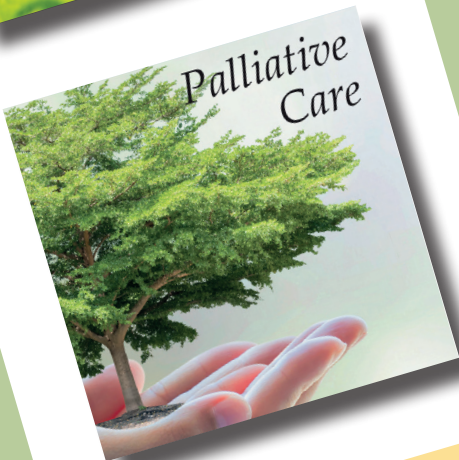


Compassionate Connections

Winter 2021 - Edition 2




**Mary Washington
Healthcare**
Hospice, Palliative & Grief
Support Services

Hospice.intake@mwhc.com
540.741.3580
Hospice.mwhc.com



Hospice Insights

How and Where Is Hospice Care Provided and How Is It Paid For?

Who provides hospice care?

Hospice care is provided by a hospice service. The hospice service's team of health care professionals will work with the patient's primary caregiver (usually a family member) to provide care and support 24 hours a day, 7 days a week.

The primary caregiver

When someone enters into hospice care, they are asked to pick someone to be their **primary caregiver**. Usually this is a family member or close friend. The primary caregiver works with the hospice team and patient to develop a care plan based on the patient's specific needs and preferences. The primary caregiver continues to be the main person to help make decisions for the patient throughout the length of hospice care.

For patients receiving in-home hospice care, the primary caregiver not only provides most of the physical care for the patient, but also helps with keeping records of symptoms and other problems. The primary caregiver can share the physical care responsibilities with other family members or hired caregivers, but takes responsibility for communication with the hospice team, and for scheduling caregivers in the home as needed.

For patients getting hospice care in a setting other than at home, the primary caregiver is considered to be a part of the hospice care team. The primary caregiver attends team meetings, helping to communicate the patient's needs and make care decisions.

If there is no family available to take on the primary caregiver role, the patient needs to work with the hospice team member who first comes to talk about services. They will also need to talk to their insurance company. There may or may not be other care setting options available, depending on insurance coverage and the types of hospice agencies or programs that are available.

The hospice team

In most cases, an interdisciplinary health care team manages hospice care. This means there are many health care professionals involved in helping to manage the patient's care, based on each patient's needs and preferences. Typically, the hospice doctor or medical director is in charge of the patient's care, though the cancer doctor and/or primary care doctor can be involved, too. Doctors, nurses, social workers, counselors, dietitians, home health aides, clergy, therapists, and trained volunteers work together to help the patient and primary caregiver make decisions about the care that's needed. There will be regular reports, as well as family and care team meetings to evaluate the patient's status to be sure all the patient's needs are being addressed. Hospice care includes palliative care to relieve symptoms and give social, emotional, and spiritual support.

For patients receiving in-home hospice care, the hospice nurses make regular visits and are always available by phone 24 hours a day, 7 days a week. Other members of the hospice team may also visit depending on the patient's needs and insurance coverage. For patients getting hospice care in places other than their home, regular visits or around-the-clock care may be options depending on the type of care setting, the needs of the patient, and insurance coverage.

Hospice care staff members are kind and caring. They communicate well, are good listeners, and want to support families during the last stage of an advanced illness. They're usually specially trained in the unique issues surrounding death and dying and are given ongoing education and support to help with the emotional demands of the job.

Hospice volunteers are a big part of the hospice team, too. They play an important role in planning and giving hospice care in the United States. Volunteers may be health professionals or lay people who provide services that

range from hands-on personal care to working in the hospice office or fundraising.

Where is hospice care given?

Hospice agencies most often provide services in the patient's home. Hospice care can also be provided by free-standing or independent facilities specially designed to provide hospice care, or through programs based in hospitals, nursing homes, assisted living centers, or other health care systems. Some hospice agencies offer both care in the home and care in an inpatient facility.

