Board of Directors Meeting
501 Comfort Place, Conference Room A, Mishawaka
April 15, 2015
7:30 a.m.

BOARD BRIEFING BOOK

Table of Contents

Center for Hospice Care
choices to make the most of life

CHAPTER ONE

AGENDA

Center for Hospice Care

BOARD OF DIRECTORS MEETING
Administrative and Foundation Offices
501 Comfort Place, Room A, Mishawaka IN
April 15, 2015
7:30 a.m.

A G E N D A

1. Approval of February 18, 2015 Minutes *(action)* – Amy Kuhar Mauro (2 minutes)

2. President's Report *(information)* - Mark Murray (13 minutes)

3. Finance Committee *(action)* – Wendell Walsh (15 minutes)
   (a) 2014 Audited Financial Statements
   (b) December 2014 post-audit financial statements
   (c) 1st Quarter 2015 financial statements

4. Professional Advisory Group and QI Meeting *(information)* – Dave Haley – (3 Minutes)

5. Foundation Update *(information)* – Corey Cressy (10 minutes)

6. Board Education – Video Segment – "Elderhood Rising: the Dawn of a New World Age" – Dr. Bill Thomas (14 Minutes)

7. Chairman's Report *(information)* – Amy Kuhar Mauro (3 minutes)

Next meeting June 17, 2015 at 7:30 a.m.

# # #

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Center for Hospice Care
choices to make the most of life

CHAPTER TWO

MINUTES

Center for Hospice Care
Board of Directors Meeting Minutes
February 18, 2015

Members Present:	Amy Kuhar Mauro, Ann Firth, Corey Cressy, Jesse Hsieh, Lori Turner Suzie Weirick, Sue Morgan, Tim Portolese, Tim Yoder, Wendell Walsh
Absent:	Anna Milligan, Becky Asleson, Carol Walker, Francis Ellert, Mary Newbold, Mike Method
CHC Staff:	Mark Murray, Amy Tribbett, Donna Tieman, Karl Holderman, Mike Wargo, Becky Kizer

Topic	Discussion	Action
1. Call to Order	• The meeting was called to order at 7:35 a.m.	
2. Introductions	• The following new board members were introduced: Ann Firth, Jesse Hsieh, Lori Turner, and Suzie Weirick. Also introduced were the new officers of the board: Amy Kuhar Mauro, Chair; Wendell Walsh, Chair-Elect; Sue Morgan, Treasurer; Mary Newbold, Secretary; and Corey Cressy, Immediate Past Chair.	
3. Minutes	• A motion was made to accept the minutes of the 12/18/14 meeting as presented. The motion was accepted unanimously.	T. Yoder motioned C. Cressy seconded
4. President's Report	• December ADC was 376 and through yesterday February ADC is 373. The budget break even point is 342. • Donna Tieman, Director of Nursing, is retiring. She has agreed to stay on a reduced schedule basis until we find a replacement. • We are considering changing the name of Hospice House to "Center for Comfort Care." In 2014, about one-third of the patients who were in Hospice House left alive and went back to their own homes or back to a nursing facility. Contact Mark if you have feedback. • We have acquired *www.cfhcare.org* as our new URL for our website. We will slowly change to using this URL in our emails and materials. It is significantly shorter with less keystrokes. • We are actively recruiting additional hospice and palliative care physicians and a nurse practitioner. We have had some meetings with potential candidates.	
5. Finance Committee	• The December 2014 pre-audited financial statements were reviewed. The auditors are here this week. YTD operating revenue was $20.3 million, interest and other income was $783,863 including $629,677 of Beneficial Interest in Hospice Foundation, total revenue was $21 million, total expenses was $18.2 million, overall net gain $2.8 million, without the beneficial interest in the Foundation we	

Topic	Discussion	Action
	had a net gain of $2.2 million. Current assets are $36.9 million. Compared to the budget, we had an operating revenue budget of $17.9 million and we actually had $20.3 million. We budgeted $17.4 million for expenses and we had $18.2 million. Overall net gain $1.2 million ahead of budget, and factoring out the beneficial interest in the Foundation we had an overall net gain nearly $1.7 million ahead of budget. • A motion was made to accept the December pre-audited financial statements as presented. The motion was accepted unanimously.	T. Portolese motioned T. Yoder seconded
6. Policies	• One revised and two new policies were reviewed. • Clinical Record Review (new) – Replaces a policy to better define our current practices and the direction we want to go in collecting and reporting clinical data. • Dress Code (revised) – We believed it was necessary to create a more professional appearance for all patient care staff, particularly those that visit patients in facilities. A typo was noted in #10 to change staffs to staff. That will be corrected. • Use of CHC Owned Facilities for Staff Personal Events (new) – This was an informal practice that we felt needed to be in written in a formal policy. • A motion was made to approve the three policies with the above correction. The motion was accepted unanimously.	W. Walsh motioned L. Turner seconded
7. Foundation Update	• Fundraising revenue – In 2014 we received 11,690 gifts from 6,928 unique donors. Cash gifts were up $1.6 million, a 35% increase over 2013. We received $584,000 in bequests. The number of donations in 2010-2014 from unique donors declined a little bit, but the average gift is on the increase. About six years ago we started Circle of Caring with about 27 people at the Helping Hands Society level. During that time, total membership in the Circle of Caring has increased to more than 700 people. As we've seen an increase in people giving at the $5,000 and $10,000 levels, we reached a point where we added a $25,000 champion level. We try to identify people that have historically been good donors and bump them up. We've also identified through prospect research people, businesses and foundations that have a capacity to give at a higher level than previously. So we have a focused approach in sending communications and we try to do that minimally. We also include updates in the Crossroads publication information so they can see how their gifts are being used and show that stewardship. We have also done some proactive calls thanking them for their gifts—depending upon where they fit in the Circle of Caring.	

Topic	Discussion	Action
	• Annual giving versus value of unreimbursed services – We still lag behind what we give away. The value of charity care, write offs and adjustments were up 27% over 2013. We expect that trend to continue as census increases, which is why it is important to continue to drive our message as it relates to the value we provide to patients and families. Some of these services include self-pay patients on a sliding fee scale, Camp Evergreen, and bereavement services. 18% of people seen in bereavement have had no prior connection to CHC services. Total fundraising over the past five years has increased. • We are currently in the quiet phase of the comprehensive fundraising campaign. Through January 31st we have raised $2.3 million through pledges, cash and realized bequests. • Upcoming events – Helping Hands Award Dinner on 05/06 honoring Lou Behre. Chamber of Commerce luncheon on 03/19. Bike Michiana for Hospice on 09/13. The Helping Hands Award Dinner has already raised $218,000 before the sponsorship brochure has been sent. Honorary co-chairs are Art Decio and Ernestine Raclin, and Steering Committee co-chairs are Chris and Carmi Murphy, and Don and Pat Cressy. We are in the process of rebranding the Walk for Hospice this summer. People have already begun to register for the Bike event. • We did a donor survey, and received a 14.6% response rate. We received a lot of good comments. Our e-blasts continue to see an excellent 35% open rate, compared to a non-profit industry average of 23%. • PCAU – Roberta Spencer is in Uganda for her fifth consecutive year. Some Notre Dame Student interns will be going there this summer. Road to Hope – Rose hired a program coordinator. Our Road to Hope Fund has raised over $43,000 to date, which was enough to fund that position as well as fund the education of children in the program. 15 of the 17children currently enrolled in the program have a sponsor funding their education. • Mishawaka Campus – The perimeter fence was completed. A wind sculpture is in production. We are beginning plans for the medical office building and Hospice House. • We are recruiting for a Special Events Coordinator and a Director of Education and Collaborative Partnerships.	
8. Board Education	• The 2014 Year in Review was presented. The Power Point will be posted to the board website. Thank you to the administrative team for their efforts in making all	

Topic	Discussion	Action
	of this possible. We encourage the board to share the stories they hear about CHC with Mark, so we can share them with the people involved. • The addendums to hospital contracts from a few years ago that allow new patients to be admitted to CHC while remaining in the hospital under a hospice General Inpatient Level of Care because they are too frail to transfer to Hospice House and will likely expire within hours is not working as intended for a variety of reasons. We want to see if there is any way we get this to work the way it was intended and if not, we may need to cancel the addendum. • SNF referrals dropped to 11% in 2014. This is a location of care targeted by our for-profit hospice competition. Often the SNF and the hospice serving the SNF have common ownership and can even have the same Medical Director. Medicare skilled care in the SNF is one of our biggest competitors. Families are told in the hospital that their loved one can either have hospice care at home or the patient could go to an SNF for 100 days for "free." It's the easiest discharge a planner can make. So terminally ill patients are dying under a nursing home "rehab benefit." Hospice is a Part A Medicare benefit and beneficiaries cannot have hospice and Part A skilled nursing home care at the same time.	
9. Chairman's Report	• At this point, management left the meeting. • The executive committee is tasked with completing the evaluation of the CEO on an annual basis. In addition, every three years the committee completes a comprehensive evaluation of the CEO and his performance over the last three years, and makes a recommendation to the board on whether we to extend the contract for an additional three year period. We have completed that task. Mark has had an outstanding performance over the past three years. The executive committee recommends that the current CEO be retained for an additional three year period. • A motion was made to accept the recommendation from the executive committee to retain the current CEO for an additional three year period. The motion was accepted unanimously. • The board asked if there was a succession plan in place. There is and it includes search firm recommendations and the formation of a search committee structure. Mark is not planning to leave any time soon.	T. Portolese motioned T. Yoder seconded

Adjournment	• The meeting adjourned at 8:40 a.m.	Next meeting 04/15

Prepared by Becky Kizer for approval by the Board of Directors on 04/15/15.

_____ _____

Mary Newbold, Secretary Becky Kizer, Recording Secretary

Center for Hospice Care
choices to make the most of life

CHAPTER THREE

PRESIDENT'S REPORT

Center for Hospice Care
Hospice Foundation
President / CEO Report
April 15, 2015
(*Report posted to Secure Board Website April 9, 2015)*

This meeting takes place in Conference Room A at the Mishawaka Campus at 7:30 AM.
This report includes event information from February 19– April 15, 2015.
The Hospice Foundation Board meeting follows in the same room.

CENSUS

Thru the end of March, compared to same time in 2014, referrals are up 9.2% and original admissions are up 7.6%. In fact, March set an all-time record for original admissions for one month at 170. The number of patients served in just the first three months of this year surpasses the number of patients served during all of calendar year 2000. The year-to-date (YTD) average daily census (ADC) is up 11% compared to 2014. Our one-day census broke through 400 on March 31 hitting 403 (all-time high is 404). During the last quarter of 2014 and January of this year we saw a very low number of General Inpatient (GIP) days in our Hospice Houses -- well below the national average for a census our size. We have begun to address this. Recently we set the Cerner system to generate automatic emails to all care staff two times a day, 8:30 AM and 3:30 PM, alerting them to the realtime number of empty GIP beds in both Hospice Houses to keep that top of mind. We started this in February and effectiveness is evidence by GIP days for March being up 38% from January. We also hit GIP hard at the January 28 Staff Meeting and will continue this remedial education all year by covering reasons why GIP is appropriate, regulations, our utilization and comparisons to national benchmarks, etc. The availability of our Hospice Houses and their purpose is something our patients and families need to understand at admission and also be reminded of in a frequent and systemic matter that is documented and reviewed. This is a goal for 2015.

March 2015	**Current Month**	**Year to Date**	**Prior Year to Date**	**YTD Change**
Patients Served	516	821	763	58
Original Admissions	170	453	458	(5)
ADC Hospice	356.87	351.69	319.41	32.28
ADC Home Health	25.55	21.72	17.08	4.64
ADC CHC Total	382.42	373.41	336.49	36.92

February 2015	**Current Month**	**Year to Date**	**Prior Year to Date**	**YTD Change**
Patients Served	483	651	612	39
Original Admissions	124	283	307	(24)
ADC Hospice	347.82	348.97	310.90	38.07
ADC Home Health	21.00	19.71	16.68	3.03
ADC CHC Total	368.82	368.68	327.58	41.10

Monthly Average Daily Census by Office and Hospice Houses

	2015 Jan	**2015** Feb	**2015** Mar	**2015** Apr	**2015** May	**2014** June	**2014** July	**2014** Aug	**2014** Sept	**2014** Oct	**2014** Nov	**2014** Dec
S.B.:	209	207	219			217	213	225	224	224	222	214
Ply:	68	66	67			71	69	67	71	73	67	68
Elk:	84	83	87			77	87	83	89	85	85	86
SBH:	4	6	5			6	5	4	6	4	4	
EKH:	3	6	5			5	5	5	4	6	4	3
Total:	369	369	382			375	380	385	392	394	382	376

HOSPICE HOUSES

March 2015	Current Month	Year to Date	Prior Year to Date	YTD Change
SB House Pts Served	27	81	88	(7)
SB House ALOS	5.19	5.25	5.77	(0.52)
SB House Occupancy	64.52%	67.46%	80.63%	-13.17%
Elk House Pts Served	36	79	79	0
Elk House ALOS	4.33	5.28	5.22	0.06
Elk House Occupancy	71.89%	66.19%	65.40%	0.79%

February 2015	Current Month	Year to Date	Prior Year to Date	YTD Change
SB House Pts Served	34	56	64	(8)
SB House ALOS	5.03	5.09	5.39	(0.30)
SB House Occupancy	87.24%	69.01%	83.54%	-14.53%
Elk House Pts Served	30	49	49	0
Elk House ALOS	5.47	5.33	4.73	0.60
Elk House Occupancy	83.67%	63.20%	56.17%	7.03%

PATIENTS IN FACILITIES

Of the 516 patients served in March, 148 resided in facilities. Of the 483 patients served in February, 134 resided in facilities. The average daily census of patients in skilled nursing homes, assisted living facilities, and group homes during March was 115; February was 109 and YTD through March was 117.

