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# HEALTHCARE

NOVEMBER 2023



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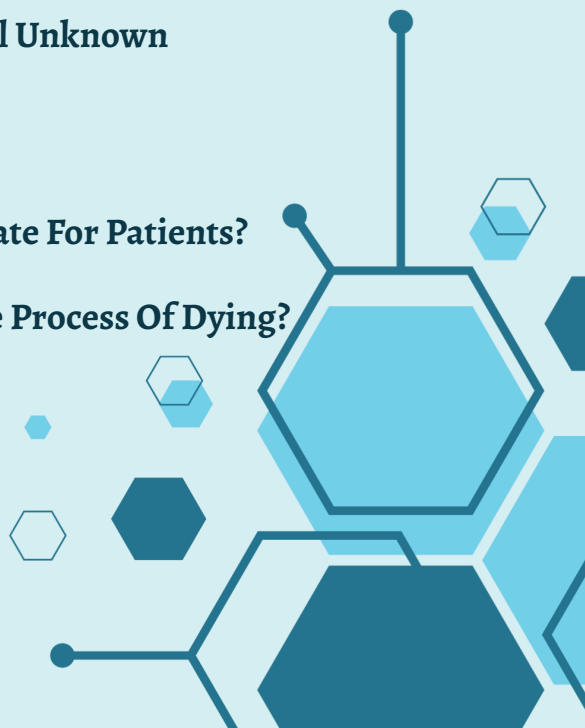
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# WELCOME

Dear Readers,

As we unveil this month's issue of our community healthcare magazine, our theme, 'Hospice and Palliative Care' holds a special place in our hearts. This edition is more than just a collection of articles; it's a testament to the resilience of the human spirit and the power of compassionate care.



**Diego Trujillo**  
CEO of Las Vegas HEALS

Palliative care, often misunderstood, is not about giving up hope but about enhancing quality of life, managing pain, and providing support for those facing serious illness. It's a journey of care that involves not just the patient, but also their families and caregivers. In these pages, we explore the multifaceted aspects of palliative care, from medical insights to personal stories that touch the soul.

As part of the philosophy that comes with end-of-life care, we focus on adding life into our days and not days into our life. While working in hospice, this tagline really stuck with me. As we take time to share with friends and family, we also take a moment to be grateful for what we have. It is a philosophy that has been ingrained in me since working in hospice.

Often asked, "What is the one thing you have noticed in people facing the end of their life?" my answer was simple. Regardless of everything, I have observed that some are tormented by what is being lost, while others are grateful for what they have had. It taught me to take every day at a time and stop to be thankful for what I DO have and not for what is missing. Often, our life will go by while we complain of the struggle instead of enjoying every day and being blessed enough to have a struggle to engage in.

While we focus on Hospice and Palliative Care Month, I want to encourage our readers to take time from every day to be present and grateful for what they have. While we may be missing quite a bit, there is always something that we can be grateful for. While serving at Las Vegas HEALS has been a massive undertaking, it has been a pleasure for me to see the impact our organization has had on our members and the community they serve.

I am grateful for the members who helped us continue working on our vision. While it is a continuous struggle, I am grateful to have been given the responsibility to grow into this role serving our community.

Happy Thanksgiving!

## PHYSICIAN SPOTLIGHT & INTERVIEW

# Michelle Baek, D.O.

Chief Resident/Resident Physician at the Valley Health System  
Family Medicine Residency Program.



"With the rise of new professional schools,  
I believe we will have more and more  
people stay and practice medicine in  
Southern Nevada. "

I'm originally from LA. I attended BYU in Utah before continuing my medical education at Touro University Nevada. I am the first physician in my family. I have a 3-year-old golden doodle and I met my fiancé in residency!

**What made you start thinking about practicing medicine?**

As cliché as it sounds, I really wanted to help people. My high school AP biology teacher instilled in me the love for science. Medicine was the perfect combination of both.

**How do you deal with stress and what advice would you have to offer to your peers regarding Stress Management?**

You gotta find what works for you. Whether that is going to the gym, hanging out with family/friends who are completely outside of medicine-- you need to find something that brings you true bliss. Maybe that is staying home all day and watching Netflix - if yes, so be it! What keeps you sane may be different from what others need. Therapy is also extremely helpful. I was very lucky to be established with a great therapist who has helped me work through many hardships.

**What is your perspective on the future of medicine in Southern Nevada?**

I am very hopeful that it will only improve. With the rise of new professional schools, I believe we will have more and more people stay and practice medicine in Southern Nevada. I am a California native who moved here for medical school, ended up falling in love with the town, and staying to practice. I know there are many others like me and with more schools, more residency programs, our medical community will only grow. I am excited to see the development (and be a part of it too!)

***"I am the first in my family to enter the medical field, and navigating the process was definitely a challenge."***

**What is the process like when applying for Medical School/Residency?**

An arduous, financially straining, at times soul-crushing journey... But as I move further into my career, I am seeing that it was all worth it. I am the first in my family to enter the medical field, and navigating the process was definitely a challenge. I was fortunate enough to have many mentors guide me, and I hope I can be that person for others.

**Favorite hobbies? Favorite junk food? Favorite quote you would like to share? Last book you read?**

The last book I read was "Quiet: The Power of Introverts in a World That Can't Stop Talking" by Susan Cain. Would recommend it to introverts (like myself) struggling to muster up energy for everything and anything. Extroverts to learn more about why we are the way we are sometimes.

***"You gotta find what works for you. Whether that is going to the gym, hanging out with family/friends who are completely outside of medicine-- you need to find something that brings you true bliss. Maybe that is staying home all day and watching Netflix - if yes, so be it! What keeps you sane may be different from what others need."***





# CLARK COUNTY MEDICAL SOCIETY VIRTUAL RESEARCH SYMPOSIUM

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**LAST DATE TO SUBMIT ABSTRACT: NOVEMBER 30, 2023**

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Required font: Arial 12pt

Two Categories: Fellow/Resident & Med Student

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## UPCOMING CME

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**DECEMBER 20TH - 4:00P - 6:00P**

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## MEMBER SPOTLIGHT

# Karen Rubel

**President & CEO, Nathan Adelson Hospice**



"You have a choice when it comes to hospice care, so ask good questions, be an advocate for yourself and/or your loved one, and compare programs. You can find more information about hospice and long-term care at [www.nah.org](http://www.nah.org). "



**Tell us a little about your organization and what it means to be a nonprofit hospice?**

Nathan Adelson Hospice was created in 1978 after the founders of the hospice, Irwin Molasky and Merv Adelson, watched Nathan Adelson experience a horrible death. At the time, the whole idea of hospice wasn't on anyone's radar in Las Vegas. They heard about this concept of hospice that provided quality of life at the end of life and addressed pain and suffering. Together with the help of the community, they created Nathan Adelson Hospice in honor of Nathan Adelson.

