

SPRING 2022

# CARING FOR LIFE

NEWSLETTER FOR THE HOSPICE OF THE CHESAPEAKE FOUNDATION



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## LEADERSHIP LETTER

Dear Friends,

As we move into the first quarter of 2022, I'm excited to share with you a renewed focus throughout our organization on care across the continuum. While COVID-19 has not left our sights, it has moved to the sidecar as a more constant companion rather than in the driver's seat as it did in 2020 and 2021.

We opened the new year honoring the work of Martin Luther King, Jr., pausing so our team members could take time to reflect, rest and restore as well as participate in acts of service. February allowed us to celebrate the many accomplishments of black Americans on healthcare and to recognize Heart Health Month with its focus on cardiac care and how it impacts so many patients and families. In March, we recognize the many achievements of our team members who have dedicated themselves to the benefits of social work and its significant impact on the care we provide from supportive care to hospice care to grief services. Social workers are at the core of all we do — we are grateful for their many contributions to every patient, every family, every day.

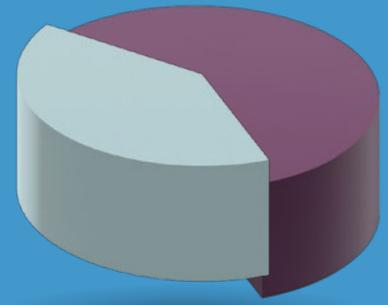
We know that illness and loss are universal experiences and each of us will uniquely shape our own journey throughout that process. Taking time to honor the past and thoughtfully consider the future sets each of us on a path of discovery. We know that each patient and family that seek our support are on a unique healthcare journey as well. That journey may begin following a serious diagnosis with supportive care and progress to hospice care as well as grief support or it can begin uniquely anywhere on that continuum. We believe in the right care, at the right time, in the right place, every time. You have a choice of the type of care you receive, where you receive it, and who provides that care and our team is here to support you and your family every step of the way. In honoring our legacy, we still have hospice in our name but in 2022 you'll see we are continuing to redefine how we can care for those who need us — more than ever before.

On the following pages you'll learn more about our plans for 2022 which include (fingers crossed!) returning to some level of in-person fundraising and volunteering and a renewed focus throughout our family on the uniqueness in each of us.

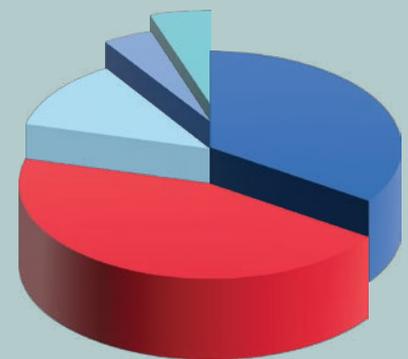
Grateful to continue to be your hometown hospice!

Michael J. Brady  
Chief Executive Officer

## Did you know?



Nearly one-third of our grief support clients come to us from outside referrals, such as pediatricians, therapists, agencies, and even other hospices. Read the story on page 5.



Cardiovascular disease is the number one reason people need supportive care.

Read the story on page 6.

- cardiovascular diseases (38.5%)
- cancer (34%)
- chronic respiratory diseases (10.3%)
- AIDS (5.7%)
- diabetes (4.6%)

On the cover: Chaplain Stewart Hill stands in the Michael Stanley Children's Garden on our Pasadena campus. See his story on page 8.

## Partnering in the community

University of Maryland Baltimore Washington Medical Center patients now receive inpatient supportive care from our nurse practitioners thanks to a new inpatient supportive care partnership launched this January.

This is an extension of our already highly successful outpatient supportive care program and the inpatient services we provide at Doctors Community Medical Center. These collaborations are an important step forward for our organization and our community in advancing the understanding and importance of supportive care services.

Last year, our supportive care team cared for 2,095 patients, a 48 percent increase from the 1,416 patients cared for in 2020. This demonstrates the real need our community has for supportive care, also known as palliative care, and the commitment we've made to ensure equitable access to this important medical specialty.