FINANCES

Karl Holderman, CFO, reports the March Financials will be posted to the Board website on Tuesday morning, April 14th following Finance Committee approval. For information purposes, the un-approved February financials are presented below.

February 2015 Financial Information

Center for Hospice Care (1)

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

February Overall Revenue	$	1,631,568	Year to Date Overall Revenue	$	3,344,340
February Total Expense	$	1,400,748	Year to Date Total Expense	$	2,957,022
February Net Gain	$	833,204	Year to Date Net Gain	$	812,201

Hospice Foundation

Feb. Development Income	$	67,607	Year to Date Development Income	$	150,007
Feb. Investment Gains (Loss)	$	650,993	Year to Date Investment Income	$	535,255
Feb. Overall revenue	$	716,968	Year to Date Overall Revenue	$	686,182
Total November Expenses	$	159,035	Total Year to Date Expenses	$	312,049
February Overall Net	$	559,932	Year to Date Overall Net	$	374,133

Combined (2)

February Overall Revenue	$	2,392,988	Year to Date Overall Revenue	$	4,081,272
February Overall Net Gain	$	833,204	Year to Date Overall Net Gain	$	812,201

(1) Center for Hospice Care revenue and net gain figures (current month & YTD) reflect net gain posted by Hospice Foundation.
(2) Combined figures (current month & YTD) reflect elimination of net gain posted by Hospice Foundation.

At the end of February 2015, the overall YTD combined net gain for CHC / HF was $812,201 representing a 2% increase from YTD February 2014. CHC's YTD Net without the beneficial interest in the HF was $438,069 representing a 106% increase from February 2014. CHC's YTD net without counting investment gains/losses was $276,947, representing an increase of 11,436% from YTD February 2014.

At the end of February, the Hospice Foundation's Intermediate Investments totaled $1,389,832. Long Term Investments totaled $16,937,915.

CHC's assets on February 28, 2015, *including* its beneficial interest in the Hospice Foundation, totaled nearly $36.9MM. At the end of February HF's assets alone totaled $32.3MM and debt related to the low interest line of credit associated with the Mishawaka Campus project totaled almost $5.9MM. Both organizations combined have assets now totaling nearly $42.8MM

2014 AUDITED FINANCIAL STATEMENTS

The 2014 audited financial statements are on the Board Agenda. They are scheduled to be reviewed by the Finance Committee on Tuesday April 14 at an extended meeting with the auditors from David Culp and Co., LLP. The audit, along with the post-audit December 2014 financial statements, will be posted to the board website on Tuesday morning following the Finance Committee meeting for those wishing to review the materials prior to Wednesday's board meeting. Hard copies of the 2014 audited financial statements will be distributed to all board members at the Wednesday meeting along with the first quarter 2015 financials.

CHC VP/COO UPDATE

Dave Haley, VP/COO, reports…

We have negotiated and signed a contract with Miller's Health & Rehab, located inside the IU Health LaPorte Hospital in order to provide respite and general inpatient (GIP) services to our existing patients in that region of our service area. Of course our Hospice House would be the first choice, but we have no GIP options or contracts in that area at all. We have GIP contracts with Memorial, Elkhart General, SJRMC-Ply and Mish, and Bremen Community Hospital. Our team has met with team members at Miller's to exchange policy and procedural information. Miller's is now prepared to receive our patients as necessary. IU Health LaPorte has refused to meet with us on this matter – or any matter – for a number of years because they have their own hospice program that competes with CHC. When they leased their rehab unit to Miller's, and with our longstanding good relationship with them and their eight Miller's Merry Manors in our service area, we saw this as an opportunity to achieve our goal of GIP in LaPorte Hospital without IU Health LaPorte Hospital's assistance or approval.

Our departmental management staff has met with Helman Sechrist Architects to review plans for the new medical office building, which is planned to be located adjacent to the existing building in Mishawaka. The plans were drawn up after CHC staff provided their input into the medical office building design. Everyone present was impressed with how Jeff and Brad incorporated their suggestions into the floorplans.

We have been preparing for the transition to the new Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey which is being mandated by the Centers for Medicare and Medicaid Services (CMS). The survey is designed to measure and assess the experiences of patients who died while receiving hospice care, as well as the experiences of their informal primary caregivers. Hospices are required to hire a CMS approved vendor and, at the hospice's expense, implement the survey for all eligible surviving family members. We have contracted with Press Ganey as the independent third-party who will be conducting the surveys and reporting our results

to CMS. We are currently uploading test data to Press Ganey for the month of February. By next year, this data will become public on a CMS website for consumers to compare hospice programs not unlike they can now compare nursing homes and hospitals. We expect an eventual Hospice Five Star rating system to be publically available on the Internet.

Ken Robertson, M.D. has been contracted to assist part-time on a fee-for-service basis plus mileage in conducting face-to-face patient visits. He joins Joel Cohen, MD in this effort under the same arrangement.

To get caught up and allow our Medicare Hospice claims to be billed on a timelier basis, the medical staff is making a concerted effort to reduce the number of outstanding initial certifications and re-certifications which all require a physician written narrative. These narratives are required upon admission, again following the first 90 days, again following the second 90 days, and then every 60 days thereafter for as long as the patient is in the Medicare Hospice Benefit. All patients in the Benefit longer than 180 days must also receive a face-to-face visit by a hospice physician or nurse practitioner and those must continue every 60 days thereafter for as long as the patient is in the Medicare Hospice Benefit. We have provided continued and additional administrative support to assist our physicians by reducing the time required by them to research patient records to obtain the justification necessary to document the required continued clinical decline of the patient in order for the patient to remain eligible. Two staff members and a PRN nurse are collecting information and providing it to our physicians to allow them to write the required narratives without wasting time having to look through the Cerner electronic medical record for needed information themselves. An ever increasing census, more new patient admissions requiring more initial certifications (March was an all-time record), longer lengths of stay requiring additional re-certifications, more and more physician narratives, more and more face-to-face visits, along with the loss of a fulltime Medical Director in December has made all this even more challenging than it was six month ago. We have not lost any billing and Medicare can be billed up to a year after the care event was performed. We continue to actively recruit additional physicians and nurse practitioners as well as examine processes and changes to allow us to keep up and catch up. With that being said, considering the section of this report coming up in a few pages noting the bankruptcies, closures, and layoffs by non-profit U.S. hospices over the last few years -- this is a problem many hospices would love to have.

Our Bereavement Coordinator, Holly Farmer, recently attended a meeting on Tier 1 Veteran's Training, called "The Impact of Deployment on Service Members and their Families". As part of the sensitivity training, participants donned battle gear to better understand the military experience. A picture of Holly in battle gear is attached to this report. We have six employees who have successfully completed this training.

Located in the former West Park Nursing Home building at 5024 West Western Ave. at Sample Street, Briarcliff Healthcare is operating in the remodeled facility that was most recently used as housing for migrant workers. They claim to have a 10-bed hospice inpatient facility within the building. Presumably, this could act as the "Hospice House" for our competitors who cannot acquire inpatient contracts with our local hospitals or nursing homes. CHC staff who attended the "Grand Opening / Open House" reported for-profit Aseracare Hospice already has an office there with a sign on the door. The Skokie, IL based owner, a privately held residential and commercial investment firm whose website claims to own some small apartment buildings in downtown South Bend, told the Tribune a year ago this month that the Briarcliff facility will, "provide spinal cord

injury, cardiac, bariatric, orthopedic, hospice, general care, VA, outpatient adult day care and other services and offer nursing assistant training."

Dave Haley, Mike Wargo, Chris Taelman and I all toured A Rosie Place, an O'Hana Heritage Foundation Haven to discuss how we might work together with pediatric palliative care. A Rosie Place is the first (and only) licensed specialty hospital in the state of Indiana dedicated exclusively to serving children who are medically fragile. They provide respite for families currently only on weekends. CHC / HF sponsored their Sweethearts Ball in February, and former CHC Board Member, Roberta Ziolkowski has been involved with the hospital for many years. The tour was presented by Tieal Bishop, CEO and Executive Director, and Roberta Ziolkowski. Conversations will continue when Tieal visits our Mishawaka Campus and Elkhart Hospice House. A Rosie Place is located on the far west side of South Bend on Quince Road just outside of the city limits.

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

NURSING DEPARTMENT UPDATE

Donna Tieman, RN, BA, CHPN reports Brett Maccani, RN, BSN, was promoted to the South Bend Patient Care Coordinator's position, vacated by the retirement of Marjie Lolmaugh. Brett has served in the role of Primary Nurse and the key role of Triage Nurse in the South Bend office for eight years. Brett brings previous management experience to his new position.

CHC WELCOMES NEW DIRECTOR OF NURSING

On April 6, we welcomed Sue Morgan, RN, BS, MS to CHC as Director of Nursing (DON). She worked at Elkhart General Hospice about 15 years ago, was in management at St. Joseph Regional Medical Center, and most recently was the Chief Clinical Officer at Kindred Hospital - Mishawaka. Besides her nursing degree and BS in Health Arts, she also holds a Master's Degree in Healthcare Management. She comes to CHC with a broad healthcare background encompassing clinical experience with an emphasis in quality, risk and utilization management. She is knowledgeable in regulatory standards and has experience in claims management, budgeting, strategic planning and operational goals. Specific to hospice care, Sue has not only worked at a hospice program, but has also experienced hospice as a consumer caregiver for immediate family members. Her mother was a hospice patient several years ago in Michigan and she experienced CHC hospice care when her father was a CHC patient in early 2014. She has great respect for the hospice mission from both a professional and personal standpoint. We are very pleased to have Sue join our CHC Team. Sue will not be starting out as a member of the Administrative Team and will not attend board meetings at this time. Seven years ago when Donna Tieman became DON she was not a member of the Administrative Team and was appointed later. As DON, Sue has a great deal to absorb in her new role and I do not want to additionally throw in Administrative and Board responsibilities right out of the starting gate. As you know, Sue was the Treasurer for the CHC Board and Executive Committee member beginning in January of 2015. Wendell Walsh, CHC Board Chair-Elect, and former CHC Board Treasurer, has graciously agreed to fulfill the Treasurer's position through the end of 2015.

HOSPICE FOUNDATION VP / COO UPDATE

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

Fund Raising Comparative Summary

Through March 2015, the Development Department recorded the following calendar year gift totals as compared with the same period during the previous five years:

Year to Date Total Revenue (Cumulative)

	2010	**2011**	**2012**	**2013**	**2014**	**2015**
January	64,964.45	32,655.69	36,775.87	83,619.96	51,685.37	82,400.05
February	108,025.76	64,530.43	88,893.51	166,563.17	109,724.36	150,006.82
March	231,949.73	165,468.92	194,345.35	264,625.29	176,641,04	257,463.89
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	757,627.43	
September	671,103.04	724,782.28	736,557.59	864,352.82	935,826.45	
October	992,743.37	1,026,728.58	846,979.95	922,261.84	1,332,007.18	
November	1,043,750.46	1,091,575.65	895,164.28	969,395.17	1,376,246.01	
December	1,178,938.91	1,275,402.38	1,027,116.05	1,185,322.83	1,665,645.96	

Year to Date Monthly Revenue

(less major campaigns, bequests and significant one-time major gifts)

	2010	**2011**	**2012**	**2013**	**2014**	**2015**
January	52,442.49	32,110.69	32,309.58	83,380.18	51,685.37	57,971.60
February	41,364.37	30,644.74	43,783.64	82,943.21	43,038.99	67,572.77
March	65,886.51	99,796.42	102,351.84	98,212.12	66,916.68	107,457.07
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	79,015.87	
September	85,629.27	94,000.56	92,808.58	80,335.67	84,011.71	
October	66,061.97	47,779.09	65,904.80	56,439.02	55,208.68	
November	49,247.09	48,284.08	46,674.33	47,133.33	44,238.83	
December	115,188.45	133,617.73	111,236.77	130,277.99	193,065.45	
Total	**794,737.19**	**862,777.33**	**928,101.01**	**978,709.19**	**1,033,125.99**	**233,001.44**

Cornerstones for Living: The Crossroads Campaign

Progress during the quiet phase of the campaign continues. Through the first eight months of this 5-year campaign (7/1/14 thru 3/31/15) total cash, pledges and documented bequests stand at approximately $2,500,000.