For 45 years, we have been the community's hospice. The board created us as a non-profit because they wanted to make sure everyone in southern Nevada had access to hospice care, regardless of insurance or ability to pay. We provide about \$600,000 to a million dollars a year in uncompensated care through our foundation and have cared for about 88,000 people in our 45 years in Las Vegas.

**What products or services do you offer individuals or families here in Southern Nevada?**

We service people who have a life-limiting illness and their diagnosis is six months or less. We are a CMS and Medicare program and we go to where our patients call home, although we also have two inpatient facilities. Our first inpatient unit was built in 1983 and was the second inpatient unit of its kind in the country. We want people to have a say in what their quality of life is. We want to make sure that people are supported, and their families are supported. We also provide spiritual and grief support for up to 13 months. This includes support groups, a weekend camp for children, and individual counseling. Even when that patient is no longer with us, we stay in contact with the family and provide support.

We also have the Elaine Wynn Palliative Care program that started in 2007 in Sunrise Hospital. Today, we are in almost all of the hospitals here and also have an at-home palliative care program. We are happy to offer these programs because it's the right thing to do.

**Nathan Adelson Hospice has been around for 45 years. In that time, what accomplishments are you most proud of and why has Nathan Adelson Hospice stood the test of time in the community?**

I think that Nathan Adelson Hospice has stood the test of time because we are really invested in the community. We always want to make sure we are doing the right thing for the patient, for the family, and even our employees. Our investment into the community includes uncompensated care, work with veterans, community programs such as workshops about long-term care planning, and education about hospice. We also have an office in Pahrump fully staffed by people who call Pahrump home, and we are really proud of the work we do there.

Our big accomplishments happen any time we can help someone who is a patient and has one final wish. We've flown in relatives, set up dinners, and even had a gentleman play his guitar one final time. Those kinds of moments are memorable and we can feel that we are making a difference. We are always trying to be innovative and relevant for our patients, families, and partners.

**What do you see for the future of healthcare in Southern Nevada?**

I see a positive future for healthcare in Las Vegas. As a community, we are talking more about addressing the gaps in our system in ways we haven't done before. The medical schools are fantastic. We have a fellowship program and the more doctors we can train and keep in our community, the better. People working together is the spirit of Las Vegas. Healthcare is the next industry that needs to come together, and I think we can do it.

**How long have you been a member of HEALS? Why so long?**

We've been a member of HEALS for a long time. When it first started, the idea was really intriguing and Doug did a great job of building the HEALS brand. The transition to Diego in leadership has been a great next evolution for the organization. If you want to get connected in healthcare and you want to stay in touch with people in your industry, Las Vegas HEALS is a great way to do that.

# Maximize Retirement Accounts for Healthcare Professionals: Build a Solid Financial Foundation

Mahesh Odhrani CFP, ChFC, AIF, CPFA, SWD, SWD

Retirement planning is a critical aspect of financial management for healthcare professionals. As you dedicate your career to caring for others, ensuring a secure and comfortable retirement is essential. This article will explore key strategies tailored to healthcare professionals to help build a solid financial foundation for retirement.

**Assessing Retirement Needs:** Healthcare professionals often face unique retirement considerations. Assess your retirement needs by considering the potential need for extended healthcare services, early retirement options, and the desire to maintain a certain standard of living. Understanding these specific needs will guide your retirement planning decisions.

**Maximizing Retirement Accounts:** Take full advantage of retirement accounts available to healthcare professionals, such as employer-sponsored plans (e.g., 401(k), 403(b)). Contribute the maximum allowable amount, especially if your employer offers matching contributions. Additionally, explore the benefits of individual retirement accounts (IRAs) to bolster your retirement savings further.

**Investment Strategies:** Develop an investment strategy that aligns with your risk tolerance and

retirement goals. Consider diversifying your portfolio across different asset classes, such as stocks, bonds, and real estate. Working with a financial advisor experienced in healthcare professionals' financial needs can help you design an investment plan that balances growth potential and risk management.

**Tax Planning for Retirement:** Explore tax-efficient strategies for retirement savings. Healthcare professionals may have access to unique tax-advantaged accounts like health savings accounts (HSAs) and flexible spending accounts (FSAs). Maximizing these accounts and understanding the tax implications of your retirement withdrawals can optimize your tax situation during retirement.

**Estate Planning:** Ensure your estate plan is created to protect your assets and provide for your loved ones in the future. Consider working with an estate planning attorney to establish a will, set up trusts, designate beneficiaries, and make decisions regarding healthcare directives. Review and update your estate plan regularly to reflect any changes in your circumstances. Retirement planning for healthcare professionals requires a thoughtful and tailored approach. You can build a solid financial foundation for a rewarding and worry-free retirement by assessing your retirement needs.

Mahesh Odhrani is a Financial Planner and President of Strategic Wealth Design (SWD). SWD aims to enrich the lives of people they touch by helping them create financial freedom and security.



# The differences between Palliative and Hospice Care?

Hospice care and palliative care are related but distinct approaches to providing specialized healthcare for individuals facing serious illnesses, particularly those with life-limiting conditions. While they share some similarities, there are key differences between hospice and palliative care:

## HOSPICE CARE:

**Focus on End of Life:** Hospice care is primarily designed for individuals who are nearing the end of life and are expected to have a relatively short life expectancy, typically six months or less. It is centered on providing comfort and support in the final stages of an incurable illness.

