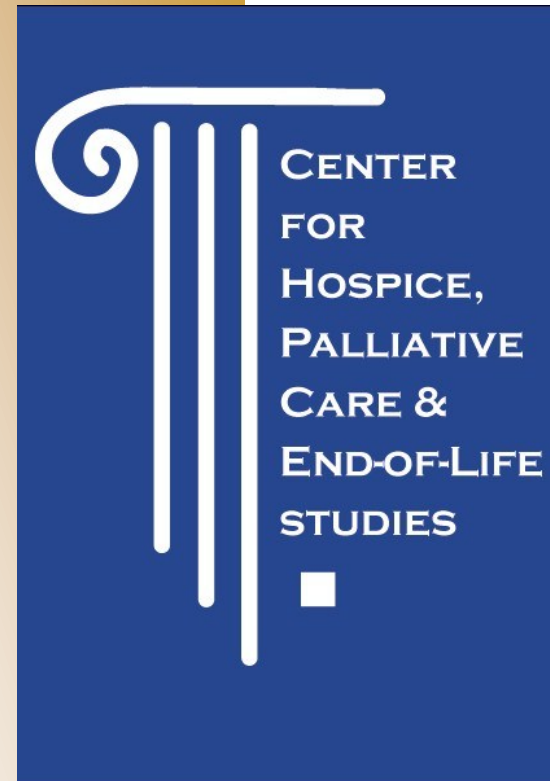
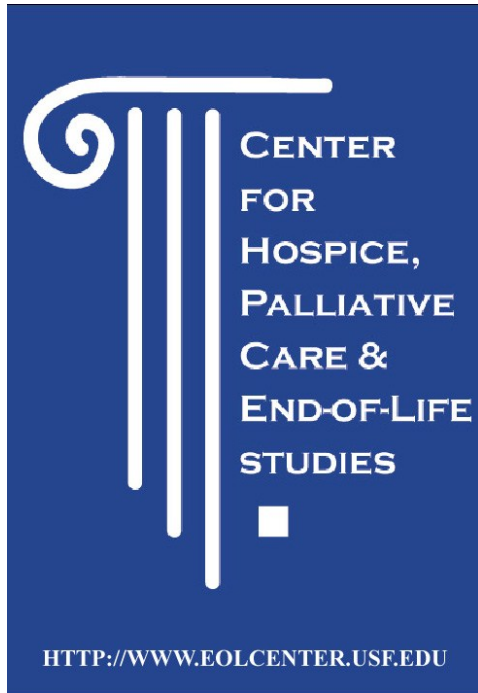


**2  
0  
1  
0  
  
A  
N  
N  
U  
A  
L  
  
R  
E  
P  
O  
R  
T**





[HTTP://WWW.EOLCENTER.USF.EDU](http://www.eolcenter.usf.edu)

**American Psychiatric Association Annual Meeting, Stewart JT.**  
**New Orleans, Louisiana, May 2010.** *Workshop: Psychiatric Care at the End-of-Life.*

**VISN8 GRECC Update in Geriatrics conference, Palm Beach Gardens, Florida, February 2010. Stewart J.T.**  
*Lecture: Identification and Management of Behavioral Problems in Dementia.*

**Florida Geriatrics Society annual meeting, Daytona Beach, Florida, March 2010. Stewart J.T.**  
*Lecture: Frontal/Subcortical Dementia: The Other Dementia.*

**University of South Florida Geriatric Education Center, Tampa, Florida, June 2010. Stewart J.T.**  
*Lecture: Vascular Dementia.*

**VISN8 GEC Patient Centered Medical Home conference, Orlando, Florida, September 2010. Stewart J.T.**  
*Lecture: Depression in the Elderly.*

**VISN8 GEC Patient Centered Medical Home Conference, Stewart JT. Orlando, Florida, September 2010.** *Lecture: Approach to the Cognitively Impaired Veteran.*

**Bay Pines VA Medical Center, Stewart JT. Bay Pines, FL, April 2010.**  
*Internal Medicine Grand Rounds: Psychiatric Care at the End-of-Life.*

**Sarasota Memorial Hospital, Stewart, JT. Sarasota, Florida, November 2010.** *Grand Rounds: Psychiatric Care at the End-of-Life"*



**Gerontological Society of America meetings, New Orleans, Louisiana, November, 2010**

**Haley, W. E.,** Roth, D. L., Kissela, B., Perkins, M., & Howard, G.  
*Quality of Life after Stroke: A Prospective Longitudinal Study.*

**Florida Academy of Family Physicians 2010 Annual Meeting, Orlando, Florida, Leedy, SA. July , 2010**

*Redefining the Hospice and Palliative Care Patient for Primary Care.*

**NHPCO 25<sup>th</sup> Management & Leadership Conference, Proch, ML. Washington DC, April 22-24, 2010.**

*Breaking New Ground in Documentation Competency.*

**NHPCO's National Conference on Developing the Care Continuum: Innovative Models to Meet the Unique Care Needs of Patients/Families, Quinn, MJ. Boston, MA, August 2010.**

*Implementation of a Hospice Respiratory Therapy Program that Improves Quality, Provides Continuity, and Reduces Costs.*

**NHPCO 11th Clinical Team Conference and Pediatric Intensive, Quinn, MJ. Atlanta, GA, September 13-15, 2010.**

*Wake up! BiPAP Beyond Sleep Apnea.*

**NHPCO 11th Clinical Team Conference and Pediatric Intensive, Quinn, MJ. and Houshmand, L. Atlanta, GA, September 13-15, 2010,**

*The Big MAC Attack on ADR's.*

**National Communication Association (NCA), Roscoe, LA. San Francisco, California, November 2010.**

Paper presented: *Narrative medicine in practice: Doctors' stories about the end-of-life.*

**NHPCO 25th Management & Leadership Conference, Ronald Schonwetter, MD and Peggy S. Madill., Washington DC, April 22-24, 2010. The Accelerated Response to the ADR Crisis.**

**Annual Meeting of Gerontological Society of America, Jessica Allen, William Haley, PhD, Brent Small, PhD, Sehwan Kim, PhD, Ronald Schonwetter, MD, New Orleans, LA, November 2010. An Evaluation of The International Classification of Functioning, Disability and Health (ICF) as a Predictor of Six Month Survival among Hospice Patients with Dementia.**

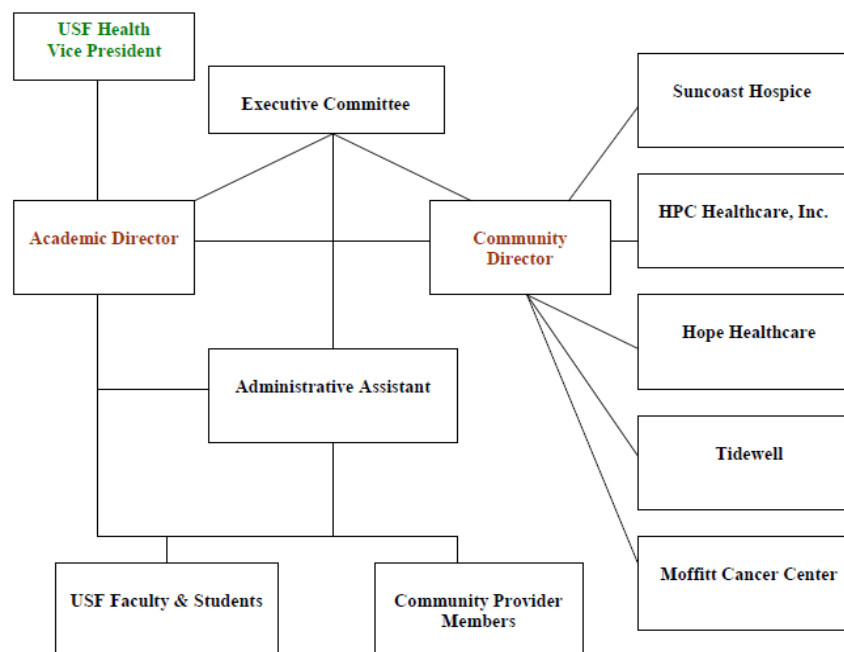
**American Neuropsychiatric Association Annual Meeting, Fils JM, Stewart JT., Caserta MT., Tampa, Florida, March 2010. Paper session: A Case of Capgras Syndrome in a Patient with Traumatic Left Hemisphere Injury.**

## Mission Statement

The mission of the Center for Hospice, Palliative Care & End-of-Life Studies at USF is to:

- Optimize care and systems of care for patients and families faced with non-curable diseases by generating:
- New knowledge through interdisciplinary research,
- Using that knowledge to educate health and human service professionals, and
- Influencing public policy that supports quality end-of-life care.

