

tle V. Fitschen Charitable Trust. Hospice also works closely with the volunteer group Coming Home to publicize and raise funds for its AIDS Program.

To a limited extent, some services are provided without charge, and a Patient Care Fund has been established to help provide unreimbursed patient care. Hospice relies on the support of the community for this Patient Care Fund. Major financial support for Hospice also comes from private foundations, individual and memorial donations, fund-raising activities of the Friends of Hospice auxiliary and deferred giving. Over 150 volunteers also contribute their time and talents to Hospice in a variety of capacities.

You Can Help

As a volunteer, your efforts will be appreciated and your work rewarding. Do you have a special talent to share with our patients and staff? As a Friend of Hospice you can help raise funds and promote Hospice in the community. As a contributor, your tax-deductible donation will help support our program. Memorial, planned and other gifts are needed and welcomed. For more information, call Hospice at (415) 285-5622.

Hospice of San Francisco is incorporated as a non-profit corporation and as a subsidiary corporation of VNA of San Francisco; licensed as a Home Health Agency and certified as a provider of the Medicare Hospice Benefit; and a member of the United Way of the Bay Area, the Northern California Hospice Association and the National Hospice Association.



Hospice of San Francisco
225-30th Street
San Francisco, CA. 94131
(415) 285-5622

Hospice



of San Francisco

(415) 285-5622

Look to this day, for it is life.
For yesterday is already a dream and
tomorrow is only a vision.
But today, well lived, makes every
yesterday a dream of happiness,
and every tomorrow a vision of hope.
Sanskrit Proverb

a subsidiary of:

VNA of San Francisco
Providing home, community and hospice care
225-30th Street
San Francisco, CA. 94131

Hospice

Hospice is a philosophy and a program of care for individuals confronting life-threatening illness. In medieval times hospices were way-stations where pilgrims could find comfort and a place to rest. The modern hospice movement began as an answer to the special needs of people experiencing life's final stages, to emphasize comfort and living each day as fully as possible when cure is no longer a realistic option. Hospice strives to enhance the quality of life for terminally ill patients and their families through a program of organized, skilled and compassionate care emphasizing pain control, comfort care and the relief of the symptoms of terminal illness, whether physical, emotional, psychological or spiritual.

Who We Are

Hospice of San Francisco is a subsidiary corporation of VNA of San Francisco, a multipurpose non-profit agency offering home and community-based alternatives to institutional care. VNA of San Francisco provides a coordinated continuum of health and social services for people with varying health care needs, including home health care from the Visiting Nurse Association and community-based services for seniors through the 30th Street Senior Center and Adult Day Health Center. VNA is governed by a volunteer Board of Directors.

What We Provide

Hospice is staffed by professionals and volunteers working as a multi-disciplinary team. Under the direction of the patient's

attending physician, we provide the following services, principally in the home, treating the patient and family or friends together as the unit of care:

- medical and nursing care;
- 24 hour a day, 7 day a week nursing and medical coverage;
- pain and symptom management;
- home health aide and homemaker services;
- practical support and volunteer services;
- emotional and spiritual counseling;
- social work services;
- nutritional consultation; and
- rehabilitation, massage and other therapies when appropriate to maximize the patient's comfort.

Hospice also follows the care of patients into the hospital when hospitalization becomes necessary, as well as arranging for short term in-patient care, at Garden Sullivan Hospital of Pacific Medical Center, for Medicare hospice beneficiaries. In-patient hospice services are designed for treating acute medical complications which cannot be managed at home and for short periods of relief for exhausted family members. A homelike atmosphere has been created for the in-patient unit at Garden Sullivan, with amenities such as a family lounge. Hospice strives to follow the care of its patients more closely by coordinating services between the home and the in-patient setting. In addition, Hospice also provides the following services:

- bereavement support services for surviving family members and friends, including volunteer grief counseling and group activities;

- a support group for the families of cancer patients;
- a special, separately staffed program caring for people with AIDS in their homes;
- an affiliated hospice volunteer program at San Francisco General Hospital;
- information and referral to related agencies and close coordination with other services such as the programs of VNA of San Francisco; and
- public outreach through a Speaker's Bureau and educational programs.

Who is Eligible

Terminally ill San Francisco residents who have the approval of their attending physicians; who have given their own informed consent to participate in Hospice's program of palliative rather than curative care; who are covered by Medicare or private insurance or can make other arrangements to help cover the costs of Hospice care; and who, generally, have a responsible relative or friend available to participate in their care at home; are eligible for the services of Hospice of San Francisco. Referrals may be made by physicians, hospitals, friends, family members and patients themselves by phoning the Hospice Intake Nurse at 285-5622.

Who Supports Us

Hospice receives reimbursement from Medicare and private insurance plans for a portion of its professional services. Attendant care and other services are partially funded by the American Cancer Society's Miller-Bunting Program, by the City and County of San Francisco, and by the Myr-

Must a doctor refer to the Visiting Nurse Association?

Anyone can refer—hospital discharge planners, physicians, health providers, clergy, family, friends and even patients themselves... but the Visiting Nurse Association always works under the medical orders of the patient's own physician.

How do I know what services are needed?

VNA staff can help determine which services would be best for a patient. A VNA professional is always available by phone. Call us at **(415) 861-8705**.

You can help

The Visiting Nurse Association and its parent organization, VNA of San Francisco, are non-profit community-based agencies that rely on the support of the community. As a contributor, your tax-deductible donation will help support our services which are not reimbursed. Memorial, planned and other gifts are also needed and welcomed. Call us for more information at **(415) 861-8705**.

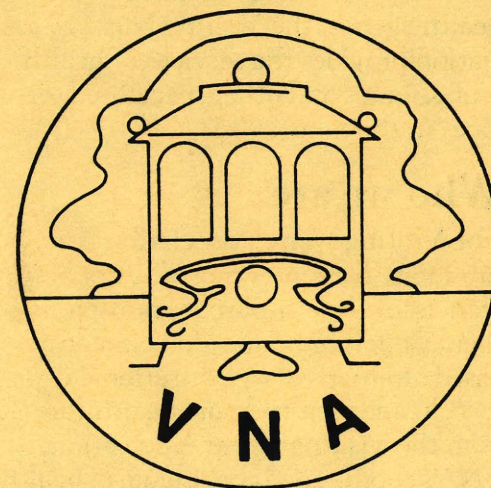
The Visiting Nurse Association was established in 1925, and is a member of: American Association of VNA/s; California Association for Health Services at Home; National Association for Home Care; and United Way of the Bay Area.



401 Duboce Avenue
San Francisco, CA. 94117

**Visiting Nurse Association
of San Francisco**

Visiting Nurse Association of San Francisco



861-8705

a subsidiary of:

VNA of San Francisco

providing home, community
and hospice care

Quality health care ...in the home

The Visiting Nurse Association of San Francisco is a home health agency which brings professional health services into the home, 24 hours a day, 365 days a year. Working under the doctor's direction, our staff care for those whose illness or injury confines them to the home. As a licensed, certified home health agency, the Visiting Nurse Association provides the services of health professionals and other specialized services in the home.

Who we are

The Visiting Nurse Association is a subsidiary corporation of VNA of San Francisco, a multi-purpose non-profit agency offering home and community-based alternatives to institutional care.

In addition to home health care from the Visiting Nurse Association, VNA's coordinated continuum of health and social services includes the 30th Street Senior Center and the VNA Adult Day Health Care Center, support for the terminally ill through Hospice of San Francisco, and a private duty nursing service—VNA Home Care.

Call us!

Our staff see patients every day from 7 am to 6 pm; evening visits are also available. After 6 pm, a nurse is on-call in cases of emergency.

