



**Board of Directors Meeting
501 Comfort Place, Conference Room A, Mishawaka
June 17, 2015
7:30 a.m.**

**BOARD BRIEFING BOOK
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CHAPTER ONE AGENDA

BOARD OF DIRECTORS MEETING
Administrative and Foundation Offices
501 Comfort Place, Room A, Mishawaka IN
June 17, 2015
7:30 a.m.

A G E N D A

1. Approval of April 15, 2015 Minutes (*action*) – Amy Kuhar Mauro (2 minutes)
2. President's Report (*information*) - Mark Murray (20 minutes)
3. Finance Committee (*action*) – Wendell Walsh (10 minutes)
 (a) April and May 2015 Financial Statements
4. QI Committee Report (*information*) – Dave Haley – (3 Minutes)
5. Policy (*action*) – Dave Haley – (3 Minutes)
 (a) Physician Notification of Missed Scheduled Visit (Revised)
6. Foundation Update (*information*) – Corey Cressy (10 minutes)
7. Board Education – (*information*) – “What does a Hospice Nurse do?” – Natalie Barnes RN, BSN, CHC Primary Care Nurse (10 Minutes)
8. Chairman’s Report (*information*) – Amy Kuhar Mauro (2 minutes)

Next meeting August 19, 2015 at 7:30 a.m.

#

CHAPTER TWO MINUTES

**Center for Hospice Care
Board of Directors Meeting Minutes
April 15, 2015**

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

Topic	Discussion	Action
1. Call to Order	<ul style="list-style-type: none"> The meeting was called to order at 7:30 a.m. 	
2. Minutes	<ul style="list-style-type: none"> A motion was made to accept the minutes of the 02/18/15 meeting as presented. The motion was accepted unanimously. 	S. Weirick motioned T. Yoder seconded
3. President's Report	<ul style="list-style-type: none"> January ADC was 370, a 15% increase from a year ago. April ADC is 396, an 11% increase from a year ago. The break even budget ADC is 342. We served more patients in the first quarter of 2015 than we did the entire year of 2000. The ALOS is 82 days, a 37% increase. March had 170 new admissions, an all-time record. YTD census is up 11% from a year ago. The average length of stay (ALOS) is important. 82% of our patients are Hospice Medicare, which is 79% of all revenue including investment gains. That is why we pay close attention to the number of patients in the program and the LOS. We now have more patients over 180 days. We are doing well even with the challenges we are under. Reviewed the Cumulative Hospice Medicare Benefit cuts through 2022. By 2022 revenue will be down nearly 11% in what we would normally be paid. This is one reason why we are doing a comprehensive capital campaign. Other challenges for hospices are we are the only part of Medicare required to provide bereavement for 13 months with no reimbursement. We are also required to have volunteers for at least 5% of entire staff direct patient care hours. There is no reimbursement for volunteer coordinators, volunteer recruitment and training. We are required to have a sufficient number of employees to provide 24 hours Continuous Care in a residential home setting just in case a patient needs it. We cannot contract with a home care agency to provide that care. We are also required to pay for everything possibly related to the patient's prognosis—unlimited number of visits by RNs, social workers, counselors, medications, DME, medical supplies, etc. The average national reimbursement rate for Routine LOC is \$150.00/day. In the 	

Topic	Discussion	Action
	<p>President’s Report is a list of not-for-profit hospices in the U.S. that over the past three years have had layoffs, closed their inpatient units, or gone bankrupt and out of service. We continue to recruit for additional doctors that are board certified in hospice and palliative care and for nurse practitioners.</p> <ul style="list-style-type: none"> • The Northern Indiana Mayors group is meeting at the Mishawaka Campus on 06/26. Many are mayors of cities in our service area. The local Alzheimer’s and Dementia support group that used to meet at the Mishawaka Public Library will now hold their monthly meeting at the Mishawaka Campus on the first Wednesday of the month starting in May. These meetings are attended by caregivers of patients. • Two new community liaisons, Mike Stack and Dan Zelmer, recently started with CHC and we are very excited about what they bring to us. • We continue to work on collecting outstanding Receivables. We lost one doctor in December and census continues to go up. A physician has to write a narrative when the patient is admitted, and then every 90, 90 and 60 days. We have put some new processes in place by trying to do the initial narrative at the first IDT meeting, and having two staff and a PRN nurse and possible another person help find the information the doctors need to write the narratives. We have up to a year to bill after the care is provided. Our two doctors are doing a remarkable job. • The Annual Volunteer Recognition is 04/21 at 11:30 a.m. at The Brick in South Bend. Thank you to Corey Cressy for donating the space, tables, and chairs. So far we are expecting 190 people. Let Becky Kizer know if you plan to attend. • CHC is the local sponsor for Dr. Bill Thomas’ “Age of Disruption 2015 Tour” on 05/07 at the State Theatre in South Bend. Tickets are \$25.00 and CHC receives 100% of the ticket proceeds. 	
<p>4. Finance Committee</p>	<ul style="list-style-type: none"> • The Finance Committee met with the auditors from David Culp & Company yesterday to review the 2014 audit. In the board packet is the 2014 fiscal review and a brief summary of the audit. Internal controls are very strong. They gave an unmodified opinion that our accounting meets generally accepted accounting principles. This is the highest opinion an auditor can give. The auditors found one instance where something was mis-keyed, but it did not meet the threshold of materiality to note in the audit. The auditors recommend someone proofread Karl’s entries, which we will do. The auditors noted receivables were up again in 2014, but we expect them to go down once we hire an additional doctor and nurse practitioner to help with the Medicare paperwork requirement so we can bill. The Finance 	

Topic	Discussion	Action
	<p>Committee approved the audit and recommends the board’s approval.</p> <ul style="list-style-type: none"> • A motion was made to accept the 2014 audit as presented. The motion was accepted unanimously. • The pre-audited December financial statements were amended slightly after the audit due to the mis-key mentioned earlier, and a the capitalization of the repair of a generator that was entered as an expenses due to new GAAP rules F that went into effect in 2014 that any repair over \$5,000 now has to be capitalized. So these adjustments changed the Receivables and Revenue balances. • A motion was made to accept the post-audit December financial statements as presented. The motion was accepted unanimously. • The first quarter 2015 financial statements were reviewed. January – Operating income \$1.7 million, total revenue \$1.5 million, total expenses \$1.5 million, net loss, which includes beneficial interest in the Foundation of \$21,000. Net gain without beneficial interest in Foundation \$164,000. • February – Operating income \$1.6 million, total revenue \$2.2 million, total expenses \$1.4 million, net gain \$833,000, net without beneficial interest in Foundation \$273,000. • March – Operating income \$1.8 million and YTD \$5.1 million. Other income \$20,000 and YTD \$70,000. Beneficial interest in Foundation \$68,000 and YTD \$443,000. Total revenue \$1.9 million and YTD \$5.6 million. Total expenses \$1.5 million and YTD \$4.4 million. Net gain \$372,000 and YTD \$1.1 million. Net without beneficial interest in Foundation \$303,000 and YTD \$741,000. • A motion was made to accept the first quarter 2015 financial statements as presented. The motion was accepted unanimously. 	<p>T. Yoder motioned C. Walker seconded</p> <p>J. Hsieh motioned M. Newbold seconded</p> <p>S. Weirick motioned T. Yoder seconded</p>
<p>5. PAG and QI Committees</p>	<ul style="list-style-type: none"> • Copies of the minutes of the Professional Advisory Group meeting on 03/31/15 and the Quality Improvement Committee meeting on 02/17/15 were included in the board packet. 	
<p>6. Foundation Update</p>	<ul style="list-style-type: none"> • Mike Wargo will be providing updates at each CHC Board meeting on the comprehensive capital campaign. The silent phase of the “Crossroads” campaign was launched in July and to date has raised nearly \$2.5 million in cash, pledges or bequests. We have been holding small campaign events at the Mishawaka Campus for individuals, groups, and corporations to educate people about the direction we are moving as an organization and the exciting things that are happening or can happen when we raise the money. The events have been well received. We also have the 	

Topic	Discussion	Action
	<p>\$500,000 Leighton Foundation matching grant that is specifically for palliative care. We are in the process of raising funds to match the grant.</p> <ul style="list-style-type: none"> • At the December board meeting Catherine Hiler made an appeal to the board to participate in the campaign. We would like to have 100% participation by the CHC board and the campaign cabinet. Through 04/02/15 we have 38% participation for a total of \$290,000. Thank you to those that have made their commitments to the campaign. • Overall fundraising has been up again. The Annual Appeal that began in November has done well. It has raised over \$90,000. The average donor gift has increased. We are seeing a trend of fewer donors giving more money. The average gift is \$183. So we are trying to develop deeper relationships with people. The Friends of Hospice campaign starts around Memorial Day. • Our special events and projects are having a huge impact on fundraising this year. The Helping Hands Award Dinner honoring Lou Behre is sold out. Through the end of March it grossed \$362,000 and is now at \$396,000. The highest previous Dinner was \$285,000. Thank you to the honorary chairs Art Decio and Ernestine Raclin, and the dinner co-chairs Chris and Carmi Murphy and Don and Pat Cressy. We have had a wonderful steering committee. The event is May 6 at the Hilton Garden Inn. • A Circle of Caring luncheon was held in March at the Mishawaka Campus. It went very well. • The annual dedication ceremony for memorials donated to the Elkhart Campus Gardens of Remembrance will be held on 06/02 at 5:30 p.m. This is an opportunity to bring people together that donated bricks, benches, and trees around the campus. The board will receive invitations to the event. • The Walk for Hospice is 08/09. We are trying to incorporate a run this year. • Bike Michiana for Hospice is 09/13. So far 152 riders have registered. • We hired Red Fisher as the new special events coordinator. He has catered a lot of our events through Simply Catering to You, the catering division of REAL Services. He will be starting with us part-time while he wraps up previous commitments. • The next issue of <i>Crossroads</i> is at the printer and should hit mailboxes before the Helping Hands Dinner. Lou Behre's picture is on the cover. • We are facilitating and coordinating Notre Dame Students to go to Uganda this summer to intern with PCAU. Also this year the Notre Dame Executive MBA program is sending a team of six people to Uganda to work on a study on the supply 	

Topic	Discussion	Action
	<p>chain for Morphine and how it is distributed throughout the country. There are more certified palliative care workers that are having issues getting the Morphine to the right places at the right time and quantities.</p> <ul style="list-style-type: none"> • Work continues on the Mishawaka Campus. The new wind sculpture will be installed shortly. The design for the new medical office building is finished, and we will begin the program phase for the new Hospice House. 	
7. Board Education	<ul style="list-style-type: none"> • A video segment of Dr. Bill Thomas’s “Elderhood Rising: the Dawn of a New World Age” was shown. CHC is the local sponsor for his 2015 “Age of Disruption Tour” on 05/07 at the State Theater in South Bend. Tickets are \$25.00 and are available on Dr. Thomas’ website, www.drbillthomas.com. 	
Adjournment	<ul style="list-style-type: none"> • The meeting adjourned at 8:35 a.m. 	Next meeting 06/17

Prepared by Becky Kizer for approval by the Board of Directors on 06/17/15.