### The USF Center for Hospice, Palliative Care & End-of-Life Studies







**Vince Perron, MD**  
Center Academic Director &  
Division Director  
*Geriatric Medicine*  
University of South Florida



**Ronald Schonwetter, M.D.**  
Center Community Director  
Executive Vice President &  
Chief Medical Officer  
*HPC Healthcare*

Center members include approximately 200 individuals representing a variety of disciplines, professions, and agencies involved in the field of hospice, palliative care and end-of-life studies. Members include university faculty and students, physicians, nurses, social workers, psychologists, occupational and physical therapists, bioethicists, pharmacists, chaplains and other health and human services professionals involved in end-of-life care. Center members represent diverse academic and community interests and work together to improve the quality-of-life of patients facing life-limiting illnesses and their families.

Membership is open to any individual with an interest in hospice, palliative care, and end-of-life research, practice and advocacy. To be added to our mailing list to receive notice of Center meetings and special events, please contact: Lourdes Rodriguez, at (813) 974-2460 or via e mail: [lrodrig1@health.usf.edu](mailto:lrodrig1@health.usf.edu).

**National Communication Association (NCA), San Francisco, California, November 2010. Roscoe, L. A.**

*Paper presented: Narrative medicine in practice: Doctors' stories about the end-of-life.*

**National Hospice and Palliative Care Organization Annual Clinical Conference, Atlanta, Georgia, September, 2010. Emmett, C.P.**

*Sexuality at the End-of-Life: If You Ask, They Will Tell.*

**63<sup>rd</sup> Annual Scientific Meeting of the Gerontological Society**

**New Orleans, Louisiana, November 2010, Frahm K.A., Brown, L.M., & Barnett, S.D.**

*Trends in Hospice Utilization among the Older Veteran Population.*

**American Psychological Association meetings, San Diego, California, August, 2010, Haley, W. E.**

*Caregiver assessment and intervention: What the research tells us.*

**Gerontological Society of America meetings, New Orleans, Louisiana, November 2010**

**Allen, J.Y., Schonwetter, R. S., Small, B. J., & Haley, W. E.**

*An Evaluation of the International Classification of Functioning, Disability and Health (ICF) as a Predictor of Six Month Survival Among Hospice Patients with Dementia.*

**Gerontological Society of America meetings, New Orleans, Louisiana, November 2010, Perkins, M., Howard, V., Safford, M., Wadley, V. G., Crowe, M., Haley, W. E., & Roth, D. L.**

*Caregiving Strain and Self-Rated Health as Risk Factors for Mortality among Family Caregivers.*

**Gerontological Society of America, New Orleans, Louisiana, November 2010, Wadley, V.G., Howard, G., Howard, V. Clay, O. J., Grant, J. S., Rhodes, J. D., Haley, W. E., & Roth, D. L.**

*Design of REGARDS and CARES: Enrolling National Samples of Stroke Survivors and Family Caregivers.*

**Gerontological Society of America meetings, New Orleans, Louisiana, November 2010**

**Roth, D. L., Perkins, M., Hovater, M., Henry, M., & Haley, W. E.**

*Methodological Approaches for Matching Caregivers with Non-Caregivers in Population-Based Studies.*

**Gerontological Society of America, New Orleans, Louisiana, November 2010, Perkins, E., Vandeweerd, C., & Haley, W. E.**



**Council of Social Work Education Annual Program Meeting, Portland, Oregon, October 2010, Carrion, I.V.** *Exploring Cultural Competence in Cancer Research with Latina Women.*

**National Association of Social Workers (NASW)-Florida Chapter, Boca Raton, Florida, June 2010, Carrion, I.V.** Paper presentation: *Social Work Practice with Latinos in a Medical Setting.*

**35th Annual ONS Congress, San Diego, California, May, 2010**  
Cramer, C., & Johnson, L.  
*Help is on the Way--Rapid Response Teams in Oncology*

**63rd Annual meetings of the Gerontological Society of America in New Orleans, November, 2010, McCarty, C.E.; Dobbs, D.; Molinari, V.**  
*Paper presentation: Inter-Disciplinary Team's Role in End-of-Life Care for Individuals with Dementia.*

**63rd Annual meetings of the Gerontological Society of America in New Orleans, November, 2010. Dobbs, D.J.; Schumacher, J.; Nemec, M.C.; Park, N.**  
*Paper presentation: Death Occurrences and Stigmatization in Residential Care Communities.*

**63rd Annual meetings of the Gerontological Society of America in New Orleans, November, 2010, Roth, E.; Peeples, A.D.; Eckert, J.K.; Dobbs, D.J.**  
*Paper presentation: Sweetie" and the Sour Effect of Ageism in Long-Term Care.*

**63<sup>rd</sup> Annual meetings of the Gerontological Society of America in New Orleans, November, 2010, Dobbs, D.J.**  
*Paper presentation: The Role of Hospice in Maintaining Residents in Assisted Living.*

**Academy Health Annual meetings in Boston, June, 2010, Dobbs, D.J.**  
*Poster presentation: Medicaid Assisted Living Trajectory and Nursing Home Admission: The influence of Hospice Use and Facility Characteristics.*

**Thirty-first Annual Meeting of the Society of Behavioral Medicine, Seattle Washington, January 2010, Donovan K. A., Thompson L.A.**  
*Poster presentation: Role of Gynecologic Symptom Burden in Depression in Newly Diagnosed Gynecologic Cancer Patients.*

## Who are we?

The Center for Hospice, Palliative Care and End-of-Life Studies at USF is an innovative research and education center in that we are an equal partnership between an academic medical center/research one university and community provider agencies. Our approach to research is collaborative – in many cases university researchers approach community agencies as sites to do research and have access to patient populations; in our work at the Center we conceptualize, conduct and disseminate research findings as partners.

The Center partnership includes founding sponsors USF Health; Suncoast Hospice; and HPC Healthcare, Inc. and sponsor partners the Moffitt Cancer Center; Hope Healthcare Services; and Tidewell.

The Center is a fully integrated partnership between community organizations and USF in terms of governance, financial support, and leadership. Each of the Center's partners is described briefly below, and more information can be found by visiting each organization's website at <http://hsc.usf.edu>

## Mission Statement:

The mission of the Center is to optimize care and systems of care for patients and families faced with advanced non-curable diseases by generating new knowledge through interdisciplinary research and using that knowledge to educate health and human services professionals, and influence public policy supporting quality end of life care.





## Goals:

Long-term

Become nationally known as a center for excellence in research and education in palliative and hospice care and end of life studies.

## Research

Facilitate research aimed at improving quality of care and systems of care for patients and families facing advanced non-curable diseases.

Assist researchers to explore and develop projects that may be pursued through intramural or extramural funding.

Link researchers from varied disciplines whose research and teaching would be complemented by working together on important research questions related to palliative care and end of life issues.

Seek opportunities to develop and test relevant measurement tools.

Develop a uniform data base at multiple sites to foster multicenter trials.

To use research results to influence public policy that is supportive of quality health care at the end of life.



## Education

Participate in research utilization and dissemination through presentations, publications, and classroom teaching.

Involve learners at all levels in the activities of the Center as appropriate.

Enhance classroom and continuing education programs related to palliative care and end of life issues.

Promote evidence-based practice in the education of students and providers of health care.

