

Testimony – Lynne Waters, CNA

### I Am Part of a Team that Wouldn't Exist Anymore

Thank you for allowing me the opportunity to verbally show you how the Branford Hospice is unique and specialized in caring for the terminal, dying and actively dying 54 patients. I chose Branford hospice for its concise program for end of life care. I am just a baby to some, employed there almost 11 years, while some have been frontline for 30. As a CNA, I am front line although at our hospice, the nurse and I are a team. The nurse and I do care rounds together and even take turns sitting with the patients for all kinds of reasons, doing anything to make their journey less stressful. We order briefs (diapers) in different sizes, because no one size fits all, as no one facility is right for everyone. I am at Branford Hospice because the way we care for patients is the right way and the compassionate way.

If a terminal patient has anxiety from their disease, a dying patient has gone into respiratory distress or an actively dying patient is draining or bleeding out—with your new proposed regulations, who do I go to if there's only one (1) nurse in the building with 54 patients? Presently, when a patient needs a change in medication, our on site resources allow us to respond quickly, getting the patient calmer, in less pain and safe.

As a Branford Hospice CNA, I am specialized, I have been trained by our nurses to assess the changes our patients may go through. Dying is so scary, painful and for the family ... sad. Our approach is to treat the whole family with constant on-going teaching so it is understood what is happening and why. At the end, they most likely will cry but knowing their loved one passed pain free as possible and with dignity is a comforting feeling. Just as we have life choices, shouldn't one have a choice in where and how they want to end life's journey. We all will be taking the same journey at some point, but with no choice. Will our journey end with the best possible care or left to be found deceased for lack of on-site support services (nurses, doctors, pharmacy, social workers, etc.)

Now committee members, let me provide you with a very recent visual. My mother, an elected official and tireless political activist, Bernice Bowman, passed away in February. Now she had always said in no uncertain terms "no" to Hospice. I was at home when she called saying she just didn't feel well. The hospice home care nurse went out to her home and I received another call. My mother wanted to be admitted to hospice inpatient. I was with her as she signed herself in. She was greeted by a CNA, a nurse and the doctor. After the initial assessment, the doctor came over to me, concerned that her symptoms didn't match her diagnosis of stomach cancer. He contacted her outside doctors, came back and rechecked my mother; her heart had jumped out of rhythm. She had a choice to make, options – go to the hospital, be placed on machinery in the hopes of correcting her heart (now in all reality, the doctor told me that because of all the health problems and weakness, he didn't think that option would in all likelihood, extend her life.) or stay at hospice for comfort care. Her choice, her

decision, she opted to stay at Branford Hospice. While she was able, she told family, friends, hospice staff and everyone that "she was in the right place."

In this era of "Wal-Mart's", Branford Hospice may be the "mom & pop"; it certainly is the FIRST hospice ... setting the standards for the care of terminal, dying and actively dying patients. I am a CNA, trained to help patients and families go through the hard process of dying and I am committed to that end. There is no way to do that humanely under the new regulations. Do you or your family have a choice about how you or their journey will end?