Small campaign events are being hosted at the Mishawaka campus. Donors identified as being capable of significant gifts to the campaign are being invited to participate in these events. The events are intended to be a forum through which to share information about the business reasons for the campaign, major areas of focus and opportunity for philanthropic support, and include a donor testimonial. We've hosted three of these events so far and are working in the near term with six specific groups to schedule them to attend an event during dates set aside in the spring and summer. We are contacting others in an effort to continue scheduling meetings through the fall.

As Crossroads Campaign Cabinet Chair, Catherine Hiler stated at the December board of directors meeting her goal is to achieve 100% campaign participation from both the board of directors and the campaign cabinet. To that end, as of 4/2/15, we already have a combined participation rate of 38% from the board and cabinet, with pledges and gifts totaling $292,000. We will continue to provide bi-monthly updates regarding progress toward meeting this goal.

Annual Giving

As of March 31st the 2014 Annual Appeal has raised $91,350.78. To date, 463 donors have contributed an average gift amount of $183.80. This compares to the final total of the 2013 Annual Appeal figures of 472 donors who gave an average gift amount of $126.89, for a grand total of $89,074.94 through May 2014. The 2014 - 2015 Annual Appeal will continue until May 22, 2014 when our "Friends of Hospice" appeal will begin.

Special Events & Projects

The 2015 Helping Hands Award Dinner honoring Lou Behre has already become the highest-grossing dinner in our history, with sponsorship payments/pledges and donations through the end of March totaling $362,760.40. This shatters the previous record of $285,406. Our most sincere thanks go to this year's Honorary Chairs: Ernie Raclin and Art Decio, as well as event chairs Carmi & Chris Murphy and Pat & Don Cressy, who are heading up our 31st annual dinner. The year's dinner will be held on Wednesday, May 6th at the Hilton Garden Inn and promises to be an extraordinary event!

The 2015 Circle of Caring Luncheon was held on Thursday, March 19th in the Mishawaka Campus Conference Center and was attended by 45 people representing a wide range of businesses, organizations and individuals from South Bend/Mishawaka, Elkhart and Marshall Counties.

The 2015 dedication ceremony for memorials donated for the Elkhart Campus Gardens of Remembrance and Renewal will be held on Tuesday, June 2nd at 5:30 pm. We have had a large number of memorial items given this year, including: five benches, three trees, 13 large bricks and 4 small bricks.

We have tentatively scheduled the 2015 Walk for Hospice for Sunday, August 9th. The walk will begin and end at the Mishawaka Campus and incorporate stops at the Battell band shell and the newly renovated Central Park. We are looking into the possibility of incorporating a fun run in the morning as well.

The 7th Annual Bike Michiana for Hospice, which will be held on Sunday, September 13th, already has 152 registered riders. This year's goal is to have 1,200 participating riders.

We have hired a new Special Events Coordinator, Robert "Red" Fisher. He is joining us from REAL Services where he was Kitchen Coordinator/Chef for both REAL Services and the organization's catering division, Simply Catering to You. He will work on a part-time basis during the month of April, as he transitions away from his current position, and move to full-time status at the end of April.

Communications

The latest issue of *Crossroads* is at the printer and will be in mailboxes just prior to this year's Helping Hands Award Dinner. The cover story features this year's recipient, Lou Behre. Other articles in this issue include 2014 event wrap-ups, the third installment of "The History of Hospice," a story on intern Emily Mediate and a donor profile on the North Central Indiana Chapter of NAIFA (National Association of Insurance and Financial Advisors).

We will begin a series of e-blasts to donors and potential donors about Give Local St. Joseph County. This day is being "hosted" by the Community Foundation of St. Joseph County; every dollar donated on May 5, 2015 will be increased by a share of an estimated $3 million dollars in matching funds provided by Give Local St. Joseph County sponsors, with the goal of raising a total of $5 million to benefit local charities. We will be seeking funds to help endow Camp Evergreen.

Global Partners in Care/PCAU

Brianna Wanless, a Notre Dame graduate student, is finalizing the details of her internship with PCAU, which will begin in May. Her research project is a palliative care benchmark study, being done under the direction of Lacey Haussaman, a faculty member at the Eck Institute of Global Health. The project will pilot the use of a "mHealth" platform that integrates mobile devices like smart phones to allow palliative care providers throughout Uganda to convey survey information directly to PCAU's database for collection and analysis.

Brian Vetter, a Notre Dame undergraduate student, will be interning with PCAU as well. A portion of his time will be spent supporting Brianna's work. He has secured funding through the Kellogg Institute.

In addition, we will be facilitating and helping coordinate the work of a team of Notre Dame Executive MBA students, calling themselves "Business as Usual," on a comprehensive morphine supply chain project in Uganda. The team recently delivered their Statement of Work, which includes a week-long trip to Uganda to collect data and conduct in-person interviews with a number of stakeholders. Their goal is to create a model that could be replicated in other countries. NBC is interested in using the project for a segment of "What Would You Fight For?" that would air during a half-time of a NBC televised Notre Dame home football game. These short spots highlight

research, scholarly achievements and social initiatives of ND faculty and students. Former ND and professional basketball star Ruth Riley is one of the students on this particular EMBA team. A film crew may also follow her to Uganda for the "…Fight For?" segment.

Road to Hope Program / Documentary

PCAU's new, full-time Road to Hope program coordinator has reported for duty and is beginning to familiarize herself with the children and the schools in which they are enrolled. Roberta Spencer, former longtime CHC staff member who is now a "Uganda Volunteer" just returned from her fifth consecutive trip to Uganda as a PCAU volunteer, worked closely with Rose to ensure she was properly oriented to this newly created role.

Mishawaka Campus

Work is now complete on the seating areas located on the southwest corner of the campus and the wind sculpture, which arrived last week, will soon be installed in that area. Design for the building that will house our patient care staff is nearly complete and programming meetings for the new Hospice House will begin soon.

COMMUNICATIONS, MARKETING, VOLUNTEERS AND ACCESS

Amy Tribbett, Director of Marketing and Access reports…

Outreach and Liaison News in February & March

Lunches/Breakfasts and Speaking Engagements:

- Hospice 101 Lunch and Learn Presenter at the Elkhart Community Center.
- Argos Nutrition site- 14 people present – Hospice 101.
- Bourbon Nutrition site – 16 people present – Hospice 101.
- Lunch – Majed Alhamwi MD/Internal Medicine.

Community Outreach and Other Referral Source Meetings:

- Eastlake Terraces – Elkhart – Meeting with Life Enrichment Director.
- Meeting with the Palliative Care Team at Elkhart General Hospital.
- Center for Hospice Care is one of the sponsors for Aging Gracefully, a series of four presentations on aging and end-of-life issues. It is presented by the Nappanee Ministerial Association. CHC's Cathie Whitcroft, DNP, ACHPN, FNP-BC is on the panel of the first presentation: Consider the Conversation taking place April 27 at the Heritage House in Nappanee.
- CHC spent the afternoon at Federated Media with a CHC patient who recorded ten guitar songs. CHC Marketing will make copies of the CD for the patient to use as a legacy gift for family and friends.

Marketing & Access News through April 2, 2015

- Two Community Liaisons resigned and two new ones have been hired. They are: Mike Stack, a four-year veteran liaison with Southern Care Hospice and prior to that a marketing representative at Saint Joseph Regional Medical Center, and, Dan Zelmer, a former pharmaceutical representative for 25 years.
- The Intake Coordinator, Sarah Lambert, was trained in Taske Reporting and will soon be able to develop reports showing call volume trends, and other customized information.

Volunteer Department

- Nominations were received for the 2015 John E. Kreuger, MD Hospice Caring Award. The committee chose Edie Petrie, a 17-year volunteer for CHC. The annual Volunteer Recognition and Annual Report Luncheon will be held on April 21 at The Brick in South Bend. Our thanks to CHC board member Corey Cressy, owner of the venue, for donating the space, tables and chairs for the event.
- In February & March, 15 new volunteer interviews were completed, with 21 new inquiries coming in at the same time.
- On two consecutive Saturdays in March, 17 new volunteers were fully trained and released to their perspective Volunteer Coordinator.
- News about volunteer opportunities at CHC appeared in the Goshen News and the Elkhart Truth. Presentations to potential volunteers were made to the Marshall County Ministerial Association, Mishawaka High School Volunteer Fair, and at Preventive Medicine.
- John Franklin, Administrator for Student Welfare and Development at the University of Notre Dame, met with CHC Volunteer Department leadership to discuss ways that UND student athletes could collaborate with CHC and our patients and families. Further discussions are planned. Franklin was hired by ND late last year to coordinate outreach programs and workshops for the school's student-athletes. He is a former running back for the Green Bay Packers.
- The CHC Volunteer Recruitment Coordinator is forming a weekday training schedule for June to accommodate potential volunteers who cannot make trainings on the weekend.

Marketing

- CHC social workers, spiritual care counselors, nurses and aides will be donning their new CHC issued logo wear which was rolled out in January and implemented April 1.
- New CHC collateral print material was received for: hospice & palliative care, grief, volunteer, dementia and comfort care. Copies of the new brochures and print material will be available at the April board meeting.
- Since launching in October, CHC's digital campaign continues to perform exceptionally well, with a click-through rate of 9%. Benchmark is 2-3%.
- CHC's CEO was interviewed by Senior Life regarding his appointment as Chairman of the Board for the Hospice Action Network, and his 25-year milestone career at CHC. The Elkhart Truth picked up Mark's appointment as Chair of the HAN board as well, and the Journal of Palliative Medicine is running a feature on his appointment as Chair of HAN.
- News of Cathie Whitcroft's appointment as CHC Nurse Practitioner made it to the Elkhart Truth, and the Goshen Chamber Newsletter.

CHC SPONSORS DR. BILL THOMAS AND THE "AGE OF DISRUPTION TOUR" AS SOUTH BEND JOINS A 30 CITY ADVENTURE

Aging expert Dr. Bill Thomas is traveling around the country this spring bringing new energy and vitality into late adulthood and beyond. His message is invigoratingly simple – the transition into our elder years should not be filled with frenzied disharmony. We need to reimagine and create clear and satisfying purpose to how we spend the rest of our lives.

"Everything we think we know about getting older is wrong," says Dr. Bill Thomas. "We are being manipulated and misled by a cult-like devotion to youth and speed. It's time we shake ourselves out of the misery of aging and repurpose and restore the wonders and integrity of the second half of our lives."

Dr. Thomas, a Harvard educated physician and author of the book *Second Wind: Navigating the Passage to a Slower, Deeper, and More Connected Life*, believes that society has twisted things around and created a diminished and demeaning picture of age and aging.

WHAT: Age of Disruption Tour presents *Aging: Life's Most Dangerous Game* featuring Dr. Bill Thomas
WHEN: May 6, 7:00 p.m. to 8:30 p.m.
WHERE: The State Theater, South Bend, IN
TICKETS: Tickets can purchased online at: www.DrBillThomas.com

"It's crazy," he says. "We impose the stress-filled demands and rigors of adulthood on children and at the same time we impose ludicrous and unhealthy expectations of youth and beauty on older adults. It results in lives that are disconnected and out-of-balance – unprepared to deal with the realities of aging." Dr. Thomas teaches that there is a better way and explains how people can reframe their attitudes so they can experience a heightened sense of meaning and connection with age.

Dr. Bill Thomas is an author, entrepreneur, musician, teacher, farmer and physician whose wide-ranging work explores the terrain of human aging. Best known for his health care system innovations, he is the founder of a global non-profit, The Eden Alternative, which works to improve the care provided to older people. He is the creator of The Green House® which Provider Magazine has called the "pinnacle of culture change." Dr. Thomas also developed the Senior ER model of care and is now working to transform the acute care services provided to elders. His synthesis of imagination and action led the Wall Street Journal to highlight Dr. Thomas as one of the nation's "top 10 innovators" changing the future of retirement in America and US News and World Report to name him as one of "America's best leaders." The magazine noted his "startling common-sense ideas and his ability to persuade others to take a risk," and concluded that "this creative and wildly exuberant country doctor has become something of a culture changer– reimagining how Americans will approach aging in the 21st century." Thomas is an Ashoka Fellow and winner of the Heinz Award for the Human Condition. In addition to teaching, speaking, and consulting internationally, he is currently a Senior Fellow of AARP's Life Reimagined Institute.

The Age of Disruption Tour is also sponsored by: AARP, Kimberly-Clark, National Hospice and Palliative Care Organization, PS Lifestyle, It's Never 2 Late, and Advancing Excellence in Long-Term Care Collaborative.

