A Publication of Angelic Health

Touching Lives™

Holding Hands. Holding Hearts.

Create Your Own Story

Loving Yourself, Loving Others

Getting The Care You Need

Making Memories Last Forever

The 3 Phases of Spiritual Growth

ANGELICHEALTH

We're by your side

FEATURE ARTICLE

CONTENTS

CAREGIVER'S CORNER

MEMORABLE MOMENTS

SPIRITUAL SUPPORT

LIVE WELL

FAMILY & FRIENDS

Welcome to *Angelic Health's Touching Lives Magazine*

In these pages you will be informed and inspired and may even learn a few things that may surprise you.

It's about how you live. Angelic services are all about improving quality of life. Our healing and therapeutic touch, innovation, compassion, and our people create the Angelic Health Difference. It is what sets us apart from the others. Angelic Health staff care for patients and their families as if they were their own. As a son, husband, father, and friend, I can honestly tell you that these are the people I would want to care for me and my loved ones.

ANGELIC HEALTH
We're by your side

Angelic Health
Toll Free Number: 1-844-948-0645
www.Angelic.health

Many people do not get the care they need and deserve because of misconceptions about hospice and palliative care. Most of us are uncomfortable talking about our mortality, but it is something we all face. Having a plan for care in the event of a life-altering diagnosis will reduce the stress of exploring options when you and your family are least prepared to cope.

A person experiencing failing health may qualify for the hospice benefit from Medicare, Medicaid and most private insurances. Hospice care is not giving up. In fact, those receiving hospice services have an improved quality of life and are better able to enjoy time with family and friends than those not receiving care.

We can answer your questions and address concerns about hospice, palliative, and transitional care, or explore our other healthcare services including TeleHealth, primary care house-call medicine, wound management, and palliative wellness.

We are by your side with services to meet your healthcare needs whatever they are, and wherever you are.

Warm Regards,

Dan Mikus

Dan Mikus, MSW, MBA
CEO, Angelic Health

Doris Whitaker with her children Lisa and Jeff

“There comes a time when you know, it’s time.

There had been times over the past ten years when we thought our mom might not bounce back, but she always did. At 92, it was different. That’s when we reached out to Angelic.

From the first phone call, we can’t say enough about the care, attention to detail, and personal interest each team member took not only in our mom’s care, but for us as caregivers too.

An organization is only as strong as its members. Angelic is a first-class team. From our nurses, Regina and Stacey, to our mom’s aides, Isabelle and Esther, everyone brought their own personality and special touch to her care. Pastor Dave was great as well.

When our mom passed peacefully, your staff was right there offering comfort and support. We highly recommend Angelic to any family looking for quality, personal care for their loved one.”

— Jeff Whitaker, son of Angelic Hospice Patient Doris Whitaker

Volunteers are the Heart of Hospice Care

Caring for the terminally ill by community volunteers is at the root of hospice history. In those early days of hospice, the sick and dying received care during their final days from compassionate lay people with a mission to ease suffering. Today, clinical care is provided by registered and certified healthcare professionals, but the volunteer visitor continues to be an important part of hospice care.

Chris Hannah and his deaf dog, Cole, are Angelic Hospice volunteers. Their visits bring much joy to patients.

"We know volunteering for hospice isn't for everyone," explained Margie Barham, MBA, director of public relations and giving for Angelic Health. "Yet hospice volunteers will tell you that they get much more than they give. They delight in visiting patients, hearing their stories, and making their days a little more special."

"It is so rewarding to be able to help those who are experiencing the most difficult time in their lives," explains Angelic Hospice Volunteer Loretta Beisel of Cape May County. "Sometimes providing a respite for the caretaker so they can go to church or the doctor's office; or just lending an ear to listen to someone recounting their memories of their life is such a simple thing, but can be so profound."

Experiencing the benefit of hospice for herself is what lead Marjorie McGraw of Gloucester County to volunteer." After seeing hospice in action with my loved ones, I became a volunteer to offer patients and their family members friendship, understanding, and a smile when they are often the hardest to find."

Typical visits to hospice patients are filled with conversation and sharing of memories. Volunteers may also stay with the patient for short periods of time so the caregiver can take time for themselves. We welcome Military Veterans to visit other Veterans on the hospice service. Sharing this common bond is an important part of their lives. Certified Pet Therapy volunteers are very popular to those who enjoy spending time with furry friends; and those who play music or sing can bring much joy by sharing their talent. ❋

A gift of your time and compassion to those on their final journey is so meaningful for patients and their loved ones. For more information on hospice volunteering, call 609-515-3041, email Volunteer@Angelic.health, or visit our website at www.Angelic.health.

Loving Yourself, Loving Others

By Paula Spencer Scott

Kay Marshall Strom knows firsthand that you can't take care of a loved one well if you aren't taking care of yourself.

For more than a decade, Strom nursed her husband, Larry, as a progressive condition slowly took away both his mental and physical function. Though his genetic illness, chorea acanthicytosis, is extremely rare, the emotional pain, isolation, and ongoing losses she experienced as she cared for him are all too common—and not talked about enough, says the Oregon-based author.

