

A Day in the Life at Center for Hospice Care

Mark M Murray, President & CEO

Center for Hospice Care (CHC) is a 35-year old independent, community-based, not-for-profit organization improving the quality of living through hospice, home health, grief counseling, and community education. With care offices in South Bend, Elkhart, and Plymouth, we serve eight counties in northern Indiana and operate the only Medicare-certified hospice inpatient units in this area. Our seven-bed Hospice Houses are located at both the South Bend and Elkhart offices.

Experience. Since admitting our first patient in January of 1980, we have cared for 28,570 patients on an annually added basis through 2014. Half of all the patients served by CHC were seen in the last eight years and nearly one in five during the last three years alone. With 222 professional staff and over 500 community volunteers, there is no other local organization more proficient or experienced at providing high-quality, patient- and family-centered care at the end of life. CHC projects to serve 2,160 patients during 2015 putting us into the top 4-5% of all programs in the US.

Stewardship. Since the beginning, we have promised that no patient eligible for hospice care would be turned away, regardless of ability to pay. In 2014 alone we gave away over \$1.6 million in unreimbursed services. We accept patients with complex treatment issues and work collaboratively with the attending physician and ancillary healthcare providers to serve the needs of patients, wherever they call home. This could be at one of the more than 80 extended care facilities who contract for our services. The majority of care, however, is in the patient's residential setting.

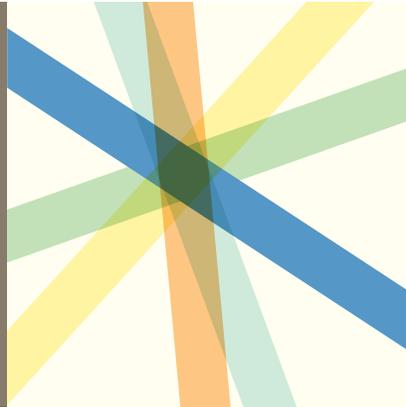
Innovation. CHC has developed three innovative programs to help meet the needs of our patients. BreatheEasy for COPD, HeartWize for advanced heart disease, and our DementiaCare program address the unique needs of patients affected by these three diseases, which comprise over half the diagnoses of all CHC patients. Each program includes the use of emotional, spiritual, and complementary approaches to care in addition to family support.

Collaboration. As a stand-alone, non-profit hospice and palliative care provider we have established a number of collaborative relationships with a variety of medical institutions. CHC provides on-site rotational Fellowship training in Hospice and Palliative Medicine for Mayo Clinic and the Indiana University School of Medicine. CHC is a higher education destination with contractual arrangements from 16 colleges and universities to provide education and training for physicians, nurses, social workers, spiritual care specialists, and bereavement counselors.

Community Education. Two areas in particular differentiate our work and raise the bar in hospice and palliative care. CHC administrators, physicians, nurses, social workers, spiritual care staff, and bereavement counselors are the faculty for an innovative

continued on page 3

hospice & physician
team
newsletter



newsletter



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CHC currently has a record number 12 hospice and palliative care certified nurses on staff, as well as two full-time board certified hospice and palliative care physicians.



choices to make the most of life

Specialty Programs for your Special Patients

Center for Hospice Care (CHC) has developed three innovative programs to help meet the needs of your patients. HeartWize for advanced heart disease, BreatheEasy for COPD, and our Dementia Care Program each address the unique needs of patients affected by these diseases. End stage heart disease, lung disease, and dementia now comprise over half the diagnoses of all CHC patients. Each of these programs includes the use of emotional, spiritual, and complementary approaches to care as appropriate in addition to family support. Also, as the Attending Physician, Medicare allows for you to continue seeing your hospice patients and bill for professional services (but not for studies/labs/procedures related to the hospice diagnoses).

HeartWize

According to the Center for Disease Control (CDC), cardiac disease is the most common cause of death in the United States. More than 600,000 people per year die from end-stage cardiac disease.



You, your patient and your patient's family will benefit from hospice services when a cure is no longer possible, or the burden of treatment for cardiac disease is outweighing their quality-of-life. "Hospice provides unique medical, emotional and spiritual support for the patient and their family," noted Greg Gifford, MD, JD, ABEM and Center for Hospice Care's Chief Medical Officer. "Together, we play an important role in providing your patients choices for end of life care."

When are Patients with Cardiac Disease Appropriate for Hospice?

