**A Day with a Hospice Nurse**

Meeting Patients and Families Where They Are

Christine Benggon is up and going at 4:30 a.m. She uses the morning calm to center herself for the day. Sipping coffee, she takes time for devotions before getting into her black Subaru and heading to work as a hospice nurse — where she will spend the rest of her day supporting people who are dying.

Christine is an energetic, youthful 47-year-old registered nurse. She has worked at Hinds Hospice since August 2011. She is a “visiting nurse” which means she travels to the patients rather than caring for them in the Hinds Hospice Home. There are three kinds of nurses in the medical world: those who greet us at the beginning of our lives, those we see in the middle, and those who help us at the very end of our lives. Hospice nurses, like Christine, are part of a rapidly growing sector of health care that provides medical services at the end of our lives.

On this Monday morning, Christine is visiting the Cortez home in central Fresno. (We have changed names and minor details to protect patient privacy). The unremarkable tract home is pale yellow, with water-stained stucco. What was once a front lawn has succumbed to drought and is becoming a patchwork of hardpan dirt and dead weeds. A newly built wooden ramp at the front door is the only clue as to why Christine has been making regular visits to the home for the past seven weeks.

Perched on a folding chair in the Cortez’s crowded living room, Christine applies a pressure cuff to the arm of 86-year-old Emilio, and gently uses her stethoscope to listen to his heart. Christine’s soothing tone and calming nature come through as she talks to him and his adult daughter, Alicia.

A temporary eight-foot folding table has taken up residence in the center of the small living room. It is cluttered with medication bottles, medical paperwork, ointments, and a plate with the remains of Emilio’s breakfast, which he has barely touched. Alicia fusses with the plates while apologizing for the mess. She shares that last night was a “bad one.” She hasn’t slept much, and looks relieved to have Christine there. Christine brushes off the comment about the mess with a wave of her gloved hand, and gathers details about the night.

After a review of Emilio’s medications, Christine makes a call to the Medical Director at Hinds Hospice and has a short conversation about adjusting Emilio’s nighttime pain medication. Alicia’s apprehensive posture seems to soften a little as the conversation continues. Christine finishes the call with a chipper “Okay, all taken care of.”

Christine has gotten to know the Cortez family. She knows that Alicia is 37 years old, and has taken a leave from her job in San Rafael to care for her father. She knows the names of Alicia’s three children in the framed photos that threaten to overwhelm the side table. She knows that

“I didn’t think I could do it. I thought it would break my heart.”

– Christine Benggon, RN

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A Day with a Hospice Nurse  
continued from front

being away from her family is putting a strain on Alicia’s marriage, and that when her leave-time at work runs out, Alicia may lose her job. Christine also knows Emilio is dying of renal failure and dementia. Alicia knows it as well. It is a tough reality.

“My father is a good man. We weren’t always close, but I’m glad I can help him now,” Alicia says. “When the doctor recommended hospice, it was hard. I realize that one day I will lose him. But this makes him happy, to be home. He has good days and bad days. It is tough sometimes, but Christine and everyone at Hinds Hospice helps me know what to do. I don’t feel like I’m doing this on my own.”

Christine is part of a team of doctors, licensed vocational nurses, social workers, chaplains, volunteers, and home health aides who make it possible for Emilio to choose to die at home. The team also makes it possible for caregivers like Alicia to provide the care their loved ones need.

“People ask all the time, ‘How can you do this?’” Christine chuckles. “My answer is that for me, hospice care is a calling. It doesn’t make me special or unique. It’s just that it’s perfect for me, and it doesn’t feel like a job. I come to people when they’re struggling, and in the process of something very difficult, and it feels like a privilege that they invite me into their home and allow me to help them through a stressful time.”

Christine wasn’t always a hospice nurse. She began her career as a licensed vocational nurse. She worked on the medical/surgical floor at a hospital for 18 years before becoming an RN. “A friend suggested I apply at Hinds Hospice. I didn’t think I could do it. I thought it would break my heart, but once I started as a hospice nurse, I loved it.” Christine becomes increasingly animated when she talks about her job. “I have the opportunity to spend individual time with patients and families. I address more than their physical needs. I have an opportunity to support their social and spiritual needs, as well. Hospice isn’t a place, it’s a philosophy of care. It’s about comfort and dignity, talking to a patient about their end-of-life wishes and how they want to go about it, and then doing everything we can to follow those wishes.”

The number of people using end-of-life services has increased dramatically in recent years. In the National Hospice and Palliative Care Organization’s most recent estimate, more than 1.5 million Americans sought hospice care in 2016. Hospice nurses possess a very specialized skill set, and not everyone can do it. As the population ages, the demand for hospice nurses like Christine has become critical.

Christine says “being a hospice nurse means meeting patients and families where they are, emotionally, spiritually, and physically. Every patient and every family is unique. As team leaders, each RN manages care for numerous families at any given time. As an agency, we all work together to care for close to 300 patients every day. Our job is to determine what their needs are, and then meet them. I’m very thankful we can provide that support.”

Emilio drifts off to sleep, snoring softly on the couch while Christine collects her supplies and places them neatly into a blue, carry-on-sized rolling bag. She does a quick once-over and, satisfied, she asks Alicia if she has anything else she can help her with today. Alicia ponders for a moment, then says she thinks she has what she needs. She gives Christine a thank you hug that lasts for several seconds, and then Christine is back in her car, headed to the next family. She will see five more families today, and she will meet each one of them where they are.