## Congratulations to excellent nurses!

Like most people, you remember those who cared for your loved one at a difficult time. Maybe you've even met an award-winner. Congratulations to Jennifer Roberts, RN, Rebecca Fortney Inpatient Care Center, and Rachel Sherman, supportive care nurse practitioner, who received Excellence in Nursing Awards from What's Up? Media, in consultation with the Maryland Nurses Association.

Honored by local nurses and nurse practitioners, Roberts was named in the Home Health/Hospice category and Sherman in the Advance Practice category. The awards are a result of a peer-to-peer survey conducted by the publication. Nurses and nurse practitioners from medical practices and hospitals nominate team members within several specialties and leadership roles. The awards were published in November.



Jennifer Roberts, left, and Rachel Sherman



## Holiday Sharing Wrap Up

Individuals and businesses provided piles of presents and \$2,000 worth of gift cards to help Chesapeake Kids families through the annual Holiday Sharing program. This year welcomed Waldorf Toyota and Upper Marlboro Ford to those who participated in granting holiday wishes.

Every year our donors do all they can to make sure our youngest patients and families have the best possible holiday. Because of donor generosity, our pediatric hospice families have more time with each other, instead of worrying about buying and wrapping presents. Thank you, all!

Learn more about helping Chesapeake Kids all year long at [hospicechesapeake.org/hospice-supportive-care/care-for-children](https://hospicechesapeake.org/hospice-supportive-care/care-for-children).

ABOVE: Childlife Specialist Alex Haarich stands with Holiday Sharing donations dropped off for pediatric hospice patients.

# Meet bereavement counselor Amy Aronstamn

Amy Aronstamn worked for 20 years in development and fundraising for educational nonprofits. But the death of her brother impacted her so profoundly, it caused her to re-examine her purpose. She went back to college to become a licensed master social worker to follow her passion: one-on-one counseling to help people make meaning during a dark time.

That includes creative therapeutic programs like Smash and Mend, a grief workshop where participants break plates and other ceramics, turning pieces into mosaics. "It's the perfect analogy for grief. We are left broken and shattered. Everything we thought we understood now looks completely different. In the process of rebuilding, you're taking the same pieces — our essence, our core — but making something new," she said.

*"I love that we do so much community work and offer unique programs to meet clients where they are. Not a lot of hospices offer this type of support."* — Amy Aronstamn

As a graduate student at the University of Maryland School of Social Work, she interned at the Wendt Center for Loss and Healing in Washington, D.C. She completed a fellowship in hospice and palliative care at Medstar Washington Hospital Center.

Her background in trauma-informed counseling made Aronstamn an ideal addition to the counseling team at the Chesapeake Life Center, known for excellence in grief programs.

In addition to hospice bereavement clients, Aronstamn estimates that 60 percent of her clients include outside referrals, many of whom may not be able to afford personalized, diverse mental health therapies. Your generosity helps make healing programs possible. "I love that we do so much community work and offer unique programs to meet clients where they are. Not a lot of hospices offer this type of support," she said.

She is looking forward to leading a fall Nature Mandala workshop. Participants will wander into the gardens and woods throughout the John & Cathy Belcher Campus in Pasadena, gathering twigs, rocks, leaves, and acorns to create geometric symbols known to Buddhists and Hindus.

Nature-informed therapy is another practice she relates to on a personal level. "The work we do is emotionally challenging. A big part of it is decompressing and letting go of what isn't mine," she said. "I can't pour from an empty cup."

Aronstamn's therapeutic advice to everyone is to find something that fills your cup and do it. For her, she looks forward to warmer weather so she can spend some time with Gertie. That is her Royal Enfield Interceptor 650 motorcycle. "I get a lot of joy from that. That fills my cup in a very big way."



Bereavement Counselor Amy Aronstamn in the Michael Stanley Children's Garden on the John & Cathy Belcher Campus in Pasadena, a place that fits in well with her work which includes nature-informed therapy.