That's why she has written *A Caregiver's Survival Guide: How to Stay Healthy When Your Loved One Is Sick*, published by InterVarsity Press, to help others who share her experience.

Why do good caregivers find it so hard to take care of themselves?

You know it's necessary to take care of yourself, but it's almost impossible because there are so many things to cope with, from physical tasks to financial burdens to emotional challenges. It's easy to fall into thinking of "him vs. me"—How much do I give to him before I can give a crumb to myself without feeling guilty about it? I felt guilty all the time.

What are the risks of not making yourself a priority, even in a crisis?

The danger is catastrophic. You will burn yourself out—even to the degree of causing your own premature death. If you fall apart, who will care for you *and* the person you're caring for?

It's not a weakness to need to care for yourself. It's just essential. Once you understand that, it becomes easier to accept help. To help manage the tremendous stress, you need respite time (where someone else relieves you of caregiving), sleep, and physical activity.

How do you manage the emotional rollercoaster when someone you love is very sick?

You have to take your dreams of how you wish things were and how they were supposed to be, and reshape them to reality. You can get lost in hopelessness—the most destructive emotion of all. The temptation is to keep pushing, to think, "If I try harder, he'll get better…He'll finally understand what I'm saying…I can save him."

There is a time to push and a time to stop pushing. There is a time to challenge and a time to accept. There is a time to cling tight and a time to loosen your grip. Reshaping to reality isn't giving up. It's coming to a place where you can open your hands and let go.

How did you put that into action?

I'm a writer, so I kept a journal of my thoughts and fears, what we each said. Later I read it and was amazed how raw I really was. Any outlet that allows you some distance can be an escape hatch—working in a garden, writing poetry, taking pictures.

I also had the blessing of a close friend who walked the journey with me. It's vital to be able to talk about your feelings, to have a safe person you can talk to and not worry, Are they judging me? Do they think I'm a bad person? A support group is also good for this.

Is it better to go with the highs and lows, or to try to stay on an even keel?

I don't think you should force yourself to stay on an even keel. But do separate the external stresses from the internal ones. External stresses are the ones thrust upon you—providing care, dealing with insurance and finances, taking care of family, and other responsibilities. You have to get through these. Internal stresses are ones we put on ourselves, and these you can lessen or get rid of.

I was driven to do everything right, for example. I couldn't give myself the right to make mistakes. I also had trouble saying no. I wanted to please everyone and not offend anyone.

Do you have other, practical advice for getting everything done?

You probably have people who say, "If I can do anything, call." But of course you never do. So I made a list: Clean my house. Get groceries. Pull weeds. Read to Larry for ten minutes so I can catch my breath. When someone asked if they could help, I pulled out the list and said, "As a matter of fact, you can. Tell me what works for you." Most people truly are willing to help.

What did you learn about yourself through caregiving?

I learned how weak I was and I learned how strong I was. Many times I went to bed hoping I wouldn't wake up, thinking, I can't go through another day. But I did. I made it through.

Paula Spencer Scott is the author of *Surviving Alzheimer's: Practical Tips and Soul-Saving Wisdom for Caregivers*.

Making Memories *Last Forever*

By Barb Orr

When someone you love is facing a serious illness, you might think your best memories are behind you. Not true. Often it is your final time together you remember the most – what was said, how it felt, what your loved one looked like, sounded like and words they expressed or shared only with their eyes.

It is still a time for making memories which happen naturally with the power of ritual. Every culture has had rituals; human beings have the innate desire to create meaning out of our existence. One definition of a ritual is "any practice or pattern of behavior regularly performed in a set manner."

Rituals reinforce beliefs and values, and induce a sense of belonging. They stir our deep feelings of what the beloved means to you, as well as what each person involved means to one another.

A ritual might serve as a way to let go of anger and regret. It can reduce anxiety, ease grief, and shift our focus from our loss to what we have gained through the loved one's life.

A ritual doesn't need to be elaborate. Songs and storytelling can be a part of it. Having something physical is also useful; it provides a focus, a gathering together for a shared experience. Ancient peoples commonly used fire; it was indispensable, but also naturally provided a center around which to talk, dance, sing, and perform rituals which gave their collective lives coherence and meaning.

A candle can provide this kind of center, bestowing a sense of warmth and light in what might otherwise be simply a dark time. Treasured items reinforce this effect—perhaps a piece of jewelry, a letter written, photographs, a familiar piece of clothing or something often used by the loved one.

