

The Meadian



A newsletter published periodically for families, friends and residents of St. Anne's Mead

NOVEMBER 17, 2015



Craig Stephan, RN Case Manager from Heart to Heart Hospice in Bingham Farms, is one of several case managers who provides hospice care at St. Anne's Mead.

HOSPICE IS A CARE PLAN, NOT A PLACE

November is National Hospice Month, an opportunity for us to raise awareness of what hospice is and what services it can provide. Historically, the word "hospice" was used to describe a place where someone went to die, but in reality, hospice describes a philosophy of care that can be provided in a variety of locations. "Although there are some in-patient hospice centers, the services that hospice provides can be provided in conjunction with our nursing care here at St. Anne's Mead," says Rose Keyes, RN, Director of Nursing. "It helps patients of any age - not just seniors as it affirms life and regards dying as a normal process."

She explains that hospice provides information about living and helps families learn what to expect at end of life. "It's geared toward families, friends and others who will be affected by the loss of a loved one, not just the patient."

cont. on next page

cont. from front page

Rose explains that hospice has been around for thousands of years, dating back to a time when it did refer to a place where the sick, the wounded and the dying found rest and comfort. Today, it is a personalized program of care that provides for physical, spiritual, emotional and social needs during a patient's final year of life.

Hospice care focuses on the patient's comfort and can provide extra support to friends and family as they go through the grieving process. Hospice organizations are able to provide various resources, so it's crucial that families do their research when selecting a particular hospice group. Some of the services that hospice may provide include: music therapy, equipment to assist with the patient's comfort, massage therapy, pet therapy, a nurse and a social worker. These services, along with the care provided by St. Anne's Mead staff, ensure that our residents and their families get the extra support that is so essential at the end of life.

"When the reasonable life expectancy of a patient is estimated at six months or less, Medicare covers the cost of those services," says Rose. Hospice care can and does make a difference in the lives of our residents and their families. St. Anne's Mead partners with many hospice organizations. If you are interested in gathering more information or want to see if your loved one qualifies for these types of services, please feel free to contact our nurse or social worker. We would be happy to facilitate a meeting with a Hospice of your choice.

WHAT TO EXPECT WHEN THE BODY SHUTS DOWN

Hospice will prepare you to handle end-of-life process and will help you accept the outcome in a manner that is appropriate to the values, beliefs, and lifestyles of the patient in hospice.

Many changes will take place: The body begins shutting down, generally in an orderly and undramatic fashion. But while physical changes are normal and expected, the spirit of the hospice patient follows its own priorities, such as resolving whatever in life feels unfinished. During hospice, a caregiver will suggest the kinds of responses to the emotional, spiritual, mental and social changes that facilitate a peaceful release from life.

Perhaps the hardest changes to overcome are the shutdowns that a body undergoes. Rose Keyes, Director of Nursing, offers some examples:

- **Skin Temperature and Color** A patient's fingers and feet may become increasingly cool to the touch, and there is a noticeable change in the color of the skin. This usually indicates that the circulation of blood is being reserved for the vital organs. Blankets and foot coverings will help the patient feel warmer.
- **Sleeping** The patient may spend more and more time sleeping, and at times be difficult to waken. This is due in part, to changes in the metabolism of the body.
- **Confusion** The patient may confuse the time, place, and the identity of people who visit and care for them, even those who have been close and familiar.
- **Communication** Plan to chat when the patient seems most alert or awake. You may hold hands but do not shake hands. Speak directly, softly and naturally even when there is no response. Never assume the person has lost his hearing: it is the last of the senses to go.
- **Withdrawal** The person may withdraw, or appear to be comatose. This indicates preparation for release from surroundings and relationships, and the start of letting go. Note: Hearing often remains quite good so be

cont. on next page

cont. from previous page

thoughtful about making comments that may be upsetting to your loved one. Speak in a normal tone, identify yourself by name, hold hands, and say whatever you need to say that would help letting go.

- **Vision-like Experiences** The person may claim to have seen or spoken to someone who already has died. You should not contradict, explain, belittle or argue about the claims.
- **Fluid and Food Decrease** This may indicate readiness for the final shut down. Do not try to force food or fluid.
- **Decreased Socialization** The person may only want to see just one or two persons. Don't be offended if you are not included.
- **Saying Good-bye** This is your final gift of love. Telling your loved one goodbye achieves closure and makes the final release possible. It may be as simple as saying, I love you.

In Memoriam

At this time of year, we remember each resident who has passed away in the past 12 months. My own father's name is included on this list, so I speak from experience when I say that every name on this list carries a story along with it. And that story could fill volumes. Each of us at St. Anne's Mead joins the families represented here, in mourning the loss of their loved ones and in celebrating his or her life. We are privileged to have been part of your lives, providing care, compassion and comfort during one of life's most difficult challenges. Your loved ones are greatly missed. Each one has made an impact on us and they will be long remembered.

Jane Collins
Executive Director

Remembering Residents of the Year 2014-15

NOVEMBER

Ida Weiner

DECEMBER

Ronald Makowski

FEBRUARY

Gladys Dudash

MARCH

Anne Turf
Bertha Brand
Oliver Susan
Marguerite 'Peg' Smith

APRIL

Edward Casper
Catherine Susan
Arza 'Abe' Swart
Andrew Hubecka

MAY

Terence Kilbride
Helen Thompson
Robert Francis

JULY

Addie Goins
Jack Hertzler

AUGUST

Judith Bommarito
Mary Truitt

SEPTEMBER

Irene Ostrand
Audrey Silverman
Raymond Mateljan
Mary Muresan
Anthony Brewer

OCTOBER

Jim Collins
Ann Furtak
Shirley Taub
William Bones
Allen Liggett
Patricia O'Rourke

Resident Artists' 2016 Wall Calendar Is Now Available

Our 8-1/2 x 11 full-color, wall calendar, featuring the works of resident artists, is NOW AVAILABLE at the Registration Desk. Each month features a different artist and his or her work.

The suggested donation is \$10. All proceeds go directly to the Angel Fund.



Worth Repeating

Here's what they're saying about St. Anne's Mead

"St Anne's Mead has taken me by surprise. I am greeted by friendly residents and staff every time I visit. It is a pleasure working together with the kind people of St. Anne's Mead."

-- Craig Stephan, RN, Heart to Heart Hospice

STAY CONNECTED



Be sure to check our Facebook page for photos, videos and comments.

CONTACT

Jane Collins, Executive Director
or
Jennifer Stone, Life Enrichment
Coordinator
St. Anne's Mead
16106 W. Twelve Mile Road
Southfield, MI 48076
248-557-1221 office
248-557-3142 fax
jcollins@stannesmead.org
www.stannesmead.org

Our Mission

St. Anne's Mead mission is to provide compassionate and professional health care and supportive services to seniors in a safe, secure, and loving home.

In keeping with our faith-based traditions, we endeavor to serve the unique needs of individuals and their families while preserving dignity and enriching lives.