Center for Hospice Care
choices to make the most of life

Board of Directors Meeting

501 Comfort Place, Conference Room A, Mishawaka
August 18, 2021
7:15 a.m.

BOARD BRIEFING BOOK

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Center for Hospice Care
choices to make the most of life

CHAPTER ONE

AGENDA

Center for Hospice Care

BOARD OF DIRECTORS MEETING
Administrative and Foundation Offices
Conference Room A
August 18, 2021
7:15 a.m.

A G E N D A

1. **Welcome, Introductions, Call Meeting to Order** – Jennifer Ewing (5 minutes)

2. **Consent Agenda** – Jennifer Ewing (10 minutes)
   A. Approval of May 19, 2021 Board Meeting Minutes *(action)*
   B. Patient Care Policies *(action)* – Included in your board packet. Angie Fox, CHC DON, available to answer questions.
   C. QI Committee Minutes 05/25/21 *(information)*

3. **President's Report** *(information)* - Mark Murray (20 minutes)

4. **Finance Committee** *(action)* – Kurt Janowsky (10 minutes)
   A. YTD July 2021 Financial Statements

5. **Hospice Foundation Update** *(information)* – Mary Newbold (15 minutes)

6. **Board Education** *(information)* **–** Lance Mayberry "CHC's Community Based Palliative Care Program Update" – (10 minutes)

7. **Chair's Report** – Jennifer Ewing (4 minutes)

8. **Adjournment** – Jennifer Ewing *(action)* -- (1 minute)

   (Five-minute break until HF/GPIC board meetings. Becky Kizer notifies the staff of the Hospice Foundation / GPIC that the next board meeting will commence in five minutes.)

Next CHC Board meeting November 17, 2021

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Center for Hospice Care
choices to make the most of life

CHAPTER TWO

CONSENT AGENDA

Center for Hospice Care
Board of Directors Meeting Minutes
May 19, 2021

Members Present:	Andy Murray, Brian Huber, Jeff Bernel, Jennifer Ewing, Kevin Murphy, Kurt Janowsky, Mark Wobbe, Mary Newbold, Roland Chamblee, Wendell Walsh
CHC Staff:	Craig Harrell, Karl Holderman, Lance Mayberry, Mark Murray, Mike Wargo, Becky Kizer
CHC Staff Absent:	Angie Fox

Topic	Discussion	Action
1. Call to Order	• The meeting was called to order at 7:15 a.m.	
2. Minutes	• A motion was made to accept the minutes of the 02/17/21 meeting as presented. The motion was accepted unanimously.	K. Murphy motioned J. Bernel seconded
3. Policies	• New and revised policies were in the board packet. Jen E. suggested changing Nurse Practitioner to Advance Practices Provider to cover a greater variety of nurses. • A motion was made to accept the minutes of the 02/17/21 meeting as presented. The motion was accepted unanimously.	W. Walsh motioned M. Newbold seconded
4. President's Report	• We hope to be meeting in person in August. The bylaws forbid meetings like this, but during a worldwide pandemic we are ignoring this for a while. • ADC April was 395, which is down 18% from last year. The breakeven budget ADC is 414. There are a couple reasons it is below last year. Referrals are down 2.7%. The YTD conversion rate through April is 69% compared to 75% a year ago. The length of stay in both IPUs is up 32% compared to last year. Part of that could be we are seeing more Respite patients. ECF census continues to be down. Historically it is 30-33% of the ADC and now it is 23%. The nursing home industry may not recover from the pandemic until the end of 2022. • Construction continues on Care Connections Center at Milton Village. We will not be kicked out of the building on MADS is in on Colfax, but we may have to pay more in rent for a few months until we move. • We are planning to do the Volunteer Recognition event in person in July likely at The Armory. We are working with Kurt Janowsky and his crew to find a date. Most	

Topic	Discussion	Action
	of our volunteers are in the demographics that were likely vaccinated a long time ago. We did a virtual event last year. • The draft of the 2020 Audit is on the agenda. It was approved by the Finance Committee last Friday and is marked "draft" due to the fact HHS still has not given any directions on what they are looking for in reporting expenses related to COVID for the stimulus funds we received in April 2020. • The NHERT has not met in person since January 2020. Several executives have retired, and four new members were added. We plan to meet in person in October. We have had numerous meetings via Zoom in the meantime and talked about staffing problems and COVID. • Staffing – We are continuing the recruitment referral bonus through July as well as sign on bonuses. A number of new staff have started in the past couple months and a couple are even scheduled into June. We are doing some virtual visits and using other technology. Tomorrow we are doing a Zoom meeting with all nurses to inform them that we have re-engineered the nursing salary structure. We tried to eliminate a lot of extras and include that into the base salary and streamline the process, so it is more readily understandable and comparable to our competitors. Our main competitors are hospitals and other hospices. We are attempting to keep existing productivity standards in place. Many staff will see an increase. We review employee benefits annually during open enrollment. Kevin M. suggested translating that into dollars to help staff better understand the broader perspective in benefits. Jen. E. suggested putting everything on one sheet—salary, cost of benefits, how much the agency pays for benefits, etc., and total all of those benefits by individual. Everyone is looking for nurses. Nursing homes lost 19,500 jobs in one month. Since February 2020, the health care employment sector is down 500,000 jobs. 60% are planning to leave nursing compared to 2020. • COVID – Mark M. sent an email to all staff last Friday stating regardless of what the CDC put out, we are not changing what we are doing at this time. Staff is still required to wear masks in facilities and patient homes. We have fragile patients anyway. We don't know for sure who on staff has received the vaccine and who didn't. In the past three weeks, a few employees tested positive and 100% of those didn't get the vaccine. A large number of the general public comes here for bereavement. So, we are keeping everything status quo. We are not requiring staff to get the vaccine yet. Eventually we will, likely after FDA approval. Also with staffing	

Topic	Discussion	Action
	shortages, we don't want to mandate it now and lose staff because they don't want the vaccine. • Part of President Biden's infrastructure plan includes $400B for community-based palliative care (CBPC). It is not final, but there is speculation it could help get a palliative care benefit covered under Medicare. It is fairly easy to show it would save money. IHPCO was asked by the Indiana Department of Health to develop palliative care standards for the State of Indiana. The IDH realized late in the game that the legislature needs rules and regulations for CBPC programs that already went into effect 07/01/2020. Mark worked with IHPCO to develop some draft standards for a CBPC. IHPCO hopes to steer legislation to only allow licensed hospice programs to do palliative care on a community level. • In the board packet is the list of committee opportunities. This is year to review the Bylaws. We don't anticipate any major changes. If interested, contact Mark M. or Becky K.	
5. Finance Committee	• 2020 Audit and revised 12/31/20 financial statements – The 2020 audit was done by Kruggel Lawton. Any entities that received federal grant money (HHS stimulus funds) is required to go through a single audit, which is part of the overall audit. Since the final regulations on what to report are not published yet, the audit has to be in draft form. A couple of changes were made to the 2020 financial statements. The 2020 income statement shows $23.8MM operating revenue, $27MM overall revenue, $21.5MM expenses, net gain $5.5MM, net without beneficial interest in Foundation $2.7MM. • YTD April 2021 Financial Statements – The YTD ADC for ECFs is about 90 patients compared to 125 a year ago. That is the shortfall in the current ADC. Income statement - $7.6MM operating revenue, $9.1MM total revenue, $6.8MM expenses, net gain $2.3MM, net without beneficial interest in Foundation $959,000, which is higher than where we budgeted for the year. On the balance sheet under Other Liabilities shows zero, because the funds for the long length of stay audit were recouped by CMS. • HHS stimulus funds – We received $1.4MM in April 2020. We hired The Rybar Group to assist us with accounting and reporting requirements. The HHS portal is open for registration only. The final rules for reporting the funds have yet to be finalized by HHS so we cannot complete the single audit. That is why the audit report	

Topic	Discussion	Action
	is recorded as a draft. In 90 days, we will review this to see if we can make the single audit into a final audit. We could do the audits separately, but there would be other complications. We have a letter from Kruggel Lawton that will accompany the final audit report explaining this situation. The audit of every Medicare provider that received federal grant funds will be made public and since the money we received met a certain threshold, the single audit will be publicly available for one year. • Long length of stay audit – In January 2020 we received notice that we were subject to the review of ten patients and 303 individual claims between January 2017 and November 2019 for a total of $1.2MM. We engaged Husch Blackwell to represent us. In January 2021 we received the initial results of that review. CMS said we had an error rate of 94% and a potential recoupment of $1.1MM. They denied 280 of the 303 claims. Husch Blackwell was not surprised by this and said it is consistent with their other clients. We are in the initial stages of what could be a multi-year process. We established a contingency based on these initial results and it is reflected on the balance sheet. We had three options to respond to CMS and decided to pay the recoupment now and in turn will file an appeal to recoup the funds. This will allow us 60 more days to compile our responses. We brought back our retired DON, Sue Morgan, as a special consultant to work on this project so we don't have to pull staff out of their everyday duties to respond to this. The deadline to respond is 06/24. We submitted our first response to Husch Blackwell to see if we were on the right track and they came back with several suggestions for what to include and not include in the wording. • Staffing was a big factor for the decrease in expenses, but the census is also lower than anticipated so our patient care costs are down. Within that is the case mix in that we have more home health patients than we budgeted, and we don't pay for DME and medications for home health patients. Some admissions have been delayed a few days, but we have not denied care to anyone. We are being honest with our referral sources on when we can admit their patients. One-third of new admissions die within seven days or less. The only delay has been in getting the first assessment on whether the patient is appropriate for hospice or palliative care. Telehealth has helped a great deal. Some nursing leadership are making visits as well. The conversion rate of referral to admission is down slightly from last year. The overall average conversion rate is 2.3 days and right now it is 2.6 days. There was a period of time last week when we received 50 referrals in four days. Typically, our response time goal is 55%	

Topic	Discussion	Action
	within the first 48 hours and now it is about 47%. We are down three admission nurses. Staff is picking up extra and filling in where they can. Admissions is still doing an outstanding job getting patients in the door. • We project a growth in the need for hospice services in St. Joseph County and hospice nurses. Some type of telehealth will be the norm for hospices. Thankfully, CMS is now allowing hospices to do telehealth. The federal House and Senate seem to be interested into making this permanent because it makes so much sense. Lance M. will present more information on this at the August board meeting. Everyone is having a difficult time finding nurses despite sign on bonuses. We are hiring more LPNs, but they need to be supervised by an RN which adds another layer. LPNs cannot work in the IPU by themselves. • A motion was made to accept the 2020 Audit, revised 2020 Financial Statements, and the YTD April 2021 Financial Statements as presented. The motion carried unanimously.	K. Murphy motioned M. Wobbe seconded
6. Hospice Foundation Update	• Annual giving is memorial donations, events, and general donations. It has been trending $1.1MM each year. Depending upon the year, we may receive more bequests. YTD so far, we have received $50,000 in bequests. We classify those separately as well as anything related to campaigns. The campaign in 2007-2008 was for the Elkhart Campus, and in 2014-2020 it was the Crossroads Campaign. The Helping Hands Award Dinner honoring Zoreen and Rafat Ansari will be held in person 09/08. We are working on initiatives to raise money for the new building for MADS. So far, we have raised about $895,000. We have five fundraising priorities this year: (1) annual giving. We are seeing the number of donors go down. (2) charity care – The Sister Carmel Helping Hands fund was the focus of the Annual Appeal. (3) fundraising for PCAU and GPIC. (4) Honoring Choices Indiana-North Central. (5) MADS remodel. • As of 04/30, the Annual Appeal has raised close to $120,000 which is an all-time high for this appeal. Friends of Hospice will be rolling out today. • PCAU – We sent money to them for COVID expenses. We normally send two employees to the PCAU conference, but we are not going to this year. This the conference will be a combination of virtual and in person. We sent an email to staff to see if anyone would be interested in participating in this year's conference and provide an abstract for consideration by their scientific committee. Road to Hope	

Topic	Discussion	Action
	internships continue virtually. We are working with the Mulago School of Nursing and Midwifery to train 50-60 people to become palliative care nurses. The mHealth project continues to progress as well. • GPIC – We currently have 37 partnerships and are looking at adding a couple more in other areas. Members sent money to their partners to assist with COVID responses. We are raising funds for the education of social workers and nursing scholarships. Those funds are provided through APCA. Some research projects are going on through various universities. APCA is working on a research project with Bluegrass Care Navigators in Lexington, KY. • Center for Education and Advance Care Planning – We continue to do community and professional education. We are working with the Vera Z. Dwyer College of Health Sciences at IU South Bend and the IU School of Medicine. We are working on developing the curriculum for a minor program in palliative care. We will be bringing some of those students through our program for clinical rotation. We are also seeing some people from the local area and plant some seeds as hospice and palliative care being a good career track. We had two Fellows from IUSM and four scheduled this year. One is designated as the Vera Z. Dwyer Fellow. We did an IU Talk program with St. Joseph Health System residents. We continue with legislation outreach through Elleah Tooker, our Community Education Coordinator, who is also an NHPCO Ambassador. We have had some success doing community education on Facebook Live. • Honoring Choices Indiana-North Central – We are working on digital integration. We took the First Steps training on the road virtually to the South Bend Clinic and Beacon to train their staff to be facilitators. We will be doing an online refresher course and virtual facilitator certification workshops. Due to COVID, people are seeing that having advance directives is critical. We received a grant from the Elkhart Community Foundation to help in these efforts. Michael White has been trained as a certified Advanced Steps instructor. • MADS – We continue to work on the remodel of the Roseland facility. It is a $6.1MM project and so far, we have $2.5MM in fundraising commitments.	
7. Chair's Report	• Thank you to the team at Hospice for continuing adaptions due to COVID. It has been a very difficult year.	

Topic	Discussion	Action
	• Everyone was encouraged to mark their calendars for the Helping Hands Award event on 09/08. • Thank you to Holly Farmer, Director of Bereavement Services, and Mark Murray. When a friend and colleague passed away, Jen E. reached out to Mark M. and Holly F. and she met with staff to help them in the grieving process.	
Adjournment	• The meeting adjourned at 8:20 a.m.	Next meeting 08/18

Prepared by Becky Kizer for approval by the Board of Directors on August 18, 2021.

_____ _____

Jennifer Ewing, Chair Becky Kizer, Recording Secretary

PURPOSE: To establish a fee schedule when there is no third party reimbursement (Medicare, Medicaid, and/or Private Insurance).

PROCEDURE: Patients who do not have any reimbursement resources will be informed of visit rates at the Pre-admission by the billing department upon request.

Patients may complete a Fee Assessment Worksheet.

~~The social worker will complete a Fee Assessment Worksheet for any patient entering the inpatient unit.~~

The Agency's Billing Department will determine a patient's visit rates based on the completed Financial Assessment Worksheet and a sliding fee scale.

Patients/families will be notified by Agency staff of their revised/discounted visit rates. In the absence of a completed form, the patient/family will be billed at 100% of the applicable rates.

Invoices will be mailed monthly.

Monthly charges will be limited to 50% of a patient's/family's monthly income as reported on the Fee Assessment Worksheet.

Any questions or payment concerns can be directed to the Billing Department.

No one is refused services due to an inability to pay.

PURPOSE: An ABN is issued when the provider has reason to believe Medicare will not pay for service prior to providing the items or services.

POLICY: The three situations that would require issuance of an ABN by a hospice are:

- Ineligibility because the beneficiary is not determined to be "terminally ill" as defined in 1879(g)(2) of the Act;
- Specific items or services that are billed separately from the hospice payment, such as physician services, are not reasonable and necessary as defined in either 1862(a)(1)(A) or 1862(a)(1)(C); or
- The level of hospice care is determined to be not reasonable or medically necessary as defined in 1862(a)(1)(A) or 1862(a)(1)(C), specifically for the management of the terminal illness and/or related conditions.

End of all Medicare covered hospice care
When it is determined that a beneficiary who has been receiving hospice care is no longer terminally ill and the patient is going to be discharged from hospice, the hospice may be required to issue the Notice of Medicare Noncoverage. If upon discharge the patient wants to continue receiving hospice care that will not be covered by Medicare, the hospice would issue an ABN to the beneficiary in order to transfer liability for the noncovered care to the beneficiary. If no further hospice services are provided after discharge, ABN issuance would not be required.