# HOW YOUR HELP HEALS

## Beyond brochures and a phone call

Erica Chandler has suffered many sudden losses in her life – her uncle, her first love, a friend, her brother. Through it all, the school psychologist used her professional experience to manage grief on her own. But when her nephew died after an overdose, she instantly reached out to us. “I knew this was really going to knock me down, so I lined up support as soon as I could. I didn’t wait,” she said.

Chandler shared her story in “It’s OK to Not be OK,” an episode of our podcast, “Grief from the Other Side: Stories of Hope and Resilience.” She talked about the stigma society applies to this ostracizing loss, how hard it was to explain to her young daughter, and coming to terms that for all her efforts, she could not save him. “I truly believe work and collaboration with my therapist is what has gotten me where I am,” she said.

Thanks to donors like you, hundreds of grieving family members like Chandler have somewhere to turn for comfort, support, and help after the loss of a loved one. Chesapeake Life Center helps families of patients in hospice, as well as community members suffering a loss.

“What we are able to offer clients is phenomenal in terms of options. We work to reach people who have different types of loss, in ways tailored to their needs,” said Amy Stapleton, manager of bereavement services.

For example, the Hospice Medicare Benefit requires hospices provide bereavement services to family members and friends for at least a year. While most hospice programs comply by offering telephone calls, letters, and brochures, our bereavement team goes further – offering individual and group therapy, grief programs, and workshops.

Traumatic grief, such as that from death by suicide or an overdose, adds more complexity. Thirty percent of our clients are referred to us by pediatricians, schools, agencies, therapists, and other hospices. Like Chandler, many are families who lost someone they love to suicide, overdose or homicide. Last year, we provided services to 55 crisis team referrals, double the number of patients in 2020.

“With traumatic grief and loss, you work to address the daily functioning of a person first, supporting them in regaining a sense of safety in the world,” Stapleton explained. “If they’re living in high alert, they can’t begin to work on their grief, most often they are just trying to survive,” she said.

There is a cost. Locally, the rate for counseling can be as high as \$200 a session. Although Chesapeake Life Center clients never pay more than \$60 a session, costs are prohibitive for many. Further, programs such as support groups, nature-based therapy, and trauma-informed outreach are often not covered by insurance.

This is where your generosity heals people who are grieving. Your generosity bridges the gap between what is covered by insurance and what is provided. This means no one is turned away, regardless of inability to pay. The need is not going away, especially considering stress and anxiety caused by the pandemic. According to the Maryland Department of Health, the state reported an 18 percent increase in suicides from 2019 to 2020. The rate of fatal overdoses increased by 5.7 percent in the first three months of 2021 as compared to the same time in 2020.

Chandler said that our counselors helped her to see that she is not alone. She urged people experiencing loss to reach out for help. “Others in my family waited after the loss and some never really got that additional support. But I am so happy that I did not wait. I had someone to go through that journey with to help me work through it.”



Bereavement Services Manager Amy Stapleton talks with a client in one of the counseling suites on the John & Cathy Belcher Campus.

# HEART ALLY

## Supportive care doesn't miss a beat

After Helen was diagnosed with congestive heart failure (CHF), she experienced a series of scary hospitalizations. Each episode seemed to weaken her. She heard about something called palliative care but confused it with hospice care. Her primary care physician told her she wasn't ready for it.

Then she was hospitalized for shortness of breath, a common symptom of CHF. With her daughter on the phone, she was visited by a Chesapeake Supportive Care nurse practitioner. Helen was resistant at first. "I'm not dying!" she said.

*"It's rewarding to know the kind of impact we are making. Helen is a great example of the thousands of patients we've helped to live their best life."*

**Julia Brandenburg, nurse practitioner**

The nurse practitioner talked calmly about what palliative care is and why we call it supportive care. She took time to explain how Helen can avoid hospitalizations by having a supportive care team help her manage her shortness of breath, fluid retention, pain, and anxiety at home. Together, they prepared a plan for Helen to share with her family and her doctors about how she wants to live with heart disease.