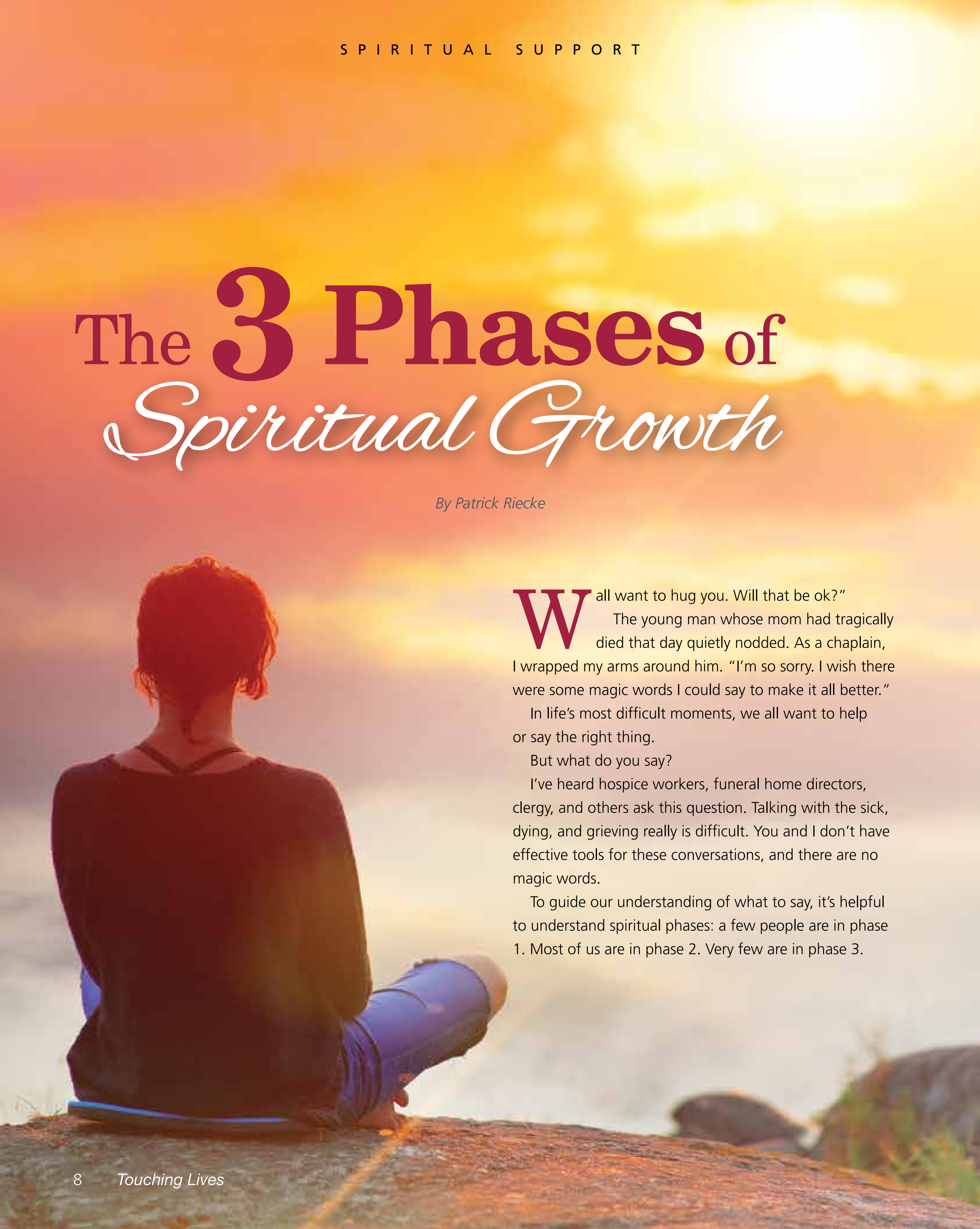
Perhaps Grandma taught you to crochet potholders and everyone grabs an edge to share a story or thank her for something. Perhaps your brother sang and played guitar, and each person has a song sheet to help them sing to him. Perhaps your loved one was a wonderful cook, and a dish she often made is shared while you take turns telling her what she has meant to you.

Meaningful experiences provide themes to celebrate and honor your loved one's life which help to ease the loved one's suffering or fear and give a sense of control during a time of loss.

Barbara Orr, M.S., of Orr Training Services, LLC is a psychotherapist and workshop presenter, specializing in topics such as family relationships, trauma, developmental issues, and helper self-care.

The 3 Phases of Spiritual Growth

By Patrick Riecke



We all want to hug you. Will that be ok?”

The young man whose mom had tragically died that day quietly nodded. As a chaplain, I wrapped my arms around him. “I’m so sorry. I wish there were some magic words I could say to make it all better.”

In life’s most difficult moments, we all want to help or say the right thing.

But what do you say?

I’ve heard hospice workers, funeral home directors, clergy, and others ask this question. Talking with the sick, dying, and grieving really is difficult. You and I don’t have effective tools for these conversations, and there are no magic words.

To guide our understanding of what to say, it’s helpful to understand spiritual phases: a few people are in phase 1. Most of us are in phase 2. Very few are in phase 3.

Phase 1 – God's Love and Your Future

Your story may begin with "God loves me and has a wonderful plan for my life." When you are in this phase, everything is hopeful and future oriented, such as a new high school or college graduate, a newly married couple, the birth of a child or a person beginning a new career.

Phase 2 – God's Support and Your Struggles

As you face hardships, you may lean into "God helps me overcome my difficulties." You will spend most of your life in this middle phase. Overcoming one challenge after another, you will gain lots of tools (some healthy and some unhealthy) for facing this phase.