"Any patient with end-stage cardiac disease may be appropriate for hospice care if the patient has a prognosis of six months or less if their disease runs its natural course," Gifford explains. "It may be appropriate to initiate a hospice assessment if a patient has experienced one or any of the following:"

- Multiple hospitalizations for decompensation
- Worsening dyspnea despite supplemental oxygen
- Left ventricular ejection fraction < 20%
- Pulmonary hypertension / elevated right ventricular systolic pressure
- Declining despite receiving optimal treatments
- Decrease in ADLs along with dyspnea at minimal exertion or rest
- Symptomatic despite standard therapies
- Patient is not a candidate for or declines invasive procedures
- Significant co-morbid factors such as history of cardiac arrest or age >75 years
- Laboratory studies documenting clinical decline
- Documented clinical decline over the past six months

Breathe Easy

"COPD is the fourth-leading cause of death in the United States. It is the only cause of death with an increasing rate of incidence," Gifford commented. "The benefit to your patient comes when the burden of the usual treatments for pulmonary disease begin to outweigh their quality-of-life."

When are Patients with End-Stage Pulmonary Disease Appropriate for Hospice?

According to Gifford, it may be appropriate to initiate a hospice assessment if a patient has experienced any of the following:

- Increased visits to the ER or hospitalizations for pulmonary infections and/or respiratory failure
- Disabling dyspnea resulting in progressive inability or struggle with ADLs
- Little or no response to bronchodilators
- Recurrent episodes of bronchitis or pneumonia
- Significant, unintentional weight loss
- Laboratory studies documenting clinical decline
- Documented clinical decline over the past six months
- Palliative Performance Scale < 40%

These are general medical guidelines and are not strict criteria," Gifford said. "The decision to admit a patient to hospice is based on each patient's unique needs."

Dementia Care

Alzheimer's disease, according to the CDC, is the sixth-leading cause of death in the United States. It is the fifth leading cause of death for those aged 65 and older. In 2014, it was the third leading cause of death behind cancer and cardiovascular for all CHC patients.

When are Patients with End-Stage Dementia or Alzheimer's Disease Appropriate for Hospice Care?

If you're caring for a patient who suffers from advanced stage dementia or Alzheimer's Disease, you should consider hospice care when:

- Needs significant assistance with ADLs (i.e., dressing, bathing & ambulation)
- Urinary and fecal incontinence - intermittent or constant
- Dysphagia with aspiration of food or fluid
- No meaningful verbal communication/ unable to express their needs
- Additional factors may include pressure ulcers, increased falls, recurring urinary tract infections, recurring chest infections, unintentional weight loss
- Frequent hospitalizations, office or ER visits
- Multiple co-morbidities

Benefits of Referring Your Patient Earlier for Hospice Care

- Providing medications and home care reduces the financial burden on the patient and family, thereby increasing patient and family satisfaction with your care.
- Effective management of pain and symptoms at home which eliminates or reduces unnecessary hospitalizations/ER visits.
- Medications, DME and supplies provided, helping the patient maintain their treatment plan.
- Family support and education relieves caregiver stress and exhaustion which decreases demands on both them and you.
- Ability to benefit from a full range of programs and services, including 24-hour access to care at home, at our hospice inpatient facilities in South Bend and Elkhart, and with our psychosocial programs, volunteer services and grief counseling.

"When a patient, family, or you recognize that the patient is declining despite all of standard medicine's best efforts, it's time to have the conversation about how they want to spend the rest of their time," expressed Gifford. "Hospice can help them be comfortable and at home. When they're ready to start that conversation with you, or you with them, let us know and we will talk with them too and answer their questions. Hospice does not diminish the length of time left, and it always adds to the quality of that time."

Hospice & Assisted Living Communities

Together We Care

When your residents elect hospice care, they don't have to give up the care they are currently receiving in your Assisted Living Community. "Our hospice team and your team form a partnership to coordinate care," explains Alice Wolff, RN and Patient Care Coordinator at Center for Hospice Care. "Working together, our hospice team supplements the care your community provides, supporting the family, resident and your team. Together, we collaborate with your team to coordinate the services for the resident based on his or her needs."

Who Provides Care in the Assisted Living Community?

"At Center for Hospice Care, our interdisciplinary team members specialize in end-of-life care and each visit is based on the resident's individualized plan of care," Wolff said. "You may expect to have any member of our team providing care to the resident, including physicians, hospice aides, nurses, chaplains, social workers, counselors, and volunteers." Together, our team members play a critical role in helping the resident address emotional, spiritual, physical and ethical concerns.

How Does Hospice Help?