In any setting, hospice care is designed to be available 24 hours a day, 7 days a week. Your doctor, hospital social worker, case manager, or discharge planner can be helpful in deciding which type of hospice program is best for you and your family.

Home hospice care

Most people get hospice care at home. People who live in places like residential facilities, certain types of assisted living, or nursing homes can get hospice care there, too. If hospice care is needed for a person living in one of these facilities, it may be considered in-home care since the facility is the patient's home. Health insurance coverage can vary on this.

Most hospice programs offer home hospice services. Although home hospice programs are staffed by nurses, doctors, and other professionals, the primary caregiver is usually a family member or friend who's responsible for around-the-clock supervision of the patient. For care given in the home, this person will need to be with the patient most of the time and will be trained to provide much of the hands-on care. For care given in another facility, a primary caregiver is still needed, but staff may help provide some of the physical care depending on the type of facility and insurance coverage for hospice services.

It's important to know that home hospice may require that someone be home with the patient 24 hours a day, 7 days a week. This may be a problem for people who live alone or whose partner or adult children have full-time jobs. But in most cases, creative scheduling and good teamwork among friends and loved ones can overcome this problem. Members of the hospice staff will visit regularly to check on the patient, family, and caregivers. They will make sure that any symptoms are under control and give any needed care and services.

Care begins when the patient is admitted to the hospice program, which generally means that a hospice team member visits you at home to learn about you and your needs. Sometimes they will visit you in the hospital if you have decided to receive hospice care but haven't yet been discharged home. Once at home or when care is set to start at home, your primary caregiver is responsible for physical care or for scheduling people to help with your care. The hospice team may be able to find volunteers to stay with the patient when needed, too. Hospice nursing visits are set up so that you can be re-evaluated regularly.

To handle around-the-clock needs or crises, home hospice programs have an on-call nurse who answers phone calls day and night, makes home visits, or sends out the team member you may need between scheduled visits. Medicare-certified hospices must provide nursing, pharmacy, and doctor services around the clock.

Inpatient hospices and free-standing or independent hospices

Many communities have inpatient hospice facilities. These may be operated by a hospice agency that also offers in-home care. Or they can be free-standing, independently owned hospices that may or may not also offer in-home services.

The free-standing hospice can be helpful to patients who don't have caregivers available at home or need around-the-clock physical care. Respite care (temporary care for times when the primary caregiver isn't available) may also be provided in some inpatient hospice facilities.

Hospital-based hospices

Hospitals often have a hospice program. This gives patients and their families easy access to support services and allows the patient to get around-the-clock care to help get control of symptoms. Some hospitals have a special hospice unit, while others use a hospice team that visits patients with advanced disease on any nursing unit. In other hospitals, the staff on the patient's unit will act as the hospice team. The patient returns to in-home hospice care when they are again comfortable.

Nursing home or long-term care facility-based hospices

Many nursing homes and other long-term care facilities have small hospice units. They might have specially trained nursing staff to care for hospice patients, or they might make arrangements with home health agencies or independent community-based hospices to provide care. This can be a good option for people who need hospice care but don't have someone to take care of them at home.

Who pays for hospice care?

Government programs

- Medicare covers hospice care costs through the Medicare Hospice Benefit. See www.medicare.gov/coverage/hospice-care.
- Veterans' Administration (VA) benefits also cover hospice care. See www.va.gov/GERIATRICS/Guide/LongTermCare/Hospice_Care.asp.
- The coverage of hospice care by Medicaid is optional and varies by state. See www.medicaid.gov/medicaid/benefits/hospice-benefits/index.html.

Volunteer Spotlight



Ms. Rodgerlee Harbison joined our Mary Washington Hospice team as a volunteer in February 2017. She has been an invaluable asset to Mary Washington Hospice and the bereavement department. She is also one of our Veteran Volunteers, having served in the U.S. Army for 20 years. Join us in thanking Rodgerlee for her service to our country. When asked what led her to become a hospice volunteer

who makes calls to our bereaved families, Rodgerlee told us, "I wanted to be a part of something bigger than myself and to be a blessing to others. I enjoy working in the bereavement department of Mary Washington Hospice. I feel blessed to be part of the journey of those who have lost their love ones. I like to bring comfort and support to our families."