Referrals can come from doctors, hospitals, family members, friends, other community agencies or patients

themselves. Our staff will always check with the physician to get approval.

The home health care team

The visiting nurse:

- gives treatments, monitors medications, changes dressings and performs other skilled services;
- checks the patient's heart, lungs and general physical condition;
- teaches care techniques to the patient and family;
- coordinates the health care team and arranges for other community services; and
- provides specialized services, including intravenous therapy, enterostomal therapy and respiratory care.

The physical therapist:

- teaches the patient and family rehabilitation techniques and develops exercise programs;
- shows the patient how to use wheelchairs, walkers and other specialized equipment; and
- helps the patient regain as much strength and independence as possible.

The occupational therapist:

- teaches how to carry out daily activities safely;
- instructs the patient in conserving strength and energy.

The social worker:

- explores with the patient and family solutions to social and financial

problems;

- helps families to use available community resources.

The speech pathologist:

- identifies the nature of the patient's speech problem and provides therapy;
- helps the patient to regain speech and improve communication.

The home health aide:

- assists the patient with bathing, grooming and other personal care;
- helps with patient's exercise and walking program;
- prepares meals with any special diet restrictions;
- is directly supervised by a registered nurse or therapist.

Other services available from the Visiting Nurse Association include **durable medical equipment and supplies.**

Common questions about home health care

What about payment?

Fees for service are based on actual cost. The Visiting Nurse Association is certified as a home health care provider by Medicare and Medi-Cal, and bills these payors and private insurance companies directly if patients are qualified. As a non-profit community agency, the Visiting Nurse Association may adjust its fees according to patients' ability to pay.

- recreational services
- nutritional counseling and hot noon meals
- transportation to and from the center

Referrals may be made by anyone; however, client must have personal physician willing to authorize services. Call **285-5615** and ask for the Adult Day Health Social Worker.

Funding: Medi-Cal, sliding fee scale, grants.

Other Services

VNA of San Francisco also serves as parent or umbrella corporation or sponsor to a number of other programs, agencies and affiliates, including:

VNA Home Care, an affiliated private duty home care service, offering registered nurses, licensed vocational nurses and nurses aides available on an hourly basis for ill and convalescing patients. Anyone may refer by calling **641-5144**; services are charged on an hourly basis.

RSVP (the Retired Senior Volunteer Program), offering assignments in tutoring, secretarial services, arts and crafts, and resocialization activities, for persons 60 years of age or older who have time, energy and skills to give. Anyone may get more information or make a referral by phoning **731-3335**. Address: 2101 - 20th Avenue, San Francisco, CA 94116.

WIC (Women, Infant Children) Supplemental Food Program, serving pregnant, lactating and post-partum women, and children under 5, who are nutritionally at risk and meet federal income guidelines. Services include nutritional education and counseling, and supplemental food distribution. To refer, call the following number for an appointment: **982-0814**.



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Continuity of Care

VNA of San Francisco is a comprehensive, community-based health care organization created by the merger of Hospice of San Francisco, San Francisco Home Health Service and the Visiting Nurse Association of San Francisco, Inc., in October, 1983. Individually these agencies were committed to providing needed health and social services as alternatives to hospital or nursing home placement. Together they are working to further develop the services needed to keep San Francisco's elderly, ill, disabled and dying at home and in their communities, as well as coordinating inter-referral between various levels of care along a full continuum of health services.

For general information about the full range of services offered by the various programs of VNA of San Francisco, call (415) 861-8705 and ask for Intake.

Home Health Agency

The Home Health Agency serves homebound patients who are under the care of a physician and in need of health services. Services provided in the home include:

- skilled nursing
- social work
- home health aides
- physical, occupational and speech therapy
- I.V. Therapy, respiratory and ostomy services
- pediatric program
- volunteer services
- evening, night and weekend services
- durable medical equipment

Referrals: Anyone may refer by calling 861-8705 and ask for Intake.

Funding: Medicare, Medi-Cal, sliding scale, private insurance, limited no-fee services.

Hospice

Hospice is a concept and program of humane and skilled care for people with terminal illness. Hospice supports such people to remain in the comfort of the familiar surroundings of their homes, when cure is no longer a realistic option. Services include:

- medical and nursing care; pain and symptom management
- social work services
- home health aides/homemakers
- 24-hour, 7-day a week nursing on-call availability
- Medicare-certified hospice program
- transportation and volunteer practical support
- in-patient services at Garden Sullivan Hospital and Volunteer program at San Francisco General Hospital
- public education and community outreach
- emotional and spiritual counseling, family support group and bereavement support program

Referral: Anyone may refer; physician approval is required for services. Call 285-5622 and ask for Intake.

Funding: Medicare, Medi-Cal, private insurance, limited part-pay or no fee service available. Grants and individual donations are used to help fund unreimbursed services.

AIDS Program: With the support of the City and County of San Francisco, Hospice also offers a special home care and hospice program for people with AIDS (the Acquired Immune Deficiency Syndrome).

30th Street Senior Center

Seniors 60 years of age or older may join the multipurpose Senior Center, which provides them and their spouses with social, health, recreational and related programs in the Center 365 days a year, including:

- Social/recreational programs;
- Health Services—screening, education, case management, information and referral, home assessments, physical fitness classes;
- Volunteer Program—recruiting, screening, training and recognizing volunteers for the Senior Center;
- Hot Nutritious Lunches—served daily, 12 noon to 1:30 pm, in an atmosphere encouraging companionship, for a one dollar donation;
- Home Delivered Meals—for those temporarily homebound, in the Mission District;
- Nutrition Education—every Tuesday at 10:30 am;
- Community college classes, field trips, arts and recreation programs, a monthly newsletter in Spanish and English.

Referral Procedure: drop in, or call 285-5615 and ask for the Senior Center.

Funding: donations, small charges for various programs, and the San Francisco Commission on the Aging.

Adult Day Health Care

Adults requiring rehabilitative, health and social services to avoid nursing home placement, and who live within the designated service area (the inner Mission, Eureka-Noe Valley, Diamond Heights, Upper Market and parts of Glen Park and Bernal Heights), may benefit from participation in the Adult Day Health Care Program at the 30th Street Senior Center. Services are provided in conjunction with the participant's personal physician and include:

- multidisciplinary assessment and case management
- physical, occupational and speech therapy rehabilitation services
- social services
- nursing services and personal care

Financial Support

Adult Day Health Care in San Francisco has been developed through the coordination of the San Francisco Adult Day Health Planning Council and the Adult Day Health Task Force. Providers of Adult Day Health Care include:

- Bayview Hunters Point Multipurpose Senior Center
- Laguna Honda Hospital
- Mount Zion Hospital and Medical Center
- North and South of Market Adult Day Health Center
- On Lok Senior Health Services
- St. Mary's Hospital/Catholic Social Services
- VNA of San Francisco (formerly San Francisco Home Health Service)

Administrative support is provided by the United Way of the Bay Area. A transportation network has been developed by Mount Zion Hospital. Financial support has been provided by the following foundations and corporations:

- James Irvine Foundation
- Richard and Rhoda Goldman Family Fund
- Evelyn and Walter Haas, Jr. Fund
- Walter and Elise Haas Fund
- The San Francisco Foundation
- S.H. Cowell Foundation
- Bothin Helping Fund
- Levi Strauss Foundation
- McKesson Foundation
- BankAmerica Foundation
- Chevron, U.S.A., Inc.
- Pacific Gas and Electric Company



225 - 30th Street
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Adult Day Health Center

Adult Day Health Care . . .

. . . Support so that you can
stay independent and in
your own home.