See electronic flyer and theatrical poster attached to this President's Report as well as a copy of the article, "Taking Person-Centered Care On the Road" from Provider Long Term & Post-Acute Care magazine which provides extensive information about Dr. Bill Thomas and this tour.

CHC paid a small "Sponsor Fee" with national marketing support along with a shockingly small rental fee for the venue. In exchange, CHC will receive 100% of all ticket sales.

CHC 2014 TUCK-IN OUTCOMES REPORT

In December of 2010, CHC initiated its "Tuck-In" program staffed entirely by volunteers. Tuck-In is a patient advocate telephony service where volunteers call patient / family members late in the week to inquire about their needs, ask how everything is going, and check on medication refills, supplies, and attempt to identify any imminent needs. The intent of Tuck In is to improve patient care, decrease weekend emergency visits, and proactively meet patient / family needs. Often patients and families think of things after a CHC clinical staff visit has been made and may not feel like contacting CHC because they don't perceive their question as an emergency. Such absence of communication often leads to emergencies. We believed it was important that CHC initiate these communications and we thought we could use volunteers to assist us. We theorized that these Tuck In calls could improve patient outcomes, provide a rewarding experience for volunteers, reduce on call emergency visits, lower some costs and possibly avoid Emergency Room hospital visits. During 2014 alone, CHC volunteers made 9,541 Tuck In calls and identified 850 patient and family needs. These call allowed us to recognize 393 different needed supplies issues, proactively solve 201 medication refill issues, ascertain 39 new durable medical equipment needs, learn about 48 immediate issues of pain management, and a wide-ranging assortment of 185 "other" identified needs. After four full years, we can report the program continues to be an unqualified success for everyone involved.

ALZHEIMER'S & DEMENTIA SERVICES OF NORTHERN INDIANA SUPPORT GROUP TO BEGIN MEETING AT CHC NEXT MONTH

For many years a Caregiver Support Group targeted toward adult children of a parent(s) with dementia has been meeting every month at 6 PM at a Mishawaka Penn Harris Public Library. As you may have heard in the media the library system has made budget cuts which included reducing hours at some locations. At the location and time where this group had been meeting, the library will now be closed. This Support Group will begin meeting here at the CHC Mishawaka Campus Conference Facility beginning May 6. These are the caregivers, children and decision-makers of patients who will likely be faced with deciding a verdict on hospice care and determining which hospice program to choose. They will be here one time per month walking by our brochures and receiving our support for their situation. We are pleased to fill-in the gaps where we can.

QUALITY ASSURANCE COMMITTEE AND PROFESSIONAL ADVISORY GROUP MINUTES

Attached to this report are the most recent minutes of the internal CHC Quality Assurance Committee minutes. Please contact me with any questions.

Also included in this packet are the minutes of the annual meeting of the Professional Advisory Group. This annual meeting is held once time each year for the purpose of meeting a paragraph contained with the regulations for Medicare Home Health care certification. This is only for our home health care business and completely separate from hospice.

WHILE CHC SAW TWO YEARS OF UNPRECENDTED GROWTH, OTHER NOT-FOR-PROFIT HOSPICES ACROSS THE U.S. HAVE EXPERIENCED LAYOFFS, CLOSURES AND BANKRUPTCIES

Not every staff reduction or closure at a community-based hospice may make the local newspapers. But many do. And as investor-owned, for-profit hospices continue to consolidate and expand their footprint, countless community-based hospices have been facing service and staff cutbacks. Here is a sampling of such cutbacks, layoffs, closures bankruptcy filings at community-based, not-for-profit hospices over a recent period.

April 2012
•Providence SoundHomeCare (WA): 13 employees will lose jobs to outsourcing

June 2012
•Hospice of Palm Beach County: 5% of employees let go

September 2012
•Tidewell Hospice (FL): 4% of employees let go
•Hospice McLaren (MI): Brian House inpatient unit closes

November 2012
•San Diego Hospice: 180 employees laid off

December 2012
•San Diego Hospice: Freestanding inpatient unit closed
•Bedford House (VA): Suspends operations
•San Diego Hospice: 100 more employees laid off
•San Diego Hospice: Threatened with eviction

January 2013
•Hospice of Siouxland (IA): 28 employees laid off
•Delaware Hospice: 52 employees laid off
•Monroeville Hospice Center (PA): Files for bankruptcy
•San Diego Hospice: Relocates administrative offices to closed hospital facility
•Community Hospitals (Bryan, TX): Closes hospice and home health programs

February 2013
•San Diego Hospice: Files for bankruptcy
•Visiting Nurses Association (Colorado Springs, CO): Closes doors
•San Diego Hospice: To cease operations
•Pratt Hospice (KS): Files for bankruptcy protection

March 2013
•Hospice and Palliative Care Center (Winston-Salem): Staff hours reduced

April 2013
•Delaware Hospice: 52 more employees laid off

May 2013
•Hospice of the Bluegrass (KY): 16 employees laid off
•Hospice Buffalo: 17 positions cut; 23 employees affected

June 2013
•Hospice Midland (TX): Hospice services pared back
•United Hospice of Rockland (NY): Closes programs, cuts hours, lays off 1

July 2013
•Hospice of St. John (Lakewood, CO): Inpatient unit closing
•Hospice & Community Care (Lancaster, PA): 19 employees laid off

August 2013 •Hospice Buffalo: Adult home care program closed

September 2013
•LifeCare Hospice (Wooster, OH): New construction halted
•Hospice of Dayton: 8 jobs cut; 35 FTE shed since 2012
•Hospice of the Valley (Arizona): 100 employees laid off

October 2013
•Visiting Nurse Service of New York: Lays off 500
•Visiting Nurse Association of El Paso: Lays off 850
•Gaston (NC) Hospice: Lays off workers, eliminates 9 positions
•Horizon Hospice Home (Billings, MT): Closes

November 2013
•Beacon Hospice's Margaret's House (Longview, TX): Closes inpatient facility
•LifeCare Hospice (Wooster, OH): Bank files foreclosure on hospice

December 2013
•Promise of Hope Hospice (Twin Falls, ID): Closes, 8 employees laid off
•Hospice of North Idaho (Coeur d'Alene): Restructures, eliminates 11 positions

January 2014
•Hospice of Dayton: Lays off 12
•Hospice of the Bluegrass: Lays off 46
•Visiting Nurse Service of New York: Lay off another 775
•Hospice of Saint John (Denver): Files for bankruptcy
•Greater Regional Medical Center (Creston, IA): Exits hospice care

February 2014
•Passages Hospice (Illinois): Shuts down
•Hospice of Salina (KS) Kaye Pogue Hospice Center: Closes inpatient unit

March 2014
•Amedisys (national): Announces closure of 4 hospice care centers
•Home Hospice and Home Hospice House (Odessa, TX): Closes
•Hospice Support Care (Fredericksburg, VA): Ceases operations

April 2014
•Inspira Health Network (Bridgeton, NJ): Closes hospice inpatient unit

May 2014
•Hospice of the Bluegrass: Lays off 28
•Palliative Care Center of the Bluegrass: Closes outpatient clinic
•Saint Francis Healthcare System of Hawaii: Announces closing of inpatient hospice unit for scheduled for September and eventually announces closure altogether and lets 110 staff go by the end of the year
•Stein Hospice (Port Clinton, OH): Lays off 12 percent of staff an reduces non-core services

August 2014
•The parent company of LifePath Hospice (Florida) eliminated 89 jobs citing declining government reimbursements, costly regulatory changes and uncertainty amid expected changes to the hospice payment system.

March 2015
• Baystate Visiting Nurse Association and Hospice in Springfield, MA lays off nine employees looking to "stabilize its finances."

April 2015
• Compassionate Care Hospice in Lakeland, FL has laid off 30 employees, lost 115 patients and plans to shut down by next week after license woes.

CHC 1980 – 2015
We are pleased to report that CHC has never had a layoff in 35 years and is actively recruiting additional physicians, nurse practitioners and other staff.

CHC CONTINUES TO EXPLORE WAYS TO REDUCE COSTS WITHOUT EFFECTING PATIENT CARE OR QUALITY

Expense Reduction Analysts (ERA) has been retained to review CHC overhead expenses associated with office & computer supplies with the objective of reducing costs without loss of quality or service. ERA is a global consulting firm specializing in reducing non-core operating expenses. CHC has engaged ERA on a contingency fee basis to review office and computer supplies – as expense categories. CHC has made it clear to ERA that they do not simply focus on the price of goods and services, and that critically important components of analysis for CHC will be our processes, quality, service standards and supplier relationships. ERA's role will be to review these

two expense categories, present CHC with savings options, then implement such options as may be chosen by CHC. ERA will then monitor supplier invoicing, assist us with any ongoing service issues, record and report savings regularly for the next 24 months.

OUT AND ABOUT

Several staff and two CHC Board members attended the Greater Elkhart Chamber annual luncheon at The Lerner on February 19 which featured keynote speaker, Andrew Berlin, owner of the South Bend Cubs.

Several staff members and a past board member attended the Chamber of Commerce of St. Joseph County's annual "Salute to Business" luncheon at the Century Center on March 3.

Several staff members attended the annual "Logan Nose-On Luncheon" at Century Center on March 23.

Dave Haley, CHC VP/COO; Amy Knapp, Social Work Coordinator; Judy Morgan, Billing Coordinator; and Tammy Huyvaert, Admissions Coordinator attended the Indiana Hospice and Palliative Care Organization's annual "Regulatory & Reimbursement Day" at the Marten House Hotel and Conference Center in Indianapolis on April 7. Billing and administration tracks were available with speakers from Palmetto GBA (the Medicare Part A fiscal intermediary for Indiana), the National Hospice & Palliative Care Organization, and Indiana University.

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

Dave Haley's Census Charts

Picture of CHC Bereavement Coordinator Holly Farmer modeling U.S. Army battle gear during Tier 1 Veteran's Training on "The Impact of Deployment on Service Members and their Families."

Copy of article, "Taking Person-Centered Care on the Road" from Provider Long Term & Post-Acute Care magazine.

Electronic flyer and Theatrical Poster for Dr. Bill Thomas and "Life's Most Dangerous Game' on May 7 at The State Theater in South Bend.

PR Web release about the CHC CEO becoming national Chair of the Hospice Action Network.

Copy of the weekly, "Briefings in Palliative, Hospice and Pain Medicine and Management" email from the Journal of Palliative Medicine covering HAN Board Chair news in the People on the Move section.

HARD COPY BOARD ITEMS TO BE DISTRIBUTED AT THE MEETING

January, February, and March 2015 Year-end Financials.

New brochures for CHC, bereavement, volunteers, specialty programs, and the HeartWize clips and postcards the liaisons distributed to cardiologists in February for Heart Month.

Hard copies of the 2014 audited financial statements.

NEXT REGULAR BOARD MEETING

Our next regular Board Meeting will be **Wednesday, June 17, 2015 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 .