Private insurance

Many work-based and private insurance plans provide at least some coverage for hospice care. It's best to check with your insurance company because there are different types of plans available that may or may not cover hospice services. There are also different ways a person can be considered eligible for hospice care and what costs are covered can vary based on the health plan you have.

If you are uninsured **

For people who are not insured, or who may not have full coverage for hospice services, some hospice organizations may offer care at no cost or at a reduced rate based on your ability to pay. They can often do this because of donations, grants, or other sources.

Nearly all hospices have financial support staff who can help you with this, answer your questions, and help you get the care you need.

Source:

American Cancer Society [acs.org](https://www.acs.org)

**** Mary Washington Hospice provides care to all eligible patients, regardless of their ability to pay.**

“The ones we love never truly leave us. There are things death cannot touch.”

— Jack Thorne

Improving the Health Care Experiences

Mary Washington Health Alliance



Richard A. Lewis, MD, FACC

The Mary Washington Health Alliance (“Alliance”) is a clinically integrated network that is a partnership between Mary Washington Healthcare (MWHC) and nearly 500 local physicians. We are dedicated to improving the health of our population via attention to the “Quadruple Aim” (improving health outcomes and patients’ health care experiences while controlling the cost of care and improving the practice lives of healthcare professionals). These goals provide a natural alignment with Mary Washington Healthcare’s Hospice, Palliative & Grief Support Services. Defining and honoring a patient’s goals of care in the setting of serious chronic illness (palliative care) and at the end of life (hospice care) is associated with higher quality care. The lives of those providing care are improved because the patient’s wishes are well defined. If the patient can’t speak for him- or herself, the providers are not guessing what the patient might want or trying to referee conflicts among family members and friends trying to decide. The often-exorbitant costs of futile, uncomfortable, and undesired end-of-life care are avoided.

Collaboration

To help achieve our mutual goals, members of the Alliance and MWHC Hospice/Palliative teams meet on a quarterly basis. Activities include reviewing data on hospice and palliative care utilization, providing updates on team projects and discussing patient palliative care and hospice needs from the standpoints of both those delivering and receiving those services. We basically collaborate to enhance the performance of both teams. Products of this collaboration have included a series of podcasts on hospice, palliative and grief support services that are archived on the Alliance website (mwhealthalliance.com) and an “Advance Care Planning” guide that is a very valuable compliment to Aging with Dignity’s “Five Wishes” booklet.

Light up a life



3rd Annual Light Up A Life Illumination raises \$26,000 for Mary Washington Hospice, Palliative, and Grief Support Services

It was a beautiful evening, held in the healing garden of our bereavement center, Harbor House. We were privileged to provide an opportunity to honor the life of your loved ones and support our hospice and grief support services. This year, 287 lives were honored during a "virtual" illumination service where luminaries shone throughout the garden and individual names were read aloud. Thank you for your contribution to this special event.

To view this year's Light Up A Life Illumination, please visit LightUpALife.mwhc.com.

Improving the Health Care Experiences
Mary Washington Health Alliances.
Continued

In response to the COVID-19 pandemic this past spring, the Alliance strongly promoted and re-educated the Alliance providers on the value of Advance Care Planning (ACP) in light of the increased potential for individuals becoming seriously ill without much warning and ending up in the hospital without access to their loved ones. This effort resulted in a significant uptick in coding for ACP services.

Given this mutually beneficial relationship with our patients' best interests at the core, it is easy to see why we consider the Alliance's relationship with our Hospice/Palliative group a true "Compassionate Connection".

Mary Washington Healthcare Grief Support Groups, Classes and Special Events

Groups are not meeting in person due to COVID-19, but please call 540.741.1874 to complete a referral. We do have additional support we are offering during these unprecedented times, so please reach out.

Contact Grief Support Services at 540.741.1874 or griefsupport@mwhc.com to register.