Hospice care delivered by non-hospice providers
It is the hospice's responsibility to issue an ABN when a beneficiary who has elected the hospice benefit chooses to receive inpatient hospice care in a hospital that is not under contract with the hospice. The hospice may delegate delivery of the ABN to the hospital in these cases.

When ABNs are not required for hospice services

- **Revocations** – Hospice beneficiaries or their representatives can revoke the hospice benefit. Revocations are not considered terminations under liability notice policy since the beneficiary is exercising his/her own freedom of choice. Therefore, no ABN is required.
- **Respite Care** beyond five consecutive days – Respite care is limited to five consecutive days under the Act. When respite care exceeds five consecutive days, an ABN is not required since additional days of respite care are not part of the hospice benefit. CMS encourages hospice providers to give the ABN as a voluntary notice to inform patients of financial liability when more than five days of respite care will be provided.

Signature:  President/CEO

REGULATION: 42 CFR Part 418.56 – Interdisciplinary Team (IDT) or Interdisciplinary Group (IDG), care planning, and coordination of services

PURPOSE: The agency will use an interdisciplinary approach to assessing the medical, physical, social, emotional, and spiritual initial and ongoing needs of the patient and family.

POLICY: The Agency will have an Interdisciplinary Team (IDT) that includes at least the following persons:

- Doctor of Medicine or Osteopathy
- Registered Nurse
- Social Worker
- Chaplain~~Spiritual Care~~

The IDT meets at least every 15 days and/or more frequently as needed.

Each member of the Interdisciplinary Team will be qualified to fulfill their individual position's job description and hospice licensure.

No member of the IDT shall be a family member, or related to a family member, of the patient.

Participation of team members will be reflected in documentation.

The Interdisciplinary Team will fulfill the following functions

- Establish the patient plan of care with the attending/primary physician and/or the Medical Director/Hospice Physician, prior to the provision of care, and review and update the plan of care at intervals specified in the plan.

- Provide or supervise care and services consistent with the established plan of care. Supervision of this care will be reflected in summaries of patient care conferences in which problems are reviewed by the Interdisciplinary Team and interventions are recommended.

- Report changes in condition/situation from the patient visit/contacts, and update the plan of care. At any time, an IDT member may initiate any form of communication or meeting to facilitate this exchange of information.

Signature: President/CEO

REGULATION: 42 CFR 418.52 – Patient's rights

POLICY: To ensure patient, caregiver/family, and customer issues are resolved in a fair, timely manner within the Agency.

All patient care delivery complaints/concerns will be investigated, resolved, and documented in a comprehensive, timely manner by Agency staff.

1. Concerns will be reported to immediate supervisor within 24 hours of complaint.
2. Supervisor will help employee initiate a consumer concern
3. Supervisor will investigate validity of concern and initiate any corrective actions needed.
4. All consumer concerns are forwarded to Director of Nursing when completed.
5. Director of Nursing will determine if any further follow up with complainant is warranted
6. The Consumer Concerns Committee meets quarterly to review concerns.
7. The Consumer Concern Committee shall consist of the Vice-President/COO, Director of Nursing, Director of Support Services, and Director of Marketing and Access.

4. If the patient/family member is not satisfied with the Agency's resolution of the problem, (s)he may call the Indiana Department of Health Hot Line at 1-800-227-6334

Effective Date: 12/95	Revised Date: ~~07/19~~ 3/21	Board Approved: 11/20/19
Reviewed Date: 09/14		Signature Date: 11/20/19

Signature: President/CEO

PURPOSE: To ensure appropriate admission to hospice services.

Regardless of the referral source, the General Inpatient (GIP) level of care on new admissions to CHC in a contracted hospital setting will only take place if the patient cannot survive transport to one of the CHC inpatient units (IPU) or symptoms cannot be managed for the duration of transport as determined by CHC medical staff, the patient is imminently dying or there is no available bed and it is determined by medical staff to admit in the acute care hospital.

Transport potential is entirely decided by CHC medical staff and not by the hospital staff or a hospitalist physician.

If the CHC medical staff determines a patient can be transported safely to a CHC IPU, and the patient and/or family refuses, the patient will not be admitted to a GIP level of care while in the hospital. The patient may be admitted later once discharged from the hospital at another location such as a CHC IPU, and Extended Care Facility (ECF), or home setting.

Center for Hospice Care

INPATIENT UNIT – PANDEMIC VISITOR RESTRICTIONS

Section: Patient Care Category: Hospice Page: 1 of 1

PURPOSE: To ensure limited exposure from outside visitors into the Inpatient Unit (IPU) during any~~the COVID-19~~ pandemic.

POLICY: The exposure from outside visitors during ~~the COVID-19~~ any pandemic will be limited through enforcing visitor restrictions according to local, state, and/or CDC guidelines.

~~PROCEDURE~~:

1. ~~GIP, Routine, or Respite patients will be allowed two visitors in the patient's room. The visitors may exchange out every two hours on the even hour (8am, 10am, etc.)~~ Administration may alter normal visitation guidelines during a pandemic according to CDC or local/state guidelines.

2. Visitors must be screened daily before entrance to the IPU during a pandemic.
   - ~~Any visitor that answers Yes to any of the COVID-19 screening questions will not be allowed to visit.~~

3. Visitors must remain in the patient's room and use the bathroom in the patient's room.
   - Visitors will be instructed to use the call light for questions rather than coming to the nursing station.

4. Visitors must follow all CDC recommended guidelines regarding the use of PPE. ~~Palliative extubations and actively dying patients will be allowed a maximum of two immediate family visitors at a time in the patient's room. No rotation of visitors. Visitors must also follow #2 and #3 above.~~

5. ~~5.~~ Changes in visitor restrictions will be handled on a case by case basis by the IPU Manager and the ADON/DON. Changes in visitor restrictions will be based on CDC guidelines and administrative team direction.

6. The following restrictions may be imposed based on federal/state or CDC guidelines:
   - Restrictions on visitors, including visiting hours and number of visitors.
   - Restrictions on common areas usage.
   - Restrictions on overnight stays.

Effective Date: 04/20	Revised Date: 05/21~~12/20~~	Board Approved: 06/17/20
Reviewed Date:		Signature Date: 06/17/20

Signature:  President/CEO

PURPOSE: To reduce the risk of further spreading the pandemic virus in Long Term Care Facilities (LTCFs).

POLICY: Center for Hospice Care (CHC) will test all staff that provide services in Long Term Care Facilities in order to meet current Indiana Department of Health (IDH) guidelines.

~~In response to the directive from CMS, Indiana will require pandemic testing of all skilled nursing home staff in June to identify the prevalence of asymptomatic staff in these facilities. For this testing effort in June 2020 to be an effective indicator for future decision-making, it is imperative that all skilled nursing facilities and all staff within those facilities, including other contract workers/vendors, participate in this testing. Therefore, IDH is mandating participation in this pandemic testing during the month of June.~~

CHC will provide testing for staff that provide patient care in LTCFs.

1. The testing site will be determined by CHC and staff will be notified of the date of their test.

2. Physicians Urgent Care will perform the test with results sent to Human Resources.

3. CHC staff will be tested in the following order:
   a) Case Managers
   b) Visit Nurses
   c) Emergency Visit Nurses
   d) Hospice Aides
   e) Social Workers
   f) Chaplains
   g) Bereavement Staff

4. CHC staff will be instructed to keep a copy of their results with them to show upon request when entering a LTCF.

5. CHC will maintain a copy in the employee health file.

REGULATION: 42 CFR 418.52(b)(4) and 418.52(c)(6) – Patient's rights

PURPOSE: To outline a process of identifying and reporting possible victims of abuse or neglect.

POLICY: The Agency follows all Federal and state requirements regarding alleged violations involving mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of patient property by anyone providing services on behalf of the Agency.

DEFINITIONS: Abuse – The intentional inflection of physical, emotional, or sexual pain or injury that results in physical harm, pain or mental anguish.
Neglect – The failure to provide necessary food, shelter, clothing, medical care, or supervision.
Mistreatment – To treat someone or something roughly, wrongly, or badly.
Exploitation – Intimidating or deceiving a victim in a manner that deprives him/her of money, assets or property for the benefit of someone other than the victim.

1. During orientation, all new employees receive instruction regarding:
   a. Legal requirements for reporting suspected abuse, neglect, mistreatment, and exploitation;
   b. A review of the state's legal definitions of abuse, neglect, and exploitation and mandatory reporting requirements and processes; and
   c. The requirement to report all alleged violations of abuse, neglect, mistreatment, and exploitation, as well as injuries of an unknown source that involve hospice employees or contractors to the Agency Nursing Director immediately upon becoming aware of the alleged violation.

2. During the admission process and throughout the course of care, Agency personnel assess the potential/likelihood of abuse, neglect, mistreatment, or exploitation in the patient's environment.

3. Alleged violations of abuse, neglect, mistreatment, and/or exploitation involving an Agency employee or contractor are brought to the attention of an Administrator and the Agency Nursing Director immediately.

4. The Agency Nursing Director immediately investigates alleged violations involving persons providing services on behalf of the Agency and immediately takes action to prevent potential further violation during the investigation.

Center for Hospice Care
QI Committee Meeting Minutes
May 25, 2021

Members Present:	Alice Wolff, Carol Walker, Craig Harrell, Deb Daus, Holly Farmer, Jennifer Ewing, Karissa Misner, Lance Mayberry, Larry Rice, Mark Murray, Tammy Huyvaert, Becky Kizer
Absent:	Angie Fox, Natalie Barnes

Topic	Discussion	Action
1. Call to Order	• The meeting was called to order at 8:00 a.m.	
2. Minutes	• A motion was made to accept the minutes of the 02/23/21 meeting. The motion was accepted unanimously.	D. Daus motioned T. Huyvaert seconded
3. Hospice Quality Monitoring	• The first quarter of 2021 was reviewed. • Support Services – Larry R. reported we continue to monitor the chaplain and social work initial assessments to make sure they are complete and in compliance. In the first quarter we had over 99% compliance. Additionally, we are looking at the Service Intensity Add-on (SIA) hours that a patient is on Enhanced Services, which is when staff identify a patient is getting close to death and we increase our presence in the home. Chaplains had 25 SIA hours between February-April and Social Work had 40 hours. This doesn't include other SIA hours for patients that were not on Enhanced Services for whatever reason, such as they died too quickly. Our goal this year is to increase those hours. One of our 2021 goals is to increase these visits by 20%. We are also looking at implementing some changes like call rotation A and B backup, so someone is always available to go out on SIA calls. • Bereavement – The next EGSS (Evaluation of Grief Support Services) survey results will be released in July for the months of January-June. Holly F. is collaborating with the NHERT bereavement professionals for different ways to improve our bereavement program, processes, and mailings. This collaboration is very helpful. We have ordered enough bereavement mailings to last through the end of 2021 and then we will be making some updates to them. • Triage Calls – The top three reasons for calls in the first quarter were medication education/refills, change in patient's condition/death, and requesting a call from the RN case manager. We always encourage families to call 24/7. From a QAPI	

Topic	Discussion	Action
	standpoint, we are zeroing in on medication education and making sure the patient/family knows how to take the meds, especially PRN meds. We are also focusing on delivery of the top five meds given to families and get them out in a 14-day window. We are also doing education on deprescribing. • Discharge Reasons – Total Medicare deaths in the first quarter were 86.7% compared to NHPCO national average in 2018 of 83%. Revocations 8.6% compared to NHPCO national average in 2018 of 6.6%. PEPPER Report national average in 2020 shows 15.9% and Indiana at 6.5%. We are looking at why our numbers are above the national and state averages. No longer terminally ill – we were 2.1% and NHPCO national average in 2018 was 6.3%. PEPPER Report national average in 2020 was 13.4% and Indiana 7.4%. This could indicate we are being too restrictive on our criteria for admissions, so we are tracking it by doctor and team members to get a better insight on this. Our overall PEPPER Report numbers look phenomenal, and we are not in any risk area. • Levels of Care Utilization – We need to utilize GIP in the IPUs more. We are also tracking stays greater than five days. 30.5% stayed in the IPU greater than five days compared to the PEPPER threshold of 32.6%. Respite – We are at the national level. Larry R. is working to extract data of patients that might be eligible and in need of Respite. He is looking at the data in our EMR system and flag key words for caregiver breakdown, educating families, etc., that might indicate a need for Respite. Continuous Care – We continue to put plans in place. We just changed the way nurses are reimbursed. The new model encourages team members to be in the home longer, so we anticipate Continuous Care numbers to go up. Routine – We are in line with national levels. • Patient Adverse Events – The new EMR system is better at capturing this data. The SHP (Strategic Healthcare Programs) is self-reported data. The average fall rate per 1,000 patient days was 3.5. We have interventions plans in place for caregivers. • Hospice Item Set (HIS) – Our total score was 96%, which is down 1% from 2020. The national average is 92-99%. Our goal is 100% and the NHPCO goal is 90% and above. It comes down to the new EMR system. The QA Department is diving into charts and following up with case managers. We are already seeing these numbers improve in the second quarter. Dyspnea screening is a part of our BreatheEazy program. We have found many of treatments and interventions are placed in visit	

Topic	Discussion	Action
	notes instead of clicking a Yes/No box, so it is finding those boxes and educating nurses. These numbers are the results of the new EMR system, and we are getting better at learning it. Now that we have scorecard, we can do more individual training with staff.	
4. Palliative Home Health Program	• Patient adverse events – Falls are up slightly. Our numbers are higher than the national average because of the types of patients we get under palliative care. Many are typically on a trajectory of one year or less. We find that patients are often not using their DME devices. We continue to do DME education and fall risk assessments with patients and families. • Hospitalizations – The national rate is 15.4% and we are currently at 32.5%. The 15.4% is Medicare patients only, whereas our number includes patients without insurance and those with Medicaid. As we enhance our palliative care program, the percentage will go down. Carol W. asked if we could compare ourselves to other hospices instead of the national rate. We would like to see a quarter-to-quarter comparison. Lance M. said we would like to see quarter to quarter comparisons, look for trends, and break out other Medicare patients. He will follow up with Natalie B. and provide that information.	
5. Quality Overview	• Quality Assurance Scorecard – We launched this in 2020. We are monitoring 18 documentation areas in relation to compliance. This can be done by individual nurse. We were at 75% when this was launched in January. March was over 85% and YTD as of last week we are over 90%. One important reason we launched this is when we switched to the new EMR system, there was some confusion. The majority comes down to where staff is documenting. QA monitors the 18 areas for compliance and educates individuals based on their scorecard. • The HIM Committee is working on updating our online resource library and information available on our portals, so it is easier for staff to access the most current and relevant information. • Education – We are Using Talent LMS online learning modules for staff education and orientation. We will be able to monitor completion and understanding of the materials we are putting out for the team. • QAPI – We are focusing on the CAHPS survey scores. We are calling patients seven days after they are on services doing a customer service quality assurance	

Topic	Discussion	Action
	check and ask about pain, the name of the main contact person, are they referencing the patient/family handbook, etc. As we implement these tactics, we should see the results in the fourth quarter 2021/first quarter 2022. CAHPS are sent 60-90 days after the death. The other QAPI initiatives we plan to work on this year include falls, decrease triage calls, infection monitoring, care planning, and decrease emergency nurse visits. • Home Health QAPIs – We are looking at hospitalizations. Our rate is higher than the national average. Our other QAPI initiatives this year will include looking at documentation, falls/adverse events, and the Home Health CAHPS scores. • Staff was invited to participate on various QAPI teams: CAHPS scores for hospice and for home health; education/symptom management to decrease emergency visits, decrease hospitalizations, falls/adverse events, and decrease triage calls; documentation – care planning, infection monitoring. We had a good response of staff from several discipline and departments that volunteered to become involved in our QAPIs.	
6. NHPCO Quality Connections	• Natalie B. joined NHPCO's Quality Connections to help make our QAPI programs be at the forefront of ensuring quality care. The program has four pillars: Education, Application, Measurement, and Innovation. We are in the process of reviewing several education tracks to share with staff. NHPCO is collecting data with a goal to develop benchmarks. Then we will be able to set QAPI initiatives based on those results. We hope this will be fully implemented in the second quarter.	
Adjournment	• The meeting adjourned at 8:35 a.m.	Next meeting 08/24

Center for Hospice Care
choices to make the most of life

CHAPTER THREE

PRESIDENT'S REPORT

Center for Hospice Care
President / CEO Report

August 18, 2021
(Report posted to Secure Board Website on August 12, 2021)

This meeting takes place in-person in Conference Rooms A at the Mishawaka Campus. Enter through the Main Entrance doorway. The HF and GPIC Board meetings will follow in the same room after a very short break. **NOTE:** A photographer will be in Conference Room C to take portraits of CHC board members who are not featured on the board page of the CHC website. This will take place after the CHC board meeting at 8:30 AM and for any HF / GPIC board members needing photos, it will be after the GPIC board meeting.