# # #

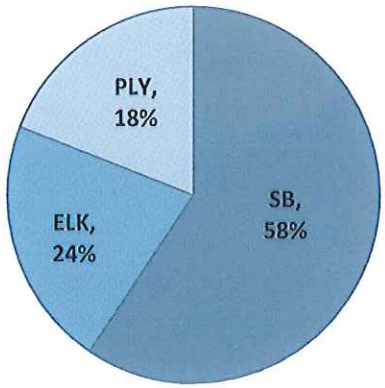
Center for Hospice Care

2015 YTD Average Daily Census (ADC)

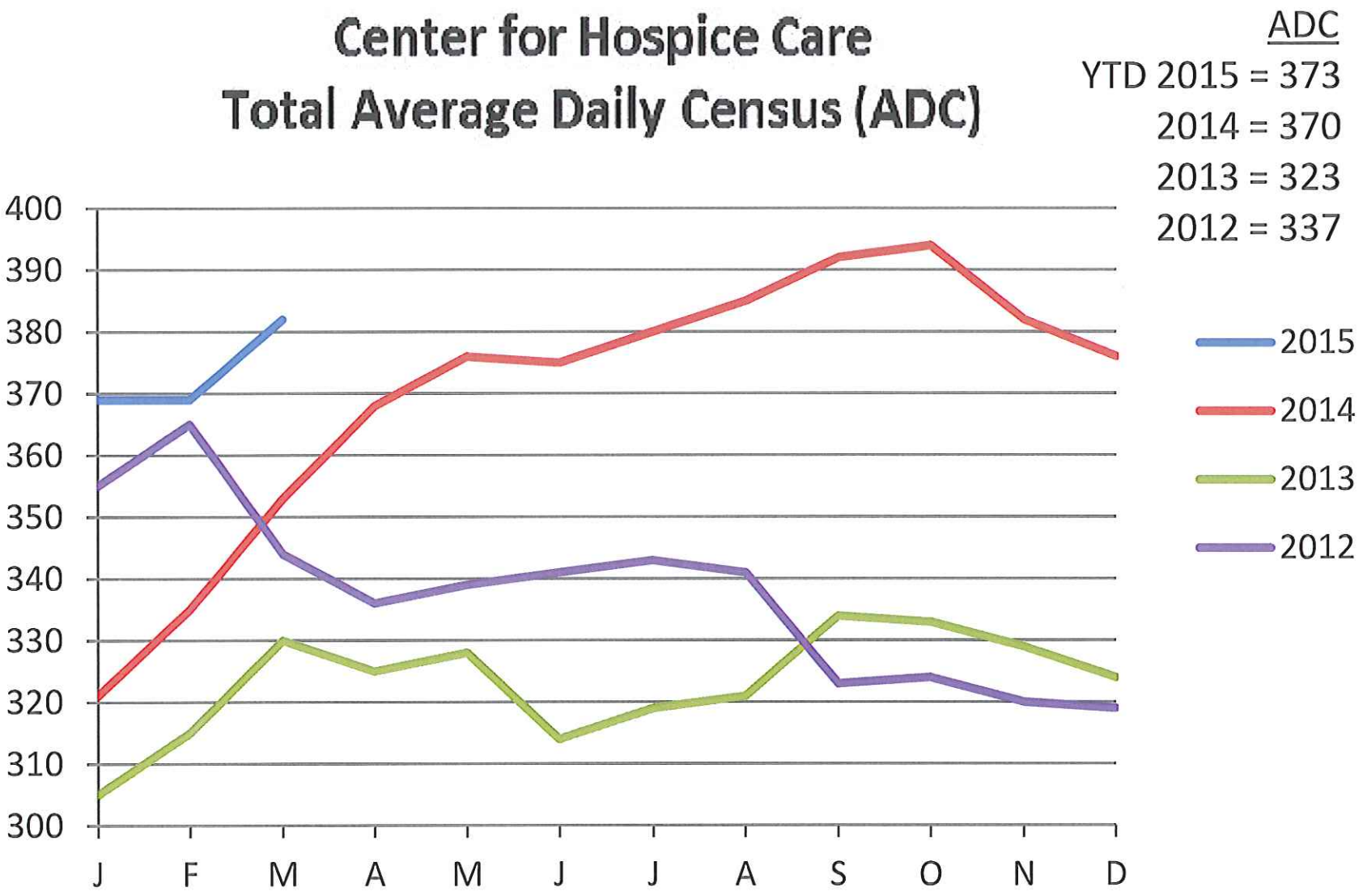
(includes Hospice House and Home Health)

	All	South Bend	Elkhart	Plymouth
J	369	213	88	68
F	369	214	89	66
M	382	224	92	67
A				
M				
J				
J				
A				
S				
O				
N				
D				
2015 YTD Totals	1120	651	269	201
2015 YTD ADC	**373**	**217**	**90**	**67**
2014 YTD ADC	336	209	59	68
YTD Change 2014 to 2015	37	8	31	-1
YTD % Change 2014 to 2015	**11.1%**	**3.8%**	**52.0%**	**-1.5%**

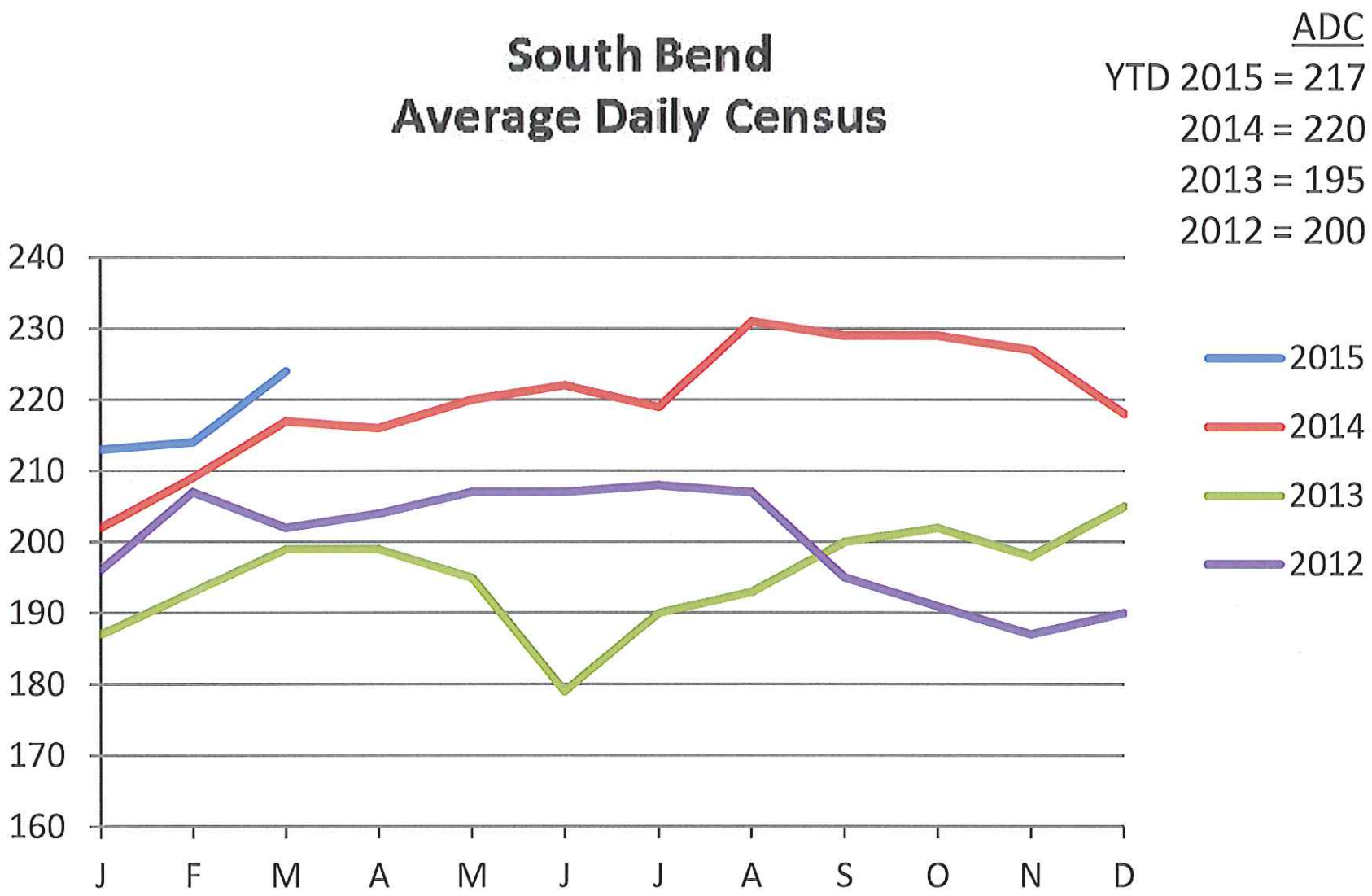
2015 YTD ADC by Branch



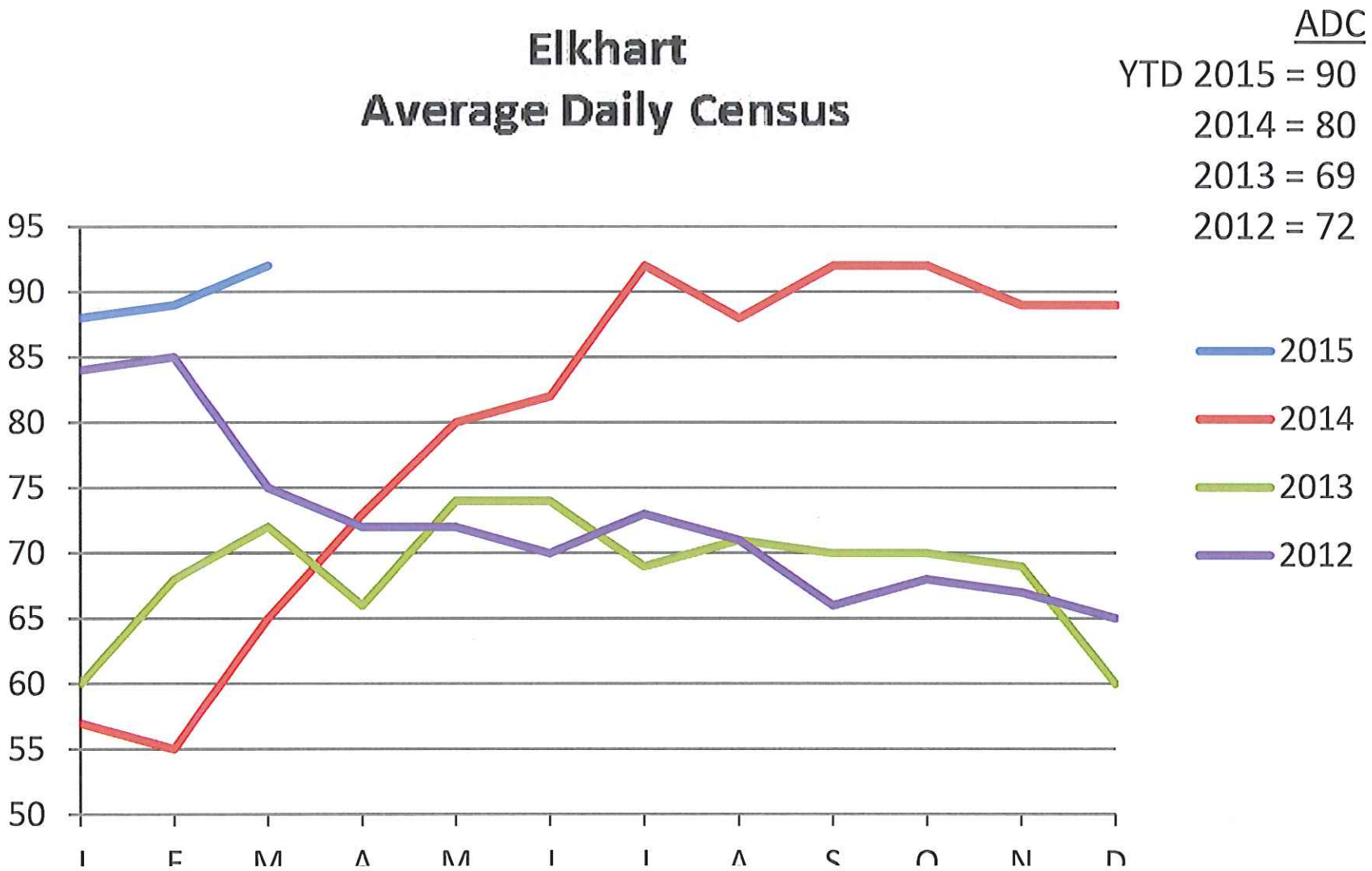
Center for Hospice Care
Total Average Daily Census (ADC)



