

Our Mission

To profoundly enhance the end of life for individuals facing a life-limiting illness by:

- Providing compassionate, professional hospice care unique to each patient
 - Educating families and others on how to expertly care for a loved one
 - Respecting patient decisions about care
 - Offering counseling to help families manage their grief and re-establish their lives

We're There for the Long Goodbye



It is a long, difficult goodbye for families caring for a loved one with dementia or Alzheimer's disease. While some have a strong network of friends and family to assist them, others carry the burden alone — sometimes caring for a spouse, parent or relative who no longer recognizes them. In these circumstances, Hospice can be a tremendous resource to both families and patients. Given the uncertainties of dementia and the length and unpredictability of its progression, Hospice can play an invaluable role by helping families understand what to expect, how to deal with behavioral and other patient care issues, and what they can do to make this long, lonely road less fraught with anxiety and frustration.

Over the last several years, Hospice has developed expertise in addressing the multi-faceted needs of patients and families confronted with dementia and Alzheimer's disease. Since the average length of stay for these patients is usually longer than those admitted to Hospice with other terminal conditions, Hospice healthcare professionals have more time to fully utilize their knowledge and expertise to make a profound difference in the care of these patients and their loved ones.

Social workers have time to help families cope with the loss and grief that often comes from losing the person they knew and loved even though the person is still alive. Nurses and home health aides have time to prepare families emotionally for the medical problems or events that signal the approaching end of a patient's life. And our volunteers have time to spend countless hours providing companionship to patients so family members may take a break from the daily rigors of caring for their loved ones. This time and attention translates into the best, customized care for both patients and families.

In this year's end-of-year report, we feature two stories that illuminate the challenges of caring for someone with dementia and the ways Hospice can help manage the physical and emotional consequences of dementia's heartbreaking hold.

On behalf of the entire staff of Hospice of Baltimore and Howard County, thank you for making Hospice one of your philanthropic priorities.

Sincerely,

A handwritten signature in blue ink that reads "Dr. Anthony Riley".

Dr. Anthony Riley, *Medical Director*



This spring, Hospice of Baltimore had several conversations with Mrs. Lucille Goldsborough. Here she shares the difficulties and challenges she faces caring for her beloved husband Charlie, who suffers from dementia, and how Hospice has helped.

“The nurse reassured me that Hospice was focused on improving the quality of our life. Now I’m grateful every day for Hospice’s intervention.”

April 2006

Since my husband Charlie Goldsborough was diagnosed with dementia eight years ago, he has experienced a significant decline. Looking back, I guess it started with Charlie having problems remembering things and experiencing subtle changes in his behavior. Then things started missing in our house and Charlie became irresponsible with our finances. At that time, I was in total denial about what was happening to Charlie. But deep down I knew something was wrong.


When our physician first suggested Hospice, I was fearful, assuming hospice meant Charlie

was going to die right away. But when the assessment nurse came to our home, I felt comforted. She explained what type of services Hospice offered, how they helped families like ours, and how they could help me and Charlie. The nurse reassured me that Hospice was focused on improving the quality of our life. Now I’m so grateful for Hospice’s intervention.

Since Hospice began helping me to care for Charlie, our lives have changed greatly. Last week I spoke to the Hospice social worker and expressed my desire to attend my son’s retirement party and a weekend bowling tournament

The care of a patient with Alzheimer’s or other dementias is much less predictable than a patient with end-stage cancer or cardiovascular disease. That’s why an early referral is so very important. It ensures that Hospice has a chance to get to know the special personalities and needs of every patient and family. Time also gives us the opportunity to be more creative in the use of volunteers — a critical resource for these families. If we know the patient and family well, we can respond with an intensity of services appropriate and tailored to their special needs and circumstances.

– Reggie Bodnar, Director of Clinical Services





I'm a Hospice volunteer because I want to give something back. Charlie Goldsborough is my 19th patient. I think he is comfortable with me now. I try to help Mrs. Goldsborough too by giving her a much deserved rest and I do my best to reassure her that what she is experiencing with her husband is common in Alzheimer's patients. Once when I visited Mr. Goldsborough, he was agitated and snapped at Mrs. Goldsborough. He told me he was in the dog house. I said the only way to get out of the dog house was to buy his wife flowers. That's exactly what we did. When Charlie handed her the bouquet, she beamed. I'm glad I was there to help make that moment possible.

— Tom Glenn, Hospice Volunteer

my league had planned. I was feeling guilty about leaving Charlie alone, but she encouraged me to go. She stressed that I needed to make time for the things I enjoyed. Also, a Hospice volunteer, Mr. Tom Glenn, comes to our house once or twice a week to take Charlie out for a walk in the park or for ice cream. It's a blessing to have a few hours to myself and I think that Charlie enjoys their "special" times.

May 2006

This past weekend was extremely difficult. Charlie was very aggressive and agitated so I called Hospice to ask for assistance to calm him down. The nurse on call came right away and gave Charlie some medicine to help him to rest. Without the medication, Charlie would have been up several times during the night and I wouldn't have slept. This morning, Tom, the Hospice volunteer, came to take Charlie out for a few hours. It was nice to have time to relax, make my breakfast, and not have to worry about Charlie.

