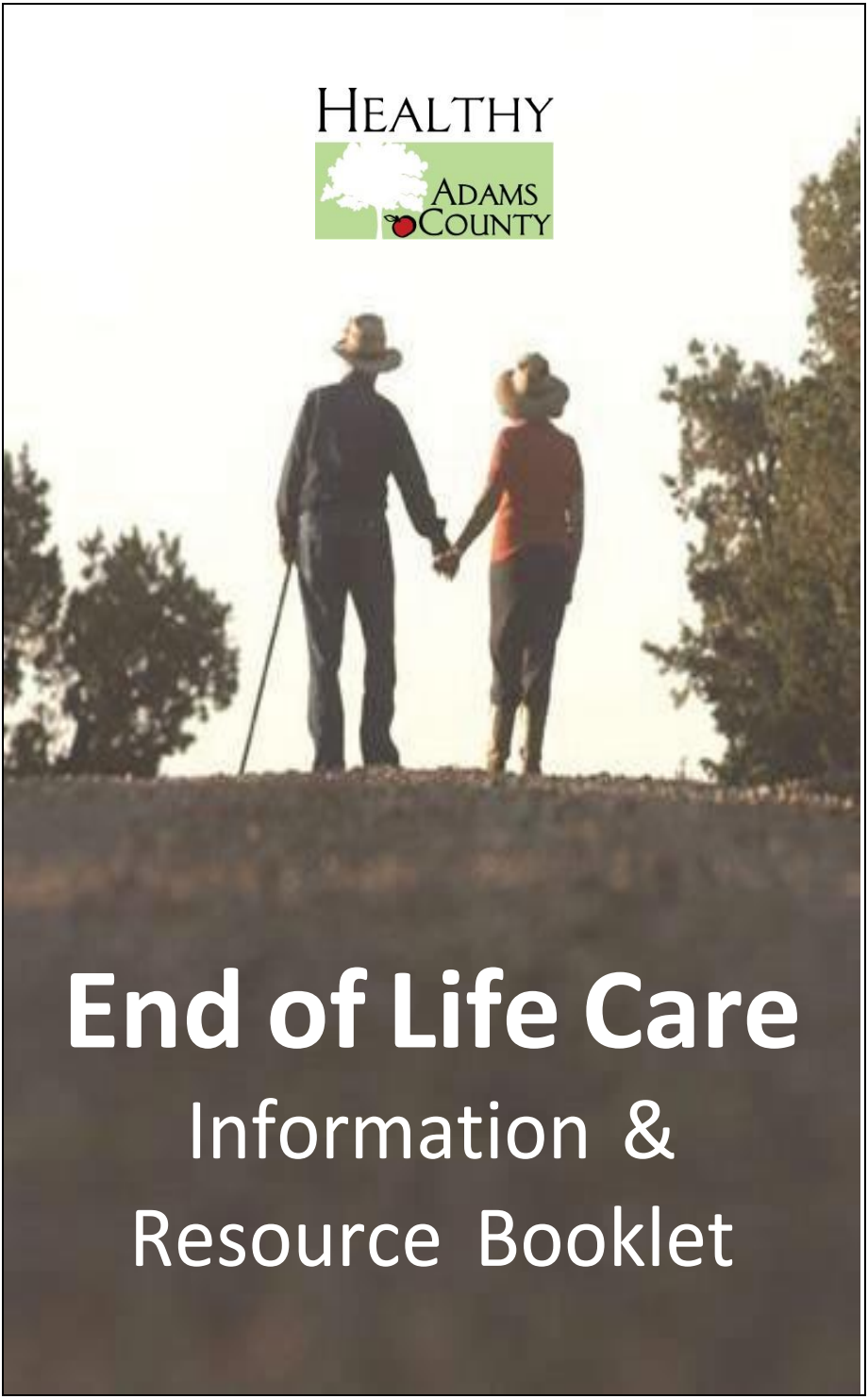
HEALTHY ADAMS COUNTY



End of Life Care

Information & Resource Booklet

The End of Life Committee, an affiliate of Healthy Adams County would like you to be prepared to talk about, to plan for and to be prepared to make the decisions about end-of-life. We have put together this booklet for you with the hope that you will use it as you begin to make those decisions. We have included some myths and facts, checklists that you can use when you are choosing an agency or organization to meet your needs, and local resources to get you started.

This booklet is meant for everyone no matter what your age and we hope that you will share it with your friends and family or with someone you know that might need the information.

If you would like more copies please contact Healthy Adams County at 717-337-4137 and we will be happy to send you some more.

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Myths & Facts of Advanced Directives, Living Wills & Powers of Attorney

Advanced Directives:

Myth: There is only one kind of Advance Directive.
FACT: Pennsylvania recognizes two types of Advance Directives: Living Wills and Durable Powers of Attorney for Healthcare.

FACT: The attending physician and other health care providers must comply with the instructions for life sustaining procedures contained when the directive takes effect, or make every reasonable effort to have the patient transferred to another physician or healthcare provider who will comply with the instructions after the patient's surrogate, healthcare agent or health care representative is informed about such decision. If the patient is competent when the attending physician or health care provider receives the directive, that physician or provider must inform the patient if the physician or provider cannot, in good conscience, comply with the directive, or if the policies of the provider preclude such compliance.

Myth: I should keep my completed Advance Directive with my Attorney.
FACT: Give a copy to your health care agent and your alternative health care agents.
Give a copy to your physician
Tell your family that you have this written document and discuss it with them and with others, such as your attorney or clergy, if you desire.
Keep a copy in an accessible but secure place. Note: A copy in a safe deposit box may not be accessible when needed.
Send a copy to the hospital where you receive the majority of your medical care.

Myths & Facts of Advanced Directives, Living Wills & Powers of Attorney *(continued)*

Myth: I can have my doctor fill out an Advanced Directive for me.
FACT: No health care provider or its agent can sign any instrument containing advance health care directives on behalf of a patient if the provider or agent provides health care services to the patient. And a patient's attending physician, other health care provider or any owner, operator or employee of a health care provider where the patient is receiving care cannot be appointed as the patient's health care agent, unless related to the patient by blood, marriage or adoption.

Myth: I don't really have to have an Advanced Directive do I?
FACT: No, it is your decision whether to write one or not. Your treatment and its cost DO NOT depend on whether you have an Advanced Directive.
If you do not have an Advance Directive, and you cannot make treatment decisions for yourself, your doctor may discuss what treatment you should receive with your family members. Typically this would be in descending order, a spouse or adult children from a previous relationship, an adult child, a parent or adult brother or sister, an adult grandchild or an adult who has knowledge of the patient's preferences or wishes. In some rare cases, healthcare providers may ask the court to help decide who should make your treatment decisions.

Myth: I can't change or cancel my Advance Directive after I make it.
FACT: You may change or cancel your Advance Directive at any time simply by telling your doctor or other healthcare provider. It is important to tell every doctor or provider who has a copy of your Advance Directive, including your hospital.

FACT: Only the patient may revoke his or her DNR status when he or she has obtained a DNR order. Either the patient or the surrogate may revoke that status if the surrogate obtains the order. Such revocation may be done at any time without regard to the patient's physical or mental condition and in any manner, including verbally or by destroying or not displaying the order, bracelet or necklace.

Myths & Facts of Advanced Directives, Living Wills & Powers of Attorney *(continued)*

Myth: If I make an Advanced Directive my family can over-ride it and make decisions for me.
FACT: An advance health care directive takes effect when *(a)* a copy of the directive is provided to the patient's attending physician and *(b)* the attending physician has determined that the patient is incompetent and either in a terminal (or *end-stage medical*) condition or permanently unconscious.

