FEATURE STORY

A Look Back

THE 40 YEAR STORY
OF A COMMUNITY
Dear Friends,

In this special edition of *Life Matters* magazine, we celebrate the 40th Anniversary of our organization and the mission that drives us forward: offering grace, hope, and dignity to those at the end of life. There are stirring numbers to share, for we have cared for more than 50,000 patients and comforted countless many more family members on those last steps of a loved one's journey. But as we embrace this milestone as motivation to reach ever more people, we appreciate that our heart and soul are reflected not just in big numbers but in small moments created by special people...

**A CHAPLAIN** who took an HPCCR patient shopping for a new suit because the gentleman didn’t have a decent one to be buried in.

**A SOCIAL WORKER** who carried an iPad to his visits with his patient so he could share the sound of birds singing on an app.

**A DENTIST** who adjusted a patient's dentures free of charge, then sent him off to enjoy a steak dinner with his chaplain.

**A PATIENT** who had the 81st birthday party of her life because HPCCR arranged for Elvis to come and sing “Happy Birthday” in a red sequin jumpsuit.

This is who we are. This is what we do.

Hospice & Palliative Care Charlotte Region was formed in 1978 by concerned volunteers in our community who knew there was a better way to treat and care for those at the end of their lives. We were established to provide expert end-of-life care, grief support, and community education – and to do so regardless of where a patient lives or how much they can afford to pay. We have never, and will never, turn our back on the most vulnerable among us, or those facing complex medical issues. We are here not just to serve those near death, but to offer palliative care for those just starting down that path.

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**Our heart and soul are reflected not just in big numbers but in small moments...**

Over 40 years, we have grown dramatically: a bigger staff, budget, and territory (23 counties in North and South Carolina); more patients; more support from the community in terms of time, talent, and dollars (thank you!); and a new home at Carmel Road and N.C. 51. Come see us. We see ourselves as an integral part of this region’s health care community and are grateful that our health care colleagues think likewise.

So while we pause a moment to acknowledge our 40th Anniversary, we do not rest. There are patients to be loved and cared for. And maybe another Elvis impersonator to hire.

*Peter A. Brunnick, CPA*  
President & CEO, HPCCR
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FEATURE STORY A LOOK BACK
The 40 Year Story of a Community

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COVER ART “REFLECTIONS” BY LOCAL ARTIST:
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Have you ever toured a Levine & Dickson Hospice House?

You may be surprised by what you discover. From a conference room, to gardens, to state-of-the-art facilities, to comfortable family lounges, our hospice houses are hubs of care, compassion, and community.

It’s a great time to tour a house.

Hospice & Palliative Care Charlotte Region

hpccr.org  704.375.0100

Contact Hospice & Palliative Care Charlotte Region to schedule a tour of one of our Levine & Dickson Hospice Houses – in Huntersville or at Aldersgate in east Charlotte.
Light Up A Life

A Holiday Tradition
Begins November 2018
Ring in a holiday tradition with us! Purchase a commemorative bell or star, or sponsor a Remembrance Tree Light.

Bells $35 each
Stars $20 each
Tree Lights Sponsor $15 each

Light Up A Life Memorial Services
December 1 | 2pm
Center for Palliative Care Advancement
7600 Little Avenue, Charlotte

December 2 | 3pm
Levine & Dickson Hospice House – Huntersville
11900 Vansstory Drive, Huntersville

December 6 | 7pm
Center for Palliative Care Advancement
7600 Little Avenue, Charlotte

December 11 | 6:30pm
Mt. Zion United Methodist Church
19600 Zion Avenue, Cornelius

For more information about our events, please contact Nancy Cole, Director of Special Events, colen@hpccr.org.

American Airlines Salute to Veterans Parade
Saturday, November 10 | 11am
Uptown Charlotte

COME SEE US!

GIVING TUESDAY
Tuesday, November 27
24-Hour Virtual Event
Donate at hpccr.org!

JOIN US!

Soup on Sunday
Sunday, January 27 | 11am-2pm
Philip L. Van Every Culinary Arts Center of Central Piedmont Community College Main
425 North Kings Drive, Charlotte
FOR 40 YEARS AND COUNTING, HOSPICE & PALLIATIVE CARE CHARLOTTE REGION (HPCCR) HAS HELPED FAMILIES AND LOVED ONES find hope in life’s waning days. Kathryn Ellen, Strategic Account Manager for HPCCR, has felt the love and comfort not once, but twice – and now works to help others feel the same.

COMPASSION FROM EXPERIENCE

Hospice was there for the last 1½ years of John C. Ellen, Jr.’s life. And, what a life it was! Kathryn’s father left Duke, enlisted in the Army, and stormed the beaches of Normandy at D Day. “After the war, he completed five college degrees, then moved to Greenville, NC, to teach history at East Carolina University. He was a true Southern gentleman,” Kathryn says, “never raising his voice.” He and his beloved wife, Dorothy, retired to Covenant Village in Gastonia. When dementia set in, HPCCR was there with extra nursing to provide one-on-one attention. Social workers tended to his needs and answered the family’s questions. They even carried iPads and would use an app of birds singing so he could enjoy listening to their songs. HPCCR Chaplain Walt Windley, IV went from visitor to friend. John C. Ellen, Jr. died on August 30, 2017. He was 96. Hospice RN Joy Barrett, Social Worker Lea Goodson, and Chaplain Windley were with the family when he breathed his last – at home, at peace.

HPCCR is still a regular at Covenant Village, only now it’s for Kathryn’s mother, Dorothy Ellen. Dorothy, 88, was married to John for 56 years. The talker in the family, she opened a dancewear shop in Greenville, NC, and gave herself the nickname ‘Dance Tycoon of the East’. She smiles that precious smile of hers each time anyone brings up Greenville or the dancewear shop she ran for 40 years. Dorothy started receiving hospice care in June. Nurses typically visit twice a week, social workers and chaplains twice a month. They enjoy talking with Dorothy about her dancewear shop and looking at photographs from her past. Chaplain Windley has become a friend. Steve Harvey’s daytime talk show and NFL football on TV help pass the time. But life can get lonely. Hospice is a welcomed visitor and friend until the time she reunites with her husband.
The hospice story doesn’t end there...

Kathryn has been an educator with HPCCR for nearly five years, visiting hospitals, nursing homes, and doctors’ offices in Cleveland, Gaston, and Lincoln counties. Her job is to explain the services that HPCCR offers, including when a patient is ready for palliative care or hospice. She gives a talk called Make The Most of Every Day. Though the end might be near, she tells her audience that a person’s life can be filled with value, integrity, and peace.

NOBODY CAN TELL THAT STORY WITH MORE CONVINCION THAN KATHRYN, FOR SHE HAS LIVED IT... TWICE.

