



**Board of Directors Meeting
501 Comfort Place, Conference Room A, Mishawaka
August 20, 2014
7:30 a.m.**

**BOARD BRIEFING BOOK
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CHAPTER ONE AGENDA

BOARD OF DIRECTORS MEETING
Administrative and Foundation Offices
501 Comfort Place, Room A, Mishawaka IN
August 20, 2014
7:30 a.m.

A G E N D A

1. Approval of June 18, 2014 Minutes (*action*) – Corey Cressy (2 minutes)
2. President's Report (*information*) - Mark Murray (15 minutes)
3. Finance Committee (*action*) – Wendell Walsh (13 minutes)
 - (a) June and July Financial Statements
4. Policies (*action*) – Donna Tieman (5 minutes)
 - Patient Care Policy***
 - (a) CAM Procedure (revised)
 - Human Resources Policy Manual***
 - (b) Care of Staff and Volunteers (revised)
 - (c) Fitness Area Policy (new)
5. QI Committee (*information*) – Julie Englert (5 minutes)
6. Foundation Update (*information*) – Terry Rodino (5 minutes)
7. Board Education – “Cornerstones for Living: The Crossroads Campaign” – Mike Wargo (10 minutes)
8. Chairman’s Report (*information*) – Corey Cressy (5 minutes)

Next meeting October 15, 2014 at 7:30 a.m.

#

CHAPTER TWO MINUTES

**Center for Hospice Care
Board of Directors Meeting Minutes
June 18, 2014**

<i>Members Present:</i>	Amy Kuhar Mauro, Becky Asleson, Carmi Murphy, Carol Walker, Corey Cressy, Julie Englert, Mary Newbold, Sue Morgan, Tim Yoder, Wendell Walsh
<i>Absent:</i>	Anna Milligan, Francis Ellert, Michael Method, Terry Rodino, Tim Portolese
<i>CHC Staff:</i>	Mark Murray, Dave Haley, Donna Tieman, Karl Holderman, Mike Wargo, Becky Kizer

Topic	Discussion	Action
1. Call to Order	<ul style="list-style-type: none"> The meeting was called to order at 7:30 a.m. 	
2. Minutes	<ul style="list-style-type: none"> A motion was made to accept the minutes of the 04/16/14 meeting as presented. The motion was accepted unanimously. 	W. Walsh motioned J. Englert seconded
3. President's Report	<ul style="list-style-type: none"> We have been very busy from a patient census standpoint. YTD ADC is up 9.4%. Today it is 372. We budgeted for 333. Several regulatory challenges started April 1st. Details are in the President's Report starting on page 14. All prescription drugs now must be put on the hospice claim sent to CMS by fill with the national drug code number and cost information. We never collected that information previously, because we were never required to. The other problem is because half of our patients die in less than two weeks, we don't order 30-day supplies, so every time a refill is ordered, we have to put that on the claim. We had to purchase a subscription to Medispan, but they don't have the cost information. Enclara, our pharmacy vendor, created an electronic flat file with the cost information, which we were able to integrate into Cerner for billing to Medicare. The first report we ran had a 1,200 page error report, which had to be corrected by hand. We spent May cleaning up April's data. April billing did go through and we should get paid. Due to these issues the Accounts Receivables on the financial statements for April and May are much higher than they should be. Another challenge at the same time was the new Medicare Part D prior authorization requirement for hospice medications. Starting May 1st, the medical directors decide which drugs are related to the terminal diagnosis and if not, explain why in the prior authorization to the Part D insurance carrier. It is very time consuming. CMS presented these changes to the hospice industry with only a six week prior notice. The HAN Intensive this week in Washington, DC is addressing this, along with a letter to CMS from 27 different national health care organizations against this requirement. 	

Topic	Discussion	Action
	<p>While all hospices must do this, the sheer volume is different for CHC, because we care for six times more patients than the average hospice in the U.S., and the most in Indiana. Most hospices ADC is 60 and ours is 350 YTD. Another new requirement effective July 1st is the Hospice Item Set (HIS), which is more patient data collection at the time of admission and discharge. Cerner has done an excellent job preparing us for this.</p> <ul style="list-style-type: none"> • We will need to update all our HIPAA policies and procedures by 09/02. As of 10/01, claims with a primary diagnosis of Adult Failure to Thrive or Debility won't be paid by CMS. 19% of all hospice Medicare claims in 2013 had those diagnoses. They can be a secondary diagnosis, just not primary. Also effective 10/01 is the new CMS cost report for free-standing hospices, and Karl will be changing our reports. Refer to the HAN report distributed at the board meeting today for a timeline and further details. Three of our employees attended the HAN Intensive June 16-17 in Washington, DC advocating for the hospice Medicare benefit and against the new Part D requirements. • Dave H. and Mark have been meeting with several area nursing homes about a collaborative partnership. In exchange for saying we are their preferred provider, we will provide education programs, train volunteers for that facility, and have assigned staff for that facility. Part of the education will be how to recognize when a resident is ready for a hospice / palliative care consult. • The Center for Palliative Care is near completion. Due to staffing issues with the medical directors, we don't expect a lot to happen with it over the next few months. It was much more economical to finish the construction now and begin the programming when we are staffed to do so. • MHIN- We are now getting electronic referrals. As far as we know, we are the only hospice program in the area that has this capability. Dave H. and our IT staff have been working with MHIN for several years to make this happen. • The revised Emergency/Disaster Plan was posted to the board website. Most of the changes were minor. We did add an "active shooter" policy. It is a very fluid document and changes frequently. The safety committee works on it and meets quarterly. This is a plan, not a policy, so we are not asking for board approval. An error was pointed out on page 9 under Fire, in that the RACE steps were reversed. This will be corrected. • New media campaign – We are in the process of creating new TV spots with a tentative August launch date. The campaign will include new print, radio, copy, and 	

Topic	Discussion	Action
	<p>online ads. For branding consistency, we have also decided to just call everything “Center for...” and use our logo, same font and colors, etc. Next year staff will start wearing new logo wear with just the logo burst, so they can represent any of our programs such as palliative care, pediatric care, etc.</p> <ul style="list-style-type: none"> • Thank you to staff for getting us through some enormous challenges these past few months. 	
<p>4. Finance Committee</p>	<ul style="list-style-type: none"> • The finance committee met 06/13 and reviewed and approved the April and May financial statements. They learned about the Accounts Receivables challenges. We cannot understate the effort put in by staff to respond. The Board can be very proud of them. We expect the A/R to be cleaned up in few weeks, because of their efforts. • April operating income \$1,720,282, total revenue \$1,702,059, total expenses \$1,493,086, net gain \$208,973. April YTD operating revenue \$6,260,808, total revenue \$6,248,725, total expenses \$5,731,796, net gain \$516,929, and net without beneficial interest \$551,160. • May operating income \$1,798,618, total revenue \$1,932,098, total expense \$1,583,049, net gain \$349,049. May YTD operating revenue \$8,059,426, total revenue \$8,180,823, total expenses \$7,314,842, net gain \$865,981, and net without beneficial interest in Foundation \$768,695. • A motion was made to accept the April and May financial statements as presented. The motion was accepted unanimously. 	<p>C. Walker motioned T. Yoder seconded</p>
<p>5. Personnel Committee</p>	<ul style="list-style-type: none"> • Revisions to the 2014-2016 Human Resources Policies Manual were reviewed. A motion was made to accept the revised Human Resources Policies Manual as presented. The motion was accepted unanimously. 	<p>J. Englert motioned S. Morgan seconded</p>
<p>6. QI Committee</p>	<ul style="list-style-type: none"> • Thank you to Donna Tieman and her team for things going so well. Admission charting complete and ready to process the next day improved from an average of 40% in 2013 to 52% in January, 73% February, and 63% in March. Nick D. in IT has helped tremendously. The Comfortable Dying Measure data collection ended 12/31/13, and starting July 1st we will be into the Hospice Item Set (HIS), which includes seven items. Kudos to Donna T. and her staff. 	
<p>7. Foundation Update</p>	<ul style="list-style-type: none"> • We are getting ready to launch the silent phase of our capital campaign. We have already received a \$50,000 pledge. Getting close to naming our upcoming capital campaign. “Cornerstones for Living: The Crossroads Campaign.” • The Friends of Hospice campaign hit mailboxes at the end of May. The 30th annual Helping Hands Award Dinner honoring Bob Deputy was the fourth highest grossing 	

Topic	Discussion	Action
	<p>dinner at \$224,000. Thank you to Corey & Becky Cressy for chairing the event. Art Decio was the honorary chair. 470 people attended. The St. Joseph County Chamber of Commerce’s “Business After Hours” was held at the Mishawaka campus. 120 people RSVP’d. We will be hosting the Greater Elkhart Chamber’s “Business After Hours” on 08/19. The 29th Annual Walk for Hospice is 08/10 and will be launched from the Mishawaka campus. The 6th Bike Michiana for Hospice is 09/14 at St. Patrick’s Park. We are ahead of where we were in registered riders this same time last year. Last year we had close to 1,200.</p> <ul style="list-style-type: none"> • Every year in June we hold an Elkhart campus Gardens of Remembrance and Renewal ceremony. This year EGH held a “Have a Heart” fundraising event and a donor purchased one of the hearts and donated it to us. It was installed at the Elkhart campus. The current issues of Crossroads went out in May. We are doing a four part series on the 40th anniversary of hospice in America. • Rose Kiwanuka was here earlier this year for four weeks. While she was here, she spent some time with our bereavement staff and learned about Camp Evergreen, so she implemented her own Camp Evergreen in Uganda for the Road to Hope kids. 14-16 children participated and spent a couple days in Kampala. It went very well. The PCAU’s staff enjoyed it, because it was an opportunity for them to meet the kids. • Work will begin very soon on the Mishawaka campus grounds completion project. 	
8. Board Education	<ul style="list-style-type: none"> • The TED Video by Dan Pallotta entitled “The Way We Think About Charity is Dead Wrong” was viewed. 	
Adjournment	<ul style="list-style-type: none"> • The meeting adjourned at 8:25 a.m. 	Next meeting 08/20

Prepared by Becky Kizer for approval by the Board of Directors on 08/20/14.

