



University of Rochester Medical Center Palliative Care Program Annual Report 2015-2016

Our Mission

We strive to provide the highest quality patient-and-family centered care for seriously ill patients through excellent clinical consultation, comprehensive educational programs, innovative research and ongoing performance improvement.

Family Members' Comments

from recent inpatient hospital surveys

"Our mother and our family received fantastic care and service. Everyone treated us with outstanding respect. We are so grateful for everyone in the unit."

"My husband received excellent care. Your staff was essential in helping me get through this very emotional difficult time. Thank you."

"The staff at the hospital treated my wife in her last days of her life. The quality of care of a 4 star hotel!"

A Partnership of Palliative Care Team, Patient and Family

The URMCC Palliative Care Program is devoted to caring for seriously ill patients by:

- ◆ Providing relief from pain and other physical symptoms;
- ◆ Improving quality of life;
- ◆ Providing support to those who are seriously ill and the family and friends who love and care for them;
- ◆ Assisting the patient, family and staff with difficult medical decision-making.

With palliative care, patients have access to the best possible options for managing their specific symptoms, and more. Our mission is to relieve physical, psychosocial and spiritual suffering using a wide range of biological, psychological and social interventions. We help patients better understand their disease and its prognosis and the full range of treatment options available to them. We consider the illness as well as each individual's personal values and priorities to help plan the optimum care for their needs. Services are delivered in collaboration and close communication with the patient, family, physicians, and health care team. All share the common goal of providing the best possible disease management and comfort for every patient whose life we touch. We are proud to have earned certification by the Joint Commission for the quality of our comprehensive Palliative Care Program.



"Patients struggling with the uncertainty of serious illness need comprehensive care and support. They and their families need to know they aren't alone."

— Timothy Quill, MD
Founding Director,
URMC Palliative Care Program



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Expanding the Reach of Our Clinical Programs

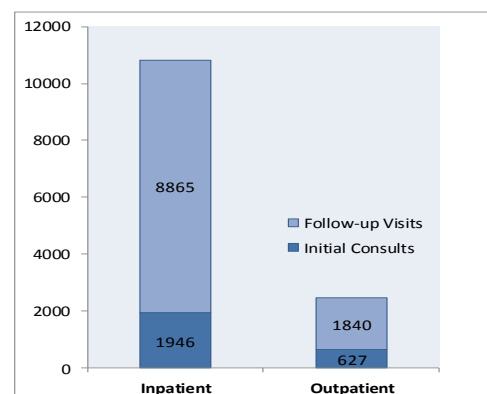
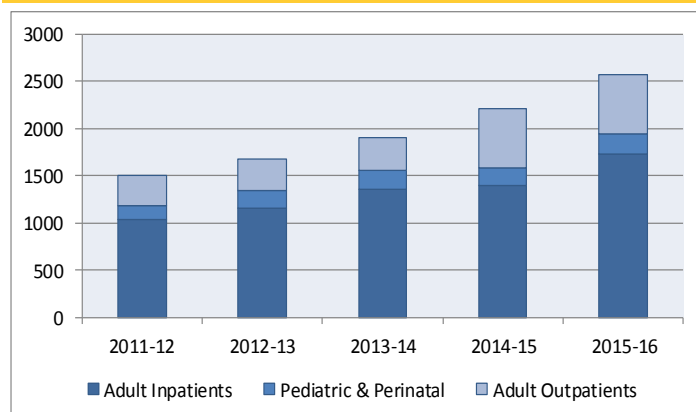
Inpatient Consultation: The overall goal of the UR Palliative Care Program is to ensure that all seriously ill patients with unmet needs for symptom management, uncertainty about goals of care or requirements for specialized expertise in end-of-life care have access to our multi-disciplinary services. One way to do that is through inpatient and outpatient palliative care consultations from our board-certified palliative care physicians and nurse practitioners. Each of the hospitals in our expanding regional health care system now has access to palliative care consultation. At Strong Memorial Hospital we provided, on average, 121 adult new inpatient consultations each month in 2015-2016 (1,453 total), along with continuing follow-up care through 7,338 additional visits to our hospitalized patients during this time. The team headed by Dr. Daniel Mendelson provides similar care to growing numbers of patients at Highland Hospital, while Dr. Cheryl Williams serves the F. F. Thompson Hospital in Canandaigua, providing care to 280 hospitalized patients over the last year, which yielded 718 post-consult encounters.