As we sit on the patio one fine Sunday afternoon at Covenant Village – Kathryn, Dorothy, and her three grandsons – life is good. And it will be good for as many days as Dorothy is given, thanks in part to HPCCR.

“Hospice has allowed me to be a daughter instead of a caregiver. A level of respect and dignity that your loved one deserves is what our hospice is all about.”

- Kathryn Ellen
WE WERE FULL
Article courtesy of: Megan Byrd

I DISCOVERED THE HOLIDAY MEALS PROGRAM IN THE HPCCR NEWSLETTER. My husband, Joe, is a personal chef and loves cooking. He truly lives by the rule: food is the best way to brighten someone's day. So, over the years, I have learned that if I see a volunteer opportunity involving food, I know he (or we) will be on board. This has meant food service and donations, charity auctions, or simply giving a meal for no particular reason (other than to put a smile on someone’s face). However, none of these experiences, though wonderful, prepared us for our first time making a Thanksgiving meal for Levine & Dickson Hospice House - Huntersville.

IT SUDDENLY MADE SENSE WHY IT WAS SO IMPORTANT TO HER TO HELP US.

When we arrived, we were greeted outside by a middle-aged woman. We could tell she was a visitor, but she was eager to help us. Although we insisted it wasn’t necessary, we knew “no” was not an option. We chatted as we set up food. She shared some sweet stories about her marriage and family, and we learned that her husband had been admitted just a couple of days earlier. Prior to that, she had been his main caretaker during his extended illness. We could sense her relief knowing he was in caring hands, but we could also tell that she didn't know what to do with her new found “free” time. It suddenly made sense why it was so important to her to help us. To this day, I remember being surprised by her youthfulness and her radiant energy. She knew her husband would soon be gone – yet she was at peace, lively, and so gracious.

As we left, my husband and I caught one another’s eye, but not a word was spoken – not as we exited the hospice house or on the ride home. It was as if we didn’t want to disrupt the experience with words.

We got home, plated our own Thanksgiving meal, and he began to say grace. Then his words fell off into a long pause. I raised my head to see tears rolling down his face (as on mine). They weren’t sad tears. We were simply overcome with appreciation. We didn’t need to speak about it, we both felt it, and carried it. The best way to describe it is: we were full... full of gratitude for one another, our health, our time together, our family, our experience... everything that was truly important.

Providing food was the simplest of tasks that turned into a profound moment in our lives. We cannot thank HPCCR enough for this opportunity.

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SOUTHWESTERN POT ROAST SOUP
SERVED OVER CAULI-TATOES

Ingredients

Serves 8-10

FOR THE SOUP:
1 3-Lb. Lean Beef Roast
3 Green Bell Peppers, diced
3 4-oz. Cans Mild Green Chiles
2 Cups Shredded Cabbage
2 Stalks of Celery, diced
1 Bunch of Green Onions, chopped
2 Quarts Organic Beef Broth
Sea Salt and Freshly-Cracked Black Pepper, to taste

FOR THE CAULI-TATOES:
2 Small-to-Medium Heads of Organic Cauliflower
2 T Extra Virgin Olive Oil
Sea Salt and Freshly-Cracked Black Pepper, to taste

OPTIONAL: Top soup at time of serving with Organic Baby Bella Mushrooms, sautéed in olive oil.

Lightly rinse beef roast, trim off any large areas of fat, and place in slow cooker. Prepare the vegetables as noted above, and add all of the soup ingredients to slow cooker. Cover. Heat on low for 6-8 hours until the roast is easy to shred with a fork. Note: If you prefer your vegetables more firm, add vegetables about 2 hours before serving.

When ready to serve, roughly chop cauliflower into florets. Place them in a pot of water and bring to a boil. Cook until florets are fork tender. Drain and place into food processor. Add olive oil, salt, and pepper. Puree until smooth.

Shred the beef with a fork and serve soup over the cauli-tatoes.

Recipe courtesy of Joe Byrd, Personal Chef, Food Junkee, LLC.
For more information: joe@foodjunkee.com | 704.309.5720

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Getting hungry for soup?
Join us Sunday, January 27, 2019 for our 19TH ANNUAL SOUP ON SUNDAY!
THE HOLIDAY SEASON IS A TIME OF JOY AND THANKSGIVING. At Hospice & Palliative Care Charlotte Region (HPCCR) we work with volunteers to provide meals to our families in need during the holidays so they can focus on what is most important: spending time together.

HPCCR’S HOLIDAY MEALS PROGRAM

This holiday season, consider getting involved with HPCCR’s “Holiday Meals Program.”

Here are some ways you can help:

- PROVIDE A MEAL - homemade or store-bought
- DONATE INGREDIENTS for families and caregivers to make their own meal
- DELIVER MEALS to patients’ homes
- DONATE GROCERY STORE GIFT CARDS to help cover the cost of a meal

Looking for a group opportunity?

Provide a meal on Thanksgiving Day or Christmas Day for patients and families at one of our Levine & Dickson Hospice House locations:
- Huntersville (20-30 people)
- Aldersgate (15-20 people)

To learn more about volunteering with HPCCR during the holiday season and beyond, please contact our Volunteer Services department at volunteermgr@hpccr.org.

2017: HPCCR PROVIDED 94 MEALS, FEEDING MORE THAN 460 PEOPLE
FALLS ARE A BIG CONCERN FOR MANY PEOPLE. According to statistics reported by the U.S. Centers for Disease Control and Prevention, one in four Americans age 65 years and older falls every year. Notably, less than 50% of Medicare beneficiaries who fall talk to their healthcare providers about their falls. Thankfully, there are steps we can take to prevent the risk of falls for ourselves or those we are caring for.

For more references and to assess your fall risk, please go to the Centers for Disease Control and Prevention website: www.cdc.gov/steadi/patient.html

Article courtesy of:
Marissa Brooks, PT, MSPT, CDP

1 IN 4 AMERICANS age 65 years+
FALLS EVERY YEAR

TIPS FOR FALL PREVENTION

Recommendations:

1. **Consult physical therapy** and occupational therapy to assess balance, strength, endurance, functional mobility, and activities of daily living. These skilled professionals can make recommendations for adaptive equipment, home environmental modifications, as well as provide patient/family/caregiver training for safe positioning, bed mobility, transfers, and gait as appropriate.

2. **Have physical assistance** and use a gait belt when necessary (if your loved one is weak and/or unbalanced).

3. **Wear** the appropriate footwear (non-slip shoes).

4. **Have adequate light** (vision declines as we age). Nightlights are helpful.

5. **Hydrate** (as long as you don’t have fluid restrictions), decrease caffeine intake, and have proper nutrition.

6. **Use an assistive device** like a cane or walker to maintain balance when necessary.