Living Wills:

FACT: A Living Will describes the kind of treatment you want or do not want if you cannot tell your doctor yourself. Living Wills only apply to patients who have an end-stage medical condition or are permanently unconscious and who are incompetent. In other words, it applies only when medical treatment would prolong the dying process or keep you unconscious with no hope of waking.

FACT: Your Living Will must be signed by you (or someone you ask to act on your behalf) and two other adults.

FACT: Your treating doctor can only follow your Living Will if:
he or she has a copy of your Living Will *(you should give each of your doctors a copy)*
you cannot make decisions about yourself
you have an end-stage medical condition

FACT: In addition to a Living Will, it is strongly recommended that you also designate a trusted person to be your surrogate decision maker, in case you become unable to make or communicate treatment decisions for yourself. If you cannot make your treatment decisions, this person will make sure that your Living Will is followed and will also make treatment decisions, if a situation is not covered by your Living Will.

FACT: Be sure to name someone who knows your wishes and who you trust to follow them.

Myths & Facts of Advanced Directives, Living Wills & Powers of Attorney *(continued)*

Durable Power of Attorney for Healthcare:

FACT: In a Durable Power of Attorney for Healthcare, you name another person to make treatment decisions for you if you cannot make them yourself. For example, you might name your spouse to make decisions if you cannot communicate your wishes. As previously noted, you can also do this in a Living Will, but there are differences. In a Durable Power of Attorney for Healthcare, you name a decision maker without listing your specific treatment wishes, as is done in a Living Will. Unlike a Living Will a Durable Power of Attorney for Healthcare is effective when you can't make or communicate your wishes even if you do not have an end-stage medical condition or are permanently unconscious. It is more flexible than a Living Will.

FACT: Your Durable Power of Attorney for Healthcare must be signed by you (or someone you ask to act on your behalf) and two other adults.

FACT: It is recommended that Wills and Financial Powers of Attorney be drafted by an attorney because hospital staff cannot assist with these documents.

FACT: Be sure to name someone who knows your wishes and whom you trust to follow them.

Information provided by TEETER, TEETER & TEETER and Wellspan Health

Estate Plan Evaluation

HOW IMPORTANT IS IT THAT YOUR ESTATE PLAN…
(Important, Unimportant, Neither)

1. Authorize someone to act for you legally (if you can't)

   _____

2. Authorize someone to make your healthcare decisions (if you can't)

   _____

3. Protect Assets for disabled beneficiaries (if occurs)

   _____

4. Provide for minor beneficiaries (if your children predeceases you)

   _____

5. Provide asset protection for your spouse after your death

   _____

6. Provide for protection of assets if your spouse remarries

   _____

7. Provide asset protection for your children/beneficiaries from their lives from:
   a. Creditors? (Student debt, foreclosure, healthcare, lawsuits)

      _____

   b. Divorce

      _____

8. Keep your personal information (What you have/who got it) confidential

   _____

9. Avoid probate (Fee Average 5% Gross Estate, 9-12 month process)

   _____

   a. 2 probates/ancillary probate (Property outside of PA)

      _____

10. Provide asset protection for your during life (from lawsuits, nursing home, assisted living facility, divorce, unscrupulous family)

    _____

Miscellaneous/Other:_____

_____

_____

_____

_____

Estate Planning Lawyers

Teeter, Teeter & Teeter
Contributed to the information contained in the booklet
108 W. Middle Street
Gettysburg, PA 17325
717-334-2195

Barbara Jo Entwistle
37 W. Middle Street
Gettysburg, PA 17325
717-334-6761

Ronald Hagarman
110 Baltimore Street
Gettysburg, PA 17325
717-334-6266

Gary Hartman & Bernard Yannetti
126 Baltimore Street
Gettysburg, PA 17325
717-334-3105

Henry Heiser
104 Baltimore Street
Gettysburg, PA 17325
717-334-1990

Mooney & Associates, LLC
18 E. Middle Street
Gettysburg, PA 17325
717-398-2205

Chester Schultz
145 Baltimore Street
Gettysburg, PA 17325
717-337-2202

Richard Thrasher
220 Baltimore Street
Gettysburg, PA 17325
717-334-3158

John A. Wolfe
Wolfe, Rice and Quinn, LLC
47 West High Street
Gettysburg, PA 17325
717-337-3754

Pennsylvania Orders for Life-Sustaining Treatment (POLST) Frequently Asked Questions

While the program is known by different names elsewhere, in our state POLST stands for **"Pennsylvania Orders for Life-Sustaining Treatment"**.

What is the POLST Program?

POLST is a voluntary process:

- that translates a patient's goals for care at the end of life into medical orders that follow the patient across care settings
- consists of physician orders that are based on a patient's medical condition and his/her treatment choices as established in communication between the patient or the legal medical decision-maker and a health care professional
- is designed to improve the quality of care people receive at the end of life by turning patient goals and preferences for care into medical orders

For whom is a POLST form appropriate?

- persons who have advanced chronic progressive illness and/or frailty
- those who might die in the next year or anyone of advanced age with a strong desire to further define their preferences of care in their present state of health

To determine whether a POLST form should be encouraged, clinicians should ask themselves, "Would I be surprised if this person died in the next year". If the answer is "No, I would not be surprised", then a POLST form is appropriate. Unless it is the patient's preference, use of the POLST form is not appropriate for persons with stable medical or functionality problems who have many years of life expectancy.

POLST Frequently Asked Questions
(continued)

May a health care provider (hospital, nursing home, hospice, other) require completion of a POLST form for all patients?

- No. As stated above, use of the POLST form is completely voluntary and completed only after a discussion of choices between a patient or his/her legal decision-maker and physician.
- *However*, facilities may choose to use the POLST form to document Do-not-Resuscitate vs. full code status for all patients, including those less seriously ill.

Is POLST an advance directive?

- No, the POLST form is NOT an advance directive (i.e., living will or health care power of attorney). A POLST form represents and summarizes a patient's wishes in the form of medical orders for end-of-life care.
- The POLST form is designed to be most effective in emergency medical situations.

Is an advance directive required in order to have a POLST?

- No, an advance directive is not required for the completion of POLST.
- The POLST is an instrument that complements an advance directive.
- An advance directive, in which a healthcare agent is appointed, allows for the designated agent to be engaged in care planning and healthcare decision-making even when a patient is no longer able to be involved in his/her treatment choices.
- It is recommended that people with advanced illness and/or advanced frailty have both an Advance Directive and a POLST form.

POLST Frequently Asked Questions
(continued)

Can a POLST form be completed following discussion with someone other than the patient?

- Yes, a POLST form can be completed based on a patient's treatment choices as expressed by a health care agent, guardian, health care representative or parent of a minor (legal decision-maker).

Are there any limitations on a POLST form completed by someone other than the patient?

- Yes. Neither a health care representative nor a guardian of the person may decline care necessary to preserve life unless the patient is in an end-stage medical condition or is permanently unconscious.
- Only a competent patient or a health care agent authorized by a health care power of attorney may decline such care.
- In addition, if the health care decision-maker is a court appointed guardian of the person, the court order should be examined to determine whether the order of appointment specifically deals with health care decision-making.
- If it does not specify powers regarding health care, particular care should be exercised to discuss the completion of the POLST with any other available family members, and if there is disagreement, a court order may be advisable.

What are the requirements for a POLST form?

- The POLST form at a minimum must include the patient name, resuscitation orders (Section A) and signature of a physician, physician assistant or certified registered nurse practitioner (Section E).
- A physician countersignature is required for physician assistant signed forms within ten days or less as established by facility policy and procedure.
- Sections B, C and D are optional.

POLST Frequently Asked Questions
(continued)

Can a patient revoke a POLST?

- Yes. Should a patient revoke a POLST, "VOID" should be written on the front side of the form.
- A new form can then be completed, but a new POLST is not required.

How and when does one review and update a POLST Form?