CENSUS

Year-to-date through July 2021, referrals are down 3% from same time last year. YTD the percentage of referred patients dying before they could be admitted is at 9%, up from 6% in 2020. The YTD average daily census is down 10% from last year. The inpatients units did not start out the year strong but have slowly seemed to pick up. The bright spot is the average length of stay (ALOS) in both units has increased from same time last year. Raclin's ALOS is currently at 5.49 days compared to 4.05 days in 2020 and Esther's House is at 6.23 days compared to 4.48 days last year. Much of the decrease in referrals and average daily census is due to nursing facilities and assisted living facilities and their low census related to COVID-19. (See Patients in Facilities below.) They simply don't have the numbers of patients currently to send to hospice.

July 2021 Overall	**Current Month**	**Year to Date**	**Prior Year to Date**	**Percent Change**
Patients Served	452	1,254	1,417	-11.50%
Original Admissions	104	857	998	-14.13%
ADC Hospice	317.55	334.16	390.46	-14.42%
ADC Home Health	59.10	56.64	39.28	39.10%
ADC CHC Total	376.65	388.80	429.74	-9.53%

July 2021 Inpatient Units	**Current Month**	**Year to Date**	**Prior Year to Date**	**Percent Change**
Raclin House Pts Served	33	194	200	-3.00%
RH House ALOS	5.73	5.49	4.05	35.56%
RH House Occupancy ***	50.81%	41.86%	54.26%	-22.85%
Esther's House Pts Served	2	96	161	-40.37%
EH House ALOS	3.00	6.23	4.48	39.06%
EH House Occupancy	2.76%	40.30%	48.42%	-16.77%

NOTE on Year over Year Comparisons: SB IPU 1/1/20-9/14/20 = 7 beds; Raclin House 9/15 – 10/31 = 12 beds

MONTHLY AVERAGE DAILY CENSUS BY OFFICE AND INPATIENT UNITS

	2021 Jan	**2021** Feb	**2021** Mar	**2021** Apr	**2021** May	**2021** June	**2021** July	**2021** Aug	**2020** Sept	**2020** Oct	**2020** Nov	**2020** Dec
Mish:	214	215	208	205	210	209	197		224	219	232	214
Ply:	80	81	79	75	67	63	62		82	77	77	76
Elk:	85	85	84	84	83	85	94		104	103	101	90
Lap:	9	12	14	18	18	16	18		20	18	16	12
RH:	5	4	5	6	5	5	6		4	6	5	5
EH:	3	2	4	5	3	2	0		3	4	4	2
Total:	396	399	394	392	386	379	377		437	423	435	399

PATIENTS IN FACILITIES

In July 2021, the average daily census of patients in independent living, assisted living facilities, long term care facilities, and other facilities was 98. Year-to-date through July 2021 the ADC of patients in facilities was 95. For comparison purposes, YTD July 2019 it was 136. Due to COVID, facilities are struggling and not seeing beds filling or the usual attrition of patients being replaced since last year and some experts in the field say they won't recover until the end of 2022. They are also having staffing issues like everybody else.

FINANCES

Karl Holderman, CFO, reports the year-to-date July 2021 financials will be presented and voted on at the Finance Committee meeting on Friday, August 13, 2021, and then posted to the secure board website later that morning. For informational purposes, the un-approved June 2021 YTD Financials are presented below.

On 3/30/21, at the HF, intermediate investments totaled $5,023.649. Long term investments totaled $28,588,693. The combined total assets of all organizations (CHC/HF/GPIC), on June 30, 2021 totaled $77,047,778 an increase of $7,960,081 from June 2020. Year-to-date investments as of 6/30/21 showed a gain of $2,295,023.

From a year-to-date budget standpoint at 6/30/21, CHC alone was under budget on operating revenue by $1,514,395, and under budget on operating expenses by $2,120,994.

Year to Date June 2021 Unapproved Financials

June 2021 Year to Date Summary	Center for Hospice Care	Hospice Foundation	GPIC	Combined
CHC Operating Income	11,264,072			11,264,072
MADS Revenue	94,149			94,149
Development Income		1,016,630		1,016,630
Partnership Grants			265,552	265,552
Investment Income (Net)		2,295,023		2,295,023
Interest & Other	41,560	106,414	20,800	168,774
Beneficial Interest in Affiliate	1,777,639	(6,056)		
Total Revenue	**13,177,420**	**3,412,011**	**286,352**	15,104,200
Total Expenses	**10,282,560**	**1,634,372**	**292,408**	12,209,340
Net Gain	**2,894,860**	**1,777,639**	**(6,056)**	2,894,860
Net w/o Beneficial Interest	*1,117,221*	*1,783,695*		
Net w/o Investments				*599,837*

June 2020 Year to Date Summary	Center for Hospice Care	Hospice Foundation	GPIC	Combined
CHC Operating Income	11,764,306			11,764,306
MADS Revenue	80,944			80,944
Development Income		540,220		540,220
Partnership Grants			175,498	175,498
Investment Income (Net)		(164,856)		(164,856)
Interest & Other	16,509	101,620	30,900	149,029
Beneficial Interest in Affiliate	(1,090,397)	(33,206)		
Total Revenue	**10,771,362**	**443,778**	**206,398**	12,545,141
Total Expenses	**11,145,143**	**1,534,175**	**239,605**	12,918,923
Net Gain	**(373,781)**	**(1,090,397)**	**(33,206)**	(373,781)
Net w/o Beneficial Interest	*716,616*	*(1,057,191)*		
Net w/o Investments				*(208,925)*

CHC VP/COO UPDATE

Lance Mayberry, MBA, CHC VP/COO reports…

As we closed out the 2nd quarter and entered into the 3rd quarter, we were well into our way in preparing for our CHAP accreditation, from reviewing and updating policies to chart reviews when the Indiana State Department of Health made an unannounced visit to conduct their survey. Once we receive the final survey, we will be creating a new timeline for our initial CHAP certification.

As our community partners and health systems are diligently working to fill their vacancies, we continue to seek compassionate clinical team members to join our team. In July, we looked at the staffing with a silver lining and chose to take an opportunity to refresh Esther's House, which opened 13 years ago in 2008. Esther's House team members were consolidated with the Raclin House team, allowing us to open more beds in Raclin House. Shortly after the consolidation, Raclin House reached its highest single-day occupancy of 12 clients out of 12 beds on July 10th. The combined average daily census for both inpatient units over the years are as followed:

- 2021 – 8.11 ADC
- 2020 – 7.6 ADC
- 2019 – 9.06 ADC

Our full-time maintenance technician has been spearheading the refresh from painting, cleaning carpets, and a deep clean. On August 3rd, a full-time recruiter joined the HR Department, and within the first week, we have seen an increase in 1st round interviews.

Our partnership with OPTUM Pharmacy has allowed the Center for Hospice Care to take advantage of secure texting through the Dr. First application free of charge. We successfully launched the new application with our Medical Team and have begun utilization with Memorial Medical Staff. The next phase of the rollout will encompass our admissions department. We will continue to evaluate the ability to leveraging the technology throughout the organization to enhance our collaboration with our partners in the community.

Our electronic medical records system MatrixCare has now been in place for ten months. We continue to work out the kinks but have found MatrixCare data reporting capabilities subpar compared to our previous Cerner system and other EMR systems on the market. Access to our data has slowed our deployment of various projects, but we continue to push forward in automating processes to drive better care, compliance, and reduced work hours. In the previous quarter, we automated our Veterans' identification process to ensure our Veterans get the added support and recognition they deserve.

Over the last nine months, we have had demos with 12 telehealth vendors. As we evaluated the various programs, we looked at numerous variabilities. The decision criteria that carried the most weight was:

1. Ease of use for the end-user
2. Deployment logistics and maintenance
3. Cost

After careful consideration, we have chosen to move to the final round of exploration with HealthSaaS. The new technology will be utilized for our patients in both hospice and palliative care programs. Our goal is to deploy the first devices in the 4th quarter, 2021.

In the month of June, our team was credentialed by the Indiana Department of Health as a Preadmission Screening and Resident Review (PASSR) user. The PASRR process is a requirement in all Indiana Health Coverage Programs (IHCP)-certified nursing facilities (NFs). All residents of an IHCP-certified NF are subject to the PASRR process, regardless of known diagnoses or methods of payment (IHCP or non-IHCP). Screening occurs before admission. Since the implementation of the PASSR system, we have already seen benefits in the following areas:

- IPU bed management
- Reduction in wait time for families awaiting entrance into long term care bed
- Resource for Nursing Facilities

CHC DIRECTOR OF NURSING UPDATE

Angie Fox, CHPN BSN RN. CHC DON, reports…

The end of June brought a visit from the Indiana Department of Health, who also represented the Centers for Medicare and Medicaid Services, for CHC's hospice re-certification and emergency preparedness survey. These surveys are required to happen every three years. Three surveyors were here for parts of three weeks and visited all CHC offices. The final report on this hospice survey has not been received at the time of this report. We have proactively been correcting issues identified by the survey team as needing correction.

Nursing leadership has been working diligently on education for clinical staff on areas identified internally as needing improvement. Clinical staff has been utilizing administrative time to update areas in patient Electronic Medical Record. Clinical nursing has continued to focus on onboarding and orientation for new clinical hires, and since our last board meeting, this has been a substantial number of new hires. We also continue to focus on 2021 nursing goals, and at the time of this writing all of them are in process with one listed as "Met." We were pleased to celebrate national CNA week in June and our aides appreciated the recognition.

We continue to utilize telehealth visits with iPads, etc. and staff has become proficient since the beginning of the pandemic and our patients and families are now showing acceptance as we pitch this as an added layer of patient/family support. To decrease the need for staff to personally deliver one-time use supplies to the home, we have implemented patient specific ordering of supplies and drop shipping is in place and being utilized through our national vendor. This is also saving CHC dollars on costs of these supplies when compared to local vendors delivering them to our offices and then having staff personally deliver them to homes.

HOSPICE FOUNDATION VP / COO UPDATE

Mike Wargo, VP/COO, for our two separate 501(c)3 organization, Hospice Foundation (HF), and Global Partners in Care (GPIC) presents this update for informational purposes to the CHC Board…

Fund Raising Comparative Summary

Through July 2021, the Development Department recorded the following calendar year cash gifts as compared with the same period during the previous four years:

	2017	2018	2019	2020	2021
January	46,552.99	37,015.96	62,707.48	79,642.06	44,297.77
February	199,939.17	93,912.90	113,771.80	222,116.20	92,053.38
March	282,326.61	220,485.17	369,862.26	295,882.74	302,752.14
April	431,871.55	310,093.61	565,568.94	414,128.88	894,989.96
May	574,854.27	505,075.65	663,483.70	565,824.55	963,783.86
June	1,066,118.11	633,102.69	850,496.19	608,907.96	1,226,150.74
July	1,277,609.56	767,397.15	918,451.53	676,956.69	1,965,823.42
August	1,346,219.26	868,232.25	1,018,532.22	818,805.78	
September	1,466,460.27	994,301.35	1,122,498.94	901,877.85	
October	1,593,668.39	1,074,820.86	1,778,379.29	984,590.41	
November	2,443,869.12	1,173,928.93	1,841,457.95	1,036,179.10	
December	2,730,551.86	1,635,368.33	2,946,889.74	1,719,702.83	

Year-to-Date Monthly Revenue (less major campaigns, bequests, and significant one-time major gifts)

	2017	2018	2019	2020	2021
January	31,552.99	37,015.96	51,082.36	52,550.56	43,733.76
February	35,125.58	56,896.94	45,621.02	140,985.12	44,539.12
March	79,387.44	113,969.42	254,547.16	70,044.19	50,251.42
April	149,569.94	87,978.18	194,857.93	118,092.10	44,391.21
May	142,982.72	182,601.92	97,864.76	149,945.67	54,437.96
June	146,200.17	46,947.92	69,026.39	42,369.40	115,237.02
July	61,505.45	64,243.53	67,591.20	42,034.72	83,873.96
August	63,593.03	61,803.98	54,739.37	40,023.54	
September	120,261.01	117,984.73	68,812.68	71,574.73	
October	127,208.12	79,852.69	50,019.27	68,718.24	
November	75,809.56	94,053.07	57,214.65	51,099.68	
December	286,687.74	191,211.72	225,547.36	398,935.27	
Total	**1,319,883.75**	**1,134,560.06**	**1,236,924.15**	**1,246,373.20**	**436,464.45**

Fund Raising Initiatives

Based upon previously reported strategic planning sessions, action plans are underway regarding HF's Tier 1 fundraising priorities.

Care Connections Center at Milton Village (Milton Adult Day Services/Roseland facility Rehab) update: We continue to host donors and prospective donors on facility tours as construction continues. Top tier donor prospects continue to be identified, cultivated, and solicited. Our goal is

$6.16 million and to date we have commitments totaling just over $3 million. Since the last board meeting, we've received an additional $600,000 in commitments.

Annual Giving Update: Details are provided in the "Annual Appeal" update that follows.

Sister Carmel Helping Hands Fund (charity care) update: After being encouraged by Sister Carmel Marie Sallows, CSC to apply for additional funding from the Sisters of the Holy Cross (CSC), we learned in late May that the Sisters are funding us for a second year from its Ministry with the Poor with a gift of $4,250. In two years, we've received funding from this ministry totaling $11,750. We continue to build this fund with support from the Sisters along with funds from Annual Appeal donors who direct their donations to the Sister Carmel Helping Hands Fund.

GPIC/International Update: Our contract grant writer has identified several funding sources and is submitting grant applications for funding from various corporate, public, and private foundations.

Honoring Choices Indiana® – North Central Update: The same grant writer tasked with GPIC is dedicating time to identifying and applying for funding from various sources.

Annual Appeal – "Now More Than Ever"

Response to our 2020 Annual Appeal, "Now More Than Ever" has totaled a record $120,458.61. This appeal focused on our need for support as CHC cares for all patients seeking hospice care regardless of their ability to pay.

Planned Giving

Estate gifts from January through July 2021 totaled $98,885.64. Some of these gifts were in process for many months. We continue to field requests from financial advisors and attorneys about planned giving options and bequests from their clients.

2021 Events

Our 36th Helping Hands Award Dinner honoring Drs. Zoreen and Rafat Ansari is taking place on September 8, 2021. This will be the first time that we have a two-year Helping Hands Award recipient due to the pandemic which resulted in rescheduling our May 2020 event to September 8. To RSVP, purchase tickets, sponsor, or learn more, visit: FoundationforHospice.org/HHAD2021.

Our annual Veterans Memorial Tribute with the dedication of memorial plaques and bricks is returning to an in-person event in October 2021. More specific information will be provided upon confirming the availability of our guest speaker.

Tom's Car Care Center in South Bend conducted its 16th Lube-A-Thon benefitting Center for Hospice Care on July 30. The event included vendor booths, live radio spots to encourage participation along with other promotional efforts. 125 full-service oil changes were provided to those who donated to CHC and 100% went to CHC. Various giving levels provided donors with free car washes along with free breakfast or lunch. This year's event raised $5,916.