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(415) 285-5615

Adult Day Health Care

In 1978 the California legislature created a licensed program for adults—Adult Day Health Care. Adult Day Health Care is “an organized program of therapeutic social and health services provided to persons 55 and older and other adults with functional impairments, either physical or mental, for the purpose of restoring or maintaining optimal capacity for self care.”

Most of the participants in Adult Day Health Centers are at the level of needing nursing home placement, or at risk of such placement. Others have family caregivers who need respite. By providing a program of skilled health care, rehabilitation therapies, personal care and stimulation for several hours a day a few days a week, the Adult Day Health program helps participants to remain in their homes and to achieve or maintain their maximum independence. Adult Day Health Care is often coordinated with attendant care in the home, Meals on Wheels, other social services, and the work schedules of family members.

VNA of San Francisco's Adult Day Health Center is located in the Multipurpose Senior Center at 225 - 30th Street and serves frail and functionally impaired adults in the Mission, Eureka-Noe Valley, Diamond Heights, Upper Market and parts of Bernal Heights and Glen Park neighborhoods.

Services

Adult Day Health Care is provided by a multidisciplinary health team, working with the participant's personal physician to develop an individualized plan of care. Services include:

- nursing and personal care
- rehabilitation services
- recreational activities
- social services
- hot noon meals
- nutritional counseling
- health education
- transportation to and from the Center
- bilingual staff

Hours of service are Monday through Friday, 8:30 to 5:00 p.m. Services are reimbursable through Medi-Cal and some private insurance policies, or are available on a sliding fee scale basis.

Admissions Criteria

In conformance with State of California regulations, the following criteria are used to determine eligibility for this service:

- available to all adults, but preference is given to those 55 years of age or older;
- residents of the neighborhoods listed above;
- under the care of a physician;
- needing assistance in achieving or maintaining maximum level of functioning;
- desire to participate in the program;

Anyone may make a referral. For more information, contact:

Nancy Brundy, Program Director
George Woyames, Social Worker
(415) 285-5615

VNA of San Francisco is the parent corporation of San Francisco Home Health Service.

- recreational services
- nutritional counseling and hot noon meals
- transportation to and from the center

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Funding: Medi-Cal, sliding fee scale, grants.

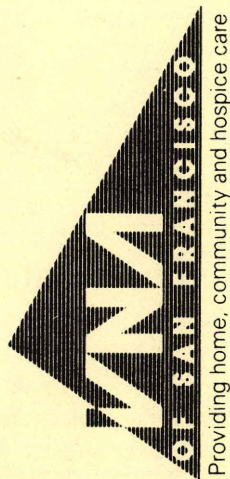
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- evening, night and weekend services
- durable medical equipment

Referrals: Anyone may refer by calling 861-8705 and ask for Intake.

Funding: Medicare, Medi-Cal, sliding scale, private insurance, limited no-fee services.

Hospice

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- public education and community outreach
- emotional and spiritual counseling, family support group and bereavement support program

Referral: Anyone may refer; physician approval is required for services. Call 285-5622 and ask for Intake.

Funding: Medicare, Medi-Cal, private insurance, limited part-pay or no fee service available. Grants and individual donations are used to help fund unreimbursed services.

AIDS Program: With the support of the City and County of San Francisco, Hospice also offers a special home care and hospice program for people with AIDS (the Acquired Immune Deficiency Syndrome).

30th Street Senior Center

Seniors 60 years of age or older may join the multipurpose Senior Center, which provides them and their spouses with social, health, recreational and related programs in the Center 365 days a year, including:

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Adult Day Health Care

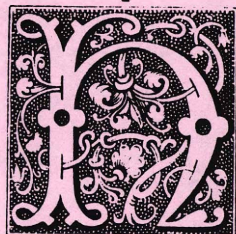
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- multidisciplinary assessment and case management
- physical, occupational and speech therapy rehabilitation services
- social services
- nursing services and personal care

For More Information

If you would like to discuss any of these services, or if you have questions or needs not answered in this brochure, please feel free to contact the Bereavement Coordinator. Hospice is available to answer your questions and provide an opportunity to talk, even if you are reluctant to enter any formal bereavement program. Please call us at (415) 285-5622.

hospice



of san francisco

(415) 285-5622



Hospice of San Francisco
225 - 30th Street
San Francisco, CA 94131

After the Loss...
Hospice of San Francisco
Can Help!

Hospice



of San Francisco

(415) 285-5622

a subsidiary of:

VNA of San Francisco

Providing home, community and hospice care

The Bereavement Process

Following the loss of a loved one, time and support are needed to work through the grieving process and adjust to life without the person who has died.

Grief is the normal reaction we all have to loss. Those experiencing grief will respond in a variety of ways, and normal reactions may include confusion, sadness, depression, anger, guilt, a need to blame and profound loneliness.

Changes in daily behavior—eating, sleeping and working—may also be experienced. The confusing part is that you may have never experienced all these feelings at once before.

People experiencing grief after the death of a loved one are also more vulnerable to physical health problems than at any other time in their lives.

The essential process of grieving must be experienced in order to move toward a healthy adjustment to the many changes that must be made

after a significant death.

Letting go of your grief takes time. Time, most of all, is needed to respond to and sort out the varying emotions.

Hospice Can Help

The Hospice Bereavement Program offers the following services free to those who are grieving the loss of a loved one in our program:

Follow-up visits by the Hospice nurse, social worker and volunteers who have worked with the patient and family.

A monthly pot-luck social gathering which offers an opportunity to be with others who are working through their grieving in a pleasant, safe environment.

Weekly support groups led by trained professionals, in which you can meet with and learn from others who are going through the grieving process.

Individual counseling by trained grief volunteers, offering family and

friends a chance to talk about their experiences and feelings.

Other Hospice Services

Hospice of San Francisco maintains offices at 225 - 30th Street in San Francisco. The telephone number is (415) 285-5622.

Lending Library: Hospice maintains a library of books on loss, grief and bereavement which other grieving family members have found helpful. Books may be checked out from the Hospice office.

Community Resources: Information on other community resources such as support groups and health care services are available from Hospice staff. Call the Bereavement Coordinator for details.

Monthly Service in Memory and Celebration of Life: a pot-luck dinner and social gathering for people who have lost someone to AIDS, on the second Friday of each month at the Unitarian Church, Franklin and Geary in San Francisco.

ram. Because the demand for all of the services of the AIDS Program is so great, alternative financial support is sought for homemaker services whenever possible.

Coordinated Care

The AIDS Home Care and Hospice Program is a separately staffed program within Hospice of San Francisco, a non-profit subsidiary corporation of the VNA of San Francisco. Hospice provides skilled and humane support in the home for patients with terminal illnesses. VNA of San Francisco is a comprehensive health care organization providing a broad range of home and community based health and social services in San Francisco. Both the hospice program and VNA of San Francisco's home care program work closely and cooperatively with the AIDS Program, and can assist with the overflow of patients from the AIDS Program.

The AIDS Program works collaboratively with the Shanti Project, San Francisco General Hospital (including the Hospice Program at General), Garden Sullivan Hospital, The Aids Foundation, The AIDS Fund and other groups to help ensure that the needs of people with AIDS are being met to the fullest extent possible and in an effectively and efficiently coordinated fashion.

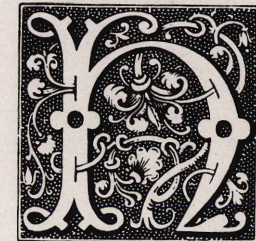
Hospice is also affiliated with Coming Home, a voluntary group of gay and lesbian health professionals dedicated to promoting appropriate and sensitive health care for gay men and lesbians with life-threatening illnesses. Coming Home and Hospice collaborate on fund-raising projects, on raising community awareness of the hospice concept and on raising the sensitivity of Hospice staff and volunteers to the concerns of gay and lesbian patients.