Mary Newbold, Secretary

Becky Kizer, Recording Secretary

CHAPTER THREE

PRESIDENT'S REPORT

**Center for Hospice Care
Hospice Foundation
President / CEO Report
June 17, 2015**
(Report posted to Secure Board Website June 11, 2015)

**This meeting takes place in Conference Room A at the Mishawaka Campus at 7:30 AM.
This report includes event information from April 16 -June 17, 2015.
The Hospice Foundation Board meeting follows in the same room.**

CENSUS

Thru the end of May, we have cared for 1,113 patients, a 2% increase from the same time in 2014. Year to date (YTD) May referrals are up 4% compared to last year. During May, 29% of all referrals from hospitals were admitted same day and 70% in one day or less. Overall, YTD thru the end of May, 20% of all referrals from all sources were admitted same day and 51% in one day or less. Our average daily census (ADC) for May was 401, April was 403. April marked the first time in CHC history its ADC for a full month topped the 400 census mark. YTD thru May ADC is running 10% above same time last year. The YTD thru May percent of referrals who expire prior to admission is down 0.73% from 2014. May had a total of 171 deaths/discharges; 59 of which (34.50%) had a length of stay (LOS) of seven days or less. YTD we have had a total of 789 deaths/discharges; 284 of which (35.99%) had a LOS of seven days or less. YTD through the end of May, the combined occupancy of the two Hospice Houses is running about 2% above calendar year 2014. The very good news is that our focus on the General Inpatient Level of Care (GIP) seems to be working. 90% of the patient days so far in 2015 have been at GIP level of care. This is the highest percentage in the last six years.

May 2015	Current Month	Year to Date	Prior Year to Date	YTD Change
Patients Served	160	1,113	1,092	21
Original Admissions	150	759	787	(28)
ADC Hospice	375.19	362.14	334.71	27.43
ADC Home Health	25.81	22.90	16.20	6.70
ADC CHC Total	401.00	385.04	350.91	34.13

April 2015	Current Month	Year to Date	Prior Year to Date	YTD Change
Patients Served	521	969	932	37
Original Admissions	148	601	627	(26)
ADC Hospice	380.00	358.77	327.80	30.97
ADC Home Health	23.43	22.15	16.67	5.48
ADC CHC Total	403.43	380.92	344.47	36.45

Monthly Average Daily Census by Office and Hospice Houses

	2015	2015	2015	2015	2015	2015	2015	2015	2015	2015	2014	2014
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
S.B.:	209	207	219	234	230						222	214
Ply:	68	66	67	72	68						67	68
Elk:	84	83	87	87	92						85	86
SBH:	4	6	5	6	4						4	5
EKH:	3	6	5	5	6						4	3

Total:	369	369	382	403	401						382	376

HOSPICE HOUSES

<u>May 2015</u>	<u>Current Month</u>	<u>Year to Date</u>	<u>Prior Year to Date</u>	<u>YTD Change</u>
SB House Pts Served	29	129	141	(12)
SB House ALOS	4.72	5.79	6.09	(0.30)
SB House Occupancy	63.13%	70.67%	81.27%	-10.60%
Elk House Pts Served	39	135	129	6
Elk House ALOS	4.85	5.49	5.33	0.16
Elk House Occupancy	87.10%	70.10%	65.09%	5.01%
<u>April 2015</u>	<u>Current Month</u>	<u>Year to Date</u>	<u>Prior Year to Date</u>	<u>YTD Change</u>
SB House Pts Served	37	108	116	(8)
SB House ALOS	5.00	5.65	5.82	(0.17)
SB House Occupancy	81.00%	72.62%	80.36%	-7.74%
Elk House Pts Served	26	103	101	2
Elk House ALOS	5.19	5.36	5.36	0.00
Elk House Occupancy	64.29%	65.71%	64.40%	1.31%

PATIENTS IN FACILITIES

Of the 528 patients served in May, 160 resided in facilities. Of the 521 patients served in April, 155 resided in facilities. The average daily census of patients in skilled nursing homes, assisted living facilities, and group homes during May was 126; April was 125 and YTD through May was 120.

FINANCES

Karl Holderman, CFO, reports the May 2015 Financials will be posted to the Board website on Friday morning, June 12th following Finance Committee approval. For information purposes, the un-approved April financials are presented below.

April 2015 Financial Information

Center for Hospice Care (1)

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

April Overall Revenue	\$	2,047,279	Year to Date Overall Revenue	\$	7,718,640
April Total Expense	\$	1,556,623	Year to Date Total Expense	\$	6,043,270
April Net Gain	\$	490,656	Year to Date Net Gain	\$	1,676,370

Hospice Foundation

April Development Income	\$	179,647	Year to Date Development Income	\$	662,111
April Investment Gains (Loss)	\$	134,198	Year to Date Investment Income	\$	564,931
April Overall revenue	\$	313,667	Year to Date Overall Revenue	\$	1,227,750
Total April Expenses	\$	150,871	Total Year to Date Expenses	\$	621,977
April Overall Net	\$	162,796	Year to Date Overall Net	\$	605,773

Combined (2)

April Overall Revenue	\$	2,198,150	Year to Date Overall Revenue	\$	8,340,617
April Overall Net Gain	\$	490,656	Year to Date Overall Net Gain	\$	1,675,370

(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 April 2015, the overall YTD combined net gain for CHC / HF was \$1,675,370 representing a 223% increase from YTD April 2014. CHC's YTD Net without the beneficial interest in the HF was \$605,773 representing a 94% increase from April 2014. CHC's YTD net without counting investment gains/losses was \$1,110,979, representing an increase of 520% from YTD April 2014.

At the end of April, the Hospice Foundation's Intermediate Investments totaled \$1,395,207. Long Term Investments totaled \$16,961,677.

CHC's assets on April 30, 2015, *including* its beneficial interest in the Hospice Foundation, totaled over \$38.2MM. At the end of April HF's assets alone totaled over \$32.7MM 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 \$44.1MM

CHC VP/COO UPDATE

Dave Haley, VP/COO, reports...

On June 1, Joel Cohen, MD joined our medical staff as a full-time Medical Director. He has been working with us since May of 2014 doing face-to-face visits. He is now devoting all of his activities to completing Certifications of Terminal Illness in order to help us get caught up on documentation which will allow us to bill old claims. This will assist in reducing our accounts receivables which accumulated due to being short staffed on physicians. Dr. Cohen's ultimate goal is to become a Certified Hospice Medical Director, once he has completed the educational and experience requirements and passed the certification exam.

On April 30, Ken Robertson, MD began doing face-to-face visits for us. This fills in for the services previously provided by Dr. Cohen. Our current NP, Dr. Cathie Whitcroft continues to make face-to-face visits and we continue to interview Nurse Practitioners in order to fill the two budgeted positions we have in that area of the medical staff. These positions are also intended to assist with programming at the Center for Palliative Care outpatient clinic at the Mishawaka Campus.

Dave attended the NHPCO Management Leadership Conference in national Harbor, Maryland from April 30 to May 2. In addition to the educational sessions he had an opportunity to meet directly with the leadership of three national hospice pharmacy vendors. We will be receiving proposals from them in the near future and should be in a position to further reduce our expenses in this area.

For the first time in ten years, carpet has been replaced in the South Bend Hospice House and new furniture has been acquired for the family room.

We have started initial planning sessions with the architects for the design of the new Hospice House in Mishawaka.

We have been notified by leadership of the Indiana University Hospice and Palliative Medicine Fellowship Program that they would like to rotate their three Fellows through our facilities for training during the 2015-2016 academic year. Discussions are ongoing and definitive plans and a contractual relationship will need to be arranged.

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

DIRECTOR OF NURSING UPDATE

On April 6, 2015 Sue Morgan began as the Director of Nursing (DON) and she continues with her orientation. During the first month of this transition Donna Tieman, RN, CHPN mentored Sue with

specifics related to the role on a reduced schedule basis before her last day on April 30. Donna now enjoys fulltime retirement. Sue's time has been spent getting familiar with regulatory rules and regulations related to Hospice and Home Healthcare, accompanying nurses on home visits, and focusing on her role according to the job description. Sue has focused on meeting and greeting the staff at all three locations and continues to work with the Directors and Coordinators to become accustomed to the Interdisciplinary Team and day-to-day operations of the Nursing Department.

On May 6, 2015 at the monthly nurses meeting a celebration was held for Nurses Day by Nursing Leadership. A breakfast was served and a presentation which included: Center for Hospice Care's Mission, Vision, and Core Values; Nursing Department Goals for 2015; and Compassion-Communication-Continuity-Commitment. On June 10, 2015 a similar program was held to recognize the CNA's.

The CHC Nursing Leadership has prioritized the Nursing Goals for 2015.

- a.) Implementation of OASIS C-1 has been completed.
- b.) Develop and Implement Pediatric End-of-Life Nursing Education Consortium training. The plan has been completed and it has been developed into ten self-learning modules which RN's will begin one year after their hire date, with completion expected by the beginning of their 3rd year with CHC. This will begin in August of 2015.
- c.) Establish Nursing Preceptor Program. The program has been developed and reviewed at the Nursing Leadership Meeting on June 10, 2015.
- d.) Evaluate in-house RN triage effectiveness and productivity: A task force has been working with the triage nurses to collect data related to how many calls per shift, how long is a call and how many calls go to voice mail. As a result of this we are adding an additional .5 FTE of a Visit/Triage nurse. This position will work a 9-5:30 pm shift to assist the evening shift with their volume of calls and visits. We have also begun to "share" triage calls between, South Bend, Elkhart and Plymouth.

The Quality Assurance Department has identified some issues with data collection and consistency among staff members. A focus group is meeting weekly to stream line the process. During this process it was discovered that there are areas in which we can identify improvements with our electronic medical record. Some changes have already been implemented to eliminate a "paper chart" at discharge/death and to have a complete electronic record.

The Quality Assurance Committee is in the process of identifying all the Quality Assurance Performance Improvement projects currently in operation at CHC and forming a report of their progress at the next meeting.