- The POLST form should be reviewed if (1) the patient is transferred from one care setting or care level to another, (2) there is a substantial change in patient health status, or (3) the patient's treatment references change.
- The patient (or person completing the form on behalf of the patient) can also identify when to review the POLST form: closeness to death, extraordinary suffering, improved condition, advanced progressive illness, and/or permanent unconsciousness.
- An emergency room visit or inpatient hospitalization calls for a review.
- A person with capacity or the legal decision-maker of a person without capacity can always ask for review or alternate treatment.

If a nursing home patient with a POLST and an advance directive is being transferred, is the advance directive also sent along with the POLST?

- Yes, it is important that the treating facility have all available information including the POLST and advance directive.

POLST Frequently Asked Questions
(continued)

Does one document, the advance directive or POLST, supersede the other?

- No, ideally the values expressed on the advance directive do not conflict with the medical orders on the POLST.
- One document does not necessarily supersede the other.
- If there is conflict between the two instruments, then it is best to amend the one that is not representative of the patient's values and choices for medically indicated treatments.

What is recommended if the advance directive and the POLST conflict?

- The usual process is to carefully elicit patient values from the patient or legal decision-maker, and making sure the POLST is consistent with these values.
- If in crisis and goals of care are not clear, then provide a higher level of care until more information is known.

Who is responsible to assure the POLST and advance directive are not in conflict?

- Ultimately it is the attending physician.
- It would also be the responsibility of the physician's agent who is helping to complete the document (Nurse or social worker at nursing home, for example).

Does a DNR order imply that a patient does not want treatment?

- No, a DNR order is only a decision about CPR and does not relate to any other treatment.
- An informed patient may recognize the futility of CPR in the presence of advanced or serious illness and may request a DNR order.
- However, based on their goals for care, the patient may wish to receive further treatment.

POLST Frequently Asked Questions
(continued)

How does the POLST program ensure incapacitated individuals are not harmed by the POLST?

- The POLST is specifically designed to assure that an individual's treatment choices for end-of-life care are respected whether the choices are full or limited treatment or comfort measures only.
- The orders on the form are based on a patient's medical condition and his/her treatment choices.
- Use of the POLST form is completely voluntary.
- A POLST form is completed only after a discussion of end-of-life choices between a patient or his/her legal decision-maker and physician.

Information provided by Hospice & Community Care

Myths & Facts of Financial Needs at the End of Life

Getting organized

To settle your loved one's estate or apply for insurance proceeds or survivor's benefits, you'll need to have a number of documents. Locating these documents (and applying for certified copies of some of them) should be your first step in getting your finances organized. You'll also need to set up files to keep track of important documents and paperwork, keep a phone and mail list to record important calls and correspondence, and evaluate your short-term and long-term finances.

Settling an estate

Your spouse or family member may have named you executor of his or her estate. If so, you'll need to find out what procedures to follow. Settling an estate means following legal and administrative procedures to make sure that all debts of the estate are paid and that all assets are distributed to the rightful persons. If you are named executor in a will or if you are appointed as the personal representative or administrator of an estate, you will be responsible for carrying out the terms of the will and settling the estate directly or with the help of an attorney.

Paying income and estate taxes

You may have to file city, state, and federal tax returns, including Form 1040 (U.S. Individual Tax Return), Form 1041 (Fiduciary Income Tax Return), and, if the gross estate is large enough, Form 706 (U.S. Estate Tax Return). In addition, your state may impose a state death tax or an inheritance tax.

Myths & Facts of Financial Needs at the End of Life *(continued)*

Filing a claim for insurance and/or survivor's and death benefits

Life insurance benefits are not automatic; you have to file a claim for them. Ask your insurance agent to begin filing a life insurance claim. If you don't have an agent, contact the company directly. Although most claims take only a few days to process, contacting an insurance agent should be one of the first things you do if you are the beneficiary of your spouse's or family member's policy. You should also contact your spouse or ex-spouse's employer as well as the Social Security Administration (SSA) to see if you are eligible to file a claim for survivor's or death benefits.

> **Tip:** If your spouse was a federal, state, or local employee, then you are likely eligible for government sponsored survivor's benefits. In addition, children under age 18 or parents who are dependent upon their children for financial support are sometimes eligible for Social Security survivor's benefits.
>
> **Tip:** Dependent children or dependent parents are sometimes eligible for benefits from employer- sponsored plans or Social Security.

Finding competent advice

Getting expert advice is essential if you want to make good financial decisions. After all, you are probably doing many things for the first time, such as filing a life insurance claim or settling an estate. In fact, an attorney is one of the first people you might contact after your spouse or family member dies because this person can help you go over the will and start estate settlement procedures. Your funeral director can also be an excellent source of information and may help you get death certificate copies and apply for Social Security and veterans benefits, among other things. You may also wish to contact a financial advisor, accountant, or tax advisor for help with your finances. And don't overlook the help of other widows and widowers; having been through it before, they may be able to provide you with valuable information and support.

Information provided by Jim Dunlop of Thrivent Financial

Medicaid Planning Checklist

QUESTION *(Circle 'Yes' or 'No' or fill in the blank as directed)*		
1. Do I have someone I trust and lives nearby who can sign for my admission to a nursing home via a power of attorney?	YES	NO
2. Do I have an updated list of all my assets including the location of accounts, institutions where accounts are located, and current values?	YES	NO
3. Do I have the last 5 years' worth of financial statements for all accounts, including accounts closed during the last 5 years?	YES	NO
4. Do I have copies of all checks written over $500 for the past 5 years?	YES	NO
5. Have I made any gifts over $500 in a given month during the last 5 years?	YES	NO
6. Has a joint owner on an account withdrawn any money in the past 5 years?	YES	NO
7. What is my total monthly income?		
8. What is my spouse's total monthly income?		
9. Am I or my spouse a wartime veteran?	YES	NO
10. What is my diagnosis and prognosis? *(fill in below)*		
11. What is my spouse's health? *(fill in below)*		

"MY" VA Action Plan

To determine if I am or could be eligible for VA pension income benefits, I need to know/do the following:

QUESTION *(Circle 'Yes' or 'No' or fill in the blank as directed)*		
1. I have the original or a certified copy of the military discharge papers (DD214 or equivalent)?	YES	NO
2. If NO, I need to order the discharge papers from http://vetrecs.archives.gov/ *(fill in below)*		
Date Ordered: _____ Date Received: _____		
3. Was the term of service during a War Time Period?	YES	NO
WWII: December 7, 1941 thru December 31, 1946 Korean War: June 27, 1950 thru January 31, 1 Vietnam Era: August 5, 1964 thru May 7, 1975 (if serving anywhere) February 28, 1961 thru May 7, 1975 (if in the Country of Vietnam) Persian Gulf: August 2, 1990 thru the present		
4. Does the veteran or widow need assistance with activities of daily living (toileting, bathing, transferring, etc.)?	YES	NO
5. What is my MONTHLY household income (veteran and spouse or widow)?	$	
6. Would an EXTRA $684-2, 019 per month in tax free income be helpful to me?	YES	NO

Financial Advisors

Thrivent Financial:
Jim Dunlop
Contributed to the information contained in the booklet
25 South 4th Street
Gettysburg, PA 17325
717-334-5451

Ameriprise Financial Services, Inc.
1105 Shrivers Corner Road
Gettysburg, PA 17325
717-337-3481

Edward Jones - Financial Advisor:
Erik J Hendricks
17 East Middle Street
Gettysburg, PA 17325
(717) 338-9691

Edward Jones-Financial Advisor:
Brandon Smith
249 York Street
Gettysburg, PA 17325
717-337-0061 (business) or
717-965-5731 (cell)

Ferrara Kampstra
247 Baltimore Street
Gettysburg, PA 17325
717-334-0097

Financial Consulate, Inc.
1302 ProLine Place
Gettysburg, PA 17325
717-334-1861

David K Heiges
22 East Middle Street
Gettysburg, PA 17325
717-337-3000

Lordeman Associates
107 Hoke Drive
Gettysburg, PA 17325
717-338-0225

Myths & Facts of Home Health Services

Myth: If I sign up for Home Health I can never leave my home, if my Home Health is being paid for by Medicare.
FACT: Home Health patients may leave their homes at times, if they are having their services paid for by Medicare, but they must follow the following federal guidelines:
Absences that are generally a couple of times a month is the rule here, of short duration
(2 - 3 hours at a time) and require taxing effort (meaning it is not easy for the patient
to leave the home due to their health problems). A patient is also allowed to go to church to meet their spiritual needs, without being considered non-homebound.