7. **Install railings on all stairs** or use a ramp if your loved one is wheelchair-bound or too weak to use the stairs.

8. **Install grab bars** in the bathroom near toilet or in the shower (suction cup grab bars are not safe).

9. **Use a raised toilet seat** to make it easier to stand up or sit down.

10. **Use a tub chair or bench in the shower** if the person you’re caring for has trouble standing or demonstrates decreased endurance.

11. **Use a bedside commode or bedpan** if walking or wheeling into the bathroom is too difficult.

12. **Ask your doctor and pharmacist** to take a good look at prescribed medications (may have dizziness as a side effect).

13. **Remove tripping hazards** like throw rugs, uneven flooring, or electrical cords (watch out for pets, too).

14. **Use bed or chair alarms** so you know when your loved one is getting up.

15. **Install rails on the beds** to help with turning and/or prevent falling out of bed.
A Dramatic Shift from Institutional Care to Neighborhood Living.

The new Asbury Health and Rehabilitation Center is the result of a progressive philosophy and forward-thinking architecture. It’s about a paradigm shift to deliver “person-centered” care. There are six beautiful households with a chef’s kitchen, a dining room, great rooms with fireplaces, and private suites. As a part of our services, the Center offers respite care and end-of-life services through Hospice & Palliative Care Charlotte Region. Learn more at Aldersgatehealthcare.com. It’s healthcare delivery as you’ve never seen it.

Aldersgate, 3800 Shamrock Drive, Charlotte, 28215 | 704.532.7071
HOSPICE & PALLIATIVE CARE CHARLOTTE REGION’S (HPCCR) PROMISE TO OUR PATIENTS AND FAMILIES is, in part, to provide exceptional care when and where it is needed. To deliver on that promise, HPCCR offers 24-hour ‘around-the-clock’ exceptional care through a unique After-Hours Program. Recognizing that patients and families may feel especially isolated and helpless after typical business hours, HPCCR stays connected with patients to provide comfort, information, and assistance with decision-making at the most critical times.

Made up of a team of 25+ experienced and caring nurses, the After-Hours team works to provide triage and in-home visit support weeknights between 5:00PM and 8:30AM, weekends, and holidays, to provide crisis management, pain and symptom control, and caregiver support.

On average, HPCCR receives 450 After-Hours calls every week. Many of these calls are made directly from the patient or their caregivers regarding concerns with managing end-of-life symptoms. Patients and caregivers have reported that discussing their concerns with the nurse over the phone reduces their anxiety and comforts them to know that a nurse is available at any hour of the day.

The team’s philosophy of care can best be summed up by the words of one veteran After-Hours nurse, Jaci Fisher, “Please don’t hesitate to call at any hour. Our team is working for you and awaiting your call. You are not alone.”

Q. What are the biggest needs for After-Hours patient/family support?

The biggest need for patients and families after typical business hours is physical and emotional support. Sometimes the patient is in a pain crisis or having severe difficulty breathing. They need our assistance in getting the symptoms under control, whether it be through calm and assuring instruction on the phone or by having a nurse make a visit. Many times, the need is emotional support, such as when they are looking for guidance or confirmation that they are doing all the right things to make themselves or their family member comfortable.

Q. What do you enjoy about After-Hours support?

I enjoy putting out fires. Being there for families in the middle of the night when they are alone and fearful. Seeing the relief on their faces when I tell them what to expect and that they’re doing a great job.

Q. How do people get in touch with you?

Calls are filtered through a triage nurse and if a visit is needed, the call is then forwarded to an available nurse.

Q. How long does it take you to respond to a call?

Normally it takes 10-15 minutes to return a call. If the patient needs to be seen, the goal is to have the patient seen within an hour.

Q. Which areas do the After-Hours Care Team service?

We service all areas in our 23-county region in North and South Carolina, including visits to nursing homes, assisted living facilities, and private homes.
Q. WHAT DOES HPCCER MEAN TO YOU?

SUPPORT, compassion, and DIGNITY.
Providing QUALITY, professional, COMPASSIONATE CARE.
SERVICE. Everyone who works for the organization works toward providing the highest level of service to our sensitive population.
Providing quality CARE at the end of a patient's life journey, including care and support for the family.
Taking care of people and patients in their HOUR OF NEED.
FAMILY and caring.
Helping families support their loved one at the end of life through EDUCATION, EMPOWERMENT, and individualized care.
A WAY OF LIFE.
FOCUSED, EXCEPTIONAL hospice and palliative care to patients and their families in our community. This is one of the GREATEST ORGANIZATIONS that I have ever worked for.
Providing END-OF-LIFE CARE in a caring and RESPECTFUL manner. I am proud and honored to be part of HPCCER and especially part of the After-Hours Team who provide care on an urgent basis and never quite know the situation they may be stepping into.

Q. How do you compare After-Hours care to care provided during regular hours?
While After-Hours care is mostly crisis-driven with patients and families calling in for a variety of symptom management issues, HPCCER has standards of care and there is a seamless transition between After-Hours care and care provided during regular hours. All patients are cared for with the same level of dignity, compassion, respect, and expertise, regardless of the time of day.

Why do you work for HPCCER?
I love the company culture and the commitment of the organization to dignity and comfort at the end of life.

Q. What can patients and families expect from an After-Hours call?
Information, direction, guidance, calm support, a listening ear, reassurance, a nurse visit if the patient needs further assistance, or a support visit if it is needed for the caregiver.

What message or advice would you give to patients and families?
You are not alone. HPCCER gives a promise of quality care with respect and dignity to your loved one and your family. We are listening to your concerns and actively seeking a solution. The organization cares about you and will work together to provide a solution to your needs.
RILEY, AN IRISH TERRIER, STARTED PET THERAPY IN 2014 AFTER DAISY, RILEY’S BEST FRIEND, PASSED AWAY. Pet therapy is all about Riley connecting with who he visits, and Riley has formed strong connections with his patients, especially Mr. Z.

Mr. Z was a newly admitted patient with a broad smile. He and Riley hit it off immediately, speaking to each other throughout the entire visit before Riley had to leave. On the second visit the following week, a woman stood beside Mr. Z’s bed looking sad. Riley hesitated to enter, but before he could think too long he heard, “Oh, you must be Riley! Please come in, my husband told me all about his visit and how much he loved you!” Riley greeted Mrs. Z, a stunning woman dressed in an exquisite gold jeweled, all white, middle Eastern dress. She smiled at Riley through teary eyes. Riley went to the bedside to see Mr. Z, but he was unresponsive. Mr. Z passed shortly after the visit, but not before Mrs. Z thanked Riley for “giving such loving comfort to my husband when I couldn’t be here.”
There is a light in this world, a healing spirit more powerful than any darkness we may encounter. We sometimes lose sight of this force when there is suffering, too much pain. Then suddenly, the spirit will emerge through the lives of ordinary people who hear a call and answer in extraordinary ways. – Mother Teresa

THE “MUSIC MAKERS”
A group who call themselves the Hospice Music Makers as they walk the halls of the hospice house, room-to-room singing to patients, taking requests from patients and caregivers.