Outpatient Consultation The hub of our outpatient Palliative Care Program is in Suite C of the Wilmot Cancer Center, and our spokes extend regionally to: Interlakes Oncology in Canandaigua, Greece and Brockport; Pluta Cancer Center; and Sands Cancer Center in Canandaigua. In the last year, we had 627 new consultations and 1,832 follow-up visits. Our Program also offered 28 Home Visits to those who were too sick to travel to the office setting. In addition, we are beginning to explore tele-medicine as a way to extend our specialty care across the region.

Pediatric Palliative Care: Our Pediatric Palliative Care Program also continues to expand. In the past academic year, our consultants had 264 new inpatient consultations and an additional 5 outpatient consultations. Additionally, we provided ongoing follow-up for the patients and families previously seen (634 additional visits). The unique Perinatal Palliative Care Program continues to see pregnant women whose babies potentially have serious fetal diagnoses. Twenty-seven perinatal patients were seen within the last year.

Primary Palliative Care Since there are not enough Palliative Care specialists to see all seriously ill patients, our team is part of a national effort to help other clinicians grow ever more skillful and comfortable in providing excellent Primary Palliative Care to the seriously ill patients. At URMC our Palliative Care team has begun collaborating closely with inpatient Hospitalists (who oversee the care of the majority of patients admitted to Strong Memorial Hospital), as well as working with Oncology, Cardiology, Neurology and other specialties to enhance the provision of palliative care to their patients. In addition, we are part of a grant which supports “tele-mentoring” as a means of assisting rural non-palliative care colleagues in providing excellent primary palliative care to their patients.

Growth in New Patients Served



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Education and Research

Palliative care education is provided at the University of Rochester Schools of Medicine and Nursing at multiple levels. We continue to offer a **comprehensive palliative care medical student curriculum** throughout the students' four years of training. Rather than a single course, our teaching efforts are integrated into teaching sessions in multiple other courses in a thoughtful, progressive way such that our graduates will understand and be able to deliver basic palliative care to the patients and families they encounter by the time they graduate.

We also provide a **required inpatient palliative care resident rotation** for our internal medicine and medicine/pediatric residents, as well as electives for fellows who are training in fields such as rehabilitation, radiation oncology and pain management. We continue to recruit and train **three palliative care fellows** per year, and offer options for conjoint training in pediatric palliative care as well as potential linkage to subsequent training in geriatrics. Many of our former fellows now have faculty positions throughout the Rochester region, and others are joining programs across the country.

Our diverse **research portfolio** continues to grow.

- Helena Temkin-Greener, PhD, is completing the final year of a Patient-Centered Outcomes Research Institute grant to **improve quality palliative care outcomes in skilled nursing homes**. Her research focuses on the effect of embedded palliative care teams on patient care and staff communication, teamwork and knowledge in comparison to usual care, via a facility-level randomized trial approach.
- Sally Norton, PhD, RN, is serving as the local Principal Investigator for a study funded by the American Cancer Society to **study the components of palliative care consultations that improve patient-centered care and quality of life among people with advanced cancer**. In conjunction with Bob Gramling, MD ScD, who is now the Director of Palliative Medicine at the University of Vermont, the team is beginning **analysis of more than 200 conversations between patients, their family members, and palliative care team members** to understand how patients, families and palliative care doctors and nurses work together to craft treatment plans compatible with the patient's values and options. Also, Sally is co-chairing a consensus-based committee with Dave Casarett on **quality indicators for palliative care and hospice**.
- Erin Denney-Koelsch, MD, continues to describe and study her perinatal palliative care team's experience doing **perinatal palliative care consultations**.
- Representative publications from members of our team are available in the appendix.
- Sue Ladwig, MPH, continues to anchor our **quality improvement** and research efforts. She was central to our successful Joint Commission Certification Review in October of 2015, which included both our Pediatric and Adult Programs.