Light Up a Life



Mary Washington Healthcare

Hospice, Palliative & Grief Support Services

We Forever Honor and Remember

<i>A</i> Allan Allison Charlotte Able William R. Anderson Eleanor Anderson	<i>E</i> Thomas A. Edenhart Kenny Edgell Ricky Edmonds Lisa Edwards Thelma Edwards Eileen Ehrlich Aloha English Robert Epps, Jr.	Melba Hulse Paul Hulse Jean Hurst Vernon Hurst Julie Hurst	Loretta Morgan James R. "Buddy" Morgan III Anthony R. Moschella Ryan Mott Stella Rodgers Mullen John Cullen Murphy	Sylvester Silver Margaret and Edward Smith Jere P. Smith Barbara P. Smith Errell Spangler Rosemarie St John Joseph Stoicsitz Helen Stoicsitz
<i>B</i> Kenneth R. Baldwin, Sr. Lee Banks Flossie L. Banks Bridget Beasley Donald Beasley Caroline Belleman Dominic Thomas Beltran Dominic Beltran Roger L. Bernardi James L. Bernardi Wallace Berry Jeanne Biscone Karen Biscone-Halterman Bridget Blakesley Donna Lynne Blalock Edward Blevins, Jr. Darlene and William Bradford Gloria Brooks Jim Burnham	<i>F</i> Linda A. Farr Abigail Ferenz Jo Ferrell Darrell Ferrell Leonard Fish Barbara Fish Leonard Fletcher Blaine Foltz Evelyn Foltz Teresa Foltz-Willis Jinxie Forbush Samuel Found Joseph Fredrick, Sr. Mary Fredrick Joseph Fredrick, Jr. Eileen Gallegos-Lewis Roland E. Gallup Tracy Gardner Rosa Garza Joan Gay Marguerite Giguere George Giguere John Gil Emily Elaine Gilman Betty A. Goldstein Richard Goodwin Louise Goodwin Beulah G. Gracik Jodi Ann Graham Charles Green Allen H. Green, II Allen H. Green, III	<i>J</i> Mary Virginia Jackson Charles W. Jennings <i>K</i> Brian Kanterman Linda Keiner Doris and Walter Kelly Doris F. Kelly Walter M. Kelly Louise Kengla Jack Kengla Joseph "Butch" Kenyon Commander Frank Kerr Glenn Kimble Lotar Kirsten Mary and Kenneth Klear Shirley Anne Kolb <i>L</i> Mary Lantzy Elizabeth Lavin Thomas Lavin Ceili Leahy Ora Mae Lemons Cecil Lemons Robert Leong Ann and Jimmy Lewis Krista Rowan Little Donald Loomis David Lownds Jean Lownds Natalie Maas Jack Maas Carol and Ralph Maglio Sandra Marie Marsden Linda K. Martinez Thelma Louise Mason Ralph H. Mason Donna Rae Mason Peggie McVeigh Mason Lawrence Brooke Mason, Jr. Bobby Maxwell Vickie Denise McCarthy Thurla V. McCash Bob McClune Catherine W.J. McKann John Robert McMullan John W. Meadows Mamie S. Mickens Katrina V. Mickens George Raymond Mickens, Sr. Dave Moore	<i>N</i> Bob Namiot Preston Neuhard Ken Neuhard Cheryl Layton Nicholls Lily Noakes Jane Nordbeck <i>O</i> Sandra Smith O'Connor Robert O'Neill Mary B. O'Neill Macie Grace Opperman <i>P</i> Julie Paradis Frank and Ruth Parker Nelda Payne David Pearson Kathy Perusi Douglas Vernon Peyton