



**Board of Directors Meeting  
Administrative and Foundation Offices  
4220 Edison Lakes Pkwy, Suite 200, Mishawaka  
February 20, 2013  
7:30 a.m.**

**BOARD BRIEFING BOOK  
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# CHAPTER ONE AGENDA

**BOARD OF DIRECTORS MEETING**

Administrative and Foundation Offices

4220 Edison Lakes Parkway, Suite 200

February 20, 2013

7:30 a.m.

**A G E N D A**

1. Approval of December 12, 2012 Minutes (*action*) – Terry Rodino (2 minutes)
2. President's Report (*information*) – Mark Murray (10 minutes)
3. Finance Committee (*action*) – Amy Kuhar Mauro (10 minutes)  
(a) Financial Statements for November and December (pre-audit)
5. Hospice Foundation Update (*information*) – Catherine Hiler (10 minutes)
6. Recognition of Outgoing Board Members (*information*) – Mark Murray (5 minutes)
7. Election of Officers and Board Members (*action*) – Terry Rodino (5 minutes)
8. Chairman's Report (*action*) – Terry Rodino (3 minutes)  
(a) Annual Board Self-Evaluation
9. Board Education: "2012 Year in Review" (*information*) – Mark Murray (15 minutes)

Next meeting April 17 at 7:30 a.m.

# # #

# CHAPTER TWO MINUTES

**Center for Hospice Care  
Board of Directors Meeting Minutes  
December 12, 2012**

<i>Members Present:</i>	Amy Kuhar Mauro, Bilal Ansari, Carmi Murphy, Dennis Beville, Julie Englert, Mary Newbold, Melanie Davis, Rita Strefling, Sara Miller, Terry Rodino, Wendell Walsh
<i>Absent:</i>	Catherine Hiler, Corey Cressy, Jim Brotherson, Lori Price
<i>CHC Staff:</i>	Mark Murray, Amy Tribbett, Dave Haley, Donna Tieman, Karl Holderman, Mike Wargo, Becky Kizer

<b>Topic</b>	<b>Discussion</b>	<b>Action</b>
<b>1. Call to Order:</b> 7:30 a.m.		
<b>2. Minutes</b>	<ul style="list-style-type: none"> <li>A motion was made to accept the minutes of the 10/17/12 meeting as presented. The motion was accepted unanimously.</li> </ul>	D. Beville motioned B. Ansari seconded
<b>3. President's Report</b>	<ul style="list-style-type: none"> <li>At the end of November, the YTD average daily census was running 4.42% higher than a year ago, and the YTD total number of patients served was up 2.12%. YTD original admissions were up 1.16%. Things have picked up recently. We had ten admissions yesterday and at least eight pre-assessments scheduled for today. Our census in facilities is down, but facilities are also experiencing a decrease in census. The ADC in facilities in November was 117, compared to 145 in January. At the end of October we had a YTD net without the beneficial interest that was a 200% increase from a year ago. Total revenue was up \$2 million and expenses were down \$500,000 from a year ago. Total Assets at the end of October were nearly \$31 million.</li> <li>We recently completed meetings with EGH, Memorial and SJRMC regarding an addendum to our contract to admit patients while they are in the hospital. If the patient expires while they are in the hospital, the mortality statistics would go on our reports, not theirs. From a nursing management standpoint, we will develop hospital teams for these patients. In South Bend we will use our ECF nurses, because they are accustomed to working in facilities and with facility staff. It will be a collaborative effort, and we will be able to learn from each other's processes. Dave met with Memorial yesterday to hear their plans and visions with palliative care and share what we can do to help them. We also talked about seeing pediatric patients in the</li> </ul>	

Topic	Discussion	Action
	<p>hospital. We are hoping to position ourselves with the hospitals to be a helpful solution for the situations they have, and be the experts in palliative care. We do not have exclusive arrangements with any hospital.</p> <ul style="list-style-type: none"> <li>• The annual Memorial Service was held on 12/02 at three locations. 671 people participated: South Bend-328, Elkhart-244, Plymouth-99. We provided a crystal ornament with the name of the deceased on it. The service in South Bend was held at the Kroc Center, and we were named their community nonprofit agency for the month.</li> <li>• We have the potential to train the hospice and palliative care physicians for the Mayo Clinic. Dave has been working on this with Mayo for over a year. We will ask for approval in writing that we could publicize we are doing this.</li> <li>• We have hired our third board certified hospice and palliative care physician – Dr. Amberly Burger started 12/03. She developed a very successful palliative care program for Parkview Hospital in Fort Wayne. She will be based full-time in our Elkhart office.</li> <li>• Some staff moved across the street to 4215 Edison Lakes Parkway, Suite 140. Our lease at 4220 was up in February. We traded spaces with another company, which will save us \$10,000 in rent a month, until we can move to our Mishawaka campus around July. The phone numbers stay the same.</li> <li>• We received a perfect score on our recent state home health license survey. This was the first survey since we went to the Cerner system, and it worked out fairly well. Hospice surveys are now done about every six years due to ISDH budgetary limits.</li> <li>• We will review the 2013 proposed budget today. We put in the 2% Medicare reimbursement cut if go off the fiscal cliff, so keep that in mind. The health care reform will go into effect October 2013. CMS is also supposed to change how we get paid. It will be a very challenging year.</li> <li>• Mark is finishing up his term as chair of the NHPCO Board, and will become immediate past chair for one year, and also stay on as a member of the Hospice Action Network, the political advocacy arm</li> </ul>	

Topic	Discussion	Action
	<p>of NHPCO.</p> <ul style="list-style-type: none"> <li>Discussed the concern regarding the census. Our relationship with the hospitals will feed into that. We need to educate people that they have control over choosing their hospice provider. This will be reviewed in the board education segment today. With the cuts in Medicare reimbursement looming, some providers are holding onto patients longer. Less than half of our patients have cancer. Most are now COPD, Alzheimer's, or end-stage heart.</li> </ul>	
<p><b>4. Finance Committee</b></p>	<ul style="list-style-type: none"> <li>The October financial statements were reviewed. November information was not yet available. Total Assets in October were \$30.8 million. Operating revenue was \$1.4 million and YTD \$15.5 million. Overall revenue was \$1.2 million and YTD \$16.2 million. Expenses were \$1.4 million and YTD \$13.7 million. October had an overall net loss of \$108,000, most attributed to fact that the beneficial interest in the Hospice Foundation lost \$143,000. Without the beneficial interest, we had a net gain of nearly \$35,000 and YTD \$1.8 million.</li> <li>Flex Spending - Every year we need to ratify the spending limit for our flex spending program. The Finance Committee recommends it remain at \$2,000 for 2013.</li> <li>2013 Budget – Sequestration is the law of the land, so put in figures with that in mind. ADC today is 339, and we are budgeting for 345, about a 2% increase in overall patient days. The case mix has been very good this year. Budgeting operating revenue of \$18.3 million, total revenue \$18.5 million, expenses \$17.2 million, an overall net gain of \$1.3 million, and a net gain without beneficial interest of \$1.1 million. We are budgeting for a 2% increase in overall patient days, which is about average historically. We will have some expenses associated with the move and additional grounds expenses, but that will be offset by the savings from not paying rent.</li> <li>A motion was made to accept the October financial statements, 2013 Flex Spending limit, and the 2013 budget as presented. The motion was accepted unanimously.</li> </ul>	<p>R. Streffling motioned B. Ansari seconded</p>
<p><b>5. Foundation Update</b></p>	<ul style="list-style-type: none"> <li>Mike W. reported December fund raising is usually a good indication of what we can expect going into next year. We are working on</li> </ul>	

Topic	Discussion	Action
	<p>developing plans for phase II of the Mishawaka campus project in anticipation of a lead gift we will be hearing about shortly. We are also working on a New Market Tax Credits program, and we should know by February if that is something possible for us. We have made good progress on the campus, and should be ready to set steel this month.</p> <ul style="list-style-type: none"> <li>• We are getting close to ending the run for <i>Okuyamba</i>. It has been in 16 film festivals and won a few awards along the way. It continues to be something that sets us apart as a hospice organization and Foundation as a leader in innovation in the area of education about end of life matters. We are working with FHSSA on development of a video, “Conquering Pain,” to use in their crowd funding initiative that was launched nationally. We will launch our own initiative to raise funds for scholarships for PCAU’s palliative training program.</li> <li>• The next issue of <i>Crossroads</i> is in the final stages of production and will be completed next month. The Annual Appeal was mailed in November.</li> </ul>	
<p><b>6. Board Education</b></p>	<ul style="list-style-type: none"> <li>• Amy Tribbett reviewed results of the phone surveys by Great Lakes Marketing. They called 300 people in St. Joseph, Elkhart, Marshall and LaPorte counties. Top of mind recall for hospice as a resource was 25%, up 5% from 2011. Increase in awareness for CHC named correctly was 73%, an 11% increase from 2011. Per Transcend Hospice Marketing, our progression is a little slower than normal, but continuing to grow. We will share the data with doctors, because the results show patients/ families still look to their doctor for advice on end of life care. We are doing more information visits where families are calling us. Referral calls from families was 483 in 2011 and we expect over 600 in 2012. We want to position CHC as the hospice of choice.</li> <li>• We will launch a new campaign in March, and start using billboards in April. We will promote 1-800-HOSPICE. We like to make the video in a model home or similar space, so let Amy know if you know of any locations. We utilize online advertising through WNDU and WSBT. We are also looking at an App for online referrals from</li> </ul>	



Topic	Discussion	Action
	doctors. Bilal said going forward one way of approach is targeted marketing. At the right time we should be able to tell patients about CHC to someone who needs it. Dennis suggested also targeting ministerial associations. We have done some outreach to churches, and our liaisons have done presentations at some churches.	
<b>Adjournment</b>	<ul style="list-style-type: none"> <li>The meeting adjourned at 8:40 a.m.</li> </ul>	Next meeting 02/20/13

Prepared by Becky Kizer for approval by the Board of Directors on 02/20/13

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Rita Strefling, Secretary

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Becky Kizer, Recording Secretary

# CHAPTER THREE

## PRESIDENT'S REPORT

**Center for Hospice Care  
Hospice Foundation  
President / CEO Report  
February 20, 2013  
(Report posted February 14, 2013)**

**This meeting takes place in Suite 200 at the AFO at 7:30 AM.**

**This report includes event information from December 13, 2012 – February 20, 2013.  
Hospice Foundation Board meeting will begin at 9:00 AM in the same room, Suite 200.**

## **CENSUS**

We ended 2012 with an average daily census (ADC) of 337, up 3% from 2011. Original (new) admissions of patients for 2012 were identical to 2011. Thanks to a large year-end patient carryover on 1/1/12, the numbers of patients served in 2012 was up 1% from the prior year. The 2013 carryover on 1/1/13 was just 311, meaning we would need 133 new admissions each month to hit our budgeted ADC of 345. The good news is that in January of 2013 we had a record number of original admissions – 168 for the month – which is significantly higher than the previous all-time record of 147 set in December of 2011. The bad news is the ADC for January remained very low due to circumstances beyond our control: an all-time record number of deaths – 157 for the month – which is much higher the all-time record of 142 set in October of 2010. January experienced a much higher than normal number of very, very short lengths of stay. For the month of January, patient deaths had an average length of stay of just 7 days and a median of only 5 days. Even with 26% more original admissions than needed to hit our ADC budget number of 345 (which is based on a small 2% increase from 2012 in actual patient days) our January 2013 ADC was just 305.