**NHPCO National Conference on Developing the Care Continuum: Innovative Models to Meet the Unique Care Needs of Patients/Families; Boston, Massachusetts, August, 2010, Beckwith, Samira**  
General Plenary: *Creating a New Paradigm: Meeting Community Needs.*

**NHPCO National Conference on Developing the Care Continuum: Innovative Models to Meet the Unique Care Needs of Patients/Families; Boston, Massachusetts, August, 2010, Beckwith, Samira**  
*Expanding Your Reach to Serve Your Community and Increase Revenue Base.*

**NHPCO National Conference on Developing the Care Continuum: Innovative Models to Meet the Unique Care Needs of Patients/Families; Boston, Massachusetts, August, 2010, Beckwith, Samira**  
*Hospice Pioneers in PACE?*

**Louisiana-Mississippi Hospice & Palliative Care Organization; New Orleans, Louisiana, Beckwith, Samira, Weichert, Karren, & Todd, Linda**  
Co-keynote address: *Hospice and PACE: Fraternal Twins.*

**The Gerontological Society of America Annual Scientific Meeting. New Orleans, Louisiana, November, 2010, Black, K.**  
*Project Evaluation for CARES: Caregivers Accessing Resources and Essential Services.*

**The Gerontological Society of America Annual Scientific Meeting. New Orleans, Louisiana, November, 2010, Black, K.**  
*Demographic and Attitudinal Factors Associated with Advance Care Planning.*

**Annual Meeting for Caregiving Projects funded by the Harry and Jeanette Weinberg Foundation. Chicago, Illinois, March, 2010, Black, K., & Schwartz, B.**  
*CARES Project Evaluation.*

**The Gerontological Society of America's 63rd Annual Scientific Meeting, New Orleans, Louisiana., November 2010, Carrion, I.V.** *Patterns of Hospice Use among Asians, African Americans, Hispanics and Whites in a Central Florida.*



Simard, J, **Volicer, L.** (2010) Namaste care and dying in institutional settings. In: *Supportive Care for the Person with Dementia*, Hughes JC, Lloyd-Williams M, Sachs GA, eds., Oxford University Press, Oxford, UK, pp. 291-299.

**Volicer, L.** (2010) Palliative medicine in dementia. In: *Oxford Textbook of Palliative Medicine*, 4th edition, G. Hanks et al. eds, Oxford University Press, Oxford UK, , pp. 1375-85.

**Volicer, L.** (2010) Futility discussion revisited. *J Am Med Direct Assoc.*, 11, 389-90

## Activities:

### Research

Provide research funds for pilot studies with the potential to improve quality of care and systems of care for patients and families facing advanced non-curable diseases and families experiencing bereavement.

Provide research funds for pilot studies with high potential for extramural grant funding in palliative care and end of life issues.

Provide funds for doctoral students interested in conducting dissertation research focused on palliative and end of life issues.



### Education

Provide state of the art educational opportunities for hospice staff, palliative care professionals, students and researchers interested in palliative care and end of life issues.

Sponsor lecture series focused on palliative care and end of life issues for faculty, students, hospice and palliative care staff.

Increase formal academic course offerings on palliative care and end of life issues.

Improve communication between faculty members, palliative care professionals, and graduate students interested in palliative care and end of life issues and serve as a forum to assist researchers in exploring and developing studies that may be pursued through intramural or extramural funding.

Strengthen collaborative efforts with organizations providing end of life care including hospices and other palliative care programs.

Provide educational conferences for health care providers to improve palliative and end of life care.





**Samira K. Beckwith, LCSW, FACHE**  
**President and CEO, Hope HealthCare Services**

**Dorland Health People Award:** “In recognition of her career-long efforts to make healthcare safe, quality-driven and cost-effective for all.”

**Community Action Hero – The National Association of Social Workers:** “Recognizing leaders in social work who organize people, resources and allies to improve the lives of individuals in their community and across the country.”

**Ellis Island Medal of Honor:** “Presented to distinguished Americans who represent the very essence of the American way of life, having greatly contributed to our national identity while preserving the distinct values and heritage of their ancestors.”

**Gulfshore Business Magazine First Annual Face Awards:** “Honoring individuals who reflect and celebrate positive values and ethnic and racial diversity, and in turn serve as an inspiration for others.”

**Lori A. Roscoe, Ph.D.**  
**Assistant Director, Department of Communications, USF**

**Dr. Roscoe** was the recipient of the “Outstanding Undergraduate Teaching Award” from the College of Arts & Sciences, University of South Florida, 2009-10



Toftshagen, C. & **McMillan, S.C.** (2010). Pain, neuropathic symptoms, and physical and mental well-being in persons with cancer. *Cancer Nursing*, 33, 1-8.

Buck, H.G. & **McMillan, S.C.**, (2010, in Press). Measuring the spiritual needs of caregivers of hospice patients: Psychometric analysis of the spiritual needs inventory. *Palliative and Supportive Care*.

Holtslander, L. & **McMillan, S.C.** (2010). Depressive symptoms, grief and complicated grief among bereaved family caregivers of advanced cancer patients. *Oncology Nursing Forum*, 38(1).

Rivera, HR & **McMillan, SC** (2010). Predictors of depression symptoms in hospice caregivers. *Journal of Hospice and Palliative Nursing*, 12 (6), 345-357.

**Schonwetter, R.S., Kim, S., Kirby, J., Martin, B., Henderson, I.**, (2010) Etiology of falls among cognitively intact hospice patients, *Journal of Palliative Medicine*, 13(11):1353-1363.

Rodriguez Davila SL, Vidal E, **Stewart JT**, Caserta MT. (2010) Management of a request for physician assisted suicide. *Am J Hospice Palliative Care*, 27:63-65.

Sheyner I, Khan S, **Stewart JT**. (2010) A case of selective serotonin reuptake inhibitor-induced REM behavior disorder. *J Am Geriatr Soc.*, 58:1421-1422.

**Stewart JT**. Quijije N, Sheyner I, Stover KT. (2010) Delirium without focal signs related to a thalamic stroke. *J Am Geriatric Soc.*, 58:2433-2434.

Simard J, **Volicer L.** (2010) Effects of Namaste Care on residents who do not benefit from usual activities. *Am J Alzheimers Dis Other Dementia*, 25, 46-50.

Holmerova I, Machacova K, Vankova H, Veleta P, Juraskova B, Hrniciarikova D, **Volicer L.** Andel R. (2010) Effect of the Exercise Dance for Seniors (EXDASE) Program on lower-body functioning among institutionalized older adults. *J Aging Health*, 22, 106-119.

**Molinari V, Volicer L.** (2010) Dementia. In: *The Corsini Encyclopedia of Psychology*, Irving B. Weiner and W. Edward Craighead, eds. John Wiley & Sons, Hoboken, NJ, pp. 472-474.





Dosa, D., Feng, Z., **Hyer, K.**, Brown, L.M., Thomas, K. & Mor, V. (2010). Effects of Hurricane Katrina on nursing facility resident mortality, hospitalization and functional decline. *Disaster Medicine Public Health Preparedness*, 4:S:28-S32.

**Hyer, K.**, Molinari, V., Kaplan, M. & Jones, S.G. (2010). Credentialing dementia training: The Florida experience. *International Psychogeriatrics*, 22:6, 864–87.

**Hyer, K.**, Keefe, F., Brown, L.M., Krok, J., Vongxaiburana, E., & Atkins, M. (2010). Pain coping skills training for nursing home residents with pain: A preliminary study. *Best Practices in Mental Health: An International Perspective*, 6(1), 74-89.

**Hyer, K.**, Brown, L.M., Thomas, K., Dosa, D., Bond, J., Polivka-West, L. & Schinka, J.A. (2010). Improving relations between emergency management offices and nursing homes during hurricane-related disasters. *Journal of Emergency Management*, 8(1), 57-66.