HOSPICE FOUNDATION VP / COO UPDATE

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

Fund Raising Comparative Summary

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

Year to Date Total Revenue (Cumulative)

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
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	419,610.76
May	389,785.41	332,141.44	416,792.85	446,125.49	427,057.81	635,004.26
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)

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
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	162,146.87
May	33,768.72	51,753.98	90,909.04	40,825.52	100,285.70	160,178.34
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	<u>115,188.45</u>	<u>133,617.73</u>	<u>111,236.77</u>	<u>130,277.99</u>	<u>193,065.45</u>	
Total	794,737.19	862,777.33	928,101.01	978,709.19	1,033,125.99	555,326.65

Cornerstones for Living: The Crossroads Campaign

Progress during the quiet phase of the campaign continues. Through the first ten months of this five-year campaign (7/1/14 thru 5/31/15) total cash, pledges and documented bequests stand at approximately \$3,230,902.

We are finalizing the details to procure another \$500,000 challenge grant from a local foundation. This, when combined with the Judd Leighton Foundation challenge grant for the Center for Palliative Care, provides us with a total of \$1 million in matching opportunities. Work continues on cultivating lead gift prospects. With assistance from CHC Board member Tim Portolese, we've focused on a list of Elkhart area donors with promising lead gift potential and are beginning to

schedule meetings with them. We hosted two campaign events in May and are working in the near term with another seven groups to schedule them to attend an event during the upcoming months.

We are continuing to work with Crossroads Campaign Cabinet Chair Catherine Hiler to achieve her goal of 100% campaign participation from both the board of directors and the campaign cabinet. To that end, as of 6/4/15, we have a combined participation rate of 57% from the CHC board and campaign cabinet with pledges and gifts totaling \$335,000.

Planned Giving

Estate gifts totaling \$55,215.16 were received since the last report.

Annual Giving

The 2014 Annual Appeal finished strong at \$128,776.70, making it the most successful Annual Appeal in our history. The total number of donors was 474, with an average gift of \$238.48.

The 2015 Friends of Hospice appeal was mailed to approximately 31,000 households during Memorial Day week. The year's theme is "Choose to Dance." The message emphasizes that choosing hospice care doesn't mean giving up – rather, it allows people to make the most of life, including dancing.

Give Local Day

The Give Local Day, sponsored by the Community Foundation of St. Joseph County on 5.5.15, resulted in a total of \$43,583.38 being provided to support the establishment of a permanent Camp Evergreen endowment.

Special Events & Projects

The 31st Annual Helping Hands Award Dinner was held May 6th at the Hilton Garden Inn. The event was attended by 495 people and grossed \$420,652.18. Highlights of the evening included music by the CoverGirls – six violinists who serenaded our honoree Lou Behre to begin the evening and a tribute video that showcased Lou's many talents. A photo gallery, along with the three videos shown at the event, is available to view on the Foundation web site at foundationforhospice.org.

The 2015 dedication ceremony for memorials donated for the Elkhart Campus Gardens of Remembrance and Renewal was held on Tuesday, June 2nd at 5:30 pm and attended by approximately 50 people. A large number of memorial items were dedicated this year, including: five benches, three trees, 15 large bricks and 4 small bricks.

The 2015 Walk for Hospice has been scheduled 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.

There are currently 293 cyclists registered for the 7th Annual Bike Michiana for Hospice, to be held on Sunday, September 13th. The brochure will be printed in mid-June. We are pleased to announce that Mossberg Printing is donating the printing of this year's Bike brochure. As we've done in

years past, copies will be mailed to bike clubs and shops in Chicago, Indianapolis, Fort Wayne, Kalamazoo and Grand Rapids. Our target goal for registered riders this year is 1,200.

Communications

We are making extensive updates to the Bike Michiana for Hospice web site. These include moving major sponsor logos to the top of the page and revamping the primary image area of the home page. We will also be adding a “Donate” button to the home page.

The Walk for Hospice web site is also being updated with new photography and minor changes to the navigation.

Social media and email campaigns for both events will be ramping up throughout the summer. Based on our target audiences, Facebook will remain our primary social media outlet.

Global Partners in Care / Palliative Care Association of Uganda (PCAU)

Brianna Wanless, a University of Notre Dame graduate student, has successfully launched the mHealth data collection pilot as part of her palliative care benchmark study project in Uganda. This project is being performed under the direction of Lacey Haussaman, a faculty member at the Eck Institute for Global Health. Four test sites have been provided mobile phones containing an mHealth app, which allows palliative care practitioners to convey survey information directly to PCAU’s database for collection and analysis. Another Notre Dame student, Brian Vetter, is interning with PCAU this summer as well and providing assistance with the mHealth study.

The Notre Dame Mendoza School of Business Executive MBA team, “Business as Usual,” is making final preparations before embarking on their week-long trip to Uganda for their comprehensive morphine supply chain project. The team will be meeting with a number of palliative care stakeholders and key influencers in Uganda including representatives from the Ministry of Health, Hospice Africa Uganda, National Medical Stores and the Joint Medical Store.

Road to Hope Program / Documentary

Rashidah Adams, the new Road to Hope Coordinator in Uganda at PCAU has shared a comprehensive report detailing the program’s activities for the first third of the year as well as reports on some of the children in the program. She notes that the primary challenges facing the children in the program are transportation to their boarding schools, obtaining birth certificates for the children and the stigma many of them face at school as orphaned children. The report also includes information about the 2nd Annual Road to Hope Children’s Camp, which was held the second week of May. Based upon our own Camp Evergreen model, the primary objective of the camp is to bring the children together to socialize and share their experiences. Other activities include a visit to the zoo, swimming, donkey rides and writing letters to their US sponsors. All 17 of the children currently being sponsored through the program attended this year’s camp.

Video editing of the Road to Hope documentary is nearly complete. Dean Marvin Curtis and Professor Thom Limbert, both of the Ernestine M. Raclin School of the Arts at Indiana University South Bend, are composing original music for the film; and Cyndy Searfoss and Mike Wargo are writing the narrative voice over script. Recording of music by local artists and actress and hospice

ambassador Torrey DeVitto's narration will take place in July. The first screening of the film is scheduled for August 27th at PCAU's 6th Bi-Annual Palliative Care conference in Kampala, Uganda. Other screenings are being planned at two fundraising events this fall: our own 4th Annual Okuyamba Fest and at the 2nd Annual Road to Hope Fundraiser, which will once again be hosted by Torrey DeVitto in Hollywood, CA. Once completed, the film will be submitted for competition in a number of international film festivals. The ultimate goal of the film is to raise broad awareness of the plight of child caregivers in developing countries and the challenges they face following the death of their parents.

Mishawaka Campus

Landscaping work is nearing completion on the remaining outdoor areas surrounding the Mishawaka Campus. Design for the building that will house our patient care staff is complete and a programming meeting for the new hospice house was held on June 2nd.

Board Engagement

There are many ways in which CHC board members can become involved in Hospice Foundation activities. Volunteer opportunities exist with all of our major events, i.e. Bike Michiana for Hospice, Walk for Hospice, Okuyamba Fest, and the Helping Hands Dinner. In addition, we love having board members involved in assisting us with raising funds to support various Center for Hospice Care initiatives. To express interest in becoming involved in Hospice Foundation activities and fundraising initiatives, feel free to contact either Mark Murray or Mike Wargo at any time.

COMMUNICATIONS, MARKETING, VOLUNTEERS AND ACCESS

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

Marketing & Access Update – April & May

Outreach and Liaison News

Community Outreach:

- Hospice 101 was presented to the Granger Lions Club on May 21.
- CHC was a sponsor of the Aging Gracefully four-part Series in Nappanee which ran in April and May. It was well attended and CHC Nurse Practitioner Cathie Whitcroft, DNP, ACHPN, FNP-BC, served on the opening panel.
- Hospice 101 was presented to a seniors group at the Life Enrichment Center in Plymouth.
- CHC exhibited at the Community Health Fair held at the Century Center with 1,300 attendees.
- CHC participated in a community health fair at the Career Academy of South Bend. More than 400 students attended.
- CHC participated in the IU-Starke Community Health Fair, held at the Knox Community Center.
- Beacon Medical Group has requested to partner with CHC to help their staff understand the importance of earlier referrals. Brainstorming sessions are being scheduled.
- Dan Zelmer and Mike Stack, CHC Community Liaisons, Chris Taelman, Hospice

Foundation Chief Development Officer, and Dr. Guy Kedziora from Michiana Hematology Oncology were the CHC Foursome in the inaugural Riverbend Cancer Services golf outing in Benton Harbor.

- CHC was also a sponsor of the national Cancer Survivor's Day game at Four Winds Field held in conjunction with Riverbend Cancer Services on June 6.
- CHC continues in conversation with Franciscan Select Health ACO regarding CHC participation.
- On May 7, CHC was the local sponsor of Dr. Bill Thomas' Age of Disruption Tour, held at the State Theater in South Bend.
- CHC has opened its doors to the Alzheimer's Support Group of northern Indiana. This group will call CHC home on the first Wednesday of each month.

Marketing & Access News April through 2015

Volunteer Department:

- 15 new volunteer interviews
- 24 new volunteer inquiries
- Training nine new volunteers in June – weekday
- Training 20 new volunteers in August – Saturdays
- The 2015 Annual Volunteer Recognition Luncheon was held on April 21 at the Brick in South Bend. Generously donated by board member, Corey Cressy, the luncheon was a huge success with more than 200 in attendance. Volunteer Edie Petrie received the John Kreuger, MD Hospice Caring Award.
- The 2015 Annual Volunteer In-service was held Tuesday, June 9. 140 volunteers RSVP'd with 132 actually showing up. "Tailgate Training" was held at our Mishawaka Campus with two identical trainings offered – one in the morning and one in the evening. Validation Therapy, Family Dynamics and Caregiving, and Anticipatory Grief was presented at each session. Tailgate-themed food was catered in-house and served for lunch as well as dinner. Survey results were very positive.

Access:

- Tammy Huyvaert, RN, Admissions Coordinator & Sarah Lambert, Intake Coordinator, presented "What Happens After the Phone Rings," at the May NHERT meeting in Delaware.

Marketing:

- The spring issue of Choices was written, designed, and delivered in mid-May.
- CHC/HF's annual report was written, designed, and delivered in early June.
- On April 13, Senior Life newspaper featured a story on CHC's President / CEO, Mark Murray
- On May 19, WNDU featured a well-done story on Camp Evergreen, resulting in many people stepping up to volunteers, allowing us to serve more youth.
- Amy Tribbett, Debra Mayfield, & Sarah Lambert attended the Management Leadership Conference in National Harbor, MD in April. Amy Tribbett co-presented "Content is King" at the MLC.

CHC BOARD ENGAGEMENT

We encourage all board members to participate on a board committee. Committees meet at various times and frequencies. The following committees of the CHC Board of Directors are currently available for board member participation. Contact the Chairman of the Board, Amy Kuhar Mauro, if you are interested in joining one of these committees. If you have questions, feel free to contact the President / CEO.

Bylaws Committee

The Bylaws Committee consists of the CHC Executive Committee and other appointees by the Chairman of the Board of Directors in such numbers as they deem necessary. It shall have the responsibility of reviewing the Corporation's Bylaws at least once every three years.