<b>January 2013</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Prior Year to Date</b>	<b>YTD Change</b>
<b>Patients Served</b>	479	479	479	0
<b>Original Admissions</b>	169	169	140	29
<b>ADC Hospice</b>	283.94	283.94	339.71	(55.77)
<b>ADC Home Health</b>	21.00	21.00	14.81	6.19
<b>ADC CHC Total</b>	304.94	304.94	354.52	(49.58)

<b>December 2012</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Prior Year to Date</b>	<b>YTD Change</b>
<b>Patients Served</b>	413	1,866	1,845	21
<b>Original Admissions</b>	131	1,527	1,527	0
<b>ADC Hospice</b>	298.58	318.05	304.89	13.16
<b>ADC Home Health</b>	20.23	19.23	21.20	(1.97)
<b>ADC CHC Total</b>	318.81	337.28	326.09	11.19

Monthly Average Daily Census by Office and Hospice Houses

	2013 Jan	2013 Feb	2013 Mar	2013 Apr	2013 May	2013 June	2013 July	2013 Aug	2012 Sept	2012 Oct	2012 Nov	2012 Dec
S.B.: 181									189	186	181	186
Ply: 58									62	64	66	64
Elk: 59									62	65	64	61
SBH: 6									6	5	6	4
EKH: 1									4	4	3	4
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Total: 305									323	324	320	319

**HOSPICE HOUSES**

<b>January 2013</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Prior Year to Date</b>	<b>YTD Change</b>
<b>SB House Pts Served</b>	47	47	29	18
<b>SB House ALOS</b>	3.79	3.79	6.10	(2.31)
<b>SB House Occupancy</b>	82.03%	82.03%	71.00%	62.07%
 <b>Elk House Pts Served</b>	12	12	26	(14)
<b>Elk House ALOS</b>	2.92	2.92	4.40	(1.48)
<b>Elk House Occupancy</b>	16.13%	16.13%	50.70%	-34.57%

<b>December 2012</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Prior Year to Date</b>	<b>YTD Change</b>
<b>SB House Pts Served</b>	33	261	239	22
<b>SB House ALOS</b>	4.97	5.64	6.24	(0.60)
<b>SB House Occupancy</b>	75.58%	68.99%	70.11%	-1.12%
 <b>Elk House Pts Served</b>	24	200	188	12
<b>Elk House ALOS</b>	4.63	6.08	5.22	0.86
<b>Elk House Occupancy</b>	51.15%	56.96%	46.10%	10.86%

## **PATIENTS IN FACILITIES**

Of the 479 patients served in January, 157 were in facilities and it was 160 for December. The average daily census of patients in skilled nursing homes, assisted living facilities, and group homes during January was 111, December was 122.

## **FINANCES**

Karl Holderman, CFO, reports that the December and year-to-date 2012 Financials will be posted to the Board website on Friday morning, February 15th following Finance Committee approval. Due to end of the year closing activities, as usual, we will not have January financials for this board meeting. First quarter 2013 financials will be covered at April 17 board meeting. The non-approved December 2012 financials are below.

### **December 2012 Financial Information**

#### **Center for Hospice Care**

December Overall Revenue	\$	1,609,549	Year to Date Overall Revenue	\$	21,163,079
December Total Expense	\$	1,783,774	Year to Date Total Expense	\$	18,223,625
December Net Gain	\$	272,144	Year to Date Net Gain	\$	2,939,454

#### **Hospice Foundation**

Dec. Development Income	\$	98,943	Year to Date Development Income	\$	984,525
December Investment Income	\$	154,465	Year to Date Investment Income	\$	1,310,089
December Overall revenue	\$	293,828	Year to Date Overall Revenue	\$	2,380,247
Total December Expenses	\$	98,167	Total Year to Date Expenses	\$	1,417,404
December Overall Net	\$	195,661	Year to Date Overall Net	\$	962,843

#### **Combined**

December Overall Revenue	\$	1,609,549	Year to Date Overall Revenue	\$	21,163,079
December Overall Net Gain	\$	272,144	Year to Date Overall Net Gain	\$	2,939,454

At the end of December, Center for Hospice Care's Year to Date Net without the beneficial interest in the Hospice Foundation was \$1,976,610, representing a 122% increase from the same time in 2011.

At the end of December, CHC and HF combined had a net without investments of \$1,628,564, an increase of 155% from 2011.

At the end of December, the Foundation's Intermediate Investments (formerly known as Pool Two) totaled almost \$4 Million. Long Term Investments (formerly known as Pool Three) totaled nearly \$4.7 Million.

In no previous year had CHC / HF had combined annual revenue above the \$20 million mark. At the end of 2012, CHC / HF combined annual revenue exceeded \$21 million.

CHC's assets on December 31, 2012 including its beneficial interest in the Hospice Foundation totaled nearly \$32 million.

### **CHC VP/COO UPDATE**

Dave Haley, VP/COO, reports we continue to remain in contact with Elise Carey, M.D., at the Mayo Clinic in Rochester, Minnesota about training their Palliative Medicine Fellows at our agency. She has recently appointed Molly Feely, M.D. to oversee the Palliative Medicine Fellowship program. Dr. Greg Gifford and I are scheduled to attend the American Academy of Hospice and Palliative Medicine annual meeting in New Orleans, LA from March 13 – 16. During the meeting, there is a plan for all parties to get together to discuss the possibilities and arrange a site visit to CHC on the part of Dr. Molly Feely.

Our newest board certified in hospice and palliative medicine Medical Director, Amber Burger MD, who is based out of the Elkhart office, will be speaking at the Elkhart General Hospital quarterly medical staff meeting next week. She will be introduced by CHC Chief Medical Officer, Greg Gifford, MD. She will be speaking on Palliative Care Consults and explaining what our medical staff can offer to physicians and patients in the Elkhart area. This marks the first time any of our physicians have been a guest speaker at an area hospital medical staff meeting.

There were 101 DBAs (Deaths Before Admission) referred from area hospitals during 2012. The day of the week we experience the highest number of DBAs is Friday. This number sharply declines on Saturdays and then builds slowly during the following week, to again peak on Fridays. The months throughout the year with the highest frequency of hospital referred DBAs were February, March, and December. July was the month with the least number of DBAs in 2012. We have shared each hospital's individual data with hospital administration and will continue to do so.

Our non-formulary drug expense for 2012 was an all-time low of 19 cents per patient day. This was a 46% drop in this expense from that of the previous year, when we had a previous record low of 35 cents per patient day. Our drug shipping costs for 2012 reached another all-time low of 7 cents per patient day. This was a 30% drop in this expense from that of the previous year, when we had a previous record low of 10 cents per patient day.

Dave Haley's Census Charts are contained in the Board Briefing Book.

### **DIRECTOR OF NURSING UPDATE**

Donna Tieman, RN, DON, reports quality reporting by hospices to CMS is mandatory for the first time in 2013. CHC has chosen 5 patient care quality measures to report to CMS for the 2013 calendar year. These quality measures fall under four structural domains and include: Patient Safety, Physical Symptom Management, Spiritual and Psychosocial.

The Nursing department coordinated the 2nd annual CHC community blood drive on January 16, 2013. There were 7 “first time donors” at the drive. South Bend Medical Foundation reported that the ratio of “new donors” was exceptionally high for our blood drive. The blood drive produced enough donations to positively impact the lives of 36 people in our community.

The 2013 “flu epidemic” presented unique staffing challenges as illness swept through the ranks of the CHC clinical staff in December and January. Quality patient care was not affected due to the great Team work across our branch offices. All three CHC office Patient Care Coordinators communicated closely on a daily basis to share staff that ensured our patients and families had their needs met related to end of life care.

Rebecca Fear and Terri Lawton will complete the Pediatric ELNEC certification training in February. This training will allow us to continue our goal of providing a quality, best practice pediatric hospice program. The End-of-Life Nursing Education Consortium (ELNEC) project is a national education initiative to improve palliative care. The project provides undergraduate and graduate nursing faculty, CE providers, staff development educators, specialty nurses in pediatrics, oncology, critical care and geriatrics, and other nurses with training in palliative care so they can teach this essential information to nursing students and practicing nurses. The project, which began in February 2000, was initially funded by a major grant from The Robert Wood Johnson Foundation (RWJF). Additional funding has been received from the Open Society and National Cancer Institutes (NCI), the Aetna, Archstone, Oncology Nursing, and California HealthCare Foundations, Cambia Health Foundations, Milbank Foundation for Rehabilitation, and the Department of Veteran Affairs (VA). To date, over 15,100 nurses and other healthcare professionals, representing all 50 US states, plus 73 international countries have received ELNEC training through these national courses and are sharing this new expertise in educational and clinical settings.

## **HOSPICE FOUNDATION VP / COO UPDATE**

Mike Wargo, VP/COO, Hospice Foundation, reports...

### Fund Raising Comparative Summary

Through January 2013, the Development Department recorded the following calendar year gift totals as compared with the same period during the prior four years:

#### Year to Date Total Revenue (Cumulative)

	<b><u>2009</u></b>	<b><u>2010</u></b>	<b><u>2011</u></b>	<b><u>2012</u></b>	<b><u>2013</u></b>
January	70,808.77	64,964.45	32,655.69	36,775.87	83,619.96
February	114,791.61	108,025.76	64,530.43	88,893.51	
March	156,227.15	231,949.73	165,468.92	194,345.35	
April	265,103.24	354,644.69	269,676.53	319,818.81	
May	358,108.50	389,785.41	332,141.44	416,792.85	
June	739,094.00	477,029.89	427,098.62	513,432.22	
July	782,028.00	532,913.52	487,325.01	579,801.36	
August	831,699.47	585,168.77	626,466.72	643,819.01	

September	913,852.09	671,103.04	724,782.28	736,557.59
October	1,249,692.64	992,743.37	1,026,728.58	846,979.95
November	1,294,948.93	1,043,750.46	1,091,575.65	895,164.28
December	1,415,554.25	1,178,938.91	1,275,402.38	1,027,116.05

#### Year to Date Monthly Revenue

*(less Elkhart Hospice House capital campaign, bequests and one-time major gifts)*

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
January	36,382.10	52,442.49	32,110.69	32,309.58	82,300.18
February	33,816.42	41,364.37	30,644.74	43,783.64	
March	34,722.57	65,886.51	99,796.42	102,351.84	
April	105,621.19	104,544.96	97,332.61	123,998.46	
May	92,613.21	33,768.72	51,753.98	90,909.04	
June	94,353.52	74,084.48	90,718.18	92,036.89	
July	43,103.73	55,278.63	53,536.39	62,069.43	
August	48,215.45	51,240.25	83,202.86	64,017.65	
September	55,710.51	85,629.27	94,000.56	92,808.58	
October	78,996.22	66,061.97	47,779.09	65,904.80	
November	45,136.29	49,247.09	48,284.08	46,674.33	
December	113,640.59	115,188.45	133,617.73	111,236.77	
<b>Total</b>	<b>782,331.80</b>	<b>794,737.19</b>	<b>862,777.33</b>	<b>928,101.01</b>	

#### Special Events & Projects

Underwriting solicitation pieces for the 2013 Helping Hands Award Dinner, honoring Ann Manion, were mailed to approximately 300 supporters in January. As of the end of January, pledges and payments for sponsorships, tables and tickets totaled \$118,100. Announcement postcards for the event were sent to approximately 3,100 names in January as well.

Early registration for the 5<sup>th</sup> Annual Bike Michiana for Hospice opened on January 15<sup>th</sup>. An e-blast was sent to 935 previous cyclists/supporters. A postcard was sent to approximately 5,100 people. Through the end of January, approximately 25 cyclists had registered for the September 15<sup>th</sup> event. The organizing committee has begun monthly meetings; a \$10,000 grant request was made to the South Bend Mishawaka Convention and Visitors Bureau in January as well.

Invitations for this spring's Circle of Caring Luncheons were printed in January. The first luncheon, focusing on Elkhart County, will take place on Wednesday, February 26 in Goshen at Bread & Chocolate Catering & Events in The Gallery Room on the third floor of The Old Bag Factory. The Marshall County luncheon will be held on Thursday, February 28 at Swan Lake Resort in the Golfer's Dining Room. The luncheon series will wrap up in Mishawaka on Thursday, April 11 at Riverside Terrace in The St. Joseph River Room and Patio. All events are scheduled from 11:30am - 1:00pm with a buffet-style meal.