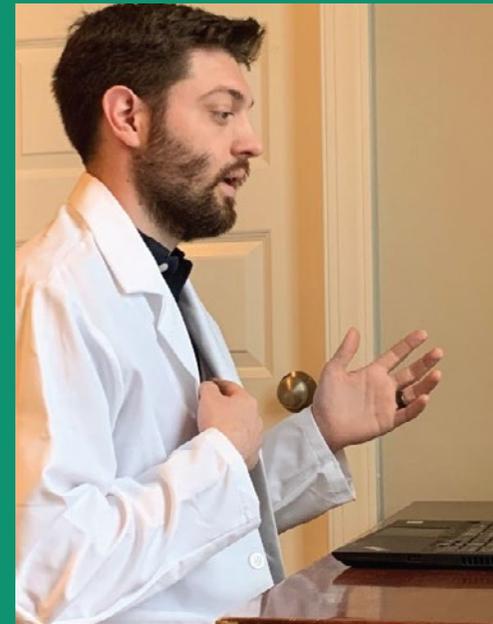
Having our supportive care teams at community hospitals helps patients whose lives can be greatly improved by supportive care get that help when they need it most. People who may not seek out supportive care may see it as a solution when they are experiencing a crisis.

"The confusion with many patients and providers is they think palliative is synonymous with hospice," Julia Brandenburg said. As a Chesapeake Supportive Care nurse practitioner caring for patients at Doctors Community Medical Center in Lanham, Maryland, an important part of her job is educating their physicians and other care team members about supportive care. She talks one-on-one with providers, attends rounds to identify patients who would benefit from supportive care, attends monthly hospitalist meetings and leadership meetings and presents educational programs in the community.

When Helen returned to her home in a senior living center, she was visited by our outpatient supportive care team's nurse practitioner who talked with her and her family for two hours about managing her CHF. A social worker made her home safer and more comfortable — from lowering her bed to removing rugs that could trip her.

One early Saturday morning, Helen woke up, struggling to catch her breath. Instead of calling 911, she called the "magic number," the number to Chesapeake Supportive Care. Our nurse told her what to do to bring her oxygen levels back up until a team member arrived. Within an hour, the nurse practitioner had Helen sitting up with oxygen levels at a healthy level. The nurse practitioner adjusted medication dosages. Helen stayed out of the hospital.

For heart disease patients, relieving symptoms, anxiety and depression and avoiding hospitalizations are essential for living a longer, better quality of life. Both the American College of Cardiology and the American Heart Association recommend palliative care be included in a care plan for patients with cardiovascular disease.



Medical Director Dr. Jacob Phillips talks with a patient via telehealth. Phillips estimates heart failure patients make up 10 to 15 percent of his caseload.



Dr. Jacob Phillips, who provides community-based care for our patients in Prince George's County, referred to a widely used guideline set by the New York Heart Association that defines progression of heart failure in four stages. "You may not be appropriate for hospice at stages one to three, but palliative care is appropriate at all four stages. Plenty of studies show with palliative care on board, heart patient hospitalizations are reduced."

Dr. Phillips understands why some cardiologists may want tighter control of their patients, especially those with CHF. There is a delicate balance of medications required to keep CHF patients' hearts pumping, particularly with diuretics and blood thinners. His role, he explained, is to collaborate with all physicians and to follow their orders. He and his team are an added layer of support.