- Nurses provide expertise in pain and symptom management
- Chaplains provide spiritual support unique to each resident, including on-site religious services
- Social workers or counselors provide support for each resident, family, and your team
- Hospice aides supplement the personal care provided by your team
- Hospice provides residents with medications, supplies and equipment related to their hospice diagnosis as identified in their plan of care

- When appropriate to the hospice plan of care, residents can receive on-site therapies
- Hospice residents and their families can benefit from advance care planning
- Hospice can provide educational programs for your team
- Support for the family and your team at the time of and following a resident's death

Benefits of Hospice

- Intensive pain and symptom management which eliminates or reduces unnecessary hospitalizations/ER visits, enabling your residents to remain in your community
- Medications, DME and supplies related to the hospice diagnosis are provided which relieves some of the financial burden on your residents and their families, allowing them to remain in your community longer
- Expertise and availability of an RN 24/7 who can respond to pain and symptom issues so that your Wellness Coordinator or nurse does not have to return to the community after hours
- Customized end-of-life education for your caregivers which will increase their comfort level in caring for your hospice residents
- Specialized hospice team members to communicate with and support families whether near or far which increases family satisfaction

You play an important role in providing your residents end-of-life care choices.

A Day in the Life (cont.)

one-credit elective course offered by the University of Notre Dame called Intro to Hospice & Palliative Care. Developed to provide pre-professional students with an introductory understanding of palliative and hospice, the course was designed specifically for undergraduates interested in healthcare careers, but is also useful to students aspiring to work in other helping professions. Presented every third semester, the popularity has increased each time. In November of last year, 125 students signed up for this all day course held on a Saturday.

CHC spreads the word about hospice and palliative care with an aggressive paid media advertising campaign, which includes television, radio, billboard and digital media. Since it began four years ago, the number of referrals from the general public contacting CHC directly on their own now account for nearly one in three referrals and in sheer numbers are surpassed only by referrals from hospitals.

Consistency. CHC has always been a licensed home health agency and hospice but has never provided traditional, rehabilitative home health care. Our home health license is used for palliative care services, pre-hospice services, and as a transition tool for patients no longer eligible for hospice or who choose to seek curative care. Because all clinical staff are trained in home health care and hospice, the transition between agencies remain simple and seamless. Patients continue to keep their same CHC staff while they direct their care on their terms.

Honoring our Veterans. We are dedicated to meeting the needs of veterans. In 2013, CHC attained the highest recognition, Level 4, for a We Honor Veterans (WHV) partner program. WHV empowers hospice professionals to meet the unique needs of dying veterans through specialized staff education and ongoing activities designed especially for veterans. To reach the pinnacle Level 4, CHC focused on increasing access to and improving the quality of care veterans received through staff education and training, offering veteran pinning ceremonies, and scheduled veteran group support activities at extended care facilities. Nationally, there are 2,732 WHV Partners and only 333 hospice programs have achieved the WHV Level 4. We Honor Veterans is a collaborative program between NHPCO and the Veterans Administration.

Quality. We increase the intellectual inventory of our staff by encouraging our nurses to become Certified Hospice and Palliative Care Nurses (CHPN). We pay for the National Board examination and even the review course prior to examination. Beginning two years ago, CHC CHPN RNs also began receiving an annual monetary stipend for becoming certified and maintaining their status. A similar program for our hospice aides / CNAs to become Certified Hospice & Palliative Nursing Assistants began this year.

Communication. We appreciate the opportunity to partner in the care of your patients. If I can be of service to you, please contact me at murraym@cfhCare.org or 1-800-HOSPICE.



Center for
Hospice Care

choices to make the most of life™

111 Sunnybrook Court
South Bend, IN 46637

Physicians from Mayo Clinic & Indiana University School of Medicine to Rotate Through Center for Hospice Care to Complete Hospice & Palliative Medicine Training

Mayo School of Graduate Medical Education of Mayo Clinic, Rochester, MN, and Indiana University School of Medicine, Indianapolis, IN, have chosen Center for Hospice Care (CHC) for physician Hospice and Palliative Medicine Fellowship training rotations. Beginning immediately, physicians from these institutions will train at CHC as part of fulfilling their requirements for obtaining national Board Certification in Hospice and Palliative Medicine.

According to David Haley, Center for Hospice Care's COO, the rotations are designed to further physician education in hospice and palliative medicine through professional training and experience in different clinical and residential settings with a variety of patients and their families. "Fellows from the Indiana University Hospice and Palliative Medicine Fellowship program and Mayo Clinic will also gain knowledge through lectures, discussions and mentoring," Haley said. "We are honored that both Mayo Clinic and Indiana University School of Medicine have selected Center for Hospice Care as an important teaching site for their Hospice and Palliative Medicine Fellows. While we are a community-based not-for-profit hospice provider in northern Indiana, our program has rightfully earned respect and recognition nationally. "

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