Myth: If I am on Home Health my family will be left out of my care and Home Health will take that over 100%.
FACT: Although Home Health is a part of your care, it is not meant to take the place of your family and other support systems you have in place. Home Health encourages your family to be an active part of your care, to the extent that they are comfortable with.

Myth: Home care is only for old people.
FACT: "People of all ages are eligible for home care. In addition, home care may be necessary for a variety of life altering situations such as care in the home after birth, car accidents, unanticipated illnesses, or other mishaps.

Myth: The quality of care provided at home is inferior compared to institutionalized care.
FACT: Clinical training of the staff for home care is the same if not better than training in institutions. The clinicians need to be very well versed since they're on their own inside a home. It's not uncommon to have advanced medical treatments such as intravenous therapy and ventilator care to be done at home.

Myths & Facts of Home Health Services
(continued)

Myth: Home care is the solution to a problem.
FACT: Home care is quite the opposite: it finds ways to solve the problem. The purpose of visits is to teach family members how to provide care for their loved ones in the home. It will open them to the resources in their communities that will be able to assist them to function at their highest level if possible where they were prior to hospitalization. For instance, patients and family members are taught how to do procedures such as uncomplicated wound care and post-orthopedic home exercises.

Myth: If I am on Home Health I can't go see the doctor anymore.
FACT: Home Health encourages patients to continue to see their physicians. If it comes to a point where you can no longer leave your home and go to the physician's office, your physician is kept updated by your Home Health nurse. Physicians are very much a part of a Home Health team.

Myth: Home care is an alternative to other care options such as a hospital or nursing home.
FACT: Home care is provided by professional caregivers often supplements other care arrangements and helps ensure patients receive the care they need and deserve. Instead of viewing home care as a replacement for other care arrangements, it is about meeting people's needs and wants regardless of where or when services are provided or who else is involved in the care process.

Myth: Home care is expensive and only wealthy people can afford it.
FACT: There are actually many ways for patients to afford quality home care. With new programs such as reverse mortgages, VA benefits, long-term care insurance, and access to state and local programs such as Medicaid, many more families are able to afford quality home care for their loved one.

Information provided by VNA of Hanover & Spring Grove

Home Health Agency Checklist

Use this checklist when choosing a home health agency.
Name of the home health agency _____

QUESTION	YES	NO	COMMENTS
1. Medicare-certified?			
2. Medicaid-certified (if you have both Medicare and Medicaid)?			
3. Offers the specific health care services I need (like skilled nursing services or physical therapy)?			
4. Meets my special needs (like language or cultural preferences)?			
5. Offers the personal care services I need (like help bathing, dressing, and using the bathroom)?			
6. Offers the support services I need, or can help me arrange for additional services, like Meals on Wheels, that I may need?			
7. Has staff that can provide the type and hours of care my doctor ordered and start when I need them?			
8. Is recommended by my hospital discharge planner, doctor, or social worker?			
9. Has staff available at night and on weekends for emergencies?			
10. Explained what my insurance will cover and what I must pay out-of-pocket?			
11. Does background checks on all staff?			
12. Has letters from satisfied patients, family members, and doctors that testify to the home health agency providing good care?			

Visit Home Health Compare at www.medicare/gov/homehealthcompare for more information.

Skilled Nursing Provider Checklist

Choosing the right skilled nursing provider for long term care or short term rehabilitation can be a very daunting task. Using the list below can help you make informed comparisons when researching providers. Remember, it is best to make two visits to a potential care provider: one during a scheduled tour, and one as a drop by visit on an evening or a weekend. It may also be beneficial to ask other staff, aside from the tour guide, some of the questions on the list below.

QUESTION *(Circle 'Yes' or 'No' or fill in the blank as directed)*		
1. Is the facility accepting new patients?	YES	NO
2. Is there a waiting period for admission?	YES	NO
3. Does the facility conduct background checks on all of the staff?	YES	NO
4. Does the nursing home have an active family council/resident's council?	YES	NO
5. Is transportation available so the resident can visit the doctor and are there fees?	YES	NO
6. When are care planning meetings held?		
7. Do staff members interact well with residents?	YES	NO
8. Are residents participating in activities and exercise?	YES	NO
9. Do the residents have the same caregivers on a daily basis?	YES	NO
10. What is the average call bell response time?		
11. Is there fresh water available in the rooms?	YES	NO
12. Are the residents offered choices of food at mealtimes?	YES	NO
13. Are the residents who need assistance eating or drinking receiving it in a dignified manner?	YES	NO
14. Does the home have a dementia/Alzheimer's unit and are staff specially trained?	YES	NO
15. Is the facility an easy place for family and friends to visit?	YES	NO
16. What is the policy for visitation?	YES	NO
17. Does the nursing home meet cultural, religious or language needs?	YES	NO

Skilled Nursing Provider Checklist
(continued)

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QUESTION *(Circle 'Yes' or 'No' or fill in the blank as directed)*			
18. Does the nursing home have outdoor areas for residents and help for residents who want to spend time outside?	YES	NO	
19. Are the residents allowed to make choices about daily routine (for example, when to go to bed, when to get up, when to bathe or when to eat)?	YES	NO	
20. Are the residents allowed to have personal articles and furniture in their rooms?	YES	NO	
21. Consider your sense of whether the facility is clean and the residents well attended. Also, are the staff hospitable?	YES	NO	

Personal Care & Nursing Homes

Morning Glory Senior Living
(Personal Care Home)
Contributed to the information contained in the booklet
419 N. Queen Street
Littlestown, PA 17340
717-359-9990

SpiriTrust Lutheran
The Village at Gettysburg
Contributed to the information contained in the booklet
1075 Old Harrisburg Road
Gettysburg, PA 17325
717-334-6204

Comfort Care Personal Care Home
235 Franklin Street
Fairfield, PA 17320
717-642-6122

Cross Keys Village a
Brethren Home Community
2990 Carlisle Pike
New Oxford, PA 17350
717-624-2161

Genesis Gettysburg Center
867 York Road
Gettysburg, PA 17325
717-337-3238

Golden Living Center
741 Chambersburg Road
Gettysburg, PA 17325
717-334-6764

Hanover Hall Nursing and
Rehabilitation Center 267
Frederick Street
Hanover, PA 17331
717-637-8937

Homewood at Plum Creek
425 Westminster Ave
Hanover, PA 17331
717-637-4166

Transitions HealthCare
595 Biglerville Road
Gettysburg, PA 17325
717-334-6249

Village of Laurel Run 6375
Chambersburg Road
Fayetteville, PA 17222
717-352-2721

In-Home Support/Private Duty Care Questions

1. Is there a minimum or maximum number of hours that are required? Does the rate differ for different shifts?

2. How far away/close are the caregivers that will be caring for my loved one?

3. Do you do background checks on caregivers?

4. Training: Who provides the training of the caregiver?

5. Do you have resources to help with those tasks that your company doesn't provide?

6. Are your caregivers allowed to drive my loved one to the store, appointments etc…?
   In the providers car or the client's car?