THE “BEAR MAKER”
The 94-year-old who lives at Carriage Club who cannot volunteer in person but still finds a way to support bereaved families by making memory bears out of a loved one’s favorite pieces of clothing.

THE “NUZZLER”
The pet therapy dog, an Irish Terrier named Riley, who faithfully visits the hospice houses weekly with his owner because she knows that sometimes a visit from a dog is the best form of therapy, and “Riley gives the best nuzzles and kisses.”

THE “TUCK-IN” CREW
The people who show up every Thursday morning to call patients and caregivers as part of the “tuck-in” program to see if they are prepared for the weekend or if there is anything they need.

THE “STYLIST”
The person who works full-time in a busy salon, and uses her one day off per week to go to patients’ homes and cut their hair because she knows that “a fresh haircut goes a long way in feeling good.”

THE “KNITTERS”
The many groups of knitters throughout Charlotte who feverishly knit prayer shawls to honor the more than 400 Veteran patients yearly who they will never meet.

THE “KNITTERS”
The many groups of knitters throughout Charlotte who feverishly knit prayer shawls to honor the more than 400 Veteran patients yearly who they will never meet.
ESTATE PLANNING PLANNING AHEAD

ESTATE PLANS AND LEGACY GIFTS OFTEN SEEM LIKE THE REALM OF THE ULTRA-WEALTHY – it’s easy to see why some people would need to put together a plan for how they want their significant assets to be divided up. It’s less clear why the average person needs an estate plan. After all, it may seem like there are no assets to divide up.

WHY ESTATE PLANNING IS FOR EVERYONE

Think again. Whether your net worth is $100 or $1 billion, you have an estate. If you have a house, car, or rare stamp collection, you have an estate. If you have a savings account or contribute to an IRA, you have an estate. If you have an opinion about who gets your great-aunt’s necklace or your grandpa’s antique tools, you have an estate.

The truth is, estate planning is for everyone, regardless of age or assets. A well-crafted estate plan allows you to protect the people and causes you care about most, no matter what.

A will is one of the most important documents you’ll ever write, and not having one in place can have consequences.

If you don’t have a will:
• The state will be in charge of dividing up your assets, including sentimental items or family heirlooms.
• A court will name an executor of your estate, leaving someone you may not have chosen in charge.
• A court will designate a guardian for those under your care, including minor children.
• Your commitment to supporting Hospice & Palliative Care Charlotte Region and other charitable organizations will be forgotten.

We are happy to help you start the planning process or answer any questions you have along the way.

ESTATE PLANNING IS FOR EVERYONE, REGARDLESS OF AGE OR ASSETS

A well-crafted estate plan allows you to protect the people and causes you care about most, no matter what.
IF THERE IS ONE THING WE CAN COUNT ON IN LIFE, IT IS CHANGE. Because change occurs in our lives all the time, it's important to keep estate plans up to date. But how do you know which situations simply require updating your existing will with a codicil and which ones necessitate a whole new will?

This guide can help.

**Draft a New Will if:**

- **YOUR MARITAL STATUS HAS CHANGED.** Whether you’re a newlywed or are going through a divorce, be sure to take time to update your will. You may want to remove your previous spouse or add your new one to your estate plan.

- **YOUR CHILDREN ARE GROWN.** If you created a will when your children were young, you’ll likely need an overhaul. If they are old enough and financially stable, you may no longer need provisions for guardianship or trust funds.

- **YOU MOVE TO A DIFFERENT STATE.** Legal requirements of a will vary from state to state. Consult an attorney in your new state to ensure your will is valid.

**Update Your Existing Will if:**

- **YOUR EXECUTOR’S SITUATION HAS CHANGED.** Has the executor, guardian, or trustee named in your will moved or passed away? Update your plans to reflect these changes.

- **YOU WISH TO SUPPORT A FAVORITE CAUSE WITH A GIFT.** This simply requires including a few lines in a codicil – a legal instrument made to modify an earlier will.

- **YOU WANT TO MAKE CHANGES TO AN INHERITANCE.** For example, you would like to change the amount of money you’ll leave to a sibling from $25,000 to $50,000. Consider giving a percentage of your estate to people or organizations – that way your gift remains proportional, no matter how your estate fluctuates.

**REMEMBER:** With tax law changes this year, it's the perfect time to review your plans and ensure they are still in line with your philanthropic goals.

Contact Christy Gisinger at gisingerc@hpccr.org or 704.335.4325 to receive official language you can share with your attorney for including a gift to Hospice & Palliative Care Charlotte Region in your will.
It begins...
- The first meeting is in the basement of Holy Reformer Church.
- The organization is incorporated as a not-for-profit called Hospice at Charlotte.

more space needed...
- Hospice at Charlotte becomes joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredited.
- Growth leads to the purchase of a new office.

expanding counties...
- The Hospice Alternative Residence Team (HART) is created to serve patients in extended care facilities.
- Service area is expanded into eight counties.
- Hospice at Charlotte merges with Hospice of Lincoln County to form NewSouth HealthCare.
- A branch office is opened in Lake Norman.

medical director hired...
- Specialized children’s services, such as Chameleon’s Journey, begin.
- The organization enters a formal agreement for end-of-life research at UNC Charlotte College of Health & Human Services.
- A full-time medical director is hired.

Much has changed, many milestones celebrated, yet our focus remains the same...
A new name...
The organization adopts a new corporate name, Hospice & Palliative Care Charlotte Region (HPCCR). Branch offices in Lincoln County and Lake Norman see name changes to reflect the ability to provide palliative care in those offices as well.

Leadership

HPCCR Winner of the 2004 Community Service Award.

A medical services division is established which includes a team of physicians and nurse practitioners.

Growth leads to the purchase of a South Charlotte location.

Palliative Medicine Consultants is established to serve patients with advanced or life-limiting illness.

a new era...

After surpassing a $10 million capital campaign goal, Levine & Dickson Hospice House - Huntersville is built, officially opening in 2008.

More than 900 patients are cared for each day – 500 hospice and 400+ palliative medicine patients.

A specialized program is launched which addresses specific needs of patients with Alzheimer’s disease and other forms of dementia.

CEO Janet Fortner retires after 26 years and new CEO Peter Brunnick is hired.

crossing the border...