Health System/Professional Education Collaborations

The 2021-2022 family medicine residents from Saint Joseph Hospital have begun their rotations through CHC as part of their four-week geriatric rotation. We will have nine residents during the upcoming year. In addition, we anticipate that will have three IU School of Medicine students here, each of whom will spend two weeks of their hospice and palliative medicine rotations with us. We have two other collaborations with the IU School of Medicine in the works. We anticipate offering IU Talk to both local family medicine residency programs, either virtually or in person, during this academic year. These rotations and workshops continue to be an opportunity to recruit fellows for the Vera Z. Dwyer Fellowship in Hospice and Palliative Medicine. We will also be working with the South Bend campus to offer a summer internship project during the summer of 2022. We have renewed our Hospice Foundation of America membership and CE accreditations for the upcoming year. We are working with various CHC departments to determine which webinars are most in demand.

Outreach to Legislators

NHPCO's grassroots campaign, MyHospice, continues to be part of our community outreach/ advocacy. COVID-19 and hospice priorities have been discussed in detail in the last quarter, and our priority is to ensure that Indiana's legislators are aware of those issues as they meet to discuss current bills. Hill Day 2021 was held on Thursday, July 22nd. Meetings with Sen. Mike Braun's staff, Sen. Todd Young's staff and Rep. Jackie Walorski were all held. Our objective is to educate our representatives about pending hospice-related legislation. The program has grown to include new states and representatives which has allowed Elleah Tooker, HF Community Education Coordinator, to engage with multiple hospice communities.

Community Education

The Center for Education & Advance Care Planning (CEACP) offers a variety of events to organizations in our community to introduce – and expand – end-of-life conversations. This quarter of 2021 saw a few new editions in this series of panel discussions for 2021. On July 29th, our series featured Dr. Bunmi Okanlami, the Endowed Bicentennial Chair in Palliative Care at IU South Bend's Vera Z. Dwyer College of Health Sciences, who discussed palliative care. Our focus this quarter has been to highlight the differences between palliative and hospice care. We have found that many people, including some medical professionals, don't clearly understand the differences between the two. This feature, along with Dr. Dominic Vachon's panel discussion on compassionate care, are featured on the Center for Education & Advance Care Planning Facebook page. Dr. Vachon, who is director of the University of Notre Dame's Ruth M. Hillebrand Center for Compassionate Care in Medicine, discussed advance care directives as well as differences between hospice and palliative care. We have used the panel discussion format to help expand our list of trusted advisors in fields such as funeral planning, financial advisors, wills/estate planning, physicians, and advance care planning.

Social media has become our primary outreach vehicle as COVID-19 has moved our messaging online. Working with the Foundation's communications department, CEACP has continued to provide educational messaging via social media, particularly on Facebook. To engage viewers, questions and true or false statements have been posted to encourage participation on that page. National days along with book recommendations have been posted to encourage participation on the

page as well. Links to our updated website have also been posted. The website has been revised to include podcasts, books, social media links and movies to engage community members at all ages in the conversations surrounding end-of-life. CEACP posts each weekday and boosts the page to gain more likes and expand our audience outreach.

Outreach to universities and colleges is underway as we gear up to re-enter the classroom. Emails were sent to instructors at Bethel University, Goshen College, IU South Bend, St. Mary's College, and the University of Notre Dame with a follow up two weeks later. In the upcoming weeks, Elleah will call each instructor as well. We have created a series of Prezi presentations to supplement the short videos/documentaries we offer to spark discussion around end-of-life topics.

Our next "Introduction to Hospice and Palliative Care" course at the University of Notre Dame is scheduled for the spring semester of 2022. We are anticipating that this will be a hybrid offering (part online/part in person) and that it will become a 1.5 credit course rather than a one-credit course.

Honoring Choices Indiana® – North Central

Honoring Choices Indiana® – North Central continues to see increased requests for presentations and facilitator training. During the past quarter we provided presentations to MISA (Michiana Institute for Successful Aging), Everence Financial in Goshen and the Sage group. We now have 83 trained advance care planning (ACP) facilitators. This includes 28 Beacon clinical workers, social workers, and chaplains who were trained in April and May. We provide ongoing support and education for facilitators on a quarterly basis. Our second quarterly facilitator refresher was held in June with 31 in attendance via Zoom. One of the primary topics of conversation was new legislation that went into effect in Indiana on July 1st. The objective is to simplify the process of creating advance directives and make it less confusing. We adopted the new Indiana PREPARE for Your Care form as our standard form. These forms are clearly written, thorough, and free of charge.

We recently formed a partnership with Palmer Funeral Homes to promote ACP. In addition to providing facilitator training for their funeral planners, Palmer Funeral Homes will be sponsoring a 30-second television spot that will run on for six months. Key members of their team will visit the Mishawaka Campus on August 11th for a tour of the Ernestine M. Raclin House as well as the AfterImages Art Counseling studio.

We continue to partner with the national Honoring Choices network to create an ACP helpline call-in resource for our region. Funding is currently being sought from the Robert Wood Johnson Foundation on behalf of all participating Honoring Choices programs. If we receive funding, we will start with CHC's nine-county service area. We plan to market this service with healthcare systems, clinics, REAL services, long-term care. We have submitted our budget and await results of the grant application. We recently received a $5,000 grant from the Community Foundation of Elkhart County (CFEC) to promote ACP in Elkhart County. We will be working with two organizations to provide ACP presentations and provide facilitated conversations. These organizations are the Council on Aging of Elkhart County and La Casa of Goshen.

Palliative Care Association of Uganda (PCAU)

Uganda entered another lockdown in June and at the time of this writing, we expect it to be extended at least through the month of August. New COVID-19 cases seem to be slowing down a little bit. A former PCAU board member (Dr. Thomas Duku) succumbed to COVID-19 in June. As of July 27, Uganda has registered 93,283 cases and 2,632 deaths. A total of 1.1 million doses of vaccine have been administered – with less than 1% of the country's 44.3 million people fully vaccinated. Uganda does not have an adequate supply of vaccines, but they are trickling in. Another shipment of less than one million doses is expected to arrive in August. PCAU continues to play a key role on the country's COVID-19 national committees of mental health/psychosocial support and case management. They also continue to support their member hospices as they continue to provide care to their patients during the pandemic.

We have launched a COVID-19 appeal to support PCAU during this difficult time. In addition to helping them meet the expense of working from home and adjusting their daily activities, the staff need PPE, access to testing and treatment for COVID-19 and support during isolation. Several of the staff have been ill and recovered. Almost all of them have family who have been severely ill, hospitalized and/or died. Some Road to Hope (RTH) children have also contracted the virus and recovered. Stephen Kasulu, interim RTH coordinator, has been focused during recent weeks on testing, treatment, and support for the RTH children.

Program activities have slowed during the lockdown, but PCAU is doing what's possible given the current conditions. The HF team held a call with the PCAU team in June to share the experience and challenges of working from home, especially balancing work obligations with family needs. PCAU appreciated sharing their challenges and hearing our experience from last year. Mike and Cyndy Searfoss, HF Director of Education and Collaborative Partnerships, have been holding monthly leadership calls with PCAU country director, Mark Mwesiga. These calls have been invaluable support to Mark as he seeks feedback on things like staff motivation, board development, sustainability, etc. PCAU will hold board orientation meetings in August for new and current board members. Mike and Cyndy have been asked to present on the partnership during this orientation.

The latest update is that the PCAU international Biennial Conference will be entirely virtual now and CHC will participate in several sessions. Three CHC staff have submitted abstracts: Dr. Matthew Misner, CHC Hospice Physician, Annette Deguch, Bereavement Counselor, and Lacey Ahern, GPIC Program Director. Cyndy Searfoss, has been invited to present at a plenary session on partnerships.

Road to Hope (RTH)

Children are all home and PCAU continues to devise means to keep them engaged during the lockdown. Homeschooling has not started given the restricted in-country movement and the high rate of COVID-19 community transmission. An anonymous donor has granted another $17,500 for the RTH COVID-19 support initiative in order that PCAU may continue providing food relief, home schooling, psychosocial support, and health care for both the children and their families. A new RTH program officer begins work in August 2021. Stephen Kasula, a former beneficiary on the RTH program and currently a third-year medical student, will stay on as volunteer as long as possible to support the new RTH program officer.

Advanced Diploma in Palliative Care Nursing (ADPCN)

With the pandemic lockdown, the status of a new student intake is still uncertain. We are planning to meet with PCAU on this program in the next few weeks. As of now, the graduation for the first cohort of students is still planned for October.

mHealth Project

This project continues to make good progress. In May, the dissemination and training of the palliative care Health Management Information System (HMIS) data collection tools took place at 10 additional health facilities in western Uganda. The goal remains to implement this in each region of the country before the end of this year. While they are in lockdown and unable to continue training, the PCAU team is working with the Ministry of Health (MOH) to develop a trainer's manual and standard operating procedures for this data collection. These tools will help with the continued dissemination to lower-level facilities. In its most recent budget, the Ministries of Health included support for the dissemination and training of palliative care HMIS for regional referral hospitals. We expect this is only the first step in their ownership and financial commitment to palliative care data collection in the country. So far, of the 225 palliative care accredited facilities in Uganda, 41 have been trained and are already using the palliative care HMIS tools. This represents only 18.2% of the health facilities in the country and PCAU will continue to work with regional champions to ensure data is collected in all accredited facilities in the country. PCAU has begun to host a series of meetings on the transition of the mHealth infrastructure toward a research platform for palliative care. The final workshop will be held at the PCAU/UCI conference in September.

Facilities

Mike continues to work closely with Helman Sechrist Architecture, Jones Petrie Rafiniski, DJ Construction, Office Interiors and VISTA AV Integration on the remodeling project. Once completed, the facility will house CHC's Milton Village Adult Day Center as well as Alzheimer's & Dementia Services of Northern Indiana's Caregiver Resource Center and Institute for Excellence in Memory Care. As previously reported, we continue to anticipate being able to move into the new facility before year end.

GLOBAL PARTNERS IN CARE UPDATE

For informational purposes for the CHC board, GPIC presents this update…

Redomestication of GPIC from New York to Indiana

Due to the peculiarities of the Office of the Attorney General in New York State which doesn't allow for transfers of non-profit entities out of New York, we had to file for a new 501(c)3 status with the IRS for the Indiana version of GPIC. Due to COVID-19, the IRS basically did nothing with any applications for many months. The latest update on the status of the tax-exemption application of the new Indiana Global Partners in Care is that there is no update. We filed on December 3, 2020. The IRS is now processing applications filed on November 13, 2020, so we expect we will hear something in the next month. They've been moving through the backlog a lot

faster now than before now that they are in 100% online applications. Over the last few months, we have been assigned a person at the IRS and things are moving along now. Our counsel on this has been busy answering additional questions and he explained that for tax-exempt organizations that make grants and/or otherwise involved in foreign countries, it is not unusual to see this level of scrutiny from the IRS. Again, things continue to move along after a very long pause.

COVID-19 Pandemic Response

Many of our partners continue to share that they are purchasing PPE and related items and basic needs for their patients with the funds they receive through GPIC and their US partners. These needs are unlikely to lessen anytime soon. While the COVID-19 situation looks very different in our partner countries, the worsening pandemic and economic situation seems to be universal.

Current Partnerships

There is no change in our current partnership numbers since the last report in May. We continue to spend time supporting our existing partners in a variety of ways – networking with other partners, navigating difficult conversations with their international partner, setting fundraising goals, strengthening communications infrastructure, etc. We have also spent significant time helping several partnerships re-engage, whether it is because of new leadership or just a desire to engage on a deeper level; we have helped rekindle the connection for these partnerships. We look forward to seeing what tangible outcomes evolve in the coming months.

Partnership Recruitment

Internally and with our Advisory Council, we have been exploring how to best enhance/ expand/adapt our Partnership Program to increase participation from US organizations. In our mid-year review, we concluded that we need to take a cautious approach in recruiting partners right now – scanning the environment, the team feels this is not the time to put the full-court press on recruiting. We will continue to follow up on leads and focus on supporting our current partners as we continue to explore partnership program growth. Over the past six months, Cyndy and Lacey have spent a significant amount of time supporting current partnerships - perhaps more time than in the last four years. This has been an intense time for partners (both US and international) - navigating leadership changes and funding challenges amidst the pandemic. We are typically on five to six calls per week with partners.

The Champion Program

We are reworking the Champion Program to engage US organizations in other less intensive ways. We will focus on a defined project and seek the engagement of a US organization (university, hospice, or other) who could fundraise and support the project. Projects are being solicited from international organizations who have applied for partnership with whom we have a good relationship. We will act as facilitators for the engagement and hope it might catalyze deeper interest on the part of the US partner. But if not, we will at least succeed in helping advance a single project. We will try this with one or two projects initially.

Research and Education

We awarded 13 scholarships in June for our African Palliative Care Education Scholarship Fund for Nurses and Social Workers. Five of the scholarships are for a team (four nurses, one social worker) from Mount Meru in Tanzania who are completing a one-month short course at Selian Hospice. APCA has been working with them on building a unit at the hospital and felt it was important to support the group. The total cost for the team is nearly equivalent to one scholarship. There is a decent representation of countries, but unfortunately none from west Africa that met the requirements (only one application). There is a good mix of institutions and diversity of levels of learning.

Interns and Research Projects

APCA, GPIC and the University of Notre Dame are collaborating on a project to map palliative care research that has been done across the continent into a usable online tool and central repository for easy access. We are working virtually with a master's in public policy student from Oxford, Khalid Saleem. The University of Notre Dame may bring another student into the project as the workload is high, but we expect the product of this work to be very valuable. We expect to have the initial database and draft report by September.

Breaking Bad News in Pediatric Palliative Care in Malawi

John Couri, a student at the University of Notre Dame, continues to work with us as an office intern but is also developing a research project around pediatric palliative care for his senior honors thesis. We are working on this with Palliative Care Support Trust and the Kamuzu Health Sciences University in Malawi. Research approval is in process and data collection should begin next month with the final report due by December.

Other Collaboration

Our Communications Webinar Series with APCA, which concluded in May, was a successful series on building and sustaining an online presence. We received a lot of positive feedback from our partners and others who attended. We offered one-on-one consultations with any organization joining a webinar to give them specific ideas and support for their communications strategy and a few have taken us up on this offer. One of these is the Palliative Care Association of Rwanda. Cyndy has helped them develop a communications plan, with the primary goal of establishing a website. We are offering technical expertise.

We have had some engagement with American Academy of Hospice and Palliative Medicine (AAHPM) to help our members maximize this opportunity, though that has been slow the past few months as everyone is so busy. We are in conversation with the Global HPM Special Interest Group of AAHPM to host a couple of webinars to both highlight international members and benefit them. Our international members have requested a webinar on best practices related to the COVID-19 pandemic.

#GlobalPallCareHero Campaign

We continue to have fairly regular postings from partner organizations. We will send a few more prompts over the next couple of months and bring the campaign to an end in conjunction with WHPCD in October. As a reminder, the primary goal of this effort is to simply say, 'thank you.' In doing so, we can help increase awareness of palliative care and elevate our programs and partnerships.

COMMUNICATIONS, MARKETING, AND ACCESS

Craig Harrell, Director of Marketing and Access, reports on marketing and access activities for May - June 2021

Referral, Professional, & Community Outreach

Our Professional Liaisons continue to contact doctor's offices, clinics, hospitals, group homes and extended care facilities to build relationships and generate referrals. Professional referral sources have continued to become more accessible as time progresses, however staffing is an issue industry wide and often times our contacts are unavailable. The amount of turnover lately at referral sources has been extremely challenging. Long term relationships have been increasingly difficult to develop. Many healthcare professionals have left the workforce completely.

Our Professional Liaisons are currently gathering Facility Protocols to better ensure quality customer service at nursing homes and assisted living facilities. This information includes key contacts, communication preferences and requirements, medications, DME & supplies, along with Best Practices. These protocols, which will be tailored to the unique needs and requests of each facility, will be accessed by our care team prior to entering a facility to ensure the best customer service possible.

Community events and festivals have started back up and Center for Hospice Care is making our presence known whenever possible. We're participating in several upcoming health events such as the Alzheimer's & Dementia Services of Northern Indiana's Resource Fair, the Marshall County Senior Expo, and the upcoming MISA event in October (An Evening with singer / songwriter Ernie Halter). We're also looking forward to being a part of this year's Blueberry Festival. We've resumed our Vet-to-Vet Cafes in many of our facilities as well as area Military "Stand Downs".