Since most people in your life are also in this phase, you communicate as people sharing similar life struggles. Your language, thoughts, and method of processing the events of your lives are all shaped by overcoming difficulties.

Listen to the news, music, movies, conversations…most of them are better described as facing today's challenges rather than future events or finding meaning which is why it's hard to talk to someone who is facing the end of life.

Phase 3 – God's Peace in Finding Meaning

Have you ever experienced significant grief? In your grief, are you focused on a joyful future or are you trying to solve problems? Grief and death are not obstacles that you resolve by seeking a solution.

Dr. Viktor Frankl, in his opening to Man's Search for Meaning, speaks of a "fate that cannot be changed." He used this phrase to describe his experience in a Nazi extinction camp.

When you are dying or in grief, you also experience a fate that cannot be changed. That means that the tools you used to overcome challenges which included encouragement, problem solving, perseverance, or a change of attitude will not work in phase 3.

Therefore, in this phase, we search for "God to help me find meaning in my suffering."

If I am in phase 2 and you try to help me solve my problem, I might appreciate it.

But if I am in Phase 3, facing my own death or I am in deep grief, my reaction to you trying to solve my "problem" will not be positive. Encouragement can seem like mockery. Prayer may initially seem like a foreign language. Perseverance may not be an option.

This unchangeable fate is more common than we would like to admit. Once we begin to feel that we are not going to overcome our difficulties, Viktor Frankl recognized that "what matters, therefore, is not the meaning of life in general but rather the specific meaning of a person's life at a given moment."

The concept of meaning in suffering was harder for me to understand until I read these words: "God has made everything beautiful in its time. God has also set eternity in the human heart; yet no one can fathom what God has done from beginning to end."

If you have ever sat across the table from someone who knew he was facing his own death, or watched a grieving mother reach out to another hurting soul, or sat at the bedside of a dying person, you have experienced the meaning of life.

You have observed God making something beautiful in its time. You have experienced eternity, that unfathomable arc of beauty created and transformed by God from the beginning to the end.

Rev. Patrick Riecke, MA, is the director of Chaplaincy, and chairperson of the Ethics Committee for Parkview Health.

Create Your Own Story

By Katy Butler

Don't wait until you're at death's door to explore your passions, deepen your relationships and find your posse.

My parents lived good lives and expected to die good deaths. They exercised daily, ate plenty of fruits and vegetables, and kept, in their well-organized files, boilerplate advance health directives. But when he was 79, my beloved and seemingly vigorous father came up from his basement study, put on the kettle for tea, and had a devastating stroke.

For the next 6½ years, my mother and I watched, heartbroken and largely helpless, as he descended into dementia, near-blindness and misery. To make matters worse, a pacemaker, thoughtlessly inserted two years after his stroke, unnecessarily prolonged his worst years on Earth.

That was a decade ago. Last month I turned 70. The peculiar problems of modern death—often overly medicalized and unnecessarily prolonged—are no longer abstractions to me. Even though I swim daily and take no medications, somewhere beyond the horizon, my death has saddled his horse and is heading my way. I want a better death than many of those I've recently seen.

In this I'm not alone. According to a 2017 Kaiser Foundation study, 7 in 10 Americans hope to die at home. But half die in nursing homes and hospitals, and more than a tenth are cruelly shuttled from one to the other in their final three days.

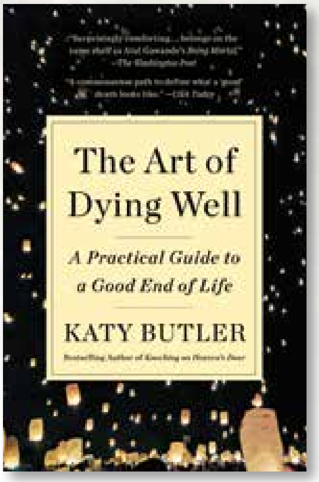
Pain is a major barrier to a peaceful death, and nearly half of dying Americans suffer from uncontrolled pain. Nobody I know hopes to die in the soulless confines of an Intensive Care Unit. But more than a quarter of Medicare members cycle through one in their final month, and a fifth of Americans die in an ICU.

This state of affairs has many causes, among them fear, a culture-wide denial of death, ignorance of medicine's limits, and a language barrier between medical staff and ordinary people. "They often feel abandoned at their greatest hour of need," an HMO nurse told me about her many terminally ill patients. "But the oncologists tell us that their patients fire them if they are truthful."

I don't want this to be my story.

In the past three years, I've interviewed hundreds of people who have witnessed good deaths and hard ones, and I consulted top experts in end-of-life medicine. This is what I learned about how to get the best from our imperfect health care system and how to prepare for a good end of life.

Have a vision. Imagine what it would take you to die in peace and work back from there. Whom do you need to thank or forgive? Do you want to have someone reading to you from poetry or the Bible, or massaging your hands with oil, or simply holding them in silence? Talk about this with people you love.



The Art of Dying Well

A Practical Guide to a Good End of Life

KATY BUTLER

Once you've got the basics clear, expand your horizons. A former forester, suffering from multiple sclerosis, was gurneyed into the woods in Washington state by volunteer firefighters for a last glimpse of his beloved trees. Something like this is possible if you face death while still enjoying life. Appoint someone with people skills and a backbone to speak for you if you can no longer speak for yourself.