Brown, L.M., **Hyer, K.**, Schinka, J.A., Mando, A., Frazier, D. & Polivka-West, L. (2010). Use of mental health services by nursing home residents after a disaster. *Psychiatric Services*, 61(1), 74-77

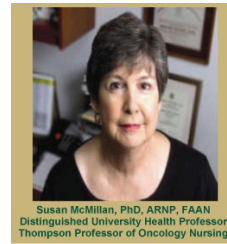
Thomas, K, **Hyer, K.**, Andel, R & Weech-Maldonado, R., (2010). Unintended consequences of staffing mandates: The impact on indirect care. *Medical Care Research and Review*, 67 (5): 555-573.

Thomas, K.S., **Hyer, K.**, Brown, L.M., Polivka-West, L. & Branch, L. (2010). Florida's model of nursing home Medicaid reimbursement for disaster-related expenses. *Gerontologist*, 50(2), 263-270.

**Toftthagen, C., McMillan, S.C.** & Kip, K. (2010, in press). Development and psychometric evaluation of the chemotherapy induced peripheral neuropathy assessment tool. *Cancer Nursing*.

**McMillan, S.C., Small, B.J., & Haley, W.E.** (2010, in press). Improving hospice outcomes through systematic assessment: A clinical trial. *Cancer Nursing*.

Morgan, M.A. & **McMillan, S.C.** (2010). Cancer patients with pain: The spouse/partner relationship and quality of life. *Cancer Nursing*. Vol 34, issue 1 (Jan/Feb 2011).



**Susan C. McMillan, PhD, ARNP, FAAN**  
Distinguished University Health Professor  
Thompson Professor of Oncology Nursing

**Dr. Susan McMillan** is a Distinguished University Health Professor and the Thompson Professor of Oncology Nursing at the University of South Florida College of Nursing.

After earning 2 Bachelors and 2 Masters Degrees, she went on to earn a PhD in Measurement from USF. Dr. McMillan founded the College's Oncology Nursing program and was a founding member of the Center for Hospice, Palliative Care, and End of Life Studies at USF.

Major Research Interests:

- Quality of Life at End of Life—Patients/Caregivers
- Symptom Assessment/Management—Pain/Constipation

#### Why USF? Why Nursing? Why Now?

Dr. McMillan was recently recognized by USF as a Million Dollar Researcher, with more than \$9 million in NIH and other external funding.

Her study of the psychometric properties of instruments used in research has led to a Constipation Assessment Scale and Hospice Quality of Life Index that have been translated and used internationally in many studies.

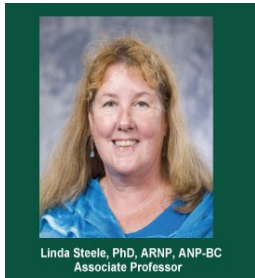
Current endeavors include two NIH/NINR sponsored projects: Managing Medication-induced Constipation in Cancer: A Clinical Trial, and an Intervention for Caregivers of Hospice Heart Failure Patients.

**Dr. McMillan** founded and continues to direct the Oncology Nursing Program that prepares advanced practice nurses in oncology – a field of nursing in great demand. Her NIH training grant in cancer care was among the first to provide interdisciplinary education for nurses and physicians. She founded and played a key role in successfully transforming an interdisciplinary research group into the USF's Center for Hospice, Palliative Care and End of Life Studies, which partners with hospices across West Central Florida.

Dr. McMillan has been active in research at Moffitt Cancer Center since its inception and is affiliated with the hospital's Psychosocial Oncology Program, where she mentors post-doctoral fellows.

**Highly competitive National Institutes of Health awards now account for 65 percent of the USF College of Nursing total research funding.**





Linda Steele, PhD, ARNP, ANP-BC  
Associate Professor

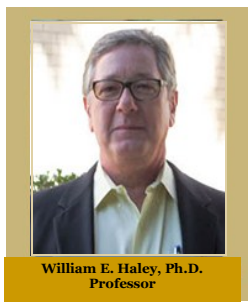
**Dr. Linda Steele** is an Associate Professor at the University of South Florida College of Nursing. Dr. Steele earned a Bachelors Degree in Nursing, a Masters Degree in Community Mental Health Nursing from Southern Illinois University. She completed a Post Master's Adult Nurse Practitioner Program as a Kellogg Fellow at the State University of New York and earned a PhD in Nursing from the University of Texas at Austin.

Major Research Interests:

- Symptom Distress and Quality of Life at the End of Life
- Assessing Quality of Life in Heart Failure Patients using Qualitative Research

#### Why USF? Why Nursing? Why Now?

Dr. Steele has received over \$1 million in funding for educational and research projects designed to develop innovative educational delivery methods and design complementary interventions that focus on improving care at the end of life.



William E. Haley, Ph.D.  
Professor

**Dr. William E. Haley** is a Professor at the School of Aging Studies. His research focuses on stress, coping, and adaptation in older adults and their family members. In particular he is interested in research that can be used to develop evidence-based interventions which will improve the lives of older adults and their families.

Additionally, Dr. Haley has an interest in the development and evaluation of psychosocial interventions to improve the adaptation of older adults facing stressful circumstances, including family caregiving, chronic illness, and bereavement. Finally, he is increasingly interested in ways that psychological research can be used to improve end-of-life care, including the quality of life of dying patients and their family caregivers.

Temple, A., **Dobbs, D.**, Andel, R. (2010). Nursing home characteristics and the availability of benefits for nursing assistants: Results from the National Nursing Home Survey, *Journal of Healthcare Management Review*, 35(4), 324-332

Daaleman, T. & **Dobbs, D.** (2010) Spiritual well-being and its relationship towards death attitudes.. *Research on Aging*, 32, 224-243.

Temple, A., Andel, R. & **Dobbs, D.** (2010). Moderating effects of assisted living on placement to nursing home for persons with dementia. *International Journal of Geriatric Psychiatry*, 25, 275-281.

**Donovan KA, Thompson LM**, (2010) Hoffe SE. Sexual function in colorectal cancer survivors. *Cancer Control*, Jan;17(1):44-51.

**Frahm, K.A.** Barnett, S.D., & Brown, L.M. (2010). Trends in hospice utilization across age among the veteran population. *American Journal of Hospice and Palliative Medicine*, 28(2):118

Perkins, E. A., & **Haley, W. E.** (2010). Compound caregiving: When lifelong caregivers undertake additional caregiving roles. *Rehabilitation Psychology*, 55, 409-417.

Bergman, E. J., **Haley, W. E.**, & Small, B. J. (2010). The role of grief and depressive symptoms in the utilization of bereavement services. *Death Studies*, 34, 441-458.

Jang, Y., Chiriboga, D. A., Allen, J. Y., Kwak, J., & **Haley, W. E.** (2010). Willingness of older Korean American adults to use hospice. *Journal of the American Geriatrics Society*, 58, 352-356.

**Haley, W. E.**, Roth, D. L., Howard, G., & Safford, M. M. (2010). Caregiving strain and estimated risk for stroke and coronary heart disease among spouse caregivers: Differential effects by race and sex. *Stroke*, 41, 331-336.

**Haley, W. E.**, & Kwak, J. (2010). Gerontology. In I. B. Weiner and W. E. Craighead (Eds.), *The Concise Corsini Encyclopedia of Psychology* (4<sup>th</sup> ed.). (pp. 715-717). Hoboken, News Jersey: John Wiley & Sons, Inc.

**Hyer, K.**, Brown, L.M., Polivka-West, L., & Berman, A. (2010) Helping nursing homes prepare for disasters. *Health Affairs*, 29(10):1961-1965.





Jang, Y., Chiriboga, DA., Allen, JY., Kwak, J. Salmon, J., & Haley, WE. (2010). Willingness to Use Hospice Among Korean American Older Adults. *Journal of the American Geriatrics Society*, 58, 352-356.

Black, K. (2010). Promoting Advance Care Planning Through the National Healthcare Decisions Day Initiative. *Journal of Social Work in Palliative and End-of-Life Care*, 6(1-2), 11-26.

Black, K. (2010). Substance Abuse and Older Adults. W. Bridgewater, MA: S.C. Publishing, Inc.