Julie Englert, Secretary

Becky Kizer, Recording Secretary

CHAPTER THREE

PRESIDENT'S REPORT

**Center for Hospice Care
Hospice Foundation
President / CEO Report
August 20, 2014
(Report posted to Board Website August 14, 2014)**

**This meeting takes place in Conference Room A at the Mishawaka Campus at 7:30 AM.
This report includes event information from June 19 – August 20, 2014.
The Hospice Foundation Board meeting follows in the same room.**

CENSUS

Our seven-month long trend of ever increasing census continued at record levels through July. Another all-time high, one day census record was realized on July 26 when CHC cared for 391 patients in a single day. It is also noteworthy that July's lowest census day of 371 actually matched the highest one day census number for all of calendar year 2013. The census at both Hospice Houses continued to be active with South Bend having an 82% occupancy rate and Elkhart a 73% occupancy rate. Added together, 11 of the 14 available beds were engaged 100% of the time during July. July's average daily census (ADC) of 380 was the highest one month ADC in CHC history and 21% higher than July 2013. CHC's overall year-to-date (YTD) ADC is running 13% higher than YTD 2013.

July 2014	Current Month	Year to Date	Prior Year to Date	YTD Change
Patients Served	495	1,389	1,322	67
Original Admissions	153	1,084	1,011	73
ADC Hospice	361.39	342.49	299.36	43.13
ADC Home Health	18.68	16.12	19.25	(3.13)
ADC CHC Total	380.07	358.61	318.61	40.00

June 2014	Current Month	Year to Date	Prior Year to Date	YTD Change
Patients Served	493	1,236	1,193	43
Original Admissions	144	931	882	49
ADC Hospice	362.10	339.25	300.41	38.84
ADC Home Health	13.07	15.68	19.13	(3.45)
ADC CHC Total	375.17	354.93	319.54	35.39

Monthly Average Daily Census by Office and Hospice Houses

	2014 Jan	2014 Feb	2014 Mar	2014 Apr	2014 May	2014 June	2014 July	2014 Aug	2014 Sept	2013 Oct	2013 Nov	2013 Dec
S.B.:	196	202	212	211	214	217	213			198	194	201
Ply:	62	72	71	79	76	71	69			61	62	59
Elk:	53	51	60	68	75	77	87			67	66	58
SBH:	5	6	5	6	6	5	6			4	4	4
EKH:	4	4	6	4	5	5	5			3	3	2

Total:	321	335	353	368	376	375	380			333	329	324

HOSPICE HOUSES

July 2014	Current Month	Year to Date	Prior Year to Date	YTD Change
SB House Pts Served	34	191	213	(22)
SB House ALOS	5.21	6.28	5.43	0.85
SB House Occupancy	81.57%	80.80%	77.96%	2.84%
Elk House Pts Served	40	184	147	37
Elk House ALOS	4.00	5.39	5.50	(0.11)
Elk House Occupancy	73.73%	69.85%	54.45%	12.40%
June 2014	Current Month	Year to Date	Prior Year to Date	YTD Change
SB House Pts Served	33	167	190	(23)
SB House ALOS	4.94	6.12	5.32	0.80
SB House Occupancy	77.62%	80.66%	79.79%	0.87%
Elk House Pts Served	31	152	127	25
Elk House ALOS	4.65	5.47	5.41	0.06
Elk House Occupancy	68.57%	65.67%	54.22%	11.45%

PATIENTS IN FACILITIES

Of the 495 patients served in July, 156 resided in facilities. Of the 493 patients served in June, 158 resided in facilities. The average daily census of patients in skilled nursing homes, assisted living facilities, and group homes during July was 129; June was 123 and YTD through July 2014 was 123.

FINANCES

Karl Holderman, CFO, reports the April and May Financials will be posted to the Board website on Friday morning, August 15th following Finance Committee approval. For information purposes, the non-approved June 2014 financials are below.

June 2014 Financial Information

Center for Hospice Care

(Numbers below include CHC's beneficial interest in the Hospice Foundation including its loss / gain)

June Overall Revenue	\$ 2,025,153	Year to Date Overall Revenue	\$ 10,205,976
June Total Expense	\$ 1,499,521	Year to Date Total Expense	\$ 8,814,363
June Net Gain	\$ 525,632	Year to Date Net Gain	\$ 1,391,631

Hospice Foundation

June Development Income	\$ 127,881	Year to Date Development Income	\$ 566,935
June Investment Gains (Loss)	\$ 277,654	Year to Date Investment Income	\$ 915,216
June Overall revenue	\$ 452,958	Year to Date Overall Revenue	\$ 1,535,409
Total June Expenses	\$ 168,686	Total Year to Date Expenses	\$ 1,153,850
June Overall Net	\$ 284,272	Year to Date Overall Net	\$ 381,559

Combined

June Overall Revenue	\$ 2,193,836	Year to Date Overall Revenue	\$ 11,359,825
June Overall Net Gain	\$ 525,632	Year to Date Overall Net Gain	\$ 1,391,613

At the end of June 2014, the overall combined net gain for CHC / HF was \$1,391,613. CHC's Year to Date Net without the beneficial interest in the HF was \$1,010,053.

At the end of June 2014, the Foundation's Intermediate Investments totaled \$382,825. Long Term Investments totaled \$16,263,205.

CHC's assets on June 30, 2014, *including* its beneficial interest in the Hospice Foundation, totaled nearly \$35.3MM. At June 30, 2014 HF's assets alone totaled just over \$33.3MM and debt related to the low interest line of credit associated with the Mishawaka Campus project totaled nearly \$5.9MM.

CHC VP/COO UPDATE

Dave Haley, VP/COO, reports CHC has recently hired a nurse practitioner. Catherine Whitcroft, DNP, FNP-BC, ACHPN. While she is now an NP, it is worth noting that she began her career at CHC in 1997 working as a home health aide. She went on to become a registered nurse and received her BSN cum laude from Bethel College and then worked at our South Bend Hospice House as an RN. Events in her life took her out of the area and to return to school where she received her Certificate in Spirituality and Health, Master of Science in Nursing, and Doctor of Nursing Practice from Rush University, Chicago, IL. She has chosen to return to the area from Detroit, MI where she has been a Hospice and Palliative Care Nurse Practitioner for the Henry Ford Health System. She joins our medical staff beginning August 21. This is a wonderful success story for her career growth and the fact that she has again chosen to return to CHC where it all began. We welcome her back.

As of March 1, our Bereavement department has started contacting family members of those who were referred to us, but the person referred did not survive long enough to be admitted to our hospice. These are what we refer to as DBAs (those dying before they can be admitted). Our Bereavement staff has been educating DBA family members on the availability of our Bereavement services, which are provided at no charge for up to 13 months after the death of their loved one. From March 1 to June 30, we have had nine DBA family clients choose to participate in our Bereavement service, currently receiving bereavement counseling. One of these clients recently wrote a letter to us expressing gratitude for providing these services. This is a segment of the end-of-life care population which may not be routinely served by the greater hospice industry since there is no patient actually admitted to a hospice.

Dave Haley's Census Charts are contained as an attachment to this report.

DIRECTOR OF NURSING UPDATE

Donna Tieman, RN, BA, CHPN reports that on June 18, a phlebotomy class was conducted at the Mishawaka campus. Eleven CHC nurses attended the class which was taught by The Medical Foundation personnel to train and retrain 11 of our nurses to draw blood and start IVs. The class was provided in response to the loss of home blood draw services by The Medical Foundation. Additional classes are planned for the future and will be held in all three offices. There is not a charge to CHC for these classes.

The Nursing department is collaborating in a Quality Assurance Performance Improvement (QAPI) project with the CHC Volunteer Coordinators to increase volunteer satisfaction and retention of our volunteers in both Hospice Houses. The first meeting was held July 23rd.

Danielle Stilley, Hospice House Patient Care Coordinator, in Elkhart is leading a QAPI project to increase caregiver confidence in knowing what to do during the dying process. The QAPI team is comprised of social workers, spiritual care counselors, hospice aides, and admissions. The goal is to be a leader in the state in providing compassionate, supportive care at the end of life. The first meeting for this QAPI team will be August 27.

HOSPICE FOUNDATION VP / COO UPDATE

Mike Wargo, VP/COO, Hospice Foundation (HF), reports...