An Opportunity to Protect Clinical Excellence: Putting Patients First

In 1981, Nancy Hinds began caring for four patients in her own home, establishing a core value of putting patient needs first. Today, that core value remains a key strategic focus. Thanks to the generosity of a local family, Hinds Hospice is getting a little help to protect the quality of care for which Nancy (and Hinds Hospice) are known. The family of the late Jane Leffler is offering a matching gift challenge for gifts made by 12/31/19 to help Hinds Hospice launch a new “Jane Leffler Clinical Excellence Fund.” The Fund honors Jane’s long career as a nurse and, after retirement, as a Hinds Hospice volunteer. It will be managed as a long term investment, enabling it to grow to support clinical excellence initiatives such as a new Amy Tobin Tuition Assistance program to help Hinds Hospice licensed vocational nurses (LVN’s) become registered nurses (RN’s).

For details regarding the Jane Leffler Clinical Excellence Fund and the matching gift challenge, call Lynne Pietz, Executive Director, Development at (559) 317-6024.
HINDS HOSPICE MADE A DIFFERENCE IN 2018 BECAUSE OF YOU

PATIENT CARE PROVIDED IN FISCAL YEAR 2018

1,388 Patients Cared For
314 Patients Served in our Hospice Home

246 Veterans Served
55 Children Served in our Hinds Kids Pediatric Concurrent Care Program

BEREAVEMENT SUPPORT SERVICES IN FISCAL YEAR 2018

2,223 Individuals Provided Grief Support
312 Angel Babies Families Served

4,493 Bereavement Support Phone Calls Made
250 Survivors of Suicide Loss Support Group Attendees

20,423 Children and their Families Helped Through our Circle of Friends Program
52 Individual Hospice Related Counseling Sessions

Spring brings lovely weather, holidays, school breaks and, National Nurses Week.

Our Executive Director of Nursing, Ann Guerrero, recently educated the Board of Directors on the various responsibilities and expertise we have in our Hinds nursing team. We learned about each of our caregiving and support teams who, like a well-choreographed dance troop, deliver high quality, sacred care for our patients, families and community.

We learned how our nursing team members are each guided by a compassionate heart and empathetic spirit. Our newsletter features a story about Christine, a nurse who provides education and emotional support to our patients, caregivers and families. We are thrilled with the support our community has given to make these resources a reality.

On behalf of the Board, I would like to extend a special thanks to our nurses during National Nurses Week. You continue to provide the highest level of care to your patients. You deserve special recognition for your vast contributions and the impact that you make each day. Thank you all!

LuAnn Joy, Board Chair

Smart Tax Tip: If you are over 70½, you must take a Required Minimum Distribution (RMD) annually from your Individual Retirement Account (IRA). The distribution is taxable, triggering tax liability. Alternatively, consider directing all (or a portion) of your RMD to your favorite charity as a “Qualified Charitable Distribution” (QCD). Such a transfer does not qualify for a charitable deduction but the QCD also isn’t counted as “income”, helping to reduce income tax liability. You can donate up to $100,000 per year using this technique. Certain restrictions apply, so be sure to consult with your tax advisers.
CEO’s Message to Friends of Hinds Hospice:

As a growing number of people in our community face health concerns, the need for quality hospice care is rising. Hinds Hospice remains committed to providing exceptional care despite the challenges of caring for more people in Fresno, Madera and Merced counties. We now manage care daily for almost 300 adult and pediatric patients – more than at any other time in Hinds Hospice’s history. Our clinical teams work hard to meet families’ needs, fulfilling our mission to uphold the dignity and ease the suffering of the terminally ill while supporting their loved ones, and those who are grieving. However, good stewardship also means growing in a way that is sustainable and promotes excellence.

As the mission expands, we are developing new programs and therapies to enhance care. It is an exciting time of seeking new collaborative partnerships, operating efficiencies, grant opportunities, a new contract relationship with Fresno County (for Survivors of Suicide Loss), and meaningful donor support. Recent developments include:

- A new suicide survivor “LOSS” team to work with first responders in Fresno County, providing support to survivors at the scene of a suicide loss
- Planning for new complementary therapies (i.e. music, massage and therapeutic touch) for Hinds Kids patients, to be extended in the future to adult patients
- Expansion of our Hinds Kids Program for pediatric concurrent care, now helping 40-45 children
- Utilization of new Eye Movement Desensitization and Reprocessing (“EMDR”) therapy for grievers experiencing persistent trauma as a result of loss
- Strengthening a new program offering palliative care to chronically ill Healhnet patients
- Pursuit of a new Patient Simulation Skills Lab project and launching of a new “Jane Leffler Clinical Excellence Fund” to develop and retain top quality clinical leaders
- Opening of a new thrift store located at 125 North “D’ Street, Madera, CA

This Annual Report recognizes many who embrace our mission, helping us build a future protecting care for your families. Your gifts of time, talent and treasure are invaluable as tax laws transform the philanthropic landscape. Thank you for remembering loved ones with memorial gifts and for your attendance at fundraising events. Thank you for donating to and shopping in our thrift stores. We also welcome gifts made through your IRAs and estate plans. Your generosity makes our mission possible.

Thank you,

Eric Klimes, MBA,
Hinds Hospice CEO
Our heartfelt thanks for our generous donors of $1,000 or more during our 2018 Fiscal Year (October 1, 2017-September 30, 2018)

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HINDS HOSPICE

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WALK / RUN
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