



Joliet Area
Community Hospice
Serving the Community Since 1982

LUCY & LEO'S STORY



It all began with an early morning phone message from the overnight triage nurse: "Patient in distress at the hospital."

The admissions staff called right away, and Lucy answered the phone on the first ring. She explained that her husband Leo had been in the hospital and was dying.

"Can you help?"

Within an hour, an admission nurse was at the hospital with Leo. Leo was too sick to transfer, but he was able to convey his wishes. With Lucy on the phone, arrangements were made for hospice care in the hospital. A social worker was dispatched to Lucy and Leo's home to get the paperwork signed, and within hours of the initial call, Leo was in the care of Joliet Area Community Hospice.

By mid-day, the admissions staff could recognize Lucy's number on the caller ID from all of their calls back and forth. This time, Lucy called to see if there was any way for her to visit Leo despite the hospital's no visitors policy.

"Can you help?"

We advocated for Lucy and Leo. Certainly, we respect the visitation policy and understand the reasons for it, but we also knew that Leo was actively dying.

Thankfully, the hospital made an exception. Lucy and Leo had a single hour together to say all that they needed to say.

Leo made it through the night.

When our nurse arrived the next morning, she found Leo covered in Post-It notes. At some point after Lucy had left, Leo had asked for paper and pen. As he laid alone and dying, he had written his final wishes and put them where they'd surely be seen—on his body.

Among the notes were:

"Sell the boat."

"No funeral."

"Tell the dog I love him."

Lucy came back for another hour with Leo. They said their good-byes for a final time, and Lucy left, Post-It notes in hand.





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Dear Friends,

I hope this finds you and those you love well. I am writing today for two reasons:

First, I want to update you on how Joliet Area Community Hospice has adapted during the COVID-19 pandemic.

We are fully functional and serving patients in their private homes, care facilities, and at our Hospice Home in Joliet. I've enclosed the information I presented to our staff at a recent townhall meeting. This summarizes our experiences during the COVID-19 pandemic, but what it doesn't tell you is how adaptable and resilient our staff has been. I could not be more proud. While our methods have changed, our commitment, compassion and care for our patients and their families has not wavered one bit.

The second reason I am writing is to seek your financial support for our increased bereavement services.

In 2019, our grief counseling outreach was remarkable:

- Our team of licensed bereavement counselors helped more than 300 individuals through one-on-one or group therapy.
- More than 7,500 check-in calls were made to the families of people who died in our care.
- 1,570 people attended workshops and special events aimed at helping people process loss.
- 126 children and parents participated in our child, family or teen events.

All of this was provided at no charge thanks to generous donations from our community.

Moving forward, we anticipate a significant increase in the need for grief support as people struggle with the unique tragedy of losing a loved one during this pandemic.

Isolation, separation and the inability to honor the deceased with traditional funerals all compound the pain. Our counselors are currently working directly with families who lost a loved one during the COVID-19 outbreak, and a two-part workshop via Zoom is scheduled for this month.

With your support, we will provide bereavement services for all who seek our help. If you are able, please give generously so we can help Lucy and many others.

My heart is filled with gratitude for your support. Be well.

Mary K. Sheehan, RN, MSN, MBA
Chief Executive Office

P.S. Donations may be made using the enclosed envelope or online at joliethospice.org.



HOSPICE CARE IN THE TIME OF COVID-19



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MAJOR CHALLENGES WE FACED:

- Health care facilities restricted visits.
 - Hospitals, nursing homes and assisted living facilities limited our patient contact.
- Our patients and families were worried
 - About home visits and exposure.
 - About coming to the Hospice Home.
 - About isolated loved ones.
- We needed more personal protective equipment (PPE) fast.
 - Long lead times
 - Undependable delivery
 - Needed more reliable vendors

IN ADDITION TO PPE, WAYS WE'VE MINIMIZED RISK AND EXPOSURE:

- In-person home visits are now limited to only when medically necessary.
- Most office staff have transitioned to working from home.
- The number of visitors is limited to 2 per patients in the Hospice Home.
- Anyone entering the JACH building is screened and has a temperature check.
- We created isolated rooms for COVID+ patients at the Hospice Home.

WE ESCALATED OUR USE OF TAPCLOUD, OUR TELEMEDICINE PLATFORM.

- Video visits are used whenever possible to limit exposure risk for all.
- HIPAA compliant.
- TapCloud allows us to be very responsive.
- Smart phones are provided for patients if needed.

WE'RE ALL IN THIS TOGETHER!

- Daily COVID-19 operation Zoom meetings
- Online support groups for staff
- Mandatory PPE training
- All staff townhall meetings on Zoom
- Weekly clinical meetings on Zoom

HOW PPE ISSUES HAVE BEEN MINIMIZED:

- We have connected with several reliable vendors.
- We have bought from industry consortiums.
- We have bought in high quantities to assure longer stock.

THE GOOD THAT HAS COME OUT OF THIS (SO FAR)

- We've mastered the use of TapCloud for telemedicine.
- We're Zoom experts.
- We've aced working at home.
- We've made the offices safer for when we do go back.
- We've proven resiliency and adaptability.
- We've continued to care for our patients and families with great compassion and grace.