**Location of Care:** Hospice care is often provided in specific hospice facilities or, more commonly, in the patient's home. It can also be delivered in long-term care facilities, nursing homes, or inpatient hospice units.

**Services:** Hospice care offers a comprehensive range of services, including pain and symptom management, emotional and psychological support, spiritual care, and social services. It focuses on addressing the physical, emotional, social, and spiritual needs of both the patient and their family.

**Team-Based Care:** A hospice care team typically includes doctors, nurses, social workers, chaplains, counselors, and trained volunteers who work together to provide holistic care.

**End-of-Life Care:** Hospice care often involves the cessation of curative treatments and aggressive interventions. Instead, the emphasis is on providing comfort and improving the quality of the patient's remaining time.



## PALLIATIVE CARE:

**Applicability Across Illness Stages:** Palliative care is appropriate at any stage of a serious illness, not just in the final stages of life. It can be provided alongside curative treatments, and patients can receive palliative care while seeking curative or life-prolonging therapies.

**Location of Care:** Palliative care can be delivered in various settings, including hospitals, clinics, rehabilitation centers, or in the patient's home. It is not limited to a specific care facility.

**Services:** Palliative care focuses on managing pain and symptoms, addressing emotional and psychological distress, assisting with communication and decision-making, and providing support to both patients and their families. It takes a holistic approach to improve the patient's quality of life and well-being.

**Team-Based Care:** Palliative care also involves a multidisciplinary team of healthcare professionals, including doctors, nurses, social workers, and other specialists, working together to provide comprehensive care.

**Curative Treatments:** Unlike hospice care, palliative care does not require patients to forgo curative treatments. Patients can continue to receive disease-focused treatments while also benefiting from palliative care services.

In summary, while both hospice care and palliative care aim to improve the quality of life for individuals with serious illnesses, hospice care is specifically designed for end-of-life care when curative treatments are no longer pursued, whereas palliative care is a broader approach that can be provided at any stage of a serious illness, including alongside curative treatments. Palliative care is more inclusive and does not necessitate a terminal prognosis.



# What is Palliative Care?

*Palliative care is a specialized form of medical care that focuses on providing relief from the symptoms and suffering associated with serious illnesses, particularly those that are life-threatening. The primary goal of palliative care is to improve the quality of life for patients and their families facing the challenges of serious illness.*

## HERE ARE SOME KEY ASPECTS OF PALLIATIVE CARE:

**Pain and Symptom Management:** Palliative care professionals, including doctors, nurses, and other healthcare providers, work together to manage pain and alleviate distressing symptoms like nausea, shortness of breath, and fatigue.

**Holistic Care:** Palliative care takes a holistic approach, addressing not only the physical symptoms but also the emotional, psychological, social, and spiritual needs of patients. It aims to enhance overall well-being and comfort.

**Communication and Decision-Making:** Palliative care teams facilitate open and honest communication between patients, their families, and healthcare providers. They help patients make informed decisions about their care, including end-of-life choices.

**Support for Families:** Palliative care recognizes that illness affects not only the patient but also their loved ones. It provides emotional and practical support to the families and caregivers of patients.

**Continuity of Care:** Palliative care can be provided alongside curative treatments, and it can start at any stage of a serious illness. It ensures continuity of care, helping patients transition between different stages of their illness and treatment.

**Focus on Dignity and Comfort:** Palliative care emphasizes the preservation of a patient's dignity and comfort. This includes respecting their cultural, religious, and personal values and beliefs.

**End-of-Life Care:** While palliative care is not limited to end-of-life care, it often plays a crucial role in providing comfort and support to patients in their final days, helping them achieve a peaceful and meaningful end-of-life experience.

**Home-Based Care:** Palliative care can be provided in various settings, including hospitals, hospices, and patients' homes, depending on individual preferences and needs.

Palliative care is not the same as hospice care, which is a specific type of end-of-life care for patients with a limited life expectancy. Palliative care is more comprehensive and can be provided at any stage of a serious illness, not just when the end of life is near. The goal is to improve the patient's overall quality of life and manage their symptoms, regardless of the stage of the illness.

Overall, palliative care plays a crucial role in enhancing the well-being of individuals facing serious illnesses, helping them live as comfortably and meaningfully as possible, and providing support for their families and loved ones.



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# When is Palliative Care Appropriate for a Patient?

Palliative care is appropriate for a patient at any stage of a serious illness, not just in the final stages of life. It can be integrated into the patient's care plan as soon as they are diagnosed with a serious illness and may be provided alongside curative or life-prolonging treatments. Palliative care focuses on improving the patient's quality of life and addressing their physical, emotional, social, and spiritual needs. Here are some situations when palliative care may be appropriate for a patient:

**Serious Illness Diagnosis:** Palliative care can begin at the time of diagnosis for a serious illness, such as cancer, heart failure, chronic obstructive pulmonary disease (COPD), advanced Alzheimer's disease, or other life-limiting conditions.

**Management of Symptoms:** If the patient experiences pain, discomfort, or distressing symptoms related to their illness or treatment, palliative care can help manage these symptoms to improve the patient's overall well-being.

**Complex Care Needs:** When a patient's care needs are complex and require coordination among multiple healthcare providers, palliative care can provide an integrated approach to ensure all aspects of care are addressed.

**Emotional and Psychological Support:** Patients and their families facing a serious illness often experience emotional and psychological challenges. Palliative care offers counseling and support to help patients and families cope with these challenges.

**Communication and Decision-Making:** Palliative care can facilitate open and effective communication among patients, their families, and healthcare providers. It helps patients make informed decisions about their care, including end-of-life choices.

**Support for Family and Caregivers:** Serious illness affects not only the patient but also their loved ones. Palliative care provides support and resources to help family members and caregivers cope with the challenges they face.

**Symptom Control During Treatment:** Some patients may experience distressing symptoms related to their treatment, such as chemotherapy side effects. Palliative care can help manage these symptoms while the patient continues to receive treatment.

**Transitions in Care:** When patients transition between different stages of their illness, care settings, or treatment modalities, palliative care ensures continuity of care and support.

**Complex or Chronic Conditions:** Patients with complex or chronic conditions that have a significant impact on their quality of life and functioning can benefit from palliative care.

