ricks, past president, Council of Black Nurses, LA who received His MSN in organizational leadership from United States University in 2020 and walked October 23, 2021. He is studying for DNP in Executive Leadership through Post University in Connecticut.
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In recognition of Nurses Week 2021, BBNA and other Birmingham area nurses were honored with a ceremony and luncheon. Birmingham City Council President William Parker hosted an appreciation ceremony at the Birmingham Botanical Gardens. BBNA Nurses Week activities included the chapter’s annual wreath laying ceremony at the monument recognizing the first African American registered nurse in Alabama and several community activities that provides food, personal items, and other services to Birmingham residents. The chapter also hosted two free educational presentations virtually with CEUs for nurses in the Birmingham area.

BBNA member Dr. Lindsey Harris, president of the Alabama State Nurses Association, is featured on several media messages encouraging Alabama residents to get vaccinated against COVID-19. Dr. Harris is on print media, social media, and video spots for the Alabama Department of Public Health. Dr. Harris is also hosting Tele-Town Hall meetings answering questions about COVID-19.

On June 12, BBNA members attended the Pink Hat & Tie Luncheon Garden Party sponsored by Brenda’s Brown Bosom Buddies in recognition of those affected by breast cancer.

On June 14, the Women Under Construction Network 21 Days of Kindness Award was presented to Deborah Thedford-Zimmerman and Melanie Wren.

Tammy Davis has been accepted to the Cancer Free Economy Emerging Leaders Cohort where she will work with a mentor to develop and implement projects that focus on environmental health in the community.

Deborah Thedford-Zimmerman was recognized with the 2021 UAB National Alumni Society Volunteer of the Year Award. The award was presented during the University of Alabama at Birmingham Alumni Reception on September 23, 2021.

Several members of the Birmingham Black Nurses Association, Inc. received awards during the Alabama State Nurses Association Annual Convention in September. Dr. Loretta Lee received the Cindajo Overton Outstanding Nurse Educator Award; Deborah Thedford-Zimmerman received the Lillian Holland Harvey Award; Tanisha Leonard received the Outstanding New Member Award, and Yvette Spencer received the Outstanding Nurse Administrator Award.
ABNA Recording Secretary LaTonya Hines, RN, BSN, received the September Employee of the Month recognition at Emory Rehabilitation Hospital. She was presented with this honor on October 8, 2021, while being surrounded by her co-workers and colleagues.

ABNA Board member Pat Palmer, RN, MSN, won best poster presentation for her poster submission entitled "An Assessment of the 2020 Health Care Summer College and Workforce Development Institute" which was presented at the 2021 MDAC Virtual Leadership Summit on May 24, 2021.

ABNA Vice President Dr. Karen Rawls and Membership Chair Ora Williams, RN Conducted BP Screenings for the Community Back to School event which was held at Zoar UMC Church on July 31, 2021.

Mary Starks, BS, RN is the Nurse Practitioner Association (NPA) of New York State’s Student Nurse Practitioner of the Year for 2021. Earlier this year, she received a scholarship from the NPA as well. She is currently a graduate student (FNP-DNP) at the University of Rochester School of Nursing where she will be participating as a Leadership Education in Neurodevelopmental disabilities (LEND) fellow in the last year of her master’s program.

Sheniece L. Griffin, DNP, RN, CNL recently graduated from UR School of Nursing in May of 2021 after successfully defending her DNP project titled “Evaluating and Improving Complex Care Management in a Patient Centered Medical Home Primary Care Practice. As of June 2021, Dr. Griffin was appointed to the inaugural role of Nursing Director for Diversity, Equity, and Inclusion at the University of Rochester Medical Center.

Bryanna Patterson, BSN, RN is now the Independent Living Donor Advocate (ILDA) at the University of Rochester Medical Center (URMC). I am also a recipient of the Maria Dudley Advanced Practice Nurse Scholarship.