Fund Raising Comparative Summary

Through July 2014, 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)				
	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
January	64,964.45	32,655.69	36,775.87	83,619.96	51,685.37
February	108,025.76	64,530.43	88,893.51	166,563.17	109,724.36
March	231,949.73	165,468.92	194,345.35	264,625.29	176,641.04
April	354,644.69	269,676.53	319,818.81	395,299.97	356,772.11
May	389,785.41	332,141.44	416,792.85	446,125.49	427,057.81
June	477,029.89	427,098.62	513,432.22	534,757.61	592,962.68
July	532,913.52	487,325.01	579,801.36	604,696.88	679,253.96
August	585,168.77	626,466.72	643,819.01	783,993.15	
September	671,103.04	724,782.28	736,557.59	864,352.82	
October	992,743.37	1,026,728.58	846,979.95	922,261.84	
November	1,043,750.46	1,091,575.65	895,164.28	969,395.17	
December	1,178,938.91	1,275,402.38	1,027,116.05	1,185,322.83	

	Year to Date Monthly Revenue				
	<i>(less capital campaign, bequests and one-time major gifts)</i>				
	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
January	52,442.49	32,110.69	32,309.58	83,380.18	51,685.37
February	41,364.37	30,644.74	43,783.64	82,943.21	43,038.99
March	65,886.51	99,796.42	102,351.84	98,212.12	66,916.68
April	104,544.96	97,332.61	123,998.46	130,674.68	180,156.07
May	33,768.72	51,753.98	90,909.04	40,825.52	100,285.70
June	74,084.48	90,718.18	92,036.89	65,815.51	97,258.66
July	55,278.63	53,536.39	62,069.43	69,939.27	38,243.88
August	51,240.25	83,202.86	64,017.65	92,732.69	
September	85,629.27	94,000.56	92,808.58	80,335.67	
October	66,061.97	47,779.09	65,904.80	56,439.02	
November	49,247.09	48,284.08	46,674.33	47,133.33	
December	115,188.45	133,617.73	111,236.77	130,277.99	
Total	794,737.19	862,777.33	928,101.01	978,709.19	577,586.35

Major Gifts / Capital Campaign Development

The first phase of “Cornerstones For Living: The Crossroads Campaign” officially began on July 1. As with many campaigns, it began in a silent phase of targeted major gift solicitation. Work on this comprehensive campaign in June and July included additional cultivation of individuals, foundations and corporations that included tours of the Mishawaka campus with prospective lead gift donors. Organizational structure of the campaign is in its final stages with the formation of a

Campaign Cabinet chaired by Catherine Hiler. A grant request for \$1 million to underwrite the Center for Palliative Care was submitted to the Judd Leighton Foundation in early June. We were informed in early July that the Leighton Foundation responded to our grant request with a \$500,000 matching grant for the Center for Palliative Care. The Leighton Foundation is providing a draft of the matching grant agreement for Hospice Foundation to review and consider with regard to specific terms and conditions attached to the grant. Research about prospective campaign donors, foundations and corporations is ongoing. The theme of the August board meeting is “Foundation Update” and the education section of this meeting will cover developments related to “Cornerstones for Living: The Crossroads Campaign.”

Planned Giving

An estate gift of \$30,627.45 came to the Foundation in early June. In mid-July we received an estate gift of \$50,000. Total bequests in June and July were \$80,627.45. Later in July, we were informed about being beneficiaries of an estate involving the sale of real estate. Preliminary information leads us to believe that Hospice Foundation’s gift from this estate is approximately \$35,000.

Annual Giving

Our Friends of Hospice Appeal is off to a good start with 294 donors who have given a total of \$35,893.71. The goal for this year’s appeal is to better last year’s numbers of 377 donors and \$46,070.34. Our internal target numbers are 400 donors and \$50,000. The campaign will run through November. It will continue to be promoted through an ad in the summer issue of Crossroads, the Hospice Foundation e-newsletter and at least one dedicated e-blast.

Special Events & Projects

The 29th Annual Walk for Hospice, which started from the Mishawaka Campus for the first time, was held August 10th. The remembrance ceremony took place halfway through the Walk, at the Battell Park band shell, where walkers enjoyed the music of *3rd SeSSion* as well as ice cream treats. A total of 368 people were in attendance, which included 260 participants who pre-registered online. The event raised \$22,176.

We currently have more than 400 riders registered for the 6th Annual Bike Michiana for Hospice, scheduled for September 14 at St. Patrick’s County Park. We are pleased to welcome a number of new sponsors for this year’s event including: Ancon Construction, 1st Source Bank, Notre Dame Federal Credit Union and Borden WasteAway Services and we welcome back Ladue, Curran and Kuehn. Two new restaurants will be taking part this year: BarBici will be part of the Spicer Lake SAG stop, along with Moser’s Austrian Café; LaSalle Kitchen & Tavern will be handling Weko Beach duties this year, filling in for Grand Mere Inn. Evil Czech Brewery will once again be hosting the post-ride party. Schurz Communications, which includes the South Bend Tribune, Sunny 101.5, Z94.3, WSBT 96.1 and New Country 99.9, has returned as this year’s media sponsor. They will be producing and airing a series of radio spots as well as a :30 TV spot. Finally, the event is also being promoted via a digital billboard on the corner of Lincolnway and Ironwood, courtesy of Burkhart Advertising.

Third-Party Fundraising

The North American Insurance and Financial Advisors (NAIFA) of north central Indiana held its annual Joseph E. Smith Memorial Golf Tournament on Wednesday, August 5th. With a field of 15 teams, the event raised \$7,000 to support Center for Hospice Care. During its 16-year history, this outing has raised a grand total of \$85,100 for CHC.

Communications

The summer issue of Crossroads is at the printer and will be sent to 34,500 homes and businesses by the end of August. The cover story commemorates the 30th Annual Helping Hands Award Dinner and this year's recipient Bob Deputy. It also includes the second article in a four-part series on the history of hospice care, as well as articles about Camp Evergreen, the 2013 Annual Report and Employee Giving, the annual dedication of memorial items at the Elkhart Campus, the Hollywood Road to Hope event and partnerships with local colleges and universities.

The positioning brochure for "Cornerstones for Living: The Crossroads Campaign" is in the final phases of design and will be quickly followed by capital campaign and endowment brochures as well as numerous support pieces, i.e., pledge card, return envelope, naming opportunities, etc.

Global Partners in Care/PCAU

PCAU hosted three University of Notre Dame interns over the summer. Cliff Arnold is a medical student at the Indiana University School of Medicine – South Bend who is also pursuing a master's degree in History and Philosophy of Science at the University of Notre Dame. He spent nine weeks at PCAU partner sites as part of UND's Common Good Initiative. Graham Englert undertook a research project relating to the stress felt by health care workers who took care of Ebola patients during the last outbreak in Uganda. Emily Mediate returned to PCAU for a second summer. Her research project involved the role of private foreign aid in the public healthcare system, particularly as it relates to HIV/AIDS and PEPFAR (The United States President's Emergency Plan for AIDS Relief) in Uganda.

Road to Hope Program/Documentary

Those who sponsor children in the Road to Hope program, along with other key donors, were sent a scanned copy of a letter written by their sponsored child (or other child in the program). The scan also included a photo of the child. Additional footage to round out the various stories in the Road to Hope film has been shot during the past couple of months. Editing is in full swing and is expected to continue through summer, with a scheduled release in late 2014.

Mishawaka Campus

Build-out of the new Center for Palliative Care at the former Edgewater Florist building is complete. Exterior improvements, including landscaping and resurfacing the parking lot, will continue through summer. Work is well underway on the campus grounds completion project. Once completed, the campus will have a much more finished look and feel. Significant visual improvements, including signage, are planned at both main campus entry points on Cedar Street. The areas surrounding all of the campus buildings, which were not completed during Phase I

construction, are getting fresh landscaping. The green space between the main buildings and the River Walk will be completed, and will include seating nodes, a veteran's memorial, walkways and perimeter fencing.

COMMUNICATIONS, MARKETING, VOLUNTEERS AND ACCESS

Amy Tribbett, Director of Marketing and Access reports the Marketing, Access, Volunteer Update for June & July is as follows:

Outreach and Liaison News in June & July

Number of Pre-Assessments	44
Number of Hospital Visits	58
Number of ECF Visits	89
Number of ALs or CCRC	38
Number of Physician Practices	81

Lunches and Speaking Engagements

- Nursing In-service at Sprenger Healthcare
- Nursing In-service at Signature Healthcare
- Middlebury Family Physicians In-Service Lunch for all staff
- Stroke Support Group – “Consider the Conversation” presentation
 - Aging Gracefully Series – Middlebury - sponsor with Middlebury Ministerial Association – 82 people attended in June and 52 in July. CHC promoted advance directives and our grief services.
- Hubbard Hill ECF and AL Veterans Club
- Grief Forum in the Elkhart Office. Very well attended with 26 people and 4 staff Memorial Hospital; Department of Social Services; Introduction of PPS and FAST scale and GIP symptom qualifiers
- Doctors Kolbe/Buck Lunch
- MMM Plymouth – three separate inservices for “Hospice 101” presentation.

Miscellaneous Referral Source Meetings

- Darden Place: Introductory meeting
- Memorial Hospital Palliative Care: Lunch & tour Mishawaka campus
- Sprenger Healthcare: Documenting Patient Decline, two inservices for nurses
- COO North Woods Village: Introductory meeting
- DON Hamilton Grove: Facility Protocols Project
- Alzheimer's and Dementia of Northern Indiana
- Sales & Marketing Director, The Waterford: Introductory Meeting
- DON Miller's Merry Manor/New Carlisle: Facility Protocols Project
- Signature Healthcare: Documenting Patient Decline inservice for nurses
- Michiana Health & Rehab; Introductory Meeting
- La Porte Settlers Home – Met with RN/Wellness Director and Activity Director.
- La Porte – Oakwood Manor – Met with Administrator and their sales person.