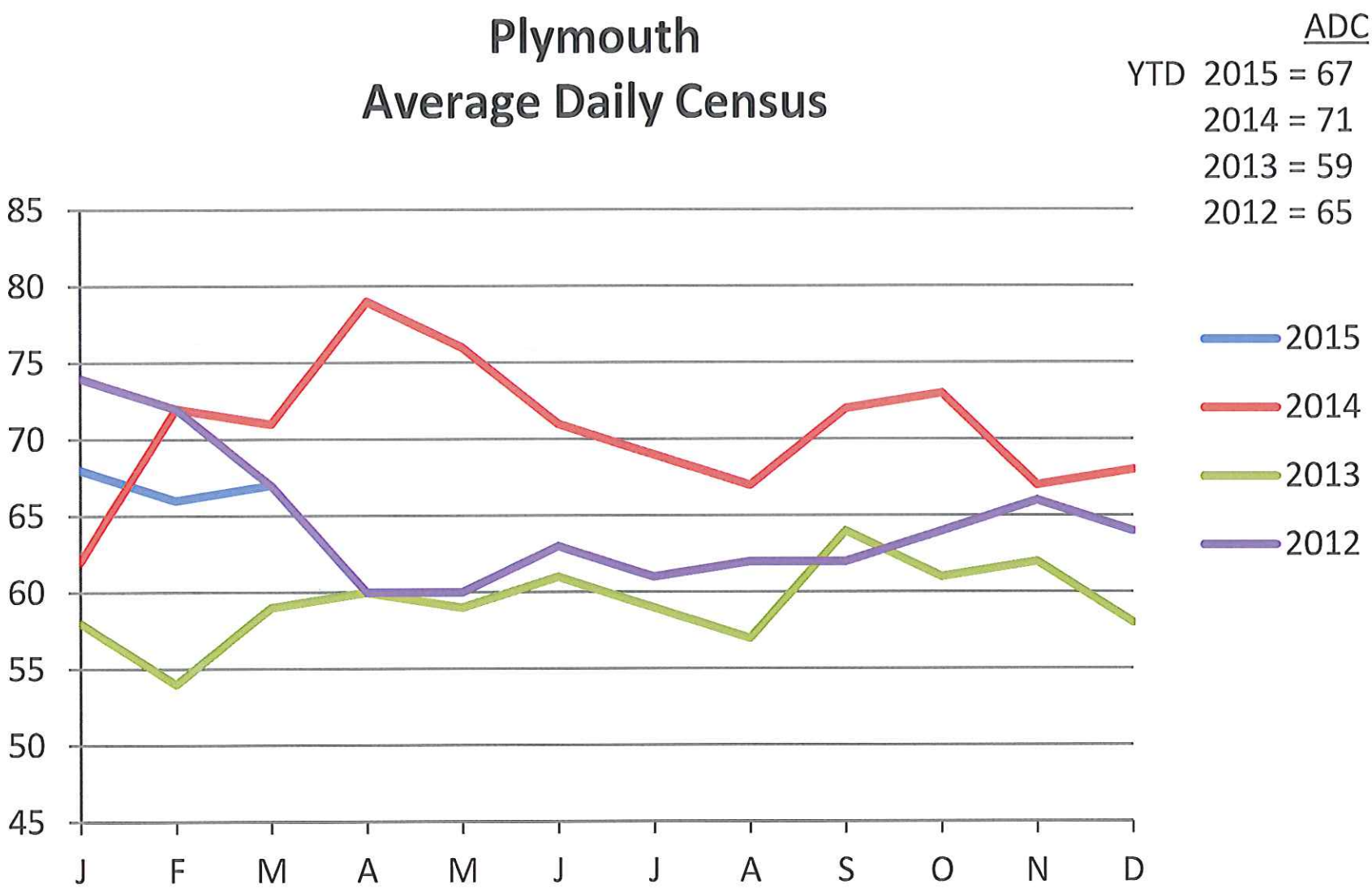
South Bend
Average Daily Census



Elkhart
Average Daily Census



Plymouth
Average Daily Census



04/03/15

Our Bereavement Coordinator, Holly Farmer, recently attended a meeting on Tier 1 Veteran's Training, titled "The Impact of Deployment on Service Members and their Families". This is part of our training to better serve Veterans. As part of the sensitivity training, participants donned battle gear to better understand the military experience. Here is a picture of Holly in battle gear. We have six employees who have successfully completed this training.

Provider
LONG TERM & POST-ACUTE CARE

Taking Person-Centered Care On The Road

An early advocate of meaningful life for long term care residents wants to make sure that 'person-centered care' is more than a handy label.

APRIL 2015

Bill Myers

Bill Thomas' revolution hasn't been televised. But it will feature ticketed one-act plays. More than three decades ago, Thomas, a Harvard-trained gerontologist, took to the road. He had a simple request: Providers should change everything they do, in every way possible.

What a long, strange trip it has been. Three decades ago, hardly anyone used the words "person-centered care."

Today, it's the shibboleth of the profession. Just Google the phrase, and see what's there. (There are more than 6,200 scholarly articles on the topic alone; the University of Buffalo in New York has endowed its own institute for person-centered care).

Thomas is not responsible for all of this, of course, but, surely, he is a founding father of a revolution. (How many other Birkenstock-wearing gerontologists are getting shout-outs from the Senate floor?)

On The Road Again

Yet, as George Orwell once observed about the French ("even the workmen in the bistros talk of la revolution—meaning the next revolution, not the last one..."), Thomas is not abandoning the barricades. La revolution is always the next one.

"I'm going on tour again, starting in April," he tells *Provider* in an exclusive interview. "I feel a responsibility to have an impact on not just long term care, but how our country views aging and how our country thinks about older people. I think that many of the issues we deal with in long term care are driven by deep, cultural misunderstandings about aging."

This month, Thomas and what he calls his "cool faculty" will mount up a recreational vehicle and tour 30 cities in April and May and then again in October through early November. He's calling it, "The Age of Disruption 2015 Tour."

"We're bringing the show to town," he says. "I'm going to get all disrupt-y."

Aging Literacy

The tour will be part advanced biotech seminar, with morning clinics in local nursing homes on "disrupting infection." ("They're going to be providing evidence-based approaches to preventing infection in long term care," Thomas says of his faculty. "You might ask, 'Why are we doing that?' The answer is, because we can make it better.")

Part of the tour will be an old-fashioned rap session, with Thomas sitting down with leaders, that "explores new ideas, practices, and models to transform the experience of care and caregiving," the tour's ad copy says.

"The goal is to have a lot of conversation, not for me to talk for 90 minutes," Thomas says. "It's called 'Tiger.' Tiger is the strategy I'm using to leverage change in communities in terms of supports and services for older people."

Part of the tour will be consciousness-raising, when Thomas will meet with long term and post-acute care executives. He's calling the seminar, "Aging Reconfigured."

"There is a very low level of aging literacy in the American health care system," Thomas says. "We have in many ways a phenomenal system, but it's limited in its understanding of aging."

The final part of the tour will be Thomas taking the evening stage for a bit of "nonfiction theater" that he's calling, "Life's Most Dangerous Game."

"Aging," Thomas says, "is the most dangerous game you'll ever play. It makes the NFL look like a powder puff league. The people who are taking the most risks, who are really living on the edge, are older people. The reason we can't see that is because we see it all as a long decline."

Thomas is no stranger to the open road. "That's basically my day," he says of the tour's program. "Then I get on the bus, I wake up in the next city, and I do it all again—times 30."

If that all seems a bit New Age, it won't hurt Thomas' feelings to say so: He's proud of having been a flower child, and he spent a good bit of his last book trying to rescue the hippie ethic from what he sees as pernicious libel.

Yet the tour represents a revolution in Thomas' thinking, as well. In the aforementioned book, released last year, Thomas called himself "a nursing home abolitionist," and he's published essays and speeches comparing what goes on in the nation's long term and post-acute care centers to what went on in the old plantations of antebellum America.

If it now seems a contradiction to head into those same nursing homes, Thomas says it's not because he's mellowed out: He's merely rethought his means (and ends).

"I'm continuing my commitment to go to people where they are and to sit down with them and listen to them in their communities," he says. "Too often, people are content with saying, 'I was on "Good Morning America," so I've done it.' That's not how I think it's done. It's done by gently, respectfully engaging with people where they are."

No one has ever disagreed with Thomas, exactly. About the worst that any of his critics have ever said about it him was that he was "too harsh," or that he was talking to the wrong crowd—what else could providers do, the reasoning went, in such a hostile regulatory climate?

"When Bill was first out there, he got a lot of doors slammed in his face," says Chris Perna, Thomas' successor as chief executive officer of The Eden Alternative. "He'd get a couple of sentences out, and people wouldn't understand what the [heck] he was talking about, and it would all shut down right there. Now, you can engage people on it. You do run into those numbers guys, occasionally, and if you can't put it in dollars and cents, they're not interested. They've got a business model. But they're becoming fewer and fewer."

Indeed, in the past half-decade, providers have made quality their mantra and their mission. By every metric that Thomas and his allies could have laid down, quality has improved in long term and post-acute care. And Thomas has had to admit that.

As if to underline the point, last year Eden Alternative signed on with Advancing Excellence. Whatever else that means, it means that the group is no longer outside the establishment.

Quality Becomes The Goal

If Thomas and his allies are converging with the profession, it's also because the profession itself is revolutionizing. Twenty years ago, just as Thomas was beginning his then-quixotic crusade, leaders such as Ed McMahon of Sunrise Senior Living began to see that the best way to clean up the regulatory environment was to

change the way providers themselves thought about care.

At McMahon's urging, the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) adopted quality measures from the congressionally funded Baldrich criteria and began awarding homes and centers for their commitment to rethink everything.

The awards themselves are beginning to lose their meaning for many providers, McMahon says, and he couldn't be happier.

"They suddenly realized that the criteria weren't about getting an award," he tells *Provider*. "They realized that this was a road map for consistently improving the quality of life for residents. That was eye-opening for me: It's a long evolution. There's this 'aha' moment where they realize, 'This is making us better. We're getting better.' They didn't even care if they got the award."

A Self-Regulated Profession

Indeed, the profession embraced quality even when the metrics were someone else's. As of February of this year, nearly half of all centers and homes had received either four or five stars from the federal government's Five-Star Quality Rating System.

So rapid was the profession's climb up the quality ladder that the Obama administration decided to redo its math, and late in February nearly one out of every three providers saw themselves losing a star in the course of an afternoon.

For McMahon, however, the important thing is the quest. With each new home that commits to a culture of quality, it becomes harder and harder to make the case that regulations should remain. In 20 years, he told Provider at the AHCA/NCAL convention (where he was feted as "A Champion of Quality"), the profession might even make the case it can be self-regulated.

The Humpty Dumpty Problem

For Thomas, regulation is someone else's problem. What he worries about now is expanding the discussion. He and others like him say they're worried that "person-centered" care might become a marketing slogan and not a real commitment to value older people.

"The problem with person-centered care," Thomas says, "is that it's possible for people to become satisfied with the name and to actually lose interest in the hard work that's required to turn the name into a lived experience. The words are everywhere, but the meaning of the words is changing.

"I've had many conversations with good providers who will tell me about the person-centered care that they offer," he says. "When I ask them, 'Tell me what it means,' they respond by recounting the artifacts, and they say nothing about the relationship. What we really mean by person-centered care is relationship-rich care."

That may be a tough argument to make in this climate, and Perna says he sometimes feels himself having stepped through the looking glass. ("'When I use a word,' Humpty Dumpty said, in rather a scornful tone, 'it means just what I choose it to mean—neither more nor less.'")

Focus On Ends, Not Means

"The battle has not been won," Perna says. "Because this is really hard work. This is not something that you just plug in and play."

It's great that homes routinely allow pets; or martini bars; or restaurant-style, quality dining; Perna says. "We do see some organizations describing some of the accouterments as person-centered care—'Hey, we've organized a happy hour, we've got menu-based dining'—and those are terrific. But they're only the tools, they're not person

-directed care. We want connectedness," he says.

To do that—to do that really, means to disseminate power from homes' administration and to put it into the hands of the residents, or the frontline, low-level workers, he says.

"And to a lot of companies, that's scary," Perna says. "Because they're used to seeing results, right away. Here, you're going to see results, but there will be failures, too. You'll have small wins in small battles. But the small battles add up to victory in the war. And the war is won when you're offering care that feels like home and people are excited to come to work."

Changing Attitudes

Thomas may be going into homes, but he says his target is much bigger than that. If he has mellowed some of his harshness about the profession, it's because he has rethought things, too.

"I really feel that it's been the last three or four years that I've come to understand, much more fully, the degree to which long term care providers are actually prisoners of a larger cultural construct," he says. "I'm sure there are lots of providers who ask themselves, 'Why are things this way? Why can't things be different?' And a big part of the answer is the larger societal attitudes toward getting old." Thomas has put a considerable effort into trying to change nursing homes from the inside, he says.
"Now, I'm trying to change them from the outside."

And from the outside doesn't mean writing new regulations or creating new rules, says Thomas, who says he's not interested in that. His interest is in changing the cultural context in which long term care exists, he says.

"If by year six, people stop using the ageist slur, 'elderly,' and it passes out of our lexicon, and it's not a part of polite conversation, then we'll have made an impact," he says.

"Think back in memory to the last time an older person referred to themselves as 'elderly.' People don't introduce themselves by saying, 'Hi, I'm Bob's elderly mother.' That's put onto them. That's the definition of a slur."

Thomas is even willing to make a business case for his project.

Money Follows The Risk

"The perfectly clear answer is entrepreneurship," Thomas says. "We're sitting on a powder keg of entrepreneurship in long term care. A gigantic amount of human potential has been trapped into the system. Now, with the changes in the way that health care is financed, the door has swung wide open."
In the past, he says, the money followed the certificate of need. But in the future, the money will follow the risk. "If you're not taking any risk, you're going to be at the bottom of the food chain," he says.

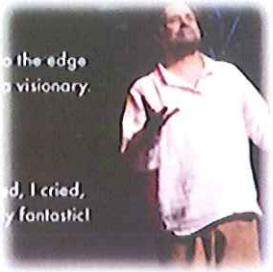
"In the old days, if you had your certificate of need, and you had a reputable business, and your building was full, you made your money. Those people who were careful custodians of their certificates, of their money, and of their reputation—those things won't save them anymore."

Thomas says that what he believes is going to happen is that "this risk-based guide to population health is going to involve 21st century, noninstitutional models and that the big health systems will say, 'We can't afford the risk of working with a poor-performing center,' and they'll build around it. Now, your certificate of need and your license won't protect you."

Admittedly, it's a huge project. But if Thomas has shown anything over his decades of service, it's that one shouldn't bet against him. Or, perhaps, that he can't be bluffed out of the game.