**Desire for Improved Quality of Life:** Patients who prioritize an improved quality of life, better symptom control, and emotional support may choose to receive palliative care.

Palliative care is provided by a team of healthcare professionals, including doctors, nurses, social workers, and other specialists, who work together to address the patient's physical, emotional, social, and spiritual needs. It is a patient-centered approach that helps individuals and their families navigate the challenges of serious illness while focusing on enhancing their overall well-being. The decision to initiate palliative care should be based on the patient's individual needs, preferences, and goals.





## A Caring Journey

By: Irma Prettenhofer, Gerontologist

Imagine having your loved one cared for in a community that follows them throughout their dementia journey. Where they will live their golden years free of fear from disease and feel safe to be themselves, with no judgment nor prejudice. A place where they will not be transferred to another facility if their health declines, behaviors set in, and much less if they are facing end-of-life care. A place they will come to love and call home.



Imagine hearing the giggles of children running rampant and seeing aging and dementia as something normal, instead of fearing their grandparents due to their disease. A place where elders do not have to find homes for their beloved pets- as their forever home is being with their owner. A community filled with light, gardens, laughter, and a wide gamut of engagements to stimulate them and fill their hearts with peace and joy. Where families can visit anytime, not just designated and set hours. Where they can take their loved one home for the holidays and have complimentary meals anytime they wish to visit with them. A time when spouses and children can fulfill their relationship role, absent from the stressors associated with being a primary caregiver. Here, they have an entire team to allow them to find their place, while being supported by our team.

Many families have found comfort in our holistic and resident-centered community- from the day they entered our community- to their last breath. In partnership with local hospice providers, Silverado Red Rock is able to gently care for the changing needs that accompany a dementia diagnosis. With oversight by our Administrator, our clinical team, and our Medical Director- families are supported throughout their hospice journey at Silverado. Expect our families to have staff check in on them, provide snacks and meals- and accommodate sleeping arrangements and special family time together during their difficult time. We

treat our residents with dignity at all levels of care in our community. While many fear the word hospice, or even palliative care- it is a necessary service that provides dignity at all levels of end-of-life care. It takes a team to know and understand the importance of this service and tailor it to meet the unique and individualized needs of the resident and their families. We take pride in selecting and partnering with committed and ethical hospice providers.

Come and meet our residents and schedule a tour of our community. Silverado welcomes you with open arms and loving hearts. We hope to see you come through our community this Holiday season so you can see and hear the smiles and laughter we are blessed to observe daily. Please call (702) 337-2480 or come by anytime, take a tour, and experience Silverado firsthand.



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Claudia K.  
MSN



# The 4 Essential Components of Palliative Care

Palliative care consists of four essential components that together provide a comprehensive approach to caring for individuals with serious illnesses. These components are often referred to as the "Four Pillars" of palliative care:

**Relief of Pain and Symptoms:** The first and foremost component of palliative care is the management and relief of pain and distressing symptoms. This includes addressing physical symptoms like pain, nausea, shortness of breath, and fatigue, as well as non-physical symptoms such as anxiety, depression, and spiritual distress. Palliative care teams work to improve the patient's comfort and overall well-being through symptom management.

**Communication and Shared Decision-Making:** Effective and open communication is a cornerstone of palliative care. This component focuses on clear and compassionate communication between healthcare providers, patients, and their families. It involves discussing the patient's condition, treatment options, prognosis, and end-of-life preferences. Shared decision-making empowers patients to make informed choices about their care, aligning it with their values and goals.

**Psychosocial and Emotional Support:** Palliative care recognizes the emotional and psychological challenges that patients and their families face when dealing with serious illness. This component addresses the psychosocial and emotional aspects of care, offering counseling, support, and resources to help individuals cope with the stress, anxiety, and grief associated with illness. It also considers the social and spiritual dimensions of a patient's well-being.

**Support for Family and Caregivers:** Serious illness affects not only the patient but also their family and caregivers. This component of palliative care focuses on providing support and resources to help family members and caregivers understand the patient's condition, navigate the challenges they may encounter, and cope with their own emotional and practical needs. It acknowledges the critical role that families and caregivers play in the patient's care journey.

These four components work together to provide comprehensive care that addresses the physical,



emotional, social, and spiritual needs of patients with serious illness. Palliative care is not limited to end-of-life care; it can be integrated into a patient's care plan at any stage of a serious illness to improve their overall quality of life and provide support to both the patient and their loved ones.





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# Here are the 6 C's of Palliative Care

The "6 C's" of palliative care are guiding principles that help healthcare professionals and caregivers provide comprehensive and compassionate care to individuals facing serious illnesses. These principles emphasize the core aspects of palliative care and include:

**Compassion:** Compassion is at the heart of palliative care. It involves showing empathy and genuine concern for the well-being of the patient and their family. Compassionate care acknowledges the emotional and psychological aspects of illness and provides support in a caring and understanding manner.

**Continuity:** Continuity of care is important in palliative care, especially as patients may transition between different care settings or face evolving healthcare needs. Providing consistent and uninterrupted care, whether in a hospital, hospice, or home setting, is vital to ensuring the patient's comfort and well-being.

**Communication:** Effective and open communication is essential in palliative care. It involves listening to patients and their families, addressing their concerns, providing clear information about their condition and treatment options, and involving them in decision-making regarding their care.

**Choices:** Respect for patients' choices and values is fundamental in palliative care. This principle acknowledges that patients have the right to make informed decisions about their care, including choices related to treatment options, symptom management, and end-of-life care. It's essential to support and uphold these choices while providing guidance and information to help patients make decisions that align with their goals and values.

**Coordination:** Palliative care often involves a team of healthcare professionals, and coordination is key to providing seamless and effective care. Different members of the healthcare team, including doctors, nurses, social workers, and counselors, must work together to ensure that the patient's physical, emotional, and spiritual needs are met.

**Collaboration:** Collaboration extends beyond the healthcare team and includes working closely with the patient and their family. It involves collaborating with the patient to develop a care plan that aligns with their goals and values and working with the family to provide support and address their needs.



