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Looking Back at 2008

Mark M. Murray

President/CEO - Center for Hospice and Palliative Care

At the Center for Hospice and Palliative Care (CHAPC), it continues to be a profound privilege

to be a part of each patient's story, learning about their own unique backgrounds, life experiences, values, goals of care, and to help meet their needs on their terms. 2008 was a successful year. We provided care for 1,573 patients and their families, the most of any calendar year and a 6% increase over 2007.

Among the more than 4,600 hospice programs in the U.S., CHAPC ranks in the top 5% by annualized numbers of patients served. Since we admitted

our first patient in January 1980, CHAPC has cared for 17,217 patients. 26% of these patients were seen in just the last three years alone.

The high numbers of patients choosing CHAPC also means increased numbers of survivors taking part in our many grief support services. Because services are open and available to anyone in the community, regardless of having a prior experience with CHAPC, we now estimate on any given day more than 2,300 people participate in CHAPC grief support services through individual counseling, support groups, telephone support, specialty programming, and mailings.

2008 Highlights

Patient family satisfaction is very important to us. We mail a survey to all surviving family members inquiring about their approval of our services and the care received by their loved one. With 71 questions covering 13 dimensions, it is comprehensive. Because it's the same survey many hospices use, we can benchmark by specific question with averaged scores for Indiana as well as compare ourselves to the national normative responses. With a strong 36% return rate, CHAPC ratings remained very high again last year. Two particular questions are important to us. According to the

more than 400 returned Family Evaluation of Hospice Care questionnaires mailed during 2008, 98.21% of those responding said, "yes" to the question, "Generally speaking, did you have a positive experience with CHAPC?" And 98.10% said "yes" they "would recommend CHAPC to others."

We implemented the National Hospice and Palliative Care Organization's (NHPCO) "Quality Partners" program. Quality Partners is a national, cooperative effort, developed and directed by NHPCO, to build organizational excellence and improve hospice and palliative care delivery and outcomes. Designed "by hospice, for hospice," with its 360 degree review of the entire organization, it's a national performance improvement initiative providing tools and resources to help hospices assess and monitor the quality of care and services they provide and determine areas in need of improvement. Quality Partners represent a com-



The new Elkhart Business Office and Hospice House

prehensive framework for organizing, assessing and monitoring a hospice's clinical and non-clinical operations.

Our weekend grief camp for children, Camp Evergreen, celebrated its 15th anniversary. A Camp Evergreen Reunion was held in July for all adult camp volunteers and child campers who had ever participated in Camp Evergreen throughout its history. The camp has been around so long we have recently had volunteer adult buddies who many years earlier had been Camp Evergreen campers themselves.

CHAPC was proud to become a partner hospice with the Foundation for Hospices in Sub Saharan Africa (FHSSA). FHSSA's Partnership Initiative matches U.S. organizations – hospices and palliative care programs -- with similar African programs to help support the provision of palliative and home-based care in sub-Saharan Africa. There, the need for hospice and palliative care is great as 7,000 people die of HIV/AIDS each day and deaths from cancer are rising at an alarming rate. One goal of the initiative is to promote mutually beneficial relationships between the partnered agencies that will foster idea-sharing, educational opportunities, professional exchanges, and learning experiences for both programs. While most American hospice programs receive an individual African hospice program as a partner, FHSSA matched CHAPC with an entire country. Our partner is the Palliative Care Association of Uganda.

Certainly a major highlight of 2008 was the opening of our new Elkhart business office and Hospice House. A ribbon cutting was held November 5, staff moved in on November 6, and we began accepting patients in the new

Hospice House on November 24. With the average length of stay at Hospice House being about eight days, occupancy levels change quickly and we expected the utilization of the Elkhart facility to take some time to grow and begin to match the occupancy levels of our 12 year-old South Bend inpatient unit. We were pleasantly surprised that less than 90 days after beginning to accept patients in Elkhart, both the South Bend and Elkhart Hospice Houses were operating at full capacity on February 13. On this date, 14 people – a number not possible just 13 weeks earlier - were receiving an inpatient level of care and the very best that humankind can offer at the only two Hospice Houses in our northern Indiana service area.

Even with a wavering economy of enormous proportions, CHAPC still received cash donations of nearly \$2 million last year, which includes significant cash payments on pledges made in 2007 for the Elkhart Hospice House capital campaign. This deep generosity of our very giving communities allowed CHAPC to keep our promise of never turning eligible patients away due to lack of insurance or ability to pay. We kept that promise in 2008. The value of charity care, free programming, write-offs, etc. last year was \$926,876.

CHAPC's principles are simple: relief from pain and suffering is a basic human right; all people deserve the care and compassion delivered by hospice; and families need to be supported in their caregiving demands. Each day we are doing our best to see that these beliefs become realities. We still have a ways to go. But with your continued help and support, we'll get there - together.

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Hospice Reduces Medical Expenditures

The 2008 annual report released by the National Hospice and Palliative Care Organization (NHPCO) cites a study conducted by Duke University researchers entitled, "What Length of Hospice Use Maximizes Reduction in Medical Expenditures Near Death in the U.S. Medicare Program?" Published in the October 2007 issue of Social Science and Medicine, the study found that use of hospice significantly reduces medical expenses. The authors note, "The hospice benefit appears to be that rare situation in health care where something that improves quality of life also saves money."