- Miller's Merry Manor Culver- Met with the Administrator.
- Met with VP/RN at Community Hospital of Bremen.
- Met with SJRMC Plymouth Discharge Planners and MSW
- Met with discharge planners at Woodlawn hospice.
- The Hearth, meeting with Administrator, Wellness Director, Memory Care Director, and Community Liaison.
- Woodland Manor Elkhart – Met with Activity Director to plan next two quarterly Veterans Clubs.
- Hubbard Hill, Elkhart – Met with Activity Director to plan next two quarterly Veterans Clubs.
- Millers Merry Manor ECF – Met with Activity Director to plan next two quarterly Veterans Clubs.
- Met with Director of Admissions/Marketing at Greenleaf Healthcare and Rehab.
- Met with Social Services Director, Greenleaf, Elkhart.
- Met with Activity Director Hubbard Hill Retirement Community.
- Met with Director of Admissions at Beardsley House.
- Met with Director of Marketing, Hubbard Hill.
- Met with owner of Senior One Care.
- Delivered specialty program materials for BreathEasy and HeartWize for Beacon Family Practice in Osolo.
- Met with Director of Case Management at Elkhart General Hospital.
- Met with Care Navigator in Oncology at Elkhart General who now has the newly created position at EGH of Palliative Care Social Worker.
- Met with Activity Director at Millers Merry Manor Wakarusa and we set up next Veterans Club and also the special Veterans Day Celebration
- Met with Heritage Point Health Services Director; Facility Protocol development.
- Met with Miller Merry Manor/New Carlisle DON for Facility Protocol approval.
- Met with The Waterford Marketing Director and Executive Director for Facility Protocols.
- Met with Memorial Hospital Director Of ICU to discuss bereavement program for ICU.
- Met with Argos Medical Center
- Culver Medical Clinic- Met with Medical Assistant at Dr. Deery/Reiss office
- Met with Education Coordinator at Pilgrim Manor.

Volunteer Department

On Saturdays July 19 & 26, 24 new volunteers attended training at our Mishawaka Campus. Training ran from 9 a.m. – 5 p.m. and included a boxed lunch catered by Real Services. This was the first time CHC held one, centralized training for all eight counties. It turned out exceptionally well and was very efficient. Online training has been ordered through the Hospice Tutor, and includes a CHC branded workbook and 5.5 hours of online training which will suffice for all of our Level I and part of Level II training. We will not be replacing in-person training with our online capability, more so improving access for those interested in volunteering that don't have the ability to devote an entire Saturday to training. We are also looking at supplemental trainings for varied populations like Veterans who want to be part of our Vet to Vet volunteer program. Amy presented to the American Legion in Nappanee on August 14. After meeting with the commander of this post, he believes there will be at least six veterans who will want to volunteer with CHC.

Marketing/Access/Events

Ryan's Place Grief Seminar -- CHC is the Platinum Sponsor of this year's grief seminar. This includes registration for six of our bereavement staff to attend the conference as well as an opportunity for us to network with attendees via our sponsor table.

CHC employees enjoyed a night of bowling on Tuesday, June 23 at Strikes and Spares. Approximately 40 staff members and their families enjoyed the free bowling. On July 10, 20 CHC employees and a guest enjoyed Chamber Night at the Silver Hawks. Twenty employees received two tickets and two free Silver Hawk baseball hats.

The Admissions Department hired Jill Becker, a power weekend Admissions Representative. She is currently in orientation. The admissions department is now answering referral calls from 8 a.m. – 6 PM. Calls after 6 PM go to Triage. We used to transfer calls at 5 PM, but realized many referral sources, especially doctor's offices, were calling between 5 and 6 PM, so we extended our hours to better serve them.

We have approved story boards for two new television commercials and will soon see print and digital. This year's themes are *The Right Time to Call Hospice* and *The Right Choices*.

The summer edition of Choices, the CHC Newsletter, was printed and mailed on August 5.

I am pleased to announce that Amy Tribbett applied and was selected to serve on the National Council of Hospice and Palliative Professionals (NCHPP) Development/Marketing/PR Steering Committee. NCHPP is a program of NHPCO and comprises the largest collection of hospice and palliative professionals in the U.S. NCHPP is composed of fifteen Sections representing the various disciplines (clinical and non-clinical) which constitute hospice and palliative care interdisciplinary organizations.

July 9 – 11, CHC hosted NHPCO's 2014 virtual conference, "Hot Topics in Palliative Care," at all four CHC office locations, making it easy for staff to take in the sessions that mattered most. It's also available online for staff via archives for six months.

CHC / HF hosted a breakfast meeting for area funeral directors on July 22 at the Mishawaka Campus. This gave me an opportunity to provide an update on CHC as well as thank them for their crucial role in distributing Memorial Gift envelopes to people attending funerals and visitations of CHC patients. Memorial donations continue to be the single largest fundraising line item for the Hospice Foundation. They were also invited to tour our new offices.

AARP Michiana held their first ever "AARP After 5" event on Tuesday, August 11 at the Mishawaka Campus. This was the first in a series for them on "Intimacy as We Age." This event was only open to women over the age of 50. Amy Tribbett is a member of the Board of Directors for the local AARP chapter.

2014 CHC VOLUNTEER SATISFACTION SURVEY RESULTS

As part of the 2014 Annual Volunteer Inservice Day held at Century Center on June 11 and attended by 141 CHC Volunteers, a volunteer satisfaction survey was distributed. Volunteers were asked to rate seven questions using the scoring mechanism below. Results were very encouraging and we express our congratulations as well as our thanks to our four Volunteer Coordinators. The CHC Volunteer Department reports to Amy Tribbett.

- 5 = Strongly Agree**
- 4 = Somewhat Agree**
- 3 = Neutral**
- 2 = Somewhat Disagree**
- 1 = Strongly Disagree**

#	Question	Ave Score
1	I feel valued and appreciated as a CHC Volunteer.	4.8
2	I receive the information and training that I need for my volunteer assignments.	4.7
3	I am happy with the communications I receive from CHC.	4.7
4	I am happy with my relationship with my Volunteer Coordinator.	4.9
5	I am happy with my relationship with other CHC staff.	4.8
6	I am effectively utilized as a volunteer.	4.5
7	I would encourage others to become a CHC volunteer.	4.9

CMS PUBLISHES 216 PAGE HOSPICE WAGE INDEX FINAL RULE

On August 4, 2014 CMS posted the FY2015 Hospice Wage Index final rule on public inspection with the Federal Register. The official publication of the final rule is now scheduled for August 22, 2014, with an effective date of October 1, 2014. The simple summary below outlines the basic changes for hospice practice effective on October 1, 2014. There is considerable detail to each section below and we would be happy to answer any questions.

1. The hospice Notice of Election (NOE) and Notice of Termination/Revocation (NOTR) must be filed within 5 calendar days.

2. The penalty for not filing the NOE timely is “provider liable” days where the hospice is responsible for providing care and services to the patient from effective date of election until the date the NOE is filed.
3. The patient or their representative must choose their attending physician and indicate that choice on the NOE. The hospice must provide a “change of attending physician” form for the patient/representative to complete when the attending physician changes.
4. Quality reporting requirements remain as proposed. HIS implementation July 1, 2014 and CAHPS survey implementation in 2015.
5. Hospices will be required to self-report the aggregate cap five months after the end of the cap year, or March 31 of each year. Overpayments will be required to be paid when the report is submitted, although options for an extended repayment plan are available.
6. FY2015 rates include an increase of 2.1%, slightly higher than the 2.0% in the proposed rule. The wage index values have also been updated.

In the original Notice of Proposed Rulemaking, CMS requested feedback on proposed definitions of “terminal illness” and “related conditions.” Commenters provided a great deal of distressed and negative feedback to CMS’s assumptions and changes concerning what CMS is hinting that they would like to do. Essentially CMS’s stance is that anything and everything is related to the terminal illness and the hospice program is responsible for treating it and paying for it. Unrelated costs would be a rare exception. CMS went to great lengths to indicate that this was the way it has always been since the mid-1980s as well as the intention of the original developers of the hospice movement. Throughout the hospice community, there is considerable disagreement with this postulation. NHPCO has also hinted if these changes actually take place they will sue CMS on the grounds they are re-writing federal statute without going through Congress. There were no new or changed definitions included in this most recent final rule, but CMS made it clear that this is not over and they may consider such definitions for possible future rulemaking. The hospice community expects this is foreshadowing of things to come as the Affordable Care Act instructed CMS to reform how Medicare pays hospices and many of us expect the definition of “terminal illness” and “related conditions” will play some central part of that reform process.

NEW CHC MEDICARE HOSPICE RATES FOR FEDERAL FISCAL YEAR 2015

Hospices are paid at one of four rates for each day a Medicare beneficiary receives hospice care, based on the type of care needed that day. These rates are set and annually updated pursuant to provisions in the Medicare statute. However, as with the rates of other Medicare providers, these rates also are adjusted geographically, through use of a wage index, to reflect variations in the wages that hospices must pay their staff in different areas of the country.

The hospice wage index has been a part of the Medicare hospice benefit since its inception in 1984. In an effort to more accurately reflect wage variations around the country, the original wage index formula was revised in 1997 pursuant to a “negotiated rulemaking” process that involved a series of meetings of a Negotiated Rulemaking Committee, comprised of hospice stakeholders and CMS

representatives. The wage index agreed to by the Committee, and incorporated into a final rule, included the BNAF, which the Committee agreed would be maintained “during and after the [three year] transition period” in which use of the new wage index was phased in. Use of the BNAF ensured that aggregate Medicare payments for hospice services would remain at the same level as they would have under the previous wage index.

Since 1997, the BNAF has been a part of CMS’s calculation of the hospice wage index. Until the Bush Administration proposed in 2008 to eliminate it, no one had ever suggested that it should or would ever be removed from the formula. After a gradual seven year phase out process ending in FY2016, the BNAF will no longer be used in the hospice wage index calculation. The reduction in hospice reimbursement is estimated at -4.2 percent when the phase out is complete.

CMS recently announced a proposed payment update for the Medicare Hospice Benefit for FY 2015 of 2.1%. The net impact before sequestration is 1.2%, after taking the Budget Neutrality Adjustment Factor (BNAF) into account, which is specific to hospice among Medicare providers. To further confuse matters, the BNAF cut is hidden and already calculated within published hospice rates prior to any “updates” or “increases” being announced. Also hidden within the CMS published rates is the Congressional Sequestration which is an automatic 2% cut in payment from whatever a Medicare provider bills regardless of the rates are at any given time. Sequestration began in on April 1, 2013 and continues to this day. The 2.1% increase and the 2% sequester cut for all Medicare providers means that the rates for FY2015 will remain nearly the same as the FY2014. Again, CMS does not acknowledge the sequester when it publishes its rates and does not publish post sequester rates.