I don't know how I would have survived up to this point if not for Hospice. When Charlie was first diagnosed, I thought I could take care of him, but it's getting more difficult. This weekend Charlie didn't know me. He stood at the doorway to my office and asked if I could help him find Lucille. He couldn't even tell me who he was.

The nurse, social worker and other people from Hospice always take time to talk to me and give me support and encouragement. Those discussions are so therapeutic—helping me to understand more about Charlie's illness and

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how to deal with it. It's also reassuring that Tom is very patient and kind to Charlie.

Just knowing Charlie is taken care of—and that I trust the people I leave him with—enables me to take time off and do the things I really enjoy without worrying about him. Lately, I've

focused more on my bowling and recently bowled 200 and 215—two of my best games. My bowling, reading and playing hymns on the piano give me pleasure and enable me to cope with even the most difficult situations. Without Hospice's help, I can't imagine what our lives would be like.

Over the

last decade, Bob Feldman has been intimately involved in the care of his mother, Blanche Feldman, who was diagnosed with Alzheimer's disease in 1997. Here he shares his family's story and reveals how Hospice has helped his family cope with the end stage of his mother's illness.

June 2006

When my dad passed away in 1979, my mom moved into her own apartment and was very independent. Then in the late 1980s she experienced difficulty doing things that use to be easy for her. Even though I lived close to my mother she seemed a hundred miles away because it was becoming increasingly difficult to communicate with her. When she had a geriatric assessment in 1997, the doctors told us she was in the early stages of Alzheimer's.

At first our family anguished about what to do. In May 2001, we moved my mother into an assisted living facility — and then the skilled

nursing part of the facility after a stroke and heart attack left her further debilitated. Over the last few years, my mother's mental and physical condition has deteriorated; she is feeble and her short-term memory is very bad. We finally brought in Hospice last summer when two physicians felt she qualified for Hospice and we all agreed that comfort and care, rather than heroic measures, were in her best interest. Hospice has added another critical level of care management.

The experience and attention Hospice staff bring to my mother's care is wonderful. Staff

The greatest benefit of Hospice is the time and commitment to care that we give to each patient and family member. Particularly when a patient with dementia is in a nursing facility and family members are not there every minute, Hospice offers another set of eyes, ears and hands to give the patient that extra care and special touch that is so needed. In collaboration with other caregivers at the nursing facility, Hospice becomes part of a larger team. The patient's care is highly individualized because of the diverse talents of the many team members working together.

— Latetia Evans, Hospice nurse





members interact with our family and my mother in a very personal, sensitive and attentive way. Everything Hospice does is in her best interest. They understand that my mother is unique and that she requires an individualized approach to care.

July 2006

My mother's situation definitely has changed. When friends use to ask me "Does she still know you," I could answer "yes." I can't say that any more. Now my mother doesn't recognize me or my brother. Recently she thought I

"Alzheimer's disease is like being on a highway that only goes in one direction—you're forced to travel down a road where you can't turn back. It's hard to watch the decline of someone you love in slow motion."

was her brother (she doesn't have a brother). She's also started hallucinating, seeing things no one else could see. The other day she was upset because her shoes were too big (she wasn't wearing shoes at the time).

Fortunately, Hospice continues to provide the same, consistent management of my mother's care. When Hospice professionals come to see my mother they are gentle, responsive and loving. Even though my mother can't remember people—it's like meeting someone for the very first time—Hospice staff treat her with such kindness and respect that she doesn't get upset or agitated.

I particularly value the care Latetita Evans, the Hospice nurse, gives my mother. Every time Latetia visits she gives my mother a thorough physical exam which is extremely important because my mother is bedridden. Latetia even comes back to my mother's room at the end of the day because she knows her presence comforts my mother.

The Hospice social worker, nurse and chaplain participate in my mother's monthly care meeting with staff at the nursing center to share concerns and ideas on how to best care for her. We're all working together to maintain her comfort and make sure she is as alert as possible.

My mother's disease is progressing—now we don't know what to expect. Hospice continues to provide that extra dimension of professional and personal care that is reassuring to our family and vital to my mother's well-being.



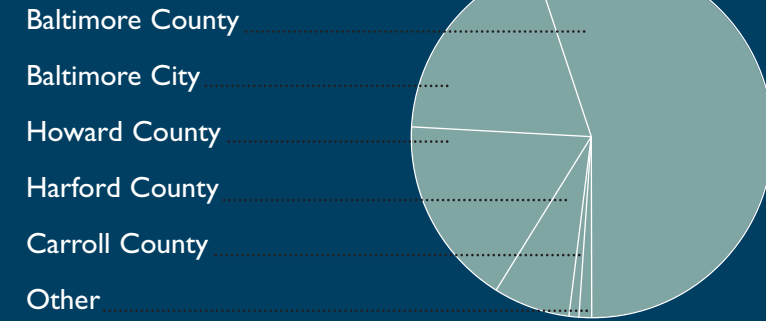
The challenge for families and caregivers is that Alzheimer's disease and dementia exhibit different symptoms in different people such as memory loss, changes in eating or sleeping habits, and aggressive behavior. At Hospice, we work with families to identify the exact nature of the dementia and tailor care to address specific issues or manifestations. It's important for families to understand how the disease progresses, and how to cope with the challenges of caring for someone they hardly know. When family members are feeling frustrated with the changes they see in a loved one, I reassure them that these feelings are normal—it is still important for them to remain involved in their loved one's life.