#### FHSSA / PCAU

We submitted "You Can Okuyamba," our first crowdfunding initiative, to FHSSA for approval in January. The goal of our first campaign is to raise \$4,000 for one full scholarship for a healthcare



worker to attend the CPCC Diploma course at Hospice Africa Uganda. It features a short video clip from Okuyamba, photos of PCAU patients and nurses, as well as information on the CPCC course. Crowdfunding is a network of individuals who contribute and network to support a variety of causes and entrepreneurial endeavors. It has been used successfully for disaster relief and start-ups in particular. We anticipate the 60-day campaign going live in February. It will be supported via personal emails to PCAU supporters in the US as well as through print, public relations and e-newsletter communications.

### Okuyamba

*Okuyamba* was named an Official Selection of the 29th Annual Long Island Film Festival and will kick off a single 2-hour block of screenings of three award-winning documentaries on Oscar® Sunday, February 24, 2013. *Okuyamba* will begin the block at 3:09 p.m., immediately followed by *Monday's at Racine* at 3:39 (nominated for Best Documentary, Short Subject, in this year's Academy Awards) and *RARE* at 4:18 p.m. The screenings have been supported by two news releases pushed to targeted print and electronic outlets via Vocus. As of this writing, the total number of impressions garnered by both releases is 66,263.

Requests for *Okuyamba* DVDs and/or fundraising toolkits for screenings from organizations in Sun City, CA; Portland, OR; Albany, CA; and Newark, DE were received in December and January. The *Okuyamba* web site screening map will be updated as firm screening dates are set.

### Mishawaka Campus

Construction is progressing quite well. Steel was set in December/January. Remodeling work continues on the Guest House and work will begin next month inside the former Edgewater Florist building, which is being transformed into a new Palliative Care Center.

Stories about the campus and progress to date on the buildings aired on WBND ABC57 and WNDU in January. A news release was sent via Vocus to targeted regional outlets in January; the release has garnered a total of 17,849 impressions to date.

### Annual Giving

As of the end of January, the total given to this year's Annual Appeal "Circle of Caring – Start a Ripple" is \$74,788.63, within \$ 20,211.37 of the \$95,000 goal. The 2012 goal is a \$10,000 increase from 2011; the campaign will run through Memorial Day.

### Communications

The first Hospice Foundation e-newsletter has been developed and will be sent once the PCAU crowdfunding platform goes live, since the first issue references that particular campaign. Other articles within the first issue include information on upcoming Circle of Caring luncheons, early registration for Bike Michiana for Hospice and the Annual Appeal. The current mailing list of 1,035 people includes donors and other supporters for whom we have verifiable e-mail addresses.

The winter 2013 issue of Crossroads was delivered to the mailing house at the end of January. It features stories on the history of Center for Hospice Care, this year's Helping Hands Award Dinner and a donor profile on Dot (and Dar) Wiekamp.

## **COMMUNICATIONS, MARKETING, VOLUNTEERS AND ACCESS**

Amy Tribbett, Director of Marketing and Access reports...

### Outreach in December & January

During this time our three Community Liaisons visited the offices of more than 89 Physicians and 27 Medical Groups and made more than 60 visits to ECFs. Nearly 60 visits were made to our service area hospitals. The liaisons completed 36 patient pre-assessments during this time as well.

On January 13, Kim Lintner transitioned from Community Liaison to Sales Manager. Kim will lead the liaisons' sales strategy while working closely with the admission reps to focus on earlier referrals and closing the deal. A 2013 Sales Strategy has been developed and will be implemented throughout the year.

### Year Three Campaign Update

On January 17, the Transcend Hospice Marketing team from Toledo, OH visited CHC and scouted new locations for the third-year campaign shoot. Three locations were visited including a model home in South Bend, Southfield Village in South Bend, and the new Sprenger Health Care in Mishawaka. After a thorough review, the team decided on Southfield Village and booked a model villa for the commercial shoot. Later that day, interviews were held with potential participants -- including testimonials from family members -- to glean "golden nuggets" to be repeated in the actual commercial. Key messages are based upon the most recent research findings from the 300 interviews of the general public and will include: CHC as the best choice; 30 years of experience; gaining control; how hospice is paid for; don't wait / plan ahead; being at home in comfort; and meeting your goals on your terms. On January 31, the Transcend team and the production team from WSBT-TV joined forces at Southfield Village for the commercial shoot and still photography. All the messaging nuggets were delivered by the "talent." Close-ups of our care staff (Helen Ursery, RN and Jessica McCourt, Hospice Aide) working with patients were part of the shoot. Editing and transcribing efforts have begun and will take 4-6 weeks before they will be ready for our review. When all is said and done, our year-three commercials will begin running by the end of March or early April. Supporting the commercials will be new print ads and the debut of our new outdoor billboard campaign, which will feature our exclusively licensed from within our service area 1 – 800 – HOSPICE telephone number.

**SPECIAL NOTE:** In 2012, we received a total of \$94,929 of in-kind media placements through Transcend's efforts at cost negotiating with local media. The breakdown was as follows: Print = \$41,628; Radio = \$30,305; and TV = \$22,996.

### Senior Networking and Speaking Engagements in December / January

- North Webster Senior Center Presentation

- Elkhart YMCA Senior Center Lunch and Learn Presentation
- Breathless Club
- Lunch with IU Gastro
- Lunch with Dr. Chet Rogers
- Breakfast at Internal A at the Elkhart Clinic
- River Bend Cancer Services
- HCV Administrator Training – Hospice 101
- SJRMC-Mish 5th floor - General Inpatient level of care (GIP) discussion -- 2 sessions
- Grand Emerald – Open House for reopening as Indiana Living
- Gerontology Consortium
- Starke County Annual Chamber dinner
- Lunch and Learn with Marshall Co Older Adult Services
- Elkhart County Council on Aging Board of Directors Strategic Planning Retreat

## **THANK YOU TO OUR OUTGOING BOARD MEMBERS**

At the next meeting Denny Beville will be concluding his two three-year terms on the CHC Board of Directors. We thank Denny for his leadership and dedication to CHC for the last six years.

We thank Bilal Ansari, MD and Sara Miller who have indicated to board leadership their desire not to renew their first three-year term for another three years.

We thank Rita Strefling who has completed five years on the CHC Board, including one year as Secretary and Executive Committee member, and one year on the Hospice Foundation board member in the same capacity.

We thank Catherine Hiler, who through various bylaws changes for both CHC and the HF throughout the years, along with interruptions in board leadership succession planning for both CHC and the HF (certain people became CHC staff and others moved away), is the longest tenured CHC board member in the corporation's history 33 year history. Catherine joined the CHC Board in 2002, was chair-elect in 2005-2006, board chair 2007-2008, and has been immediate past chair from 2009-2013. Additionally she was chair-elect on the HF Board in 2007, and has been HF board chair since 2008. She will continue on the HF as Immediate Past Chair for the next two years. Catherine has helped lead CHC through many years of changes, locations, and expansions. Thank you Catherine for your many years of dedicated service and leadership to CHC!

And we thank Terry Rodino who is completing his two year term as Board Chair. Terry will stay on the CHC Board and Executive Committee as Immediate Past Chair and assume the role of Chair on the Hospice Foundation Board. We appreciate Terry's leadership as Board Chair, his direction and support of CHC over the last two years which included many exciting initiatives, literal groundbreakings, and tremendous growth.

The CHC slate of officers for 2013-2014 is included in you packet and includes: Corey Cressy, Board Chair; Amy Mauro, Chair-Elect; Julie Englert, Secretary; Wendell Walsh, Treasurer; and Terry Rodino, Immediate Past Chair. You will be asked to vote on this slate at the board meeting.

## **NEW BOARD MEMBER ELECTIONS**

We have two candidates to present as a slate for new board members beginning in April. The Board will be electing new members at this meeting. They are: Francis Ellert from Plymouth; and Tim Yoder from Goshen. A brief biographic sketch of each candidate is contained as an attachment to this report.

## **2012 ANNUAL GOALS UPDATE**

Included in your packet is a final status copy of the 85 individual goals for 2012. Goals are broken down into four categories. “Met” means that the goal was achieved. “In Process” means that the goal was started, but not yet completed during calendar year 2011. “Not Doing” means after evaluating the goal we decided that for whatever reason we were not going to do the project. “Not Met” means that we simply didn’t get to that goal at all. Results for 2012 are as follows:

Total Number of Published Goals = 85

Met = 54 (64%)

In Process = 27 (32%)

Not Doing = 3 (3%)

Not Met = 1 (1%)

I am pleased to report for 2012, 92% of the 85 individual goals were either completed or are in the process of being completed at the end of the year. “In process” goals have been carried over to 2012.

## **GOALS 2013**

Included in your packet are the 2013 Goals for Center for Hospice Care and the Hospice Foundation. We have placed individual goals under headings that match the 2011-2015 Strategic Plan. Goals development begins at the Coordinator level of management and work their way up through Directors and eventually to the Administrative Team. We always commence with what staff believes we should accomplish to improve and enhance our organization and the care we deliver to our patients and families.

## **2012 – 2013 BOARD OF DIRECTORS SELF EVALUATION**

At the last meeting prior to the seating of new officers and board members, we take an opportunity to complete a Board of Directors self-evaluation. At the Board meeting we will be distributing hard copies of the annual Board of Directors Self Evaluation along with a postage page return envelope. We ask that you complete the evaluation and return the form by March 15, 2013.

## **NATIONAL ISSUES UPDATE – FISCAL CLIFFHANGERS CONTINUE**

First, we must share some positive news. In 2012, hospice was one of the very few provider communities that did not face new national reimbursement cuts – almost all other provider groups did. At one time, hospice was indeed on the table to be cut across the board. CHC's cuts to its St. Joseph County rate in October 2012 were a result of an unfortunate calculation of our Core Based Statistical Area and not a result of a sweeping cut from Washington, DC. For all U.S. hospices, 2013 will not be a year free from cuts. Everyone is aware that Congress took action in January to delay the Fiscal Cliff that would impact just about every aspect of federal spending. While most tax increases were avoided, Congress provided only short term relief from dramatic spending cuts. Indeed, absent a more considered alternative, "across the board" spending cuts will be made effective on March 1, 2013. These forced spending cuts are a process called Sequestration – and in most cases, legislators want to avoid sequestration because the cuts are done with such a broad brush that they negatively impact just about everyone. Unless Congress acts otherwise, Sequestration cuts will go into effect on March 1, 2013, and that will reduce reimbursement for all Medicare providers by 2%. The payment cuts under Medicare Parts A and B apply to services furnished on or after April 1. The statute, 2 USC 906(d)(1)(A) applies the cuts to "individual payments for services furnished during the one-year period beginning on the first day of the first month beginning after the date the order is issued." What does this mean to CHC?

1. On April 1, 2013, CHC will continue to bill at the FY2013 rates.
2. For services provided on or after April 1, 2013, Palmetto GBA, CHC's fiscal intermediary or MAC (Medicare Administrative Contractor), will deduct 2% from the reimbursement before paying the claim. CHC will not bill at the 98% rate.
3. The sequestration cuts will continue for ten years, unless there is Congressional action to discontinue them.