Nominating Committee

The Nominating Committee shall consist of the CHC Executive Committee and other appointees by the Chairman of the Board of Directors in such numbers as they deem necessary. It shall have the responsibility of nominating candidates for positions on the Board, as well as for officers of the Board of Directors. The committee generally meets two to three times a year.

Personnel Committee

The Personnel Committee consists of the Executive Committee and other appointees by the Chairman of the Board of Directors and is chaired by the CHC Board Chair. This committee concerns itself with the review and recommendations for approval of the Human Resources Personnel Policies governing the staff of CHC / HF. This committee meets at least biannually to review the Human Resources Manual and as needed. The committee will meet again in early 2016 and the manual is published every other year on July 1.

Professional Advisory Group

This committee meets one time per year to review several patient care policies as required by the federal and/or state Home Health regulations (not hospice). Board members are welcome to participate on this committee. The group meets annually in March / April.

Medicare Compliance Committee

I would also appreciate having a board member participate on the CHC Medicare Compliance Committee. This committee meets quarterly and the next meeting is June 18. We do not have specific dates set up for the rest of the year, but could easily do that. This group meets at the South Bend office at 3 PM usually on a Tuesday or Thursday. The committee annually reviews our Medicare Compliance Plan for both hospice and home healthcare, monitors various publications for any identified risk areas and discusses whether CHC is at risk, and also plans subject matter for the annual Compliance in-service for an All Staff meeting. CHC takes compliance very seriously and to have a member of the Governing Body on the committee would be a plus. While the board receives the minutes of each of these meetings, I believe it would be beneficial for this board

member to make a brief report on these meetings at the next board meeting following a Compliance Committee meeting.

Additional opportunities are listed above at the conclusion of the Hospice Foundation section of this report. If you are interested in any of the opportunities mentioned above, please contact me or Amy Kuhar Mauro.

PATIENT CARE POLICY CHANGE

There is one policy on the Agenda for Board approval. There are some very minor edits to the “Physician Notification of Missed Scheduled Visit” policy to reflect actual practice and our attempt to move away from paper. These are not material changes. Dave Haley will present this and we can answer any questions you may have.

CMS PROPOSES MANY CHANGES TO MEDICARE HOSPICE BENEFIT, INCLUDING A MAJOR CHANGE IN HOSPICE PAYMENT METHODOLOGY

On April 30, CMS posted the FY2016 FY 2016 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements proposed rule. The proposed rule was published officially in the Federal Register on May 5, 2015 with a 60 day comment period. Comments are due June 29, 2015.

The broad provisions of the very complicated proposed rule include:

1. Rate increase: 1.8% after productivity factor reductions. The actual amount of productivity factor reductions is unknown at this time.
2. BNAF Complete: Final year of seven-year Budget Neutrality Adjustment Factor (BNAF) phase out. The BNAF is a multiplier to the wage index and is an “invisible” adjustment to the hospice wage index.
3. 2010 Census Core Based Statistical Area (CBSA) Designations: New CBSA designations are based on the 2010 US Census. These new designations will move some counties and jurisdictions from urban to rural and from rural and urban. The FY2016 wage index will be a 50/50 combination of the old CBSA/rural area and the new CBSA/rural area.
4. Diagnoses on Claim Form: CMS proposes that hospices “will report all diagnoses identified in the initial and comprehensive assessments on hospice claims, whether related or unrelated to the terminal prognosis of the individual. This includes the reporting of any mental health disorders and conditions that would affect the plan of care...”
5. Proposed two level routine home care rates: Proposal to create two different payment rates for routine home care (RHC): a.) higher base payment rate for the first 60 days of care, and b.) lower payment rate for days 61 or over of hospice care.

6. Service intensity add-on: Proposal to create a service intensity add-on (SIA) which would pay, in addition to the routine home care rate, a rate equal to the Continuous Home Care hourly rate for RN or social worker services during the last 7 days of life, with certain restrictions. No SIA add-on is available for patients residing in skilled nursing facilities.
7. Hospice Quality Reporting Updates: Updates to the hospice quality reporting program. The compliance goal is 90% compliance meeting the submission deadline for admissions and discharges. The incremental compliance threshold is:
 - a.) 2016 – 70% good, below 70% - 2% penalty
 - b.) 2017 – 80% threshold, below 80% - 2% penalty
 - c.) 2018 – 90% threshold, below 90% - 2% penalty

CHC is currently 100% compliant with this quality reporting mandate.

8. Hospice Compare will be developed, although there is no firm date for implementation.

The new payment structure is interesting. Of course, the real modus behind it is to provide a disincentive for long lengths of stay for hospice patients. None of CHC's CBSA's has changed. Due to 38% of CHC's current census expiring in seven days or less, a first glance at the new payment system would suggest that CHC would do very well. Many of our patients would receive the higher (+15.33%) routine home care rate on top of the SIA. However, the CBSA multiplier which is based on the Hospital Wage Index for the Urban and Rural areas, and is a critical component of setting CHC's rates, goes up and down each year for each of the hundreds of CBSAs. Unfortunately CHC's CBSA Wage Index multiplier for FY2016 went down -3.6% for St. Joseph County, -4.3% for Elkhart County, and -2.0% for all of the others (the Indiana Rural Rate). This is one of the most drastic year-over-year decreases we have ever experienced. I asked Karl to run the lengths of stay for Medicare Hospice Benefit patients for all of 2014 and apply the new payment system and then apply the FY2016 rates to model how we would have done under the new payment system had it been in place during all of 2014. The SIA factor in Karl's model was a somewhat conservative five hours per patient for the last seven days. Basically, what came out was a wash. We would have received \$15,961.48 more, or, +0.08%.

NEW HOSPICE LEGISLATION INTRODUCED

As 2015 Board Chair of the Hospice Action Network, it is my pleasure to report that Representatives Tom Reed (R-NY) and Mike Thompson (D-CA) have introduced H.R. 2208, the Hospice Commitment to Accurate and Relevant Encounters (CARE) Act. This legislation would make the following changes to the hospice face-to-face requirement in order to align it with the operational realities of hospice programs:

1. Expand the types of hospice-employed professionals who can have a face-to-face encounter. Currently only a physician employed by or under contract with the hospice, or an NP who is employed by the hospice, may do so. We are proposing to also allow hospice-employed physician assistants or clinical nurse specialists to provide these visits. This will facilitate timely provision of face-to-face visits.

2. Change the reference to “the 180th day recertification” to “the first 60 day period” in order to make the statute consistent with CMS’s interpretation. This change would have no actual effect and is simply an effort to make the statute consistent with CMS’s interpretation.
3. Allow a new hospice up to seven (7) days after a patient elects hospice to provide a face-to-face encounter, thereby expediting admission in the limited circumstances of a new hospice admission who requires a face-to-face encounter because of past experience with a different hospice

It is our hope that the Hospice CARE Act will be combined with another recently introduced bill, the Medicare Patient Access to Hospice Act, H.R. 1202 which would allow physician assistants (PAs) to provide hospice care to those patients who elect Medicare’s hospice benefit. Together, these two changes would have a significant impact on hospice programs’ ability to remain in regulatory compliance and preserve patient access to hospice.

Since it is that time in a new Congressional session where offices are focused on re/ introducing legislation which aligns with their key priorities, you will probably hear from us quite a bit about federal bills relevant to hospice and palliative care. We know that another provision of the HELP Act, the requirement to pilot hospice payment reform, is in the pipeline and will likely appear in separate legislation for this session of Congress soon.

LARGEST EVER 22nd ANNUAL CAMP EVERGREEN BY THE NUMBERS

Teen Camp, June 5-7, 2015

Teen Campers = 26

Teen Buddies = 10

Teen Staff = 6

Teen Activity Volunteers = 7

Total Involved = 49

Youth Camp, June 6, 2015

Youth Campers = 36

Youth Buddies = 36

Youth Staff = 4

Youth Activity Volunteers = 13

Total Involved = 89

Total for Both Camps

Total Campers = 62

Total Buddies = 46

Total Staff = 10

Total Activity Volunteers = 20

TOTAL INVOLVED WITH BOTH CAMPS: 138

QUALITY ASSURANCE COMMITTEE MINUTES

Attached to this report are the most recent minutes of the internal CHC Quality Assurance Committee. We currently do not have a board representative on the QA Committee. A clinical person from the board would be ideal, but everyone is welcome. Please contact me with any questions. I am pleased to announce that board member Carol Walker, RN, MSN has agreed to serve on this committee and will be presenting the report to the board following these quarterly committee meetings.

NHERT MEETINGS HELD IN MAY 2015

The 12 member CEOs of the National Hospice Executive Roundtable took the opportunity while in Washington, DC for the NHPCO Management and Leadership Conference to spend Friday, May 1 at the Advisory Board Company's national headquarters to meet with their researchers on a variety of issues. A custom Agenda was developed exclusively for the NHERT and included: The Transition to Population Health: An Update on Financial and Care Management Challenges; Inside the Mind of a Cancer Patient; Building a Best-In-Class Hospice Scorecard; and Educating Hospitals on Palliative Care.

The NHERT also met at member Delaware Hospice the week of May 11 for its regular mid-year meeting of the three we do each year. The focus of this meeting was Intake and Admissions. Each CEO brought to the meeting their lead staff in these areas. Each staff person had to present a PowerPoint session for thirty minutes each in front of the large group. CHC's brought two staff, the Intake Coordinator and the Admissions Coordinators. Questions that were answered during each presentation included: sharing information about organizational charts; reporting structures, hours, calls per day; telephone management software; reporting productivity and output; interaction between intake and admissions; collaborations with sales / liaisons; how do we know we're doing a great job; required background / skills / experiences / credentials of staff; job functions; number of visits per day, percent admitted, and much more. It was a very valuable day and everyone received a copy of each PowerPoint presented along with contact information for follow-up questions.

ANOTHER CHC FAMILY EVENT ON JULY 4TH

We continually strive to take advantage of our Mishawaka Campus location and have invited all CHC staff from all offices along with their immediate families to join us at dusk for the Mishawaka 4th of July Fireworks. The show takes place at Beutter Park directly across the river from our offices. Staffs are invited to bring their lawn chairs and blankets and enjoy a ring side seat from the fenced in grassy area on the riverside and courtyard area. Hot dogs, popcorn and soft drinks will be served. We are offering staff private parking in the CHC lot and any CHC name badge per car load will be the admission ticket.

CENTER FOR HOSPICE CARE TO RECEIVE AWARD

Holy Cross College will present Center for Hospice Care with the "Service Award" on June 25th at their first biennial gala, "Through the Eyes of Faith" to benefit the College's Global Perspectives

program. The proceeds from this event will provide grants for students who wish to travel internationally for a global immersion experience. In this inaugural year, “Through the Eyes of Faith,” will be honoring Daniel Fitzpatrick of Quality Dining with the College’s Fidelis Award. This award is presented to an individual who exemplifies a “life lived in faith.” This award was initiated by Holy Cross during the Catholic Church’s Year of Faith observance in October 2012.

