



Present: Terry Allebaugh, Dave Allen, Fred Baker, Archie Barrow, Michelle Bates, Mark Bilosz, Michael Bishop, Michelle Blanding, Chris Brandenburg, Anthony Britt, Saima Cardwell, Ken Castille, Jennifer Chauncey, Maia Collier, Will Collins, Cajun Comeau, Dr. Toni Cutson, Lillian Davis, Hank Debnam, William DeWalt, Jeff Doyle, Lane Dyer, Wei Li Fang, Ph.D., Laura Fanning, Tracy Ginn, Moses Gloria, Jamie Grant, Secretary Larry Hall, Judy Harmon, Calleen Herbert, Troy Hershberger, James Hicks, Gary Hooker, Dr. Pam Howze, Andy Jackson, Kelly Jackson, Mary John-Williams, Duggie Johnson, Terri Kane, Peyton Lambert, Jessica Maples, Heather McKay, Ruby Messick, Brenda Monforti, Diane Norris, Mark Philbrick, Debra Pinkston, Shannon Pointer, Jim Prosser, Jenni Reiff, Kevin Rumley, Wes Ryant, Judy Sanderson, Austen Shearer, Jeff Smith, Jeff Smith, Tony Sowards, Dr. Sam Strickland III, Dwight Williams, James Woodard, and Martin Woodard

After a quick overview of the meeting's format by Moses Gloria, Shannon Pointer, MSN, RN, Hospice & Palliative Care Center of Alamance-Caswell introduced the topic—*Hospice and End-of-Life Decisions*. She works closely with Toni Cutson, MD, Medical Director, and Jamie Grant, LCSW, Hospice & Palliative Care Coordinator at the Durham VAMC hospice inpatient unit. They gave a brief chronology of hospice at the VA, when it mandated that all VA facilities have a palliative care consult team in 2003. Currently, the VA is promoting outpatient hospice and in the process of building community partnerships with hospice agencies. The intent is honor the patient's wishes while keeping her/him comfortable and to educate the family. Emphasis is on dignity and respect. All Veterans are eligible for hospice (there is no service connection requirement). Hospice services can be provided in any setting. They offered a list of resources including www.wehonorveterans.org.

Shannon provided additional information on hospice services. These services are only provided to those individuals with a life-limiting illness, with 6 months or less to live. If the patient's condition improves or is stabilized, s/he is discharged from hospice. Hospice provides comfort care, not aggressive treatment measures although infections and wounds are treated. Hospice does offer palliative measures, with consultations occurring at any stage of illness. Sixty to 80% of NC hospitals have palliative medicine programs. The goal is to assist patients so that they are able to make informed decisions. Shannon also mentioned the value of having advance care directives such as a living will and health power of attorney (POA). She said that patients should give a copy of the living will and health POA to medical providers. She also said that numerous resources are available and said that an important one for Veterans is www.va.gov/survivors and officeofsurvivors@va.gov.

Heather McKay, MS, OT/L, is an occupational therapist and dementia care specialist at the Hospice & Palliative Care Center of Alamance-Caswell. She saw that people with dementia were missing their hospice benefit at the end of their life. Hospice is for the whole family and provides a vital service for caregivers. In Alamance and Caswell counties, hospice is a free community service. The VA also has a caregiver program. Heather said that dementia serves as

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an umbrella, much like cancer, as there are different types, with changes in the brain that are specific to the disease process. She made a distinction between emotional memory (spared) and situational memory. She spoke about the “broken brain”, with the cells becoming unreliable and changes being unpredictable. Sundowning, when people get more confused in the evening because they are fatigued, was explained. She recommended resources such as www.va.gov/geriatrics/alzheimers_and_dementia_care.asp; www.alznc.org; and the video series, *Dementia Care for America’s Heroes*, which was made by Veterans for Veterans (<https://www.youtube.com/watch?v=0RLJB2JZmD4>). The latter is helpful not only for treatment providers but also for family members.

James Woodard is the Facilities Manager of the four State Veterans Nursing Homes in the State for the NC Department of Military and Veterans Affairs. These homes do not receive any State funding but are owned by NC MVA and maintained by a contracted company. Both Veterans and non-Veterans (i.e., spouses and unmarried children) are eligible although they rarely admit non-Veterans (only when the number falls below 85% which is rare). He showed photographs of the four facilities and what they offered. All four homes are Medicaid/Medicare certified and Joint Commission licensed and offer hospice and dementia care. They are inspected annually by NC DHHS and VA. They maintain 4.25 nursing hours per patient per day (compared to 2.5-3 hours for many other places). There is only one state employee and a VSO at each facility. They have been approved for 2 more facilities in NC but on are the wait list (probably next 3-4 years). They are hoping to locate them between Durham and Raleigh and between Greensboro and Winston-Salem (locations near Veterans and near VA facilities). Each facility requires 10-12 acres.

Judy Sanderson is the Superintendent of the four State Veterans Cemeteries administered by the NC Department of Military and Veterans Affairs. Locations include Western Carolina in Black Mountain, Coastal Carolina in Jacksonville, Sandhills in Fayetteville, and Eastern Carolina in Goldsboro. All cemeteries offer above ground columbarium and below ground pre-installed crypts/vaults. There are no mausoleums (above ground interment of caskets). Each space accommodates 2 persons (one on top of each other). No one is buried with someone they don’t know. Veterans are eligible if they have been discharged under honorable or general conditions and is a legal resident of NC. Spouses and unmarried children also are eligible with proper identification and paperwork [i.e., DD-214 with NC as home of record; die in NC; proof of residency (e.g., house title)]. She encouraged pre-planning so that these details are taken care of prior to death. There is no cost to Veteran and an \$800 fee for qualifying dependent. The National Cemetery is not currently accepting same sex marriages, and they follow National guidelines. They direct Veterans and family members to cemetery closest to them. Veteran cannot pick their view (they just take Veterans in line). It is unlikely that there will be any new cemeteries as legislation established four.

Flo Stein was honored by the VA with a coin and by the NC Department of Military and Veterans Affairs with a coin and plaque. She is retiring on June 30 after 32 years of service to the State. She was one of the co-founders of the GWG in 2006 and has long been a visionary leader and champion of Veterans, Service Members, and their families in the State.