

Hospice House 20th Anniversary

Mark M Murray, President & CEO

In 1995, what was then Hospice of St. Joseph County, Inc., embarked on its first-ever capital campaign called, "Hospice... The Journey Continues." One of the central components of the fundraising effort was to own our own building and have part of the building earmarked for a seven-bed hospice inpatient unit or Hospice House. The previous year we had served a total 488 patients and had an average daily census approaching 100 with mostly all of our patients residing in their own homes throughout St. Joseph County. Hospice Houses were springing up all over the country and we believed it was time for one here. After four years of discussions, on January 17, 1995 the board voted affirmatively to buy a 12,000 square foot vacant building in Roseland for staff offices and a Hospice House. They also approved moving forward with the capital campaign. The plans called for renovating an existing building along Juday Creek that would provide a home-like environment for a Hospice House as well as serve as staff and volunteer office space. Our hospice program was essentially in the healthcare home delivery business. Having our own building above ground and with a parking lot would be a huge move. At the time of the campaign kick-off, we were renting offices in downtown South Bend in the basement of an 86-year old building on a one-way street with no parking except for a narrow back alley and the city parking garage in the next block. I am told this was an improvement over the previous office which was a now long demolished residential house where nurses did their patient charting while sitting on the edge of the bathtub.

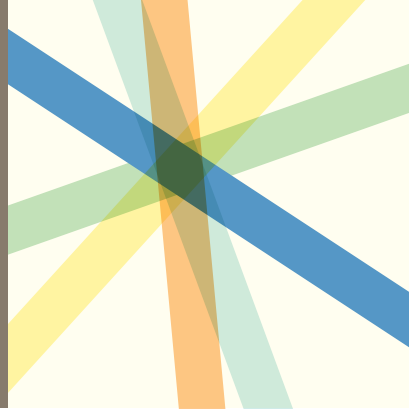
The capital campaign raised \$2.1 million and allowed us to transform the office building just off of US 933 which was originally designed and built in 1984 as a business office for a long distance company. An ambitious retrofit, we successfully turned the facility into a Hospice House along with additional offices for our interdisciplinary home care teams, a spiritual reflection room with a waterfall, a family kitchen, a deck overlooking Juday Creek, and various conference rooms. Staff was delighted to move into our "new" home in July 1996 under the leadership of then President/CEO Tom Burzynski. As Vice President, I was just as thrilled. Having windows, seeing sunlight, and experiencing just a short walk to the car was a breathtaking experience for many of us.

The South Bend Hospice House opened on September 23, 1996 and forty patients were served through December 31 that year. Soon, it will be 20 years old. Since that time, on an annually added basis, through the end of May 2016, this seven-bed unit has been home to 5,196 patients. A very important need for this community has been fulfilled.

Today, there are only seven freestanding hospice inpatient units in Indiana and two of them belong to us. In November 1998 we opened another seven-bed Hospice House at our Elkhart Campus location. Through the end of May 2016, the Elkhart unit has served 1,812

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hospice & physician
team
newsletter



newsletter



Mark M Murray
President & CEO

The 1995 capital campaign brochure included the following quote:

"We are all on our way to death. Whenever or wherever it comes to us, the thought that Hospice is there to help us die with our own family, in dignity and understanding, is a good reason to support Hospice now."

**Rev. Theodore Hesburgh, C.S.C.
Honorary Co-Chairman
"Hospice...
The Journey Continues"**



choices to make the most of life™

Unsurpassed Hospice & Palliative Care Expertise

The depth of Center for Hospice Care's (CHC) medical team is unmatched in this area. With three full-time medical doctors and two full-time nurse practitioners, CHC is more equipped than any other hospice in our area to advocate and care for our patients and families.



CHC's Medical Team gathers for their weekly meeting. (l-r) Dr. Jon Kubley, Dr. Cathie Whitcroft, Dr. Greg Gifford, Dr. Joel Cohen and Kathy Eash, NP.