OUT AND ABOUT

Administrative Team members Dave Haley, Mike Wargo, Karl Holderman, Amy Tribbett and me all attended NHPCO’s 30th Management and Leadership Conference in National Harbor, MD at various times from April 28 - May1. Also attending was: Larry Rice, Spiritual Care Coordinator; Sarah Lambert, Intake Coordinator; and Debra Mayfield, Volunteer Coordinator.

I attended the HAN Board of Directors meeting, the NHPCO Executive Committee meeting, and the NHPCO Board of Directors meeting during the above conference.

I attended the National Hospice Executive Roundtable meeting in Wilmington, DE May 13-15.

CHC / HF was represented at the 16th Annual Spring Spectacular at the Lerner Theatre in Elkhart on May 15th which featured actress, model, author and mental health advocate Mariel Hemingway as the featured speaker.

Amy Tribbett attended the Home Care & Hospice LINK meeting in Chicago, meeting with numerous vendors and innovators in end of life care, June 8-10.

Mike Wargo and I attended the President's Community Leaders Breakfast at the Morris Inn at the University of Notre Dame on June 10.

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

Dave Haley’s Census Charts

The NHPCO and Affiliates Annual Report for 2014

Clip from the Elkhart Truth indicating that CHC won the “2015 Best of Elkhart County: Hospice Provider.”

Email from a teacher at Wilson Primary Center thanking us for our Grief Group.

QI Committee Minutes from May 19, 2015

HARD COPY BOARD ITEMS TO BE DISTRIBUTED AT THE MEETING

April and May 2015 Financials.

CHC / HF Annual Report for 2015

Flyer on Dinner and a Movie, Tuesday, June 30 at 5:30 p.m. for the film, "Finding Neverland."

CHC key chain pill holder and CHC bandage holder

NEXT REGULAR BOARD MEETING

Our next regular Board Meeting will be **Wednesday, August 19, 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 .

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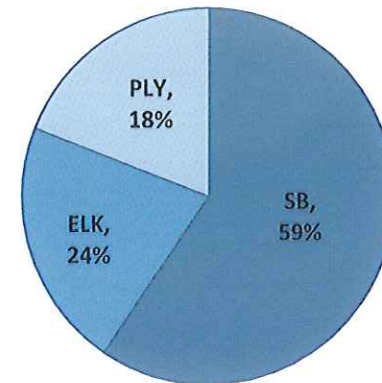
Center for Hospice Care
2015 YTD Average Daily Census (ADC)

(includes Hospice House and Home Health)

	<u>All</u>	<u>South Bend</u>	<u>Elkhart</u>	<u>Plymouth</u>
J	369	213	88	68
F	356	206	86	64
M	382	224	92	67
A	403	240	92	72
M	401	235	98	68
J				
J				
A				
S				
O				
N				
D				

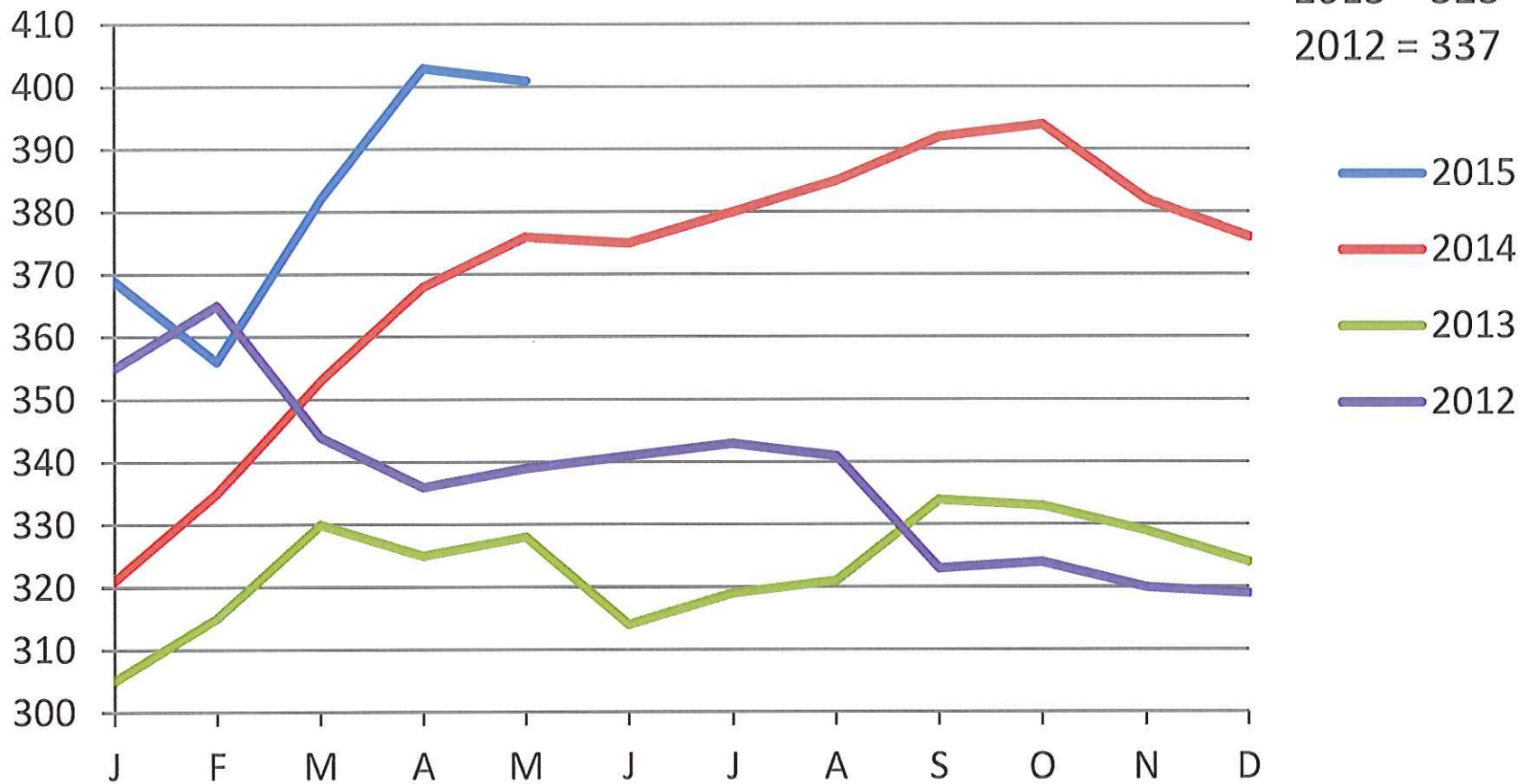
2015 YTD Totals	1911	1118	456	339
2015 YTD ADC	382	224	91	68
2014 YTD ADC	351	213	66	72
YTD Change 2014 to 2015	31	11	25	-4
YTD % Change 2014 to 2015	8.9%	5.0%	38.2%	-5.8%

**2015 YTD ADC
by Branch**



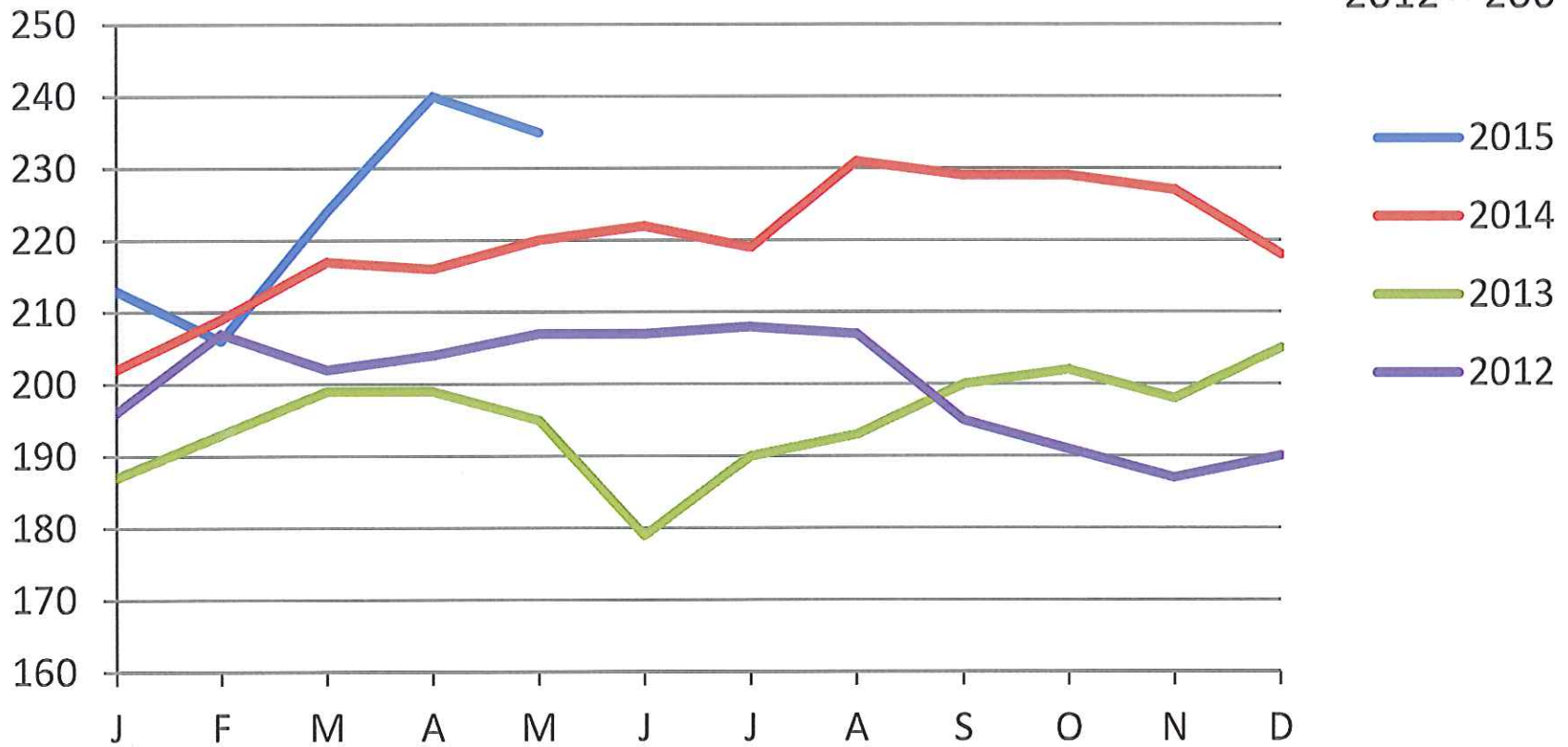
Center for Hospice Care Total Average Daily Census (ADC)