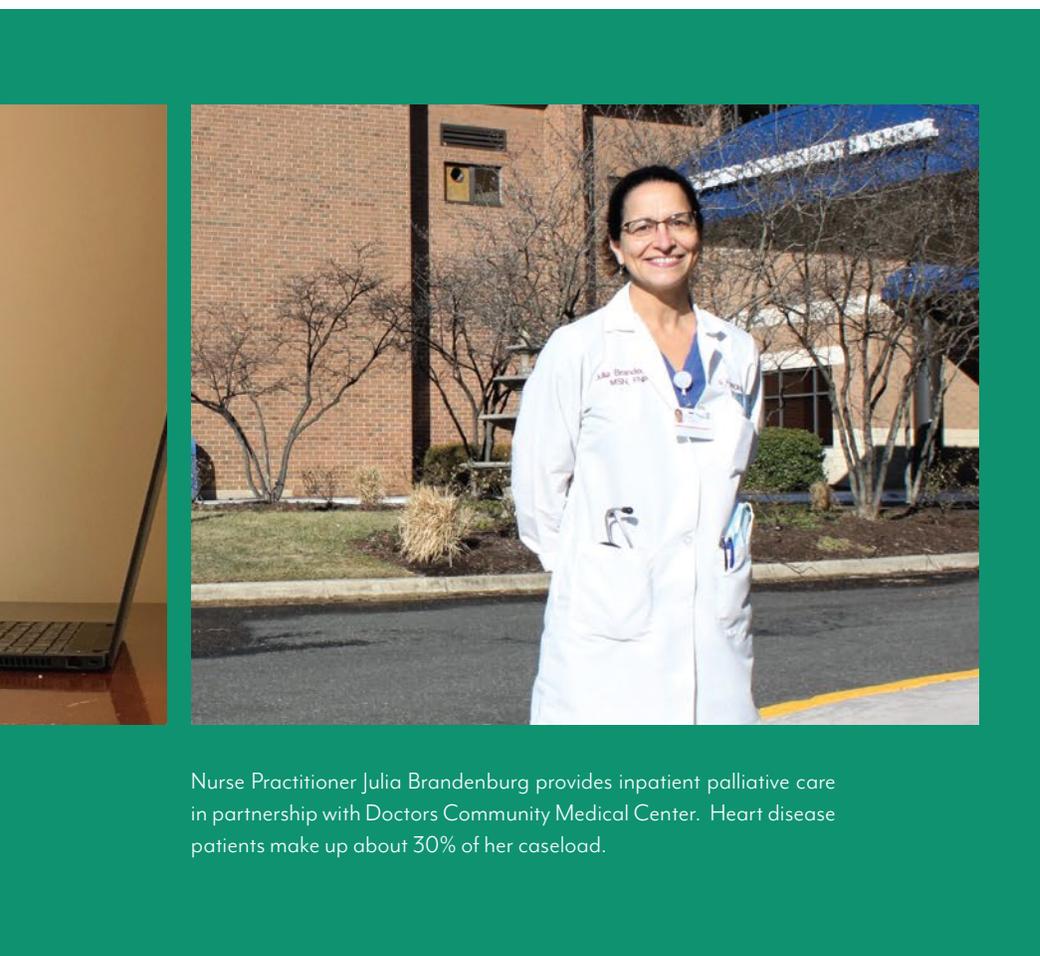
"Our wish and hope would be that physicians come on board at first diagnosis of CHF. We know it's a progressive disease. Short of a heart transplant, there is nothing we can cure," he said. "It should be a joint decision between the patient and their provider, but patients can self-refer."

Brandenburg is seeing her and her colleagues' efforts at work. In January 2021, our team had 28 consults at Doctors Community Medical Center. In January of this year, consults more than doubled to 68. "Community providers are truly beginning to understand the value we provide. They are learning to refer earlier," she said. "The number of patients has grown and the length of time patients are receiving our care has increased."

Brandenburg's passion for supportive care recently came full circle when she asked the daughter of a patient that she knew about palliative care. She told her she did and if she had learned about it at a presentation Julia gave at her church. The presentation was the reason the woman convinced her father to utilize the support of palliative care. "It's rewarding to know the kind of impact we are making," she said.

Living with CHF is not easy for Helen. There will be more scary times for her and her family. But if you look at her senior living community's Facebook page, you'll see her smiling face at game nights, concerts, parties, and other activities. Helen is living her best life.

And that is just what the supportive care doctor ordered.



Nurse Practitioner Julia Brandenburg provides inpatient palliative care in partnership with Doctors Community Medical Center. Heart disease patients make up about 30% of her caseload.