These 6 C's serve as a framework for delivering patient-centered and compassionate care in the context of palliative care. They emphasize the importance of not only addressing the physical symptoms of serious illness but also the emotional, psychological, and social aspects, while respecting the individuality and autonomy of each patient.



# Understanding the Four Dying Patterns in Palliative Care



In palliative care, it is recognized that there are four common patterns or trajectories of dying that patients may follow. These patterns help healthcare professionals and caregivers understand the progression of an individual's illness and plan care accordingly. The four patterns of dying in palliative care are:

**Sudden Death:** In this pattern, the patient experiences a sudden and unexpected decline in health, leading to rapid deterioration and death. Sudden death can occur in situations such as trauma, cardiac arrest, or severe complications. While the patient's death may be swift, it can still be traumatic for the family and healthcare providers.

**Terminal Decline:** Patients following a terminal decline trajectory experience a relatively stable course of illness until they reach a point where there is a sudden and significant deterioration in their health. This decline often occurs in the last weeks or months of life and may result from complications or the progression of the underlying disease. Healthcare providers and families should be prepared for this phase and provide appropriate support.

**Gradual Decline:** In this pattern, the patient's health deteriorates slowly over an extended period. The patient experiences a gradual decline in physical and functional abilities, and death typically occurs after an extended period of time living with the illness. This pattern is often seen in conditions like some types of cancer and chronic progressive diseases.

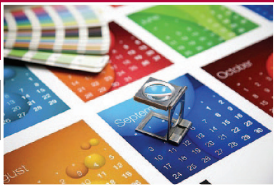
**Plateau:** Some patients may experience a plateau in their illness trajectory. They have periods of relative stability, where their health neither significantly improves nor worsens. This can be emotionally challenging for both patients and their families, as it creates uncertainty about the timing of death. Patients on a plateau trajectory may experience repeated episodes of decline and stabilization.

Understanding these patterns of dying is essential for providing appropriate and patient-centered care in palliative care settings. It allows healthcare providers to tailor care plans, support patients and families emotionally, and ensure that appropriate end-of-life discussions and decisions are made at the right time. Each patient's experience is unique, but recognizing these patterns can help guide the provision of compassionate and effective palliative care.



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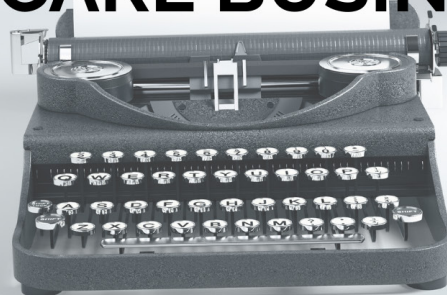


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# What is Hospice Care?



Hospice is a type of specialized healthcare service that focuses on providing care and support to individuals who are in the final stages of a life-limiting illness or approaching the end of life. The primary goal of hospice care is to enhance the quality of life for patients and their families by addressing their physical, emotional, social, and spiritual needs. Here are some key features of hospice care:

**End-of-Life Care:** Hospice care is typically provided to individuals with a limited life expectancy, often estimated to be six months or less. It is intended for patients who are no longer seeking curative treatments and have chosen to focus on comfort, symptom management, and maintaining dignity in their final days.

**Holistic Care:** Hospice care takes a holistic approach to address the physical, emotional, social, and spiritual aspects of a patient's well-being. This includes pain and symptom management, emotional and psychological support, counseling for patients and their families, and spiritual care if desired.

**Patient-Centered:** Hospice care is patient-centered, meaning that the care plan is tailored to meet the unique needs and preferences of the individual. Patients are encouraged to be active participants in their care, and their choices and wishes are respected.

**Location of Care:** Hospice care can be provided in various settings, including the patient's home, inpatient hospice facilities, nursing homes, and long-term care facilities. The choice of location is often based on the patient's preferences and the level of care required.

**Comprehensive Team:** A hospice care team typically includes a range of professionals, such as doctors, nurses, social workers, chaplains, counselors, and trained volunteers. This interdisciplinary team collaborates to provide comprehensive care and support.

**Palliative Approach:** Hospice care is a form of palliative care but with a specific focus on individuals nearing the end of life. It emphasizes pain and symptom management, enabling patients to be as comfortable as possible in their final days.

**Family Support:** Hospice care recognizes the impact of serious illness on patients' families and caregivers. Support and counseling are provided to help loved ones cope with the emotional and practical challenges they face.

**Bereavement Services:** Hospice care often extends support to the family even after the patient's death. Bereavement services are offered to help family members and caregivers through the grieving process.

Hospice care provides a compassionate and supportive environment for patients and their families during a challenging and emotionally charged time. The care is focused on maximizing comfort and quality of life while respecting the individual's wishes and values. It aims to help patients and their loved ones face the end of life with dignity and peace.





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# The Composition And Roles Within A Hospice Care Team

The hospice care team is typically composed of a multidisciplinary group of healthcare professionals and support staff who work together to provide comprehensive care and support to patients and their families. The specific composition of the team may vary depending on the hospice agency and the needs of the individual patient, but the following are common members of a hospice care team:

**Hospice Physician:** A hospice physician or medical director oversees the patient's medical care. They work with the patient's primary care physician and the hospice team to develop a care plan that focuses on symptom management, pain control, and the patient's overall comfort.

**Nurse:** Registered nurses with expertise in palliative and hospice care are a crucial part of the team. They assess the patient's condition, administer medications, provide wound care, and offer education and support to the patient and family.

**Hospice Nurse Practitioner:** In some cases, a nurse practitioner may be part of the team to help manage and coordinate care. Nurse practitioners can provide additional medical oversight and support to the patient and family.

**Social Worker:** Social workers provide emotional and psychosocial support to patients and families. They can help with counseling, end-of-life planning, advance care directives, and assistance in accessing community resources.

**Chaplain or Spiritual Counselor:** A chaplain or spiritual counselor provides spiritual and emotional guidance, support, and counseling, respecting the patient's individual beliefs and values. They can help address spiritual concerns and offer comfort to the patient and family.

**Certified Nursing Assistants (CNAs):** CNAs assist with personal care, including bathing, dressing, and mobility. They also provide important emotional support and companionship to patients.