Hospice of San Francisco
AIDS Program
225 - 30th Street
San Francisco, CA. 94131
(415) 285-5619

The AIDS Home Care and Hospice Program

Hospice



of San Francisco

(415) 285-5619

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For yesterday is already a dream and
tomorrow is only a vision.
But today, well lived, makes every
yesterday a dream of happiness,
and every tomorrow a vision of hope.

Sanskrit Proverb

The AIDS Program

The AIDS Home Care and Hospice Program was developed in response to the tremendous public health crisis in San Francisco posed by the epidemic of the Acquired Immune Deficiency Syndrome (AIDS). Funded by the City and County of San Francisco Department of Public Health and voluntary contributions, the AIDS Program provides an organized program of skilled and humane support in the home setting for people with AIDS, thus permitting them to remain out of the hospital setting and in a more familiar and comfortable environment, and at the same time reducing health care costs and relieving the strain placed on San Francisco's hospitals by the AIDS crisis.

AIDS: What is it?

AIDS is a syndrome characterized by a defect in the body's natural immunity against disease, which makes the person with AIDS susceptible to a variety of rare infections and cancers. The most common of these illnesses are Pneumocystis carinii pneumonia (PCP), a lung infection, and Kaposi's Sarcoma, a rare form of skin cancer. At this time scientists believe that there are two main mechanisms for the transmission of the AIDS organism: direct contact with blood or blood products and contact via body fluids such as semen. There is no evidence of transmission of the organism from casual or even close daily contact.

Nearly 95 percent of AIDS cases nationally have occurred in people belonging to one of the following risk groups: homosexual or bisexual men; intravenous drug users; Haitian immigrants to the United States; hemophil-

ics; and sexual partners of the above groups. In San Francisco 99 percent of reported AIDS cases have been gay men. Although there are many experimental regimens used in treating the unusual infections associated with AIDS, there is no known treatment for the underlying syndrome or to restore the body's immune system to normal functioning.

Why Home and Hospice Care?

Although active treatments for AIDS-related infections are done in medical centers, the day-to-day care of people with AIDS can be managed in the home setting in most cases if skilled professional and para-professional support is available. The AIDS Program mobilizes a multi-disciplinary team of skilled health professionals, dedicated para-professionals and trained volunteers under the direction of the client's physician, to provide the needed support to manage the client's care in the home. If the prognosis is terminal, a broader range of hospice support services are also available.

Services

The services of the AIDS Program include:

- frequent nursing visits to monitor the person's condition and treatment regimens;
- social work visits to coordinate legal and financial arrangements, provide psychological support to the patient, lover, family and friends, and to make funeral and bereavement arrangements when needed;
- home health aide or homemaker visits to provide assistance with activities of daily

living, personal care and respite for the caregivers in home; and

- volunteer support for light chore work, respite, emotional support and other needs of the patient, family and friends.

Who is eligible?

Eligibility for the AIDS Program is based on the following criteria:

- diagnosis of AIDS confirmed by physician;
- need for nursing intervention;
- need for home care and/or hospice care; and
- patient and physician agreement to these services.

Ability to pay for any or all of these services is not a consideration for admission.

Anyone may make a referral, by calling Intake at 285-5619. If the current caseload is full, the person will be placed on our waiting list until space is available. Assistance to identify alternative services will be provided by the Intake staff when the waiting list is lengthy.

Finances

An assessment of the person's ability to pay will be done on the initial visit, although acceptance into the program is *not* based on this assessment. Fees for all services are subsidized by a grant from the City and County of San Francisco, by reimbursement from Medi-Cal and private insurance, and by other grants and donations to the prog-

*A subsidiary of VNA of San Francisco,
225 - 30th Street, San Francisco, CA.
94131, (415) 285-5615.*

Hospice of San Francisco, Jeanne Martin

Norma Satten March 25, 1986

2nd P.C. to Jeanne Martin

Hospice of San Francisco. AIDS Program

- ①
1. having package describing services
^{enough}
in detail to assist program managers
② components of manual
time/resources
2. education & training - clin admin/sup
3 calls/day
nurs & belts
organization
recruitment of attendants
Caring Home - residential program
3. clin admin/supervisor
home health agencies
hospices
AIDS projects
4. Norway 1 month
Seattle
\$2000
LA residential hospice
NY religious
90 people from around country
coastal areas

speakers

Boston

Houston

~~AT~~

Seattle

Chicago

Minneapolis

Washington, D.C.

New Haven

Milwaukee

Philadelphia

(Newark)

(New York)

(Miami)

San Diego

IV / unique /

National Hospice Org

National Assn of Home Care

→ he /

→ hospice / < \$100/day

> 90% have died in program

5 average days lifetime in home care

> 14 days for discharge

Linda
Pat Murphy Blue Cross
645-3297

Reimbursement
package for hospice (511
98 pp)

packet > proposal ^{is good complete}
describes
AFP

5. information

what is
program? what does it
provide you offer?
staff? are your
staff gay?
do you force people
to work
how do you support w/ AIDS?
how care AIDS
patients different?

7 education & training

from other patients
how are attendants and
volunteers trained?

how do you orient?
Shanti/AIDS Foundation
slide show

8 technical assistance

3-4 major out of state/month
Jeanne staff
\$

re-evaluate need for TA
in terms of local
availability

1 week/month

8.

IN/OUT

Education & training

Technical assistance

travel
consultation fees, but they don't cover costs
other hospice org/UNAs

printing (?) minimal fee

9. no, not enough administrative support

no categorical monies to support functions

10. what do you need?

IBM PC
computer - billing

\$4,000 - \$5,000

1 FTE

\$10,000 - \$15,000

information packet

developmental

manual

\$50 - \$100
Consultant

market vanishing

hospice community

market \$10,000
early summer

UNAs / home & health
prep home care
100
hospital-based

\$100

format

500

hospices
245
\$245
Medicaid
certified
volunteer
small
1,200
total

separate unit
anything new
11. no Pacific Televis

12. Is it a priority for future? - yes

Is outreach a priority? - yes

+3 yes consistent w/ mission
of org
mission
of prog

13. manual } benefit
\$10,000 } staff

~~14.~~

14. IHPS

15. What else ARP?

self-sufficiency
outreach to other
communities

Pale Alto / 2-part video

/ 8 hours /

designer / training
medical background / full conference
manuals

City and County of San Francisco



DATE: February 13, 1986

TO: Gary Titus
Dave Werdegarr
Phil Lee
Jim Foster
Mary Pittman Dindeman

FROM: Jeff Amory

RE: The attached memo from Jeannee Mar
increased demand for AIDS home support

Pat + Gwen -
Can we discuss?
Phil
Copy to Marv.

I agree that we need to evaluate the new numbers and plan for an increase in home care services. Until the evaluation has taken place, however, I am inclined to view projections provided by HSF/VNA with some skepticism. As recently as December (when HSF cared for an average of 45 patients per day, with a range of 43 to 48), I am told, a close review of their "waiting list" indicated that no one on the list was actively waiting. Some had died, some were no longer in need of home care and some were not yet in need of home care but were on the list because they wanted to "be in line" when the need arose.

Even if their numbers are accurate at the time the letter was written, it is much too early to determine that we have a new pattern on our hands.