There is further possible instability ahead for hospice. While 2% is the limit that Medicare reimbursements will be cut under Sequestration, this is by no means the only threat to our rates – and we're already faced with rate cuts established by changes to the Budget Neutrality Adjustment Factor (2009 - 2015) and other administration actions of the past. Then the issue gets even more complicated. The federal budget for 2013 has yet to be passed but must be completed by April 15 and Congress has voted to push its decision on the debt ceiling to May 2013. The question we're asking is whether the Sequestration cuts that go into effect on March 1 will remain in effect. Congress will make a decision later in the summer of 2013 whether to leave the cuts in place or come up with another plan. If Congress wants to do away with Sequestration, they must come up with \$1.2 trillion in other budget cuts. There is no way to forecast where those cuts might come from and whether Medicare providers, including hospice, might face a cut greater than 2%. Some observers of the process have suggested, by leaving the Sequestration cuts in place until the summer, and may indicate that Congress wants to examine funding issues in more detail. This has also been described by some observers as Congress's "demo period" to determine how hurtful the cuts are and who will scream the loudest. They will use these extra months to determine how cuts are affecting a range of programs. Years of deficit spending are catching up in Washington, and this Congress is facing the reality that something must be done and our nation's fiscal challenges cannot be avoided any longer. There is no simple answer but it's safe to predict that just about

every sector of national spending will be affected. With that in mind, CHC continues to prepare for the future in a fiscally prudent manner. As a reminder, the CHC 2013 budget passed in December included the 2% Sequestration cuts beginning 1/1/13.

## **2012 BEREAVEMENT STATISTICS**

The Bereavement Department reports that during 2012 it had 121 average deaths per month, the highest in history. It served 2,190 new clients, down 15% from 2,509 in 2011. 15% of the new clients were from the community and without a connection to a loved one as a hospice patient, which is down from 10% in 2011. Additionally, it facilitated 314 group support meetings, performed 1,717 risk assessments, made 5,186 caring phone calls, and mailed 16,759 pieces of materials including letters, magazines and brochures offering condolences and information regarding our comprehensive grief intervention services. They produced one Memorial services at each community where we have care offices and they were attended by a record 671 people. Our Bereavement Department also produced CHC's 19th Camp Evergreen program for children who have experienced the death of a special person in their life. There were 58 campers in attendance along with 70 community volunteers. Phone calls, assessments, mailings, and individual / group counseling sessions and presentations totaled 26,469 encounters during 2011, down 2.3% from 2011.

## **ELKHART FACILITY TEMPORARILY CLOSED DURING JANUARY**

CHC's Elkhart facility was closed for repairs beginning the afternoon of Friday, January 4 through the morning of Monday, January 28, 2013 -- to replace the flooring in the facility. We began to notice problems in 2009 with the vinyl flooring and some non-ceramic tile coming up. After much investigation, it was determined that the 6 mil vapor barrier that was specified in the architectural plans to be placed on the ground prior to the pouring of the concrete foundation did not exist. This allowed water moisture to seep up through the concrete and dissolve the glue used to secure the flooring material. Prior to this, several attempts at area specific repairs failed and various experts advised us the problem would not be resolved until all flooring material was removed, the concrete sealed from the top with special materials designed specifically for this purpose, and all flooring material replaced. CHC contracted with the same company used by another facility close to ours on CR 17 where an identical problem existed a few years ago and a successful remediation was performed. During the days of repair, no staff was laid off. Care staff saw patients and operated with their laptops and Internet connections. Elkhart Hospice House staff was stationed in the South Bend Hospice House which was busier than normal with Elkhart Hospice House overflow. Our general inpatient level of care contract at Elkhart General Hospital was also used for patients not wanting to be located in the South Bend Hospice House. CHC office staff were relocated to our other locations and continued their duties. Today, I am pleased to report the project is now complete and the repairs look not just as good as new, but better than new. There is more carpet and much less vinyl and it's a warmer and quieter environment. This situation explains the low numbers of patients served at the Elkhart Hospice House during January along with the low occupancy percentage. We have scheduled a week of Open Houses the week of March 18 for the greater Elkhart County medical community from 7 AM to 9 AM each day Monday – Friday featuring a meet and greet with our newest board certified hospice and palliative care physician, Amber Burger, MD to assist with the concept that we are, indeed, open and ready to accept patients.

## **HOSPICE INDUSTRY IN TURMOIL IN SOME SECTIONS OF THE U.S.**

A new fiscal intermediary, Cigna Government Services (CGS), has re-interpreted some hospice regulations and began auditing hospice claims going back to 2008 for providers across 16 states. While hospice claim denial for most fiscal intermediaries is usually in the 20-40% range, CGS began denying claims for 85% of those audited and began recouping millions of dollars. CGS provides billing and collection claim services for Medicare Home Health and Hospice in the states of Colorado, Delaware, Wash DC, Iowa, Kansas, Maryland, Missouri, Montana, Nebraska, North Dakota, South Dakota, Pennsylvania, Utah, Virginia, West Virginia, and Wyoming. This has caused abrupt cash flow problems and plummeting census for numerous hospice programs in these states. Five of the 11 members of National Hospice Executive Roundtable (which I am a member) have been hit. My colleague from Delaware has laid off 52 staff and one from Colorado has laid off 24. The issue has to do with eligibility and CGS saying the patients (most of which are long deceased) were not eligible for hospice care at the time claims were submitted and have denied their claims and are recouping the money paid out by not paying for current claims until the amount not paid matches what CGS believes should not have been previously paid. As attachments to this report, I have attached numerous newspaper articles from across the country regarding this situation.

I have also included articles about the Medicare audits of the longtime and very large legacy provider, San Diego Hospice, which is going through a somewhat similar audit and has laid off nearly 300 staff, closed a 24-bed unit, seen its average daily census dip from 1,000 to less than 400 patients per day, and filed for Chapter 11 bankruptcy. In 2010, San Diego Hospice was an \$83 million operation. It was announced Wednesday, 2/13 that San Diego Hospice will close.

## **NOTRE DAME ONE CREDIT CLASS TO BE REPEATED**

SC 43350: Introduction to Hospice and Palliative Care will be repeated on Saturday, February 23 at the University of Notre Dame from 7:30 AM – 5:15 PM. Faculty includes CHC staff and one non staff area physician. This one-credit Satisfactory/Unsatisfactory course is designed to provide undergraduate pre-professional students with an introductory understanding of palliative and hospice care. It is designed specifically for undergraduates interested in careers in medicine, but can also be useful to student aspiring to other helping professions. This course will provide students with an in-depth understanding of what is palliative and hospice care focusing on how this care is given in the current healthcare system and an introduction to how this care is given in practice. Students will also be given an introduction in compassionate interpersonal communication skills that are needed in caring for people who are in need of palliative care and for people who are dying. The course outline is included as an attachment to this report. The first class, presented in November of 2011, had over 90 students participate.

## **OUT AND ABOUT**

Mike Wargo and I graduated from the Executive Fund Development Leadership Program, a Certificate Program in Nonprofit Executive Leadership, at the University of Notre Dame on February 5.

I attended board meetings and Executive Committee meetings for NHPCO and the Hospice Action Network as well as a two and a half day “Creating the Hospice Palliative Care Continuum: A Futuring Forum” in Hollywood, FL, January 22-26. The forum was a very unique event designed to help hospice CEOs develop new models and strategies to care for seriously ill people and their families through Master Classes in a visioning and planning intensive experience designed to spark the collective creativity of all participants.

#### **ATTACHMENTS TO THIS PRESIDENT’S REPORT IMMEDIATELY FOLLOWING THIS SECTION OF THE .PDF**

Various newspaper articles from across the country regarding hospices filing bankruptcy, being sued by the federal government for fraud, and laying off staff.

Course outline for Introduction to Hospice and Palliative Care presented by CHC at the University of Notre Dame.

2013 – 2014 CHC Slate of Officers.

2013 – 2014 Slate of New Board Members and brief biographical information.

2012 Annual Goals FINAL REPORT

2013 Annual Goals

Dave Haley’s Census Reports.

#### **HARD COPY BOARD ITEMS TO BE DISTRIBUTED AT THE MEETING**

December Financials.

Latest addition of CHC’s physician newsletter, “H&P.”

2012 – 2013 CHC Board of Directors Self-Evaluation and self-address, stamped envelope.

Bike Michiana for Hospice “Save the Date” card.

#### **NEXT REGULAR BOARD MEETING**

Our next regular Board Meeting will be **Wednesday, April 17, 2013** at 7:30 AM in Conference Room E in Suite 200 at the AFO. In the meantime, if you have any questions, concerns, suggestions or comments, please contact me directly at 574-243-3117 or email [mmurray@centerforhospice.org](mailto:mmurray@centerforhospice.org) .

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**Subject:**

FW: Delaware Hospice lays off 52 workers amid federal changes

# Delaware Hospice lays off 52 workers amid federal changes

Written by Cori Anne Natoli The News Journal  
Jan. 09, 2013

[delawareonline.com](http://delawareonline.com)

Delaware Hospice's Chief Executive Officer Susan Lloyd said Wednesday the nonprofit healthcare provider has laid off 52 workers in a restructuring necessitated by shrinking federal reimbursements.

The job cuts, which carve significantly into the organizations 400-member staff, impact jobs in all departments in Delaware, and in Delaware and Chester counties in Pennsylvania, Lloyd said. The changes, however, will not create disruptions in the group's services for people needing end-of-life care.

Lloyd said the cuts were unavoidable and represent a national trend of providers adapting to changes in health care reimbursement.

"We really regret that these actions needed to be taken and we are so empathetic to the workers here," Lloyd said of Delaware's only nonprofit in hospice care for the past 30 years. "The decision was not made lightly and it is a direct result of a consequential decline in census and the need to position the organization to meet additional changes and challenges that the hospice industry anticipates with health care reform."

The cuts were tied to changes in how Medicare reimburses hospice providers, with some care previously qualifying for reimbursement under Medicare now no longer covered by the federal insurance program for those 65 and older.

"They are holding a lot of money for services we have already provided in the community over the past six months," Lloyd said, explaining claims for Medicare reimbursement are under review, creating a shortage of revenue. "There's a change in interpretation of how claims are going to be handled. Medicare is holding those claims for review."

Although staffing needed to be trimmed, Lloyd said the organization's plan to build a 24-bed facility in Pike Creek remain on course.

The situation is part of a trend loosely tied to the Affordable Care Act and healthcare reform, says J. Donald Schumacher, president and chief executive officer for the Alexandria, Va.-based National Hospice and Palliative Care Organization.

It has nothing to do with the quality of care or leadership at Delaware Hospice, Schumacher explained. It results from tighter federal scrutiny of the entire payment system under Medicare, with heavy auditing.

"This happens periodically, but it is the first time Delaware has experienced it," Schumacher said. "Medicare has increased their oversight over all provider groups. They are paying a lot of attention to it now and partially because they are looking for resources now in order to fund health care reform."

Because of heightened scrutiny and more thorough auditing, a substantial portion of claims are being denied or trimmed, and claim reviews are causing delayed payments. In Delaware and elsewhere, contractors hired by Medicare are taking a hard look at hospice admission criteria and Medicare payments.

"The symptoms and signs of a person's illness [required for admission] are much more extreme than ever before," Lloyd said. She said the changes in how regulations are being interpreted by Medicare are impacting reimbursement for services already rendered to patients by the nonprofit.

"It gets difficult because it is not a perfect science," she said of judging a patient's need for hospice services. "We've been making those calls for years and years and years and now it's put into question, now scrutinized and resulting in [the] loss of jobs."

Delaware Hospice continues to wait and see if it will be paid for claims submitted in the second half of 2012.

She said nonprofit hospice operations are being hit harder with the reimbursement reviews than are private hospice care operations because nonprofits are larger providers.

Lloyd said she does not know when the federal claims reviews will end.

"We are making these changes to ensure we will continue to meet the needs of the community and create new services," Lloyd said.



**Subject:**

FW: PA - Monroeville hospice part of nationwide Medicare crackdown

## Monroeville hospice part of nationwide Medicare crackdown

Cedars Community Hospice on Northern Pike in Monroeville filed for Chapter 11 bankruptcy protection on Tuesday, Jan. 15, 2013. Justin Merriman | Tribune-Review

**By** [Alex Nixon](#)

**Published:** Saturday, January 19, 2013

A Monroeville hospice center that entered bankruptcy last week may have been caught up in a nationwide crackdown on Medicare overbilling.