Doris S. Pharr Elma Pharr Linda D. Pisenti Rick Poole Fred and Doris Powell Trey Presley Vincent Joseph Purcell Ethel Joyce Duke Purcell Gerald "Jerry" Purks Robert Daniel Purks <i>R</i> Fred Rankin Dorothy Rankin Roxanna Ray Dr. LaZalia V. Richardson Dorothy J. Richardson Robert John Rish Sophia Victoria Rivas Jose Alberto Rodriguez Aimee Lynn Rose Emory and Bertha Rose Albert James Rose Dr. Donald Rothgeb, DVM <i>S</i> Chelsea Santulli Larry Saunders Wyatt A. Scharer E. Ann Schneider Gertrude and Gerd Schneider Aileen Senna Stephanie Shea O'Neta L. Shorter Lillian Shull	Mary Ann Strassburg Roger Strassburg Jean Strickland Al Stuart Florence J. Styka Frank G. Styka Buster Sullivan Judy Surles Doris Surles Gloria Sutts Averie Syed <i>T</i> Alyssa Teegardin Pauline Tierney Paula Tierney Albert Tierney, Sr. Isabell Tolliver Jerry Tolson Dave Torrans II Thomas W. Traynham Noble and Phylliss Truslow Lucy H. Tunstall <i>V</i> David A. Vaughn Neil Edward Vaughn Jim Vaught Elise Velez Jeremy Vessels Thomas Vitale Amanda Wall Linda Wandrick James Way Patricia Weaver Carmen Weaver Wendy Westfall Bill White Dawn Powell Williams Stephanie Wolcott Richard Wright H. Wayne Young
<i>C</i> Sherry Silk Campbell Mary Renninger Cartwright Joy Case George Christmas Ena Christmas Madison Rose Clodius David Conklin Michael Cook Willard Corbin Leatrice Corbin Doris Crowley Charles Curcio Henry B. Custis Anna Davenport <i>D</i> John F. Davenport, Sr. Maria Pia D'Azzo James C. Deek Regina Deppenbrook Jerome DesGrosielliers Lena M. Dodd Andrew Kyle Dodson-Looney Frances "Betty" Dohmann Herman A. Dohmann Rev. Edna Dorsey Stephanne Marie Downing Mabel Owens Brown Driver Jordan DuPriest	<i>G</i> Joy Case George Christmas Ena Christmas Madison Rose Clodius David Conklin Michael Cook Willard Corbin Leatrice Corbin Doris Crowley Charles Curcio Henry B. Custis Anna Davenport <i>D</i> John F. Davenport, Sr. Maria Pia D'Azzo James C. Deek Regina Deppenbrook Jerome DesGrosielliers Lena M. Dodd Andrew Kyle Dodson-Looney Frances "Betty" Dohmann Herman A. Dohmann Rev. Edna Dorsey Stephanne Marie Downing Mabel Owens Brown Driver Jordan DuPriest	<i>M</i> Natalie Maas Jack Maas Carol and Ralph Maglio Sandra Marie Marsden Linda K. Martinez Thelma Louise Mason Ralph H. Mason Donna Rae Mason Peggie McVeigh Mason Lawrence Brooke Mason, Jr. Bobby Maxwell Vickie Denise McCarthy Thurla V. McCash Bob McClune Catherine W.J. McKann John Robert McMullan John W. Meadows Mamie S. Mickens Katrina V. Mickens George Raymond Mickens, Sr. Dave Moore	<i>W</i> Loved ones of the Teen Support Group Mary Washington patients who have died from COVID-19	