**Volunteers:** Trained hospice volunteers may offer companionship, respite care for family members, and assistance with tasks that enhance the patient's quality of life. Volunteers play a significant role in providing additional support.

**Bereavement Counselor:** Bereavement counselors provide support to the patient's family before and after the patient's passing. They assist in coping with grief and loss, offering counseling, support groups, and resources.

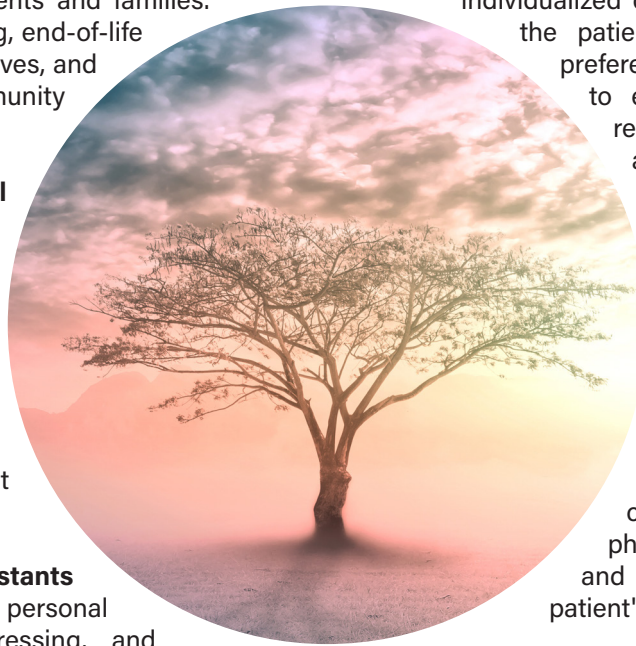
**Pharmacist:** A hospice pharmacist works with the medical team to ensure the safe and appropriate use of medications to manage symptoms and pain.

**Occupational and Physical Therapists:** These therapists assist in improving the patient's quality of life by addressing mobility issues and helping to maintain functional independence.

**Nutritionist/Dietitian:** A dietitian can provide guidance on nutrition and dietary requirements, ensuring the patient's dietary needs are met.

**Speech Therapist:** A speech therapist may be involved if the patient has difficulty with speech or swallowing due to their medical condition.

The hospice team collaborates to develop an individualized care plan that addresses the patient's unique needs and preferences. They work together to ensure that the patient receives comprehensive and compassionate care focused on pain and symptom management, emotional support, and improving the patient's overall quality of life. The involvement of multiple disciplines allows the team to provide a holistic approach to care, addressing the physical, emotional, social, and spiritual aspects of the patient's well-being.





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# Building Healthcare.... What's New

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The first project is what we call Steinberg Memory Care but now that it's complete it is known as Lumina Las Vegas. This, 41,981 SF single story residential complex was designed to cater to individuals facing progressive dementia and Alzheimer's disease. It features 54 resident units, each providing a secure and comfortable environment for its occupants. Lumina Las Vegas is the product of a collaboration with the Cleveland Clinic and University of Las Vegas brain research centers, integrating state-of-the-art research finding from strong community partners in neurodegenerative disease into the design and functionality of the building. In addition to the internal care provided, the physical therapy gym and multipurpose room are strategically located adjacent to the lobby with the intention to invite the public in for Alzheimer's and Dementia education and resident interaction and with an added community resource for physical therapy and recovery.

The facility also features a state-of-the-art commercial kitchen with separate servery areas for early-term and late-term treatment areas.

The facility also houses an administrative area, streamlining operations and allowing the staff to focus on their paramount mission: enhancing the well-being of residents. This innovative venture not only represents the future of memory care but also stands as a symbol of what can be achieved through visionary collaboration in the healthcare industry. It is poised to profoundly impact the lives of those it serves, providing a beacon of hope for individuals and families navigating the challenges of memory-related conditions.



## Heart and Vascular Centers of America

This project is located in an old retail Strip mall project on the corner of Lake Mead and Jones. Originally, the anchor store was a Lucky's grocery store turned Albertson's with a Block Buster Video and Halmark store etc. in the late 1990's or early 2000's. Korte renovated this entire corner and gave it new life to become more of a medical/technical campus, so to speak. One of the tenants within that project is the Heart & Vascular Centers of America.

This is a 4,400 sf, single story medical office with very high-end finishes. It's a private practice for Heart and Vascular of San Diego. The project includes reception, waiting room, medical exam rooms, vascular rooms, labs, testing and echo room, restroom and employee break room. They are moving in as I type this.



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# Hospice- Navigating the Magical Unknown

By Raquel Lohmann



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*In honor of  
November  
being National  
Gratitude  
Month, any  
reference to  
the patient  
in this article  
will be named  
"Gracias"  
(she/her).*

In Hospice Care, the entirety of the person's comfort and quality of life are the responsibility of the Interdisciplinary Team or Interdisciplinary Group. Conditions of Participation may require us to describe our "patients" as such, but as humans it is advantageous for each member of the IDT/IDG to remember that one day, we too will most likely be in a similar position. Our human experience is shared and each one of us deserves empathy, respect, comfort and love. That being considered, let's take a brief look into what hospice is about.

Gracias has been diagnosed with one or more of the following and it has been determined that her illness is terminal:

- End-stage ALS
- Alzheimers and Dementia
- COPD
- Heart Disease
- HIV & AIDS
- Liver Disease
- Neurological Disease
- Cancer
- Renal Disease
- Sepsis

When Gracias reaches the point when she can no longer care for herself, it is up to her caregivers to provide her a gracious, patient, and kind environment while she makes her exit from this world. Gracias' doctor writes a referral for hospice admission. This caregiving team (IDT/IDG) works together to meet her physical, medical, psychosocial, emotional, and spiritual needs. This consists of a registered nurse (RN) leading a team made up of a medical doctors (primary care and hospice doctor), nurses, home health aide, social worker, and chaplains. The Biopsychosocial (BPS) model, first published by George Engel, recognized the roles that biological, psychological and social aspects of a person's wellness relate to their health or disease. The IDT/IDG takes these aspects one level further and acknowledges their spiritual needs. A pastor or chaplain is assigned to affirm Gracias' faith, whatever that may be, and encourage peace throughout the process.