7. What are your caregivers allowed to do:
   ex. (Lift, Give medications, Cook, Clean, Bathe)

8. Do your caregivers provide their own meals for themselves?

9. What are procedures for staff calling off or for inclement weather?

In-Home Non-Medical Providers

Home Instead Senior Care
Contributed to the information contained in the booklet
14 Deatrick Drive
Gettysburg, PA 17325
717-398-2565

Visiting Nurse Association of Hanover and Spring Grove
Contributed to the information contained in the booklet
440 Madison Street
Hanover, PA 17331
800-422-3197

Addus
401 E. Louther Street
Suite 306
Carlisle, PA 17013
888-912-5211

ComForcare Home Care
266 West Market Street
York, PA 17401
717-718-9393

Comfort Keepers 3374
Lincoln Way East
Fayetteville, PA 17222
717-352-2133

Preferred HealthStaff Inc.
201 E. Main Street
Fairfield, PA 17320
717-642-8500

Right At Home
Eichelberger Professional Center
195 Stock Street
Suite 308
Hanover, PA 17331
717-632-7148

SpiriTrust Lutheran
260 W. High Street
Gettysburg, PA 17325
800-926-7382

Visiting Angels
325 S. Hanover Street
Suite 2A
Carlisle, PA 17013
717-241-5900

Myths & Facts of Palliative Care & Hospice

Myth: Palliative care is the same as hospice care.
FACT: Although palliative and hospice care share the same principles of comfort and support, palliative care begins at diagnosis and continues during treatment and beyond. When treatment or a cure is no longer possible, hospice provides the type of care most people say they want at the end of life--comfort and quality of life.

Myth: If I accept palliative care, I won't get treatment.
FACT: Palliative care is given in addition to your prescribed treatment. It will continue to be provided to alleviate your symptoms and emotional issues throughout the course of your treatment.

Myth: You have to give up your other physicians to receive palliative care.
FACT: Palliative care specialists will make recommendations to your physicians about the management of your pain and other symptoms. You will continue to receive care from your other physicians and care providers.

Myth: We live in a rural area, so we can't get hospice or palliative care.
FACT: More than 4,100 hospice programs serve all regions of the US; less than one percent of Medicare beneficiaries live in an area where hospice in not available.

Myth: My young son is dying of liver disease and I want the most compassionate care possible for him, but someone told me Hospice is only for older people with cancer.
FACT: Hospice and palliative care programs have developed guidelines to care for anyone, at any age facing a life-threatening or terminal illness.

Myth: I want to care for my wife at home; I don't want her to go to a Hospice.
FACT: Hospice is not a place, but a philosophy of care. The majority of hospice takes place in the home, where the person can be surrounded by family and familiar settings.

Myths & Facts of Palliative Care & Hospice *(continued)*

Myth: Hospice and palliative care is only for cancer patients.
FACT: Hospice and palliative care services are for patients with any or life-threatening or life-limiting illness. Examples include lung, kidney, liver, heart, neurological diseases and dementia.

Myth: If I begin hospice care I will not be able to continue living a the Personal Care Home Facility
FACT: With the supervision of a licensed hospice program, a resident can continue to stay in the facility throughout their illness.

Myth: The caregivers at the personal care home are not qualified to care for my family member during their hospice care
FACT: The staff at the personal care home will be overseen by the hospice program and their licensed nurse throughout the care of that resident.

Information provided by Ann Norwich, CRNP, Wellspan Palliative Care Program & Morning Glory Senior Living

Choosing a Hospice Provider Checklist

____ Is the hospice Medicare-certified or does the agency accept my insurance?

____ How long has the hospice been in operation and is it state licensed and/or accredited?

____ What is the hospice's service area?

____ Will the hospice staff respond evenings, nights or weekends? Time for crisis response? What staff are available to visit?

____ How quickly is the hospice available for admissions? On nights, weekends, holidays?

____ What does the hospice require or expect from caregivers? Is a primary caregiver required?

____ If the patient is in a skilled nursing facility, assisted living or personal care facility, does the hospice provide care in that setting?

____ Discuss what patient's current treatment includes and what limits the hospice may have on these.

____ Does the patient have to sign a Do Not Resuscitate Order (DNR)?

____ Can the hospice meet the specific care needs for the patient?

____ Is respite care an option and if so, what locations are available?

____ What volunteer services are available?

____ What kind of bereavement services are offered?

____ Does the hospice offer an information sharing session to discuss questions?

____ Does the hospice work with the patient's physician? What hospice would my physician recommend?

____ Are the clinical staff certified in hospice and palliative care?

____ Does the hospice offer inpatient hospice care and at what locations?

Home Care & Hospice Services

Hospice & Community Care
Contributed to the information contained in the booklet
224 Saint Charles Way
Suite 200
York, PA 17402
717-885-0347

Visiting Nurse Association of Hanover and Spring Grove
Contributed to the information contained in the booklet
440 Madison Street
Hanover, PA 17331
800-422-3197

AseraCare Hospice
44 Bowman Road
York, PA 17408
717-339-0300

Compassionate Care Hospice
1513 Cedar Cliff Drive, Suite 100
Camp Hill, PA 17011
717-944-4466

Gentiva Hospice
4660 Trindle Road
Suite 204
Camp Hill, PA 17011
717-612-1200

Grane Hospice Care
3501 Concord Road,
Suite 110
York, PA 17402
717-757-1526
855-264-1448

Heartland Home Health Care & Hospice
1200 Walnut Bottom Road
Carlisle, PA 17015
717-240-0018

Hospice For All Seasons
280 South Hill Drive
Grantville, PA 17028
717-234-2555
855-234-2555

Lutheran Home Care & Hospice, Inc.
260 W. High Street
Gettysburg, PA 17325
800-926-7382

VNA Home Care (Wellspan)
39 N. 5th Street
Gettysburg, PA 17325
877-862-6006

Death of a Family Member Checklist

Losing a loved one can be a difficult experience. Yet, during this time, you must complete a variety of tasks and make important financial decisions. You may need to make final arrangements, notify various businesses and government agencies, settle the individual's estate, and provide for your own financial security. The following checklist may help guide you through the matters that must be attended to upon the death of a family member.

Note: Some of the following tasks may have to be completed by the estate's executor.

Initial tasks

- Upon the death of your loved one, call close family members, friends, and clergy first--you'll need their emotional support.

- Arrange the funeral, burial or cremation, and memorial service. Hopefully, the decedent will have made arrangements ahead of time. Look among his or her papers for a letter of instruction containing final wishes. Such instructions may also be stated in his or her will or other estate planning documents. Arrange any cultural rituals, and make any anatomical gifts.

- Notify family and friends of the final arrangements.

- Alert your loved one's place of work, union, and professional organizations, and any organizations where he or she may have volunteered.

- Contact your own employer and arrange for bereavement leave.

- Place an obituary in the local paper.

Death of a Family Member Checklist *(continued)*

- Obtain certified copies of the death certificate. The family doctor or medical examiner should provide you with the death certificate within 24 hours of the death. The funeral home should complete the form and file it with the state. Get several certified copies (photocopies may not be accepted)--you will need them when applying for benefits and settling the estate.

- Review your family member's financial affairs, and look for estate planning documents, such as a will and trusts, and other relevant documents, such as deeds and titles. Also locate any marriage certificate, birth or adoption certificates of children, and military discharge papers, which you may need to apply for benefits. These documents may be found in a safe-deposit box, or the decedent's attorney may have copies.

- Report the death to Social Security by calling 1-800-772-1213. If your loved one was receiving benefits via direct deposit, request that the bank return funds received for the month of death and thereafter to Social Security. Do not cash any Social Security checks received by mail. Return all checks to Social Security as soon as possible. Surviving spouses and other family members may be eligible for a $255 lump-sum death benefit and/or survivor's benefits. Go to www.ssa.gov for more information.