ADC
 YTD 2015 = 382
 2014 = 370
 2013 = 323
 2012 = 337



South Bend Average Daily Census

ADC
 YTD 2015 = 224
 2014 = 220
 2013 = 195
 2012 = 200



Elkhart Average Daily Census

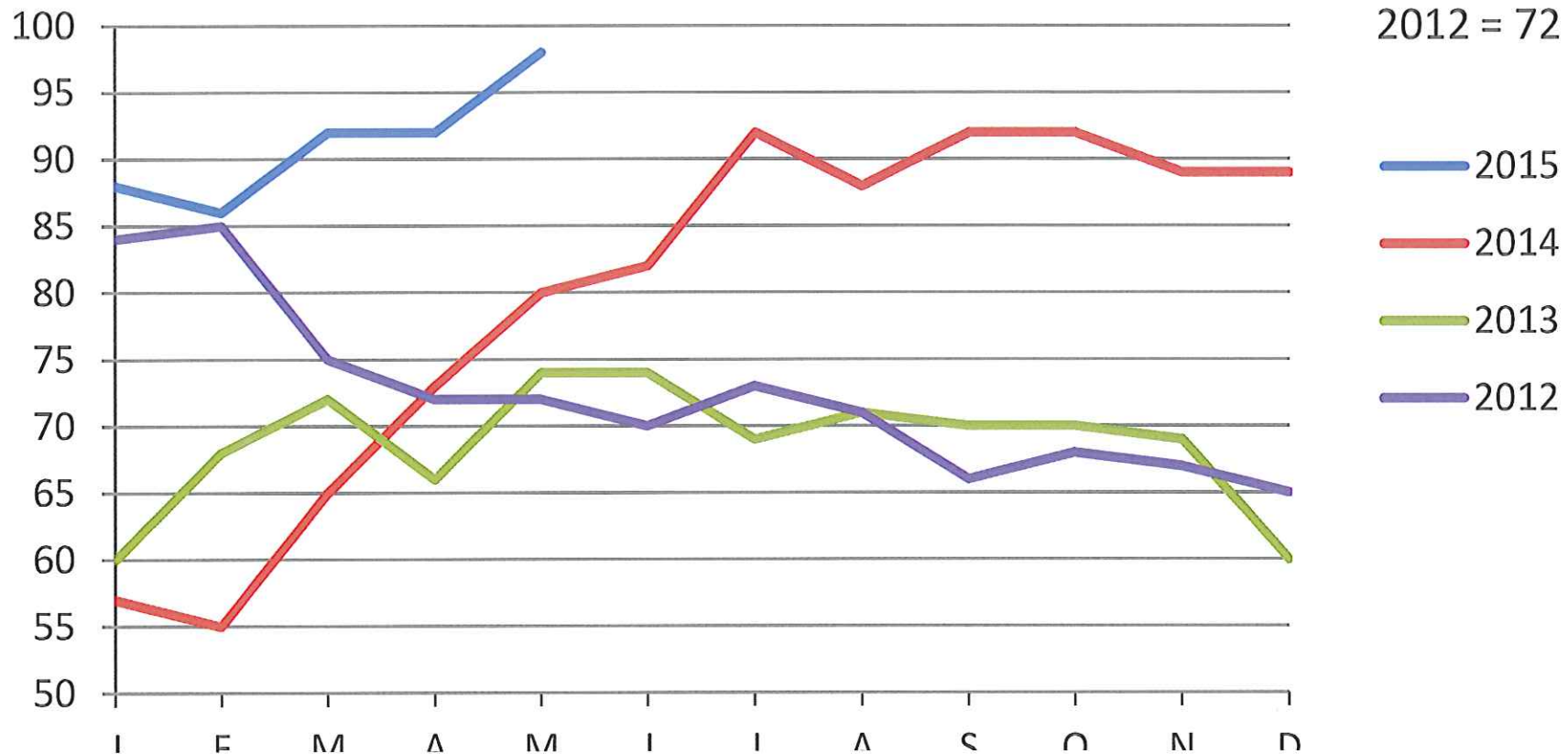
ADC

YTD 2015 = 91

2014 = 80

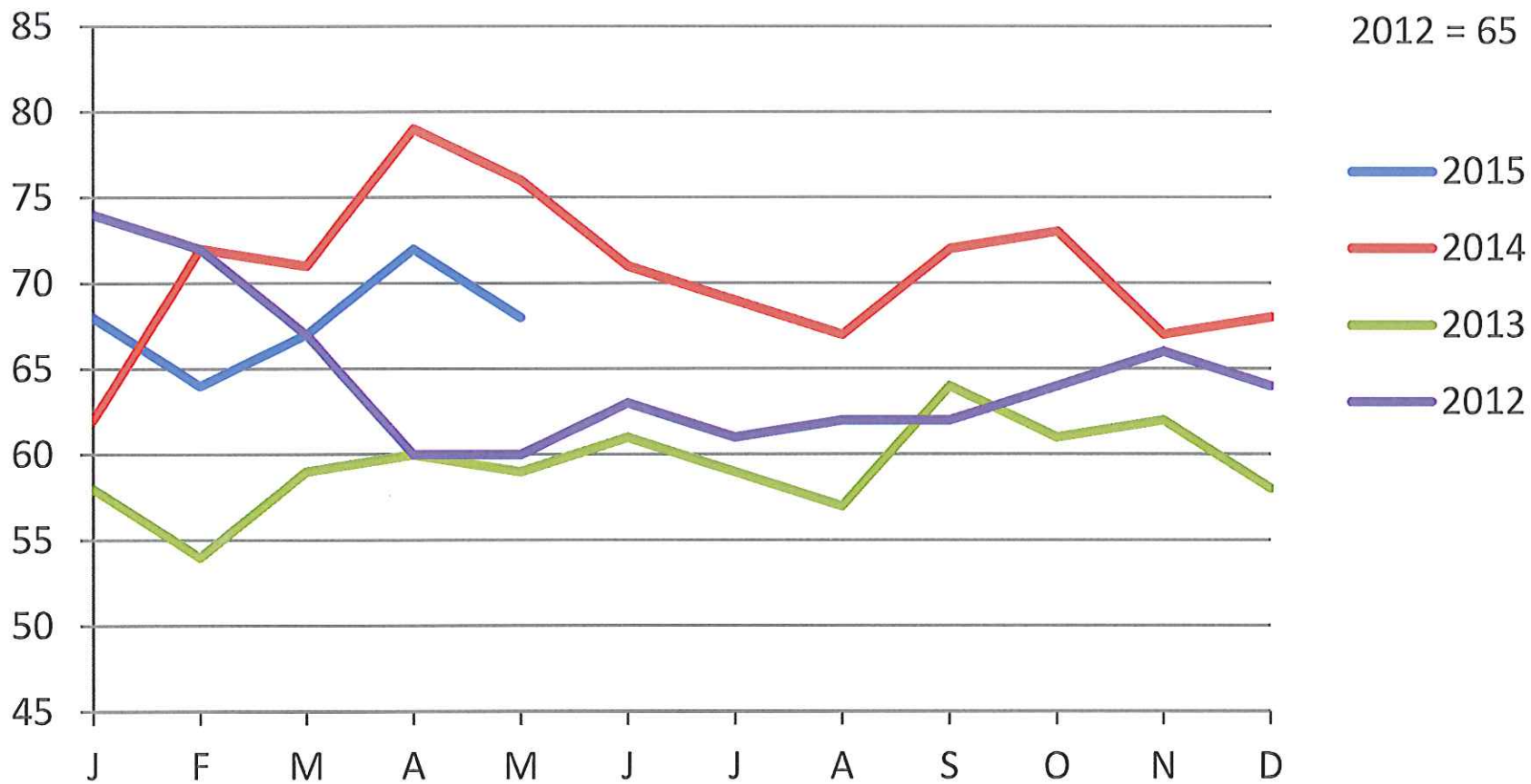
2013 = 69

2012 = 72

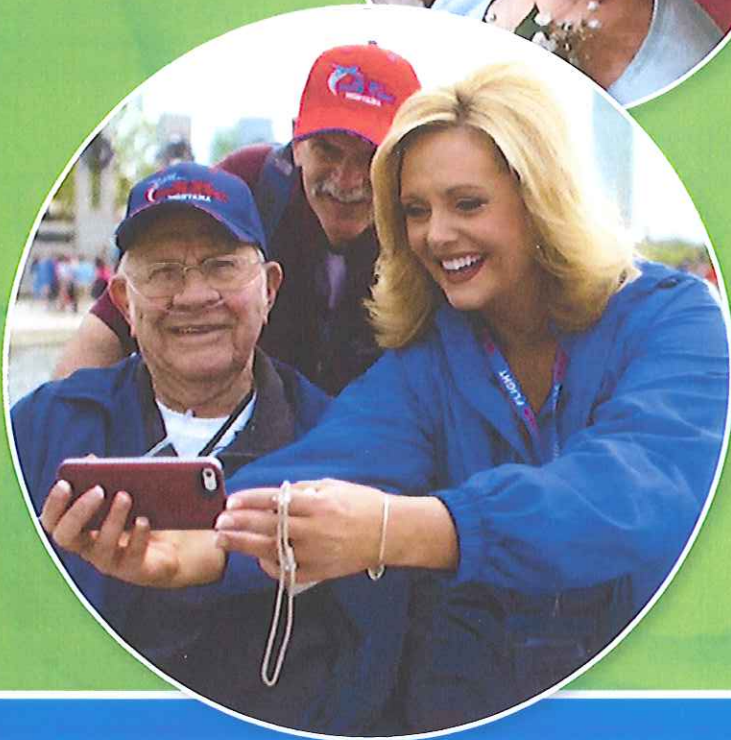
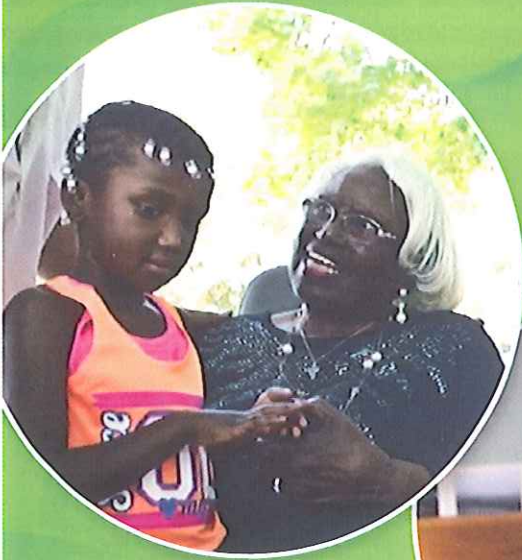


Plymouth Average Daily Census

ADC
YTD 2015 = 68
2014 = 71
2013 = 59
2012 = 65



2014 Annual Report



more

advocacy
philanthropy
quality
education
compliance
awareness
support
networking
connections



Our Shared Vision:

A world where individuals and families facing serious illness, death, and grief will experience the best that humankind can offer.