Monroeville Hospice Center Inc., which does business as Cedars Community Hospice, filed for Chapter 11 bankruptcy protection in Pittsburgh on Tuesday.

Among the state-licensed center's creditors is the federal Medicare program, to which it owes \$756,056 in "alleged Medicare overpayments," according to court records.

Cedars Community Hospice did not engage in inappropriate billing, said John Silvestri, attorney for Cedars Charitable Foundation, the Monroeville nonprofit owner of the hospice center. The foundation also owns Cedars of Monroeville, a skilled nursing home founded in 1998, and Cedars Home Health Services.

"Medicare is not claiming that we did anything inconsistent with their regulations," Silvestri said.

An audit of Cedars Community Hospice billings for the fiscal year ended Oct. 31, 2010 — the center's first full year of operation — was performed in an arbitrary manner, using an unfair method of calculating if Medicare was overbilled, Silvestri contends.

The hospice center, which gets 95 percent of its revenue from Medicare, was forced into bankruptcy after the government began holding back reimbursements for the services it provides and apply the payments to what it owes, he said.

But the hospice center plans to pay off the debt, emerge from bankruptcy protection and continue treating patients, he said.

The nursing home is operating normally, he said. The hospice center is giving patients the option to move to another center if they choose.

"This is one of those bankruptcies that's filed so that we can truly reorganize the assets we have to create the money that's necessary to pay off Medicare," he said.

A spokesman for the Centers for Medicare and Medicaid declined to comment on the case.

While some hospice centers across the country may be pushing the envelope on billing Medicare for hospice services, many honest providers are getting caught up in the government's crackdown, said Jon Radulovic, spokesman for the National Hospice and Palliative Care Organization.

"Yes, the heat has been turned up recently," Radulovic said.

The focus on audits is putting financial pressure on some hospice centers that have had reimbursements frozen as a result, he said.

"We understand where they're coming from," he said, "but we want to make sure these overzealous audits aren't causing suffering."

Hospice care, which provides specialized medical treatment at the end of life to people with terminal illnesses, is an industry that has seen explosive growth in the United States. In the past decade, the number of patients receiving hospice care more than doubled, from 700,000 in 2000 to 1.65 million in 2011, according to Radulovic's organization.

Over that same period, the number of hospice providers jumped from 3,100 to 5,300, the organization said. And for-profit companies, which in 2000 made up a minority of the hospice providers, owned 60 percent of the providers as of 2011.

The Centers for Medicare and Medicaid, which pays the bills for nine out of every 10 hospice patients, has taken notice of the growth in billings, which have jumped to \$14 billion a year.

Investigators with the Centers for Medicare and Medicaid's Office of Inspector General made hospice centers a priority this year, according to the agency's 2013 work plan.

Among other things, it is focusing on nursing homes that also provide hospice services after finding in a survey that "82 percent of hospice claims for beneficiaries in nursing facilities did not meet Medicare coverage requirements."

A California hospice center has seen its patient load drop by hundreds in the wake of the government audits, according to a report last week by Kaiser Health News, a nonprofit news service.

The nonprofit San Diego Hospice now only treats patients within a six-month window before death, resulting in a cash crunch and forcing the organization to cut 260 workers and close a 24-bed center this month, Kaiser Health News reported.

Hospice centers are paid a per-diem by Medicare, which ranges from about \$120 a day to more than \$800 a day, depending on the level of service needed, Radulovic said.

Abuse can take place when nursing home patients are moved into hospice care sooner than needed and higher levels of service are billed than appropriate.



**Subject:**

FW: FL - Orlando Sentinel - Feds sue Hospice of the Comforter for Medicare Fraud -  
Note 4.5 Year Patient

**Feds sue Hospice of the Comforter for Medicare fraud**

January 14, 2013|By Kate Santich, Orlando Sentinel (Evening Edition)

The federal government is suing Hospice of the Comforter for Medicare fraud, alleging that since at least 2005 the Altamonte Springs-based nonprofit knowingly billed for patients who were not terminally ill and even encouraged "creative" record-keeping to cover up the truth.

The facility could face millions of dollars in fines and damages as a result.

The suit, filed late last week by the U.S. Attorney's Office, cites a case where the facility allegedly billed for hospice care over **4 1/2 years** for an Alzheimer's patient who was never considered terminally ill. Typically patients move to hospice care when they have less than six months to live.

In another case, when a nurse noted that a patient's current condition would not qualify for hospice care, the diagnosis was suddenly changed to rectal cancer, the suit says, though there was no evidence the patient had cancer at any point during her **287-day stay in hospice**.

At charges averaging more than \$4,000 a month, bills for the two patients added up to more than \$180,000 from Medicare — the taxpayer-funded health-insurance program for the elderly and disabled.

The suit specifically alleges that longtime hospice CEO Robert Wilson instructed employees to admit patients without determining whether they were terminally ill, as Medicare requires, and then to bill the federal program for reimbursement. Staff also was instructed to find ways to document the cases in patients' medical files so that the billings appeared legitimate.

Latour "LT" Lafferty, a Tampa attorney representing Hospice of the Comforter, said the charity "vehemently denies" that there was ever any intent to defraud the government. He also said management has been fully cooperative with the investigation and is trying to resolve the matter.

"What I can tell you is that Bob [Robert Wilson] has always been and is fully committed to providing the highest quality of care to his patients, regardless of whether or not they're reimbursed by the federal government," Lafferty said. "So if a person comes to Hospice of the Comforter seeking care, Bob will be the first person to give it to them, regardless of payment."

Federal tax records show that Wilson made large bonuses based on how many patients were under hospice care each day.

Tax returns filed with the Internal Revenue Service for 2009, for instance, show that Wilson earned a base salary of \$122,000, plus patient bonuses of nearly \$207,000 for the year. That did not include

retirement pay and other deferred compensation, including a clergy-housing allowance, that brought his total to more than \$362,000. Wilson is a chaplain.

The latest allegations echo charges first made in October 2011 by a former hospice executive, who said he tried to get the hospice management to "do the right thing" by acknowledging improper Medicare billings and repaying the money.

When that effort failed, former vice president of finance Douglas Stone said, he was fired by Hospice of the Comforter. Stone filed his own federal whistleblower case but agreed in August to let the Department of Justice pursue the matter instead.

"I am pleased that after a more than yearlong investigation the Justice Department complaint describes in detail exactly what was alleged" in his own lawsuit, Stone said. "The Hospice of the Comforter Board of Directors had ... ample opportunity to do the right thing, follow the law, and return overpayments. Instead they allowed retaliation against a number of individuals making good faith efforts to report potential fraud."

Wilson, who co-founded the hospice in 1990 and helped establish its well-regarded reputation in the community, referred a request for his comments to Lafferty. The attorney said Wilson is no longer CEO at Hospice of the Comforter, but he remains its president as well as chairman of the Comforter Health Care Group Board of Directors, the hospice's parent company.

Although patients can and often do stay under hospice care for longer than the six-month guideline, a physician must periodically recertify the patient as terminally ill.

But at Hospice of the Comforter, the suit says, if a review committee recommended that a patient be discharged, the hospice would order more tests to delay the discharge and continue billing Medicare.

Wilson also had a list of patients — whom nurses referred to in notes as FOBs, or "friends of Bob" — who were not to be discharged regardless of what reviewers found, the suit says.

The total amount of actual damages, the government said, would have to be determined at trial, but the law allows the court to fine hospice as much as triple that amount.

Since May, Hospice of the Comforter has operated under a management agreement with Adventist Health System, the parent company of Florida Hospital chain, which reportedly had been interested in buying the facility at one point.

Spokeswoman Samantha O'Lenick would not comment on the lawsuit, noting that Adventist Health's contract with the hospice went into effect after the whistleblower lawsuit was filed and so is not involved.



**Subject:** FW: IA - Workers laid off at Hospice of Siouxland

## **Workers laid off at Hospice of Siouxland**

*Jan 04, 2013*

By Christy Batien, Morning Anchor

SIOUX CITY, Iowa (KTIV) -

Twenty-eight full and part-time workers at Hospice of Siouxland are out of a job. Hospice officials say the cuts come after changes in the way the federal government pays for a key component of healthcare.

Hospice director, Linda Todd, says the cuts were "a last resort". Todd says she's "extremely disappointed" by the change made by the Center for Medicare and Medicaid Services. Todd says the goal of CMS appears to be "to reduce the utilization of hospice in providing quality and critical end-of-life care."

The cuts are effective tomorrow. Laid-off workers will get a severance packages, and help finding another job

# **Hospice of Siouxland to lay off 28 employees**

Sioux City Journal

- [ALLY KARSYN akarsyn@siouxcityjournal.com](mailto:ALLY.KARSYN@siouxcityjournal.com)

SIOUX CITY | Hospice of Siouxland announced Friday it will lay off 28 part-time and full-time workers due to changes in federal funds.

Hospice officials reported a nearly 30 percent decline in the number of patients they're able to serve because of changing regulations in Center for Medicare and Medicaid Services.

"We are extremely disappointed by the change," Hospice of Siouxland Director Linda Todd said in a statement. "The goal of CMS across the country appears to be to reduce the utilization of hospice in providing quality and critical end-of-life care. This action was a last resort."

Affected employees will receive severance packages and assistance in securing new job opportunities in the area, the statement said.

The layoffs, which go into effect Saturday, reduce the staff to about 120 workers.

Hospice of Siouxland opened in Sioux City 1981 and became Medicare-certified three years later. It has satellite offices in Le Mars, Iowa, and South Sioux City.

**Subject:** FW: SD Hospice files for Bankruptcy

# SD Hospice Files for Bankruptcy

By [Lauren Steussy](#) and [Paul Krueger](#)

| Monday, Feb 4, 2013 | Updated 6:55 PM PST

News 7

San Diego Hospice has filed for Chapter 11 bankruptcy, according to a statement from the organization's CEO. "Our decision to take this course follows many months of financial and other challenges," said Kathleen Pacurar, CEO of the troubled non-profit.

The end-of-life care service, which faces growing medical costs and a federal audit, announced it will continue operations while it reorganizes assets and "explores" structural options. This will take up to 90 days, Pacurar said. According to the Chapter 11 filing, the organization's creditors include Wells Fargo Bank, which the organization owes \$4 million, and Price Charities.

Among the critical challenges now facing San Diego Hospice includes a rapidly decreasing number of patients. Pacurar said that number has decreased 50 percent in just three months.

Last year, [two high-level San Diego Hospice employees resigned](#) in the midst of a years-long Medicare audit. The results of that audit are still unknown.

Pacurar [said in a previous article](#) the organization was expecting to return money to Medicare because it hadn't been strict enough in making sure that it only accepts patients who are likely to die within six months.

According to [KPBS](#), In December of last year, the organization temporarily shut down its 24-bed hospital in Hillcrest and laid off staff.

Check back here for more information.

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SD Web Site

## San Diego Hospice President and CEO Statement Regarding Organization

Release Date:  
Mon, 02/04/2013

*Nonprofit organization files for Chapter 11 bankruptcy to reorganize assets, adapt to current circumstances*



On Monday, February 4, 2013, San Diego Hospice has filed for Chapter 11 bankruptcy. Our decision to take this course follows many months of financial and other challenges. Our top priority continues to be to provide the highest quality of care and service to our patients and families, followed closely by our continuing dedication to our staff and to our community. Chapter 11 bankruptcy will allow us to continue our operations, while reorganizing our assets and exploring our structural options to adapt to the current circumstances.

This decision was based upon several critical challenges currently facing the organization, including a rapidly decreasing census lowered by 50 percent over a three-month period, creating additional severe financial challenges. Hospice care providers across the country are challenged by government reimbursement rates, and Medicare provides the largest source of our revenue. We have also acknowledged that we are undergoing a Medicare audit, for which the results are still unknown.