Black, K. (2010). Correlates of case managers' advance care planning practices. *Clinical Gerontologist*, 33(2), 124-135.

Black, K., & Hyer, K. (2010). Person-centered considerations in practice for persons with dementia and their caregivers across the continuum of care. *Best Practices in Mental Health: An International Journal*, 6(1), 33-47.

Carrion, IV. (2010). The innocence of my country: An older Puerto Rican woman living with AIDS. *The Journal of Loss & Trauma*, 15, 1-10.

Carrion, IV. (2010). Communicating terminal diagnosis to Hispanic patients. *Palliative & Supportive Care*, 8, (2), 1-7.

Carrion, IV. (2010). When do Latinos use hospice services? Studying the utilization of hospice services by Hispanics/Latinos. *Social Work in Health Care*, 49, (3), 197- 210.

Castañeda, H., Carrion, IV., Kline, N., & Martinez Tyson, D. (2010). False hope: Effects of social class and health policy on oral health inequalities for migrant farm worker families. *Social Science & Medicine*, 71, (11), 2028-2037.

Cramer, C. (2010). To live until you die: Quality of life at the end of life. *Clinical Journal of Oncology Nursing*, 2010;14(1):53-56.

Gordon, N., Dobbs, D., Molinari, V. (2010). Availability of mental health care in assisted living facilities. *Psychologists in Long Term Care Newsletter*, 24 (2), pp. 6-8.



The USF Center for Hospice, Palliative Care and End-of-Life Studies is pleased to report that the HOSPICE & PALLIATIVE MEDICINE PRACTICE REVIEW COURSE held on Oct 30-31, 2010 at the Tampa Palms Golf and Country Club was a total success.

We had over 100 registered participants, of those 35% were from Florida while the other 65 % attending from out of state.

We received positive feedback from the participants, as well as, remarkably high scores on the topics presented.

The Center for Hospice, Palliative Care and End of Life Studies wish to thanks our speakers as follows:



Dr. Angsten, Dr. Balducci, Dr. Chokshi, Dr. Christie, Dr. Farmer, Dr. Leland, Dr. Leedy, Dr. Perron, Dr. Proch, Dr. Rajasekhara, Dr. Schonwetter, Dr. Tuch, Dr. Volicer, Dr. Weiland and Dr. Walker.

In addition, we wish to express our thanks to our other staff and vol-

unteers who dedicated innumerable hours to make this course a total success. We anticipate another review course for 2012.





The University of South Florida created USF Health as an enterprise dedicated to making life better by improving health in the wider environment, in communities, and for individuals. USF Health has, at its core, the three colleges of Public Health, Nursing and Medicine, which includes a School of Physical Therapy and the USF Physicians Group. Originally founded as the USF Medical Center in 1965, its name has been changed to USF Health to reflect its collaborative focus on the full continuum of health. Tampa Bay has been enriched by the health professionals who have graduated from USF, and from the patient care and outreach programs of its health colleges.

### College of Medicine

The College of Medicine was established by the Florida Legislature in 1965, and enrolled its charter class in 1971. The College awards doctorates in Medicine (MD) and Medical Sciences (PhD) and is fully accredited by the Liaison Committee for Medical Education. The School of Physical Therapy was established in 1998, and offers a Doctorate in Physical Therapy (DPT). The College of Medicine's presence has generated a network of highly specialized teaching hospitals, including the James A. Haley Veterans' Hospital, H. Lee Moffitt Cancer Center & Research Institute, Shriners Hospitals for Children, and specialty units at All Children's Hospital and Tampa General Hospital. The USF Physicians Group, the college's multispecialty group practice, includes nearly 400 physicians and 70 nurse practitioners who see patients throughout the Bay area. College faculty also run interdisciplinary research programs on brain disease and repair, such as Alzheimer's and Parkinson's diseases, and stroke; palliative care and end-of-life studies; cardiovascular disease; children's health; patient safety; cell therapy; infectious diseases; and biodefense.

### The College of Nursing

The College of Nursing was founded in 1973, and conducts research and offers bachelor's, master's and doctoral degrees in nursing. The college forged a clinical collaborative with Tampa Bay's leading health care providers to offer students "home-base" hospitals with one-to-one mentoring for state-of-the-practice education.

*Education and Information Core.* (Part of an Alzheimer's Disease Research Center Grant)

Center PI: Huntington Potter

Core PI: **William Haley, PhD**

2005-2011 \$504,528 National Institute on Aging (1P50AG025711)

*Psycho-Sociocultural Factors Influencing Cancer Pain Management in Elderly Adults.*

Principal Investigator: Tamara Baker, PhD

Primary Mentor: **William Haley, PhD**

2009-2014 \$665,853 National Cancer Institute (1K01CA131722)

*Managing Medication-induced Constipation in Cancer: A Clinical Trial.*

Principal Investigator: **Susan McMillan, PhD, ARNP, FAAN**

National Institute for Nursing Research, 2009-2013

(R01 NR01075101A1), \$2.5 million.

*Pilot of an Intervention for Caregivers of Hospice Heart Failure Patients.*

Principal Investigator: **Susan McMillan, PhD, ARNP, FAAN**

Collaborator: **William Haley, PhD**

National Institute for Nursing Research, 2009-2011

1R21 NR011224-01A1, Project total: \$385,000.

*A Study of Communication Between Head and Neck Cancer Surgeons and Their Patients.*

Principal Investigator: **Lori Roscoe, PhD.**, "American Cancer Society-Institutional Research Grant Program, (60-14599-01-01-SB), 2009-2010. (\$30,000).

*Computerized Decision-Support System for Forecasting Life-Expectancy among Hospice Patients.* A joint project of HPC Healthcare and USF College of Medicine, James A. Haley VA Hospital and Tampa General. Study Sponsor is the US Dept of Defense. Notice of award was issued in October 2009. 3-yr project. Principal and Co-Investigators: Benjamin Djulbegovic, MD, Ph.D and Raul Mhaskar, MD; **Ron Schonwetter, MD,FACP AGSF, FAAHPM;** and **Sehwan Kim, Ph.D.**

*Efficacy of Hylenex Preceding Subcutaneous Opioid Infusions for the Treatment of Pain among Hospice Patients.*

Investigator-initiated clinical trial sponsored by Baxter Healthcare Corporation during 2007-2010. Principal and co-Investigators: **Ronald S. Schonwetter, MD, Sehwan Kim, PhD**, Mary J. Quinn, MS, ARNP, Dee Boehm, RN, Dipesh Patel, RPh, **Cathy Emmett, MSN, ARNP**, Beverly Douglas, MSN, ARNP, Teresa Kirkland, RN, **Stephen Leedy, MD**, and Deidra Woods, MD, and Anna K. Westmoreland, MD.



*Enhancing Dignity and Independence in Aging*Role: Principal Investigator: **Kathy Black** Date: 6/1/10 – 5/31/11

Amount: \$197,500 Sub-contract amount: \$131,566

Funded by The Patterson Foundation and SCOPE.

*Sarasota Caregivers Accessing Resources & Essential Services (CARES)*Role: Evaluator: **Kathy Black** Date: 5/1/09 – 4/30/12

Amount: \$900,000 Sub-contract amount: \$45,000

Funded by the Harry and Jeanette Weinberg Foundation and Jewish Family &amp; Children's Service of Sarasota-Manatee, Inc.

*Autonomy in Assisted Living: A Cultural Analysis.*Role: Consultant: **Dobbs, Debra** Date: 09/01/10 - 08/31/14

Co-Principal Investigators: Bob Rubinstein, and Ann Christine Frankowski, (University Maryland Baltimore Co.)(NIA Grant No. 1R01AG032442-01A2):

*Promoting Dignity and Independence in Aging by Linking Individual Voice, Community Engagement, and Technological Innovation.*

(Patterson Foundation) Date: 07/01/10 - 06/30/11.