"The tour is going to take a lot of time and energy this year, and I'm happy for it," Thomas says. "If I have my wish come true, I'll be on the road next year, and the year after that, and the year after that."

Red more: New York Co-Op Rethinks Value Of Family Care



AGE OF DISRUPTION 2015 TOUR

Dr. Bill Thomas' Age of Disruption Tour

What if everything we think we know about aging is wrong?

You're invited to Dr. Bill Thomas' **Age of Disruption 2015 Tour**! This one-of-a-kind non-fiction theater experience is coming to The State Theater in downtown South Bend from 7:00-8:00 p.m. on Thursday, May 7.

Dr. Thomas shows audience members how to turn the tables on "Life's Most Dangerous Game" and approach aging with the skill and enthusiasm it requires. Drawing on ancient wisdom and scientific breakthroughs, Dr. Thomas challenges audience members to reject ageist stereotypes and embrace the moments of life that offer the greatest risk, reward and possibility.

Visit http://drbillthomas.com/age-of-disruption-tour/south-bend/ to purchase tickets now!

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Center for Hospice Care

choices to make the most of life

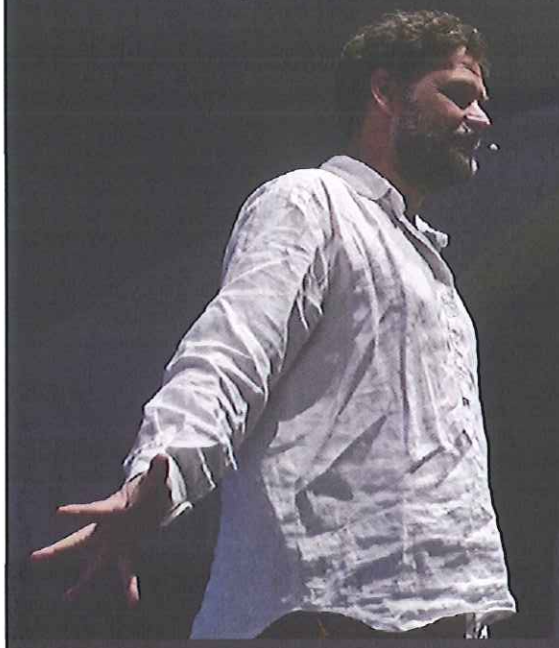
AGE OF DISRUPTION

Life's Most Dangerous Game

Featuring Dr. Bill Thomas

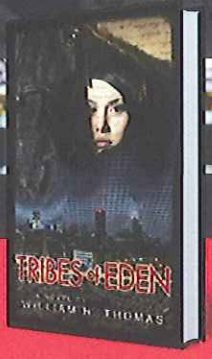
AGE OF DISRUPTION

2016 TOUR



"He absolutely pushes people to the edge but he's a visionary."

"Awesome, inspiring, I laughed, I cried, absolutely fantastic!"



Author of "Second Wind", "What Are Old People For", and the novel "Tribes of Eden"

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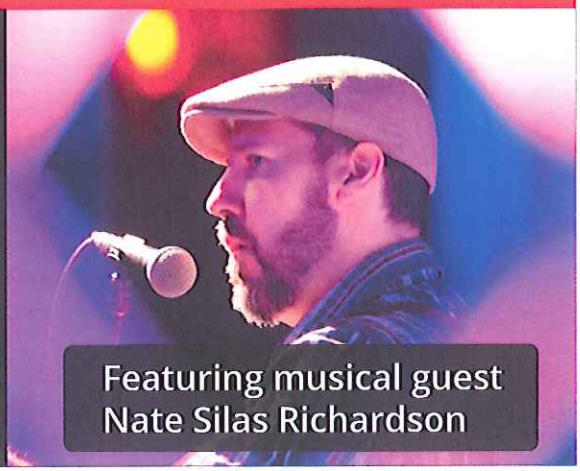

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ADVANCING EXCELLENCE IN LONG-TERM CARE COLLABORATIVE

It's Never 2 Late

AARP Real Possibilities

Center for Hospice Care's President & CEO Named Board Chair of the Hospice Action Network

Mark M Murray, President and CEO of Center for Hospice Care, was recently appointed 2015 Board Chair of the Hospice Action Network (HAN).

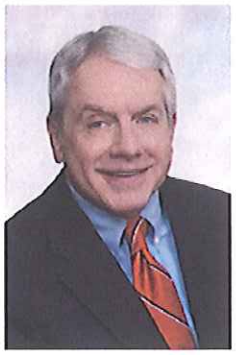
South Bend, IN (PRWEB) February 24, 2015

Mark M Murray, President and CEO of Center for Hospice Care, was recently appointed 2015 Board Chair of the Hospice Action Network(HAN). HAN is the National Hospice and Palliative Care Organization's (NHPCO) lobbying affiliate and national hospice advocacy organization. Previously, Murray was Board Chair of NHPCO in 2011 and 2012 after being first elected in 2006. This is his fifth year serving on the HAN Board of Directors.

HAN is dedicated to preserving and expanding access to hospice care in America and works to connect Hospice Advocates with one another, the media, general public and policy makers. The Hospice Action Network also provides Hospice Advocates with the tools they need to fight for Hospice at the local level, on Capitol Hill, and online. HAN's mission is to advocate, with one voice, for policies that ensure the best care for patients and families facing the end of life. Due to his role as 2015 HAN Board Chair, Murray is back on the NHPCO Board of Directors and also serves on the NHPCO Executive Committee of the Board.

In February 2015, Murray celebrated 25 years of service with Center for Hospice Care.

Center for Hospice Care is a premier not-for-profit, community-based agency improving the quality of living through hospice, home health, grief counseling, and community education. With offices in South Bend, Mishawaka, Plymouth and Elkhart, Center for Hospice Care serves St. Joseph, Marshall, Elkhart, Fulton, Kosciusko, LaGrange, La Porte and Starke Counties. For more information, log on to http://www.centerforhospice.org.



Mark M Murray, President & CEO, Center for Hospice Care

> "HAN's mission is to advocate, with one voice, for policies that ensure the best care for patients and families facing the end of life."

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Briefings in
Palliative, Hospice, and Pain Medicine & Management

April 8, 2015

Palliative care knowledge in nursing homes cuts hospital, ER visits

Patients in nursing homes where the leadership had a higher level of palliative care knowledge were likelier to have a documented six-month prognosis, according to a study published in *Journal of Palliative Medicine*. Those patients were less likely to have feeding tubes, injections, restraints, suctioning, and hospital or emergency department visits when nearing the end of life. Susan C. Miller, PhD, at Brown University School of Public Health, an Associate Editor of *Journal of Palliative Medicine,* and colleagues surveyed a random sample of 1,981 U.S. nursing homes, asking the directors of nursing questions to determine their knowledge about palliative care. They used resident assessment data and claims data to determine outcomes and hospice use.

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Studies highlight need for clinician "culture shift" on palliative care

Two studies by University of Alabama at Birmingham School of Nursing researchers highlight the need for a "culture shift" in which clinicians engage palliative care services long before a person reaches the final stage of life. Starting palliative care soon after an advanced cancer diagnosis provided significant benefits to the patient and family caregiver—including a higher one-year survival rate for patients compared to palliative care provided 12 weeks later, according to the studies. The researchers published findings in the *Journal of Clinical Oncology*. Link to source>>

Planning guide lets teens express their choices on end-of-life care

Providers have begun approaching seriously ill teenagers and young adults directly, enabling them to discuss and write down their end-of-life wishes with help from the professionals and a planning guide called "Voicing My Choices." The guide also helps the young person create a meaningful legacy, since it offers opportunities to say how they want to be remembered and to write farewell letters, *The New York Times* reported in a front-page article. Although legal authority is retained by parents, many of them find it helpful to know what their child wants, while the discussions bring into focus the sad reality that their child is likely to die. Link to source >>

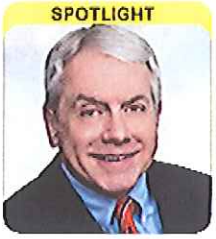
Grateful husband donates $3M to hospice that cared for his wife

Hallmark Health Visiting Nurses Association and Hospice in Medford, Mass., received a gift estimated at more than $3 million from the trust of Martin Stanger, formerly of Reading, Mass. The gift was intended to show appreciation for the care the agency provided his wife. The hospice helped her fulfill her wish to die at home peacefully, which she did in 2013. The gift is the largest the agency has received, and will be used to continue its hospice mission. Hallmark serves Medford and surrounding 23 cities and towns in north suburban Boston. Link to source >>

UK's pediatrician-training body offers guidance on end-of-life care

The U.K.'s Royal College of Paediatrics and Child Health has released new guidance on the care of children with life-limiting or life-threatening conditions. The charity that oversees training of the U.K.'s pediatricians said its guidance provides a legal and ethical framework for physicians to limit life-saving care for children when life is limited in quantity or quality, or when an older child refuses or withdraws from treatment. The guidance is designed to provide a legal and ethical framework for physicians caring for young people from neonatal babies to adolescents. Link to source>>

PEOPLE ON THE MOVE



People on the Move Spotlight:

Mark M. Murray, president and CEO of Center for Hospice Care in Mishawaka, Ind., was appointed the 2015 board chair of the Hospice Action Network, the lobbying affiliate and national hospice advocacy organization of the NHPCO. Murray served as NHPCO board chair in 2011 and 2012, and has served for five years on the network's board of directors.

More People on the Move...

Keela A. Herr, PhD, RN, of the College of Nursing at the University of Iowa, received the Hospice and Palliative Nurses Association Distinguished Researcher Award. ... **David Currow, BMed, MPH, FRACP, FAChPM**, a Flinders University professor and Senior Associate Editor of *Journal of Palliative Medicine*, and **Karen Steinhauser, PhD**, at Duke University School of Medicine, received the American Academy of Hospice and Palliative Medicine Award for Excellence in Scientific Research in Palliative Care. ... **Mike Walsh** has become CEO of George

Survey finds coordination of care drives pain patient satisfaction

Patient satisfaction is driven more by the overall coordination among the pain clinic, primary care physician, and others caring for the patient than by the individual provider, Ming-Chih Kao, MD, PhD, at Stanford University School of Medicine, and colleagues have concluded. The team surveyed 123 patients at a pain clinic affiliated with an academic medical center. "Dissatisfied patients may have reduced compliance, may switch providers unnecessarily, and may seek care that is not indicated, which in turn may cause more frustration and distress for the patient," Kao said. The researchers reported their findings at the 31st Annual Meeting of the American Academy of Pain Medicine. Link to source>>

Hospice provider notifies authorities and individuals of computer loss

Amedisys, a hospice and home health company based in Baton Rouge, La., has announced the loss of 142 computers and laptops that were used by former employees. The equipment cannot be accounted for by the company's inventory management processes. The company said in a statement that the computers and laptops were encrypted, and had other security precautions to safeguard patients' personal and medical information. Amedisys has notified the U.S. Department of Health and Human Services, state agencies, and approximately 6,909 individuals whose information may be involved. The company also said it is offering patients identity theft protection services. Link to source>>

Thomas Hospice Care in Cardiff, U.K., replacing **Margaret Pritchard**, who has retired. ... **April Donald, RN, BSN** , director of clinical services at Unity Hospice of Northwest Indiana in Merrillville, Ind., was named employee of the year. ... **Cathie Whitcroft, DNP, FNP-BC, ACHPN**, has joined the medical staff at the Center for Hospice Care in South Bend, Ind. ... **Andy Land, RN**, director of the Hospice Hope Program at Agnesian HealthCare in Fond du Lac, Wis., is climbing Mount Everest in honor of hospice and to raise money for hospice education in Wisconsin. ... **Jason Wertheim, MSN,** was appointed vice president of patient services at Hudson Valley Hospice in Poughkeepsie, N.Y.

Please send us your People on the Move news.