This reorganization process will take approximately 60 to 90 days, during which time we will continue to provide excellent patient care for all of our patients and families. In addition, we will meet with government agencies to address their concerns, explore partnerships with other health care organizations, and work to restructure and resize San Diego Hospice to reflect the future of hospice care, considering all options to make the best decisions possible for our patients, families, and staff.

Subject:

FW: SD Hospice to Close; Scripps Steps In

# SD HOSPICE TO CLOSE; SCRIPPS STEPS IN

By Paul Sisson  
San Diego Union Times

Feb. 13, 2013



*The San Diego Hospice in Hillcrest is in the middle of an Medicare audit that has put the focus on their financial situation. RN Cherry Miller checked the vital signs of patient Robert (no last name to be used) at the Hillcrest facility. He was scheduled to go home the next day where he would continue receiving at home hospice care. — John Gibbins*

San Diego Hospice will cease operations in the next 60 to 90 days and will work with Scripps Health to make sure its current patients are not left without care, the organization's chief executive officer said Wednesday morning.



Kathleen Pacurar, San Diego Hospice's chief executive, said that a looming and unresolved Medicare audit, which could result in the nonprofit organization having to return millions to the government program, was too much of a challenge to overcome.

"The Medicare audit erodes our organization's ability to function. How do you put strategic plans together if you don't even know how huge the liability we're facing is?" Pacurar said.

The executive announced last week that the hospice had entered Chapter 11 bankruptcy and that it had asked for Scripps' help in coping with the challenges of reorganization. On the same day, Scripps announced that it had purchased a small hospice in Poway. That purchase, said Scripps CEO Chris Van Gorder, gives the local health giant a license to operate hospice services on its own.

This was important, he said, because Scripps could not purchase San Diego Hospice with its still-unknown Medicare liability and existing debt.

"Anybody that would acquire the entity would have to absorb those liabilities, and that can't happen," Van Gorder said.

He said Scripps intends to try and purchase some of San Diego Hospice's assets, including its inpatient hospital in Hillcrest and its electronic medical records system, from the bankruptcy court as the Chapter 11 proceeding progresses. A formal bankruptcy proposal is expected to be filed this afternoon.

Pacurar said that, as San Diego Hospice begins winding down its operations, current patients will be offered a choice of different hospices in San Diego County, including Scripps, to continue their care.

Scripps will then make a simultaneous decision on how many of San Diego Hospice's current employees to hire, Van Gorder said.

"We will hire as many as necessary to care for the patients that arrive. In some cases, patients could end up being cared for by the very same nurse they had before. The only difference is they'll have a Scripps badge instead of a San Diego Hospice badge," Van Gorder said.

The executive added that Scripps would like to use San Diego Hospice's hospital building in the future if the bankruptcy court ultimately agrees upon the sale.

SC43350: Introduction to Hospice and Palliative Care (1 credit hour)

Time	Topic	Presenter	Activity
7:30 - 8:00 a.m.	<b>Breakfast and Gathering</b>		
8:00 a.m.	Welcome	<b>Dominic O. Vachon</b> , M.Div., Ph.D, Director, Ruth M. Hillebrand Center for Compassionate Care in Medicine	Hand in Pre-Test: Current Knowledge of Hospice & Palliative Care
8:15 a.m.	A brief history of hospice and Center for Hospice Care	<b>Mark Murray</b> , president and CEO, Center for Hospice Care (CHC)	Video: Don Danner
9:00 a.m.	Understanding the Hospice Model of Care: The Interdisciplinary Team Approach to End of Life Care	<b>Gail Wind</b> , RN, BA, CHPN, assistant director of nursing, CHC	
9:45 a.m.	<b>Break</b>		
10:00 a.m.	The Hospice Nurse as Case Manager	<b>Donna Tieman</b> , RN, BA, CHPN, director of nursing, CHC	Video: Elkhart family member
10:45 a.m.	Support Services	<b>Chuck Kreps-Long</b> , MSW, LSW, Social Worker, CHC <b>Marge Braden</b> , MDiv, Spiritual Care Counselor, CHC <b>Michele Guldberg</b> , Bereavement Counselor, CHC	Panel Discussion
11:45 - 12:30 p.m.	<b>Lunch</b>		
12:30 p.m.	The Physician's Role in Hospice and Palliative Medicine	<b>Greg Gifford</b> , MD, JD, AMBS Board Certified in Palliative Medicine, Chief Medical Officer, <b>Amber Burger</b> , MD, AMBS Board Certified in Palliative Medicine, Medical Director, CHC	
1:15 p.m.			Mock Interdisciplinary Team Meeting
2:00 p.m.	Perinatal Hospice	<b>Donna Tieman</b> , RN, BA, CHPN, director of nursing, CHC	Video: Perinatal Hospice
2:30 p.m.	<b>Break</b>		
2:45 p.m.	Expressions of Grief: When Words Aren't Enough . . .	<b>Dave Labrum</b> , LMHC, Art Counselor	
3:30 p.m.	Palliative Care: My Journey as an Oncologist	<b>Daniel Bruetman</b> , MD, MMM, medical director, Cancer Care Partners/Mishawaka	
4:15 p.m.	Community support & the value of volunteers in hospice care	<b>Valorie Eads</b> , volunteer recruitment coordinator, CHC	Video: Herb Gundt, CHC volunteer
5:00 - 5:15 p.m.	Wrap up	<b>Dominic Vachon</b>	Post-Test: Current Knowledge of Hospice & Palliative Care
Self-Study	Online Assignments	Self-Study	DVD's: "Facing Death: Confronting End of Life Choices" "200 Years, 200 Countries" "Okuyamba" "TBD" Online Quiz Reflection Paper



### **2013-2014 Slate of Officers**

Corey Cressy, Chairman

Amy Kuhar Mauro, Chairman-Elect

Julie Englert, Secretary

Wendell Walsh, Treasurer

Terry Rodino, Immediate Past Chairman

### **Election of New Board Members**

Francis Ellert

Tim Yoder



## 2013 – 2014 Slate of New Board Members

**Francis Ellert** of Plymouth, IN works as a Plant Manager for a family owned, independent Coca-Cola bottling facility. He has experience on the following boards:

- United Way of Marshall County
- Ancilla College Board of Trustess (Secretary)
- Culver Chamber of Commerce (Past President)
- Culver Planning Commission
- Marshall-Starke Development Center (Treasurer)
- Plymouth Rotary Club (Past Treasurer)
- St. Joseph Regional Medical Center of Plymouth

**Tim Yoder** of Goshen, IN is owner of the Yoder-Culp funeral home. He is past president of the Board of Directors for the Goshen Hospital and Health Care Foundation, Inc. Goshen Hospital and Health Care Foundation is made up of a group of people from across the four county area of Elkhart, Kosciusko, LaGrange and Noble county who are dedicated to supporting health care needs in this area. A lifelong Goshen resident, he graduated from Purdue University and as valedictorian from Indiana College of Mortuary Science. Yoder is also past president of the Indiana Funeral Directors Association, and has served on the board of Oaklawn Hospital.

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Center for Hospice Care  
**Goals for Calendar Year 2012**  
*updated 01/29/13*

Category	Status	Goal
<b>Goal A: Enhance Patient Care</b>		
<b>Admissions</b>	In Process	1. Increase referral conversion rate to 75%.
	In Process	2. Increase median length of stay by 30% (after completion of 3 year campaign).
	In Process	3. Increase average daily census by 25% (after completion of 3 year campaign).
	In Process	4. Increase same day referral/admissions by 33%.
<b>Volunteers</b>	Not Doing	1. Develop a mentoring program that allows pre-med students who volunteer in Hospice House to shadow one of our medical directors. Pre-med volunteers would benefit from enhanced time with one of our medical directors, and CHC would benefit as we continue to strengthen our relationship with area universities and colleges.
	Met	2. Increase the number of new agency volunteers for each service area (10% overall growth).
	Met	3. Increase office volunteers in branch offices by 20% to assist with duties that directly involve volunteer placement and scheduling.
	In Process	4. Roll out online training program.
	In Process	5. Recruit and utilize high school students age 16 and older as agency volunteers, and develop any necessary policies and forms.
	Met	6. Increase 11 <sup>th</sup> Hour Volunteers in all service areas and refine the process.
<b>Nursing</b>	In Process	1. 418.64 Core Services – Develop best practice in building caregiver confidence in delivery of care at patient end of life as measured in the FEHC. The goal is to be a leader of hospices in overall performance of caregiver confidence.
	Met	2. 418.110 Hospice that provides inpatient care directly – Review and revise all Hospice House patient care policies and procedures to reflect current practices.
	Met	3. 418.112 Hospices that provide hospice care to residents of an SNF/NF or ICF/MR – Track results of survey by marketing department to identify service excellence opportunities with our ECF partners.
	Met	4. 418.64 Core Services – Revise patient care plans to reflect current practice and processes.
	Met	5. Revise Nursing Guidelines into a resource that reflects current Cerner processes.
	Met	6. 418.58 Quality Assessment and Performance Improvement – Continue QAPI projects for ongoing clinical outcome measures, and establish improvement goals.
	Met	7. 418.76 Hospice aide and homemaker services – Evaluate and revise current aide competency written test to reflect relevancy to current aide practices and industry standards.
	Met	8. Develop management tool for RN/LPN supervisory check list for consistency in staff evaluation.

Center for Hospice Care  
**Goals for Calendar Year 2012**  
*updated 01/29/13*

Category	Status	Goal
<b>Bereavement</b>	Met	1. Introduce new Bereavement mailing materials (the Bereavement Mail Program) as current materials are phased out.
	Met	2. Monitor support to newly bereaved family members by utilizing involvement of all disciplines.
	Met	3. Transition to an annual Memorial Service that utilizes a memorial gift for families.
	Met	4. Participate in the We Honor Veterans Program; assist with partner level activities, education of social workers, bereavement, and spiritual care staff on resources, PTSD, etc.
	Met	5. Monitor and ensure that the change to two separate weekends for Camp Evergreen is effective.
<b>Spiritual Care</b>	Met	1. Develop spiritual care counselor assessment questions for VA initiative.
	Met	2. Implement CHC annual Memorial Service.
	In Process	3. Research and enhance spiritual comfort measurement tool.
	Met	4. Conduct SCC early contact to hospital referrals test project beginning for three months beginning 03/01/12.
<b>Medical Directors</b>	Met	1. Assist in recruiting an H&PM physician, preferably Board-Certified, to replace our physician retiring 01/27/12.
	In Process	2. Assist Dr. Joe Banks in becoming Board-Certified as a Hospice and Palliative Care Physician by 2014.
	In Process	3. Conclude the process of obtaining Elkhart medical staff consulting privileges for Drs. Gifford, Kubley, Burger.
	In Process	4. Obtain membership for Drs. Gifford and Kubley on the Palliative Care subcommittee of St. Joseph, Memorial, and Elkhart General Hospitals.
	In Process	5. Become affiliated with a Palliative Care Fellowship, with rotation of their Fellows through CHC.

**Goal B: Position for Future Growth**

<b>Foundation Staffing Additions</b>	In Process	1. Director of Major Gifts.
	In Process	2. Director of Education.
<b>Technology</b>	Met	1. Create custom dashboards for additional Hospice Foundation team members.
	Met	2. Improve social media strategies and online giving tools.
	Met	3. Launch Foundation website redesign.
<b>Mishawaka Campus</b>	Met	1. Develop communication strategy.
	Met	2. Develop communication materials to begin educating the public about the need for a new St. Joseph County campus.



