

**Public Health Committee
Public Hearing
March 5, 2007**

**Testimony of Theresa Bachhuber, RN
General Manager, VITAS Innovative Hospice Care of Middlebury**

My name is Theresa Bachhuber. I am a registered nurse with over 22 years of healthcare experience. I am here this morning to testify in support of Raised Bill No. 7193 which recognizes a state regulatory scheme for hospice-only providers in the State of Connecticut.

Our geographic area serves a diverse patient population with unique challenges that we are eager to serve regardless of where our patients live, what their payor source is and whether or not they live alone. About 50% of our patients are in their homes, which is part of what they ask us to help them to do, stay at home. Our interdisciplinary team is made up of clinicians with diverse cultural backgrounds, and we work hard on our cultural competency so that we can further meet the needs of the inner city areas as well as rural population of patients that we serve. Our patient population includes almost 6% African American and approximately 3% Hispanic as well as other nationalities. We do not limit access based on patients and their families personal preferences or advance directives, such as wanting a full code status, declining a DNR or no code, or specific therapies which they, their doctor, and the interdisciplinary team feel have symptomatic therapeutic value. In order to meet the ever-changing needs of patients and be available for their families, the unit of care as our focus, this last month we averaged 7 visits a week, where ever the patient lives, whether alone or with families involved, meeting them where they are at, assessing clinical and emotional and spiritual needs so that we can provide them the tools they need to assure their goals are met. Because hospice patients do not have to be homebound, we go where they are, where they want to be, and do what they want around care at this special time in their lives.

Hospice is about living, making sure that the experience allows for the best conditions for being able to focus on what one wants to do, what one needs to finish before death. This might mean planning a wedding, or getting to the OTB to place one last bet, or seeing a daughter's new house. All these are what the team, including social worker, chaplain, nurse, physician, nurse aide are looking at as part of the plan of care. We start and finish every visit asking what it is they need from us, and if there is anything else we could be doing for them. Thank you for taking the time to meet with us. Are there any questions I can answer for you?