Principal Investigator: **Dobbs, Debra**

(Subcontract from Kathy Black, USF Sarasota)

*Social Relationships of Minority Residents in Assisted Living*

(USF Internal Award – Park, PI) Date: 07/01/10—06/30/11

Role: Consultant: **Dobbs, Debra***Palliative Care and Hospice Practices in Residential Care Settings in Florida*

(New University Researcher Internal Award - USF) Date: 06/01/09 to

05/31/10 Principal Investigator: **Debra Dobbs***Psychosocial Impact of Stroke on Family Caregivers*

Principal Investigator: David Roth, PhD (UAB)

Collaborator: **William Haley, PhD**

2005-2012

\$1,825,875 (subcontract \$333,172)

National Institute of Neurological Disorders and Stroke  
(1 R01 NS 45789-01A1)

USF nurses provide care for Floridians from school age to old age through programs such as preschool vision screenings and the Elder health Center, a nurse-directed clinic for seniors. Nursing faculty and students care for patients in more than 100 cooperating health care agencies in USF's 15-county service area. The College aspires to be in the top 20 for federal research funding, and supports research teams focused on palliative and end-of-life care, cardiac rehabilitation, and complementary therapies for chronic illnesses and cancer.

### College of Public Health

The USF College of Public Health (<http://health.usf.edu/publichealth/homepage.html>) was created by the Florida legislature 25 years ago to provide leadership for the Florida public health system through the development of academic programs and by serving as a resource for Florida public health officials. Since that time, the College has awarded graduate degrees and certificates to over 3,000 public health professionals and nearly 300 undergraduates have taken advantage of a new public health minor. Over our first 25 years, the faculty have generated over \$275 million in external funding for research and supporters and friends have built an endowment of over \$13 million. College faculty conduct research around the major public health challenges of our time and engage in active community-based research and service learning in the true spirit of public health – recognizing that it is not only through discovery and learning but through the direct translation and application of that knowledge to policies and programs that we succeed in improving the public's health. Today they are recognized leaders in distance learning, in social marketing, in maternal and child health and in global infectious disease research. For 25 years, public health has been our passion and our promise. Please join the COPH in celebrating their beginnings and rejoicing in their future.

### About USF Health

USF Health ([www.health.usf.edu](http://www.health.usf.edu)) is dedicated to creating a model of health care based on understanding the full spectrum of health. It includes the University of South Florida's Colleges of Medicine, Nursing, and Public Health; the Schools of Biomedical Sciences as well as Physical Therapy & Rehabilitation Sciences; and the USF Physicians Group. With more than \$380.4 million in research grants and contracts last year, the University of South Florida is one of the nation's top 63 public research universities and one of only 25 public research universities nationwide with very high research activity that is designated as community-engaged by the Carnegie Foundation for the Advancement of Teaching.





HPC Healthcare, Inc. (HPC) is a not-for-profit, community-based health care system primarily providing hospice and palliative care. HPC is a parent company incorporating five subsidiaries: LifePath Hospice, Inc. in Hillsborough County; Good Shepherd Hospice, Inc. in Polk, Highlands and Hardee counties; Axis

Palliative Healthcare; HPC Staffing Services; and HPC Pharmacy Services. The mission of HPC is to: “support and care for people in our community with or affected by advanced illness by offering a wide variety of compassionate healthcare options.” At HPC, hospice services are available for patients who have been diagnosed to be in the last 12 months of a life-limiting illness. The core purpose of HPC is to make the most of life.

**Community Partners**

LifePath Hospice and Good Shepherd Hospice are accredited by the Joint Commission and they continue to be the leader in program development and innovation in palliative care in order to enhance the quality of life for all patients. During 2010, HPC had 1,088 full time, 36 part time employees, and 180 “as needed pool” employees, as well as 1,777 volunteers. During the same calendar year, LifePath Hospice and Good Shepherd Hospice served 10,936 patients and admitted 9,015 new patients. The average daily census in 2010 was 1,993 patients. The mean and median lengths of stay were 79.5 and 18 days, respectively. During 2010, 1,630 physicians referred patients to LifePath Hospice and Good Shepherd Hospice while over 200 nursing homes and assisted living facilities partnered with them.

In 2010, LifePath Hospice began its Transitions Program with volunteer and case management services provided to patients with a life limiting illness, but not eligible for hospice services. Specifically, HPC expended significant manpower and resources to develop the following two new programs in 2010 so that these may be fully operational in 2011: Program of All-Inclusive Care for the Elderly (PACE) in Hillsborough County and Nursing Home Diversion (NHD) program in Hillsborough, Polk, Highland, and Hardee Counties. The goal of PACE is to oversee participants’ medical care and help those who would be eligible for nursing home care remain in their homes. The services provided include physician and nursing services, personal care, supportive services, medications and medical equipment. An adult day center is located in Tampa. The program is funded via Medicare/Medicaid, by private funds, and involves utilization of an Adult Day Care Center.

The NHD program is a case management care model and will oversee services assisting the elderly who also qualify for nursing home placement to remain in the community as long as possible. Some of the services provided via NHD program are meals, care giving, chores, and home health care. These service expansions were part of HPC’s strategic plan to become a major post-acute care provider.

**Executive Committee**

The Center is governed by an Executive Committee representing interdisciplinary community providers and university faculty from various disciplines that represent the continuum of care utilized in hospice and palliative care.

ACADEMIC PARTNERS	COMMUNITY PARTNERS
<b>Vince Perron, MD</b> Center Academic Director Division of Geriatric Medicine University of South Florida	<b>Ronald Schonwetter, MD, FACP, FAAHPM</b> Center Community Director HPC Healthcare, Inc.
Iraida Carrion, PhD, MSW, LCSW School of Social Work University of South Florida	Samira Beckwith, MSW, FACHE Hope Healthcare Service
William Haley, PhD School of Aging Studies University of South Florida	Kristine Donovan, PhD Moffitt Cancer Center & Research Institute
June Leland, MD James A. Haley Veterans Hospital University of South Florida	Debra French, RN, NS, CS Tidewell Hospice
Susan McMillan, PhD, ARNP, FAAN College of Nursing University of South Florida	Sehwan Kim, PhD HPC Healthcare, Inc
Hana Osman, PhD Environmental and Occupational Health University of South Florida	Howard Tuch, MD Suncoast Hospice
Lori A. Roscoe, PhD Department of Communication University of South Florida	Kathy Egan City, RN Suncoast Institute
Robert Walker, MD Division of Medical Ethics, Humanities and Palliative Care University of South Florida	
<i>Staff:</i> Lourdes Rodriguez, BBAM College of Medicine, Internal Medicine University of South Florida	





DATE	SPEAKER & TOPIC
January 13, 2010	Linda Steele, Ph.D. <i>"Speak to the Heart: The Use of Journaling to Investigate the Quality of Life in Heart Failure Patients."</i>
February 10, 2010	Howard Tuch, MD. <i>"Health Care Reform-Implications for Hospice &amp; Healthcare."</i>
March 17, 2010	Debra Dobbs, PhD. <i>"Adherence to Veteran's End of Life Treatment Preferences."</i>
April 14, 2010	Catherine McCarthy, MA; Debra Dobbs, PhD. & Victor Molinari, PhD. <i>"Hospice and DSCU's Impact on EOL Care for Individuals with Dementia."</i>
May 12, 2010	Kris Donovan , PhD, MBA <i>"Sex, Intimacy and Cancer."</i>
June 9, 2010	Jessica Allen, BA. <i>"Determining Hospice Eligibility Among Dementia Patients."</i>
July 14, 2010	Laura DeRuvo, MA. <i>Communication and Transition into Stepping Stones and Hospice for Children and Their Family Caregivers."</i>
Sept. 8, 2010	Linda Steele, PhD. <i>"Quality of Life and Physiologic Measures in Patients Enrolled in a Multidisciplinary Heart Failure Clinic."</i>
October 13, 2010	Debra Parker Oliver, PhD, MSW. <i>"Assessing Caregivers for Team Intervention through Video Encounters."</i>
November 10, 2010	Ladislav Volicer, Ph.D. <i>"Effectiveness of Antibiotic Treatment of Pneumonia in Advanced Dementia."</i>
December 15, 2010	Cathy Emmett, Ph.D. <i>"Peace with My Maker: Voices of Seriously Ill African American Elders Regarding Advance Care Planning."</i>