National Hospice and Palliative Care Organization

Mission: To lead and mobilize social change for improved care at the end of life.

NHPCO Board of Directors for 2015

Chair

Linda Rock

Vice Chair

Jan Jones

Immediate Past Chair

Ronald Fried

Secretary

Sandy Kuhlman

Treasurer

John Thoma

President and CEO

J. Donald Schumacher

Board Members

Rex Allen

Sharon Baxter

Samira Beckwith

Lori Bishop

Regina Bodnar

Elizabeth Clark (*ex-officio*)

Kate Cummings

Jeanne Dennis

Joan Harrold

Suzi Johnson

Daniel Maison

Michael McHale

Jane Moore

Mark Murray (*ex-officio*)

David Prail

SueAnn Reynolds

Jim Robinson

Linda Todd

Gregory Wood

Kenneth Zeri

Representative Accomplishments

- Launched *Moments of Life: Made Possible by Hospice* campaign telling real stories of hospice that garnered more than 17 million digital impressions and 32,000+ video views in 2014.
- Helped prepare the provider community for increased federal oversight mandated by the IMPACT Act as well as creating a wide range of regulatory tools to help members with compliance.
- Hosted two annual in-person conferences (MLC and CTC), a virtual conference on palliative care, 27 Webinars, and over 100 online courses among our professional development offerings.
- Launched our first mobile conference app at the Clinical Team Conference in Nashville.
- Served as a valued source of information on Quality Reporting and federally mandated data collection initiatives.
- Answered more than 5,000 member inquiries involving regulatory and compliance issues.
- Unveiled *NHPCO Edge*, our consulting services division designed to increase available services and expand the reach of our expertise.
- Explored timely issues in depth through work groups that included the Palliative Care Advisory Council, Rural Task Force, Relatedness Workgroup, and Ethics Workgroup.
- Coordinated efforts of the Diversity Advisory Council to provide guidance and technical expertise on serving diverse populations.
- Maintained valued relationships and ongoing discussions with agencies that included CMS, MedPAC, OIG, NQF and other national and international associations and stakeholder groups.
- Engaged with national and local media that included print, digital, and broadcast.
- Welcomed new community partners as part of the *We Honor Veterans* initiative and launched a new website that includes electronic submission system for partners to report activity.
- Signed new one year contract with the VA for \$330,000 to support expansion of *We Honor Veterans*.
- Created the Galen Miller Leadership Award to recognize a hospice champion and leader in the field.

National Hospice and Palliative Care Organization



Learn more about NHPCO at www.nhpc.org

Linda Rock, NHPCO Board Chair

As the oldest and largest leadership organization working on behalf of hospice and palliative care, the work of NHPCO extends beyond the ranks of our membership. Our accomplishments serve a broad constituency and are recognized as a vital part of the work being done to advance the continuum of care within this country and beyond.





Hospice Action Network

Mission: To advocate, with one voice, for policies that ensure the best care for patients and families facing the end of life.

HAN Board of Directors for 2015

Chair

Mark Murray

Vice Chair

Michael Reed

Secretary

Norman McRae

Treasurer

Susan Lloyd

President and CEO

J. Donald Schumacher

Board Members

Samira Beckwith

Mary Ann Boccolini

Tim Bowen

Christie Franklin

Ronald Fried

Rod Hildebrant

Angela Hollis-Sells

Craig S. Jeffries

Suzi Johnson

Jan Jones

Sandy Kuhlman

Jane Moore

Todd Picou

Randy Platt

David Rehm

Linda Rock (*ex-officio*)

Rafael Sciallo

Todd Stern

Representative Accomplishments

- Successfully led the hospice community in a multi-pronged campaign to pressure CMS to change their guidance on hospice and Medicare Part D, bringing relief to providers, patients and family caregivers.
- Protected patient choice for Medicare Advantage enrollees by advocating against a hospice “carve-in.”
- Supported passage of the IMPACT Act that mandates more timely surveys for hospice programs.
- Hosted the Policy Symposium, “The Right Care at the Right Time,” an open conversation about hospice length of stay.
- Brought 240 Hospice Advocates representing 200 Congressional districts to Capitol Hill to connect with and influence federal lawmakers at the annual two-day Advocacy Intensive.
- Continued ongoing efforts to prepare local hospices for increased in-district engagement among members of Congress.
- Conducted the Hospice Advocacy Intelligence Survey to catalogue existing relationships between federal lawmakers and Hospice Advocates.
- Created innovative Policy Points videos explaining the IMPACT Act and policy activity likely to figure prominently in the year ahead.
- Produced the webcast “Leadership Live: Election Analysis” focusing on the impact of the mid-term elections.
- Provided continued support of the HELP the Hospices legislation and endorsed the Personalize Your Care Act and the Care for Our Heroes Act.



Hospice Action Network

Learn more about HAN at www.HospiceActionNetwork.org

Mark Murray, HAN Board Chair

With a mission of protection and expansion of compassionate, high quality, patient and family-centered hospice and palliative care, I am proud to Chair the HAN Board as we fight for those facing a life-limiting illness by sharing the hospice story on Capitol Hill and by activating a grassroots network of advocates throughout the U.S.





National Hospice Foundation

Mission: Inspiring donors to advance compassionate end-of-life care.

Foundation Board of Directors for 2015

The Foundation Board oversees the work of both the National Hospice Foundation and of Global Partners in Care.

Chair

Elizabeth Clark

Vice Chair

Gretchen Markum Brown

Immediate Past Chair

Samira Beckwith

Secretary

Catherine Hamel

Treasurer

Elaine Ashby

President and CEO

J. Donald Schumacher

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Terry Duncombe

Patricia Ford

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Jan Jones

Patricia Moore

Jeanee Parker Martin

Polly Rehnwall

Linda Rock (*ex-officio*)

Beverly Schwartz

Lynn Shapiro Snyder

Mary Taverna (*ex-officio*)

Linda Todd

Ann Vickery

Representative Accomplishments

- Celebrated 40 years of hospice in America at the 2014 NHF Gala raising more than \$270,000 in sponsorships, auction and the appeal.
- Hosted the Indian-themed "A Night in Mumbai" fundraiser in Nashville that brought in \$55,000 in sponsorships and donations benefitting Global Partners in Care.
- Transitioned *Run to Remember* into the *Become a Fundraiser* initiative allowing people to use this innovative fundraising platform to turn any passion or event into a fundraising opportunity.
- Continued to honor, remember and invest in hospice and palliative care through the NHF Tributes Project.
- Re-envisioned a new, dynamic web presence for the National Hospice Foundation.
- Launched the NHF Gift Catalog allowing individuals to give gifts that benefit specific programs or initiatives.
- Published NHF newsletter "Giving Matters" that shared inspiring donor stories and accomplishments of note.
- Proudly sponsored the 2014 Circle of Life Award® that celebrates innovation and is presented annually by the American Hospital Association.



National Hospice
Foundation

Learn more about NHF at www.NationalHospiceFoundation.org

Elizabeth Clark, Foundation Board Chair

I am inspired by our Global Partners in Care tagline that "compassion has no borders." I would add that compassion in the care of persons who are dying should have no limits or exceptions. Yet, only half of individuals dying in this country receive compassionate end-of-life care. As a society, we can do better--much better, and National Hospice Foundation and Global Partners in Care work each day toward this goal.





Global Partners in Care

Mission: To build partnerships to enhance compassionate care globally.

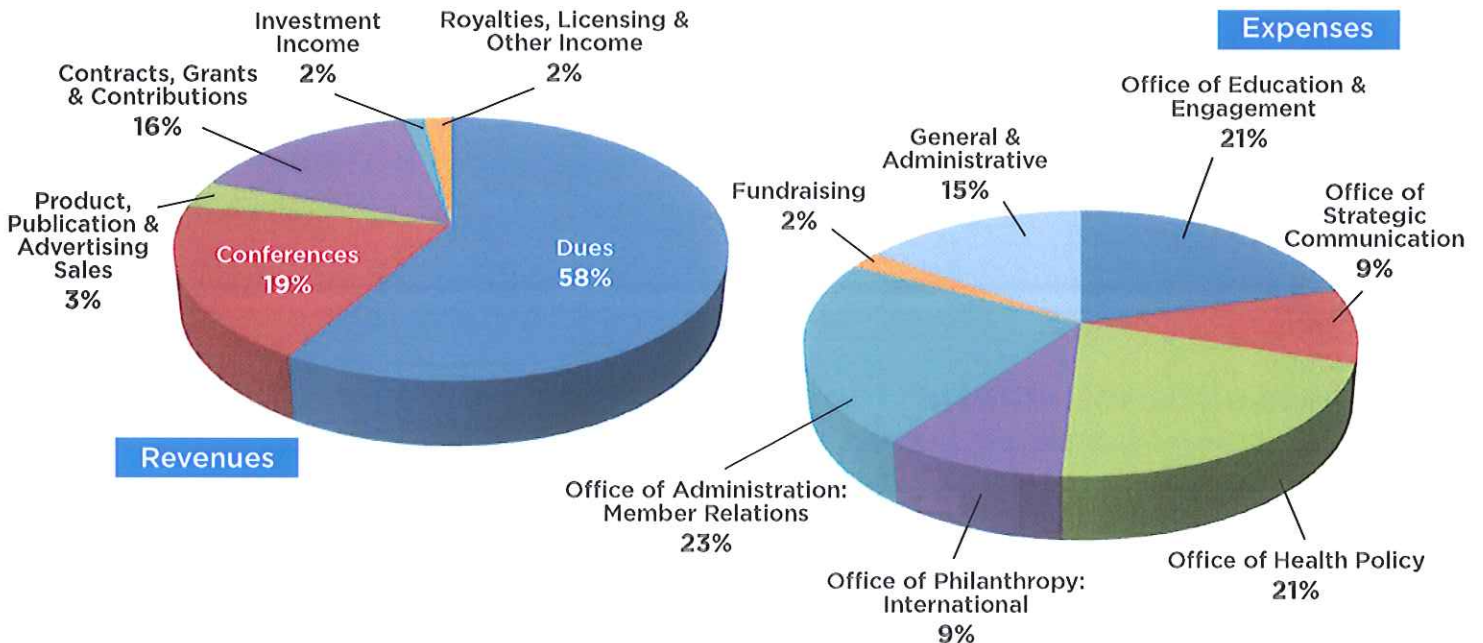
Representative Accomplishments

- Rebranded FHSSA as Global Partners in Care focusing on increased partnerships in Africa and India; announced the first partnership in India in West Bengal and established three additional partnerships between U.S. hospices and programs in Africa.
- Wired a total of \$524,235 directly to hospice and palliative programs in Africa - funds that were raised by U.S. programs for their respective international partner.
- Launched a new website for Global Partners in Care.
- Provided technical assistance and support for over 80 U.S. and International partnerships representing 31 U.S. states and 14 international countries.
- Created a new online "Partner Toolkit" of practical strategies and resources for U.S. and International partners.
- Generated funds for the African Palliative Care Nursing and Social Work Scholarship programs.
- Published *Guidelines for Clinical Placement in Hospice and Palliative Care in Africa* in collaboration with the African Palliative Care Association.
- Registered Global Partners in Care with AmazonSmile and TisBest Charity Gift Card program.
- Continued "Gold" status with Guidestar - their highest rating.
- Updated the design of our e-newsletter, "Focus on Compassion"



Learn more at www.GlobalPartnersinCare.org

NHPCO and Affiliate Organizations Consolidated Financial Information, 2014 (audited)





A Message from Don...

