



**KANSAS**

**Palliative & Hospice Care**

**BACK TO**



**SCHOOL**

**August 2023**

**IMPORTANT OBSERVANCES**

- World Lung Cancer Day - 8/1
- National Sunflower Day - 8/5
- Purple Heart Day - 8/7
- National Health Center Week - 8/6-8/12
- National Wellness Month
- National Back to School Month



# SUNFLOWER CONNECTION

*Taking the FEAR out of HOSPICE*

## AUGUST DIAGNOSIS FOCUS: CANCER

At 29.6% (2020 - nhpco.org) of Medicare hospice patients, cancer continues to be the dominant diagnosis. Depending on prognosis and patient wishes regarding treatment, cancer care many take the form of:

*Palliative Care:*

Illness is serious

- Cause significant symptoms esp. pain, N/V, anxiety, shortness of breath, etc.
- Patient may still be seeking aggressive treatment
- Relief of symptoms could improve quality of life
- Patient may decline or get better

or

*Hospice Care:*

- "Disease with distant metastases at presentation OR Progression from an earlier stage of disease to metastatic disease with either:
  - A continued decline despite therapy
  - Patient declines further disease directed therapy

- Note: Certain cancers with poor prognosis (e.g., small cell lung cancer, brain cancer, and pancreatic cancer) may be eligible without fulfilling the other criteria in this section."

Cancer and or complications from the illness can cause death. However, many types of cancer are not imminently fatal. Cancer care needs are varied. Relief of symptoms may improve quality of life and the patient could exhibit improvement or declination. Hospice and palliative care are comprehensive, including pain and symptom management, assistance with activities of daily living (ADL's), caregiver education, and emotional and spiritual support.

Kansas Palliative & Hospice Care is here to support the physician, patient, family, and caregivers. We will coordinate the individualized plan of care with the advice and consent of the patient's physician. We have created a summary of hospice readiness criteria for patients experience cancer and can provide this upon request.

<https://www.cms.gov/medicare-coverage>



### History of Hospice:

1982-1985: Addition of hospice benefits in many third-party payer insurance plans.

## SPOTLIGHT: DEAN FITZSIMMONS

I count it a privilege to have been a chaplain with KPHC for one year. I have been in hospice for a little over two years, having previously been a volunteer/part-time chaplain with various long-term care facilities in Minnesota, Wisconsin, and Kansas while also pastoring small rural churches. I have been in ministry since 1985 in Minnesota, Wisconsin, Missouri and Kansas.



Martha and I have been blessed with five children: Adam (Melody), Amy (Andrew), Emily (Chris), Heidi (Dean), and Rachel. God has given us ten grandchildren with another on the way.

When we have extra time (I'm also pastoring part-time), we enjoy antiquing and spending time with our grandchildren. I also enjoy playing golf, reading and working in the yard.



Hospice ministry has been amazingly rewarding. I enjoy supporting patients when they are at their most vulnerable and coming alongside their families with spiritual encouragement and sympathy/empathy. I absolutely love working with our compassionate hospice team and look forward to many years of rewarding service sharing and showing the love of Jesus.



## OUR TEAM

### Community Relations Team

Garrett Hopkins

(913) 305-6348

Seanna McClafin

(913)787-0563

### Clinical Director

Lisa Thompson, RN

lthompson@kansashc.com

### Executive Director

Crystal Shovlowsky

cshovlowsky@kansashc.com

Fax (888) 510-6002

(913) 353-6525

[www.kansashc.com](http://www.kansashc.com)



*I'm a*  
**HOSPICE  
CHAPLAIN**  
WHAT'S YOUR  
*Superpower?*

## HOSPICE MYTHS AND FACTS

**Myth:** All hospice providers are pretty much the same.

**Fact:** Hospice providers are independent of one another and can be profit or not-for-profit, providing a wide range of difference services.

It is important to do research on hospice providers and meet with them in-person to determine if you are comfortable with them. We recommend meeting with no more than 3 hospices to make a well thought out choice. KPHC is always happy to meet with patients and their families to answer any questions.