Access

Our Admission Department is continuing to struggle with the amount of time that is being required for each admission. Some members of our Administrative Team have been meeting to discuss ways we can streamline the Admission process while capturing the information needed to admit a patient, making sure the patient is safe and comfortable, and that they have the necessary supplies and medications until the assigned Case Manager arrives. Procedural trials have been occurring followed by evaluations of the newer process. We've also increased our Admission Nursing staff with two new nurses currently in orientation with a third due to start at the end of August. Our goal is to resume and surpass the response times we had previously. Also, we're seeing later referrals (especially from hospitals) than in the past. In June, 57.4% of our deaths were seven days or less.

Normally, these percentages are in the lower 40%. Additionally, we've seen an increase in the number of patients that are wanting to continue treatment, which in part could be due to an influx of younger patients.

As we develop new creative in the near future (television / radio spots), much of the focus will be to caregivers and patients further upstream in the continuum of care, where the benefits of hospice can be maximized due to more time under our care.

Website

Updates to the Center for Hospice Care website are ongoing. We're currently working on the new Milton Adult Day Services website (miltonads.org) that will have the same look as the rest of our websites in our organization and highlight the debut of Care Connections Center at Milton Village.

Social Media

Facebook (Center4Hospice)
Center for Hospice Care's social media presence is increasing steadily. We continue to use Facebook to communicate information and events. During the months of May - June, we focused on National Nurses Week (May), Memorial Day, Alzheimer's, and Brain Awareness Month (June), Men's Heart Health Month (June), as well as staff recruitment. CHC reached 51,857 people for the period of May - June and had 4,296 reactions, comments, and shares. Our leading post was on June 7th," Please share!! AVAILABLE FOR ADOPTION," a post looking for homes for patients' pets as part of our Pet Peace of Mind program. It reached 4,391 people and generated 134 reactions, comments, and shares. The second most viewed posting was on May 6th: "Today is National Nurses Day!" It reached 3,345 people and generated 421 reactions, comments, and shares. CHC currently have 4,883 Facebook followers. CHC continues to have social media presence on Twitter, Instagram, YouTube, and LinkedIn as well.

Digital Overview

Beginning in December we diverted a majority portion of our digital campaign to staff recruitment which remained throughout this period. The digital campaign focuses on delivering our ad to the proper audience at the proper time. For the above months it generated 30 telephone calls. As competition for digital visibility increases, the cost per click also increases. In 2021 we've allocated additional funds to offset this factor and continue our high online visibility. Google industry benchmarks show an average click-through rate in the Health & Medical field of 3.27 % and we continue to be high at 7.45%.

POLICIES ON THE AGENDA FOR APPROVAL

There are eight revised policies on the agenda. They are attached in this packet with changes highlighted in red. The changes reflect current practices and regulatory changes on either a federal Medicare or Indiana state level. The policies are: Fee Agreement; Advance Beneficiary Notice; Interdisciplinary Team; Complaints and Concerns; IPU – GIP in Hospital; IPU – Pandemic Visitor Restrictions; Pandemic Testing for Staff; and Abuse, Neglect, Mistreatment and Exploitation.

FIRST ALL STAFF MEETING AND CLINICAL STAFFING UPDATE

On Wednesday July 28th we had our first in-person All Staff meeting in 18 months. La Porte, Elkhart, and Plymouth participated in-person from their offices via WebEx and everyone else was in Conference Rooms A, B, and C here in Mishawaka. We have All Staff meetings 5-6 times a year to cover updates by departments, alert staff to new regulations and laws, and provide required annual inservices which have largely been moved to the Talent LMS online learning tool on the staff website. One of the regular features is to welcome new staff who have not been introduced since the last staff meeting by office, who they are, what they do and then applaud their decision to join the CHC family of care. In a year a half that would have meant 92 (58 of which are still employed) individual introductions which would have taken up much if not all of the 90 minutes allotted to the meeting. So, we welcomed all new staff all at once and mentioned that all new staff are mentioned in the Weekly Announcements as well as are all staff anniversary dates with the number of years they have been employed are in each week's announcements as well. We explained the "normal programming" will resume at our November staff meeting which is always directed primarily at benefits and open enrollment information. New staff going back to 07/28/2021 will be welcomed.

Staffing itself remains a challenge and we still have many open positions. Elkhart is proving to be the most difficult of any of our offices. Esther's House is still closed for "refurbishing" as I write this, and staff assigned to that office that are still with us have been moved to Raclin House.

We also had a thinly veiled recruiting event billed as a "Networking Event" on June 14th in Conference Rooms A, B, and C from 5 – 7 PM. More than 40 people not affiliated with CHC attended and some stayed past 7 PM. Tours were given and many had not been here previously and were very impressed with our campus.

Since our last Board of Directors meeting on May 19th, we have hired 29 clinical staff and one fulltime recruiter to acquire more clinical staff. Below are the dates and positions of staff hired and when their orientation dates began or will begin.

5/10/21
1 Documentation RN

5/24/21
2 Case Managers Plymouth
1 Visit Nurse RN

6/7/21
1 Quality Assurance Mishawaka
1 Hospice Aide / CNA Mishawaka
1 PRN Visit Nurse RN Mishawaka
1 Case Manager Mishawaka

6/21/21
1 Hospice Aide / CAN LaPorte
1 Case Manager LaPorte
1 Hospice Aide / CNA Raclin

1 PRN Triage Visit Nurse RN Mishawaka

7/6/21
1 PRN IPU RN Raclin
1 Coder/Biller Mishawaka
1 IPU RN Raclin
1 Case Manager Mishawaka
1 Admissions RN Mishawaka

7/19/21
1 Case Manager Plymouth
1 Case Manager LaPorte
1 Triage Visit Nurse RN Mishawaka

8/2/21
1 Fulltime Recruiter (new position) Mishawaka
1 Housekeeper Raclin
1 Visit Nurse LPN Mishawaka
1 Case Manager Mishawaka

8/16/21
1 Case Manager Plymouth
1 Case Manager Mishawaka
3 IPU RN Raclin

8/30/21
1 Admissions RN Mishawaka

Sign on bonuses will continue for hospice aides / CNAs and RNs, and the referral bonus for staff who invite friends and relatives to apply and are ultimately hired will continue until the end of August and be re-evaluated at that time.

CHC IN CMS CPI LONG LENGTH OF STAY AUDIT

As you may remember, like many hospice programs across the country, including those members of the National Hospice Executive Roundtable, CHC received notification in a letter dated 1/17/2020 that we were part of a long length of stay Medicare hospice audit. The CMS contracted vendor, Noridian, requested thousands of pages of documentation on ten patients who were all admitted or on census in 2017. These account for 303 months of patient claims. A claim is generated monthly reflecting the patients per diem charges for that month. The total dollar amount of these claims totaled over $1.2MM. This is a very large national audit of individual programs. Upon being notified that we would be part of this review, we contacted Meg Pekarski, Hospice Law Attorney at Husch Blackwell, LLP, to represent us in this matter and we have engaged her and her team. She is a nationally recognized hospice attorney who has been doing this for 20 years. She is one of the best and most respected in the nation on situations such as these and is being used by numerous NHERT members. Meg indicated last year that this contractor is generating reports for individual programs after examining the materials that all have a 97% to 100% error rate. Some were being

told everything they sent is wrong. This is not an audit where sampling methodology is used and then extrapolated into a larger take back by applying the error rate to a universe of claims. There are numerous appeals processes and an eventual appeal before an Administrative Law Judge where hospices frequently win if they can get that far. Getting that far could take several years. We have completed our part and sent literally thousands of pages of documentation and support materials to Husch Blackwell, LLP. They have reviewed and submitted these materials to Noridian. Now the waiting game begins.

NEW FY22 MEDICARE HOSPICE RATES GO INTO EFFECT OCTOBER 1, 2021

On Thursday, July 29, 2021, the FY 2022 Hospice Wage Index and Payment Update Final Rule went on display on the Federal Register website for public inspection. It was published in the Federal Register on August 4, 2021. All regulations will take effect on October 1, 2021.

There are several rate and calculation changes to note from the final rule:

- Wage index values have changed: The wage index values for every county have been adjusted from those published in the proposed rule.
- % of FY 2022 increase has dropped: Note that the final rate increase is 2.0%.
- Percentage of Labor Component has changed: There is a slight adjustment in the labor component for each level of care.
- Rebasing and revising the labor component of the rates: CMS confirms that they have used cost report data for freestanding hospices from 2018 to rebase and revise the rates. This is very unfortunate as it is widely expected that many small, freestanding hospices submit cost reports on their own and have no clue how to accurately complete them.
- OMB Revised Core Based Statistical Area (CBSA) Delineations: The final rule maintains the proposal to implement revised Office of Management and Budget (OMB) statistical delineations for the hospice

For CHC specifically, we are paid a per diem amount based upon the physical location of the patient on any given day. Within our nine counties, we have four that qualify as a CBSA. The rest are “state” or reimbursed at the rural/Indiana rate.

Below are the current rates, the new rates, and the difference.

Center for Hospice Care

DRAFT --- Hospice Payment Rates (Pre Sequester) --- DRAFT

Effective October 1, 2021 - September 30, 2022

Description	Wage	Non-Wage	Nat'l Rate	St Joseph	Elkhart	LaPorte	IN - Rural
Routine 1-60 Days (651)	134.24	69.16	203.40	202.12	204.68	194.59	184.53
Routine 61+ Days (651)	106.09	54.65	160.74	159.73	161.75	153.78	145.82
Svc Intensity Add On (Hourly)	45.83	15.11	60.94	60.50	61.38	57.93	54.50
Continuous Care (652)	1,099.82	362.70	1,462.52	1,452.07	1,472.97	1,390.37	1,307.89
Respite (655)	288.99	184.76	473.75	471.00	476.50	454.79	433.12
Inpatient (656)	678.36	389.92	1,068.28	1,061.84	1,074.72	1,023.78	972.90
CBSA Code				43780	21140	33140	15
CBSA Wage Index				0.9905	1.0095	0.9344	0.8594

Center for Hospice Care

FINAL --- Hospice Payment Rates (Pre Sequester) --- FINAL

Effective October 1, 2020 - September 30, 2021

Description	Wage	Non-Wage	Nat'l Rate	St Joseph	Elkhart	LaPorte	IN - Rural
Routine 1-60 Days (651)	136.90	62.35	199.25	197.95	200.55	190.27	180.00
Routine 61+ Days (651)	108.21	49.28	157.49	156.46	158.52	150.39	142.28
Svc Intensity Add On (Hourly)	41.01	18.67	59.68	59.29	60.07	56.99	53.91
Continuous Care (652)	984.21	448.20	1,432.41	1,423.06	1,441.76	1,367.85	1,294.03
Respite (655)	249.59	211.50	461.09	458.72	463.46	444.72	426.00
Inpatient (656)	669.33	376.33	1,045.66	1,039.30	1,052.02	1,001.75	951.55
CBSA Code				43780	21140	33140	15
CBSA Wage Index				0.9675	0.9759	0.9284	0.8354

Center for Hospice Care

Hospice Payment Rates (Pre Sequester)

DIFFERENCE - Effective October 1, 2021

Description	Wage	Non-Wage	Nat'l Rate	St Joseph	Elkhart	LaPorte	IN - Rural
Routine 1-60 Days (651)	(2.66)	6.81	4.15	4.18	4.12	4.32	4.52
Routine 61+ Days (651)	(2.12)	5.37	3.25	3.27	3.23	3.39	3.55
Svc Intensity Add On (Hourly)	4.82	(3.56)	1.26	1.21	1.31	0.94	0.58
Continuous Care (652)	115.61	(85.50)	30.11	29.01	31.21	22.53	13.86
Respite (655)	39.40	(26.74)	12.66	12.29	13.03	10.08	7.12
Inpatient (656)	9.03	13.59	22.62	22.53	22.71	22.03	21.35
CBSA Code				43780	21140	33140	99915
CBSA Wage Index				0.023	0.0336	0.0060	0.024

Center for Hospice Care

Hospice Payment Rates (Pre Sequester)

DIFFERENCE - Effective October 1, 2021

Description	Wage	Non-Wage	Nat'l Rate	St Joseph	Elkhart	LaPorte	IN - Rural
Routine 1-60 Days (651)	-1.94%	10.92%	2.08%	2.11%	2.06%	2.27%	2.51%
Routine 61+ Days (651)	-1.96%	10.90%	2.06%	2.09%	2.04%	2.25%	2.49%
Svc Intensity Add On (Hourly)	11.75%	-19.05%	2.11%	2.05%	2.17%	1.66%	1.08%
Continuous Care (652)	11.75%	-19.08%	2.10%	2.04%	2.16%	1.65%	1.07%
Respite (655)	15.78%	-12.64%	2.75%	2.68%	2.81%	2.27%	1.67%
Inpatient (656)	1.35%	3.61%	2.16%	2.17%	2.16%	2.20%	2.24%
CBSA Code				43780	21140	33140	99915
CBSA Wage Index				2.38%	3.44%	0.65%	2.87%

We expect the estimated annual increase in revenue due to these new rates for calendar year 2022, based on YTD June 2021 patient payor case mix, will generate an additional $477,581 for next year.

$1.4 MILLION HHS STIMULUS FUNDING UPDATE

We have engaged The Rybar Group to assist us with the necessary documentation to be able to keep the HHS Stimulus funds of nearly $1.4MM received without asking on April 10, 2020 related to COVID-19 expenses. Rybar is an accounting firm in Michigan that was recommended to us by Kruggel Lawton through their common alliance with BDO. Their practice is ensuring Medicare providers are paid appropriately and stay out of trouble with the False Claims Act, Medicare audit prevention, etc. We have been collecting expenses and accounting for a variety of COVID-19 expenses and passing them along to Rybar. The calculation indicates that lost revenues and additional expenses incurred by CHC due to COVID-19 exceed $1.4MM funding received by $276,432. The HHS portal where we are to transmit our expenses was delayed and just a few weeks was finally opened for submissions. Rybar is waiting on further clarifications from HHS prior to submitting our file. As part of the 2020 Audit being in draft form, it will no longer need to be in draft form due to this issue. We expect a final 2020 audit soon. Neither CHC nor Kruggel Lawton CPAs expect any changes to the draft you have already reviewed.

BOARD COMMITTEE SERVICE OPPORTUNITIES

Committee service by all board members is encouraged by the Executive Committee. A listing of the Committees of the Board and a brief description of each is attached to this report for your review. Also, please note the "Specialty Committees" section which are open to all board members.

In is in our Bylaws that we review our Bylaws every three years. The Bylaws for both CHC and HF need to be reviewed in 2021 (GPIC was reviewed in 2020). We have openings for the Bylaws Committee and if any board member would like to be on that committee, please let me or Becky Kizer know. We will meet prior to the end of the year and there is no specific date set at this time.

BOARD EDUCATION SECTION

Lance Mayberry, VP/COO, will be covering our plans for a Community Based Palliative Care program and the development of Center for Medical Services, LLC that will allow for flexibility in providing palliative care services to non-hospice patients further upstream and meeting an important need in this community. This will also present additional revenue streams and include the utilization of the Center for Palliative Care outpatient clinic.

OUT AND ABOUT

I was interviewed on WSBT's "Home Town Living" for clinical staff recruitment efforts on June 23rd and the segment ran 6/25 at 9 AM and 6/26 at 7PM and was posted indefinitely to our social media.

Staff and their families enjoyed the Mishawaka Fireworks display from the south lawn of the Mishawaka Campus on July 3rd. Private parking, clean restrooms, and security were enjoyed by all.

The Volunteer Recognition and Annual Report was held on July 20th and attended by 160 people. Our thanks to Kurt Janowsky for his donation of The Armory Event, the tables, chairs, plates, silverware, etc. for this important annual event to recognize our dedicated volunteers.

About 90 staff and family members enjoyed Kamm Island Fest the evening of July 21st. CHC/HF was a Platinum Sponsor and received complimentary passes and opened them up to staff and spouses.

CHC/HF/GPIC's first All Staff Meeting was held in-person on July 28th for the first time in 18 months.

I attended the IHPCO Board of Directors meeting via Zoom on August 5th.