LifePath Hospice and Good Shepherd Hospice have 4 acute inpatient units/ facilities located in Temple Terrace (24 beds), Sun City Center (24 beds), Lakeland (7 beds), and Auburndale (12 beds), totaling 67 beds serving four counties. These units have served 3,119 patients in 2010. Good Shepherd Hospice also worked diligently in 2010 to able to operate Somers Hospice House, a 16-bed independent inpatient facility in Sebring that opened in February 2011. In addition to home and facility based hospice care, HPC's Axis Palliative Healthcare, LLC has hospital-based palliative care consult services in partnerships with three community-based hospitals in the services areas (St. Joseph's Hospital, University Community Hospital, and Winter Haven Hospital) and served over 868 patients in 2010. Axis Palliative Healthcare also serves patients in community nursing homes as well. Axis Palliative Healthcare served 43 patients via a pediatric palliative care program partnership with the staff at St. Joseph's Children's Hospital in Tampa. In 2010, LifePath Hospice, in cooperation with The University of South Florida College of Medicine, the H. Lee Moffitt Cancer and Research Institute, the James A. Haley Veterans Hospital, and the Bay Pines Veteran's Hospital, continued sponsoring a physician fellowship program, which began in 2007. The one-year program is made available to physicians who opt to have subspecialty hospice and palliative medicine training as sanctioned by the American Board of Medical Specialties in 2006. In 2010, six physician fellows were trained at LifePath Hospice. Through our Medical Student Rotation Program, 114 third-year and 19 fourth-year students of USF School of Medicine were trained by HPC professional staff in the area of pain, symptom management and palliative care involving hospice patients. In addition, HPC was reaccredited by the National Institute of Jewish Hospice and continued its Pastoral Care Education Program.



HPC continues to be the leader in program development and innovation in palliative care by engaging in clinical, behavioral, prevalence and etiological research that enhance the quality of life for our patients, facilitating and supporting the palliative needs of our patients and their families. Most of our new knowledge is generated from our field-based, intramural and extramural studies, clinical trials, psychosocial and behavioral research initiated by interdisciplinary services professionals working with the HPC Research Department staff. As a national leader in hospice care, HPC had the opportunity to participate in grant projects and conference presentations. A listing of the organization's active grant projects, publications, and 2010 presentations follows.







# SUNCOAST HOSPICE

Licensed to serve since 1981

Your life. Our life's work.™

It's about living – as fully as possible

Most people think of calling Suncoast Hospice for care at the end-of-life. In fact, our programs and services provide a great deal more.

We help individuals of all ages whether they have serious illnesses or injuries or they are the people

who care and grieve for them. Surveys show that 99.4% of families served would recommend Suncoast Hospice to others. And often patients and families say their one regret is not calling us sooner.

Many of our programs and services were established at the expressed wishes of the community we serve. It has always been important for us to listen to our community. Here are some Suncoast Hospice programs and services:

### Grief Support & Bereavement Counseling Crisis Intervention

Specially-trained counselors provide individual and group counseling, resources and education for people who have experienced the death of another, whether due to long illnesses, sudden illnesses, violent crime, accidents or suicide.

### Home Care

Home Care is for people who must be homebound for a specific length of time. They typically require skilled care by professionals such as registered nurses, physical therapists, respiratory therapists and others. Most Suncoast Hospice Home Care patients need wound care, catheter care or are recovering from hip or other surgeries.

### Supportive Care

Suncoast Supportive Care patients have chronic conditions or prognoses of serious illnesses that have not reached advanced stages. Supportive care includes such services as in-home nursing care, family guidance and counseling, assistance as patients learn to live with their illness and conditions, coordination of other community resources and more.

### Palliative Arts

Suncoast Hospice Palliative Arts program offers a variety of opportunities to patients, all designed to bring comfort and ease pain and suffering. The program's array of services covers such areas as pet therapy (featuring visits from friendly, specially-trained animals), aroma therapy, therapeutic clowns, massage therapy, arts at the bedside and much more.

### Caregiver Counseling

Caregivers are important members of Suncoast Hospice's patient and family care teams. They are encouraged and supported by Suncoast Hospice staff and volunteers. And assistance for caregivers is available for those who may be caring for someone who is not a Suncoast Hospice patient. Regular support sessions called *Caregiver Coffee Breaks* are held frequently at locations throughout Pinellas County.

### Child & Family Support

#### Suncoast Hospice Stepping Stones for Kids

Suncoast Hospice was one of the first hospices in the country to address the needs of seriously ill children, their parents, siblings and extended families.

The Center's **Research Committee** is chaired by **Lora Thompson, PhD, Clinical Psychologist** at the Moffitt Cancer Center & Research Institute.

Research Committee members include:

- **Kathryn Hyer, PhD**, School of Aging Studies at USF
- **Shwan Kim, PhD**, HPC Healthcare, Inc.
- **Lori Roscoe, PhD**, Department of Communication, USF
- **Ladislav Volicer, MD, PhD**, School of Aging Studies, USF
- **Kristine Donovan, PhD**, Clinical Psychologist, Moffitt Cancer Center

The Research Committee reviews and makes recommendations to the Executive Committee about applications submitted to the Center for Pilot Research Grant funding and for the Graduate Research Assistantship.

The Center's Training Committee supervises the research project and service hours for the recipient of the Center's Graduate Research Assistantship. While we did not award a Graduate Research Assistantship in 2010 we did however, awarded a Pilot Grant to: Kathryn Frahm, Ph.D., Research Post-Doctoral Fellow with the Department of Aging and Mental Health. Dr. Frahm's proposal was entitled: "Race and Advance Care Planning, Hospice Utilization, and Comfort Care Services among Nursing Home Residents at the End-of-Life."



**OBJECTIVES:** The proposed research is one of the first studies to specifically investigate the concurrent relationship between race and advance care planning, hospice utilization, and receipt of comfort care services for nursing home residents at the end of life.

#### Objectives include:

*Objective 1)* Examine the differences in completion of advance directives and advance care planning among White, Black, Hispanic, and Asian nursing home residents at the end of life.

*Objective 2)* Examine the differences in hospice enrollment among White, Black, Hispanic, and Asian nursing home residents at the end of life.

*Objective 3)* Examine the differences in the experience of specific health outcomes White, Black, Hispanic, and Asian nursing home residents receiving comfort care services at the end of life.

**ANTICIPATED BENEFITS:** Study outcomes will provide valuable data and enhance knowledge of racial disparities in hospice use, advance care planning, and treatment and comfort care preferences among nursing home residents at the end of life.

RESEARCH AND TRAINING COMMITTEE





Tidewell Hospice Mission is helping people live well by providing care, comfort and compassion.

Founded in 1980, Tidewell now cares for more than 8,000 patients and their families annually in Sarasota, Manatee, Charlotte and DeSoto counties. It has grown significantly in the past three decades. Although hospice is often misunderstood as an alternative just for cancer patients, Tidewell admits patients with a broad range of diagnoses, including heart and lung disease, AIDS, renal failure, ALS and end-stage Alzheimer's. Any illness with a predictable prognosis of one year or less is within Tidewell's admission criteria.



Tidewell has always been a not-for-profit hospice. Home-based palliative care is the basic premise of the program, managed by care teams of end-of-life care specialists, including physicians, registered nurses, social service counselors, certified nursing assistants, chaplains, grief specialists and volunteer – all following a prescribed plan of care. Tidewell's services are available to everyone, regardless of ability to pay.

Hospice patients' greatest hopes are to be pain-free and to have distressing symptoms managed. Early on, hospice learned that quality of life revolves around these two factors, and only when they are controlled can people reach beyond to the comforts and therapeutic healing of mind and spirit.

In choosing Tidewell, patients and families make a decision to spend their last months together in a familiar, caring environment. Tidewell's supportive services create a sense of relief, as trained professionals offer care and guidance. They are experts in pain and symptom control. Decisions are made based on the individualized needs of patients, with the realization that something more can always be done to bring comfort and dignity to those living with advanced illness.