- Make a list of the decedent's assets. Put safeguards in place to protect any property. Make sure mortgage and insurance payments continue to be made while the estate is being settled.

- Arrange to retrieve your loved one's belongings from his or her workplace. Collect any salary, vacation, or sick pay owed to your loved one, and be sure to ask about continuing health insurance coverage and potential survivor's benefits for a spouse or children. Unions and professional organizations may also offer death benefits. If the death was work-related, the decedent's estate or beneficiaries may be entitled to worker's compensation benefits.

Death of a Family Member Checklist
(continued)

- Contact past employers regarding pension plans, and contact any IRA custodians or trustees. Review designated beneficiaries and post-death distribution options.

- Locate insurance policies. The policies could include individual and group life insurance, mortgage insurance, auto credit life insurance, accidental death and dismemberment, credit card insurance, and annuities. Contact all insurance companies to file claims.

- Contact all credit card companies and let them know of the death. Cancel all cards unless you're named on the account and wish to retain the card.

- Retitle jointly held assets, such as bank accounts, automobiles, stocks and bonds, and real estate.

- If the decedent owned, controlled, or was a principal in a business, check to see if there are any buy-sell agreements under which his or her interest must be sold.

Within 3 to 9 months after death

- File the will with the appropriate probate court. If real estate was owned out of state, file ancillary probate in that state also. If there is no will, contact the probate court for instructions, or contact a probate attorney for assistance.

- Notify the decedent's creditors by mail and by placing a notice in the newspaper. Claims must be made within the statute of limitations, which varies from state to state (30 days from actual notice is common). Insist upon proof of all claims.

Death of a Family Member Checklist
(continued)

- A federal estate tax return may need to be filed within 9 months of death. State laws vary, but state estate tax and/or inheritance tax returns may also need to be filed. Federal and state income taxes are due for the year of death on the normal filing date, unless an extension is requested. If there are trusts, separate income tax returns may need to be filed. You may want to seek the advice of a tax professional.

Within 9 to 12 months after death

- Update your own estate plan if your loved one was a beneficiary or appointed as an agent, trustee, or guardian.

- Update beneficiary designations on your retirement plans, including IRAs, and transfer-on-death accounts on which the decedent was named beneficiary.

- Reevaluate your budget, and short-term and long-term finances.

- Reevaluate your insurance needs, and update beneficiary designations on insurance policies on which the decedent was the named beneficiary.

- Reevaluate investment options.

Information provided by Jim Dunlop of Thrivent Financial

Myths & Facts of Chaplain Care at the End of Life

Chaplains may be encountered in various settings, from the hospital, the prison, your work environment, to the nursing center, from the police, fire, and military. Chaplains come from various faith backgrounds, they attend to your spiritual needs, whether or not you are associated with a specific tradition or denomination. A Chaplain's role is to "walk beside" you on a particular journey. Here are some facts and myths about when you encounter a Chaplain at the end of life.

Myth: The chaplain wants to convince me of one specific way to believe.
FACT: A Chaplain may hold a different belief than you, but professionally, he or she values the emotional and spiritual needs of everyone, their task is to work with you and your family around your belief system.

Myth: The chaplain is going to pray with me no matter what.
FACT: The chaplain will not pray with you unless you want to pray.

Myth: The chaplain is substituting for my faith community leader.
FACT: Your faith community leader and the chaplain often work hand in hand.

Myth: When the chaplain is called, my condition is "really bad".
FACT: The chaplain is called to you for many different reasons. Sometimes the chaplain is called because the physical condition worsens.

Myth: With the chaplain I can only talk about religious topics.
FACT: The chaplain does not approach their role as religious representatives only, but rather as a professional who listens and cares during what can be a difficult time in your life. They are trained to follow your lead when addressing issues such as - questions, doubts, fears, hopes.

Myth: Being with the chaplain I have to behave in a certain way.
FACT: like with other professionals and people you should treat the chaplain in a normal human way of respect.

Myths & Facts of Chaplain Care at the End of Life
(continued)

Myth: The chaplain is only visiting with people of his/her own faith background.
FACT: The chaplain visits and attends to needs of people of all different faith backgrounds and with people who do not claim a faith background.

Myths & Facts of Funeral Home Services

When your spouse or a family member dies, you'll need to handle numerous financial and legal matters. Even if you've always handled your family's finances, you may be overwhelmed by the number of matters you have to settle in the weeks and months following your loved one's death. While you can put off some of these tasks, others require immediate attention. After planning the funeral, you'll need to get organized, determine what procedures to follow to settle the estate and claim survivor's and death benefits, and find competent advice to help you through this difficult time.

Myth: Funeral Directors break the deceased's bones in order for them to fit in the casket and organs are removed.
FACT: Only what is necessary to prepare the body as dictated by law is done to the body. That is replacing the blood in the body with embalming fluid. Dressing and cosmetizing are done per the family's wishes in preparation of a viewing. Organs are undisturbed and no bones are broken in any process.

Myth: Funeral services are extremely expensive.
FACT: Birth, confirmation, school graduation and weddings are all milestones in life that are marked with ritual and celebration. Birth involves expenses of preparation, medical care, and a slew of equipment: cribs, car seats, strollers, etc. College, trade school and other forms of education can entail considerable expense. Weddings can be simple or lavish with choices that reflect the individuals and budgets that vary. A funeral marks another milestone, the end of life, as we know it with an array of personal choices and a wide range of cost.

Myth: If I do not have a service, I will spare my family suffering.
FACT: Mourning begins when grief is shared. Mourning is the healthy process of grieving versus refusing to process emotionally one's sense of loss. Funeral services facilitate the process of acceptance of death and expression of sorrow while surrounded by caring family and friends.

Myths & Facts of Funeral Home Services
(continued)

Myth: The deceased would not want the fuss; they would not want a service.
FACT: A funeral is *about* the deceased, but it is not *for* the deceased. Our funeral rituals are for the living and serve to support the process of grief.

Myth: Multiple bodies are cremated at one time.
FACT: Crematories are designed to accept only one body at a time. We respect the deceased and their bereaved family and would only ever cremate one body at a time. Recording devices on the crematory and logbooks confirm compliance with state laws.

Myth: It is easy to mix up one person's cremains (cremated remains) with another's.
FACT: A body is assigned a metal ID tag so its identity is known at all times. The tag accompanies the body through the cremation and remains with the cremains.

Myth: Embalming is required by law.
FACT: Embalming is required only if the body will be viewed more than 24 hours after time of death.

Myth: Vaults are required by law.
FACT: Each cemetery determines any requirements for vaults. Some require a vault for a casket as well as for an urn. Some cemeteries do not require any vaults. A vault helps to maintain a level surface, which enhances the appearance of and facilitates the maintenance of the grounds.

Myth: A funeral involves a viewing, a service and burial.
FACT: Multiple types of services and combinations thereof can be provided. One may choose any or a combination of services.

a. Viewing (with body)/visitation (without body)
b. Funeral Service – with or without the body present
c. Memorial Service – with or without cremains present

Myths & Facts of Funeral Home Services
(continued)

Myth: I do not want to prearrange my funeral, because then I will die.
FACT: Whether you prearrange your funeral or not, you will eventually die. Prearranging your services makes it easier on the people in your life that remain to arrange for your disposition at the time of your deat h. If you prearrange, you get what you want and your loved ones have the comfort of knowing that the service is just as you wish it to be. If you decide to pay for your prearrangements, some funeral homes will honor the price you paid even if it was many years prior to your death. This can save your survivors a considerable amount of money. Speak to your funeral director to find out what their policy is.