ATTACHMENTS TO THIS PRESIDENT'S REPORT IMMEDIATELY FOLLOWING THIS SECTION OF THE .PDF

Karl Holderman's monthly dashboard summaries.

Volunteer Newsletters for June, July, and August 2021

Board Committee Opportunity Sheet.

Valpo.Life article, "Center for Hospice Care Hosts Networking Event to Bring Healthcare Workers Together."

Hospice News article, "Bipartisan Senate Bill Would Create Community-Based Palliative Care Demo" from 7/30/21

Hospice News article, "Delta Variant Has Hospices Increasingly Concerned About Operations, Finances" from 8/2/21

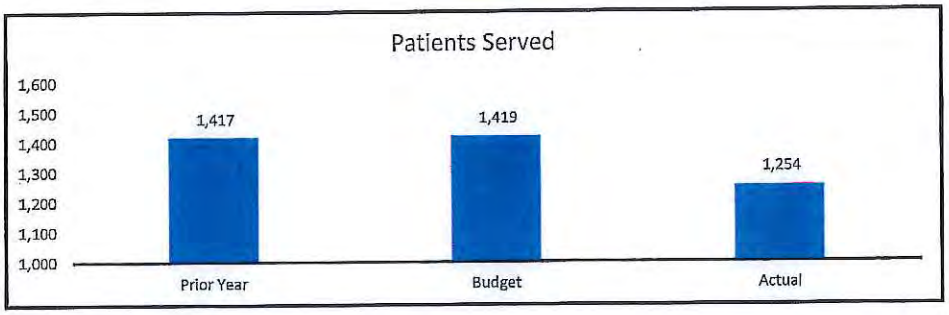
NEXT REGULAR BOARD MEETING

Our next regular Board Meeting will be **Wednesday, November 17, 2021 at 7:15 AM**. In the meantime, if you have any questions, concerns, suggestions, or comments, please contact me directly at 574-243-3117 or email mmurray@cfhcare.org .

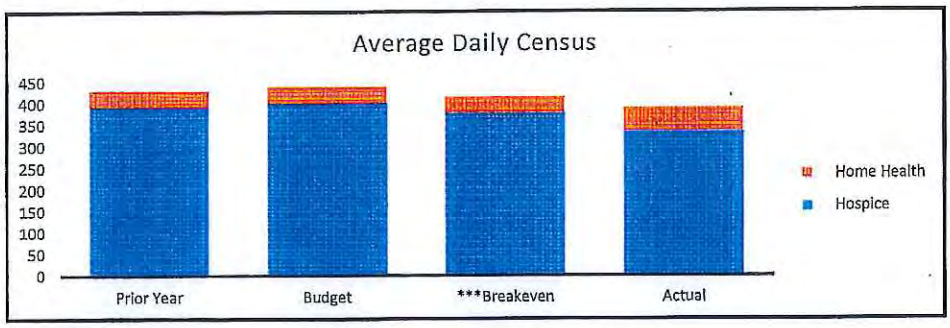
# # #

Center for Hospice Care
July 31, 2021

	Prior Year	Budget	Actual
Patients Served	1,417	1,419	1,254

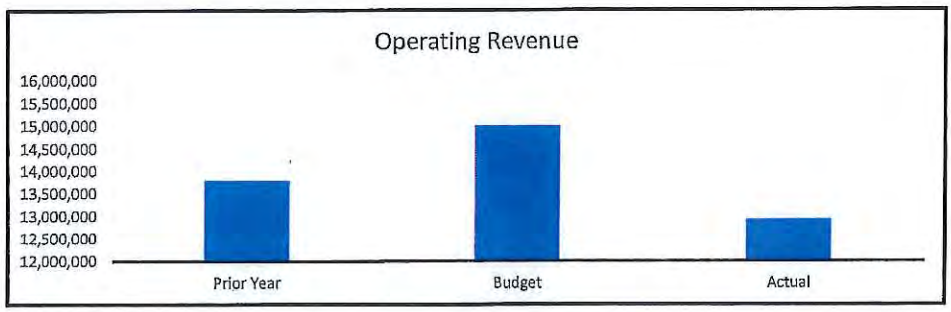


Average Daily Census	Prior Year	Budget	***Breakeven	Actual
Hospice	390.46	400.13	377.07	334.16
Home Health	39.28	39.39	37.12	54.64
Total Average Daily Census	429.74	439.52	414.19	388.80

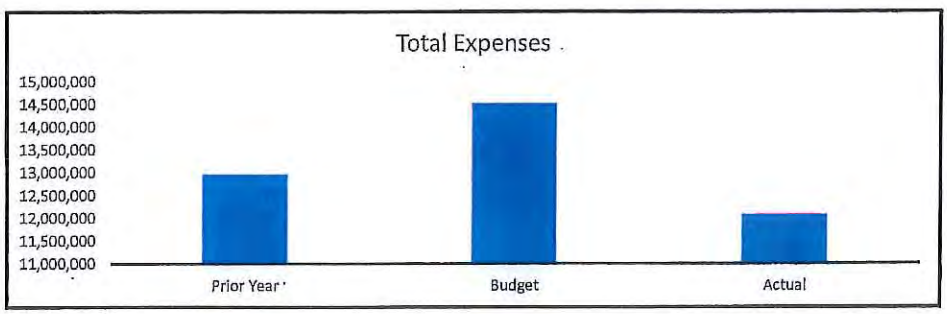


*** *Budgeted Breakeven*

	Prior Year	Budget	Actual
Operating Revenue	13,788,972	15,007,801	12,941,406



	Prior Year	Budget	Actual
Total Expenses	12,951,457	14,512,724	12,075,979



June 2021
Volunteer Newsletter

Center for Hospice Care
choices to make the most of life™

Dementia Patient and Caregiver Support Facility Announced

Center for Hospice Care's (CHC) mission is "to improve the quality of living" with a vision to be the premiere hospice and palliative care organization for all end-of-life issues.

In its history, CHC has provided care for more than 41,000 patients and their families across nine northern Indiana counties over the past 41 years, and in recent years has experienced a significant rise in the number of hospice patients with an Alzheimer's or dementia diagnosis. This has prompted us to expand our services to include palliative care support for those who are living with those afflictions, but who are not yet appropriate for hospice care. In process of construction is the first dementia daytime care facility in the US that integrates immersion programming and comprehensive caregiver training into its continuum of care. It will be located at CHC's Roseland facility which is being transformed into what will be known as the Care Connections Center at Milton Village; the facility will also become home to Milton Village, Alzheimer's and Dementia Services of Northern Indiana, the Institute for Excellence in Memory Care and a Caregiver Resource Center.

This innovative approach will provide new methods of caring for those diagnosed with various forms of dementia. Unique in concept and design, the facility incorporates input from world-renowned dementia care experts. Participants in the daytime program will be encouraged to engage in everyday

Continued on page 3

Inside this issue:

Retiree Groups

Are you a part of a retiree group? Do you know of any retiree groups that regularly meet in your area? Groups like:

- Retired Teachers
- Retired Nurses
- Any other retired profession group

If you are either part of such a group, or if you know of one, can you please let Kristiana Donahue know? She is the Volunteer Recruitment and Training Coordinator and she would love to present our volunteer opportunities to groups such as this.

If you would have any other groups that would welcome her to present about our volunteer opportunities (faith groups, hobby groups, etc.), please let her know at donahuek@cfhcare.org or 574-286-1198.

In Loving Memory

Our condolences and heartfelt sympathies go out to the following CHC volunteer who lost a loved one recently.

Susan Fron,
Mishawaka
Sister, Judy Heath
Sunday, May 2, 2021

Birthdays

6/2
Sandra Houghton
6/2
Carol MacLean
6/4
Mary Reber
6/6
Linda Benwell
6/7
Larry Milanese
6/7
Vera Tiani
6/8
Grace Munene
6/9
Sandra Ringenberg
6/10
David Laux
6/12
Jean Verteramo
6/16
Marlene Ogorek
6/27
Cara Lewellen

Welcome to the Team

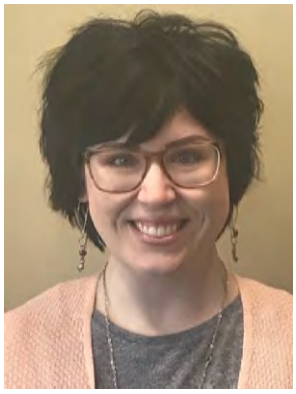
Shanta Burris
Mishawaka Visit Nurse
Angey Gordon
Raclin House Housekeeper
Dan Hogan
Admission Representative
Nicole Hostetler
Plymouth Case Manager
Beth Karas
Plymouth Case Manager
Donna Leatherman
QA Documentation Nurse
Alice Smith
Raclin House PRN CNA
Barbara Tinyszin
Esther House RN
Diana Velazquez
Triage/Visit Nurse

Welcome New Volunteers

Help us welcome these new volunteers who finished their training recently. Please introduce yourself to these volunteers as they begin their service with CHC.

Greg Doyle
Mishawaka

Kimberly Garcia
Elkhart



Nicole Youngs
Mishawaka

Continued from page 1

activities that enhance their ability to connect to their past in unique environments that respect their preferred lifestyle and living preferences. Other programs focusing on caregiver support will be incorporated into the facility's operations. Enhanced services to caregivers in the form of support groups, educational resources and counseling will be provided by professional staff and community partners.

Milton Adult Day Services (MADS) is a cost-effective, comprehensive and quality community-based service. The program supports families as they strive to keep their loved one living at home. Participants may spend from hourly drop-in visits up to 10 hours of their day, 5 days per week. Most who participate attend multiple days per week. Nurses, activity personnel, nurse aides and volunteers provide programming based on the needs of each participant. Services are paid through a variety of funding sources, including VA, Medicaid, CHOICE and private pay.

Caregiver Resource Center (CRC) is being integrated into the facility to provide one convenient location to meet the needs of those who care for older adults living with dementia. It will cater to caregivers of those living with dementia. These caregivers provide thousands of hours in unpaid care each year. They often feel isolated, depressed and in great need of support themselves. CRC is a result of interaction and input from support group attendees and information provided by educational session surveys. It will include an exercise area, a resource and lending library with internet access, a quiet room for rest and relaxation and meeting areas for support groups. Conference space suitable for large and small sessions will be available. By offering practical resources for caregivers, anticipated outcomes for the resource center include increased caregiver confidence; mitigated stress, anxiety, fear, burnout; and improving the caregivers' mental well-being and physical health.

> "...coffee in the café… art studio...pub...library...gardens… putting green…"

As a day-time center, Care Connections at Milton Village will focus on the most valuable time during a client's day. Activities and engagements will allow clients to flourish in this all-encompassing setting. Clients will have meaningful and purposeful interactions such as conversations with peers over coffee in the café; assisting with set up and clean up in the kitchen, art studio or pub; shelving books in the library; tending to the flower and vegetable gardens; strolling the grounds; practicing their golf game on the putting green; enjoying the camaraderie of a ball game on the big screen or enjoying a dress rehearsal of a local show choir.

Establishing the Care Connections Center at Milton Village accomplishes all of this and provides the community with a one-stop centralized resource for those impacted by dementia. Milton Adult Day Services' current location at 922 E. Colfax Avenue in South Bend is available for clients daily, Monday – Friday, 7:30 a.m.– 5 p.m. Existing clients will be given priority access to the new facility. You can learn more or schedule a tour at (574) 232-2666 or visit MiltonADS.org.

Mark Your Calendar

Elkhart Annual Skills Validation Day

Wednesday, June 30, 2021

Appointments made between 9:00am-2:00pm

Elkhart Office

22579 Old US 20E

Mishawaka Annual Skills Validation Day

Wednesday, September 22, 2021

Appointments made between 9:00am-2:00pm

Slots are filling up.

Mishawaka Campus

501 Comfort Place

Plymouth Annual Skills Validation Day

Wednesday, December 15, 2021

Appointments 9:00am & 10:00am

Location TBD

To schedule your appointment, contact Kristiana Donahue at donahuek@cfhcare.org or call at 574-286-1198.

Volunteer Updates

Mandatory Summer Annual In-Service

Our Mandatory Annual In-Service will not be offered in person again this year. As we did in 2020, volunteers will have two options to complete their annual training requirements:

Option One—Online Training

If you choose the online training, you will be emailed the online training instructions at the beginning of July. You will have 30 days to complete the modules. All quizzes are done online.

Option Two—Mailed Paper Training Packet

If you choose the mailed paper training packet, it will be mailed to you at the beginning of July and you will have until the beginning of August to complete it and return the paper quizzes via mail.

Please reach out to your volunteer coordinator to let them know which option you would prefer. If we don't hear from you, we will go ahead and assign your training materials based on the method you used in 2020.

Volunteer Recognition 2021

We are very pleased to announce that our annual Volunteer Recognition Luncheon will be in person this year! We are so excited that this will be possible, as we truly enjoy seeing your faces and offering a nice event to celebrate your accomplishments. This event will take place later this year and we will provide you with details as soon as we confirm them.

Purging Old Envelopes

Please check your self-addressed stamped envelopes. If you have any envelopes that are NOT addressed to P.O. Box 19166, please throw them away.

If you have any envelopes that have a different P.O. Box number, those need to be purged. Thank you for checking and helping us get rid of these old envelopes. We appreciate your help in this matter.

Recruiting needs for CHC:

- Outlying Counties: Elkhart, LaGrange, Kosciusko, Marshall, Starke, Porter, Fulton and LaPorte
- Always looking for volunteers willing to do Level 3 training—allowing them to help patients with some personal care tasks
- Volunteers willing to travel
- Musicians or Entertainers
- Other opportunities such as hair cutters, massage therapists, Pet Peace of Mind and 11th Hour

What if someone is interested?

- Our website www.cfhcare.org has a volunteer page with information and an online application
- Have them contact Kristiana Donahue, Volunteer Recruitment and Training Coordinator at donahuek@cfhcare.org or (574) 286-1198.

Watch for these signs of abuse:

- Seems depressed, confused, or withdrawn
- Isolated from friends and family
- Has unexplained bruises, burns, or scars
- Appears dirty, underfed, dehydrated, over-or undermedicated, or not receiving needed care for medical problems
- Has bed sores or other preventable conditions
- Recent changes in banking or spending patterns

Talk with the older adult and then contact the local Adult Protective Services, Long-Term Care Ombudsman, or the police.

Spotting the Signs of Elder Abuse | National Institute on Aging (nih.gov)

Comments from our Families

- The wonderful lady who helped me through the process of getting my mom into Hospice House went out of her way to make that part as easy as possible for me and my dad.

- Thank you so very much for being there for me. I live alone and the silence has been deafening sometimes. Your calls, info, and caring have been a great support.

- The ladies were great. When my mom passed, the lady who came was gentle and talked to her as if she were still alive. She cleaned her gently and changed her clothing. She was compassion-ate with me. She touched my heart.

July 2021
Volunteer Newsletter

Center for Hospice Care
choices to make the most of life™

Singing Him Home

By Kristiana Donahue

Peter Ringenberg's grandfather, Ralph Ringenberg, was being serenaded with favorite hymns when he took his last breath in December 2020. During the year of a world-wide pandemic, the fact that he could be with family at all during his last moments was such a comfort and relief to all of Ralph's family. Transferred to Center for Hospice Care's Raclin House only 24 hours prior to his passing, family expressed gratitude for the ability to spend time with him. "The fact that we could go into Raclin every couple of hours and have two people go in…so grateful for that," Peter shared.

Ralph loved hymns. As a pastor with the Missionary Church for over 50 years, hymns were a natural way to usher him "home." Ralph was born and raised just north of Fort Wayne on a farm. "They had sugar beets, tomatoes, corn and soybeans," Peter said. "They sold them to Campbell Soups." After graduating from Fort Wayne Bible College, Ralph was pastoring a church and met his wife there. They spent their years in different church assignments throughout Indiana and Illinois.

Two of their three sons became physicians, Roy and Ray, one of those serving as a missionary doctor in Ecuador. Their third son, Ron, became Vice-President of a Mennonite Seminary. With two physicians in the family, they voiced their desire to make pain control a priority, which is exactly what hospice does. "I'm glad my dad was able to spend his last hours at Raclin House," son, Ron shared. "My dad's room looked out over the river, a very peaceful setting. The staff seemed very attentive to his needs. I'm sure it eased his homegoing."