The hospice plan of care (POC) is created for Gracias to map out her (and her family/caregiver's) needs and services while she faces her terminal illness.

## Energy Conservation Techniques

We often talk about energy conservation because Gracias has reached the point where her body is no longer able to sustain normal activities. Her physical body is tired and breaking down. Put yourself in that position for a moment. You have lived a long life, worked many hours, accomplished many things, possibly raised a family that has even gone on to raise a family of their own. Your experiences and memories are coming to a close. There is a sadness associated with realizing that this chapter, this life, this body will not continue. It's normal and OK for Gracias to feel this emotion, in fact, it would be very difficult, delusional, and silly for her not to feel this. No matter Gracias' religious or spiritual beliefs there is a mourning that takes place, the thought process of saying goodbye to this life.



## Dealing with Emotions

When faced with sadness it is common to turn inward, shut down or disconnect. When Gracias or her family starts to have intense emotions, it is important to breathe into them, sit with them, acknowledge them, allow them to flow, and not judge. Recognizing feelings of grief, opening to these intense emotions will only confirm that they are not destructive, but rather indicators that we are loving beings. Encourage Gracias and her family to spend time together, connecting over the meaning of life. Family members are part of the treatment team and play a crucial role in meeting the needs of Gracias. During the process of dying, social support, communication, and involvement of family increases the level of satisfaction with care which in turn influences a person's search for meaningfulness of life.

## Fall Precautions

Creating a solid, safe, and comfortable space for the Gracias to be. Nonslip shoes, locked wheelchairs, proper lighting, clear floors. These conditions give Gracias a sturdy foundation. She is fragile and needs grounding. Give Gracias time after standing to attempt to walk. This safe, secure environment allows for prevention of falls. Physical and occupational therapists are available if needed. Rest is crucial following activities. Energy is at an all-time low and will continue to become a lesser and lesser available resource. Be patient. Be kind.

## Skin Care Maintenance

Decreased mobility means Gracias is depending on her caregiver and hospice to make sure her skin is taken care of. We often talk about skincare and how much it is a part of our self-care. Gracias is now relying on her caregiver and hospice to support them to maintain healthy, clean skin. There is a very gentle relationship that is built when inspecting, caring for, and moisturizing Gracias' skin. Simply holding Gracías' hand can be considered focused touch therapy and studies have shown it can improve the quality of life of Gracias and also of her caregivers.

## Confusion

Confusion is normal during this time. Her body is checking out and so is her mind. For this reason, it is in her best interest to take time when explaining things. Meet Gracias at her pace. Allow sufficient time for Gracias to respond, to communicate, to make decisions. Confusion is frustrating after you've lived an entire life where things made sense, grant Gracias space to feel safe thinking at a slower speed.

Depending on a patient's diagnoses and condition, the plan of care (POC) and services provided will differ quite a bit. There is an entire spectrum of issues that all have their own specific protocols. Decreased appetite, anxiety, dry eyes, hypertension, acid reflux, insomnia are just a sample of the many ways in which hospice patients require support. The POC must be reviewed and updated by the IDT/IDG at intervals specified in the POC, but no less frequently than every 15 calendar days. But an effective hospice plan of care doesn't just meet the requirements as laid out by Medicare, it meets the requirements of the human. The successful caring for a person at the end of their life is a magically impactful experience for all parties involved.

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"Family members are part of the treatment team and play a crucial role in meeting the needs of Gracias."

# Hospice and Palliative Care

Mitchell D. Forman, D.O.



The Sunday, November 5th edition of the Las Vegas Review Journal, Living Well section had several articles addressing "end of life" issues, mental health, and changing Medicare legislation. As a Rheumatologist with 44 years of practice experience often associated with caring for elderly patients and their families, I have a particular experience and interest with health care as people age and at the end of life.

While it is true that U.S. life expectancy has risen, people are living longer, but with more years in poor health according to the McKinsey Health Institute. Patient "autonomy" should be the driving force guiding decision making regarding health care decisions. This includes the right to request or to refuse treatment. Intensive care at the end of life frequently represents excessive and inappropriate use of technology. The patient ethically and legally has the right to forego treatment on the basis of medical futility. They do not lose that autonomy even if they are unable to communicate their decisions because of their specific health issues, e.g., stroke, coma, etc. These "end of life options" include pursuing life – sustaining treatment, refusing treatment, discontinuing treatment, Hospice and Palliative Care, voluntarily stopping eating and drinking, continuous deep sedation and "medical aid in dying." They can retain this right to decide what is really important to them through contingency plans of Advanced Directives (Living Will and Durable Power of Attorney for Health Care).

I would like to spend the rest of the time discussing two important principles mentioned above and that are frequently misunderstood. They are Palliative Care and Hospice. Palliative Care is a form of specialized care for people living with a serious illness, such as cancer, chronic obstructive pulmonary disease, dementia, Parkinson's disease, heart failure and many others. These patients may receive medical care for their symptoms, or receive palliative care, along with treatment "intended to cure their serious illness." It is not limited to a specific patient's age. It can be provided at any stage of illness but is best provided soon after a person is diagnosed. This type of care can be provided in hospitals, nursing homes, outpatient

palliative care clinics or at home. This may be covered by many forms of insurance, including Medicare and Medicaid.

Hospice care focuses on the care, comfort and quality of life of a person with a serious illness who is approaching end of life. In Hospice, attempts to cure the person's illness are stopped. It is provided for a person with a terminal illness who is presumed to have six months or less to live if the illness runs its natural course (an educated guess). Hospice can be offered in a home or in a facility such as a nursing home, hospital or in a separate hospice center. While management of pain is frequently a consideration in the patient's care, all forms of personal comfort, including symptoms and attention to psychological and spiritual issues are addressed. It more broadly addresses: pain management, breathing difficulty, nausea, constipation, confusion, delirium, skin problems, oral care, depression, sadness, anxiety, fear, loneliness and spiritual or existential issues. All are aimed at providing the patient comfort and quality of life in the time remaining.