Myth: Once we get this cremation done/the funeral is done, I will be fine. This will all be over and I can get back to my normal life.
FACT: The funeral/memorial service is at the beginning of the grieving process. Few, if any people do all their grieving in one day. It can take a long time to become comfortable living without someone who was an important part of your life. For some people, seeing their loved one in the casket is the time that they first begin to accept that life has made a dramatic change and that their loved one is truly gone. Gathering with friends can ease their sense of abandonment and loneliness

Myth: Flowers are a waste of money. There is no reason to send flowers to a funeral.
FACT: Flowers sent to the funeral have long been the primary way that people would express their sympathy and care to the grieving family. Flowers brighten the funeral service and give the family something to focus on in addition to the deceased. They are left at the grave so that it does not seem barren. The cards from the arrangements are given to the family so that they know who sent their condolences. If you do not wish to send flowers, other ways that you can offer a token of your sympathy are with a gift of food, a gift card to a restaurant or for gas, a book of stamps, or by taking time to visit with those who are grieving.

Myths & Facts of Funeral Home Services
(continued)

Myth: Funerals are sad and uncomfortable. There is no reason to go to a funeral and make yourself (and your family/friends) feel uncomfortable and sad.
FACT: Attending a funeral is a sign of respect for the deceased and/or their surviving family members. In addition, you show the survivors that you care by taking your time to come and be with them and share in their grief. It is said that grief shared is grief diminished. Often, after a funeral the family will remark how much it meant to them that so many people came to the viewing/funeral. They seem less burdened with the support of friends. In addition, funeral gatherings often serve as a sort of reunion of family and friends. Often there is laughter and joy at a service.

Myth: If I donate my organs to scientific research, they will take all of my body and use it to save the lives of others.
FACT: Your body may not be suitable for donation at the time of death due to the cause and/or manner of your death, your health or your age. Only some organs may be taken. You may want to research carefully just what body parts are used and how they are used. Some people are not comfortable knowing that their body may be used for research that does not occur in a sterile medical lab.

Myth: Children will be traumatized by a funeral/seeing a dead body.
FACT: Children will follow the lead of adults around them in their reaction to seeing a body. If it is demonstrated to them that one views a body with care and respect, they will learn to do the same. Even the youngest of children can grasp that someone is “sleeping” in a different and final way from the way that they are accustomed. Having seen the dead body and having it explained to them that the body is being buried or cremated can help them to understand later why they no longer see their relative/friend. They can be reminded that the body is gone, but that the memory of the person and the love that they gave is still with them.

Myths & Facts of Funeral Home Services
(continued)

Myth: I want to remember my friend/family member how they were; I will not be able to if I see them in a casket.
FACT: Seeing your loved one after death will not erase your memories of him/her when they were living. It will help you to realize that they have in fact left their body. Seeing their body in repose can bring you comfort in knowing that they are no longer in pain. It provides a final occasion to see them, speak to the body where their soul dwelled and say a last farewell. Many people take great comfort in having one last opportunity to see and/or touch their loved one.

Myth: Cremains (cremated remains) may be scattered at a cemetery, in a park, or anywhere else we choose.
FACT: For legal purposes, cremation is considered the disposition of the body. Cremains are not treated as human remains. Usually the volume of cremains is similar to a five pound bag of sugar. Scattering of cremains on public land is not permitted. Scattering in other places may also be illegal and can be penalized as littering. Most cemeteries do not permit scattering on grave-sites. Choose the place you scatter your loved ones cremains thoughtfully.

Information provided by Dugan Funeral Home and Crematory, Inc.

Funeral Home Checklist

Shop for a funeral home just as you would for any other purchase. Choosing the right funeral home can make a big difference not only in what you pay, but in your grief experience. In addition to cost, consider the atmosphere, the way the staff talks with you and your level of comfort throughout the process.

1. **Consider if the Funeral Home is accessible**
    a. Is staff available to talk with me and answer my questions?
    b. Are they willing to meet with me when it suits me (evening/weekend, if necessary)?
    c. Is the building conveniently located and does it have ample parking?
    d. Are there steps to contend with to enter the building?

2. **Is the staff willing to answer my questions concerning price?**
    a. What does the price include? Some funeral homes charge separate for each phase of care while others include it in the charge for professional services. (things like removal of the deceased, travel, filing paperwork for death certificates, veteran's benefits, coroner's authorization, etc., writing and submitting obituary, notifying social security,…).
    b. Are there extra charges to prepare an organ donor or a body that has been autopsied?
    c. Is payment required in advance or will they accept life insurance proceeds or a payment plan?

3. **How long will it be until they arrive once notified of the death? This is especially important if your loved one passes at home.**

4. **Do I feel comfortable with the staff and inside the funeral home?**

5. **If there is no viewing or service, will I be able to see my loved one before cremation?**

6. **Will they manage details such as**
    a. Scheduling clergy, organist, vocalist
    b. ordering flowers
    c. arranging a reception following the service
    d. coordinating with the cemetery
    e. arranging military honors'

7. **It may be important to you that your casket be American made. Ask if it is.**

8. **Will the funeral home arrange special services like butterfly or dove release, harpist or bagpiper to play music?**

9. **Can they produce a memory video from photos of my loved one?**

Funeral Homes

Dugan Funeral Home and Crematory
Contributed to the information contained in the booklet
111 S. Main Street
Bendersville, PA 17306
717-677-8215

Feiser Funeral Home Inc.
302 Lincoln Way W
New Oxford, PA 17350
717-624-7261

Kenworthy Funeral Home
66 E. Hanover Street
Gettysburg, PA 17325
717-337-9311

Little's Funeral Home
34 Maple Ave
Littlestown, PA 17340
717-359-4224

Monahan Funeral Home
(Gettysburg Location)
125 Carlisle Street
Gettysburg, PA 17325
717-334-2414
(Fairfield Location)
27 E. Main Street
Fairfield, PA 17320
717-642-8266

Murphy Funeral Home Inc.
501 Ridge Ave
McSherrystown, PA 17344
717-637-6945

Peters Funeral Home
321 Carlisle Street
Gettysburg, PA 17325
717-334-5815

Myths & Facts of Grief & Bereavement

Myth: Everyone grieves the same.
FACT: Grief is very unique to each individual and no one grieves the same. An individual's grief can be influenced by many factors including: the length and type of relationship, gender, culture, and spiritual beliefs.

Myth: Grief only occurs when there is a death.
FACT: Any loss or change can result in grief including: divorce, relocation, military deployment, job loss /change, tragedies and disasters, health or functional levels, accidents, or any significant disruption to regular routines.

Myth: Children do not grieve.
FACT: Children experience grief and loss situations just as adults. Each age group of children, from birth to eighteen, have their own level of awareness and understanding of grief. Children often express their grief in their behaviors as they have different stages of development. A toddler will show signs of grief differently than a teenager.

Myth: Grief and Mourning are the same experiences.
FACT: Although people will often use these words to describe the same thing, there is a very important distinction. Grief is the composition of thoughts and feelings that one feels after sustaining a loss, while mourning is the process one takes of moving towards healing. Grief happens within the person while mourning happens externally.

Myth: Statements such as "It's time to move on" or "get over it" are helpful to say to support a grieving person.
FACT: These are not helpful statements and often make the grieving person feel as if their feelings are wrong. Often the best thing to say is very little at all. Instead, try offering a listening ear and supporting the individual as they talk through their emotions.

Myths & Facts of Grief & Bereavement
(continued)

Myth: The pain will go away faster if you ignore it.
FACT: Trying to ignore your pain or keep it from surfacing will only make it worse in the long run. For real healing it is necessary to face your grief and actively deal with it.

Myth: Grief has a time limit.
FACT: There is no time limit to grief. Grief does not end after the funeral or after a year since the loss. Each individual's grief timeline is different. The feelings related to grief and loss may have less intensity as time goes by, but for some people, grief never ends.

Myth: One should move away from grief, not towards it.
FACT: Often time's grief is viewed as something one needs to overcome or avoid, not experience. Someone who shows outward signs of grief can be perceived as self-pitying or weak. The truth is that grief needs to be experienced, not repressed, for healing to ever take place.