"We usually celebrate our birthdays together, his being almost 60 years before mine," Peter Ringenberg shared. "He was one month away from his 100th birthday and he will be missed and celebrated this year." Center for Hospice Care is honored to have been able to provide the peaceful setting for Ralph and his family to spend time together, sing hymns and usher him "home."

Inside this issue:

Community Groups

Are you a part of a community group?

- Optimists Club
- Rotary Club
- Church groups
- Retired Teachers
- Retired Nurses

If you are either part of such a group, or if you know of one, can you please let Kristiana Donahue know? She is the Volunteer Recruitment and Training Coordinator and she would love to present our volunteer opportunities to groups such as this.

If you would have any other groups that would welcome her to present about our volunteer opportunities (faith groups, hobby groups, etc.), please let her know at donahuek@cfhcare.org or 574-286-1198.

In Loving Memory

Our condolences and heartfelt sympathies go out to the family of a kind, compassionate CHC volunteer who served in the IPU and ECF from January 2012-June 2019.

Sara VonGunten,

Elkhart

Friday, June 4, 2021

Birthdays

7/1
Gregory Doyle

7/2
Casey Kasper-Welles

7/5
Emily Patterson

7/6
Daniel Shuppert

7/9
Kimberly Garcia

7/12
Jeanne Steiner

7/14
Theresa Gross

7/15
Carolyn Peterson

7/18
Kathy Davis

7/20
Christel Pucalik

7/21
Darlene Trapp

7/26
Paul Alwine

7/26
Sandra Maichen

7/28
Vicki Boules

7/30
Gene DeMorrow

7/30
Susan Guljas

7/30
Nettie Russell

32 Patriotic Independence Day Quotes

Words to Make Every American Proud on the 4th of July

It was a historic moment when Thomas Jefferson, along with other members of the Continental Congress, drafted the Declaration of Independence. The Continental Congress declared the people of America independent from the British colonies. It was the moment of truth all Americans had waited for. If the effort of severing ties from the British succeeded, the leaders of the movement would be hailed as true American heroes. However, if the effort failed, the leaders would be guilty of treason and face death.

Clever Wording, Smart Strategies

It was the clever wording of the Declaration of Independence, followed by some smart strategies employed by the leaders that sparked the Independence movement. What followed was a relentless power struggle to gain absolute independence from the British monarchy.

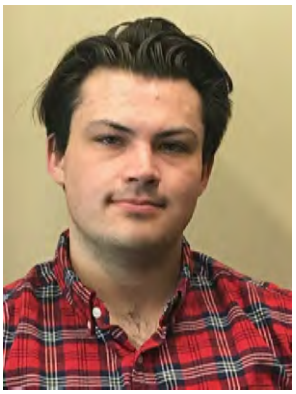
July 4, 1776, was the historic day when the Continental Congress approved the Declaration of Independence. Every year, Americans rejoice and celebrate Independence Day, or the 4th of July, with great fanfare. Amidst colorful parades, flag hoisting ceremonies, and barbecue parties, Americans remember the suffering their forefathers endured to win them precious freedom.

Continued on Page 4

Welcome New Volunteers

Help us welcome these new volunteers who finished their training recently. Please introduce yourself to these volunteers as they begin their service with CHC.

Elaine Baell
Mishawaka

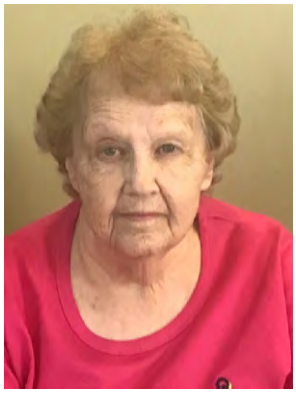


Benjamin Bower
Plymouth

Ciera Carter
Mishawaka

Seth Jachimiak
Mishawaka

Lisa Schaeffer
Mishawaka



Shirley Weaver
Elkhart

Welcome to the Team

Dana Angeledes
LaPorte CNA

Dawn Baum
LaPorte RN

Sheryl Carney
Mishawaka PRN RN

Aimee Phillips
QA Review Nurse

Tarah Radkey
Mishawaka RN

Cheyanne Schwertner
Raclin CNA

Christina Wetter
Triage RN

Bri-Nae Williams
Mishawaka CNA

Volunteer Updates

Mandatory Summer Annual In-Service

Our Mandatory Annual In-Service will not be offered in person again this year. As we did in 2020, volunteers will have two options to complete their annual training requirements:

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Purging Old Envelopes

Please check your self-addressed stamped envelopes. If you have any envelopes that are NOT addressed to P.O. Box 19166, please throw them away.

Mark Your Calendar

Volunteer Recognition 2021

We are very pleased to announce that our annual Volunteer Recognition Luncheon will be in person this year!

Tuesday, July 20, 2021

11:30am-1:00pm

The Armory

727 S. Eddy Street

South Bend, IN 46615

Please RSVP by July 9, 2021 if you plan to attend.

Mishawaka Annual Skills Validation Day

Wednesday, September 22, 2021

Appointments made between 9:00am-2:00pm

Slots are filling up.

Mishawaka Campus

501 Comfort Place

Plymouth Annual Skills Validation Day

Wednesday, December 15, 2021

Appointments 9:00am & 10:00am

Location TBD

To schedule your appointment, contact Kristiana Donahue at donahuek@cfhcare.org or call at 574-286-1198.

Continued from Page 2

Patriotic Quotes From the Famous

Over the decades and centuries, famous figures have spoken eloquently about patriotism. Following are some of their best quotes.

Love of Country

Erma Bombeck

"You have to love a nation that celebrates its independence every July 4, not with a parade of guns, tanks, and soldiers who file by the White House in a show of strength and muscle, but with family picnics where kids throw Frisbees, the potato salad gets iffy, and the flies die from happiness. You may think you have overeaten, but it is patriotism."

Daniel Webster

"May the sun in his course visit no land more free, more happy, more lovely, than this our own country!"

Hamilton Fish

"If our country is worth dying for in time of war let us resolve that it is truly worth living for in time of peace."

Benjamin Franklin

"Where liberty dwells, there is my country."

John F. Kennedy

"And so, my fellow Americans: ask not what your country can do for you - ask what you can do for your country. My fellow citizens of the world: ask not what America will do for you, but what together we can do for the freedom of man."

Freedom and Liberty

Elmer Davis

"This nation will remain the land of the free only so long as it is the home of the brave."

Joseph Addison

"Let freedom never perish in your hands."

Dwight D. Eisenhower

"Freedom has its life in the hearts, the actions, the spirit of men and so it must be daily earned and refreshed - else like a flower cut from its life-giving roots, it will wither and die."

George Bernard Shaw

"Liberty is the breath of life to nations."

Ralph Waldo Emerson

"For what avail the plough or sail, or land or life, if freedom fail?"

Thomas Paine

"Those who expect to reap the blessings of freedom, must, like men, undergo the fatigue of supporting it."

Thomas Paine

"In a chariot of light from the region of the day, / The Goddess of Liberty came / She brought in her hand as a pledge of her love, / The plant she named Liberty Tree." / "He that would make his own liberty secure, must guard even his enemy from opposition; for if he violates this duty / he establishes a precedent that will reach himself."

Harry Emerson Fosdick

"Liberty is always dangerous, but it is the safest thing we have."

Rev. Dr. Martin Luther King, Jr.

"So let freedom ring from the prodigious hilltops of New Hampshire. / Let freedom ring from the mighty mountains of New York. / Let freedom ring from the heightening Alleghenies of Pennsylvania! / Let freedom ring from the snowcapped Rockies of Colorado! / Let freedom ring from the curvaceous peaks of California! / But not only that; let freedom ring from Stone Mountain of Georgia! / Let freedom ring from Lookout Moun-

tain of Tennessee! / Let freedom ring from every hill and every molehill of Mississippi. / From every mountainside, let freedom ring."

Franklin D. Roosevelt
"The winds that blow through the wide sky in these mounts, the winds that sweep from Canada to Mexico, from the Pacific to the Atlantic - have always blown on free men."

John F. Kennedy
"Let every nation know, whether it wishes us well or ill, we shall pay any price, bear any burden, meet any hardship, support any friend, oppose any foe, to assure the survival and success of liberty."

Abraham Lincoln,
The Gettysburg Address, 1863
"Four score and seven years ago our fathers brought forth on this continent a new nation, conceived in liberty, and dedicated to the proposition that all men are created equal."

Lee Greenwood
"And I'm proud to be an American, where at least I know I'm free. And I won't forget the men who died, who gave that right to me."

United and Wise

Oliver Wendell Holmes
"One flag, one land, one heart, one hand, One Nation evermore!"

Gerald Stanley Lee
"America is a tune. It must be sung together."

John Dickinson
"Then join hand in hand, brave Americans all! / By uniting we stand, by dividing we fall."

Hubert H. Humphrey
"We need an America with the wisdom of experience. But we must not let America grow old in spirit."

Musings on Patriotism

James G. Blaine
"The United States is the only country with a known birthday."

George Santayana
"A man's feet must be planted in his country, but his eyes should survey the world."

Bill Vaughan
"A real patriot is the fellow who gets a parking ticket and rejoices that the system works."

Adlai Stevenson
"America is much more than a geographical fact. It is a political and moral fact—the first community in which men set out in principle to institutionalize freedom, responsible government, and human equality."

John Quincy Adams
"All men profess honesty as long as they can. To believe all men honest would be folly. To believe none so is something worse."

Paul Sweeney
"How often we fail to realize our good fortune in living in a country where happiness is more than a lack of tragedy."

Aurora Raigne
"America, for me, has been the pursuit and catching of happiness."

Woodrow Wilson
"The American Revolution was a beginning, not a consummation."

Khurana, Simran. "32 Patriotic Independence Day Quotes." ThoughtCo, Mar. 10, 2021, thoughtco.com/4th-of-july-quotes-speak-of-patriotism-2832514.

Comments from our Families

- Due to COVID, for many months I was unable to visit my dad in person. The nurse was wonderful about calling me to keep me informed. She would call me while she was with my dad, so I was able to talk to him myself. The nurses at the facility where he was living were very busy and didn't have much time to talk to me, so I felt like the hospice nurse was a lifeline between my dad and me. Thank you!

- All staff are kind. The nurses very caring. The doctors were wonderful and provided myself with the needed support as the spouse of the patient.

- I was very pleased with the caliber of people you employ. They were very caring.

- Our experience with the Hospice program was so wonderful and comforting.

August 2021

Volunteer Newsletter

Center for Hospice Care

choices to make the most of life™

Together Again: Volunteer Recognition Luncheon 2021

On July 20, 2021 a roomful of CHC volunteers joined staff, board members and the volunteer team to recognize the wonderful work our volunteers provide to our families, patients and the community each year.

CHC President and CEO, Mark Murray, shared an annual report. He said that our volunteers give thousands of hours annually equating to about 8 full time employees who never get sick or take a day off! Last year was much less than previous years because of COVID; however, volunteers still provided an amazing amount of care and support. Mike Wargo shared an annual report from the Hospice Foundation.

The afternoon was enjoyed by many. We held it at The Armory event venue and a delicious buffet of food added to our celebration.

We were truly glad that we could join together "in person" to see each other, enjoy fellowship and celebrate the accomplishments of our wonderful Center for Hospice Care volunteers.

Volunteer team (Left to right): Kim Morrison (Plymouth/LaPorte), Kristiana Donahue, Marlane Huber (Elkhart) and Debra Mayfield (Mishawaka)

Inside this issue:

Birthdays

8/1
John Guyse
8/5
Kay Kizer
8/10
Kathy Shlegelmilch
8/11
Linda Meeks
8/11
Don Neely
8/12
Sarah Klinedinst
8/14
David Simons
8/15
Elaine Baell
8/20
Diane Hogsett
8/20
Christi Risk
8/22
Doris Shea
8/23
Patricia Osborne
8/25
Denise Connery
8/25
Sr. Carmel Marie Sallows
8/26
Lana Zeltwanger
8/30
Paul Piller
8/31
Ginny Russell

2021 Krueger Award Winner: Joan Hunt

We are pleased to announce and celebrate our 2021 Krueger Award winner—Joan Hunt!

The John E. Krueger, MD Hospice Caring Award was initiated in 1994 and awarded to the man whose name it bears for his years of devoted volunteer service. This award is given annually to a volunteer who exemplifies his commitment.

Joan Hunt was a nurse in her hometown of Plymouth for 40 years. She and her sisters, Janet and Judy, have always been very involved in the community. Both of her older sisters were public school teachers, and Joan chose a different road when she went into nursing.

Joan has been a volunteer with Center for Hospice Care for 13 years and has given over 750 hours of her time to our patients and their families. Center for Hospice Care offers a variety of volunteer opportunities, and Joan has helped out in just about every way possible: office work, patient home visits, tuck-in calls, 11th hour, hospitality visits, special events, in-patient care unit and visits in extended care facilities.

Joan is a cancer survivor and 26 years ago she was one the founders of the Marshall County Relay for Life Team. She helps many other groups in our community and we feel very fortunate to have her as a part of our volunteer team!

Congratulations Joan!

Welcome New Volunteers

Help us welcome these new volunteers who finished their training recently. Please introduce yourself to these volunteers as they begin their service with CHC.

Jack Benchik

Mishawaka

Jaclyn Levendusky

Mishawaka

Nancy Noecker

Mishawaka

Teddi Price

Elkhart

Community Groups

Are you a part of a community group?

If you are either part of such a group, or if you know of one, can you please let Kristiana Donahue know? She is the Volunteer Recruitment and Training Coordinator and she would love to present our volunteer opportunities to groups such as this.

If you would have any other groups that would welcome her to present about our volunteer opportunities (faith groups, hobby groups, etc.), please let her know at donahuek@cfhcare.org or 574-286-1198.

Welcome to the Team

Makayla Bloch
Mishawaka RN

Jenna Clyde
Plymouth RN

Stacie Meyers
Raclin PRN RN

Elise Mick
LaPorte RN

Pamela Smith
Admission Nurse

Melanie Vellucci
Raclin RN

Ashlynn Weaver
Triage/Visit RN

Jessica Williams
Coding & Billing Verification Representative

Volunteer Updates

Mandatory Summer Annual In-Service

Reminder—if you haven't completed your Mandatory Annual In-Service yet, please do so. You were either assigned the course via our online training system—Talent LMS, or you were mailed packets. These need to be completed by early August.

Documentation Reminder

- Be clear and concise when documenting; **state facts only**.
- Document only what you see and do—**NOT what you think or believe**.
- Avoid providing any **judgments, thoughts, assessments or feelings**.
- Avoid any comparisons—avoid using words like **"as usual", "since last week," or " declining for the last several weeks."**
- Avoid these words: **seems, appeared, looks, looked, think, thought, feel or felt**.
- Any notes to the volunteer coordinators need to be on a separate sheet. You can add notes about your impressions of a visit; however, all notes to the volunteer coordinators cannot be on the time sheet itself. That is a legal document. Put any communication to the volunteer coordinator on a separate piece of paper.

Mark Your Calendar

Mishawaka Annual Skills Validation Day

Wednesday, September 22, 2021

Appointments made between 9:00am-2:00pm

Slots are filling up.

Mishawaka Campus

501 Comfort Place

Plymouth Annual Skills Validation Day

Wednesday, December 15, 2021

Appointments 9:00am & 10:00am

Location TBD

To schedule your appointment, contact Kristiana Donahue at donahuek@cfhcare.org or call at 574-286-1198.