Greg Gifford, MD, JD, ABEM: Board Certified in Emergency Medicine/ Hospice & Palliative Medicine, Chief Medical Officer

Gifford has been Chief Medical Officer for CHC since 2009. He completed the MSU Emergency Medicine Residency Program in Lansing and practiced emergency medicine for 27 years in Michigan and Hawaii before transitioning to Hospice and Palliative Care. He is Board Certified in both emergency medicine and hospice and palliative care. "After many years as an emergency medicine physician, I realized some very sick emergency room and hospital patients didn't want "everything done" anymore," Gifford explained. "They wanted to be comfortable and at home. That's when I stopped trying to save everyone (emergency medicine) and began helping them stay comfortable and at home (hospice medicine). Now with palliative care they don't have to be very ill to be better comforted."



Jon Kubley, MD, ABFM: Board Certified in Family Medicine/Hospice & Palliative Medicine, Medical Director

Kubley went to Indiana University Medical School in Indianapolis, IN. He did his residency in family practice at the Wilmington Medical Center in Wilmington, DE and then returned to his hometown of Plymouth, IN where he provided family medicine to patients in the area for 27 years. He worked part-time for the Center for Hospice Care for 12 years and has been full-time since 2008. "I am board-certified in family medicine and hospice and palliative medicine. A hospital chaplain came from South Bend to the Plymouth hospital about 23 years ago," Kubley remembers. "The chaplain shared about Center for Hospice Care and the access to services in



St. Joseph County. There was no hospice service available in Marshall County. The value of having hospice service available in the Marshall County area was a great attraction to me. We organized a fledgling hospice to serve a four county area."

Joel Cohen, MD, ABR: Board Certified in Radiation Oncology, Certified Hospice Medical Director

Cohen began his medical training at the University Of Wisconsin Medical School in Madison, Wisconsin, followed by his residency in Radiation Oncology at the University Hospitals and Clinics. Four years later he set up a practice in Kansas City, MO. "During my practice as an Oncologist I experienced the most satisfaction when I could help those afflicted with pain, shortness of breath or significant other oncologic emergencies," Cohen shared. "I realized there was little we could do for most people with a diagnosis of carcinoma and that palliation was the one avenue I had to do the most." Dr. Cohen recently earned the designation of Certified Hospice Medical Director.



Cathie Whitcroft, DNP, ACHPN, FNP-BC

Upon graduating from Bethel with her BSN in 1997, Whitcroft worked power weekends at the South Bend Hospice House while attending graduate school at Rush University in Chicago. After she earned her Masters and Doctor of Nursing Practice, she accepted a split appointment at University of Wisconsin-Milwaukee teaching graduate and undergraduate nursing students and practicing in the UWM-Silver Spring Community Nursing Center. "After I enrolled in nursing school, I discovered a passion for working with the medically underserved as well as those who have been marginalized by society," Whitcroft said. "While in school, I took a bath-aid position with Hospice of St. Joseph County which led to my first nursing position at Hospice House. Over the years, I've learned that hospice is the one place for me where holistic practice is possible. I get to use my hands, heart, brain and soul to serve and help comfort our patients, their families, our nurses and staff."



Kathy Eash, NP

Eash received her Master's in Nursing from Goshen College. Prior to Center for Hospice Care, she worked for 32 years as a Pediatric Nurse at Memorial Hospital. "I was drawn to hospice care because I believe passionately that the end of life should be a calm, loving, and dignified time," expressed Eash. "I want to treat others with the same respect that I would treat my own family. I believe in empowering patients and families by giving them options."



Center for Hospice Care Advocates for the Hospice Medicare Benefit on Capitol Hill

Over 240 representatives from the hospice community convened in Washington D.C. to meet policymakers and discuss hospice care and advance care planning.