NHPCO releases video for providers on terminal prognosis, relatedness

The National Hospital and Palliative Care Organization (NHPCO) has released a new video for providers about terminal prognosis and relatedness. The free 10-minute video explains how fewer hospice patients are admitted with a cancer diagnosis, leading to more uncertainty. Prognosis includes all diagnoses: the principal and diagnoses contributing to a life expectancy of six months or less. NHPCO said in a statement that the change "is likely to increase a hospice provider's responsibilities in a number of ways, but it is the right thing to do." The organization also believes the change is critical to maintaining the hospice Medicare benefit. Link to source>>

$50,000 grant will help hospice preserve the life stories of patients

Pathways Volunteer Hospice in Lakewood, Calif., has received a one-year, $50,000 grant from the Archstone Foundation to support its new Pathways Life Legacy Program. The grant will allow the purchase of recording equipment and other supplies needed to produce keepsakes for patients and families. Hospice volunteers and staff will record the life stories of clients, and convert those recordings to a DVD or book. The program will be formally launched this month. Link to source>>

MJHS institute offers free webinar on managing anorexia/cachexia

The MJHS Institute for Innovation in Palliative Care will present a free live webinar, Management of Anorexia/Cachexia, on April 23, 2015, from 12:30 p.m. to 1:15 p.m. Eastern. Cachexia is a complex metabolic syndrome associated with underlying illness and characterized by loss of muscle with or without loss of fat mass. Ebtesam Ahmed, PharmD, MS, director of Pharmacy Internship at the institute will discuss the clinical features, assessment, and management of anorexia/cachexia in palliative care patients with advanced life-threatening illness. This presentation offers CME, nursing CE, and pharmacy CE credit. Link to source>>

Center for Hospice Care
QI Committee Meeting Minutes
February 17, 2015

Members Present:	Alice Wolff, Amy Knapp, Amy Tribbett, Donna Tieman, Gail Wind, Holly Farmer, Larry Rice, Marjie Lolmaugh, Mark Murray, Rebecca Fear, Sue Morgan, Vicki Gnoth, Becky Kizer
Absent:	Dave Haley, Denise Scroggs, Greg Gifford

Topic	Discussion	Action
1. Call to Order	• The meeting was called to order at 8:00 a.m.	
2. New Member	• Sue Morgan was introduced as the new CHC Board representative on the committee.	
3. Minutes	• The minutes of the 11/18/14 meeting were approved by consensus.	
4. Quarterly Clinical Chart Review	• The quarterly clinical record review for home health and hospice were reviewed. The home health summaries are based on an audit of 10% of the charts, and hospice is based on 10% of the ADC (36 charts). We were already aware of the issues of documenting the effectiveness of antibiotics and home health aide documentation being completed and locked by the nurse. It is the "not locked" part that causes the deficiency. In January we presented education at the monthly nurses meeting on the importance of documenting the effectiveness of any medication, especially antibiotics. Also a new report was initiated for the patient care coordinators to check for aide documentation that had not been locked. We will be able to better track the specific nurses that are not reviewing the aide documentation. At the February nurses meeting we did part one of education on aide supervisory visits. Part two will be held in March.	
5. Revocations / Live Discharges	• One of the first things the QAPI identified as an area of concern was having IDT input in potential revocations. In 2007 we averaged 0-40% and in the fourth quarter of 2014 it was 96%. We have continued to experience a higher number of revocations this year. The fourth quarter of 2014 had 27 revocations compared to 16 in the fourth quarter of 2013. Amy K. has done some education with the social workers on having discussions with patients/decision makers about their understanding of the hospice philosophy and gaging their understanding and commitment to comfort care versus curative care. The social workers will talk to the team after the admission and at every recert. The QAPI also looked at how staff is documenting that Hospice House was discussed in the IDT. We want to help staff understand that this needs to come up in the IDT, documented,	

Topic	Discussion	Action
	and decide who on the team is best to bring it up with the family. We think the conversations are happening, but they are not being mentioned in the IDT. • We want to develop training and tools to help the team work with patients/caregivers to be better prepared and confident about what to do when SOB occurs. The QAPI reviewed the 2014 revocations for symptom management, and the number one reason was SOB. We also compiled some anecdotal stories about missed revocations where it appears the patient was heading towards a potential revocation, but the team became involved and we were able to divert it. • Revocations to Acute Care – In the fourth quarter there were 46, which is the most in the past six quarters. The revocations are not going to the hospital, it is for other reasons, i.e., the oncologist has offered another type of treatment, considering scans and other reviews of the situation, etc. Also some families decide they are not ready for hospice. • Revocations within 25 days of admission – In 2013 there were 28 and in 2014 there were 38. Non-revocation discharges – There were 71 in 2013 and 93 in 2014, a 55% increase. The ADC was up 15%. Percentage of attending physicians notified has improved since 2011. Sometimes we don't know a patient is going for treatments until we arrive at the house. Moved out of service area – June was high due to personal travel out of our service area, so we changed some of our processes at that point. Readmits – The QAPI looked at every live discharge in 2014 to see if they were readmitted. 45% were readmitted. Of those, 36% were readmitted within 72 hours and 44% were readmitted within 4-29 days. • Of the 93 non-revocation live discharges in 2014, none were due to the CMS change that we could no longer use debility, failure to thrive, or non-specified disease as a primary diagnosis. Those patients had accompanying diagnoses we could use, and the majority was converted before the October 1st deadline.	
6. Clinical Quality Measures	• The QAPI began by monitoring pain, which was at 100% throughout 2014 for being assessed at every skilled nursing visit. Last year we began to look at gastrointestinal – bowel function with a strong focus on constipation. Going into 2015 we will pull data from the QA chart audits and look at 100% of the charts. Assessment for last bowel movement was 98.9% in October and 99% in November. Assessment of bowel sounds was 93.2% in October and 94.3% in November. Opioids and bowel regime in place was 92.5% both months. The QAPI has some new members. We did a lot of education	

Topic	Discussion	Action
	on the new Hospice Item Set data collection and the seven elements that will be collected. All of those elements will become part of this QAPI so we can be aware of our internal numbers before they are published.	
7. Hospice House Volunteers	• We surveyed Hospice House volunteers about job satisfaction. A QAPI was created because we noted a big turnover in the number of volunteers in Hospice House. So we are currently revamping the Hospice House volunteer job description from one level to a three-tiered system. The QAPI is meeting with Hospice House volunteers and staff to look at creating an experience for families coming to HH. Our goals are to improve the volume of volunteers, staff satisfaction, and family satisfaction. We are looking at creating a "Welcome Wagon" for families coming to HH. School children could decorate bags for families that would be filled with things like lotions, crossword puzzles, etc. We would have fresh fruit and flowers on the table. The success of the QAPI will be measured in the increase in the number of HH volunteers. Then we will do an after survey.	
8. HIPAA	• We had noticed an increase in HIPAA violations, so created a QAPI. We found out the initial thing we want to do is education of staff so they have a better understanding of what violations are and what the consequences would be. We started with a new video and quiz. Next we will be adding line items to all clinical job descriptions and job checklists that address HIPAA. There will also be ongoing communication of expectations so each department will dedicate a part of their meetings each year to a topic that is HIPAA related. New members were welcomed to the QAPI. The QAPI decided the 2015 staff in-service will be on social media, boundaries, and private health information.	
9. Caregiver Confidence	• This QAPI was stalled due to health issue of one group member. Our score improved in 2013 but then it stalled, so the education we had planned for staff didn't take place. We are now back on track in 2015. The culmination of this project will be a doctoral thesis by one of the nurses on the QAPI. We looked at the new CAPS survey and data collected involving these questions, and they are still in the survey in some fashion. The benchmark is the national average.	
10. Spiritual Contacts	• Our goal is to achieve the state average of 97%. We were down a little this past quarter. We continue to examine the FEHC survey scores and why the caregiver answered no to getting enough spiritual care contact. SCC staff was educated to have that conversation and document it. However, even though staff is documenting it, the	

Topic	Discussion	Action
	caregiver will sometimes still answer no. So there may be some miscommunication and misunderstandings. In the new CAPS survey this question is a little more in-depth, so it may clear up some misunderstanding. We found that some reasons the family answered no is because they wanted more contact, or were not expecting the patient to die that quickly. SCC was offered those last couple days of life, but the family didn't want it. So we are constantly reviewing what is going on and what we could have done better. It was suggested incorporating that message into the tuck-in calls.	
11. Emotional Support Prior to Death	• Help with patient's feelings of anxiety or sadness – Scores improved from the third to the fourth quarters. We are getting closer to where we would like to be. 63 surveys responded to the question B10, and 93.7% stated they had the right amount. • Emotional support to the family before the death – 114 responded to this survey question, and 93.9% said they received the right amount. In the past we have done some staff education on using the language from the FEHC surveys when communicating with families. Also more recently we added that into our documentation at admission and recert, so this is now something the QA auditors are monitoring to make sure we are talking about it. It is also in the new CAPS survey.	
12. Emotional Support After Death	• 114 responded to this survey question, and 92.1%s said they received the right amount, 4.4% said it was less than they wanted, and 3.5% said it was more than they wanted. We continue to look at ways we can identify who completed the survey and at their level of support. Education on the bereavement process and documentation was presented at the December nurses meeting. Staff is reminded during IDTs to document any contacts after death. We look at whether the family wants bereavement contact or just contact from the care team and it is usually from the care team. The CAPS survey question changed a little bit so it may be clearer.	
13. Adverse Events	• This is anything that occurs with the patient other than falls, which are recorded separately. The fourth quarter had a decrease in adverse events. We want to hone in on anything that seems to identify a pattern. That process allowed us to see a pattern of drug diversion related to either our pharmacy provider or FedEx. We worked very closely with the DEA, FedEx and our supplier to identify the problem, and we saw a significant drop in the number of drug diversions from the third to the fourth quarter. Our main focus in 2014 had been med errors, because that is our greatest area for exposure and liability. We look closely at adverse events by patient days and by serious injury that required a different level of care for patient as a result of the injury.	

Topic	Discussion	Action
	There were none in the fourth quarter.	
14. Infection Control	• We have two measures: an outcome measure and a processes measure. Process measure is having nurses identify patients that have an infection, have infectious symptoms, or are on an antibiotic, then filling out the infection surveillance report. In the fourth quarter two trends were noticed. 1) Some nurse were not completing the form and/or not profiling the meds with the pharmacy vendor. 2) Some nurses were filling out the surveillance report when an antibiotic is started or infectious symptoms noted and then filling out a second surveillance report as documentation of efficacy/resolution of symptoms. We have been training nurses to document efficacy and resolution of symptoms in the computer under the system that has the infection. We are finding gap in their education, so we started one-on-one education to those nurses that didn't complete the process or fill out the report correctly. We did education on the process at the January nurses meeting. Going forward we plan to continue to examine the correct filling out of the reports for January and February. • We are rebooting the infection control QAPI in March, and will look at our infection control policies base them on current best practices. Hospice House will look at sources for similarities we could adapt. We also included education on Foley catheter care and maintenance at the January nurses meeting. The QAPI will also start looking at infections that are not receiving antibiotic, and when the family chooses not to receive antibiotics. • There were no needle sticks in the fourth quarter.	
15. ECF Professional Management	• The QAPI looks at how many actively dying patients are getting daily visits by a member of the team before their death. Originally we had looked at patients with us longer than two weeks, but then we decided to look at all deaths in an ECF as of August. We looked at patients that received daily visits at least two days before death. We are also looking at symptom management and whether the patient was comfortable. Many received visits for 3-5 days before death. In 2015 it is trending down. We will see how many of those patients the team didn't know about and how the team is communicating that information.	
Adjournment	• The meeting adjourned at 9:05 p.m.	Next meeting 05/19

Center for Hospice Care
Professional Advisory Group Meeting Minutes
March 31, 2015

Members Present:	Amy Knapp, Dave Haley, Gail Wind, Greg Gifford, Mark Murray, Michele Bleich, Becky Kizer
Absent:	Donna Tieman, Jon Kubley, Judy Jourdan, Rebecca Fear, Vicki Gnoth

Topic	Discussion	Action
2. Call to Order	• The meeting was called to order at 8:00 a.m.	
3. Minutes	• The minutes of the 04/08/14 meeting were approved unanimously by consensus.	
4. Clinical Record Review	• We review 10% of the Home Health ADC or 10 charts each quarter. 2014 was reviewed and areas for improvement were identified including implementation of a new process for physician orders, medication reconciliation, and infection surveillance.	
5. Policy Review	• The policies for the following categories were reviewed: • Scope of Services Offered – no changes. • Admission Policies – Revised the name of a form in the "Admission of a Patient" policy from Medication Schedule to Prepoured Medication Profile. • Discharge Policies – no changes. • Medical Supervision – no changes. • Plans of Care – no changes. • Emergency Care – no changes. • Clinical Records – Replaced the "Quarterly Clinical Record Review" policy with the new "Clinical Record Review" policy to better define our current practices and the direction we want to go in collecting and reporting clinical data. • Program Evaluation – no changes. • Personnel Qualifications – no changes. • The changes were approved by consensus.	
6. Other	• The Medicare Home Health Compare report was reviewed. This website shows comparisons between CHC and home health agencies in Indiana and nationally. Remember our patient population is potentially very different than those we are compared with. Typically they are not in our services for rehab. Our home health patients frequently transition to our hospice program or sometimes vice versa. We are still bound to the home health conditions of participation. • The Face-to-Face (F2F) requirement has been in place since the Affordable Care Act. CMS is giving guidance on other documentation that can be utilized. Documentation can be the H&P, visit note, discharge summary, or a written narrative. It must include	

Topic	Discussion	Action
	whether the patient is homebound and why, the skilled need, and why the patient is referred for home health. We are using these clarifications at the time of referral instead of admission so it is in place. • Starting July 1st the Five Star Rating will be published so people can see how CHC rates.	
Adjournment	• The meeting adjourned at 8:15 a.m.	Next meeting 2016