Palliative Care Welcomes New...

Administrator, Cynthia (Sam) Booth, PhD



We are very excited to announce that **Cynthia (Sam) Booth, PhD**, joined the Palliative Care team as Administrator upon the retirement of Maria Milella who served us for 16 years.

"Sam" is an experienced health care administrator having worked at MeritCare Health System (now Sanford Health System) in Fargo, ND, and at Rochester General (now Rochester Regional Health). She is passionate about working in healthcare and looks forward to serving on the Palliative Care team.

And, Palliative Care faculty members, Adam Cardina, MD and Fahad Saeed, MBBS, FASN. Drs. Cardina and Saeed are recent graduates of our Palliative Care Fellowship Program.

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Our Interdisciplinary Team

Our interdisciplinary clinical team includes nurses, a social worker, a chaplain, a harpist, massage therapist volunteers, Reiki practitioners, and a bereavement support team. Our interdisciplinary research and quality improvement team includes nurses, physicians, an epidemiologist and a master and doctorate in public health.

In May 2016, the Rochester Academy of Medicine presented our Palliative Care team with the Academy's most prestigious award, "The Distinguished Service Award." This award represents outstanding service to the medical profession and our community, as well as lifetime achievement and recognition of national and international contribution to medicine.



Sussman Palliative Care Unit (4-1200)

Our Sussman Palliative Care Unit continues to prosper and be an extraordinary oasis for hospitalized patients who need palliative care. Satisfaction levels of patients, their families and our staff continue to be very high. Our outstanding staff continues to provide exemplary care, and it is supplemented by a wide range of complementary therapeutic support including therapeutic massage, Reiki, live harp music and pet therapy.

Philanthropic Highlights

This past year our strong philanthropic support continued. **Thank you to all donors who provided support for our program.** We would like to take the time to recognize and thank some of our strongest supporters for their generosity.

- Jacqueline Archer
- Bruner Foundation
- June Brush
- Vincent Butler
- Mark and Maureen Davitt
- Patricia DeWeese
- Richard DiMarzo
- Keith and Kathy Kurz
- Mary Anne Palermo
- Timothy and Penelope Quill
- Clare E. and Jerald J. Rotenberg
- Nancy Sproull Highbarger
- Robert Sproull
- Betty Strassenburgh
- Alvin Ureles
- The Waasdorp Family
- The Fraser-Parker Foundation
- Max and Marion Farash Charitable Foundation
- Louis S. and Molly B. Wolk Foundation
- Sergei Zlinkoff Fund for Medical Education and Research
- Friends of Strong

For those interested in learning more about providing philanthropic support to the Palliative Care Program, please contact Jodi Revill, Senior Director of Advancement at 585-276-4978 or jrevill@ur.rochester.edu.

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Palliative Care Program

Bereavement Report 2015-2016

Our Palliative Care Team endeavors to support the family members of our patients throughout their loved one's illness and beyond. Our bereavement team currently consists of one part-time coordinator, Karin Cole, and three volunteers. The team is the cornerstone of support and referral for the families of those patients who die while under our care, especially for those who do not have the added bereavement follow-up from hospice. For various reasons, not all of our patients make it onto hospice, and without our bereavement support, their loved ones would be navigating this challenging period on their own.

Bereavement Support Process

Once a week, our multidisciplinary team meets to discuss current patients and other team oriented details. During this meeting, we take time to name and discuss each patient who has died while under our care. Our team varied practitioners often get to know our patients and families quite intimately. This bereavement discussion time gives our staff an opportunity to process their experience, share difficult or wonderful stories about the deceased patient and his or her family, and to write a personal note in a card that will be sent to the surviving loved ones.

Our families indicate that receiving hand written cards that are personal in nature are deeply meaningful. Within the card is also a letter written by the bereavement coordinator offering additional condolences, support and information about how to contact us if they want or need to for added support. In situations where the team feels there is a higher bereavement risk, the coordinator or a volunteer will reach out by phone to the family member(s). We have an average of ten to twelve deaths per week. Of those, an average of three to five families receive bereavement phone calls. It is common also for family members to contact us.

