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New director of Ithaca Hospicare Dale Johnson exhibits compassion, experience

By Taryn Thompson
Reporter



Dale Johnson was recently hired as the new director of Hospicare, located on King Road in Ithaca and serving the entirety of Tompkins County. He practiced law for 19 years in Syracuse and was the board chair of the Hospicare in Syracuse for seven years during the 1990s. After deciding he was having more fun in the non-profit sector than doing legal work, he enrolled in Syracuse University's Maxwell School to pursue an M.P.A. in not-for-profit management. He then spent four years running a soup kitchen operation in Syracuse, similar to Loaves and fishes, before becoming CEO of the Hospicare in Syracuse. Four years later, he comes to Ithaca.

Ithaca Times: What does it mean for you to be involved in hospice?

Dale Johnson: Well, to me it's always been a fascinating part of the human services spectrum because in a sense it's kind of at the intersection of medicine and philosophy. I think as a movement in the U.S., hospice is relatively young - maybe 30, 35 years old. And it's just something that never seems to get old. Every issue is different, every patient is different, every set of problems is different, and it doesn't get stagnant.

IT: Can you expand on that?

DJ: Every time you admit a patient into hospice care, there is really this very broad analysis of medical, family, psycho-social and religious circumstances. All of those go into the decision-making process of how to care for that patient and that family, because in hospice care it's the patient and the family as the unit of care; it's not just the patient. So there's this multidisciplinary analysis of what the needs are, and it includes not only medical people but also social workers, bereavement counselors, our spiritual care coordinator, and all of them have to jointly come up with a plan that is appropriate to that particular person. And part of that is to kind of coach people through a transition in the goals of care away from the traditional medical curative model into things that are much more related to comfort, related to the quality of relationships, and that can be very tricky. We tell people here that this kind of work isn't for everybody, but for some people there is really no other line of work that is anywhere near as professionally rewarding as this work. So part of what I think is appealing to me about that is that [those] are the kind of people I get to work with. On a daily basis the clinical care staff gets together and reviews what's happened over night. We've got two nurses that are on call all night who, if the call comes in they jump in their car at two in the morning and drive off to any corner of the county to

take care of people. There's no other, I think, any sort of aspect of medical care that comes close to this: being truly responsive to people's needs and people's own sense of their own needs.

IT: What kind of growth is Hospicare seeing?

DJ: We've had a peak of about 65, and right now we're running in the low 50s, but a couple of years ago it was in the high 20s or 30s. I think there is the potential to increase the number of patients that we serve in this community. Part of that is really cultural - how people approach issues of death and dying - and part of that is intensely personal, but a lot of it is really the culture of the community and that's something I've noticed in Ithaca particularly is that there seems to be a very kind of progressive sense of shared value around that that I think is not typical everywhere.

IT: Can you talk more about that?

DJ: In a sense the whole hospice movement began almost as kind of a countercultural movement that was in reaction to the traditional values of traditional health care. And over the course of the last 25 or 30 years, hospice care as part of the continuum of care throughout the medical system I think has gotten more and more accepted. There was a time early on when there was real antagonism between hospice and medical care, and that clearly isn't the case anymore. We're working on a really powerful collaboration with Cayuga Medical Center on palliative care, hospice care, and I think in many respects this community is ahead of a lot of other communities in terms of making that shift to respect [it] as not only a legitimate aspect of appropriate medical care, but as the preferred means of dealing with a fairly significant portion of patients who are in chronic disease or end-of-life situations.

IT: What goals do you have now that you're here?

DJ: We are working now on a strategic plan, but we are getting very tight on space, so we've got to do some real analytics around that point. We just finished up a very extensive review of our salary structures to make sure that we are going to be competitive and be able to recruit and retain the best employees we can.