Further cuts to wage index calculation are possible for hospices who choose not participate in the Hospice Quality Reporting Program (HQRP) which began in October of 2012 and was included in the 2010 Affordable Care Act. Hospice programs who do not comply with the quality data submission requirements with respect to HQRP will have their market basket update reduced by 2 percentage points for each fiscal year they do not turn in their data by the deadlines. CHC has chosen to comply with the new “voluntary” quality program. Additionally, hospices failing to report quality data via the Hospice Information Set (HIS) data collection effect which began July 1, 2014 will have their market basket update reduced by 2 percentage points in FY 2016. Again, CHC has chosen to submit this new additional data which is collected at every hospice admission and discharge.

For CHC, due to the wage index calculation by the specific core based statistical areas (CBSA), some CHC service areas will receive an increase, while others will receive a cut. CHC serves three CBSAs – three of eight counties -- as indicated below and all others all under the “Indiana Rural” reimbursement rates. Of the four sets of rates, the one receiving a cut is the portion of the CHC service area where we see some of the fewest patients. You can see the comparisons in the charts below. Both charts are post-sequester with the Congressional Sequestered cuts already included and represent the actual dollar amounts CHC expects in per day reimbursement for each level of care by service location.

NEW RATES EFFECTIVE OCTOBER 1, 2014 – SEPTEMBER 30, 2015 PER PATIENT DAY

	<u>St Joseph</u>	<u>Elkhart</u>	<u>LaPorte</u>	<u>IN - Rural</u>
Routine (651)	150.93	149.97	148.66	141.05
Continuous Care (652)	880.80	875.24	867.61	823.15
Respite (655)	157.26	156.48	155.41	149.20
Inpatient (656)	672.94	668.99	663.56	631.99

CURRENT RATES PER PATIENT DAY THRU SEPTEMBER 30, 2014

	<u>St Joseph</u>	<u>Elkhart</u>	<u>LaPorte</u>	<u>IN - Rural</u>
Routine (651)	149.86	145.22	151.60	138.52
Continuous Care (652)	874.60	847.49	884.78	808.42
Respite (655)	155.68	155.90	157.10	146.44
Inpatient (656)	667.55	648.30	674.78	620.66

Based on July's census & case mix, the new rates which go into effect October 1, 2014 will generate \$84,265 of additional gross revenue in the fourth quarter of 2014.

CMS RELEASES REVISED GUIDANCE FOR HOSPICES AND PART D PLAN SPONSORS REGARDING THE PRIOR AUTHORIZATION PROCESS FOR DRUGS

[See 6/18/14 President's Report for background] Due in part to political pressure from the effort by the hospice industry on Capitol Hill during the Hospice Action Network (HAN) Intensive on June 16 and 17 (attended by three CHC staffers) 82 Senators and 202 Members of the House of Representatives officially weighed in with CMS via public letters to stop the Part D prior authorization process which CMS instituted on May 1. Since March, the National Hospice and Palliative Care Organization (NHPCO) and its affiliate, HAN, had been working with the hospice community and many Congressional champions to halt implementation of a Medicare Part D policy that resulted in dying patients unable to get necessary medications under their Part D benefit. These efforts have been successful. On July 18 CMS issued revised, interim guidance for hospice providers and Part D sponsors pertaining to Medicare beneficiaries who are receiving hospice care and are also enrolled in Part D. The intention of the CMS Hospice and Medicare Part D policy is to prevent the federal government from paying for medications under Part D that are related to the terminal illness and should be the responsibility of the hospice. This new Part D guidance substantially modifies guidance first issued on March 10, 2014 with an effective date of May 1. The original Guidance generated confusion and concern for hospice providers and Part D sponsors, and most importantly, prevented some hospice patients from accessing needed drugs. Since the implementation, dying hospice patients and their family caregivers found themselves caught in the middle of the policy. Many in the hospice community -- as well as 27 different national organizations which signed a public letter of complaint to CMS Administrator, Marilyn Tavenner -- believed the effort was completely misguided. The poorly conceived policy was designed to prevent duplicate payments on medications for hospice patients. The revised guidance instructs Part D sponsors to use prior authorization only on four categories of drugs that are generally used to treat symptoms of pain, nausea, constipation and anxiety commonly seen in hospice patients. Prior authorization requirements on other categories of drugs will no longer be required from Part D

sponsors. Hospices now have until October 1 to undo all of the processes they quickly had to put into place to meet the new May 1 requirements on this issue.

CHC CEO PARTICIPATING IN “HOSPICE MEDICARE REENGINEERING” WORKGROUP

As a sub-group of the Board of Directors of the Hospice Action Network, I am participating in a workgroup to consider how the Medicare Hospice Benefit can be modified to support and improve care as the Medicare fee-for-service program is evolving to new delivery models. We are currently discussing the development of a “Fifth Level of Care.” The hospice community and CMS recognize there is a reasonable theory to believe that earlier hospice-like services will yield better outcomes for patients and families to earlier to hospice referrals. Encapsulated in the Affordable Care Act was a provision that sought a demo of concurrent care within eligibility requirements. This has not fully been realized at this time. The Reengineering Workgroup is evaluating ways to create a care coordination model and have “soft” hospice services a year or two before a patient were to enter hospice but still be on the end of life care trajectory. We are looking at ways to expand earlier intervention and increase utilization of hospice which has been shown in numerous reports and studies to reduce overall global costs. Our audience for this is not CMS, but Congress. Congress is very interested in something like this and “The Care Planning Act of 2013” by Senator Mark Warner continues to receive attention. The Workgroup is necessarily on a very fast track and began having weekly conference calls beginning July 23. We are attempting to have final recommendations to the NHPCO Public Policy Committee by early September.

CHC LOGO AND TAGLINE TO BE TRADEMARKED

In a few days, the CHC name, starburst logo, and tagline slogan “choices to make the most of life” will be trademarked with the U.S. Patent and Trademark Office. We have a significant amount of investment in this area and believed it wise to take this step.

POLICY UPDATES

At this board meeting, there are three policies on the Agenda for board approval. The single patient care policy is a complete re-write of the COMPLEMENTARY ALTERNATIVE MEDICINES PROCEDURES policy to insure we receive the required consents and documentation for the patient medical record. This program is now largely provided by specially trained CHC Volunteers. The other two policies are updates to the 2014-2016 Human Resources Policy Manual which was unanimously approved by the board at its last meeting. CARE OF STAFF AND VOLUNTEERS has been modified to allow for CHC Bereavement staff to provide counseling services to CHC staff when they have had a family member as a CHC patient or if they have actively and formally sought out such counseling services. The last policy FITNESS AREA POLICY is completely new and was in development at the last board meeting and could not be included due to the recent addition of loaned bicycle program for staff. This policy covers the Fitness Area and related activities at the Mishawaka Campus which are available to all staff from all offices.

INTERNAL CHC MEDICARE COMPLIANCE COMMITTEE MINUTES

Attached to this report are the most recent minutes of the CHC internal Medicare Compliance Committee meeting minutes. The suggestion by the OIG for a Medicare Compliance Program is for the governing body to be involved / informed of compliance efforts. Please contact me with any questions.

OUT AND ABOUT

I attended the Board of Directors meeting and events of the Hospice Action Network in New York, NY on June 27.

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

Dave Haley's Census Reports.

Newspaper clipping about CHC Bereavement support group in the The Michigan City News-Dispatch on 7/20/14

Thank you letter from a participant in the CHC "After Images Art Counseling" program.

HARD COPY BOARD ITEMS TO BE DISTRIBUTED AT THE MEETING

June and July 2014 Financial Information.

New CHC "We Honor Veterans" brochures

CHC-branded luggage tags

Hospice Foundation-branded Smart Wallet cell phone business card holders

NEXT REGULAR BOARD MEETING

Our next regular Board Meeting will be **Wednesday, October 15, 2013 at 7:30 AM** in Conference Room A, first floor at the Mishawaka Campus, 501 Comfort Place, Mishawaka, IN 46545. 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 .

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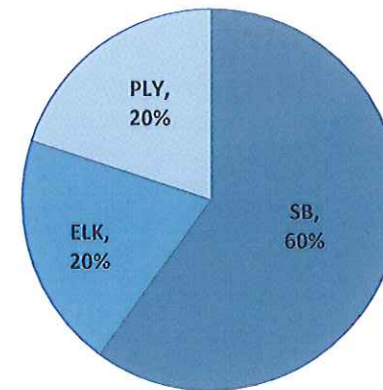
Center for Hospice Care
2014 YTD Average Daily Census (ADC)

(includes Hospice House and Home Health)