This entire process provides tremendous continuity for our heartbroken families and our hard working team members. It allows for processing grief and other emotions by all of the people involved in the care of the dying person regardless of their role.

Memorial Service

Each spring, our team hosts a memorial service for the family members of our deceased patients. Our providers and practitioners volunteer to contribute to various parts of the service in the roles of speakers, poetry readers, musicians, vocalists, and greeters. We provide a slideshow of photos submitted by the families of the deceased patients. Family members appreciate the opportunity to reconnect with some of those who cared for their loved ones during such a difficult time, and our team is able to witness the healing and growth that has occurred as the days and months have passed.

Looking Ahead

Our bereavement services reach the family members of those who have died in the hospital and in our care. We want to continue to provide bereavement care to our family members and to our own team members, but we also have a growing out-patient population, and plan to assess how we can best assist with bereavement services for these patients' families. Additionally, we have been asked how we can help address the bereavement needs of the family members whose loved one has died in the hospital but who were not being cared for by us. We are working with the chaplains office to help address these important concerns. Our nurses and other patient care staff who work directly with our patients on a daily basis would benefit from bereavement services as well. We continue to be creative in ways that offer optimal support and opportunity for grieving and closure during one of the most delicate times in our human existence.

Submitted by:
Karin Cole
Bereavement Coordinator

University of Rochester Medical Center

Palliative Care Program

Pediatric Report 2015-2016

The **Pediatric Palliative Care Program** reached an important milestone this year. It is now a formal Division within the Department of Pediatrics. This designation places it on an equal footing with other pediatric subspecialties and ensures that Pediatric Palliative Care has a future within the Department and recognizes the important service our division provides for staff, patients and families.

The program is staffed by three palliative care board-certified/eligible pediatricians, a part-time nurse practitioner, and a bereavement counselor. There is also an interdisciplinary team with representation from ethics, neonatal intensive care unit, pediatric intensive care unit, child psychiatry, social work, massage therapy, and Child Life Services.

The program boasts the recent addition of a pediatric chaplain, Maurice Hopkins. Maurice is an integral part of our team, rounding with us, and providing counsel for our patients and their families. In addition, he is playing a key role in educating pediatric trainees in spirituality and self care. He also serves as chaplain for Golisano Children's Hospital and our community-based palliative care partner, CompassionNet, providing an important link between the hospital and home.

The Program consists of the following components:

Clinical Service. Our number of annual consultations continues to increase – this past year we had a 30% increase in consultations (over 250) and we are on pace for a similar volume this year. We remain recognized as the “go-to” team for pain and symptom management, as well as working with families to define goals of care for children with potentially life-limiting illnesses. Most of our consultations are on the pediatric inpatient service, but a growing number are outpatient perinatal consultations (see below). We also see outpatients and make home visits. In 2015, the pediatric palliative care program partnered with the adult team to achieve Advanced Palliative Care Certification by the Joint Commission. We also work collaboratively with Palliative Care Services in other communities in an effort to coordinate care and maximize services that can be provided in the home using local resources.

Perinatal Palliative Care Program. In January 2012, we formally launched a Perinatal Palliative Care Program with a multidisciplinary Perinatal Supportive Care Clinic. This clinic, directed by Dr. Erin Denney-Koelsch, includes Maternal Fetal Medicine physicians (high-risk obstetricians), neonatologists, palliative care physicians and support staff who work together to care for women and families with serious or life-threatening fetal conditions. In this clinic, we have consistently served 35-45 families per year with a variety of diagnoses including genetic abnormalities, birth defects, and prematurity. In addition, Dr. Denney-Koelsch has completed an NIH-funded R21 grant to learn more about how families with high-risk pregnancies experience health care and how we can improve care. She has 3 manuscripts published and 3 more in process that are greatly expanding the field of perinatal palliative care. She has completed and published 2 articles on a national survey with 4 other institutions looking at perinatal palliative care programs to understand standards of care and quality practice on a national level. She has presented her work at local, regional, and national palliative care, pediatric and obstetrics meetings.