Stay in charge. If your doctor isn't curious about what matters to you or won't tell you what's going on in plain English, fire that doctor. That's what Amy Berman did when a prominent oncologist told her to undergo chemotherapy, a mastectomy, radiation and then more chemo to treat her stage-four inflammatory breast cancer.

She settled on another oncologist who asked her, "What do you want to accomplish?" Berman said that she was aiming for a "Niagara Falls trajectory:" To live as well as possible for as long as possible, followed by a rapid final decline.

Berman, now 59, went on an estrogen suppressing pill. Eight years later, she's still working, she's climbed the Great Wall of China, and has never been hospitalized. "Most doctors," she says, "focus only on length of life. That's not my only metric."

Know the trajectory of your illness. If you face a frightening diagnosis, ask your doctor to draw a sketch tracking how you might feel and function during your illness and its treatments. A visual will yield far more helpful information than asking exactly how much time you have left.

When you become fragile, consider shifting your emphasis from cure to comfort and find an alternative to the emergency room.

And don't be afraid to explore hospice sooner rather than later. It won't make you die sooner, it's covered by insurance, and you are more likely to die well, with your family supported and your pain under control.

Find your tribe and arrange caregivers. Dying at home is labor-intensive. Hospices provide home visits from nurses and other professionals, but your friends, relatives and hired aides will be the ones who empty bedpans and provide hands-on care. You don't have to be rich, or a saint, to handle this well. You do need one fiercely committed person to act as a central tent pole and as many part-timers as you can marshal.

People who die comfortable, well-supported deaths at home tend to have one of three things going for them: money, a rich social network of neighbors or friends, or a good government program (like PACE, the federal Program of All Inclusive Care for the Elderly).

Don't wait until you're at death's door to explore your passions, deepen your relationships and find your posse. Do favors for your neighbors and mentor younger people. It doesn't matter if you find your allies among fellow quilters, bridge-players, tai chi practitioners, or in the Christian Motorcyclists Association. You just need to share an activity face-to-face.

Take command of the space. No matter where death occurs, you can bring calm and meaning to the room. Don't be afraid to rearrange the physical environment. Weddings have been held in ICUs so that a dying mother could witness the ceremony. In a hospital or nursing home, ask for a private room, get televisions and telemetry turned off, and stop the taking of vital signs.

Clean house: Hospice nurses often list five emotional tasks for the end of life: thank you, I love you, please forgive me, I forgive you, and goodbye. Do not underestimate the power of your emotional legacy, expressed in even a small, last-minute exchange.

Kathy Duby was raised by a violent alcoholic mother. She had no memory of ever hearing, "I love you." When Duby was in her 40s, her mother lay dying of breast cancer in a hospital in Boston. Over the phone, she told Duby, "Don't come, I don't want to see you." Duby got on a plane anyway.

She walked into the hospital room to see a tiny figure curled up in bed—shrunken, yellow, bald, bronzed by jaundice, as Duby later wrote in a poem. Duby's mother said aloud, "I love you and I'm sorry."

Duby replied, "I love you and I'm sorry."

"Those few moments," Duby said, "Cleared up a lifetime of misunderstanding each other."

Think of death as a rite of passage. In the days before effective medicine, our ancestors were guided by books and customs that framed dying as a spiritual ordeal rather than a medical event. Without abandoning the best of what modern medicine has to offer, return to that spirit.

Over the years, I've learned one thing: Those who contemplate their aging, vulnerability and mortality often live better lives and experience better deaths than those who don't. They enroll in hospice earlier, and often feel and function better—and sometimes even live longer—than those who pursue maximum treatment.

We influence our lives, but we don't control them, and the same goes for how they end. No matter how bravely you adapt to loss and how cannily you navigate our fragmented health system, dying will still represent the ultimate loss of control.

But you don't have to be a passive victim. You retain moral agency. You can keep shaping your life all the way to its end—as long as you seize the power to imagine, to arrange support and to plan.

Katy Butler is the author of *The Art of Dying Well* (Scribner, 2019). Article adapted from *The Art of Dying Well* by Katy Butler.

The *Ultimate* Best Plan

By Loretta S. Downs

Whether it's planning a trip or your final wishes, sharing what you want and being open about an experience that 100% of us will face—for ourselves and with others—is a gift to everyone, especially yourself.

Facing our final act is often avoided yet when we acknowledge it rather than tiptoe around it, we normalize it as our life experience which helps us be present in every moment. We all want to die in peace and alleviate any burdens on our loved ones. If they do not know what we want, it could cause uncertainty and lingering doubt as to our intentions.

Put It In Writing

In order to increase the likelihood of a good departure, we need to document our wishes. There is no need for an attorney, although if you are doing an estate plan, an advance healthcare directive is usually part of it. This has nothing to do with your financial assets, only with decisions that will affect the quality of your death.