Each of the above services, Palliative Care and Hospice, often involve teams of providers who work with the patient and their families, and who provide a variety of special services including physicians, P.A.s, nurses, nutritionists, social workers, and chaplains.

Another service that is often misunderstood is Home Health Care. Unlike Hospice, Home Health Care helps people recover from illness, injury, or surgery. It also helps people learn to manage chronic health conditions. As noted above, Hospice Care provides pain and symptom management for people with a terminal illness who aren't expected to live longer than six months.

As we age, there are many decisions that need to be addressed and require understanding the many options and the planning of future health care. Patients retain autonomy of these decisions which may require including their families or others to become their legal advocates (proxy), if they are unable to "speak" directly for themselves. These options include Advanced Directives, and Do Not Resuscitate orders that help define what is really important for them in the time that they have left.

**Mitchell D. Forman, D.O., FACR, FACOI, MACP, FRCP**  
President, Clark County Medical Society  
Program Director, Rheumatology Fellowship  
Kirk Kerkorian School of Medicine @ UNLV



# When is Hospice Care Appropriate for Patients?



Hospice care is appropriate for patients who have a terminal illness and are in the final stages of life. The decision to transition to hospice care is typically made when it is determined that curative or life-prolonging treatments are no longer effective, appropriate, or desired by the patient. Here are some general guidelines for when a patient may be considered appropriate for hospice care:

**Prognosis of Six Months or Less:** In the United States, one common criterion for hospice eligibility is a medical prognosis of six months or less to live. This prognosis is determined by a physician, often in consultation with a hospice team.

**Progressive, Life-Limiting Illness:** Hospice care is suitable for individuals with a progressive and life-limiting illness, such as advanced cancer, heart failure, chronic obstructive pulmonary disease (COPD), advanced Alzheimer's disease, or other serious conditions.

**Declining Health:** The patient's health is significantly declining, with a noticeable decrease in physical functioning and overall well-being.

**Desire to Focus on Comfort:** The patient and their family express a desire to shift the focus of care from curative or life-prolonging treatments to comfort, symptom management, and improving the quality of life.

**Informed Decision-Making:** The patient or their authorized representative is informed about the benefits and limitations of hospice care, understands the nature of the condition, and actively participates in the decision-making process.

**Decline in Response to Treatment:** When the patient's condition continues to deteriorate despite ongoing aggressive or curative treatments, and there is an acknowledgment that such treatments are no longer effective.

**Agreement of the Patient and Family:** Hospice care is a patient-centered approach, and the decision to enter hospice should be made collaboratively with the patient and their family or caregivers. Their preferences and goals are respected.

**Preparation for End-of-Life Care:** The patient and their family are ready to receive end-of-life care that focuses on comfort, dignity, and support, which includes addressing emotional and spiritual needs.

**Availability of Hospice Services:** The patient has access to hospice services through a qualified hospice agency, and the location of care (home, inpatient facility, nursing home, etc.) has been determined.

It's important to understand that hospice care is not about giving up but rather about providing a compassionate and supportive environment for individuals in the final stages of a life-limiting illness. The hospice team works to make the patient's remaining time as comfortable and meaningful as possible while respecting the patient's wishes and goals. The decision to enter hospice is a deeply personal one and should be made in collaboration with healthcare professionals and the patient's support network.

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# Does Hospice Care Speed Up the Process of Dying?

*Hospice care itself does not speed up the process of dying. In fact, the primary goal of hospice care is to provide compassionate and supportive care to individuals who are nearing the end of life, with a focus on improving their quality of life and enhancing their comfort during this challenging time. Hospice care aims to make the patient's final days as peaceful and dignified as possible.*

**Here are some important points to consider:**

**Focus on Comfort:** Hospice care emphasizes pain and symptom management, as well as emotional and psychological support, to ensure that patients are as comfortable as possible in the final stages of their illness. This care does not include interventions or treatments aimed at hastening death.

**Respect for Patient Wishes:** Hospice care respects the individual's autonomy and choices regarding their care. The patient and their family are involved in decision-making, and the care plan is aligned with the patient's values and goals.

**No Aggressive or Curative Treatments:** Hospice care often involves a shift away from aggressive and curative treatments that may have limited benefits and could cause discomfort or unwanted side effects. However, this does not mean that hospice care itself hastens death. The patient's underlying condition determines the trajectory of their illness.

**Natural Course of Illness:** When individuals enter hospice care, they are typically already facing a terminal illness, and their prognosis is limited. The focus is on allowing the natural course of the illness to take place while providing the best possible care to alleviate suffering and enhance comfort.

It's essential to understand that the goal of hospice care is not to speed up the dying process but to provide support and care to individuals in the final stages of life, helping them live with dignity and as comfortably as possible. Hospice care can bring emotional and practical relief to patients and their families during a challenging time.





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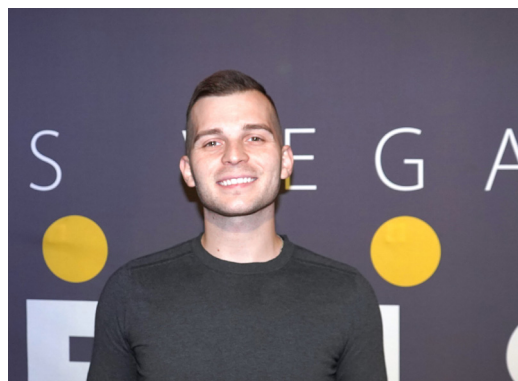


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 Healthcare Happy Hour  
 November 16th, 2023 at Padrino's  
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## NOVEMBER 2023 CALENDAR OF EVENTS

**Nov 2-4**

**12TH Annual UCSF Techniques in  
Complex Spine Surgery Program  
Vdara Hotel & Spa**

**24th Annual Las Vegas  
Dermatology Seminar  
Venetian Resort & Hotel**

**Nov 11-12**

**Mayo Clinic Hepato-Pancreatico-  
Billiary Cancer Symposium 2023  
Encore at Wynn Las Vegas**

**Nov 16**

**Task Force Meetings  
Vitucus Group  
Oquendo Building  
10 am to 2:45 pm**

**Healthcare Happy Hour  
Padrino's Gourmet Cuisine  
6 pm - 8:30 pm**

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