Myth: The goal is to get over your grief as soon as possible.
FACT: A person mourning the loss of a loved one needs to mourn at their own pace. Instead of focusing on getting over the grief, one could focus on growing through it. The truth is, we never "get over" our grief. We only become reconciled to it.

Myth: The stages of grief and mourning happen in a progressive, predictable order.
FACT: Grief and mourning are as unique as the individual itself. Everyone will feel different emotions and express them in a way that is uniquely their own.

Myth: Once the stages of grief are completed, the grief will go away.
FACT: Grief is an ongoing process rather than stages and steps to complete. The stages of grief as defined by Elizabeth Kubler-Ross include: shock, anger, depression, bargaining, and acceptance. Anyone that experiences loss can experience these "stages" over and over, not necessarily in order as if following instructions to complete a project.

Myths & Facts of Grief & Bereavement
(continued)

Myth: It's important to be "be strong" in the face of loss.
FACT: Feeling sad, frightened, or lonely is a normal reaction to loss. Crying doesn't mean you are weak. You don't need to "protect" your family or friends by putting on a brave front. Showing your true feelings can help them and you.

Myth: The only sign of grief is crying.
FACT: Grief manifests in different ways for different people. Signs of grief include lack of energy, insomnia or excessive sleeping, irritability, tearfulness and crying, numbness, physical complaints, changes in appetite, lack of interest in activities, engaging in risky behaviors, fearfulness, depression, and anxiety.

Myth: Tears of grief are a sign of weakness.
FACT: Crying is a way of releasing tension and emotion. It also communicates to others the need to be comforted. One who expresses tears shows their willingness to work through their grief.

Myth: If there is no crying, then there is no grief.
FACT: Crying is a sign of grief that is outward and observed by others. However, some people never cry and feel that they are doing something wrong if they cannot cry. Identifying other signs of grief can help individuals to recognize that they are grieving and to consider ways for working on their feelings.

Myth: After the loss of a spouse, once remarried, the grief for the previous spouse goes away.
FACT: Unresolved or complicated grief from a previous relationship does not go away. It can lead to problems with any new relationship. Some couples find comfort in their new spouse especially if they are open about their previous losses. Remarriage does not replace the previous spouse or take away the feelings related to that loss.

Myths & Facts of Grief & Bereavement
(continued)

Myth: Grief and Depression are the same.
FACT: Grief is a roller coaster you will have good and bad days. With Depression the feelings of emptiness and despair are constant.

Myth: Antidepressants help grief.
FACT: While medication may relieve some of the symptoms of grief, it cannot treat the cause, which is the loss itself. Furthermore, by numbing the pain that must be worked through eventually, antidepressants delay the mourning process.

Myth: You cannot help someone else if you are grieving.
FACT: Support groups are one example of how grieving people interact in order to work on their grief. Sharing and talking with others promotes normal grieving and is a way of creating new relationships.

Myth: A pastor is the only counselor for grief.
FACT: Pastors and other spiritual leaders are often involved if there is a death and funeral service. They can be very supportive and lend spiritual guidance to support loved ones through this time. Professional counselors, therapists, social workers, and grief specialists are also available for support through grief after a death or any other type of loss. Employee Assistance Programs (EAP), counseling centers, and private practitioners are available in the local community.

Information provided by:
SpiriTrust Lutheran and VNA of Hanover & Spring Grove

Grief Support

Adult Grief & Loss Group (6 wk session)
717-337-4300
WellSpan Gettysburg Hospital

Drew Michael Taylor Foundation
Marcie Taylor
rtmt@pa.net
(717) 532-8922

Grief and Support Group at The Brethren Home Community
888-273-0935 or 717-845-8599
Brethren Home Community, New Oxford

Grief Support Group
717-334-1235
Gettysburg Presbyterian Church

Hanover Hospital
Eric Stenman (hospital Chaplain)
717-316-3711 or 800-673-2426

Olivia's House, A Grief and Loss Center for Children
830 S. George Street, York, PA 17403
717-699-1133
or
101 Baltimore Street, Hanover, PA 17331
717-698-3586

Pathways Center for Grief and Loss
717-391-2413 or 1-800-924-7610
4075 Old Harrisburg Pike, Mount Joy, PA 17552

Phoenix
717-334-6204
SpiriTrust Lutheran, Gettysburg

All the Hospice Companies Provide Grief/Bereavement Support to the community (even if someone was not on their hospice)

Facts of Latino Beliefs & Practices Regarding End of Life Decision Making

- Latinos use a family-centered rather than a patient's decision-making style when making EOL decisions. DelRio, Norma. 2010

- Latinos are largely unfamiliar with living wills or advance health care directives, or may feel that they are countercultural or irrelevant as long as a patient's family is involved in the medical decision making. Del Rio, Norma 2010.

- Latinos generally favor the use of CPR, use of antibiotics, intubation, feeding tube placement and intravenous nutrition and hydration and would prefer to be kept alive regardless of how ill they are. At the same time they would defer to a physician's decision to withdraw treatments if the situations are hopeless. Del Rio, Norma 2010.

- Hispanic families think there is always hope that the patient may get better and discontinuing life support may cause the Mexican-American family great feelings of guilt. Blackhall et al., 1999

- Enduring sickness is a sign of strength for Latinos. Blackhall et al., 1999

- Given that the majority of Mexican Americans are catholic, they tend to oppose anything that hastens death. Blackhall et al., 1999

Information provided by Yeimi K Gagliardi, WellSpan Community Health Improvement

Facts of End of Life Issues among Latinos/Hispanics

- Health care inequities impact the number of years of an adult life.
- Higher incomes, higher education and fewer years in the US mainland directly affect healthcare decisions and treatment choices at end of life (Carrion, Irraida, V. 2007)
- Female gender and identity also directly impact access to health care, especially hospice services at the end of life
- Migration, immigration and documentation impact the Hispanic Latino communities' coping abilities and access to health care when confronted with a terminal illness diagnosis
- Education and literacy are directly related to knowledge and the use of available health care services.

Information provided by Yeimi K Gagliardi, WellSpan Community Health Improvement

Community Resource Information

Institute for Healthcare Improvement – "the conversation project"
www.theconversationproject.org
The conversation project is dedicated to helping people talk about their wishes for end-of-life care.

The starter kit on this website doesn't answer every question, but it will help you get your thoughts together, and then have the conversation with your loved ones. You can use it whether you are getting ready to tell someone else what you want, or
get ready to share their wishes.

Medical Information:
WellSpan Gettysburg Hospital
(Palliative Care Department)
***Contributed to the information contained*
147 Gettys Street
Gettysburg, PA 17325
717-334-2121

Spanish Speaking Health Educator:
WellSpan Community Health Impro ve
***Contributed to the information contained*
37 N. 5th Street
Gettysburg, PA 17325
717-337-4264 Ext. 6

Community Agencies

Adams County Office for Aging, Inc.
Contributed to the information contained in the booklet
318 W. Middle Street
Gettysburg, PA 17325
717-334-9577

Adams County Housing Authority
40 E. High Street
Gettysburg, PA 17325
717-334-1518

Adams County Veterans Affairs
Adams County Courthouse
117 Baltimore Street
Room 201A
Gettysburg, PA 17325
717-337-9835

TrueNorth Wellness Services
33 Frederick Street
Hanover, PA 17331
717-632-4900
or
625 W. Elm Street
Hanover, PA 17331
717-632-4900
or
44 S. Franklin Street
Gettysburg, PA 17325
717-334-9111
*CRISIS # for all locations:
717-637-7633

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HEALTHY ADAMS COUNTY

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For questions or requests for more copies of the booklet please contact Healthy Adams County staff at 717-337-4137