Bereavement Program. Ashley Pinkeney, LMFT, CT, is our dedicated bereavement counselor who supports children and families in their anticipatory grief, and supports families who have lost children. She makes sure that every family who has lost a child under our care at Golisano Children's Hospital is followed up with a condolence card, a phone call, and counseling if needed. *She also co-facilitates a support group for parents who have experienced an infant loss.* She is responsible for staff education around the difficult issues of losing children. She currently is launching a new program in conjunction with Child Life services, the Adult Palliative Care Unit, and the Wilmot Cancer Center to support children whose parents are terminally ill. She has been an invaluable resource for support of staff and families served by Golisano Children's Hospital.

Education. We continue to offer a pediatric palliative care rotation for pediatric residents, pediatric subspecialty fellows, Hospice and Palliative Medicine fellows, and medical students. The rotation consists of one week at Strong Memorial Hospital (seeing inpatient, perinatal, and outpatient consultations), and one week in the community, making house calls with CompassionNet, our community-based pediatric palliative care partner. We provide education to the residents, faculty, subspecialty divisions, nurses and nurse practitioners about pain, symptom management, communicating difficult news, and bereavement through frequent conferences and consultations. In addition, Barbra Murante, our pediatric palliative care nurse practitioner, provides an overview of our services to newly hired pediatric nurses 4-5 times a year in the pediatric service orientation.

In 2014-15 we had our first pediatrician as one of our palliative care fellows, and a "pediatric track" was designed for him within the Hospice and Palliative Medicine fellowship. Starting July 2016, we will welcome two pediatricians to our fellowship program. We have initiated a monthly Pediatric Palliative Care Seminar Series on topics that differ from the adult palliative care population. Dr. Denney-Koelsch continues to receive support from the Department of Pediatrics to continue the core curriculum for teaching our trainees the principles and practice of pediatric palliative care. She continues to present a 4-hour interactive workshop to teach pediatric residents how to improve communication skills such as delivering bad news and leading family meetings. This program significantly has increased residents' comfort level and competence with challenging conversations with parents of seriously ill children. Based on the experience designing and implementing this curriculum, Dr. Denney-Koelsch and two collaborators have recently presented at a national pediatrics conference a 3-hour workshop on "Teaching the Art of Difficult Family Conversations."

Grants. Several members of our faculty have garnered grant support for research and education related to pediatric palliative care. Dr. O.J. Sahler received and completed a highly competitive NIH grant entitled the "Rochester Area Collaborative Center of Excellence in Pain Education," and is currently applying for a renewal. Dr. Erin Denney-Koelsch continues her work on several research projects looking at quality care for parents who are faced with a life-threatening fetal diagnosis. She and her multi-institution research team has applied for an NIH grant to look at what palliative care factors influence long-term bereavement and parent outcomes.

Link with CompassionNet/Lifetime Care. CompassionNet is a community-based pediatric palliative care team. We work very closely with that team, meeting with them twice a month to discuss common patients and maintain continuity of palliative care between home and hospital for the region's sickest children. We also have academic links, collaborating with them this past year on a needs assessment survey for children with chronic and life-limiting illnesses, and currently with them on several other research projects.

Massage. As part of the general massage program, the pediatric program supports massage therapy for children and their parents one day a week.

Music Therapy and Music Practitioner Services: We are able to provide music-based interventions to assist in symptom management, to enhance family-child interactions, and to be present at difficult times as requested by the family.

Awards/Recognitions. Dr. Erin Denney-Koelsch has completed her year as Chair of the AAHPM Pediatric Special Interest Group. She was chosen as one of the national leaders of the AAHPM Academic Palliative Medicine Counsel and was inducted as a Fellow of the AAHPM in 2016. Ashley Pinkeney, LMFT, earned the designation of Certified in Thanatology: Death, Dying and Bereavement, conferred upon her in January 2016 after a period of rigorous testing combined with her professional experience in the field of palliative care. Dr. David Korones was awarded the CURE Hometown Hero award by CURE, a local parent support group for parents of children with cancer. He has also assumed the post of Section Editor for a humanism-in-medicine narratives section of the journal, *Pediatric Blood and Cancer*.