	<u>All</u>	<u>South Bend</u>	<u>Elkhart</u>	<u>Plymouth</u>
J	321	202	57	62
F	335	209	55	72
M	353	217	65	71
A	368	216	73	79
M	376	220	80	76
J	375	222	82	71
J	380	219	92	69
A				
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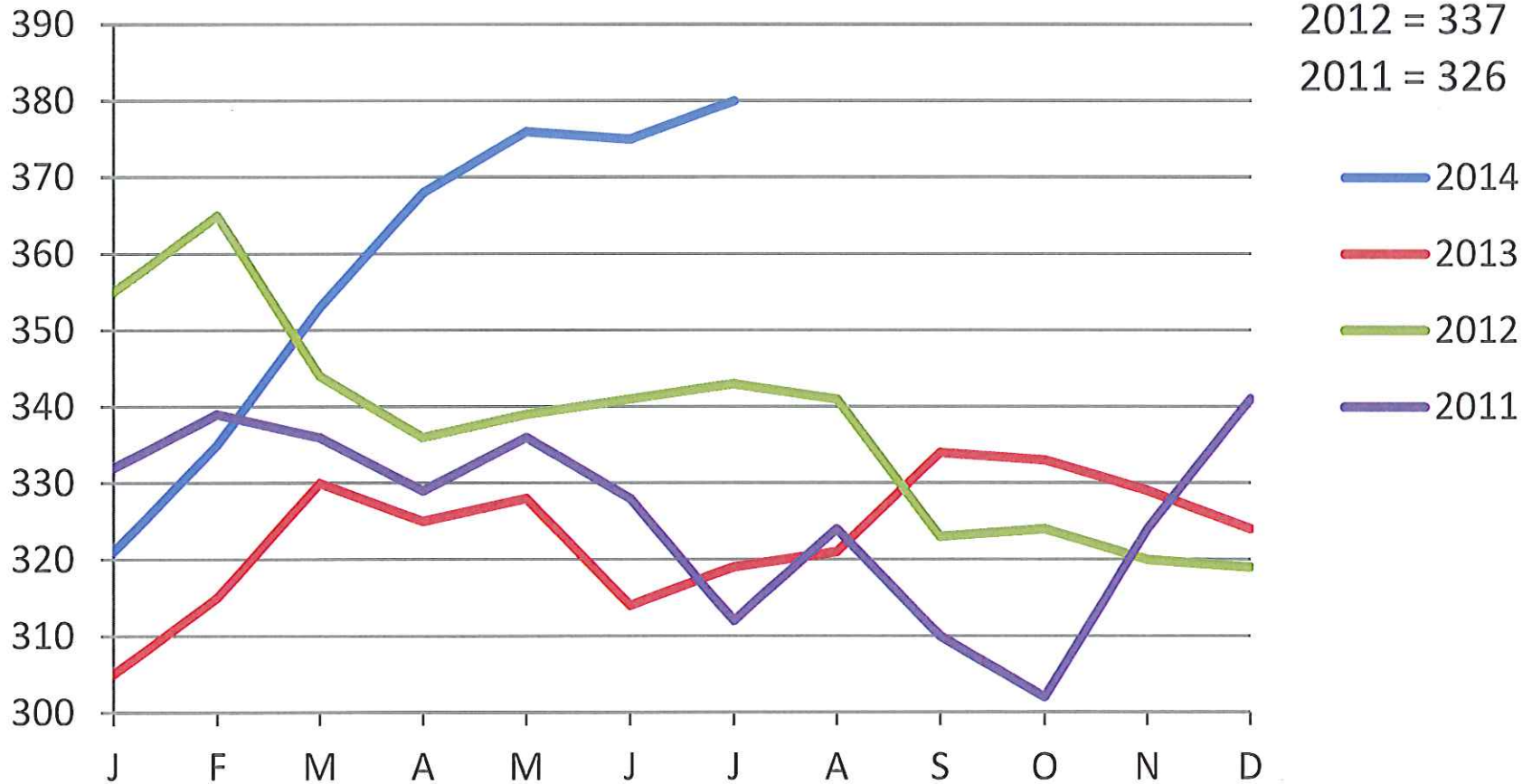
2014 YTD Totals	2508	1505	504	500
2014 YTD ADC	358	215	72	71
2013 YTD ADC	319	192	69	59
YTD Change 2013 to 2014	39	23	3	12
YTD % Change 2013 to 2014	12.3%	12.0%	4.3%	21.1%

**2014 YTD ADC
by Branch**



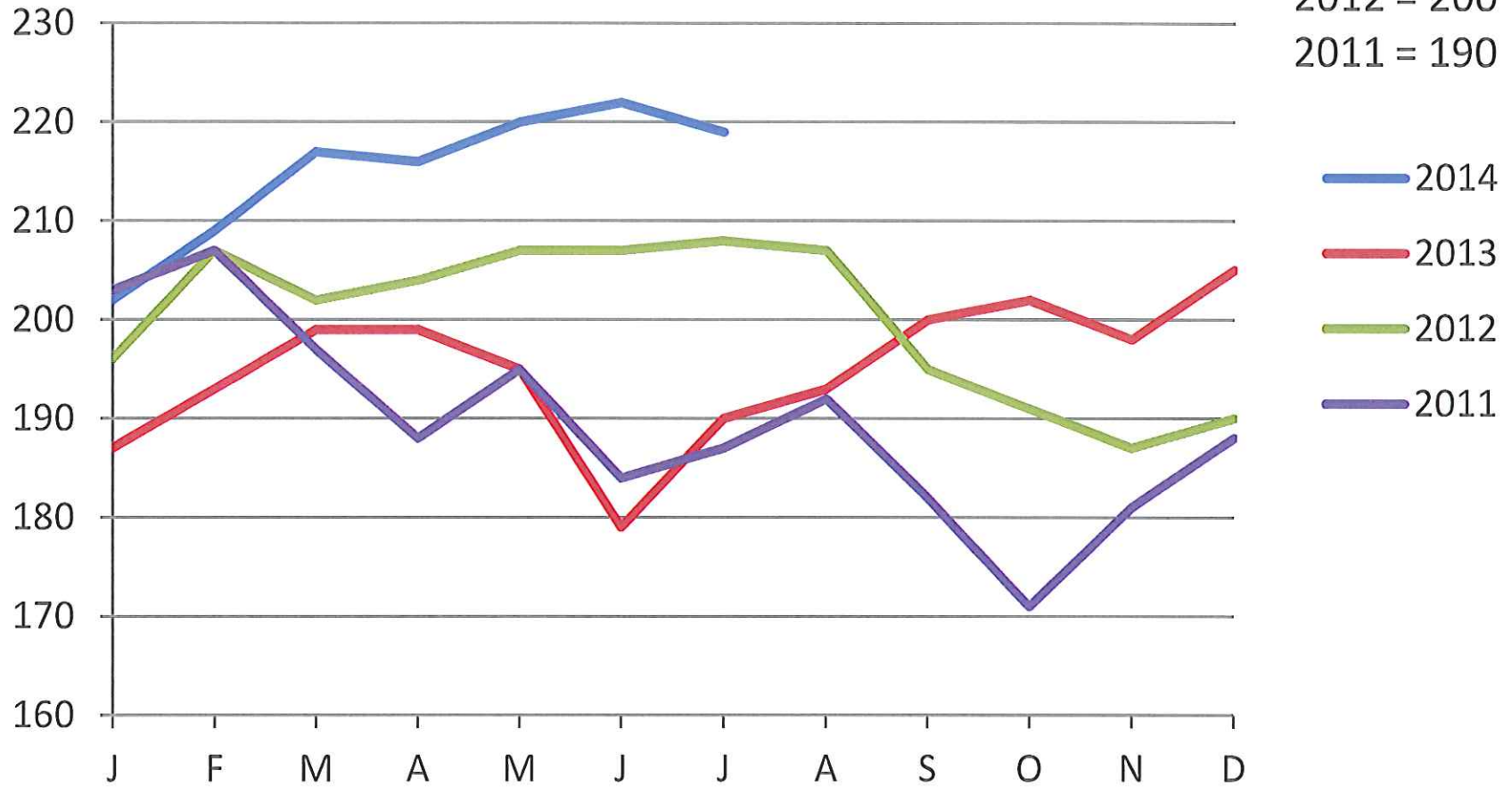
Center for Hospice Care Total Average Daily Census (ADC)