With no one available to guide them, our healthcare providers frequently suffer moral distress having to give aggressive, uncomfortable treatment to someone who is not being helped by that treatment. Faced with families in disagreement, or no one to advocate for the patient, the patient lingers on life support which does not need to happen to you.

There are two parts to this directive. First, choose one person you trust to speak for you in the event you are hospitalized and can't speak for yourself. They will be your healthcare proxy and will be able to access all your medical information and make decisions about your treatments.

It has to be someone who will agree with your choices and can ensure your doctors follow your directive. Choose a subordinate just in case your first choice is not available when needed.

Second, there's a checkbox on the form to document your desires. Assess your values and beliefs. If you near the end of life and medical treatments could prolong your dying, is quality of life more important to you or length of life? You do have a choice.

Prepare for Family Talk

All the information you need to prepare for your family talk is on three websites. The National Hospice & Palliative Care Organization provides information on both of those supportive services through a link to a legal—and free—advance directive for every state. Download a form, read it and be informed on choices that are right for you.

The Compassion and Choices website is a treasure trove of significant information. Explore the Plan Your Care Resource Center to help you navigate the bumps you and your loved ones can encounter in critical illness. A useful resource is My End of Life Decisions: Advance Planning Guide and Toolkit. The site also provides understanding guidance for those with dementia.

Now you've got the paperwork in hand, dip a toe in, then a foot, then dive down deep before it's too late. Set a date to do the work.

Make It About You

The next step is initiate the conversation with your loved ones. Find a Starter Kit on The Conversation Project website. This is actually as critical as the paperwork. Some people videotape their wishes to guarantee there are no disagreements about, "what treatment she wants—or doesn't."

When you find that opening, all you need is to ask this question: "Has anyone here done an advance healthcare plan? You know, completed an advance directive form?" You will open up a door that they all want to walk through. It happens every time.

Make it about you, not them. "I read an article about how important it is to complete a directive. It helps loved ones and the doctors in cases of critical illness. What if I'm in an accident and seriously injured. I don't want you wondering whether to plug me in or unplug me. I want to tell you what's important to me."

Then widen the discussion and ask them what they would want. "I found terrific information on these websites. Here, I wrote them down for you. I felt empowered reading about knowing my choices, how to document them, and how to talk about them." You will become a hero for starting The Conversation.

Make a plan while you're healthy. Review and revise that plan after any life-threatening diagnosis, or if the person you trust changes. Keep talking. Give copies of the document to all of your doctors and anyone who could be called upon to influence medical decisions.

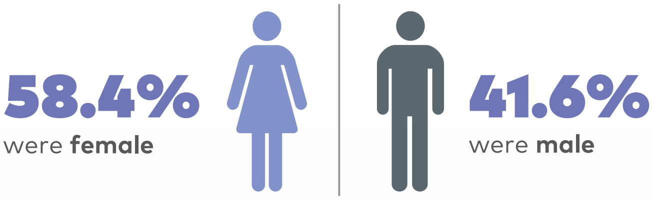
Whether you talk about death or not, remember it's your life story. Make it a good ending. ✻

Loretta S. Downs is the Founder of Chrysalis End-of-Life Inspirations.

Getting the *Care* You Need

For people facing a life-limiting illness, hospice provides expert medical care, pain management, and emotional and spiritual support expressly tailored to the needs and wishes of the patient and the family.

Hospice focuses on caring, not curing. In most cases, care is provided in the patient's home but may also be provided in freestanding hospice facilities, hospitals, and nursing homes and other long-term care facilities. Currently, most hospice patients have their costs covered by Medicare, through the Medicare Hospice Benefit.

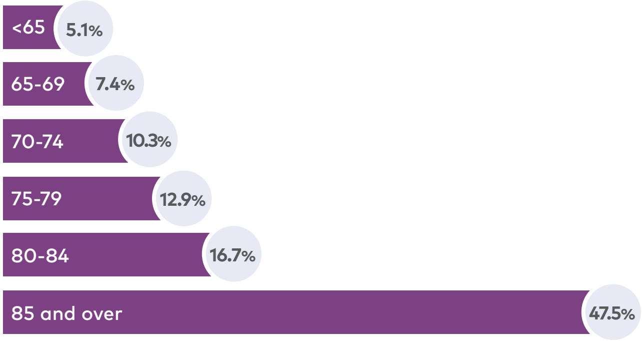


How is hospice care delivered?

Typically, a family member serves as the primary caregiver and, when appropriate, helps make decisions for the terminally ill individual. Members of the hospice staff make regular visits to assess the patient and provide additional care or other services. Hospice staff is on-call 24 hours a day, seven days a week.

The hospice team develops a care plan that meets each patient's individual needs for pain management and symptom control. This interdisciplinary team usually consists of the patient's personal physician, hospice physician or medical director, nurses, hospice aides, social workers, bereavement counselors, clergy or other spiritual counselors, trained volunteers, and speech, physical, and occupational therapists, if needed.