Here is what the short term looks like:

1. HSF'S 85-6 contract provided for an increase in their average daily caseload from 45 to 55 patients beginning January 1, 1986.
2. New state funding (which we should officially receive effective April 1) will provide for an additional 10 patients per day beginning August 1.
3. New state funding will also provide directly for an expansion of Shanti's emotional and practical support programs beginning April 1.
4. The new state funding indirectly relieves some demand on ad valorem funding for AIDS services and will allow us to augment Shanti's 1985-6 contract so they can underwrite the opening of Houses #9 (March 15) and House #10 (April 15) this year. Houses #11 and #12 are expected to follow in early 1986-7.

City and County of San Francisco

Lee
Department of Public Health



DATE: February 13, 1986

TO: Gary Titus
Dave Werdegarr
Phil Lee
Jim Foster
Mary Pittman Dindeman

FROM: Jeff Amory *JA*

RE: The attached memo from Jeannee Martin (VNA stationary) regarding increased demand for AIDS home support services

I agree that we need to evaluate the new numbers and plan for an increase in home care services. Until the evaluation has taken place, however, I am inclined to view projections provided by HSF/VNA with some skepticism. As recently as December (when HSF cared for an average of 45 patients per day, with a range of 43 to 48), I am told, a close review of their "waiting list" indicated that no one on the list was actively waiting. Some had died, some were no longer in need of home care and some were not yet in need of home care but were on the list because they wanted to "be in line" when the need arose.

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Page 2
February 13, 1986

5. The new state funding will underwrite the salaries of 1.5 FTE staff at DPH to conduct a very careful assessment of the need for care outside general acute care facilities. There is every indication at this point that "more of the same" (i.e. more Shanti residences and more home care services) may not be what the emerging situation demands. We are processing the personnel requisitions now for these positions (although they will not clear the Controller's office until the contract becomes official in March), so the staff will be on board as soon after April 1 as possible.
6. There is some money in the AIDS Division 1985-6 budget currently on reserve which we could use to expand the home care program again before August 1986, but you should be aware that we are obliged by CCSF law to put the home care contract out to bid for the period beginning July 1, and I am reluctant to compromise that process by adding to the current provider's contract (which means expanding their staff) this late in the old contract cycle.

02138610



MEMORANDUM

TO: Gary Titus

FROM: Jeannee Martin
Alison Moed
Helen Schietinger

RE: Impact of increase in PWA's
needing community services

DATE: 2/3/86

Due to the dramatic increase in referrals to the AIDS Home Care Program and the Shanti Residence Program during January, it seems imperative to begin planning for expansion of services provided by these programs. The impact of increased referrals and, therefore, waiting lists, is not limited to these two Programs.

Discharges from San Francisco General, Garden Sullivan and other acute care hospitals are greatly impaired when Shanti and/or the AIDS Program cannot accept a new referral immediately. This problem with disposition then impacts upon the City's financial resources since many in-patients are de-certified and the City must pay the balance of the patient's hospital bill. Although a one or two day over-stay in the hospital appears insignificant, when multiplied by three or four patients over a ten day period at \$800/day, the costs to the City are staggering.

As of February 3, the AIDS Home Care Program has 94 referrals on its waiting list. Of these 94 patients, 61 need service immediately (are unstable or near death), 14 are in Shanti Houses and are deteriorating, and 3 are at San Francisco General Hospital or Garden Sullivan awaiting discharge when AIDS Home Care services become available. Of those at San Francisco General and Garden Sullivan, none are currently on both Shanti's and the AIDS Home Care waiting list. However, this is frequently a discharge planning problem.

These numbers are staggering. We never imagined such a rapid or dramatic increase in need for home-based services. The impact on other community agencies is likely to increase as well.

We urge you to begin immediately to evaluate this enormous problem and plan for the increase in services needed in the community. Please contact us if we can provide further information or assistance.

JPM/bh

cc: Mary Pittman Lindeman
Philip Lee
Jim Foster
Jeff Amory

February 14, 1986

MEMORANDUM FOR THE RECORD

SUBJECT: Meeting with Jeannee Martin, Hospice of San Francisco

We met to discuss home care for persons with AIDS. Ms. Martin noted that currently the Hospice is caring for 55 patients. There are 64 on the waiting list. Some are in hospitals. There are in addition 20 AIDS patients being cared for by the VNA who are not Hospice patients. The Hospice has not cared for any patients who have Kaiser Health Plan coverage because it provides for home care, although the home care provided by Kaiser is Monday through Friday from 9:00 to 5:00 and it is not available 24 hours a day. Also Kaiser does not provide the same level of care as does the Hospice program. Approximately 40 percent of the patients currently are Medi-Cal-eligible, and 40 percent private pay. Most of the patients come from San Francisco General Hospital, but a number also from community hospitals.

Case mix has become more severe, with more patients with neurological problems and psychiatric problems. The patients wander, they forget, they have psychological problems beyond what one would expect with a terminal illness. They also have the debilitating symptoms, such as weakness and diarrhea, which are common to most AIDS patients in this terminal period.

In the community there are 27 home health agencies in San Francisco. A number of these agencies have one or two AIDS cases. Some may have as many as 20, such as Kaiser.

Currently the Hospice is preparing an information packet geared primarily to clinicians (social workers, nurses, and others providing hospice care) that will be available, they hope, by March 1, 1986. It will be in a spiral binder, and they will charge approximately \$50 per packet to cover the costs of preparation. Thus far about 60 people have asked for the materials, primarily from hospice organizations and VNAs. The information will cover pain and symptom management, infections and AIDS, and other issues relating to the care of AIDS patients.

The Hospice inpatient facility, which will be at the Convent of the Holy Redeemer, is currently well along in the planning stages. Architects have drawn up the plans. Bids for construction should be let by early April, and the facility should be open by early fall. All the money will be provided by donations. A fund-raising committee has been established, and she hopes it will succeed.

The augmentation of AIDS funds will be distributed through an RFP which should be issued in February. This will include \$430,000. In July of 1984, the Hospice received its first contract with the AIDS Activity Office. This

Memo for the Record
Meeting with Jeannie Martin
February 14, 1986
Page 2

was continued for two months in November 1984, and a new contract was let after an RFP in January 1985. However, in the spring of 1985 another proposal was required by the AIDS Activity Office. It is anticipated that the RFP will be issued in February of this year, that the response will need to be made by April, and that by July 1 funding will be available, with approximately \$206,000 from the state and \$850,000 from the city and county.

Medi-Cal policies remain important, as they underpay for the services, and they pay usually 120 days after the services are rendered. A hospice waiver is needed in order that a capitation rate per day (like Medicare) could be provided. Hadley Hall is working on this with Michael Twombly and others Assemblyman Vasconcellos's office. They have been assured by the Department of Health Services that by April the state will request a waiver from the Health Care Financing Administration.

Private health insurance provides limited coverage. It would be very helpful if private health insurance could provide a waiver for attendant care in lieu of rehospitalization of patients. This would save substantial amounts of money and would provide care for patients in more appropriate settings.

In Ms. Martin's mind attendant care is the critically missing ingredient in most of the programs such as Medi-Cal and private insurance. The Department of Social Services attendant care has also been very inadequate in San Francisco. They do their own evaluations, will not accept the Hospice evaluations relating to need. They also send out a social worker two to three weeks after the request is made, and they may authorize only two hours of attendant care when 10 or 12 hours per day is needed. In addition, the Department of Social Services pays only \$3.65 per hour. Hospice will pay \$6.37 for homemaker and home health aides. Hospice will recruit, and will use the DSS payment as partial payment for these services. It seems that DSS makes the system so difficult to get through it hardly is worth it. It would make sense to Ms. Martin to put all the home health aide services for hospice care of AIDS patients under the direction of the Department of Health.