Key findings in the study include:

- The use of hospice services reduced Medicare expenses by an average amount of \$2309 per patient, compared to patients who used regular medical care instead of hospice.
- 70% of hospice patients also could have reduced their medical expenses if they had started hospice care sooner.

"Often hospice is used for a relatively short time, but we found that patients who use the benefit for the last seven to eight weeks of life maximize cost savings to the (Medicare) program," the authors explain.

Being enrolled in hospice for at least seven to eight weeks "...also allows patients and their families to fully experience the benefits of hospice, such as bereavement counseling, palliative care, and respite for caregivers," the authors point out.



Hospice Improves Survival Time by 81 Days in CHF Patients.

Is Your Patient HeartWize?

A recent NHPCO report references a study, "Comparing Hospice and Nonhospice Patient Survival among Patients Who Die within a Three-Month Window," published in the Journal of Pain and Symptom Management in March 2007.

Investigators found that patients with certain diseases may survive longer on average if they receive hospice care. For instance, congestive heart failure patients lived an average of 321 days without hospice care, and an average of 402 days with hospice care. This is an average increase of 81 days.

Other diseases included in the study were:

- Lung cancer: Patients survived an average of 39 days longer with hospice care than without hospice care.
- Pancreatic cancer: Survival rate increased by an average of 21 days with hospice care.
- Colon cancer: Patients survived an average of 33 days longer when cared for by hospice.

In 2007, The Center for Hospice and Palliative Care unveiled HeartWize, a program dedicated to the care of end-stage heart disease. Candidates for this program are patients who have NYHA Class IV symptoms of dyspnea or chest pain, meeting the Medicare criteria

for hospice care, or whose heart disease is otherwise believed to confer a likely survival of six months or less.

Our program focuses on maintenance of medication compliance, surveillance of weights, extensive patient and caregiver education, and in-home dietary management, with the goal of improving the quality of the patient's life and decreasing or eliminating emergency-room visits and hospitalizations. The availability of our staff around-the clock absorbs a great deal of the telephone call volume, freeing up time for you and for your staff.

Our nursing staff receives ongoing specific training in heart disease and operates within protocols designed in cooperation with our cardiac team:

Jon Kubley, MD
Donna Tieman, RN
Dave Haley
Roberta Spencer
Beth Kellogg, MSW, LSW
Marguerite Blue, RN CHPN
Anna Wasierski, RD
Michele Guldberg, MS, LCSW, LMFT, HTA
Beth Anne Shoup



HeartWize

A program of the Center for Hospice and Palliative Care, Inc.

We invite you to consider HeartWize for any of your patients with end-stage heart disease. If you have questions, please feel free to contact our agency or either of our Medical Directors, Jon Kubley, MD or Tom Kolakovich, MD at 800-413-9083.



Staff Achievements



Jon Kubley, MD, Interim Chief Medical Officer, recently passed the Hospice and Palliative Medicine Certification Examination. Because of his successful performance, Kubley will be awarded a Certificate of Added Qualifications (CAQ) in Hospice and Palliative Medicine (HPM).

Certification is a rigorous, comprehensive program for evaluating physician knowledge, skills, and attitudes to assure patients, employers, and payers that a physician has achieved competence for practice in a given field. Board certification is voluntary and

distinct from the legal requirement to hold a state-issued license to practice medicine. Certification obtained through a reputable board denotes that a physician has gone beyond the minimum requirement necessary for licensure and shows that a physician has specialty level knowledge and skill in a specific area of medicine. Boards set standards for the education, training, and experience that are required as a prerequisite to taking a board examination.

Kubley joined CHAPC in November 1995 as the part time Medical Director for the Marshall County office while continuing his longtime family physician career in the Plymouth area. He left his practice and became a full time CHAPC Medical Director in June 2008. Since August, he has been serving as the Interim Chief Medical Officer.



Mark Murray, President/CEO of The Center for Hospice and Palliative Care, Inc., has been re-elected to a second three-year term on the Board of Directors for the National Hospice and Palliative Care Organization (NHPCO). Murray was first elected to the NHPCO Board in 2006 as the Great Lakes Geographic Area Representative. Continuing in that capacity, he represents the interests of the 589 hospice program members in the six state region, including Indiana, Illinois, Ohio, Michigan, Wisconsin and Minnesota. In addition, Murray has

been re-appointed to the NHPCO Executive Committee of the Board as a member

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at-large. He has also been re-appointed Chairman of the 2009 NHPCO Ethics Committee, a 31 member committee that identifies and addresses clinical and organizational ethical issues facing the hospice and palliative care field. Located in Alexandria, VA, with 35,000 members, including 3,300 individual hospice program members, NHPCO is the oldest and largest hospice and palliative care leadership organization in the world.

Further, Murray has also been re-appointed to the 2009 Board of Directors of the National Hospice Foundation (NHF) as the NHPCO Board Liaison. NHF is committed to leading global, philanthropic efforts advancing quality, compassionate, end-of-life care for all.



Donna Tieman, RN, has been promoted to Director of Nursing. Most recently, Tieman served as the Nursing Care Director responsible for the Plymouth and South Bend offices. In her current role, she is responsible for all clinical activities. Tieman attended St. Vincent's School of Nursing in Birmingham, AL and Concordia College in St. Paul, MN. She has three years experience in Hospice and Palliative Care Nursing with 15 years experience in nursing management.



Gail Wind, RN, has been promoted to Assistant Director of Nursing and oversees Admissions, Nursing Education, and the extended care facilities. Wind graduated from Villanova University in 1983.



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