- Specialized care is provided to 5,400 individuals a year through:
  - 14,500 physicians’ and nurse practitioners’ visits
  - 40,000 hours of service by 525 staff and 400 volunteers
  - end-of-life care to 43% of all who die in Mecklenburg County.

- A record 109 children and teens cope with loss and began to heal at the 11th Annual Chameleon’s Journey overnight grief camp.

- Nearly $2 million are given back to the community in charity care, grief support, and community education.

we honor vets...

- After a successful capital campaign in 2016, Levine & Dickson Hospice House at Aldersgate officially opens.

- HPCCR participates in the Charlotte Veterans Day Parade through our We Honor Veterans program.

caring for our community...

- HPCCR wins Charlotte Business Journal’s Healthiest Employer (midsized) award.

- HPCCR achieves ACHC (Accreditation Commission for Health Care) 3-year certification with deemed status.

- HPCCR achieves the National Hospice & Palliative Care Organization (NHPCO) We Honor Veterans program’s highest level of partnership denoting the greatest degree of commitment to veteran patients.

- A legal partnership with Hospice of Laurens County is formed.

2018 to be continued...

- A new headquarters is opened in South Charlotte.

- The Center for Palliative Care Advancement opens.

- HPCCR makes the 2018 Hospice Honors list, a prestigious national program that recognizes hospices providing the highest quality care from the caregiver’s point of view.
WHEN I FIRST MEET SOMEONE, I AM ALWAYS RELUCTANT TO SHARE THAT I AM A DOCTOR. It’s not that I am in any way ashamed of my profession, but rather my hesitancy is due to the question that invariably follows, “what kind of doctor are you?”

In the nearly fifteen years that I have been working in hospice and palliative care I have seen the same reaction nearly every time I reveal my specialty.

Awww that must be very hard.

MEDICINE SHOULD NOT BE ABOUT JUST DOING SOMETHING TO SOMEONE, BUT INSTEAD, SHOULD BE ABOUT DOING SOMETHING FOR SOMEONE.

The mere mention of hospice is a real conversation killer and it is always followed by that awkward moment when nobody seems to know what to say next. I try to relieve them of their discomfort by reassuring them that my job is very fulfilling. I then go on to tell them that I am actually very proud of the work that I do and can honestly say that I love caring for people at the end of life. I frequently say that as a hospice doctor, I not only get to take care of people, but I get to truly care for them.

In the spring of 2004, I saw an ad for a full-time hospice position with Hospice at Charlotte (now Hospice & Palliative Care Charlotte Region). At the time, I was teaching in a family medicine residency program in Savannah, Georgia. The possibility of returning to the Charlotte area was definitely appealing to me. I completed my family medicine residency near Charlotte and loved the area. I was also excited to work at hospice full time. While I liked teaching in the residency program, I was ready for a new challenge. My job was becoming more focused on productivity. This pressure to see more and more patients meant that I was spending less time getting to know my patients, which was something I really enjoyed. Hospice would allow me to spend more time with my patients while also being part of a team of caring individuals.

When I started, palliative care was not always eagerly embraced by the medical community. Even as a physician, I still found it sometimes very tough to convince my fellow physicians of its value. To many physicians, palliative care seemed contrary to what a physician was meant to do, namely to do everything to fix someone. I remember early in my palliative care days, a seasoned oncologist told me emphatically that, of course he treated his patients up until the time they died because he knew that was what they wanted and, therefore, that was good medicine. Palliative care focuses on treating the whole person. In the increasingly specialized world of American healthcare, this approach may sound a little folksy. But what it really means is that medicine should not be about just doing something to someone, but instead, should be about doing something for someone. Quality of life is what matters most.

When I enter a patient’s home for the first time I never know what to expect. To be honest, I still feel
apprehensive and unsure even after all of these years. While I am lucky to work with a lot of fantastic nurses, social workers, and chaplains who make my job a lot easier, I still feel the weight of expectations on me. I was once half-jokingly told by a patient that I was the last physician he ever wanted to see. Understanding the double meaning in that statement I took it as the compliment it was meant to be. Over my hospice career, with only a rare exception, I have been treated with incredible respect, deserved or not, by the patients and families I have cared for. I have been humbled and amazed by the incredible love and devotion that families show for their loved ones.

IN MY BRIEF TIME WITH THEM I GET TO BE A TEACHER, A CHEERLEADER, AND SOMETIMES A HEALER.

I am sometimes surprised by the questions that I have been asked. Like the tearful son who wanted to know if his mother, with end-stage Alzheimer’s disease, would be able to get a brain transplant. I looked into his earnest face and told him it would not be possible. In my job I probably do more teaching to a more attentive audience than I ever had when I was faculty at the residency program. I have enjoyed a laugh or two with incredible people and left many a home near tears. In my brief time with them I get to be a teacher, a cheerleader, and sometimes a healer. This is what I wish I had the opportunity to share when I am asked what kind of doctor I am.

Q&A

HPCCR’S MEDICAL DIRECTOR

DR. ROBERT SMITH

Is hospice only for people with cancer?
No. Although many people who are admitted to hospice do have cancer, a person who has any condition with a life expectancy of six months or less is eligible for hospice. These conditions include Alzheimer’s disease, strokes, emphysema, and congestive heart failure, just to name a few.

How does a physician know if a person has six months or less to live?
Knowing how long a person with a terminal illness is going to live is very challenging. Some conditions follow a fairly predictable course, while other conditions have many ups and downs. Doctors review all of the variables that may affect how long a person will live. Ultimately, however, every person charts their own path. The doctor takes into account other serious conditions a person may have, including: any recent hospitalizations, loss of ability to care for oneself, and anything else that may show a decline in the person’s health. Other times, certain conditions may have specific x-ray or laboratory findings that suggests the disease is worsening.

Do people ever get well enough to be discharged from hospice?
Yes. If a person’s condition improves or stabilizes, she or he may become ineligible for hospice. Oftentimes, the disease will take its expected course but not always. Sometimes the care provided by the hospice team may actually help a person stabilize enough that the physician does not think that person continues to remain eligible for hospice.

Does being under the care of a hospice physician mean that I can’t keep seeing my regular physician?
No. The hospice physician is not meant to replace all of the other physicians a person may be seeing. A person may choose to have her or his care directed by the hospice physician but continue to maintain a relationship with any or all of the other physicians. At Hospice & Palliative Care Charlotte Region, we let the patient decide who she or he wants to direct the care.
MEAL PLANNING ANYTIME OF THE YEAR CAN BE CHALLENGING. Throw in the holiday season and your home can become a new kind of chaos. Between the parties, gift buying, last minute dinners, and baking, this time of year can make it hard to stay organized. Luckily we’ve come up with a few tips for your holiday planning. But rather than focus on the holiday itself, we’re honing in on the part that gets pushed to the side – regular meal planning. Because even though it’s easy to get caught up in the festivities, your family still has to eat!