% of Patients by Age

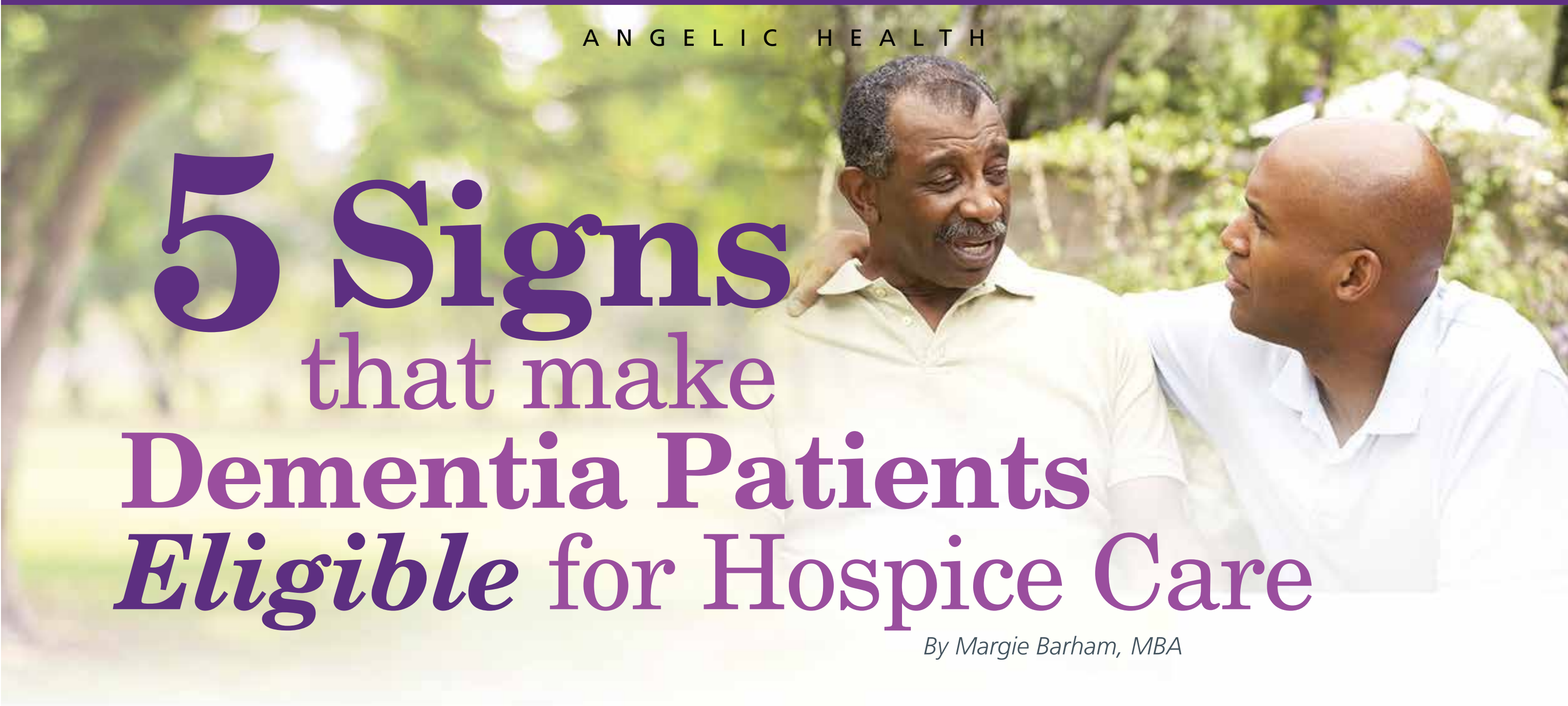


What services are provided?

The interdisciplinary hospice team:

- Manages the patient's pain and other symptoms;
- Assists the patient and family members with the emotional, psychosocial, and spiritual aspects of dying;
- Provides medications and medical equipment;
- Supports and offers education to caregivers on how to care for the patient;
- Provides grief support and counseling;
- Makes short-term inpatient care available when pain or symptoms become too difficult to manage at home, or the caregiver needs respite time;
- Delivers special services like speech and physical therapy when needed;
- Provides grief support and counseling to surviving family and friends.

Reprinted with permission from National Hospice and Palliative Care Organization (NHPCO) Facts and Figures: Hospice Care in America 2018 Edition.



5 Signs that make Dementia Patients *Eligible* for Hospice Care

By Margie Barham, MBA

Dementia is a life-altering and debilitating disease that takes much from the patient: their independence, their memories, and ultimately their lives. It also takes much from the caregivers. Caring for dementia patients is challenging to say the least. According to the Alzheimer's Association, as much as 40 percent of family caregivers of people with dementia suffer from depression.

"Sadly, while there are treatments to slow the progression of some of the symptoms of Alzheimer's, there is no cure; but there is help for both patient and their caregiver," said April Gall, RN, director of admissions at Angelic Health. "Palliative and hospice services provide much-needed clinical oversight to the day-to-day needs of the patient and address other illnesses that arise, such as malnutrition due to eating difficulties, safety due to ambulatory issues, and caring for a loved one during a very difficult time."