# COMFORT and conversation:

Your help  
ensures spiritual  
support for our  
community

Sitting in the activity room of her assisted living community, the woman looked squarely at Chaplain Kevin Orié. No, she was not interested in talking. But he could join her for a game of cards. With each hand dealt, she shared more regarding her frustration about feeling ignored and forgotten.

What she wanted was someone to listen, without offering advice, answers, or judgement. It's a role he doesn't take lightly. "Helping patients as a chaplain means coming into circumstances with a bit of humility," Orié said. "It's a sacred space you're entering into. You need to be ready to serve. Just listen. If you're listening, you'll pick up a lot."

Orié is one of 11 Hospice of the Chesapeake chaplains who help patients and loved ones. One of the biggest myths is that chaplains provide only religious support. That misconception likely drives away one in three patients and families, especially unfortunate because a portion of the costs of chaplaincy services are included in the Hospice Medicare benefit. What's more, donor support means no one need worry about finances during this difficult time.

What's important to know is chaplains do not represent a particular religion or denomination. What chaplains do is provide the comfort of conversation for patients and loved ones. Some people welcome talking about death and making memories with family and friends. Others turn to chaplains to share heavy burdens carried for a lifetime – shame, guilt, trauma, or secrets. Many are scared and seek reassurance.

ABOVE: Chaplain Stewart Hill stands in the Michael Stanley Children's Garden on the John & Cathy Belcher Campus in Pasadena.



*“It’s a sacred space you’re entering. You need to be ready to serve. Look for that opening. Just listen. If you’re listening, you’ll pick up a lot.”*

Kevin Orie

Of course, for people who practice an organized religion, end-of-life spirituality means comfort in rituals of their faith. Chaplains work closely with all faith leaders, including priests, rabbis, imams, and pastors.

As part of the team-based approach to hospice care, chaplains share insights with clinicians about the patient’s spiritual wishes. “Are they coming to terms with their mortality? Is there ‘unfinished business’ in their lives? Understanding their spirituality may also meet a patient’s physical, psychological, and social needs,” Orie said. He noted chaplains often go beyond the spiritual to help patients. That includes looking for fall hazards, reporting changes in symptoms and helping with family dynamics.

Each end-of-life experience is personal, but one commonality unites us all. At the end, we are human beings seeking loving presence from others. There is a story, and great value to be found in every life.

“We are here to walk with you along your journey, not to push, or pull, simply to walk with you,” said Hill. “Wherever you go, we’ll go, whatever you want to talk about or not talk about, that’s fine.”

## Connecting with Chaplain Kevin Orie

As a hospice chaplain Kevin Orie is no stranger to death, dying and grief. Still, when his father became a Hospice of Charles County patient, he experienced firsthand the work of his team. “When that care turned toward me, it was very comforting. I always knew my colleagues were experts in their field but seeing the care and compassion they offered firsthand helped me gain a newfound understanding of grief, loss, and healing.”

An Army and Coast Guard veteran, Orie learned about chaplaincy nearly 40 years ago during basic training when he met a military chaplain. “Man, I wanted to do that!” he said. Every time he planned to enroll, he was deployed. It wasn’t until after his service that he used his GI benefits to become a chaplain. Later, he completed his doctorate in ministry and chaplaincy.

That long road led to us. A pandemic hire, he joined in 2021, focused on Charles County. “This is a hard job to do in a pandemic,” he said. “It hampers interaction a chaplain typically has with a patient.” Instead of in-person conversation, he used Zoom and teleconferencing. To help patients unfamiliar with technology, he arranged dedicated personnel and times for video sessions.

“As chaplains, we are here for you,” he said. “No matter how you and your loved ones are feeling throughout the journey with a life-limiting diagnosis, please know we’ll meet you where you are.”



Chaplain Kevin Orie sits in the garden outside of our inpatient care center in Waldorf.

# THE ART OF GIVING BACK

## Community leader pays it forward to help patients and families

For decades, Patricia Edwards led Annapolis area organizations dedicated to the arts, education, and history. She even shared her talents as a member of the Gala committee for Hospice of the Chesapeake.