Rather than a place, hospice is a philosophy - a program of care and support wherever patients need us. Tidewell's services extend to any location - a private residence, hospital, assisted living facility, nursing home or any of our seven hospice houses.

Tidewell is committed to offering programs and services that support the ebb and flow of life as a normal part of life's journey. Tidewell care teams are committed to providing compassionate care and support that optimizes comfort for patients and their families, regardless of culture, age, gender, creed or financial circumstances. It is part of Tidewell's mission to care for all in the community who want hospice and palliative care, regardless of ability to pay.

Tidewell services include:

- Pain control
- Symptom management
- Personal care
- Respite
- Emotional support
- Spiritual support
- Pharmacy
- Home medical equipment
- 24-hour on-call
- Children's Services
- Complementary Services
- Grief support

Tidewell's care teams are specialists in pain control and symptom management. Care plans are developed for each individual, with patient preferences and continuity of care always at the forefront. Decisions are made based on individualized needs, with the realization that something more can always be done to bring comfort and dignity to those living with advanced illness. Rather than a place, hospice is a philosophy — a program of care and support when and where it is needed most.

[www.tidewell.org](http://www.tidewell.org)

Special programs and services are available to address the physical and emotional concerns of young patients, as well as assist their parents as they try to maintain day-to-day life for themselves and other children in their families. Unique programs are in place for families affected by still-born births or the death of newborn babies.

### Hospice Houses

Suncoast Hospice House Woodside and Villas and the brand new Suncoast Hospice House Brookside are home to patients who for various reasons need the professional skilled care offered at the residences or are unable to get the care they need elsewhere. Each residence has homelike settings, complete with family areas, porches and grounds perfect for a stroll or to just sit and enjoy nature.

### Suncoast Hospice Affiliates

The mission of Suncoast Hospice is enhanced by its family of affiliate organizations. Each affiliate organization is recognized for its relevance locally as well as nationwide.

### AIDS Service Association of Pinellas, Inc. (ASAP)

ASAP offers client-focused care, which includes prevention services, client education, community resource education, support and advocacy, counseling, case management and some financial assistance. Its mission is *to serve our community and improve the lives of those infected or affected by HIV/AIDS through prevention education, direct services and advocacy.*

### Suncoast Hospice Foundation

Established in 1983, Suncoast Hospice Foundation is responsible for philanthropic activities in connection with Suncoast Hospice. Chief among its roles is ensuring sound stewardship of community resources entrusted to it by generous donors. Its mission is *to advance understanding, participation and support of the mission and programs of Suncoast Hospice and its affiliated organizations, honoring our community's sacred trust through sound stewardship.*

### Project GRACE

Project GRACE encourages people to make specific medical decisions in advance of times when they may be unable to communicate the kinds of treatment they want or do not want. Project GRACE provides individual and family advance care planning services in addition to offering professional and community education regarding healthcare decision-making. Its mission is *to promote planning for life's final phases and build a community that respects and honors each individual's wishes, values and spiritual beliefs.*

### Suncoast Institute

Focused on education, consultation and research, Suncoast Hospice Institute is a practiced-based center of excellence for end-of-life and palliative care known for being at the forefront of innovation. Suncoast Hospice Institute is a resource for its home community of Pinellas County as well as for end-of-life programs across the country. Its mission is *to influence the way individuals, organizations and communities care for each other near life's end by being the premier hospice and palliative care center of excellence for practice-based innovation, education and research knowledge.* Suncoast Hospice Institute is a partner in Center for Hospice, Palliative Care & End-of-life Studies based at the University of South Florida.

### Suncoast Solutions

Suncoast Solutions' mission is *to dramatically improve quality of life by being the world-class leader in hospice, palliative and home care computer technology and support.* Founded in 1997, Suncoast Solutions has clients all over the country. One in four hospice patients in the United States is served by a Suncoast Solutions user.





## Overview

Moffitt Cancer Center & Research Institute began its research efforts in 1993 and by 1998 achieved National Cancer Institute (NCI) designation. Today, research at Moffitt includes more than 135 investigators organized around six scientific programs, all with an emphasis on translation. In October 2006, the NCI renewed Moffitt's Comprehensive Cancer Center status and its Cancer Center Support Grant for five years. Among the factors and accomplishments over the past five years that the NCI cited were:

- Doubling of overall research funding at Moffitt
- A 130-percent increase in new patients referred to Moffitt
- Development of early-phase Moffitt investigator-initiated studies
- An increase in accrual to therapeutic phase I, I/II and II clinical trials

The NCI also highlighted several of Moffitt's strengths, including the expansion of basic research, especially in the areas of cancer prevention and control; the growth and maturation of translational and clinical research, active collaboration between bench and clinical scientists; and careful recruitment of basic scientists in molecular and cancer genetics.

### Mission

The mission of Moffitt Cancer Center is to contribute to the prevention and cure of cancer.

### Vision

Moffitt's vision is "to be the leader in scientific discovery and translation into compassionate care, cures, and prevention of cancer for our community and the world. As it grows to fulfill its mission, the Cancer Center will continue to be distinguished by its compassionate and effective patient care.

### Institutional Values

Scientific, educational, and patient care excellence  
 Unity in pursuit of our mission  
 Creativity  
 Compassion for our patients and their families  
 Employees, volunteers, and faculty are our most prized resources  
 Stewardship  
 Social responsibility and ethics of the highest standard



## The Hope Mission

To provide exceptional care and support to every individual and their loved ones as they fulfill life's journey.

### Hope Hospice

*Hardee, Hendry, Highlands, Glades, Lee and Polk Counties*

#### End-of-life care, comfort and support for patients and their families

- Home Care
- Inpatient Care; Nursing homes and assisted living facilities; Hospitals, Hope Hospice houses
- Medical Care
- Expressive Therapies: Music, Art "Therapy"
- Integrative Therapies: Massage Therapy, Pet Therapy, Aromatherapy
- Hope Supportive Care

### Hope Healing Hearts

*Charlotte, Collier, Hardee, Hendry, Highlands, Lee, Glades and Polk Counties*

#### Counseling and support for those who have experienced the loss of a loved one

- Individual & Group Counseling
- Crisis Response
- Grief Counseling in the Workplace
- Bereavement Camp for Children

### Hope Select Care

#### A PACE Program

*Lee County*

#### Program of All-Inclusive Care for the Elderly, (PACE) A Medicare/Medicaid program enabling ages 55 and older to maintain independent living

- Medical services and supplies
- Medicines
- Case management
- Transportation
- Social programs
- Wellness activities
- Expressive therapies

### Hope Parkinson Program

*Lee County*

#### Services and activities for people living with Parkinson Disease and their caregiver, to help experience a fullness of life.

- Movement and exercise class
- Educational programs

- Social Programs
- Creativity opportunities

### Hope Connections

*Glades and Hendry Counties*

#### Home-based independent living alternatives for ages 60 and older

- Meals
- Personal Care
- Homemaker Services
- Transportation
- Medical equipment
- Counseling
- Emergency response systems

### Hope Choices

*Charlotte, Collier, Desoto, Hendry and Lee Counties*

#### A long-term, at home care provided by Medicaid and The Department of Elder Affairs for ages 65 and older, whose goal is to remain in their home

- Case management
- Meals
- Transportation
- Adult Day Health
- Occupational, Physical and/or speech therapy
- Home chore services
- Medical supplies
- Personal emergency response system

### Hope Kids Care

*Hardee, Hendry, Highlands, Glades, Lee and Polk Counties*

#### Help for children coping with grief or a serious illness-their own or a loved one's

Pediatric Hospice Care  
 Partners in Care  
 Grief Support and Counseling

### Hope Comfort Care

*Charlotte, Collier and Lee Counties*

#### Symptom management and counseling for people of all ages with a serious illness

[WWW.HOPEHCS.ORG](http://WWW.HOPEHCS.ORG)