Phil Lee

cc: Peter Arno
✓ Pat Franks
Mervyn Silverman



401 Duboce Avenue, San Francisco, California 94117 415/861-8705

October 15, 1987

Dear Friends of Hospice,

The administration, staff and volunteers of the Hospice Programs of Visiting Nurses and Hospice of San Francisco want to let you know about our "Brown Bag Lunch" Informational Presentations. During these presentations, Hospice staff persons will provide an overview of the services provided by the Hospice Programs. These Programs include:

- The Hospice Home Care Program which serves terminally-ill persons their families, and loved ones in San Francisco and Northern San Mateo Counties.
- The AIDS Home Care and Hospice Program which provides hospice support services to persons with AIDS, their families and loved ones in San Francisco.
- Coming Home Hospice, a residential care facility providing a home-like setting in which hospice services are provided to persons with AIDS and other terminal illnesses.

The Brown Bag Lunch Informational Presentations will be held:
THE FIRST AND THIRD WEDNESDAYS OF EVERY MONTH from 11:30 a.m. to 1:00 p.m. in our administrative offices at 401 Duboce Avenue.

Participants are welcome to bring brown bag lunches with them to these events.

In addition, Tours of Coming Home Hospice will be given:
THE FIRST WEDNESDAY OF EVERY MONTH, beginning at 2:00 p.m. at 115 Diamond Street.

Space is limited for both the presentations and the tours. To reserve a space for either or both, please contact:

Brent Hawk, Administrative Secretary at (415) 861-8705

We look forward to meeting you!

Sincerely,

Brent Hawk

Brent Hawk
Administrative Secretary, Hospice Programs
Visiting Nurses and Hospice of San Francisco

/bh

A member agency of the United Way of the Bay Area.



National Hospice Organization

November 9, 1987

NOV 16 1987

S.F. VNA

Jeannee Parker-Martin
Visiting Nurses and Hospice of San Francisco
401 Duboce Avenue
San Francisco, California 94117

Dear ~~Ms. Parker-Martin:~~ *Jeannee*

The 1987 Awards of Excellence Program has ended. I am pleased to inform you that your entry in this competition was awarded an Award of Excellence in the category of Innovative Use of Print Media.

We have arranged to present your program with a plaque in a special ceremony during our annual meeting to be held next week in Los Angeles. This event is scheduled for November 17, 1987 at 8:00 A.M. at the Los Angeles Hilton, 930 Wilshire Boulevard, in the Pacific/Sierra Ballrooms.

I would like to offer my personal congratulations on developing an outstanding educational program. Your work coupled with the efforts of your hospice program is reflective of the creativity and energy found in the entire hospice movement. The National Hospice Organization is proud to recognize these efforts through the 1987 Awards of Excellence Program.

I encourage you to continue the good work and thank you for sharing it with your colleagues.

Again, congratulations!

Sincerely,

John S. Mahoney
John S. Mahoney
President

Enclosure

JJM/rj



National Hospice Organization

To: Recipients of 1987 Awards of Excellence

From: Ira J. Bates, Director of Educational Services

Welcome to Los Angeles and a very exciting Annual Meeting!

I wanted to write you a special note of congratulations and share with several events that we have planned to put your program in the spotlight.

First, enclosed please find a program for the presentation of the awards. This will occur on Tuesday morning at 8:00 AM. To be sure that you are there and know what will happen, I would like to meet you at 7:45 AM, in the Pacific/Sierra Ballrooms. We have reserved some seats for you there. There will be an opportunity to take pictures during the awards presentation and shortly afterward.

Second, we have arranged that your materials (print media, ect.) be displayed in a special Awards of Excellence Exhibits Booth, and your audio-visual productions be show on the Hilton Cable Network. I believe that hundreds of people will be able to see and hear about the high quality work that you have put into these projects. We hope that this recognition will encourage other people to ask you about your project so that you may share information with them.

Third, Melissa Kelly, our Director of Public Affairs, has prepared a press release that she would like to give you. I would ask that you meet with her at some point during the conference to pick up and share with your local and regional news media. (Photos taken during the presentation will be mailed to you ASAP after the close of the conference).

Again, congratulations on your outstanding efforts. If we have not met, please come up and introduce yourself. I would like very much to give you some of the positive feedback we have received from the judges.

Recipients of 1987 President's Awards of Excellence

Hospice Patient and Families

Hospice by the Sea
Boca Raton, Florida

Community and Public Awareness

Hospice Foundation of Greater Baton Rouge
Baton Rouge, Louisiana

Hospice Staff Training and Development

Hospice of Larimer County
Fort Collins, Colorado

Innovative Use of Print Media

Hospice of the Monterey Peninsula
Monterey, California

Innovative Use of Non-Print Media

St. Mary's Hospice
Tucson, Arizona

Best of Category - Print Media

Health Section
The Washington Post
Washington, D.C.

Hospice of Northern Virginia
Arlington, Virginia

Best of Category - Broadcast Media

"Some Place Like Home"
KNBC News - Channel 4
Burbank, California

NHO Film of the Year

"Caregivers"
Mac McQuade, Producer
New York, New York

Windham Community Memorial Hospital Hospice
Williamatic, Connecticut

November 17, 1987
8:00 AM Pacific/Serra Ballrooms

Presentation of 1987 Awards of Excellence

Presiding: John J. Mahoney, President, National Hospice Organization

Presenters: Dorothy Caruso, Co-Chair, Awards of Excellence Judges
Michael Trueblood, Co-Chair, Awards of Excellence Judges
Ira J. Bates, Director of Educational Services

Recipients of 1987 Awards of Excellence

Hospice Patients and Families

Group Health Cooperative Hospice Program
Seattle, Washington

Cottage Hospice
Grosse Point Farms, Michigan

Community and Public Awareness

Hospice of the Upper Valley
Lebanon, New Hampshire

Hospice of Anne Arundel General Hospital
Annapolis, Maryland

Hospice Staff Training and Development

San Diego Hospice Corporation
San Diego, California

Hospital Home Health Care Agency of California
Torrance, California

Innovative Use of Print Media

Visiting Nurses and Hospice of San Francisco
San Francisco, California

Hospice of Central Pennsylvania
Enola, Pennsylvania

Region 3, California Hospice Association and
Sacramento Hospice Consortium
Sacramento, California

Innovative Use of Non-Print Media

Community Hospice, Inc.
Modesto, California

Walla Walla Community Hospice
Walla Walla, Washington

Best of Category - Print Media

St. Francis Medical Center Hospice
Honolulu, Hawaii

SALT: For fair-shake Catholics
Chicago, Illinois

Hospice of Marin
San Rafael, California

Hippocrates Magazine
Sausalito, California

Best of Category - Non Print Media

Penny/Ohlmann/Helman, Inc.
Dayton, Ohio

Hospice of Dayton
Dayton, Ohio

St. Francis Medical Center Hospice
Honolulu, Hawaii

Visual Perspectives
Honolulu, Hawaii

Best of Category - Broadcast Media

New Age Hospice of Houston, Inc.
Houston, Texas

University of Texas Health Sciences Center
Houston, Texas

Region 3, California Hospice Association and
Sacramento Hospice Consortium
Sacramento, California

Public Television KVIE Channel 6
Sacramento, California



THE AIDS HOME CARE AND HOSPICE PROGRAM

A Brief General History

THE AIDS HOME CARE AND HOSPICE PROGRAM (Hospice) is a program of Visiting Nurses and Hospice of San Francisco, a division of Pacific Presbyterian Medical Center (PPMC). This division currently represents all home-based programs of the Center serving the entire San Francisco community. The program was formerly a part of VNA of San Francisco, which had been independently providing a broad range of in-home and community-based health, social, recreational and other needed services as alternatives to institutional care. On November 23, 1986, VNA merged with PPMC, a comprehensive health care system which includes the 341-bed Pacific Presbyterian Hospital, the 129-bed Garden Sullivan Hospital, The Medical Research Institute and other research facilities and medical office buildings which house physicians, outpatient laboratories and a pharmacy. This merger avails the Hospice program of a wide spectrum of services which provide support for its work at both the administrative and patient care levels.