2021 Service Awards

5 Years

Back Row (Left to right): David Laux, Sam Schweizer, Steven Dinehart, Robert Evans; Front Row (Left to right): Pat Goeller, Susan Danielson, Carolyn Tihen

10 Years

Ginny Russell

2021 Service Awards

5 Years

Susan Danielson
Gene DeMorrow
Steven Dinehart
Leslie Eid
Robert Evans
Mary Kay Ferry
Pat Goeller
Kathleen Griffin
Pat Langfeldt
David Laux
Mary Perron
Robert Putnam
Sam Schweizer
William Singler
Carolyn Tihen
*Sarah Wargo

10 Years

Ginny Russell

15 Years

Barbara Adcock
Noreen Buczek
Joyce Metzler-Smith
Anila Mondabaugh
Marlene Ogorek
Mary Reber
Blanche Sailor
Julie Shamo
Chrystal Snow Schmatz

20 Years

Larry Brucker
Carole Moats

25 Years

Martha Jones

15 Years

(Left to right): Chrystal Snow Schmatz, Joyce Metzler-Smith, Barbara Adcock, Noreen Buczek, Anila Mondabaugh, Marlene Ogorek, Blanche Sailor

20 Years

Carole Moats and Larry Brucker

25 Years

Martha Jones

thank you!

Comments from our Families

- My husband was moved to the hospital from the nursing home. I had no contact until he went to CHC. From that date, I was with him until his death. CHC was a Godsend. We were treated lovingly, respectfully, and we are so grateful. The young man who bathed him was exceptional. He made the bathing almost a holy experience. Thank you for all your attention and caring and may God bless all of you.

- The professional staff at hospice made the sadness of my mother's final journey a positive experience. The care and concern of each person I dealt with was very evident. Thank you!

- The nurse was so helpful and supportive during our time with hospice. She made us feel very important and like my grandma was part of her family.

Center for Hospice Care
Committees of the Board of Directors

The following committees of the CHC Board of Directors are currently available for board member participation. Contact the Chair of the Board if you are interested in joining one of these committees.

Bylaws Committee
The Bylaws Committee shall consist of the Executive Committee of the Corporation and other appointees by the Chair of the Board of Directors in such numbers as they deem necessary. It shall have the responsibility of reviewing the Corporation's Bylaws at least once every three years.

Milton Adult Day Services Advisory Committee
The MADS Advisory Committee shall consist of appointees by the Chair of the Board of Directors and include caregiver and community representation. It shall have the responsibility to review the scope of services, quality of services, policies and procedures, service reports, evaluation findings, public relations/information materials, marketing/fundraising activities, and grant opportunities. The committee meets twice a year.

Nominating Committee
The Nominating Committee shall consist of the Executive Committee of the Corporation and other appointees by the Chair of the Board of Directors in such numbers as they deem necessary. It shall have the responsibility of nominating candidates for positions on the Board, as well as for officers of the Board of Directors. The committee generally meets two to three times a year.

Personnel Committee
The Personnel Committee shall consist of the Executive Committee and other appointees by the Chair of the Board of Directors, and be chaired by the Chair of the Board of Directors. This committee shall concern itself with the review and recommendations for approval of the Personnel Policies governing the staff of the Corporation. This committee meets at least biannually to review the Human Resources Manual and as needed.

Special Committees
Special committees may be appointed by the Chair of the Board of Directors as the need arises. Some of these committees include the Helping Hands Award Dinner Committee, and the Walk/Bike for Hospice Committee.

VALPO.LIFE

Center for Hospice Care hosts networking event to bring healthcare workers together

By: Anekah Fish Last Updated: July 15, 2021

Center for Hospice Care hosted a networking event at its Mishawaka campus on Wednesday where guests enjoyed conversation, refreshments, and a tour of the riverfront campus. Attendees were happy to be meeting in person once again, returning to a sense of normalcy.

"It's been a long time since people were face to face without masks," said Craig Harrell, Director of Marketing & Access. "Everyone in healthcare has been focused over the past 16 months on just trying to keep our heads above water. We thought this would be a great opportunity to just relax, get back out into public, and see everybody again."

The Mishawaka campus houses Center for Hospice Care's Administration, Clinical, and Hospice Foundation teams. It also includes the Ernestine M. Raclin House, a 12-bed inpatient unit. The tour included the family area, a teen gaming room, children's area, sunroom, and a patient room. The patient rooms all have views facing the St. Joseph River. The doors are wide enough that patients' beds can be moved outside to better enjoy the view.

"Center of Hospice Care has been at this location for ten years. We opened our clinical building in November of 2019, and then in 2020 as we were going to open our inpatient unit, something happened," Harrell said through a laugh. "It was delayed because of state officials focusing on extended-care facilities due to the COVID-19 outbreak. Ever since we opened in September of last year, we've been extremely busy."

Also included on the campus tour was the Captain Robert J. Hiler Jr. Veterans Memorial, where flags representing all branches of the military fly. Below them on a wall are plaques honoring those who have served, as well as a statue of 'Poppy', a veteran holding a flag while leaning on his cane.

Around the campus are beautiful landscaping and sculptures. Daisies and lavender line the sidewalk, and when the wind blows it carries the lavender's scent. Pergolas and archways are taken over by ivy, but just enough that it appears perfectly intentional.

"This is an event for health care providers," said Harrell. "We invited a few local healthcare organizations that we belong to, as well as referral sources including extended care facilities, assisted living, and hospitals. It's also an opportunity to learn more about Center for Hospice Care, our unique services, and rich history."

Regardless of whether attendees were greeted with a hug or handshake, everyone enjoyed the conversation, the comradery of other local healthcare providers, and the interruption of the busy week with some well-deserved relaxation.

For more information on Center for Hospice Care, visit its website at cfhcare.org.

FINANCE

Delta Variant Has Hospices Increasingly Concerned About Operations, Finances

By **Holly Vossel** | August 2, 2021

CDC

A year and half into the novel coronavirus pandemic, hospices are growing increasingly concerned that emerging variants of the virus will severely impact their operations, workforce and finances. As infections surge, particularly among the unvaccinated, many communities are reinstating precautions that have been relaxed as more people get their shots.

country began to slow as vaccines began to roll out earlier this year, but cases have been climbing once again in another surge of COVID-19. Nearly 80,000 COVID-19 cases were reported in the last week alone, with the virus claiming 370 lives nationwide in the past 7 days, according to the most recent CDC report. Nearly 99% of the recent deaths occurred among the unvaccinated, according to the CDC.

"We're very worried about the variants. About three weeks ago, we started seeing the impact right around July 4, when we noticed our COVID numbers hang up just a little bit. Now they're ticking up dramatically," said Laura Mosby, chief compliance officer of Florida-based Empath Health. "Florida is a hotspot for the country, and it is really concerning for us."

COVID-19 cases in Florida tipped above 110,400 last week, according to a recent Florida Health Department report, causing the hospice, home health and palliative care provider to reinstate some of the precautions it had loosened up on around staffing protocols, according to Mosby, who stated that vaccines will be an

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vaccinated, Mosby told Hospice News. The company is considering implementing a mandatory vaccine policy. Despite the increased risk, Empath is not seeing a substantial influx of new COVID cases, which Mosby attributes in part to the company's strict personal protective equipment (PPE) measures.

"We're starting all over again, but we're hoping we can nip this before it gets too widespread," Mosby said.

PPE is essential to protect patients and staff. These products also represent one of the largest financial and operational concerns during the outbreak, with hospices facing limited supply and high costs for masks, gloves, clothing covers and sanitizing materials and equipment. While this far into the pandemic most providers have acquired a sufficient supply, this has taken a financial toll on hospice revenue.

Public masking guidelines began to loosen as more of the country became vaccinated. Vaccinated people have been allowed into public spaces without masks in recent months, but these guidelines have since changed

and Prevention (CDC) announced updated masking guidance for vaccinated individuals, recommending that they wear a mask in public indoor settings or areas of substantial or high transmission.

"If clinical staff, patients and family members are unvaccinated, there is significant risk of contracting the Delete variant, [which] is more contagious than the other virus strains," Jennifer Kennedy, senior director of regulatory and quality for the National Hospice & Palliative Care Organization (NHPCO), told Hospice News. "The Delta variant is a respiratory virus and spreads when aerosolized particles are discharged from an effective individual. Staff need to use PPE for protection against this type of infection."

Some providers require staff to become vaccinated while others have kept it optional. Some companies have mandated that unvaccinated staff don additional PPE and follow additional safety and infection procedures. Hospice providers nationwide are rethinking their staffing policies and infection control procedures, including the prospect of mandatory vaccines.

Hospice providers with optional vaccination policies have had to balance the need to protect staff, patients and families while also allowing employees to use their own discretion in regards to personal choices, as well as any medical or religious exemptions. More patients and families are requesting that only vaccinated staff provide care. This also creates challenges for employers who cannot provide patients with their staff's protected personal health information.

"Our challenge is overcoming whatever barriers there are preventing people from being vaccinated, whether those are cultural, fear-based or other reasons," Mosby told Hospice News. "It's about trying to help overcome some of those barriers, or you get to a place where we mandate it and just put a hard line in the sand. However, that can have ramifications, though. It has a lot of tentacles to it that we have to think through carefully. While it still may be the best decision to have contingency plans for all the potential ramifications of going that way, it's not something we can do lightly or quickly. We are very seriously considering it, much like a lot of other health organizations have done, and we are in the process of thinking it through."

Amid the intense stress of the pandemic, employers are stepping up efforts to support staff. Empath Health is focusing more resources to help address the psychological and mental health needs of staff, Mosby said.

The availability, access and education around vaccinations is vital for hospices to step forward as COVID-19 continues, according to Judy Wooten, president and CEO of Arkansas Hospice. The hospice provider has tightened up on loosened restrictions around masking and social distancing in response to the Delta variant's spread.

Supporting staff throughout the pandemic has weighed heavily on the minds of many health care providers as turnover continues to rise. A little more than 20% of health care workers have considered leaving the field as a result of stress brought on by the outbreak, and 30%

industry for years across a range of disciplines, including nurses, licensed independent practitioners, case managers and aides.

"If we have learned anything over the past 16 months, it's to expect the unexpected and remain flexible," Wooten said. "Due to the rise in cases and the increased transmissibility of the delta variant, we have reimplemented masking and social distancing practices that we had been able to relax briefly. This impacts those who have been vaccinated more than those who have not, since there was a short period when fully vaccinated employees could work together without wearing a mask."

The variants also have hospices worried about the potential return of tight restrictions on who can enter skilled nursing or senior housing facilities, which has severely impacted patient care and providers' bottom lines.

Nursing home and long-term care facilities closed their doors to hospice interdisciplinary teams in an effort to curb the pandemic's spread, with some only allowing nurses to enter on a limited basis. In addition, referrals from these organizations dropped precipitously and only recently began inching toward recovery.

Still, providers have cause for some degree of optimism.

"Nursing homes and other long-term care facilities have high vaccination rates compared to the general population. This will hopefully slow down the number of lockdowns we may see from the delta and other

have a shortage of nurses as hospitals are near or at capacity and offering substantial hiring incentives, making it hard for hospices to compete for staff."

The variants also signal the continued reliance on telehealth. The U.S. Centers for Medicare & Medicaid Services (CMS) expanded allowable use of telehealth through a number of emergency waivers. During periods of national disaster, the U.S. Department of Health and Human Services has the authority to waive regulatory requirements under section 1135 of the Social Security Act.

In May, a bipartisan group of U.S. senators reintroduced the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2021. If enacted, the bill would expand Medicare coverage of telehealth service and make some of the CMS waivers permanent.

The importance of telehealth is unlikely to diminish in a post-pandemic landscape, according to NHPCO President and CEO, Edo Banach.

"We hope the worst is behind us, but we've got a variant that's making its way across the country and the world. We want to think about opportunities for innovation and what we've learned over the course of the last 16 months, [and] an example is telehealth," said Banach during a recent NHPCO virtual conference. "How we utilize technology to help people and at the same time, leverage the human capital we have. What defines us is how we step in, how we step up and the quality of care."

Holly Vossel

Holly Vossel is a word nerd and a hunter of facts with reporting roots sprouting in 2006. She is passionate about writing with an impactful purpose, and developed an interest in health care coverage in 2015. A layered onion of multifaceted traits, her personal interests include book reading, hiking, roller skating, camping and creative writing.

FEATURED

Bipartisan Senate Bill Would Create Community-Based Palliative Care Demo

By **Jim Parker** | July 30, 2021

forcal35

Share

Three U.S. senators have introduced bipartisan legislation that would direct the Center for Medicare & Medicaid Innovation (CMMI) to develop a demonstration of a community-based palliative care payment and delivery model. Sens. Jacky Rosen (D-Nev.), John Barrasso (R-Wy.), Tammy Baldwin (D-Wisc.) and Deb Fisher (R-Neb.) are sponsoring the Expanding Access to Palliative Care for Seniors Act.

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diems. Proponents of the bill argue that the ability for patients to receive transfusions during their final days is essential to maintaining their quality of life. While hospices currently can cover transfusions, the costs are substantial.

"As someone who stepped away from my career to care for my parents and in-laws as they aged, and as a co-founder of the Senate's Comprehensive Care Caucus, I have an insight into the challenges that seniors and families face when dealing with palliative or hospice care," said Rosen. "This package would also reduce barriers to hospice care for seriously ill patients who rely on blood transfusions to maintain quality of life."

The bill's four co-sponsors are founding members of the Senate Comprehensive Care Caucus, which was established in 2019 to pursue legislation actions to raise awareness of palliative care, promote utilization, improve care coordination, support caregivers and expand access to services.

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Bipartisan Senate Bill Would Create Community-Based Palliative Care Demo

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OPERATIONS

Careful Medication Management Can Help Reduce Hospice GIP Costs

July 29, 2021

palliative care during the COVID-19 pandemic.

Additionally, more patients and families are also seeking serious illness care in their homes — a trend that began in earnest long before the pandemic, but the pace has accelerated.

"This legislation is an important step forward in the broader effort to more fully integrate palliative services into home and community-based settings," said National Association of Home Care & Hospice President Bill Dombi. "By testing a more sustainable method of payment, this demonstration model would help ensure that providers across the care continuum, including hospices and home health agencies, have the support they need to increase access to high-quality palliative care for the patients and families they serve."

In addition to the benefits for patients and families, home-based palliative care could reduce societal health care costs by $103 billion nationwide within two decades, the nonprofit economic research group Florida TaxWatch reported in 2019.

interdisciplinary care.

The closest existing equivalent to a palliative care benefit is the U.S. Centers for Medicare & Medicaid Services' (CMS) test of the Medicare Care Choices Model (MCCM), which allows hospice patients to receive curative care concurrently with hospice. The agency recently announced that it was extending the program by one year. The test was originally scheduled to close at the end of 2020.

A new CMMI demonstration would likely contain elements pioneered through the MCCM.

"The time is now for CMMI to build off the successes of its Medicare Care Choices Model to establish clear criteria for core community-based palliative care services in the United States and improve access to needed care for Medicare beneficiaries experiencing serious illness in our most vulnerable communities," National Hospice & Palliative Care Organization President and CEO Edo Banach said.

The U.S. Centers for Medicare & Medicaid Services (CMS) has dipped its toes into palliative care coverage, but the agency has stopped short of creating a dedicated benefit. CMS in 2020 began allowing Medicare Advantage plans to cover palliative care as a supplemental benefit.

Recent analysis by the consulting firm ATI Advisory indicated that the number of Medicare Advantage plans offering home-based palliative care coverage jumped to 134 in 2021, up from 61 last year. Other supplemental

Additionally, CMS is currently testing the inclusion of hospice in Medicare Advantage through its value-based insurance design model demonstration. Often called the Medicare Advantage hospice carve-in, this demonstration is driving many hospice providers to diversify their services to include more upstream care. Only 53 Medicare Advantage health plans are participating in VBID during 2021, but that number is expected to grow in subsequent years.

"Approximately 6 million people in the United States could benefit from palliative care and are not receiving it," said Amy Melnick, executive director of the National Coalition for Hospice & Palliative Care. "This bi-partisan bill signals to [CMS] that the time has come to test a national model of care that focuses on improving the quality of life for people living with serious illness,"

Companies featured in this article:

National Association for Home Care and Hospice,
National Coalition for Hospice & Palliative Care,
National Hospice and Palliative Care Organization

Jim Parker

Jim Parker is a subculture of one. Swashbuckling feats of high adventure bring a joyful tear to his salty eye. A Chicago-based journalist who has covered health care and public policy since 2000, his personal interests include fire performance, the culinary arts, literature, and general geekery.

Hospice News is the leading source for news and information covering the hospice industry. Hospice News is part of the Aging Media Network.