ADC
 YTD 2014 = 358
 2013 = 323
 2012 = 337
 2011 = 326



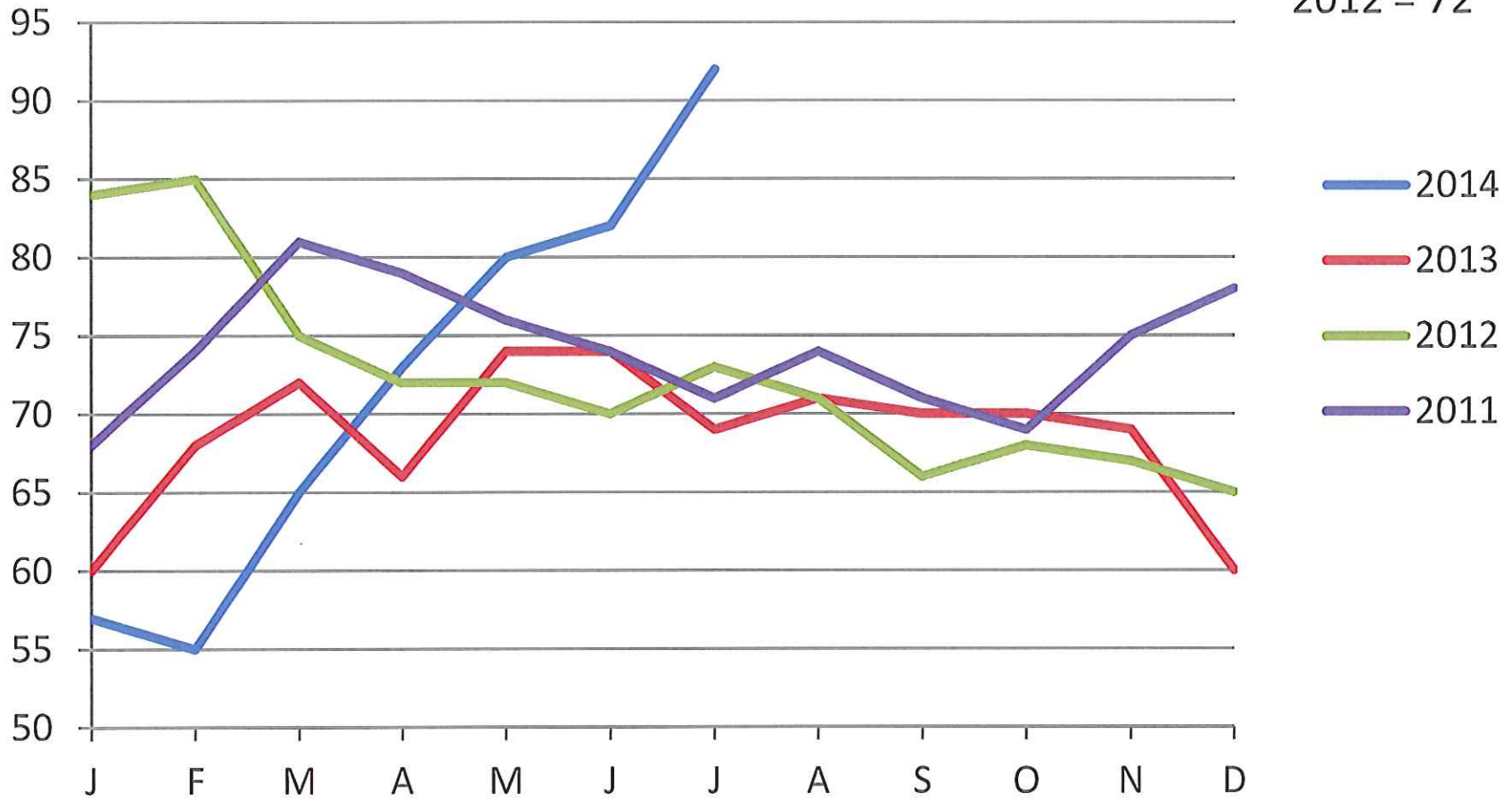
South Bend Average Daily Census

ADC
YTD 2014 = 215
2013 = 195
2012 = 200
2011 = 190



Elkhart Average Daily Census

ADC
YTD 2014 = 72
2013 = 69
2012 = 72



Plymouth Average Daily Census

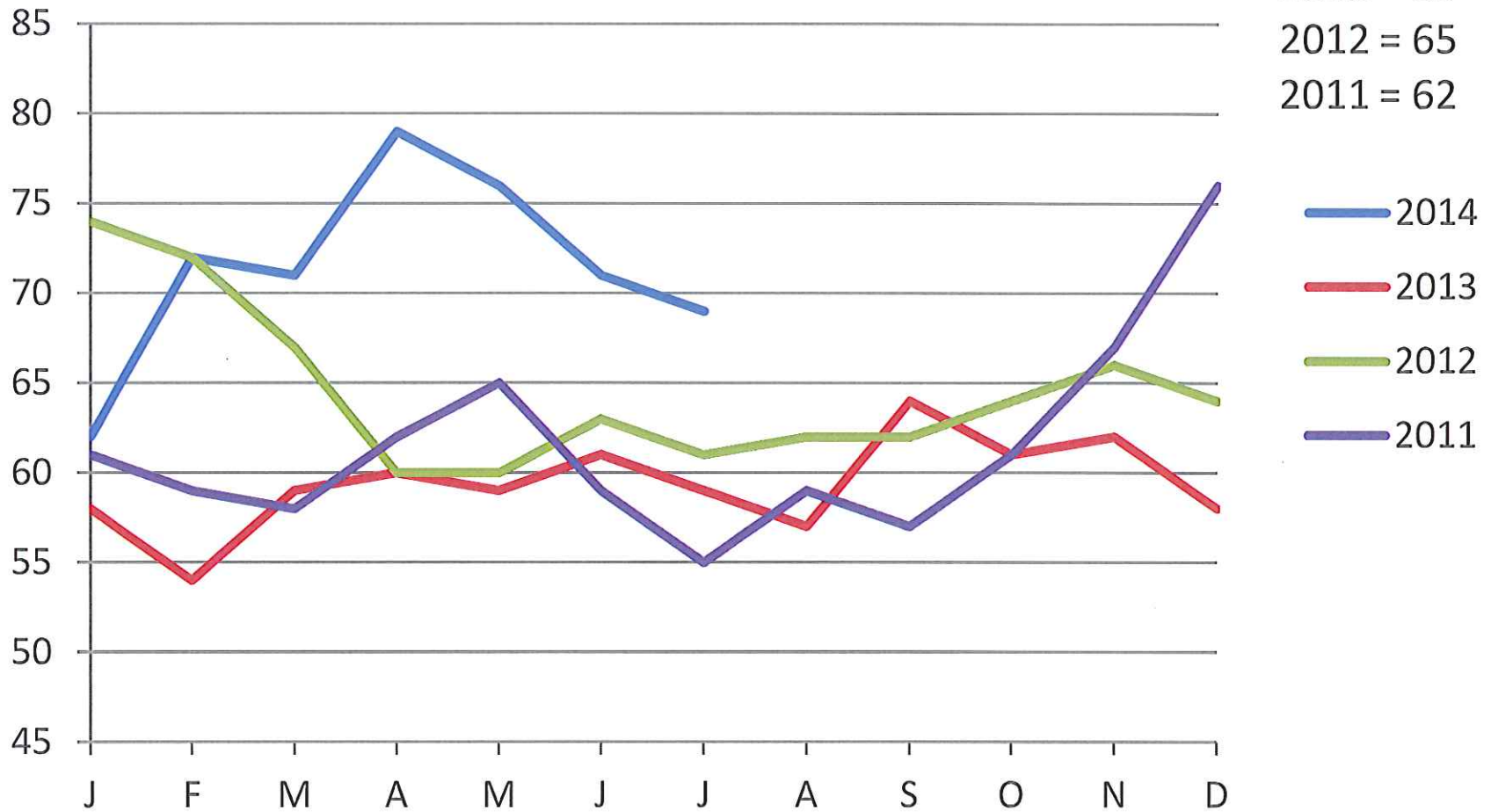
ADC

YTD 2014 = 71

2013 = 59

2012 = 65

2011 = 62





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Registration open for Thursday night Living With Loss group

Story Comments

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Posted: Sunday, July 20, 2014 8:37 pm

STAFF REPORTS | 0 comments

La PORTE — The Center for Hospice Care is offering a Living with Loss group, a group providing education and emotional support for individuals who have lost a loved one.

The group will meet at Lakeview Funeral Home, 247 W. Johnson Road, in La Porte from 1-2:30 p.m. on Thursdays from Aug. 7 to Sept. 4. Pre-registration is required.

Michigan City
 219-872-8600
 700 E. US 20
 Michigan City
 Chrysler Dodge Jeep Ram

Groups are offered at no charge and are open to the public. Pre-register by calling 574-255-1064 or 1-800-HOSPICE.

In addition to the group, individual and family counseling is available.

For a complete listing of support groups, visit www.centerforhospice.org.

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ILLINOIS, OHIO TEAMS WIN DRUM, DRILL COMPETITION

La Porte children come together to tend gardens... The article discusses a drum and drill competition where teams from Illinois and Ohio participated.

Polish survivor of Soviet imprisonment to hold local book signing

The article mentions a local book signing event for a Polish survivor of Soviet imprisonment.

Area death metal band, others to perform at Lakeshore Lakes

The article mentions a performance at Lakeshore Lakes by a death metal band and others.

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Popular Commented

July 15, 2014

Mark Murray
Center for Hospice
501 Comfort Place
Mishawaka, IN 46545

Dear Mr. Murray,

In late December of 2012 my beloved daughter, Cherie, chose to take her own life. Needless to say, my heart was broken, and I felt lost and confused. The sorrow and shock of her passing seemed overwhelming. The incredible staff at the Center for Hospice Life Transition Center guided me along my path of active grieving with deep compassion and professional expertise.

The day after Cherie's passing I saw Annette Deguch for personal counseling. She listened to my story, helped me express my emotions, and guided me on the first steps of my journey.

A few weeks later I joined a "Living with Loss Group" facilitated by Michelle Guldberg. With the guidance of Michelle and support of other group members who were also dealing with the loss of a loved one, I moved further along my path of recovery.

The final steps on this long trail were deeply enhanced by Dave Labrum's "After Images Art Counseling Program." For several months, I went to the safe haven of Dave's art studio to pour my body, heart and soul into making art. I had no words to describe the depth of my sorrow, but with Dave's guidance, I was able to express my deepest feelings through actively making art. As each week passed, my healing increased, and I knew I could survive...even thrive...after such a devastating loss.

My deepest gratitude to the staff at the Center for Hospice of St. Joseph County for providing this invaluable experience that helped me to positively cope with the death of my beloved daughter and to move forward in my life with hope and peace.

Warm Regards,


Barbara Coleman

CC: Annette Deguch; Michelle Guldberg; Dave Labrum

**Center for Hospice Care
Compliance Committee Meeting Minutes
July 22, 2014**

<i>Members Present:</i>	Amy Tribbett, Dave Haley, Donna Tieman, Gail Wind, Jon Kubley, Karl Holderman, Mark Murray, Vicki Gnoth, Becky Kizer
<i>Absent:</i>	Ann Cowe

Topic	Discussion	Action
1. Call to Order: 3:00 p.m.		
2. LCDs	<ul style="list-style-type: none"> No changes. 	
3. Health Literacy	<ul style="list-style-type: none"> The decision was made to create a QAPI to evaluate what CHC can do to promote health literacy. Amy and Vicki will take the lead on forming this committee. 	
4. 2014 In-service	<ul style="list-style-type: none"> We had talked about reviewing the decision tree for this year's in-service. Karl still has the Power Point when the decision tree was originally presented to staff that he could update. It was decided this year he would do a general overview that the decision tree exists and where to find it. We may want to expand this topic next year by providing specific examples of how/when the decision tree would be used. Amy will present health literacy at the 09/24 staff meeting. She will review what words to use and not to use, using abbreviations, language in documents, why it is important to our agency, etc. We could even share the Readability Formulas website. 	
5. HIS Update	<ul style="list-style-type: none"> Started 07/01 and it is going very well. As of today we are 100% compliant with admission and discharge HIS being completed and transmitted. Cerner has made it easy to access and complete the HIS. The next step is learning how to extrapolate the data. 	
6. Next Meeting	<ul style="list-style-type: none"> Will meet again in the fall. Hopefully by then the QAPI will be underway. 	
Adjournment	<ul style="list-style-type: none"> The meeting adjourned at 3:35 p.m. 	Next meeting TBA

CHAPTER FOUR POLICIES

COMPLEMENTARY ALTERNATIVE MEDICINES PROCEDURES

PURPOSE: To ensure access to complementary care for patients interested in the use of non-pharmacologic interventions for comfort.

