

AWARD WINNER

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HOSPICE OF THE BLUEGRASS

*Lexington, Kentucky*





Patients, families, physicians, volunteers, and community hospices in 23 Kentucky counties look to Hospice of the Bluegrass (HOB) for leadership and best practices in end-of-life care — and they get it. With many “firsts” on its resume — from caring for Kentucky’s first hospice patient (1978), to being among the first in the nation to receive Medicare certification (1983), to becoming the first freestanding hospice to be an accredited site for clinical pastoral education (1999) — HOB is a noted pioneer and a worthy role model.

It started small. “In the beginning, I didn’t think we’d ever serve more than 35 patients,” says Gretchen Brown, president and CEO. “But as we became established in Lexington, we kept hearing about needs outside our immediate area. Early on, I got a call from someone who had a patient who lived one mile beyond our county line. Those types of calls helped spur us to grow into a regional program.”

Determined to ensure that hospice care is available to all people in Kentucky, HOB has grown geographically by merging with programs severely challenged by economic issues. Most Kentucky hospices are very small, and many are located in rural areas. Most care for fewer than 25 patients per day and face an unending struggle for adequate funding. The money squeeze, in turn, contributes to issues of staffing and expertise. “For the rural hospices around us, the issues of being small are tremendous,” says Brown. “It became clear that, by growing into these areas, we could offer the benefits of economy of scale.”

Today, HOB’s impact on end-of-life care in Central, Southeastern, and Northern Kentucky is measurable. It received more than 3,000 referrals from hospitals, physicians, families, and friends in 2001, and admitted 2,668 patients. In 2001, bereavement counselors made more than 5,000 visits, and led 14 support groups and educational sessions for persons in grief, including one for parents with children who have a life-limiting illness. This year, HOB’s census grew to an all-time high of 700 per day.

Operating out of 10 sites, HOB offers a comprehensive spectrum of end-of-life services that help families from initial diagnosis through the grief process, supporting them through the difficult transition from life to death. In addition to traditional hospice care in patients’ homes and nursing facilities, HOB offers a 17-bed inpatient unit — the only dedicated hospice unit in the area; educational programs for staff, professionals, and community members; and community libraries. HOB also serves patients in inpatient facilities and in non-traditional settings, such as assisted living centers and even homeless shelters. HOB’s innovations also include: an outpatient palliative care clinic, which offers care for people not yet appropriate for hospice, or who choose not to use it; a comprehensive inpatient palliative care consultation service; and a specially-trained pediatric team, which serves both urban and rural areas.

“HOB is the organization of choice in end-of-life issues,” says Kent Davis, M.D. who has served as a volunteer medical director for more than 14 years. HOB’s innovative strategy of recruiting community physicians for these voluntary posts has exposed a broad sampling of doctors to the program, accelerating acceptance of the hospice approach. “They have the total picture put together. No other single group around here can put everything together that a dying patient or a family needs — from medical care to equipment to spiritual support. I have yet to run into a circumstance that this organization can’t meet. They offer quality of living and dignity of dying.”

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#### INNOVATION HIGHLIGHTS

**BEREAVEMENT GROUPS FOR SUICIDE AND HOMICIDE DEATHS**

**SPECIALIZED PEDIATRIC PROGRAM AVAILABLE TO RURAL FAMILIES**

**OUTPATIENT PALLIATIVE CLINIC SERVICE**

Successful, noteworthy, but never complacent, HOB regularly seeks new collaborations. Recently, it partnered with a large African-American church, whose elders requested specialized bereavement education and training for parishioners, because of the high rate of homicides among young males in their community. In addition, HOB has strong ties to the University of Kentucky Medical School. Third-year medical students in both internal medicine and family practice are required to take a rotation at HOB. Currently, HOB and the medical school are discussing a formal residency program. HOB also offers placements for other students in health care and other professions. Doctoral candidates in pharmacy serve a one-month practicum with HOB during their last year of school, focusing on drugs used during end-of-life care. Nursing students from surrounding universities may select a one-semester placement with HOB.

“These educational partnerships are exciting and mutually beneficial,” says Brown. “Students always bring new ideas, experiences, and perspectives. They add a special dimension to our programs.”

Another of HOB’s key collaborations is with its cadre of 600 volunteers, who contribute 3,000 volunteer hours each month. Significantly, HOB reports a continual net gain of volunteers: in 2000, two volunteers were recruited for every one lost. Often, new recruits are friends or family members of patients served by an HOB program. “It was just something I had to do,” says Kate Fresca, who became a volunteer three years ago, after working with HOB during the last months of a close friend’s life. “The hospice was so wonderful, so unbelievably sensitive to his desires. They stayed in the background but were always available. I gained so much respect for this organization. I wanted to help make that experience possible for others.”

Recently, HOB’s track record as an innovator and collaborator has attracted the attention of national groups seeking information and research partnerships. In 2000, the Health Care Financing Administration (now Centers for Medicare & Medicaid Services) awarded one of five national demonstration grants to HOB to develop a comprehensive program of palliative care and case management for children with life-threatening diseases. Another recent grant will enable HOB to collaborate with the University of Kentucky to produce a manual for social workers dealing with death, dying, and grief.

Every collaboration yields increased knowledge and opportunities for service — and each success has led HOB to look for more ways to work with others, says Brown. “Our staff, volunteers, physicians, nurses, and students are excited and passionate about our work and eager to learn more. Our goal is to continue to grow as a community asset, offering more services that respond to our communities’ needs. We think we’ve developed some good ways to do things, and we’d like to pass along that knowledge. So, one thing is for certain: we won’t be standing still.” •