Submitted by

David Korones

Director, Pediatric Palliative Care

University of Rochester Medical Center

Palliative Care Program

Fellowship Report 2015-2016

The University of Rochester Palliative Care Fellowship Program has had proven success year after year graduating highly qualified palliative care physicians. This year we graduated 3 outstanding clinicians, all of whom have chosen to stay in the Rochester area. Fahad Saeed, MBBA is now on faculty at URM in palliative care and nephrology, and he will continue doing research on palliative care perceptions and needs in the renal disease population. Janine Fogarty, MD, is working at Unity Palliative Care and Hildebrandt Hospice Center. Adam Cardina, MD, returned to F.F. Thompson Hospital where he's working along with one of our palliative care faculty, Cheryl Williams, MD, on building the Palliative Care inpatient and outpatient clinics, as well as the hospice programs.

We were delighted to welcome 3 new fellows in July who were recruited through the national Match process:

- Rachel Diamond, MD was Chief Resident in Pediatrics here at URM and is one of two fellows participating in the Pediatric Track of the fellowship program. She's particularly interested in home care for children with serious illnesses.
- Puneeta Khurana, MD is also a Pediatrician on the Pediatric Track and is interested in cultural perceptions of palliative care.
- Elizabeth Newman, MD is a Family Physician from Vermont, who hopes to return home to practice hospice and palliative medicine in her home community.

Our first year participating in the Match went smoothly, and we were impressed by the number of applicants applying for both 2016-17 (28 applicants) and for 2017-18 (25 applicants). We continue to improve our Pediatric Track, adding a monthly seminar series for the Pediatric Palliative Care faculty and fellows. We've seen a significant increase in pediatricians applying for our program. Our geriatric track in partnership with Highland Hospital also is thriving with focus on the unique palliative care and geriatric needs of our elderly patients.

Based on previous fellows' feedback, we made several changes in our fellowship curriculum this year:

- We've expanded the fellows' research exposure, with a seminar where all the faculty who participate in research present a brief overview of their projects and identify how they could potentially be available to the fellows as mentors for their fellowship projects.
- Our off-site day-long retreat for physician resilience and professionalism continues to receive excellent reviews.
- We've significantly revised and expanded our orientation program in July to provide more training and guidance early in the year on both logistical issues and fundamental palliative care clinical skills.
- We've added several sessions on career planning and leadership skills, in hopes of meeting our goal of creating and supporting future leaders in the growing field of palliative care.

We would like to especially thank the Fraser-Parker Foundation and Highland Hospital for their ongoing yearly support of fellowship positions.

We look forward to an exciting 2016-2017 academic year!

Respectfully submitted,

Erin Denney-Koelsch, MD

Assistant Professor of Medicine and Pediatrics

Director of the Palliative Medicine Fellowship

Director of the Perinatal Supportive Care Program

Academic Palliative Medicine Council Leader, American Academy of Hospice and Palliative Medicine (AAHPM)

Workforce and Leadership Strategic Coordinating Committee Member, AAHPM

University of Rochester Medical Center

Palliative Care Program

Massage Therapy/Reiki Therapy Report 2015-2016

Massage Therapy Program

A massage therapy program has been a staple of the Palliative Care Program for thirteen years. It consists of one massage therapy coordinator (Karin Cole) and a few volunteer massage therapists. The goal of the massage program is to help relieve the difficult symptoms that patients experience when they are dealing with serious and life-threatening illness.

The growing awareness of the benefits of massage therapy inspire patients and their family members to not only accept the offer of massage, but actively seek it out. We have found that many patients experiencing difficult symptoms such as pain, anxiety, and even nausea get significant relief. Because of the wide range of techniques that can be used to provide massage, touch at any stage of illness is always possible. Our massage therapy program is able to reach approximately ten to fifteen adult patients and family members per week and offer up to approximately twenty massages.

Pediatric Massage Program

The Pediatric Massage Program offers gentle massage to either a young patient or to his/her parents/family members. Very often parents enjoy learning massage techniques that they can use themselves with their child. When children are experiencing a serious illness, parents often feel helpless. Being able to touch or massage their child in a therapeutic way is very empowering and gives additional meaning to the bedside support that parents are already providing. The program offers therapy to approximately two-to-four children and/or parents per week.