POLICY: Agency recognizes that patients may choose to use complementary non-pharmacologic interventions along with traditional interventions to obtain comfort physically, emotionally, and/or spiritually.

PROCEDURE: **Referral**

1. When a patient requests CAM, a modality is identified and then approved at an IDT meeting. The primary nurse will document this in the patient's plan of care. That documentation will generate a physician order, which QA prints and sends to the physician for his or her signature.
2. The primary nurse will verify a signed physician's order has been received and placed in the patient's chart.
3. Staff will document a patient's request for CAM by completing a Volunteer Request Referral. The referral can be completed by any care team member. The date of the IDT meeting and the date of the signed physician order must be documented on the referral in order for the referral to be processed.
4. The Volunteer Coordinator (VC) will determine volunteer availability and notify the IDT when a volunteer has been assigned. The VC will give a copy of pertinent patient information to the assigned volunteer. The VC will document the processing of the CAM referral.
5. The VC will maintain a wait list for CAM services when necessary.

Consent:

1. A Complementary Comfort Care Consent form is to be signed by the patient or their representative before a practitioner begins a session. In the event the patient is unable to sign the consent, the VC will obtain a signature from the Power of Attorney or Health Care Representative.
2. The consent form will be placed in the patient chart under Miscellaneous. If the patient resides in an extended care facility or group home, a copy of the consent form and physician's order will be placed in the facility's patient chart.

Signature:



President/CEO

COMPLEMENTARY ALTERNATIVE MEDICINE PROCEDURES

Volunteers:

1. Volunteers will be trained in their modality according to the required standards of CHC. Volunteers will also complete required practice hours.
2. Caring Touch Volunteers will be required to complete annual skills validation training.
3. Massage Therapists are required to hold certification from accredited massage schools and hold appropriate state issued licenses.
4. The VC will instruct the assigned volunteer to document observations and CAM service provided on the Volunteer Report and Time Sheet. Documentation will be completed timely and accurately and submitted to the VC within three days of the visit. CHC support staff will place Volunteer Report and Time Sheets in the patient chart under IDT notes.

Effective Date: 04/02

Revised Date: 02/14

Board Approved: 02/15/12

Reviewed Date: 08/11

Signature Date: 02/15/12

Signature:



President/CEO

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COMPLEMENTARY ALTERNATIVE MEDICINES PROCEDURES

~~PURPOSE: To reflect the agency's procedure for providing a Complementary Alternative Medicine (CAM) procedure.~~

~~PROCEDURE: 1. A CAM order sheet is sent to the physician with the plan of care upon admission.~~

- ~~• The South Bend office sends them on all patients in the South Bend and Elkhart service areas, and for Marshall County physicians practicing out of South Bend or Mishawaka.~~
- ~~• Marshall County sends the remainder of orders for physicians not in South Bend/Mishawaka.~~

~~2. Once signed and returned, the order will be placed in the patient's chart. It is available for use when and if the Complementary Care Specialist (CCS) or Volunteer Coordinator (VC) receives a referral.~~

~~3. Once a procedure is initiated by the CCS or VC, the RN will add it to the Nursing Care Plan. The CCS or VC will notify the care team when a referral has been made.~~

~~4. All referrals are sent to the VC. The VC will place the referral form in the chart under Miscellaneous.~~

Effective Date: 10/03

Revised Date: 12/11

Board Approved: 02/15/12

Reviewed Date: 05/11

Signature Date: 02/15/12

Signature:



President/CEO

NON-PHARMACOLOGIC INTERVENTIONS

PURPOSE: To ensure access to complementary care for patients interested in the use of non-pharmacologic interventions for comfort.

POLICY: Agency recognizes that patients may choose to use complementary non-pharmacologic interventions along with traditional interventions to obtain comfort physically, emotionally, and/or spiritually. Agency respects choices and will facilitate making available complementary care utilizing internal or external resources.

PROCEDURE: 1. Documentation:

- Staff will document patient's request by completing a Complementary Comfort Care Referral (CCCR) form.
 - CCCR form can be completed by any treatment team member.
 - CCCR form is sent to the Volunteer Coordinator (VC).
 - A Complementary Comfort Care Consent form is to be signed by the patient or their representative before a practitioner begins a Complementary Comfort Care session.
 - In the event the patient is unable to sign the consent form, the CCS will send a written request to the Power of Attorney or the Health Care Representative.
 - All Complementary Comfort Care practitioners are required to complete a Contact Time Sheet after a patient contact. The form will be placed in the patient chart under IDT notes by the VC or designee. Copies of the notes are given to the respective Volunteer Coordinator.
 - The Complementary Comfort Care Consent form will be placed in the patient chart under Miscellaneous. If the patient resides in an extended care facility or group home, a copy of the consent and physician's order will be placed in the facility's patient chart.
 - All of the referenced forms will be placed in the patient chart by the VC or their representative.
2. Volunteer Coordinator or Complementary Care Specialist (CCS) will:
- Inform staff a referral was made. If further discussion is needed, an Interdisciplinary Team (IDT) meeting is scheduled.

Signature:



President/CEO

NON-PHARMACOLOGIC INTERVENTIONS

- Nurse will verify a physician's order has been received and note the date on the CCCR form. Nurse will also note the date of IDT approval on the form.
 - VC or CCS will document on the CCCR form all pertinent information regarding the processing of the patient referral. This will be placed in the patient chart under Miscellaneous.
 - VC or CCS will determine volunteer availability to meet the request.
 - VC or CCS will give a copy of the referral and pertinent patient information to the assigned practitioner.
 - VC or CCS will instruct practitioner assigned to document observations and interventions of care given.
 - CCS will either place practitioner directly or schedule through the Volunteer Coordinators.
 - VC or CCS will maintain a patient waiting list when necessary.
 - VC or CCS will notify the treatment team when volunteer is requested and placed.
 - CCS will inform patient/primary caregiver of community resources if Agency cannot meet the request internally.
3. Volunteer Complementary Comfort Care Practitioners:-
- Volunteers will be trained to the required standards of CHC.
 - Attend an initial training in their modality and complete a skills check.
 - Attend a yearly in-service and complete a skills check in their modality.
 - Complete any required practice hours.
 - Complete documentation and paper work.
 - Receive supervision from the VC or CCS or a designee trained in a specific modality.

Signature:



President/CEO

NON-PHARMACOLOGIC INTERVENTIONS

- ~~Massage Therapists are required to hold certification from accredited massage schools and hold appropriate licenses.~~

4. ~~Nurses:~~

- ~~Primary nurse will contact the attending physician and document the call requesting an order for Complementary Comfort Care when the order is not present in the patient chart.~~
- ~~Nurse is responsible for entering the Complementary Comfort Care intervention into the patient's plan of care.~~
- ~~Nurse is responsible for any IDT note regarding the intervention.~~

Effective Date: 04/02 Revised Date: 12/11 Board Approved: 02/15/12
Reviewed Date: 08/11 Signature Date: 02/15/12

Signature:



President/CEO

CARE OF STAFF AND VOLUNTEERS

Clinical staff is prohibited from providing clinical care, counseling, or presenting clinical opinions or advisement to fellow staff and volunteers, **unless they are or have been an admitted patient or primary caregiver, or specifically and formally sought out CHC bereavement services.**

Effective 04/14; Revised 06/14

DRAFT – III

Revised 07/28/14

FITNESS AREA POLICY (Mishawaka Campus)

- The Fitness Area at the Mishawaka Campus is comprised of the fitness room, bicycle room, locker rooms and showers. The Fitness Area is for the exclusive use of CHC employees only.
- The fitness room is available daily from 6:00 a.m. – 10:00 p.m. The bicycles are available 24/7.
- Before use, staff must sign the **Fitness Area Usage Agreement** Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement. Once completed, it should be forwarded to the IT Coordinator. The IT Coordinator will then issue the employee a proximity card, which will enable the staff member to gain access to the Fitness Area. The IT Coordinator will then forward the Agreement to the Maintenance Technician at the Mishawaka Campus to keep on file.
- The Fitness Area is provided as an employee benefit. Its use is optional and, as such, employees will not be reimbursed time and mileage.

Bicycle Loan Program

- Bicycles are on loan from Outpost Sports for the exclusive use of CHC employees only.
- When checking out a bike, the employees must complete the Activity Log located in the Bike Room, listing the bicycle's number, employee's name, date, and checkout time. Return the bicycle to the Bike Room and note the check in time on the Activity Log. Bicycles are not intended for immediate use and are not to be transported in a vehicle to be ridden in another location nor kept overnight. Report any damage to the Mishawaka Maintenance Technician immediately.
- Employees must wear a helmet at all times the bicycle is in motion, and use a lock to secure the bicycle if it will be parked during the time it is checked out. Always fill the bicycle's tires to 60 psi before leaving the Bike Room using the pump located just inside the door.

07/14