Center for Hospice Care  
**Goals for Calendar Year 2012**  
*updated 01/29/13*

Category	Status	Goal
	Met In Process	3. Create campus master plan and begin construction. 4. Secure a lead gift and cultivate prospective major donors.
<b>Elkhart Campus</b>	Met Met Met Met	1. Continue Elkhart Campus fund raising activities, including major gifts and brick solicitations. 2. Complete Elkhart Hospice House Capital Campaign. 3. Coordinate special events associated with completing Elkhart Hospice House Capital Campaign. 4. Host special event to celebrate completion of Elkhart Campus project.
<b>Uganda</b>	Met Met  In Process Met Met  In Process  Met Met Met  Met  Met Met Met	1. Create an annual World Hospice and Palliative Care Day event to benefit PCAU. 2. Collaborate with Notre Dame College of Science to complete geospatial analysis and create realistic and practical palliative care districts throughout Uganda. 3. Secure grant funding for PCAU. 4. Continue to raise awareness of PCAU funding needs through public and private screenings of Okuyamba. 5. Provide scholarship funding for health care professionals to complete palliative care certification program. 6. Work with PCAU/HAU to enhance palliative care training curriculum to include modules relating to social work, bereavement, spiritual care, and clinical officer-specific training. 7. Work with Notre Dame to further refine and enhance internship program. 8. Assist PCAU in the review and evaluation of potential new office space. 9. Develop a handbook and educational program for clergy and those assigned by clergy to deliver spiritual care to the sick. 10. Work with PCAU to identify additional student internship opportunities, e.g., physician residents, social workers, etc. 11. Assist PCAU with development of new strategic plan, which includes provisions for long-term sustainability. 12. Visit CPCC graduates trained through foundation funding to determine their progress and successes. 13. Facilitate conversations between Notre Dame, Ugandan Martyrs University and PCAU to develop collaborative research initiatives. 14. Make a presentation at the MLC, along with Rose Kiwanuka, about the partnership.
<b>Education</b>	In Process In Process In Process	1. Develop Institute for Advance Care Planning website. 2. Work with IU School of Medicine to become a site for their fellowship program in palliative medicine. 3. Develop comprehensive end-of-life planning curriculum which can be delivered through local area

Center for Hospice Care  
**Goals for Calendar Year 2012**  
*updated 01/29/13*

Category	Status	Goal
	In Process	professionals and faith communities.
	Met	4. Work with IUSB to develop programs to offer CEU awarding seminars for local area professionals about end-of-life issues relevant to their profession.
	Met	5. Fine tune Intro to Hospice & Palliative Care course at Notre Dame and develop a plan to deliver similar relevant courses to students at other area colleges and universities.
<b>Administration</b>	Not Doing	1. Begin the process of becoming accredited with a “deemed status” approved accrediting body.
	Met	2. Create a framework document to assist the Board of Directors in finding the next President/CEO.
	In Process	3. Develop chronic care case management opportunities.
	Not Met	4. Investigate advisory board opportunities for CHC participation, speaking opportunities, palliative care consultations by CHC medical staff.
	Met	5. Continue to create service promises.

**Goal C: Maintain Economic Strength**

<b>Fund Raising and Stewardship</b>	Met	1. Raise \$1 million in non-capital campaign related gifts.
	In Process	2. Make an in-person visit to every funeral home in our service area.
	Met	3. Initiate personal contact with each Circle of Caring member.
	In Process	4. Develop and implement planned giving program and materials.
	Met	5. Using TE, web resources and information obtained from staff, develop donor profiles for each Circle of Caring member.
	In Process	6. Create a capital campaign strategy to raise money for new campus construction and specific programmatic needs.
	Met	7. Write a cash receipting policy for inclusion in Gift Acceptance Policy Manual.
<b>Philanthropic Support</b>	Met	1. Explore collaborative opportunities with Ryan’s Place to expand children’s bereavement offerings in Elkhart area.

Center for Hospice Care  
**Goals for Calendar Year 2012**  
*updated 01/29/13*

Category	Status	Goal
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**Goal D: Continue Building Brand Identification**

<b>Marketing</b>	Met	1. Conduct third round of research and planning with Transcend and Great Lakes.
	Met	2. Participate in annual meeting with local media reps and Transcend. Media planning will start soon after with the development of third round of media campaign to begin in late summer/early fall 2012.
	Met	3. Begin creating/utilizing account profiles for referral sources.
	Met	4. Add heavier weight to communications with physicians and non-physician referrers. Adjust messages to family healthcare decision makers based on third round of research.
	Not Doing	5. Solicit speaking engagements for Medical Directors. Goal is one per month.
	Met	6. Begin concentrated PR campaign. Secure one major story every other month in print or electronic.
	In Process	7. Complete We Honor Veterans partnership requirements through Level 4.
	In Process	8. Begin “score carding” by using explicit tools to create report cards between CHC and referral sources. Publish our pain and symptom scores. Promote CHC’s QAPI data, FEHC scores, etc.

Center for Hospice Care  
**Goals for Calendar Year 2013**  
*Updated 01/29/13*

Category	Status	Goal
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**Goal A: Enhance Patient Care**

<b>Admissions</b>		<ol style="list-style-type: none"> <li>1. Increase referral conversion rate to 75%.</li> <li>2. Increase median length of stay by 30% (after completion of 3 year campaign).</li> <li>3. Increase average daily census by 25% (after completion of 3 year campaign).</li> <li>4. Increase same day referral/admissions by 33%.</li> <li>5. Enhance marketing efforts for pediatric palliative care services.</li> </ol>
<b>Volunteers</b>		<ol style="list-style-type: none"> <li>1. Finalize and implement online training program.</li> <li>2. Develop a teen program by recruiting and utilizing high school students age 16 and older as agency volunteers.</li> <li>3. Increase personal contact with volunteers by face-to-face contact, mailing birthday cards, and making visits to homes and ECFs with patient care volunteers.</li> <li>4. Roll out the Life Bio's program.</li> <li>5. Review CAM program and determine validity of continuation and to what extent.</li> <li>6. Increase number of patient care volunteers.</li> <li>7. Increase social opportunities for volunteers by office and as an agency to increase team building relationships.</li> <li>8. Update volunteer section of the CHC website to include an electronic application packet, FAQ, and volunteer opportunities.</li> </ol>
<b>Nursing</b>		<ol style="list-style-type: none"> <li>1. Core Services 418.64 – Develop best practices in building caregiver confidence in delivery of care at patient end of life as measured in the FEHC. The goal is to be a leader of hospices in overall performance of caregiver confidence.</li> <li>2. Interdisciplinary Group, Care Planning, and Coordination of Services 418.56 – Develop a comprehensive, uniform orientation and preceptor program to ensure high quality patient care, and encourage staff retention within the nursing department.</li> <li>3. Quality Assessment and Performance Improvement 418.58 – Establish monthly, random chart audits by PCCs for their direct reports to ensure quality documentation reflects the assessment and care of the patient.</li> <li>4. Quality Assessment and Performance Improvement 418.58 – Establish audit process to track bowel regime for those patients on opioid therapy.</li> </ol>

Center for Hospice Care  
**Goals for Calendar Year 2013**  
*Updated 01/29/13*

Category	Status	Goal
<b>Nursing (cont.)</b>		<ol style="list-style-type: none"> <li>Complete revision of Nursing Guidelines into a resource that reflects current clinical and Cerner processes.</li> <li>Quality Assessment Process Improvement 418.58 – Continue QAPI projects for ongoing clinical outcome measures, and establish improvement goals.</li> <li>Core Services 418.64 – Strengthen pediatric hospice services by establishing a Pediatric End of Life training program.</li> </ol>
<b>Bereavement, Social Work</b>		<ol style="list-style-type: none"> <li>Introduce and monitor a new Team composition for the social work team.</li> <li>Monitor the use of the new Social Service Progress Note that is being used by social workers.</li> <li>Develop and implement new problems, goals and objectives for the social work plan of care.</li> <li>Monitor and ensure that “paperless” charts are meeting the needs of the bereavement team and the agency.</li> <li>Increase community awareness of bereavement services by increasing the number of community clients.</li> <li>Explore providing online services/support groups for caregivers.</li> </ol>
<b>Spiritual Care</b>		<ol style="list-style-type: none"> <li>Research and enhance spiritual comfort measurement tool.</li> <li>Finalize spiritual health assessment for primary caregivers and offer education to other disciplines.</li> <li>Facilitate annual CHC memorial service.</li> <li>Establish guidelines to offer enough spiritual care contact to patients and families to improve FEHC scores from 4.7% to 3.9% (benchmark goal is 1.4%; National 2 year average is 3.9%).</li> </ol>
<b>Medical Directors</b>		<ol style="list-style-type: none"> <li>Conclude the process of obtaining Elkhart medical staff consulting privileges for Drs. Gifford, Kubley.</li> <li>Obtain membership for Drs. Gifford and Kubley on the Palliative Care subcommittee of St. Joseph, Memorial, and Elkhart General Hospitals.</li> <li>Become affiliated with a Palliative Care Fellowship, with rotation of their Fellows through CHC.</li> <li>Investigate advisory board opportunities for CHC participation, consultations, speaking opportunities, regularly scheduled rotated onsite palliative consultations by CHC medical directors.</li> <li>Assist Dr. Joe Banks in becoming board certified as a hospice and palliative care physician by 2014.</li> </ol>

Center for Hospice Care  
**Goals for Calendar Year 2013**  
*Updated 01/29/13*

Category	Status	Goal
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**Goal B: Position for Future Growth**

<b>Foundation Staffing Additions</b>		<ol style="list-style-type: none"> <li>1. Director of Major Gifts.</li> <li>2. Director of Education.</li> </ol>
<b>Technology</b>		<ol style="list-style-type: none"> <li>1. Implement online presentations.</li> <li>2. Create an electronic newsletter.</li> </ol>
<b>Mishawaka Campus</b>		<ol style="list-style-type: none"> <li>1. Secure a lead gift and cultivate prospective major donors.</li> <li>2. Complete Phase I construction at Mishawaka campus.</li> <li>3. Complete Palliative Care Center remodel.</li> <li>4. Complete Guest House remodel.</li> <li>5. Work with City of Mishawaka to ensure smooth integration of public spaces with new hospice campus.</li> <li>6. Identify a lead donor for Mishawaka campus.</li> <li>7. Aggressively pursue New Market Tax Credit opportunities for new Mishawaka campus.</li> <li>8. Develop internal and external communication strategy.</li> </ol>
<b>Uganda</b>		<ol style="list-style-type: none"> <li>1. Secure grant funding for PCAU.</li> <li>2. Work with PCAU/HAU to enhance palliative care training curriculum to include modules relating to social work, bereavement, spiritual care, and clinical officer-specific training.</li> <li>3. Launch Crowd Funding initiative.</li> <li>4. Film the "Road to Hope."</li> <li>5. Fund up to ten CPCC scholarships.</li> <li>6. Develop a CHC/PCAU Employee Exchange Program.</li> <li>7. Co-sponsor and present at Bi-Annual PCAU Conference.</li> <li>8. Develop a full range of internship opportunities with PCAU member organizations.</li> <li>9. Work with Notre Dame to identify pre-med students for internships at Ugandan hospices.</li> <li>10. Win the FHSSA Global Partnership Award.</li> </ol>
<b>Education</b>		<ol style="list-style-type: none"> <li>1. Develop Institute for Advance Care Planning website.</li> <li>2. Work with IU School of Medicine to become a site for their fellowship program in palliative medicine.</li> <li>3. Develop comprehensive end-of-life planning curriculum which can be delivered through local area professionals and faith communities.</li> </ol>

Center for Hospice Care  
**Goals for Calendar Year 2013**  
*Updated 01/29/13*

Category	Status	Goal
<b>Education (cont.)</b>		<ol style="list-style-type: none"> <li>4. Work with IUSB to develop programs to offer CEU awarding seminars for local area professionals about end-of-life issues relevant to their profession.</li> <li>5. Launch new Institute for Hospice website.</li> <li>6. Develop initial online courses.</li> <li>7. Develop video education series about end-of-life planning matters using various local area professionals.</li> <li>8. Develop an <i>Okuyamba</i> teaching guide for delivery by FHSSA partners, colleges and universities.</li> <li>9. Facilitate CHC staff teaching of Intro to Hospice and Palliative Care course at Notre Dame.</li> </ol>
<b>Administration</b>		<ol style="list-style-type: none"> <li>1. Develop chronic care case management opportunities.</li> <li>2. Apply for the CMS Concurrent Care Demonstration Project.</li> <li>3. Continue exploration and the intent to become a site for Residency Education in Palliative Medicine.</li> <li>4. Expand upon chronic care case management experiences.</li> <li>5. Investigate the development of a Private Duty line of business.</li> </ol>