Reiki Therapy

The Reiki Therapy Program is driven by a volunteer and continues to offer services to patients, family members, and staff one afternoon per week. Reiki is a gentle energy technique that is recognized by the National Institute of Health's CAM (complementary and alternative medicine) and used frequently in many institutions across the United States. It is a highly valued and effective technique, especially in treating pain and anxiety. Because of the gentleness of this treatment, it can be used on patients who are very frail. Our Reiki therapist is able to provide treatment to approximately five to eight people per week.

Student Programs

Our relationship to the Finger Lakes Community College's Massage Therapy Program continues as an internship and shadowing experience for massage students. During the medical massage rotation training, students are provided with an opportunity to observe massage therapy given to patients, discuss treatment plans and methods for caring for a patient and his/her family, and explore case studies with the massage therapist.

A new program began this August with the Onondaga School of Therapeutic Massage in Rochester, New York. Students provide chair massages to family members of our patients and also to our palliative care team members several times each semester. At a prearranged time the students also have the option of shadowing a massage therapist treating Palliative Care patients. Continued positive relationships with both educational programs provide us with an opportunity to expand massage services to as many people as possible.

Looking Ahead

While we serve many people, expanding our volunteer program will help increase the numbers of people who we are able to reach. Our ever-growing relationships with the massage schools help to educate newer therapists who may want to explore providing their services to palliative care patients, and potentially ensures a more robust volunteer program for the future.

Submitted by
Karin Cole, LMT

University of Rochester Medical Center

Palliative Care Program

Music Report 2015-2016

“Music is very spiritual; it has the power to bring people together.”
Edgar Winter

Whether talking with Music Therapists or Therapeutic Musicians like myself, the conversation will at some point turn to “Entertainment.” Both camps find this a problematic topic. How can we be taken seriously if we are “entertaining?” We can list all the reasons why our work is so much more than that. Of course Music Therapists are board certified therapists using music as a tool in their therapist work. As a Therapeutic Musician I use live acoustical music to sooth and relax my patients to create a healing environment. However, there are times it feels like entertaining. I like to call it, “Entertainment With A Purpose.”

Case: I was playing the harp for a woman the week of Christmas and she noticed my surprised look when viewing the food tray in front of her. "Well, the doctor said I have two more weeks to live if I leave the feeding tube in or one more if I take it out, so I had it taken out and I get to eat whatever I want." On her tray were chocolate chip cookies, chocolate cake, ice cream, a honey crisp apple, tomato soup and a plate of bacon. She happily nibbled while I played her favorite tunes on request.

Case: I entered a room where an eighty-nine-year-old patient was in her final days. I was playing gentle folk tunes when her twenty-seven-year-old granddaughter arrived. She mentioned that she had her recorder with her and could she play. We discovered many tunes in common that she played and I accompanied her with my harp. It was joyous and enjoyed by everyone. A wonderful gift to this woman at the end-of-life.

Case: Playing gentle folk tunes for an elderly end-of-life patient, the room felt very grim. I played one tune and the high school aged granddaughter brightened and asked if she could sing along with that tune and several others she had learned in chorus at school. I played and she sang and the mood in the room went from grim to joy.

Activities in the hospital and in the community that I have been involved with:

- Providing shadowing opportunities for four Music Therapy Interns from Nazareth College.
- Recording a CD of relaxing harp music that continues to be used in a study in the NICU.
- Playing harp at a visiting speaker reception, at two nurse pinning ceremonies, and a donor reception.
- Participating on the “future of the play deck committee.”
- Serving as a mentor to eight students going through the national Music for Healing and Transition Program.

I would like to thank the office staff of the Palliative Care Office, the nurses of Wilmot Cancer Center and The Sussman Palliative Care Unit for their support and loving care when I am playing my harp. Thank you to William Parker, Jr. and the Fraser-Parker Foundation for believing in live music and for their continued support.

Sandy Gianniny,
Certified Music Practitioner
Palliative Care, Strong Memorial Hospital

University of Rochester Medical Center

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