1 **Get Organized**
Write. It. Down. It’s as simple as those 3 words. Write down your meals for the week and your shopping list ahead of time. This will help clear at least a bit of space in your mind so that you can fill it with more important things... like what gifts to buy and cookies to bake!

2 **Prep Your Meals**
Sometimes the prep for dinner can take just as long if not longer than actually cooking it. We find that a true time saver (especially if you’ve planned out your meals) is to prepare what you can ahead of time. Use a lazy Sunday to chop vegetables, cook rice, and prep sauces. When the busyness of the week takes over, you will be ready for it.

3 **Use a Slow Cooker**
Meet the slow cooker, your new best friend. This beautiful kitchen tool is one of the greatest things invented for busy people. Stews, soups, chicken, roasts – it might shock you to learn just how much you can make in that ole’ slow cooker. Don’t limit yourself to the classic recipes either. We come up with all kinds of meals that can be easily cooked in it. Your new found time can be used for gift wrapping and holiday baking.

4 **Learn to Love Leftovers**
Not everyone loves leftovers, but certain sacrifices must be made during the holidays. Double or triple your meals to be used in lunches or additional dinners. This meal planning tip deserves a serious thumb up, am I right!? 

5 **Keep it Simple**
There are times of the year when it’s wonderful to experiment with baking, and there are times when it’s not – the holidays being one of those times. Save yourself the stress and bake simple recipes that you know or can easily figure out. Most of us have had at least one experience of attempting a complicated dessert at the worst time. Let’s make a pact to veer far away from those recipes this year and every year to come, unless we practice first – a lot.

Let’s make a pact to
STAY FAR AWAY
FROM THOSE
COMPLICATED
RECIPES
THIS YEAR!

Article courtesy of:
No More To-Go, Stacey Stabenow
SPECIAL EDITION - 2018  |  21

A T A N OLD FRIEND
COME SEE FOR YOURSELF. THE DIFFERENCE IS NIGHT AND DAY!
STOP BY FOR A TOUR TODAY: 1111 East Blvd, Charlotte 28203
WE'VE BEEN PROUDLY SERVING OUR COMMUNITY FOR MORE THAN 70 YEARS AND WE HAVE ALWAYS BEEN COMMITTED TO CREATING A WARM AND INVITING ATMOSPHERE FOR ALL OF THE FAMILIES THAT WE SERVE. THAT IS WHY WE'VE BEEN WORKING HARD TO RENOVATE OUR BEAUTIFUL SPACE AND WE'RE READY TO SHOW IT OFF!

SPECIAL EDITION - 2018  |  21

Southminster
Levine & Dickson Hospice House at Southminster (LDHHS) occupies a wing at the Southminster Continuing Care Retirement Community (SCCR). As a result of extensive expansion plans at SCCR, the building where LDHHS is located will be replaced by a new, four-story health care facility. During the 24-month construction of this new facility, HPCCR will care for our South Charlotte patients who require inpatient services, in one of our other hospice houses in Mecklenburg County. No patient will go unserved.

The brick pathway and memorial items will be moved temporarily to Levine & Dickson Hospice House-Huntersville.

Aldersgate
Through HPCCR's Caring for Our Community Campaign, Charlotte answered the calls for support, allowing us to completely fund and officially open the Levine & Dickson Hospice House at Aldersgate, which provides end-of-life care for our community in east Charlotte.

Levine & Dickson Hospice House at Aldersgate, which took its first patient in November 2017, includes six suite-style rooms at Aldersgate, a not-for-profit Continuing Care Retirement Community (CCRC). The house offers quality end-of-life inpatient care in an underserved area of our city. This construction allowed us to meet a critical community need. This innovative design of a six-bed inpatient unit allows us to expand our capacity to serve individuals in need and those who help care for them. The new facility represents a 24% increase in HPCCR beds.

Come see our new state-of-the-art facility.
You may be surprised by what you discover.
Our hospice houses are hubs of care, compassion, and community.

hpccr.org  704.375.0100

Contact Hospice & Palliative Care Charlotte Region to schedule a tour of one of our Levine & Dickson Hospice Houses – in Huntersville or at Aldersgate in east Charlotte.

We've been proudly serving our community for more than 70 years and we have always been committed to creating a warm and inviting atmosphere for all of the families that we serve. That is why we've been working hard to renovate our beautiful space and we're ready to show it off!

COME SEE FOR YOURSELF. THE DIFFERENCE IS NIGHT AND DAY!

HPCCR UPDATE LEVINE & DICKSON HOSPICE HOUSES

THE LEVINE & DICKSON HOSPICE HOUSES
at Southminster & Aldersgate

UNDER RENOVATION!

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COME SEE FOR YOURSELF. THE DIFFERENCE IS NIGHT AND DAY!
IT STARTED WITH A MAN WHO WAS GRIEVING THE LOSS OF HIS BROTHER and who wanted to help his two nephews who would be facing the rest of their lives without a father. The man is Rob Carter of Berkeley Capital Advisors and the camp he helped establish 19 years ago, Chameleon’s Journey, has now brought help, hope, and healing to over 1,500 young people in the greater Charlotte area and become one of the most successful grief camps in the country.

19 YEARS OF HEALING
CHAMELEON’S JOURNEY
Grief Camp for Kids

For the first few years, Rob and his friends sponsored Chameleon’s Journey, but thereafter, donors and volunteers have helped grow Chameleon’s Journey into what it is today.

SINCE 2000: OVER 1,500 YOUNG PEOPLE SERVED

An interruption in a child’s daily routine, from something as serious as death to something as small as bedtime, can cause many negative effects on the child’s school experience (Willis, C. “The Grieving Process in Children: Strategies for Understanding, Education, and Reconciling Children’s Perceptions of Death,” Early Childhood Education Journal. 2002; 29:4). Children become more irritable, upset, and have difficulty focusing when their daily schedule is changed. Grief and mourning can be a long, painful process that could impact their school performance. Results from a national poll of 531 bereaved children and teenagers under age 18 who are grieving the death of a parent or sibling showed that 45% said they have more trouble concentrating on school work and 41% said they have acted in ways that they knew might not be good for them either physically, mentally, or emotionally.1

At Chameleon’s Journey, children and teens ages 7-17, quickly learn that they are not alone in their grief. In a safe and caring environment, camp counselors and volunteers, who are trained by the Hospice & Palliative Care Charlotte Region professional grief care staff, guide campers along the path to developing coping skills. Through group educational sessions, arts and crafts, music, recreation, a memorial service, and other activities, campers learn that the feelings which surface during the grief process – though difficult – are normal and experienced by others. They also receive guidance from a group of former campers who come back each year to share their experiences and give hope to current campers that they can make it, too.