In 2012, the visionary organizer learned firsthand about Hospice of the Chesapeake services, when her husband Arthur “Jib” Edwards Sr., business leader and avid sailor, was diagnosed with esophageal cancer. Years later, she recalled the experience: “As his health declined, I ordered a hospital bed to be brought to our front porch which looked over the Severn River,” she said. “He could look at views of the river which reached to Kent Island and our gardens.

“With Hospice of the Chesapeake’s help, we were able to keep him at home,” she told us. “They helped me take care of him, bathing him and giving me advice on what was next to come. They were kind, caring, and understanding.” The experience inspired Mrs. Edwards’ decision to leave a gift to Hospice of the Chesapeake in her will. The bequest honored the memory of her husband and caregivers.

In January 2021, Mrs. Edwards passed away. As she specified, her generous gift will help patients and families who need hospice, regardless of their inability to pay.

His mother’s forethought is no surprise to her son Arthur “Jib” Edwards Jr., president of The Severn Companies. “Most of us don’t know about hospice until we need it,” he said. “When my dad was in hospice, it took on real meaning for my mother.” Fiercely independent, Mrs. Edwards turned to clinicians for support. “She didn’t want to be a burden to others and having hospice allowed her to care for my father in the way they both wanted.”

Katie Edwards, a pediatrician, remembers her mother-in-law’s passion for family, community, and travel. “She was a citizen of the world, always learning and doing. She appreciated the opportunity to give back.”

That community commitment lives on with Mrs. Edwards’ gift to Hospice of the Chesapeake — helping patients and loved ones make the most of their remaining time, whether celebrating family or enjoying a peaceful river view.

## LEAVE A LASTING LEGACY

### Make a gift in your will or estate plan

Like Patricia Edwards, many supporters leave gifts to Hospice of the Chesapeake in their wills or estate plans to provide care when and where people need it most, regardless of inability to pay.

You may designate a particular asset or a percentage of your estate to Hospice of the Chesapeake by including a bequest provision in your will. Your thoughtful planning won’t cost you anything now, and it will make a real difference to people who need our care in the future.



Contact our advancement team at [foundation@hospicechesapeake.org](mailto:foundation@hospicechesapeake.org) or 443-837-1530.



TOP: Patricia Edwards  
ABOVE: Jib and Katie Edwards

# Your hometown hospice by the NUMBERS

## The John & Cathy Belcher Institute

None of us could have imagined Zoom meetings, online events, and telehealth a few short years ago. Though the pandemic kept us apart and continues to challenge us, together we learned, well, how to learn.

Beyond baking sourdough bread and watching Netflix, more than 1.1 million people from around the world attended free in-person and virtual educational sessions or watched our community education videos, sponsored by the John & Cathy Belcher Institute in 2021.

97 Educational events presented to community groups.

41 Community education videos.

12 Episodes of our new podcast, “Grief from the Other Side: Stories of Hope and Resilience.”

1,200,010 Views, and counting, of our most popular video, “5 Things You Should Know When Someone is Actively Dying.”

Since its 2014 founding, the Belcher Institute has provided education about hospice care, supportive care, and grief support for the entire community, including healthcare employees, businesses, and the faith community.

To learn more, visit [www.hospicechesapeake.org/community-education-outreach](http://www.hospicechesapeake.org/community-education-outreach).



## UPCOMING EVENTS

Gala  
Saturday, April 9 | Live! Casino & Hotel

Fashion for a Cause  
Thursday, June 2 | Porsche Annapolis

Golf Tournament  
Thursday, September 29 | Queenstown Harbor Golf

Glow  
A Celebration of Fashion Commemorating World Hospice & Palliative Care Day  
Saturday, October 8 | Saks Fifth Avenue, Chevy Chase

*there*  
*when you need us*



You are part of the work that happens at Hospice of the Chesapeake.  
To learn more about the impact of your philanthropy, please visit [hospicechesapeake.org](http://hospicechesapeake.org)