—Melvyn Moschel, Hospice social worker

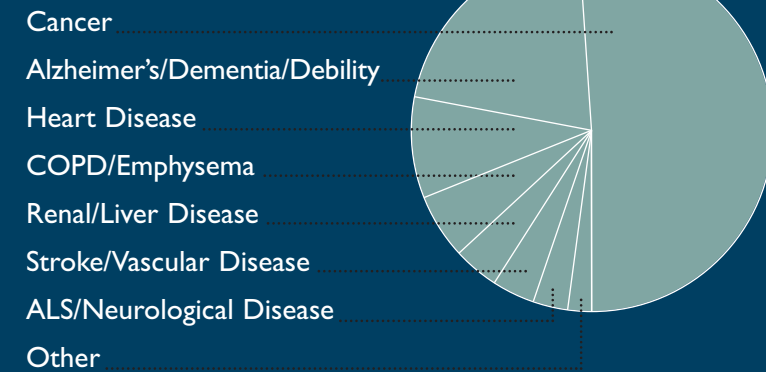
Hospice of Baltimore Important Facts

- Remains the largest not-for-profit organization in the State of Maryland.
- Utilized 224 specially trained volunteers to provide over 15,275 hours of volunteer service.
- Established local chapter of the Hospice and Palliative Care Nursing Association.

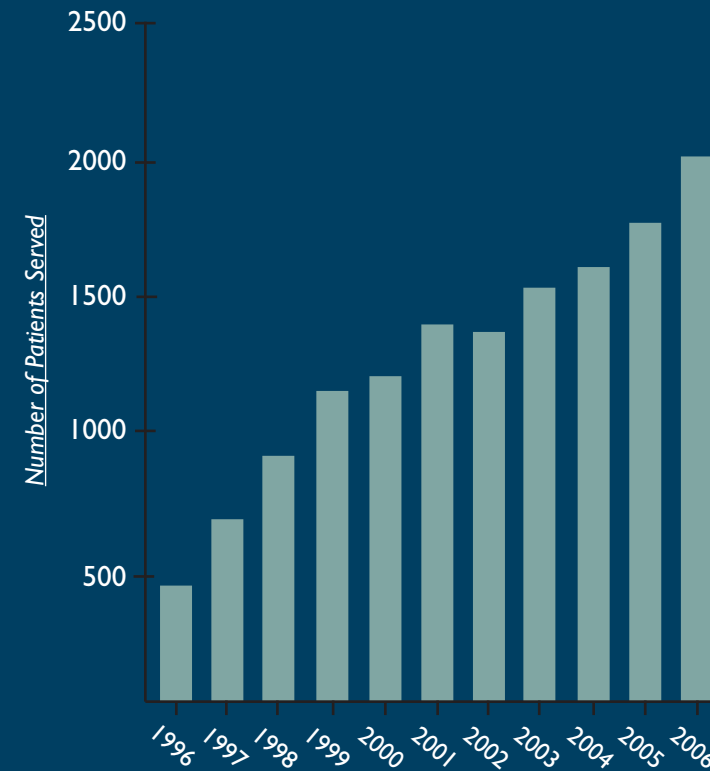
Admission by County



Admission by Diagnosis



The Last 10 Years of Service to the Community



Measures of Progress, Commitment and Quality



This year the generosity of the community and Hospice friends and families fueled our growth and capacity to do more for terminally ill patients and their loved ones. During 2006, the vital services we provided the community and our continued growth as an organization were evident in these measures of performance:

- Patient admissions increased 15 percent over 2005.
- Referrals from long-term care facilities and assisted living communities increased 27 percent — a consequence of our focused outreach and efforts to work with staff in these facilities to enable residents to remain in a familiar setting at the end of their lives..
- The number of patients with dementia and Alzheimer's disease admitted to Hospice jumped 44 percent, reflecting our growing expertise with and commitment to these patients and their challenged caregivers.
- A 30 percent increase in the average number of patients seen daily — an amazing 310 patients per day.

While these facts may be cause for concern about the future quality of our services, let me put these concerns to rest. Despite the pressures we face as Hospice continues to grow, we remain deeply committed to provide extraordinary care to every patient, in every setting, every day. The experience and dedication of the people who work for Hospice is the single greatest guarantee we have that we will never waver from this overarching goal.

Your support also is the best guarantee that we will continue to uphold a high standard of care. This is evident in the collective power of gifts to Hospice, supporting more than \$1 million of uncompensated patient care and services in 2006.

My sincere thanks for helping us extend our mission of care to many more patients and families. With your continued support we can do so much more.

Sincerely,

Catherine Boyne

Catherine Boyne, President