Light Up a Life



Mary Washington Healthcare

Hospice, Palliative & Grief Support Services

A Special Thank You to our Event Sponsors

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Advance Care Planning

Advance Care Planning

An Advance Directive consists of legal documents that put your medical wishes in writing and allows you to choose someone you trust to make healthcare decisions for you. These documents offer peace of mind that, should the unthinkable happen, you've made your wishes known.

Preparing an Advance Directive is also an important gift to your loved ones. They will rest easier knowing they are making medical decisions based on what you do or do not want.

The Virginia Health Care Decisions Act allows you to make two types of decisions about your end-of life healthcare in an Advance Directive: 1) Living Will, and, 2) Medical Power of Attorney.

Living Will

A Living Will documents your wishes for medical care should you ever be unable to speak for yourself due to a serious illness or accident. A Living Will is different from a Last Will & Testament (which directs how you wish to distribute your assets and property upon your death).

9

If you are ever diagnosed with a terminal condition and are incapable of making



In the face of uncertainty,
make sure your loved ones
know your wishes.

your own decisions, you have the right to create a living will in advance. This is essentially a document that communicates whether you want any life-prolonging procedures, or to what extent.

Examples of medical treatments addressed in a Living Will:

- CPR (restarts heart if it stops)
- Breathing tube (mechanical ventilation)
- Kidney dialysis (if kidneys fail)
- Artificial hydration or nutrition

Medical Power of Attorney / Healthcare Agent

A Medical Power of Attorney gives a trusted person the legal power to make decisions on your behalf if you cannot.

If you can't make treatment decisions due to a medical condition, you can name someone in advance to make those decisions for you. This is often referred to as a health care proxy, a medical power of attorney, or a durable power of attorney. Whoever is named in this second type of decision is given power to make decisions you would have made in the same situation if you were able.

Choosing a person to act as your health care agent is important. Even if you have other legal documents regarding your care, not all situations can be anticipated, and some situations will require someone to make a judgment about your likely care wishes.

You should choose a person who meets the following criteria:

- Is not your doctor or a part of your medical care team.
- Is willing and able to discuss medical care and end-of-life issues with you.
- Can be trusted to make decisions that adhere to your wishes and values.
- Can be trusted to be your advocate if there are disagreements about your care.

The person you name may be a spouse, other family member, friend, or member of a faith community. You may also choose one or more alternates in case the person you chose is unable to fulfill the role.

Action Steps

1. Create a Living Will and Medical Power of Attorney.
2. Store documents in a safe but accessible place.
3. Discuss your wishes with your doctor and with loved ones.
4. Give a copy of your Advance Directive to your doctor.
5. Review documents periodically in case your wishes change.

Questions About Advance Care Planning?

Please call Mary Washington Healthcare Patient Relations Department at **540.741.3955**.

For more information, please visit **mwhc.com** and search Advance Care Planning.

We Honor
Veterans

On Veteran's Day 2020 Mary Washington Hospice was honored to recognize 312 United States Veterans and their spouses at 16 assisted living and skilled nursing facilities in the Fredericksburg region.

As with many celebrations in 2020, our Veteran's Day recognition looked different than in previous years. Due to an overwhelming desire to make sure our community is cared for we did not hold in-person pinning ceremonies. We recognized and honored Veterans by delivering a gift, card, and an American flag to the veterans and spouses of veterans.

"Thank you for your service" signs were placed on the long-term care properties within view of residents. We thank the Marines at Quantico and our volunteer group for their assistance with delivering gifts and placing signs.

Mary Washington Hospice is a proud member of the National Hospice and Palliative Care Organization's (NHPCO) We Honor Veterans program.



The NHPCO, in collaboration with the Department of Veterans Affairs promotes respectful inquiry, compassionate listening and grateful acknowledgement by recognizing the unique needs of Veterans and their families – especially as they near end of life. Every day in America, more than 1,700 Veterans die. That is more than 680,000 Veterans every year – or 25 percent of all people who die in this country annually. We enjoy our freedom as US citizens because of the sacrifice and commitment by these brave men and women.