Hospice provides a comprehensive program of care designed specifically for terminally-ill patients. It provides an individualized program of medical, nursing, social, psychological, spiritual and practical support. These services are the same as those provided under home health care, although they are provided at a more intensive level in order to meet the more demanding needs of the terminally-ill. Nurses must make longer and more frequent visits to meet the demanding needs of the patient's care. Social workers must deal with a more difficult set of practical and financial problems and Homemaker-Home Health Aides and attendants are needed at a higher level of involvement. The Hospice program of care makes use of volunteers for practical support and assistance, and includes bereavement follow-up for the patient's family members and loved ones and coordination with an in-patient hospice unit at Garden Sullivan Hospital (GSH). The Hospice program also includes a satellite hospice program at San Francisco General Hospital (SFGH).

Brief History of Involvement with AIDS:

Recognizing the need of AIDS patients for home and hospice care in 1983, Hospice of San Francisco, San Francisco Home Health Service (SFHHS) and Visiting Nurse Association of San Francisco (VNA) prepared a proposal requesting monies from the City and County of San Francisco to augment and subsidize elements of their existing direct service home health care and hospice programs in order to provide more adequate care to AIDS patients; to provide education regarding AIDS to staff and volunteers of the home health and hospice programs on issues relevant to the care of AIDS patients; and to augment the satellite hospice program at SFGH, so that all AIDS patients were more appropriately served. This was later consolidated with a similar proposal made by Coming Home, an organization founded in 1981 to ensure that gay-sensitive support services were made available to lesbians and gay men who face life-threatening illnesses. A contract for these services was established through an already-existing contract between the VNA and The City for provision of home care services to Medically Indigent Adults (MIA's). Difficulties arose with reimbursement for AIDS patients under this fee-for-service contract, especially with regard to attendant care. The need for attendant care in the Shanti Residences soon became apparent and Hospice began to provide attendant care to these clients, as well as hospice care when requested.

Subsequent to this, VNA negotiated with The City for a revision in the method of reimbursing care, i.e. on a project basis, rather than a fee-for-service basis. Hospice was awarded \$440,233 by The City and County of San Francisco for the contract period beginning July 1, 1984 through January 31, 1985 to provide home health and hospice care to an average daily caseload of 18 persons with AIDS. Contacts essential to a cooperative and integrated approach to providing home care to AIDS patients were established with the Shanti Project, the AIDS Foundation, the AIDS Fund, San Francisco General Hospital, U.C. AIDS Clinic, and others significant to the maintenance of the service programs. Educational tools developed by the AIDS Foundation and Shanti were included in the orientation of all new team members.

Awarded the contract for the remainder of FY 1984-1985, for FY 1985-86, and for FY 1986-1987, the AIDS Home Care and Hospice Program has identified new concerns for caring for persons with AIDS at home. Increased neurological problems, physical debilitation and psychosocial needs have required the AIDS Program to look for new alternatives to enable those with AIDS to remain at home. Private and public resources have continued to be secured to provide attendant care to patients needing assistance with personal care due to neurological and physical deficits. During 1985 and 1986, consolidated care in the Shanti Residences enabled more patients to receive the benefits of 24-hour attendant care in a cost-effective manner. Now, through the renovation of the leased former convent of the Most Holy Redeemer parish, care is being provided in a board and care facility called Coming Home Hospice. This facility, which accomodates 15 residents, was opened in March 1987.

As of June 1987, the AIDS Program has provided a full range of nursing, social work, attendant care and volunteer services to more than 900 patients. Staff, sensitive to the special needs of persons diagnosed with AIDS, have been carefully selected and oriented. Continuing education has been required of all staff to maintain their awareness regarding the medical, social and psychological issues of this population. Finally, relationships with other AIDS-related organizations continue to be developed as the needs of the Program change.

07/87



VISITING NURSES
AND HOSPICE OF
SAN FRANCISCO

VISITING NURSES AND HOSPICE OF SAN FRANCISCO
Coming Home Hospice

Hospice of San Francisco was founded in 1979 to provide a program of care for individuals confronting life-threatening illness. In early 1987, Hospice completed a process designed to integrate its services with those of the Visiting Nurse Association of San Francisco in order to more effectively provide a continuum of home, community and hospice care. The staff of the hospice programs of Visiting Nurses and Hospice of San Francisco are professionals, paraprofessionals and volunteers who work as a multi-disciplinary team under the direction of the patient's attending physician. Working closely with other community agencies, the Hospice staff mobilizes skilled and compassionate support, allowing the dying to remain in their homes and with their families during this special time in their lives.

The Hospice approach to caring was imported to this country from England during the early 70's. The Hospice movement has grown rapidly, and over 1,000 programs to care for the needs of the terminally-ill have been established in the United States. At Hospice of San Francisco, a highly specialized AIDS Home Care and Hospice Program was developed in 1984. This program, partially supported by a grant from the San Francisco Department of Public Health, is the first program of its kind in the country. The AIDS Program now cares for an average daily caseload of 73 persons with AIDS, allowing most of them to die in the familiar surroundings of their homes.

Some dying patients cannot remain at home --because they live alone and need around-the-clock supervision, because their spouses or loved ones are disabled and unable to care for them, or because they have no place to come home to after hospital stays. Therefore, Hospice administrators, caregivers and concerned individuals and groups in the San Francisco community sought to develop a residential hospice to fill the significant gap in care between the home setting and health care institutions such as hospitals or nursing homes.

Coming Home Hospice opened on March 2, 1987 in a renovated building - located at 115 Diamond Street in San Francisco's Castro District- which had served formerly as the Convent of the Most Holy Redeemer Parish. This hospice residence provides supervision, room and board in an inviting, home-like atmosphere for 15 people with terminal illnesses, including people with AIDS. A hospice nurse and social worker are assigned to the residence. Attendants (paraprofessional health care workers) are available 24-hours-a-day to provide personal care and supervision. Residents are supported to maintain maximum independence and control over their lives --in a safe setting. Residents and their families have volunteers available to them for practical, emotional and spiritual support, bereavement counseling and pastoral care. Coming Home Hospice also provides a safe haven for family and friends, in the company of others facing the same experience.

S.F.'s First Live-in Hospice Opens

AIDS Patients Are Facility's 1st Residents

By Maitland Zane

The new Coming Home Hospice in the Castro area took in its first AIDS patients yesterday.

Thanks to a fund drive that raised more than \$700,000, the former Roman Catholic convent at 115 Diamond Street has been transformed into a residence where terminally ill men and women can live out their last days in comfort and with dignity.

Tomorrow afternoon, U.S. Surgeon General C. Everett Koop plans to visit the facility, the first of its kind in San Francisco, because it could prove a model of how caring for patients with AIDS can be done in a compassionate and cost-effective manner.