Dr. Celia McIntosh DNP, RN, FNP-C, PMHNP-BC, SCRN, CCRN, CNRN, CEN, received the “We Create Change Award” an award that honors community advocates for bringing awareness on violence-related issues: including gang, workplace, and domestic violence, human trafficking, and systemic racism occurring in our homes, schools, communities, and counties. To inform them that EVERY zip code, EVERY gender, EVERY workplace, and EVERY state in our nation is affected by these epidemics.
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- Rochester BNA (182) ........................................ Dr. Yvette Conyers ................................................ Rochester, NY
- Suffolk County BNA (183) ................................ Jacqueline Winston .................................................... Ridge, NY

**NORTH CAROLINA**
- Central Carolina BN Council (53) ....................... Bertha Williams .................................................. Durham, NC
- Piedmont BNA - Charlotte (181) ......................... Tammy Woods ........................................................ Charlotte, NC
- Queen City NBNA (189) ....................................... Daren Lowe ........................................................ Charlotte, NC

**OHIO**
- Akron BNA (16) ........................................ Deandreia Mayes-Bell ................................................ Akron, OH
- BNA of Greater Cincinnati (18) .......................... Dr. Regina Hutchins ................................................ Cincinnati, OH
- Central Ohio BNA (185) .................................. LaToya Gibson ........................................................ Columbus, OH
- Cleveland Council BNA (17) ................................ Dr. LaTonya Martin ................................................ Cleveland, OH
- Columbus BNA (82) ......................................... Janice Smith ................................................................. Columbus, OH
- Stark County BNA (191) .................................. Lisa Johnson .......................................................... Canton, OH
- Youngstown Warren BNA (67) ........................... Carol Smith ........................................................... Youngstown, OH

**OKLAHOMA**
- Eastern Oklahoma BNA (129) ........................ Wendy Williams .................................................. Tulsa, OK
- Oklahoma City BNA (173) ................................ Irene Phillips .......................................................... Jones, OK
OREGON
Alliance of BNA of Oregon (186).................Danaya Hall........................................Portland, OR

PENNSYLVANIA
Pittsburgh BN in Action (31)......................Dr. Dawndra Jones..................Pittsburgh, PA
Southeastern Pennsylvania Area BNA (56).....Monica Harmon.........................Philadelphia, PA

SOUTH CAROLINA
Midlands of South Carolina BNA (179).........Lisa Davis..................................Columbia, SC
Tri-County BNA of Charleston (27).............Vivian Frasier-Gathers........Charleston, SC

TENNESSEE
Memphis-Riverbluff BNA (49) ..................Betty Miller..............................Memphis, TN
Nashville BNA (113) ..........................Shawanda Clay............................Nashville, TN

TEXAS
BNA of Austin (151) ................................Janet Van Brakle.......................Austin, TX
BNA of Greater Houston (19) ....................Cynthia Brown..........................Houston, TX
Central Texas BNA (163) .......................Mack Parker..................................Temple, TX
Fort Bend County BNA (107) ...................Marilyn Johnson........................Pearland, TX
Galveston County Gulf Coast BNA (91) .........Leon McGrew..........................Galveston, TX
Greater East Texas BNA (34) ....................Melody Hopkins......................Tyler, TX
Metroplex BNA (Dallas) (102) ..................Dr. Becky Small........................Dallas, TX
Southeast Texas BNA (109) .....................Bernadine Julun-Jacobs..............Port Arthur, TX

VIRGINIA
BNA of Charlottesville (29) .....................David Simmons, Jr........................Charlottesville, VA
Central Virginia Chapter of the NBNA (130).................Dr. Tamara Broadnax..................North Chesterfield, VA
NBNA: Northern Virginia Chapter (115)........Joan Pierre................................Woodbridge, VA

WISCONSIN
Milwaukee BNA (21) ..........................Karina Brown..............................Milwaukee, WI
Racine-Kenosha BNA (50) ......................Joyce Wadlington......................Racine, WI

Direct Member (55)*
*Only if there is no Chapter in your area.