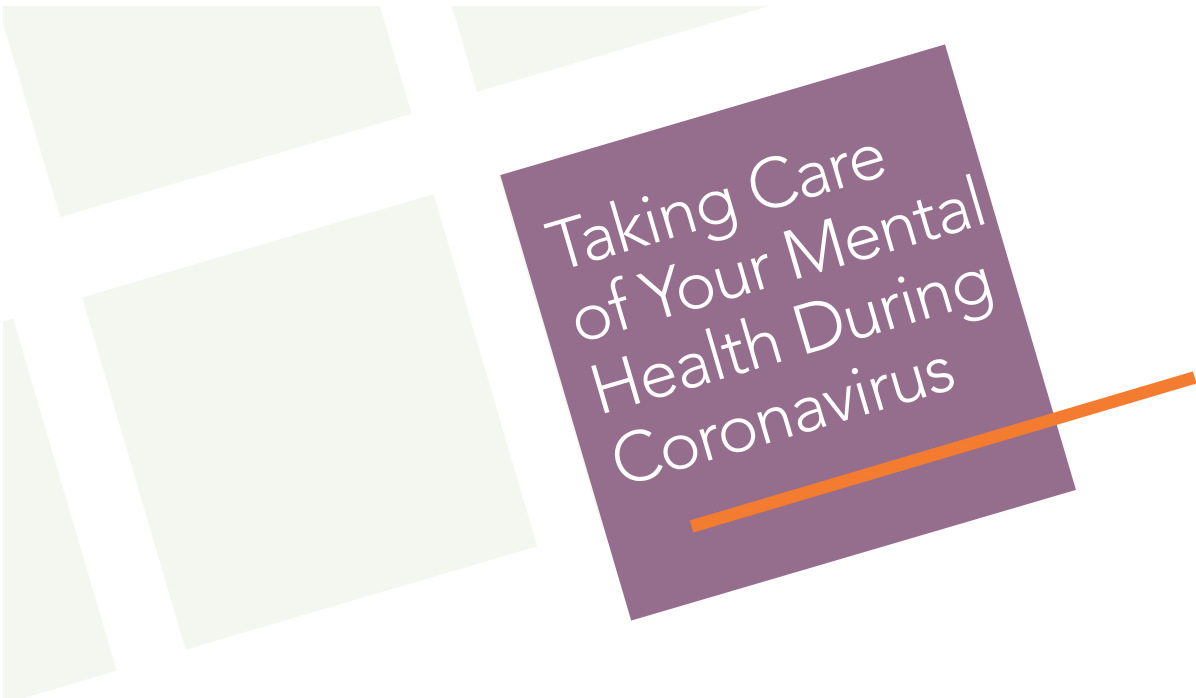
“To have my mom treated as someone made in the image of God was all I could ask for... and you provided that for her.”

— MWHC Hospice Patient's daughter

Affirming Life Through Compassionate Care

Hospice is a special kind of care for anyone dealing with a life-limiting illness offering hope and support beyond traditional care. Mary Washington Healthcare Hospice Services is a certified, not-for-profit medical hospice, delivering high quality patient and family care to the Fredericksburg Region for more than 25 years.





Taking Care of Your Mental Health During Coronavirus

Our thoughts go out to the many family members who have already lost loved ones to the coronavirus. Even if you have not been directly impacted by COVID-19, there is no question that this is impacting the mental health of many of us. We are seeing lots of people on social media discussing how coronavirus is making their symptoms of anxiety or depression worse. When you are grieving, your mental and emotional bandwidth are already strained.

Adding external stress and instability can be even harder to cope with than it would be otherwise. From anxiety about illness itself to concerns about social isolation and reassuring children, we know that this can be a complicated and overwhelming time. Taking care of your mental health during the coronavirus is especially important.

First and foremost, give yourself permission to acknowledge and feel whatever this is bringing up for you and communicate that with your support system. Think through who might be best to support you in whatever you're experiencing, whether that is needing help with practical and logistical issues, to just needed someone to talk to and express concerns.

Some sound advice from others

The CDC has some advice and resources that are worth a read. You can check out highlights from the CDC:

The outbreak of coronavirus disease 2019 (COVID-19) may be stressful for people and communities. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children.

Everyone reacts differently to stressful situations.

The emotional impact of an emergency on a person can depend on the person's characteristics and experiences, the social and economic circumstances of the person and their community, and the availability of local resources. People can become more distressed if they see repeated images or hear repeated reports about the outbreak in the media.

People who may respond more strongly to the stress of a crisis include:

- People who have preexisting mental health conditions including problems with substance use
- Children or young people
- People who are helping with the response to COVID-19, like doctors and other health care providers, or first responders

Reactions during an infectious disease outbreak can include:

- Fear and worry about your own health status and that of your loved ones who may have been exposed to COVID-19
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating

- Worsening of chronic health problems
- Increased use of alcohol, tobacco, or other drugs

People with preexisting mental health conditions should continue with their treatment plans during an emergency and monitor for any new symptoms. Additional information can be found at the Substance Abuse and Mental Health Services Administration (SAMHSA) website.

Coping with these feelings and getting help when you need it will help you, your family, and your community recover from a disaster. Connect with family, friends, and others in your community. Take care of yourself and each other and know when and how to seek help.

Call your healthcare provider if stress reactions interfere with your daily activities for several days in a row.