**Goal C: Maintain Economic Strength**

<b>Fund Raising and Stewardship</b>		<ol style="list-style-type: none"> <li>1. Make an in-person visit to every funeral home in our service area.</li> <li>2. Develop and implement planned giving program and materials.</li> <li>3. Create a capital campaign strategy to raise money for new campus construction and specific programmatic needs.</li> <li>4. Create new \$25,000 donor giving level in Circle of Caring.</li> <li>5. Create donor recognition wall at the Mishawaka campus to recognize cumulative giving.</li> <li>6. Solicit corporate sponsors to underwrite printing and postage costs for Crossroads.</li> <li>7. Develop corporate recognition award/fundraising events in Elkhart, Marshall and St. Joseph Counties to recognize companies/organizations that “improve the quality of living” in their region.</li> <li>8. Conduct a donor satisfaction survey following the mailing of the 2012 Year in Review.</li> <li>9. Develop standardized management reports for special events.</li> <li>10. Ask a board member to host a cocktail party/open house as a way in which to raise awareness, potential donors, and prospective board members.</li> <li>11. Launch five to seven year “Campaign for Hospice.”</li> <li>12. Begin discussions of new reasons to raise money if everyone has health insurance under the ACA.</li> </ol>
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Center for Hospice Care  
**Goals for Calendar Year 2013**  
*Updated 01/29/13*

Category	Status	Goal
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**Goal D: Continue Building Brand Identification**

Marketing		<ol style="list-style-type: none"><li>1. Complete We Honor Veterans partnership requirements through Level 4.</li><li>2. Begin “score carding” by using explicit tools to create report cards between CHC and referral sources. Publish our pain and symptom scores. Promote CHC’s QAPI data, FEHC scores, etc.</li><li>3. Continue market differentiation activities and promotion by creating Service Promises.</li></ol>
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# CHAPTER FOUR

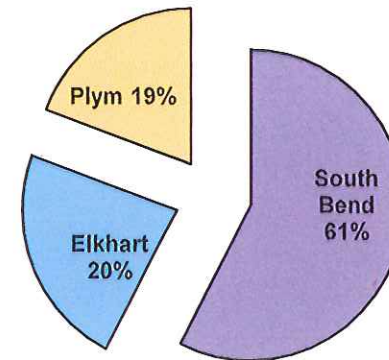
## AVERAGE DAILY CENSUS CHARTS

**Center for Hospice Care**  
**2013 YTD Average Daily Census (ADC)**  
 (includes Hospice House and Home Health)

	<u>All</u>	<u>South Bend</u>	<u>Elkhart</u>	<u>Plymouth</u>
J	305	187	60	58
F				
M				
A				
M				
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O				
N				
D				
2013 YTD Totals	305	187	60	58
2013 YTD ADC	305	187	60	58
2012 YTD ADC	355	196	84	64
YTD Change 2012 to 2013	-50	-9	-24	-6
YTD % Change 2012 to 2013	-14.1%	-4.6%	-28.6%	-9.4%

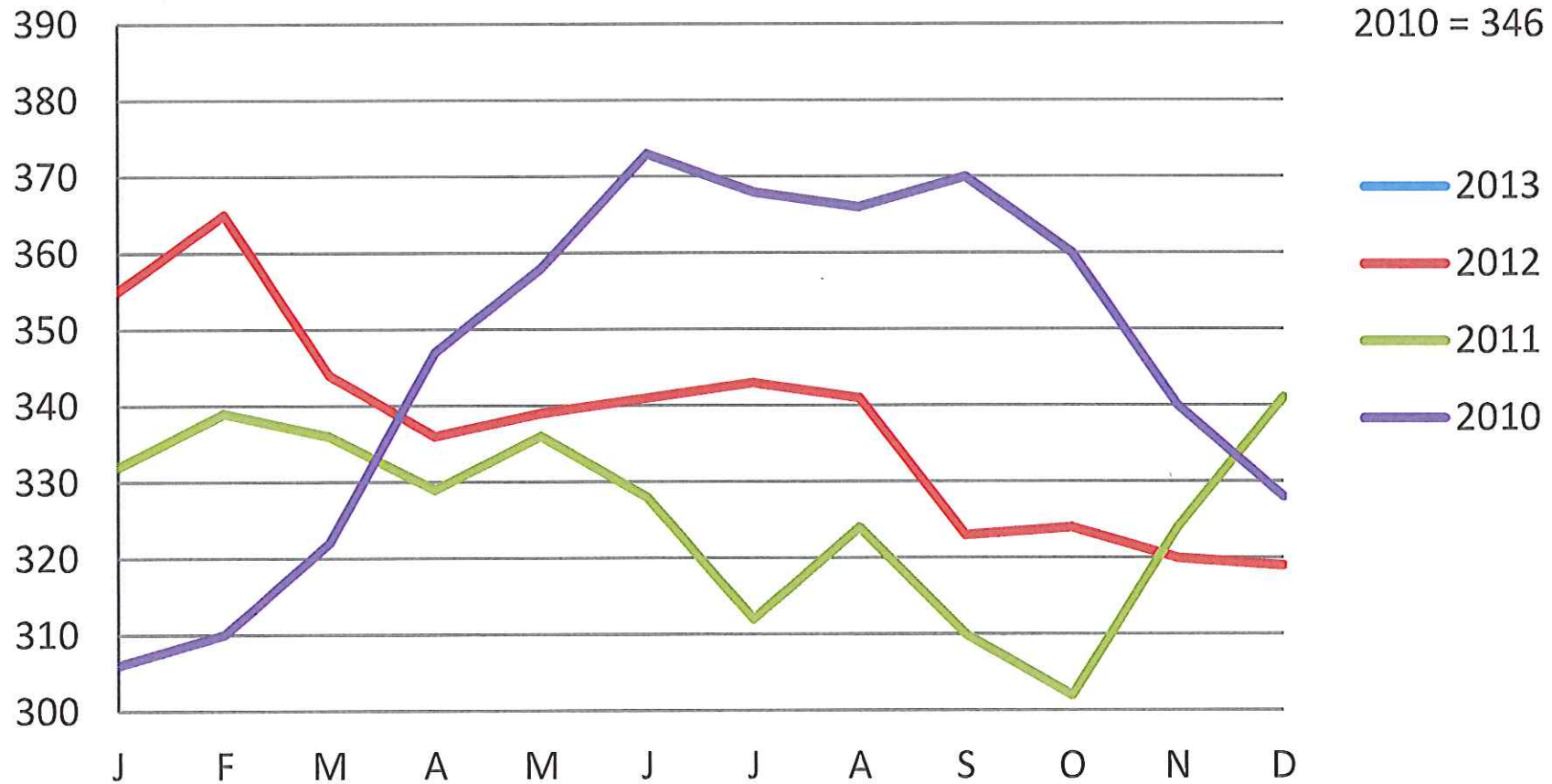
**2012 YTD ADC by Branch**

South Bend	61.3%
Elkhart	19.7%
Plymouth	19.0%
All	100%



# Center for Hospice Care Total Average Daily Census (ADC)

ADC  
YTD 2013 = 305  
2012 = 337  
2011 = 326  
2010 = 346



## South Bend Average Daily Census

ADC

YTD 2013 = 187

2012 = 200

2011 = 190

2010 = 210



# Elkhart Average Daily Census

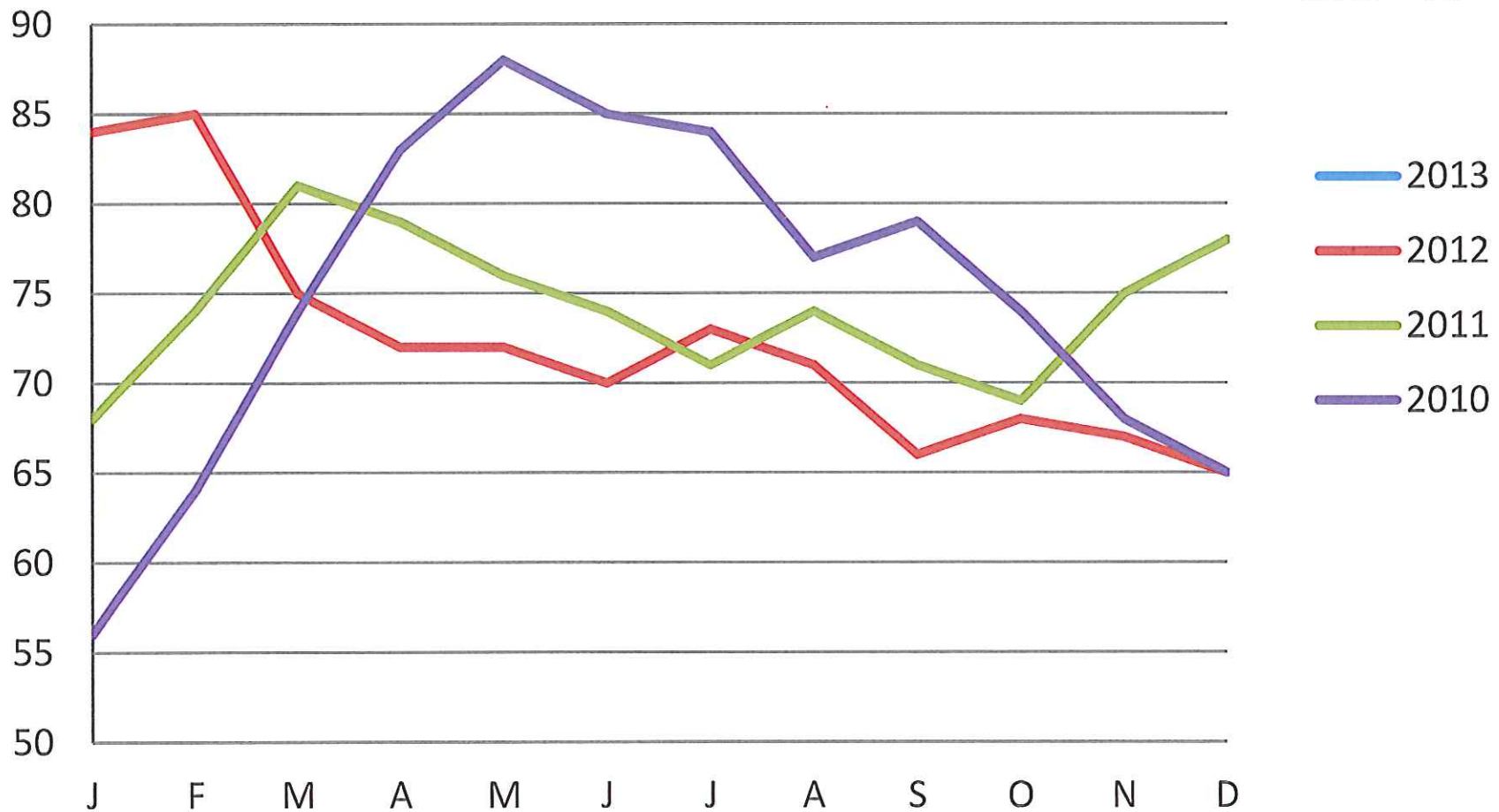
ADC

YTD 2013 = 60

2012 = 72

2011 = 74

2010 = 75



# Plymouth Average Daily Census

ADC

YTD 2013 = 58

2012 = 65

2011 = 62

2010 = 60