2017: 95 CAMPERS & 80 VOLUNTEER STAFF

Among these are a physician, a speech therapist, nurse practitioner, social worker, registered nurse, model, and others who have become successful adults and now want to give back.

Pictures tell a lot of the story of Chameleon’s Journey, but the real story lies in the hearts of the children who walk the grounds of the camp each October and leave knowing that even though their world has been shattered, others have learned to go on – and they can, too.

Chameleon’s Journey grief camp for children is made possible through community grants and donations. To make your contribution today, visit donatehospice.org!

TEACHERS’ OBSERVATIONS

Classroom teachers report their observations of students who have lost a parent or guardian. The following are the percentages of teachers who noted children exhibiting:

DIFFICULTY CONCENTRATING IN CLASS....................... 87%
WITHDRAWAL/DISENGAGEMENT &
LESS CLASS PARTICIPATION........................................ 82%
ABSENTEEISM .......................................................... 72%
DECREASE IN QUALITY OF WORK ................................. 68%
LESS RELIABILITY IN TURNING IN ASSIGNMENTS .. 66%
DO YOU GET STRESSED AROUND THE HOLIDAYS? It's quite normal to feel stressed with all the pressure of planning, shopping, expenses, family, activities, work, and being a caregiver – which always comes with surprises! While you can't control what comes your way this holiday season, you can control how you react to and manage the stress you experience. Below are five coping tips for caregivers who are experiencing higher levels of stress during the holiday season.

5 TIPS FOR COPING WITH CAREGIVER STRESS Over the Holidays

Get outside and get some sunlight. During the winter months the sunset is earlier, meaning there are fewer hours of sunlight to soak up during the day. We can often feel depression-like symptoms as a result. Don't let that affect your mood and add stress to your life; make an effort to get outside, despite the colder weather.

Manage your expectations. This is critical. You will be dealing with lots of people that you need things from and those who are expecting things from you. Be realistic on what you can achieve and be comfortable knowing everything will not be perfect – that's what the holidays are all about! To help, take a moment to write down four or five things you expect to happen over the holidays to frame your reference.

Manage your finances and set a budget. Money and expenses can add a lot of stress around the holidays. Set a budget for gifts, food, events, and other items you can anticipate. Determine your budget and do your best to stick to it. Don't overspend because you know that will eventually catch up with you and cause stress later when you receive your credit card bill in January.

Pay attention to your diet and get active: It is no surprise that we often gain some weight during the holidays, but you need to be mindful of how that affects your health and general well-being. Pay attention to your diet, try to pace your intake of sweets, and choose some healthy alternatives. It's all about moderation! Also, try to avoid eating after 8pm. You will feel better in the morning if you don’t sleep on a full stomach.

Be positive and have fun. The holidays are meant to be spent with your family, to give thanks for what you have, remember the past, and make new memories. Don't get lost in the midst of the hustle and bustle. Instead, try to start your conversations by giving someone a compliment or asking them how they are enjoying the holidays. Keep an open mind and remain positive.

YOU CAN CONTROL HOW STRESS IMPACTS YOU

A Psychology Today article summarizes stress over the holidays the best, “stress is a physiological response, and, like the myriad number of events that happen in life, you choose how to perceive it. You give stress meaning, and the way you explain it to yourself is not a trivial matter.”

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Family Owned & Operated
I WAS MY MOTHER’S CAREGIVER. For 12 years, I was a caregiver, seasoned in fact. On November 4, 2016, she passed away under the care of Hospice & Palliative Care Charlotte Region. As I traveled the road of grieving, I had this vision to combine my experiences as a caregiver, artist, and educator. I created *Healing Art for Caregivers*. I recognized that caregivers need some relief from the continuous strain of caregiving.

**HEALING ART FOR CAREGIVERS**

Healing Art is a process of being in the moment and allowing creativity to flow. Doing art can unlock our tensions and bring ease into our lives through the simple process of creating. How can you incorporate Healing Art into your life? Try out my *One Minute Art* exercises. Enjoy and relax. There’s no right or wrong way to create. Just do it. Grab some sheets of blank paper, pen, or pencil and begin.

**ONE MINUTE ART EXERCISES**

1. Scribble all over the paper.
2. Find shapes in the scribbles and color in the shapes.
3. Draw many circles all over the paper.
5. Close your eyes and scribble.
6. Use your non-dominant hand to scribble.
7. Use two pens, one in each hand, and scribble.
8. Draw circles and squares.
9. Scribble and draw lines in the scribbles.

*When stress hits, do One Minute Art!!*

Article courtesy of: Eileen A. Schwartz, BFA, MAE, CDP
*Healing Art for Caregivers and One Minute Art*
PLANNING AHEAD IS A BLESSING
FUNERAL PLANNING

Article courtesy of: Ken Garfield

IN DEATH AS IN LIFE, IT IS BEST TO PLAN AHEAD. That includes the funeral and related arrangements:

Choose a funeral home in advance. Meet with the person there who will help facilitate the service when the time comes.

Preplan the service scripture and other readings, hymns, who will deliver the eulogy, and the like. Consider whether you want to prepay for everything. Share this information with a spouse, child, or your pastor. Some families have discovered Mom’s long-lost funeral plans months after the fact.

Have you written the obituary? See related article on the next page.

Have you decided on cremation? The casket? Do you have a final resting place for the body or ashes?

Make sure documents and paperwork are in order and easily accessible, including your financial and insurance affairs.

Collect your photos and videos in advance. Many families celebrate a loved one’s life by displaying photos and videos at the visitation.

Who’s going to handle the thousand and one arrangements involved in welcoming out-of-town guests, arranging food, lodging, transportation, and the like? Designate someone.

When death comes, do you know who to contact? Do you have the names, telephone numbers, and email addresses of the pastor, funeral home, hospice social worker with whom you worked, and others who need to know immediately?

“It is a kindness to plan your own funeral in advance. Family members are comforted to know they are doing what you wanted. They are stressed and grieving and not on their A game, making it all the harder for them to deal with multiple decisions. Planning ahead will be a blessing.”

- Rev. Lisa Saunders

Rev. Lisa Saunders of Christ Episcopal Church in Charlotte has conducted more than 300 funerals. She writes about her experiences in a memoir, Even at the Grave.

For Such A Time As This...

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Cremations ~ Traditional Burials
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Serving with Compassion
FOR THOSE BRACING FOR A LOVED ONE’S DEATH, the last steps of life’s journey come with a hundred things to do. What if we took care of as many of them as we could before tears cloud our eyes? What if we wrote the obituary well before the end, when we have the time and clear head to honor a life in all its glory?