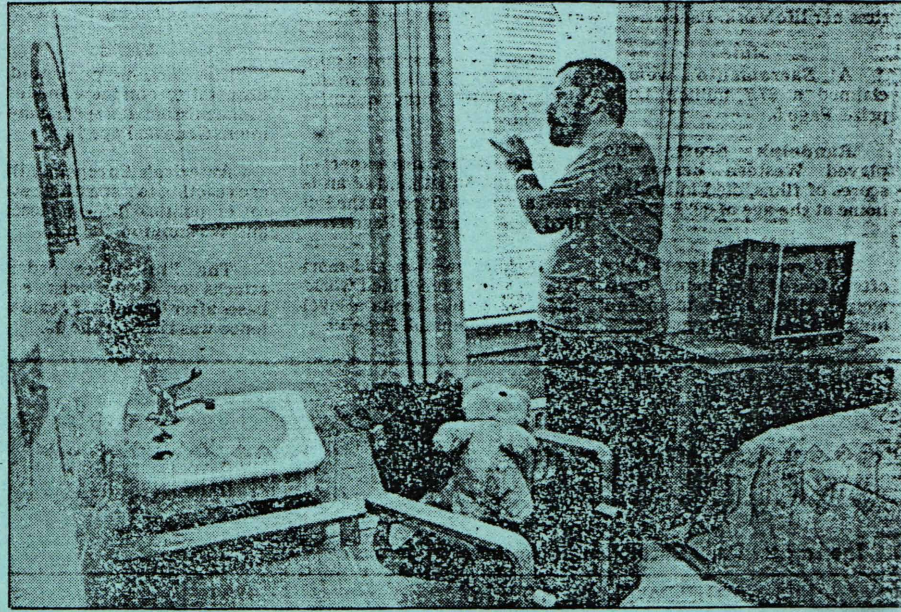
The attractively spruced-up building, leased for \$1,000 a month by the Hospice of San Francisco from Most Holy Redeemer Church, has 15 beds, 10 for patients with acquired immune deficiency syndrome and the others for elderly people in the final stages of cancer.

"We anticipate about two deaths a week," said Michael Reedy, 46, who will be managing a paid staff of 10, plus volunteers. "The average length of stay is expected to be 40 to 45 days."

Each room has a TV set, a telephone and a lock on the door (for privacy) so that patients can be treated, as much as possible, as they are in their own homes. Those who are able to get around go about as they like, if only in a wheelchair or with a walker.

Yesterday's first two arrivals found teddy bears on their beds, thanks to Victor Davis, who owns a Gough Street cabaret called Teddy Bears, where 2,600 of the furry toys festoon the walls and ceilings.

At the rear of the two-story building is a sunny dining room. Seven videocassette recorders have been donated, so that the patients can watch movies. What was the chapel has been turned into a big living room where patients can visit



BY DEANNE FITZMAURICE/THE CHRONICLE

Michael Reedy, Coming Home Hospice manager, checked one of the rooms for AIDS patients

with families, lovers and friends, and where the inevitable memorial services will be held.

"We deliberately left the bedroom walls bare, so people can bring their own favorite paintings or drawings," said Reedy.

"There's been almost universal acceptance of this program," said San Francisco School Board member Libby Denebeim, co-chair of the Coming Home Hospice fund drive.

Hospice and hospitality derive from the same Latin word, and the first hospices were resting places for travelers, often operated by religious orders. The concept of compassionate care for the dying, usually in their own homes, started in Britain in the mid-1970s, and spread to San Francisco in 1978.

Denebeim said she got involved in Hospice of San Francisco because her grandmother and mother died at home and she saw the need for help at a time of agonizing stress.

Up to now, the group has cared for about 100 people at a time, many poor and without family or close friends, in their own homes.

"When AIDS hit, we were ready," Denebeim said. "The public

is going to call this place an AIDS hospice, but actually it's for people with all kinds of terminal illnesses."

Coming Home is the first live-in hospice facility in San Francisco and will provide 24-hour care for AIDS patients and other terminally ill people. If a patient should need acute care, he or she would be "put in a regular hospital," Reedy said.

Hospice official Norma Satten credits the church's pastor, the Rev. Anthony Maguire, with the idea of turning the former convent into an AIDS hospice.

"The planning started two years ago this week," said Satten.

The name Coming Home came from an organization for gay and lesbian seniors founded by a gay dentist, Dr. Claude Gadbois, which raised the first \$175,000 of the \$300,000 needed to renovate the building.

Bill Haskell, project manager for the renovation, estimates that care for an AIDS patient will cost about \$140 a day at Diamond Street, compared with \$850 a day at San Francisco General Hospital or \$1,000 a day in private hospitals.

The cost of room and board alone is \$30 a day, but only about one patient in three can afford "full freight," said Hadley Hall, executive director of Hospice of San Francisco.

The hospice has a sliding scale depending on patients' financial situation and whether they are covered by Social Security.

Hall said the organization's budget is \$4 million a year, with \$3 million going for patients of AIDS and AIDS related complex.

"About 400 AIDS patients died with us last year," said Hall. "That's roughly half the total deaths from the disease" in the city.

"Our major goal is to keep patients home as long as possible," said Satten. "When they can no longer do that, we try to make their last days comfortable, giving them love and warmth, but in an institutional

setting." Although major reconstruction has been completed, including installation of an elevator, kitchen and phone system, there is more to come. Reedy said bids will be let in spring for a sun deck and garden off the dining room.

Hospice of San Francisco currently has about 70 volunteers, and a training program is being organized. The group's address is 225 30th Street. Its phone number is (415) 285-5615.



SUPPORT GROUPS

FOR FAMILIES, FRIENDS, LOVERS, AND CAREGIVERS, OF PERSONS WITH AIDS AND ARC

Staff, community professionals, and volunteers of Hospice of San Francisco's Bereavement Program and Most Holy Redeemer Support Group are working together to provide a variety of support groups for loved ones and caregivers of persons with AIDS and ARC. The range includes groups for people currently involved with persons with AIDS or ARC as well as grief groups. Some groups are drop-in while others are on-going or time-limited with consistent membership. Those interested in any groups should contact the specified person(s) under each listing. This is especially important for the on-going groups.

SUPPORT GROUPS

1. (On-going) Friends and Partners of PWA/ARC
MHR Mondays - 6:00 p.m. - 7:30 p.m.
100 Diamond Street, Front Parlor
Contact: Nick Lestardo - 861-5723
2. (Drop-in) Parents of PWA/ARC
MHR Tuesdays - 2:30 p.m. - 4:00 p.m.
100 Diamond Street, Front Parlor
Contact: Dr. Lynn Ireland - 285-8546
3. (Drop-in) ARC Support Group
MHR Fridays - 7:30 p.m. - 9:30 p.m.
100 Diamond Street, Front Parlor
Contact: William Reese - 863-1581
Facilitators: Paul Bassett and Micky Duxbury
4. (On-going) Parents of PWA/ARC
HSF (For parents in town for a month or more)
Tuesdays, 6:00 p.m. - 7:30 p.m.
115 Diamond Street, Coming Home Hospice
Contact: Kitsy Schoen - 861-8705

BEREAVEMENT GROUPS

1. (On-going) Partners of PWA/ARC
HSF Thursdays, 6:00 p.m. - 8:00 p.m.
Contact: Kitsy Schoen - 861-8705
2. (Drop-in) Friends, Family, and Partners of PWA/ARC
(Sponsored by the Grief Care and Support Program of Catholic Charities)
Tuesdays, 7:00 p.m. - 9:00 p.m.
Contact: Sr. Helen Hammack - 387-6737
Facilitators: Sr. Helen Hammack and Bob Arpin
3. (Drop-in) Caregivers: Home-Care Volunteers, Attendants, and Others
MHR Working with PWA/ARC
2nd and 4th Wednesdays of the month - 7:00 - 8:30 p.m.
100 Diamond Street, Front Parlor
Contact: William Reese - 863-1581
4. (Drop-in) Forming Social Networks
HSF Open to all Social gathering with speakers addressing issues of grief, cumulative loss, and healing in the midst of the AIDS crisis.
Contact: Kitsy Schoen - 861-8705

Hospice of San Francisco

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San Francisco, CA 94117

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