This is a gradual disease, and a patient can live for years as the dementia progresses. Patients with Alzheimer's and other types of dementia are eligible for hospice care when they exhibit the following signs:

- Unable to walk without assistance
- Unable to do their own personal care: bathing, oral hygiene, or dress without assistance
- Incontinence of bowel and bladder
- Difficulty eating and unintentional weight loss
- Unable to speak or communicate meaningfully (ability to speak is limited to approximately a half dozen or fewer intelligible words)

Patients with coexisting conditions of congestive heart disease, cardiovascular disorders, COPD or restrictive lung disease, diabetes, renal disease, cerebrovascular disorders including stroke, and cancers complicate their dementia and may also make them eligible for hospice care.

Hospice provides palliative care to patients with a terminal illness and an estimated life expectancy of six months or less. This care includes nursing, home health aides to assist with personal care, social services, spiritual care, various complementary therapies, and volunteer support. These services give caregivers a needed break and professional guidance for their questions and concerns. Hospice care is 100% covered by Medicare, Medicaid and most private insurances.

Hospice Concierge

Angelic Health is the only area hospice to provide patients with a concierge to assist with non-clinical requests and issues such as lawn care, dog walking, or coordinating house repairs. The concierge can arrange for a volunteer to help or seek professional services in the community. This service is free of charge and is another way that Angelic Health is meeting the needs of its patients even beyond clinical care.

Technology and a *Caring Touch*

Angelic Health Innovations Improve Care and Communications

By Margie Barham, MBA

The internet is an easy way to access information and services. Check out our website from time to time as we are becoming the place to go for community resources, health information and guidance. At www.Angelic.health you can be inspired, educated, and even comforted. You will find thought-provoking articles, educational videos, access to healthcare providers, and even reduce stress and listen to music provided by our professional and compassionate staff. While you are there, sign up for ByLines our e-newsletter. Get helpful articles, tips and ideas delivered directly to your email inbox each month.

Your medical consultation is just a click away.

Angelic TeleHealth provides a remote medical consultation for minor conditions such as sore throat, respiratory infection, cold sore, flu, sinus infection, pink eye, nausea/vomiting, allergies, bronchitis, and other common issues.

Using a secure link from your computer or smart phone you can access a healthcare professional and specialist anytime of the day or night, even on weekends and holidays. Similar to video-chat, Angelic Health's secure program allows you to have a virtual "house-call" and a face-to-face conversation with a healthcare provider who can address your health concerns, examine your symptoms and even prescribe needed medications, all without you leaving the comfort and security of your home. The software for this service complies with HIPAA confidentiality regulations. No insurance is necessary to access TeleHealth, but when using insurance, similar to office visits, a co-pay may apply for this service.

Questions and concerns can be answered, and an in-person appointment can be made if needed. This process gives patients quicker accesses to care and removes barriers to care for those without transportation.

Also combining high tech with high touch is an interactive tablet called AngeliConnect. The technology was developed specifically by Angelic Health for our hospice patients to stay connected to Angelic. AngeliConnect provides an around-the- clock direct link to healthcare services and frequently used resources. The customized program allows patients to consult with Angelic staff or schedule a visit with a Nurse Practitioner through easy touch-screen access. Educational information and videos on various topics can be accessed anytime.

Educational and Therapeutic Videos for Caregivers and the Community

We know the challenges that family members face while caring for their loved ones at home. You have many questions, concerns, and even fears about how to be a caregiver. To ease this anxiety, Angelic Health has produced educational videos to help family members through many tasks in caring for a loved one; as well as therapeutic videos to help everyone through daily stress.

The videos cover the most common subjects including such topics as how to hook up oxygen, administer medications, set-up nebulizer treatments, caring for the bedbound, diapering an adult, and more.

The videos can be found on the Blog and Video section of the Angelic Health website at www.Angelic.health and also include step-by-step instructions. Therapy Corner videos are on the Community Resources page and include music, inspirational readings, pet therapy, and meditation. These are updated frequently, so visit us often.

Primary Medicine Makes House Calls

Many people are not getting the care they need because they do not have the means to travel to see a physician. We started the Primary Medicine House Call service so we can meet the healthcare needs of the community, wherever they are.

Do you have a chronic condition or difficulty getting out to see a healthcare provider? Are there times you wish a healthcare provider made house calls? Angelic Health has brought the convenience of the house call of the past to provide you with primary care medicine that comes to you. Angelic Health's team of advanced practice nurses (APN), provide primary care, physicals, wellness checks, sick visits, and chronic disease management to you in your home. Most insurance plans are accepted. To schedule a visit call 609-464-1135, or email PrimaryMed@Angelic.Health.

We Make House-Calls

It’s about how you *live*

Illnesses come with many challenges. At Angelic Health we recognize that you are not your diagnosis. Our team of healthcare professionals customize a care plan to meet your unique needs, one to provide the best quality of life possible.

Providing our patients with:

- Palliative Care
- Hospice Care
- Transitional Care
- Wound Management
- TeleHealth
- House Call Primary Medicine
- Palliative Wellness

To learn how Angelic Health can help you or a loved one, call toll free **1-844-948-0645** or visit our website at **www.Angelic.Health**

ANGELICHEALTH
We're by your side