REMEMBERING THE GOODNESS
WRITING OBITUARIES

I write obituaries – occasionally for titans of politics and business, but mostly for everyday folks whose goodness made them giants in their own right. Joe Stanford, for example, loved watching his sons play church softball from lawn chairs behind the backstop. He died at 87, his life embodying what matters most: Family. Faith. Love. I write some of these obituaries after death has come, meeting with sobbing sons and daughters who struggle to recall the details of mom or dad’s life in time to get it into the next day’s paper. But I write many obituaries well in advance of death, when I can sit not just with loved ones but with the person whose time is fading. I interviewed Jim Lanning at Bruegger’s, his oxygen tank by his side. In all the obituaries, but especially the ones when I’m not rushed and the children aren’t yet overcome by grief, we focus on what mattered most to this person: What mark did they leave behind? What brought them and us joy? What made them and us laugh? I wrote Alice Dunwoodie’s obituary. Her family in Canada described her as Lucille Ball loose in the suburbs: When the phone rang, she’d pick up the TV remote control and say “Hello.”

SIX HELPFUL TIPS

So, in this magazine celebrating the 40th anniversary of HPCCR and the cause of offering comfort at journey’s end, some suggestions:

1. GET THE OBITUARY ON PAPER BEFORE IT’S NEEDED. Not just jobs held and awards won, but the more important stuff: Their love of family. What they did to make the world better. What mark they leave behind.

2. DECIDE WHERE YOU WANT MEMORIAL GIFTS TO GO. Include the address and website of the charity in the obituary.

3. PICK OUT A GOOD PHOTO – a head shot, in focus, in color, something taken fairly recently.

4. DECIDE EARLY: What caregivers do you want to thank? Do you want to list your pet as a loved one who survived? I think that’s fine. I asked one client who had four ex-wives which ones he wanted to list in the obituary. The third, he said. She was the mother of his children.

5. KEEP IT CONCISE. Newspapers charge by the line. Or just run it on the funeral home website, knowing that fewer people will see it there.

6. LET THE FUNERAL HOME KNOW you’re writing the obituary. They’ll be the ones to get it into the newspaper and on their website.

Dave Cribbs died from cancer in 2014, at age 68. Mr. Happy, his wife, Barbara, called him. A few months before he breathed his last, Dave and Barbara sat with me in their living room, going over his obituary. In the midst of recalling their sweet life together, Barbara blurted out, “I’m having so much fun planning Dave’s funeral.” We all knew what she meant.

Article courtesy of: Ken Garfield. Ken is Director of Communications at Myers Park United Methodist Church in Charlotte and a long-time friend to HPCCR. Reach him at (704) 575-6308 or ken@mpumc.org to talk about an obituary.
2017 DONORS
Every donation made to Hospice & Palliative Care Charlotte Region enriches the lives of those we serve. Deep gratitude to the following friends who donated at least $1,000 to operations or the equivalent in gifts in-kind in 2017.

LIFETIME SUSTAINERS ($25,000+)
Anonymous Employees of Charlotte Pipe and Foundry Company
Ms. Kathryn M. Keele The Estate of Joy Goodson Keever
Lake Norman Transportation Services, Inc.
The Leon Levine Foundation Sandra and Leon Levine
The Estate of Hazel M. Solomon

LOYAL GUARDIANS ($10,000 - $24,999)
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The Estate of Carolyn Joy Lovejoy
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United Way of Lincoln County

FAITHFUL CAREGIVERS ($5,000 - $9,999)
Arnold Foundation Mr. Philip E. Bobzin
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Carroll Financial Associates, Inc. Mr. William J. Carroll
Mrs. Sally J. Cole
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Frontstream Ms. Susan Fuchs
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Johnston, Allison & Hord, P.A. Lake Norman Yacht Club, Inc.
Mrs. Penelope A. Kelley Thomas, Jefferson & Associates, PLLC
Mr. and Mrs. David Small, Jr.
Mr. and Mrs. Mark Sokal

We Honor Veterans, a program of NHPCO and the Department of Veteran Affairs, is designed to empower hospice professionals to meet the unique needs of dying Veterans. It teaches respectful inquiry, compassionate listening and grateful acknowledgment – to comfort patients with a history of military service.

Hospice & Palliative Care Charlotte Region earned a Level 4 Partner status in 2016 in the We Honor Veterans program – the highest level that can be obtained.

2017 HIGHLIGHTS

- 5,051 hospice & palliative patients served
- 38,887 volunteer hours committed
- 120 youth campers at Chameleon’s Journey Grief Camp
- 42.7% of all Mecklenburg Co. deaths served by HPCCR
- 929 patients served at inpatient care facilities
- 3,214 bereavement visits made
- 462 volunteers served HPCCR
- 42.7% of donations directly went to patient services
- 380 veterans served
In 2017, Hospice & Palliative Care Charlotte Region (HPCCR) experienced another year of operational growth as program revenue reached $52,624,331, while revenue from all sources including contributions, grants and investment income totaled $58,313,746.

During the previous year, HPCCR continued to expand its mission in several ways. The Levine & Dickson Hospice House at Aldersgate was completed, providing six hospice General Inpatient (GIP) beds to the community, thereby allowing HPCCR to better serve the citizens of East Mecklenburg County. In addition, our offices in Fort Mill and Laurens County experienced significant growth as we worked to bring our world class end-of-life care to these communities in South Carolina. HPCCR’s palliative care program served more chronically ill patients who had not yet received a terminal diagnosis, and our pediatric hospice, the leading program of its type in the Carolinas, was a main area of focus in an endeavor to serve this vulnerable population.

The ongoing support and generosity of our donors enables HPCCR to uphold the promise to provide quality of life and exceptional end-of-life care to all, regardless of medical complexity or ability to pay, at a time when our support is needed most.
WELCOME & THANK YOU
HPCCCR BOARD MEMBERS

At the Hospice & Palliative Care Charlotte Region (HPCCR) Board of Directors meeting on March 22, HPCCR voted Jane Neese, PhD, RN, as the 2018 Chairman of the Board. We look forward to her dedicated leadership.

We are honored to welcome our three newest board members: Kevin Davis, LCSW, LMFT, LCAS, Marriage and Family Therapist in Private Practice, former Director of Family Counseling at United Family Services, and one of the founders of Hospice at Charlotte; David Lamothe, Assistant General Counsel for Fifth Third Bank; and Dr. Zvonimir Milas, Atrium Health physician specializing in Head and Neck Cancer and Surgical Oncology. They join HPCCR’s experienced Board of Directors who preside over HPCCR to continue our mission of offering the best end-of-life care to 23 counties in North and South Carolina.

SPECIAL THANKS TO
outgoing member of the board, Sonya Barnes. Our sincerest appreciation for her time, commitment, and guidance to HPCCR.

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