Victoria Gresso, RN Case Manager and Amy Tribbett, Director of Marketing & Access attended the Hospice Action Network (HAN) and the National Hospice and Palliative Care Organization's annual Advocacy Intensive, an event that brings together hundreds of hospice advocates from across the nation. The two-day event includes education on how to advocate for hospice and a day on Capitol Hill – a chance for attendees to tell their hospice story and how to connect and discuss specific policy issues with Members of Congress.

In addition to sharing their personal hospice caregiving experience, advocates asked for support on specific legislation during their meetings on Capitol Hill:

- Personalize Your Care Act 2.0, HR. 5555
- Care Planning Act, S. 1549
- Rural Access to Hospice Act, HR. 5799/S. 2786

"What could be more important than protecting and expanding high quality, patient and family-centered hospice and palliative care?" expressed Mark Murray, President & CEO. "This is why Center for Hospice Care sends line staff to the HAN Intensive each year. For our



Hospice advocates from Indiana on Capitol Hill. (l-r) Victoria Gresso, Jenn Dutton, and Amy Tribbett

staff to share their own local patient care stories and experiences in the halls of Congress is an unforgettable experience for them. And after having personally taken part in a rich and historical political process, one that's immersed in the concept of freedom, many staff return with an enhanced feeling of patriotism and pride. Their voice – and those of our patients – has been heard."

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patients and their families. It too has met an important need in that community.

Patient care in Hospice House is provided 24-hours-a-day by a registered nurse and hospice aide. Other members of the hospice team, which includes the patient's own physician, the hospice medical director, social workers, spiritual care counselors and volunteers also participate in the patient's care. Hospice House is intended to provide a general inpatient (GIP) care day; a specific level of care under certain federal and state regulations. This is a day in which a patient receives general inpatient care for pain control or acute or chronic symptom management which cannot be managed in other settings. Each patient and his or her symptoms will differ and GIP may be helpful to one patient and not to another with the same disease. GIP is intended to be a short term intervention for patients who cannot comfortably remain in a residential setting and require skilled nursing care around the clock to maintain comfort. Hospice House is not intended for long term stays and is not a replacement for a nursing home. GIP may be initiated when the interdisciplinary team (IDT) of physicians, nurses and social workers determines that the patient's pain and symptoms cannot be effectively managed in the patient's home or other residential setting. This may occur suddenly after a period of gradual decline, with a sudden change in symptoms or condition, or when other interventions have failed to relieve the problems. When the IDT assesses that the patient requires a higher level of

skilled nursing care to achieve effective symptom management a change to the GIP level of care and entry to Hospice House is considered. It is the IDT's clinical skills and judgment that determine when and if Hospice House is appropriate.

If the hospice and the caregiver, working together, are no longer able to provide the necessary skilled nursing care in the individual's home, and if the individual's pain and symptoms can no longer be managed by the hospice IDT at home, then the individual may be eligible for a short term general inpatient level of care stay at Hospice House. GIP at Hospice House may also be provided at the end of an acute hospital stay if there is a need for pain control or symptom management which cannot be feasibly provided in the home setting at hospital discharge. The hospice team begins to develop appropriate discharge plans upon admission to Hospice House and the team meets each day to evaluate the patient's current condition and adjust the plan of care as necessary. Patients are discharged when the purpose for their admission has been resolved.

Last year alone the South Bend and Elkhart Hospice Houses served nearly 600 patients. The average length of stay was six days. What began as a dream of providing an inpatient level of care specifically for pain and symptom management of our hospice patients has become a remarkable reality for over 7,000 patients in our community. Twenty years later, the journey still continues.

Criteria for Hospice House

The criteria for inpatient hospice care are established by federal law for Hospice Inpatient Facilities and are not simply local policies. The overwhelming majority of our patients die at home, where research over the last several years has indicated most people would prefer to be when they die, and *imminent death alone is not an indication for **inpatient** hospice care.*

We may admit to the inpatient level of care for three reasons:

- Short-term management of pain and other symptoms
- Up to five days for caregiver respite under most insurance programs
- When the intensity of skilled care needed in the home can no longer be provided by a caregiver



Elkhart Hospice House