Things you can do to support yourself:

- Avoid excessive exposure to media coverage of COVID-19.
- Take care of your body. Take deep breaths, stretch or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep and avoid alcohol and drugs.
- Make time to unwind and remind yourself that strong feelings will fade. Take breaks from watching, reading, or listening to news stories. It can be upsetting to hear about the crisis and see images repeatedly. Try to do some other activities you enjoy returning to your normal life.
- Connect with others. Share your concerns and how you are feeling with a friend or family member. Maintain healthy relationships.
- Maintain a sense of hope and positive thinking.
- Share the facts about COVID-19 and the actual risk to others. People who have returned from areas of ongoing spread more than 14 days ago and do not have symptoms of COVID-19 do not put others at risk.

For Parents

Children react, in part, on what they see from the adults around them. When parents and caregivers deal with the COVID-19 calmly and confidently, they can provide the best support

for their children. Parents can be more reassuring to others around them, especially children, if they are better prepared.

Not all children respond to stress in the same way. Here are some common changes to watch for in children:

- Excessive crying and irritation
- Returning to behaviors they have outgrown (e.g., toileting accidents or bedwetting)
- Excessive worry or sadness
- Unhealthy eating or sleeping habits
- Irritability and “acting out” behaviors
- Poor school performance or avoiding school
- Difficulty with attention and concentration
- Avoidance of activities enjoyed in the past
- Unexplained headaches or body pain
- Use of alcohol, tobacco, or other drugs

There are many things you can do to support your child:

- Take time to talk with your child about the COVID-19 outbreak. Answer questions and share facts about COVID-19 in a way that your child can understand.
- Reassure your child that they are safe. Let them know it is ok if they feel upset. Share with them how you deal with your own stress so that they can learn how to cope from you.
- Limit your child’s exposure to media coverage of the event. Children may misinterpret what they hear and can be frightened about something they do not understand.
- Help your child to have a sense of structure. Once it is safe to return to school or childcare, help them return to their regular activity.
- Be a role model; take breaks, get plenty of sleep, exercise, and eat well. Connect with your friends and family members and rely on your social support system.

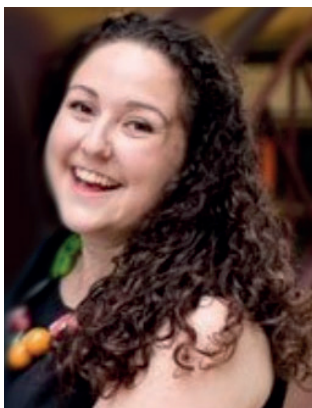
Plan with your therapist

Check to see if your therapist is able to meet with you online. If not, work with your therapist to make a mental health plan that might include phone check-ins, a safety plan, home activities, and tips and tools to get you through. You may also want to look into other online support resources that might be of use.

Source: whatsyourgrief.com

Meet the Team

Anna Maria Lewis,
Manager, Community Programs Outreach
MWHC Hospice, Palliative, and Grief Support
Services



Originally born and raised in Virginia, Anna received her Bachelor's in Political Science and Philosophy from James Madison University. Immediately following graduation, Anna moved to Chicago and worked in corporate fundraising for 10 years. When her mother was very suddenly diagnosed with brain cancer, Anna Maria and her husband relocated to Fredericksburg. Moved by the direct impact hospice and grief support had on her family, Anna Maria began working for Mary Washington Healthcare as the Coordinator-Resource Development for Mary Washington Hospice, Palliative, and Grief Support Services and was promoted to Manager of Community Programs and Outreach in April 2019. She currently oversees the complimentary grief programming offered through Grief Support Services, the Hospice volunteer program, and all community outreach efforts.

Mary Washington Hospice, Palliative, and Grief Support Services wants to ensure that everyone who could benefit from our services has the right tools and resources to do so. Anna's team works to make sure our community is educated about hospice and palliative care. Growing awareness and support for these much-needed services results in higher-quality care for all people in the community. Knowledge is power, and that power can translate into an improved quality of life for patients and their families.



**Mary Washington
Healthcare**

Hospice, Palliative & Grief
Support Services

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*Mary Washington Healthcare exists to improve the
health of the people in the communities we serve.*



NHPCO
National Hospice and Palliative
Care Organization

