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Column: Hospice CEO prepares for crowning achievement

By: [Frank Pagani](#) Posted date: May 01, 2014 In: [Column](#), [Fairfield](#), [Health Care](#), [Opinions & Columns](#) | comment : [0](#)

On Dec. 1, the vision and long-sought goal of Cynthia E. Roy will become a reality when the Regional Hospice and Home Care (RHHC) of Western Connecticut's new hospice residence, now in the final stages of construction, is expected to open doors for its first residents.

The \$12 million, state-of-the-art, 36,000-square-foot facility, which Roy proudly said "will look and feel like a home, not an institution," will be Connecticut's first and only family-focused, private-room hospice destination.

For Roy, who has been RHHC's president and CEO since 2007, the landmark hospice residence represents a crowning accomplishment in her more than 20-year career as a health care professional and a leading hospice administrator and advocate. She said her passion for championing the quality of life and dignity of children and adults diagnosed with terminal illnesses began early in her career as a clinical social worker for the New York City Chapter of the Alzheimer's Association. "I became aware that patients and their families had no direction about end-of-life care," she said.

But, it was a close friend, diagnosed with leukemia, who inspired Roy to devote her energies to hospice care, putting her on a career path that led to her being named executive director of Mid-Fairfield Hospice in Wilton, a position she held for nine years before joining RHHC.

Her friend's death also made Roy acutely aware of how important it was to make sure "the last house people will live in has meaning for them — that it's a place to live, not die. Patients should be able to go outside and feel the sun on their faces." That sensitivity and need to honor her friend guided Roy's oversight of the design of the new residence. Among the features are a staggered design of the 12 suites equipped with fireplaces in all living rooms and views of the landscaped grounds that include a 4,500-square-foot garden.

"The key is that we have created a beautiful space where family members can be together with their loved ones," she said. "I think it is so important that when someone dies that it be peaceful and



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sacred, a quality that has been lost in our society.”

Cynthia E. Roy

Roy noted the residence will boast a “dedicated and deeply caring team of about 100 certified caregivers who will help patients and families discover what end-of-life care can be — what can be gained, what can be realized and what can be recaptured.”

Roy is especially proud of the commitment of the clinical staff. “We have had no turnover in five years, which is remarkable in this sector because it can be very sad work for them, especially when caring for a child who is dying.”

Roy noted that in its first year, the new residence expects to be home to more than 1,000 residents from within a 50-mile radius of Danbury.

Getting the residence on the drawing board took seven years of work and overcoming a number of government bureaucratic hurdles, she recalled. There’s little doubt Roy’s strong advocacy voice and leadership position were instrumental in changing and getting legislation passed that allowed construction of the new hospice home.

Roy said the new residence will be the gold standard of hospice care in the 21st century. “Part of the problem, one that can be overcome by the example of what we have created here and by education, is the public’s perception about hospice,” she said. “People are afraid of the hospice word.” Yet she cites studies like the one the National Hospice and Palliative Care Organization published in 2010 showing that hospice and palliative patients live longer than those who receive standard care.

As Roy prepares for the grand opening of what will be the proudest moment of her career, what’s next for the tireless hospice advocate? For starters, she is helping to shape the future of palliative care and end-of-life quality for the people of Connecticut as a result of her appointment last year to the state’s Palliative Care Advisory Council. Also, her imprint will continue to be felt internationally as RHHC marks its sixth year as a partner with a hospice and palliative care program in Tanzania. The first time she visited that country, she was moved by the shocking conditions there and wanted to effect change, she said. The experience was a sharp reminder of the reason she decided to become a social worker when she was a college student. “I wanted to know that I would make a difference in people’s lives.”


Frank Pagani is principal of Pagani PR, based in Ardsley, N.Y. Contact him at 914-843-5079; the website is PaganiPR.com.

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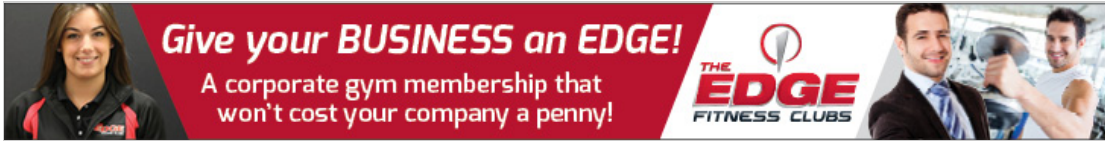
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