J. Donald Schumacher, President and CEO

Four organizations that share a single vision of a world where individuals and families facing serious illness, death, and grief will experience the best that humankind can offer. As I think about the work of the National Hospice and Palliative Care Organization, National Hospice Foundation, Global Partners in Care, and Hospice Action Network from the past year, it's impossible not to think about the many hospice and palliative care professionals, volunteers, donors, supporters and advocates who all make our work possible. We are indeed a unified community working together - and while this report shares only a selection of the accomplishments from our family of organizations, I hope you'll remember that an essential component of all our work is you and our shared passion to make a profound difference at the bedside, in our communities, in our nation and beyond.

This annual report is relatively brief, by design. I encourage you to visit each of our websites where you will find more comprehensive information about each of our organizations.

Yes, it seems we are faced with ongoing challenges but I continue to be impressed by the way our community responds, adapts and evolves. Looking towards the future I am confident that we have much to accomplish and we will achieve far more than we can imagine.

I am honored to be working with a talented team and a dedicated membership; most importantly, I am proud to be a part of this very special community that has changed care delivery in this country.

Thank you for all that you do!

J. Donald Schumacher, PsyD



Moments of Life: Made Possible by Hospice

This innovative multi-faceted campaign, launched in 2014, is showing the world that hospice is about more than care for the dying. Hospice and palliative care can make more meaningful moments possible, even when a person is facing a serious or life-limiting illness. Featuring videos, photos, blogs and educational information, *Moments of Life* is changing the way people think about hospice. See hospice in action at www.momentsoflife.org.



Living

2015 Best of Elkhart County: Hospice Provider

See who was voted best and favorites in Elkhart County.

Posted on April 30, 2015 at 12:15 a.m.

The Elkhart Truth's Best Of 2015 showcases Elkhart County's top businesses, services and more, as decided by our readers. One best and three favorites are listed below. The full list of categories is available on elkharttruth.com.



Best:

- Center for Hospice Care

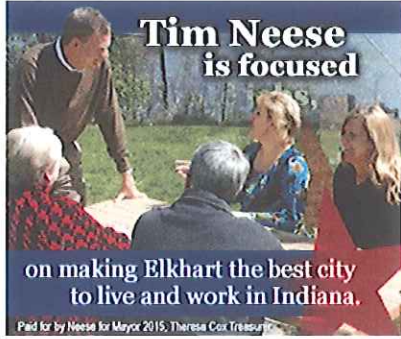
Favorites:

- IU Health Goshen Hospice
- Milley's Merry Manor
- Heartland Hospice

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Top Stories



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Obituary: Timothy M. Alwine



"A Prairie Home Companion" at Goshen College filled with music and Mennonite commentary



65 people were arrested in Elkhart County between April 24 and May 1



What's new on Netflix, Hulu and Amazon Prime in May?

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Tastings, tours and Siam Thai menu makes its return The Elkhart Truth



After her son died in the line of duty, a mother takes on an enormous mission The Elkhart Truth



'Shower Your Baby with Love' baby shower offers free baby items to parents The Elkhart Truth



Star Wars Day: Four ways to enjoy Star Wars besides the movies The Elkhart Truth



TOP COMMENTS

Mark Murray

From: Maria Winston <mwinston@sbcsc.k12.in.us>
Sent: Friday, June 05, 2015 11:28 AM
To: Mark Murray
Subject: Hospice Group

Dear Mr. Murray,

My name is Maria Winston and I work at Wilson Primary Center. I was the contact person for Annetee Deguch when she came and did a grief group with 9 of our students here at Wilson Primary Center. I just want to thank you on behalf of all the parents and students that participated this year. I was able to assist Annette during several sessions and found it to be a child friendly and gently engaging, the students responded amazingly well to Annette. She had the perfect approach to some of the sharing and questioning the children had. I got phone calls and great input from parents with specific things they appreciated from the program you offered here at Wilson. They said their children were talking more about their feelings concerning grief, and seemed excited to go to the meetings. The parents were very grateful for the help in helping their children cope with grief. I have had several parents ask if it will be offered next year and I told them I will do everything I can to get it back. So my plea to you is that you keep the program going and continue to help our children with an area that we don't usually get to go in depth with here at school. Annette seemed to have the right skills and sensitivity that the children seemed to open up in a genuine way. I was impressed with how much participation was happening during the discussion part of the meeting. I personally have had loss in my own life and realized what a soothing balm it was to sit in a group with others that 'got' me and understood what grief entails. I strongly feel that the children in the group had the same breakthrough and it had them wanting to come back for more. Thank you so much for helping our grieving children, I hope you will strongly consider continuing the program next year,

Maria Winston

--

Every kid is one caring adult away from being a success story... -Josh Shipp

Maria Winston
Bilingual Education Specialist
Wilson Primary Center
(574) 283-7406

**Center for Hospice Care
 QI Committee Meeting Minutes
 May 19, 2015**

<i>Members Present:</i>	Alice Wolff, Amy Knapp, Amy Tribbett, Brett Maccani, Dave Haley, Denise Scroggs, Gail Wind, Greg Gifford, Holly Farmer, Larry Rice, Mark Murray, Rebecca Fear, Sue Morgan, Becky Kizer
<i>Absent:</i>	Vicki Gnoth

Topic	Discussion	Action
1. Call to Order	<ul style="list-style-type: none"> The meeting was called to order at 8:00 a.m. 	
2. Minutes	<ul style="list-style-type: none"> The minutes of the 02/17/15 were approved by consensus. 	
3. Quarterly Reports	<ul style="list-style-type: none"> At the last meeting we discussed moving forward with a new format. We are still investigating how that will look, so there is no first quarter 2015 report today. 	
4. QA Audit Nursing Tallies	<ul style="list-style-type: none"> We investigated the practices of the QA auditors and found each one had different styles, practices, and start/stop times. So looked into the data deeper. As a part of that, Rebecca F. met with the QA auditors and started to look at that process. We found five to six people are touching one medical record, so we are in the process of streamlining it. We also looked at what the numbers and how many charts we want to look at in hospice, home health, and Hospice House. We also changed the reported numbers to percentages met, i.e., antibiotic documentation was done 98%. We are looking at the entire QA department to see how we can streamline processes so the numbers are more reliable. The numbers are included in employee performance evaluations. We also discovered a lot of forms could be scanned instead of in the chart on paper. So after a patient is discharged, we may not need to have a paper chart, which would save man hours, storage, etc. 	
5. HIPAA	<ul style="list-style-type: none"> The HIPAA QAPI decided this year's project would focus on level two training, which includes orders and monitoring for compliance. We want to keep HIPAA awareness an everyday event. We will be implementing the prescribed audit piece of the policy. This will be presented at the July staff meeting. 	
6. Infection Control	<ul style="list-style-type: none"> We did a concurrent review of the infection surveillance reports and gap analysis, and found some nurses are filling out a second report instead of writing in the medical record that the infection was resolved. We focused on the process measures part of it 	

Topic	Discussion	Action
	<p>and nurses being able to identify and fill out reports properly. Every two to three weeks we will run a surveillance report to make sure we are coaching them as we go along.</p> <ul style="list-style-type: none"> • Due to the change in the Hospice House Coordinator and Director of Nursing positions, the QAPI put together an ad hoc group to work developing an electronic TB test form for patients going into Hospice House. That part is done and education will be done at the June nurses meeting. The next step is to work on an electronic version of the TB Questionnaire. 	
<p>7. Revocations / Live Discharges</p>	<ul style="list-style-type: none"> • Non-Revocation Live Discharges – The numbers were converted to percentages on all of the Revocation reports. The average number of live discharges was 2.46% in the first quarter of 2014 and 1.62% in the first quarter of 2015. • Moved Out of Service Area – This is for patients that personally traveled outside our service area, physically moved outside our service area, or went to a hospital where we don't have a contract. January had 3 and February had 5. • Revocations – The past three years has shown a spike in June. The percentage of revocations in the first quarter each year since 2012 has averaged 1.56%. • Reason for Revocation – In the first quarter, six were for treatment not in our plan of care. • Revocations to Acute Care – 34% in the first quarter of 2015 compared to 70% in 2014. • Revocations within 25 Days of Admission – Patients are at risk during that time. Are they overwhelmed by the number of CHC staff that sees them in the first 25 days? Have we failed to meet the expectations of the patient/family? That conversation begins with the first phone call and meeting with the family. All of those things combined will set the expectations, and everything that follows will help meet their expectations. 38% of our census is with us over 180 days and 36% are with us less than seven days before death. • Live Discharges Readmitted – 39% readmitted. 36% within 72 hours. • The Live Discharge QAPI is working on a performance improvement plan and developing education for nurses and social workers geared towards dyspnea crisis management. In 2014, shortness of breath was the most common symptom involved in revocations. We want to provide proactive education to families and have pieces in place which are mostly focused on what the patient/family can do until we can get 	

Topic	Discussion	Action
	there, or the treatment recommend over the phone takes effect. Staff will document we are rehearsing this with families, so they feel comfortable. We will also integrate the language from the CAHPS survey (breathing trouble).	
8. Clinical Quality Measures	<ul style="list-style-type: none"> We are focusing on using the HIS as our guide. We continue to monitor bowel function, bowel sounds, and constipation. We are above the baseline in all of these areas. Every month we run a report and evaluate the performance of each nurse and provide coaching through their PCC. The training is getting done during their orientation. The QAPI is trying to understand the Cerner reports and HIS reports and how they pull data and what it means. 	
9. Hospice House Volunteer Satisfaction	<ul style="list-style-type: none"> No update at this time. Sue is trying to schedule a meeting with Debra Mayfield. She will report at the August meeting. 	
10. Caregiver Confidence	<ul style="list-style-type: none"> Reviewed the FEHC survey results for the first quarter of 2015. Caregiver confidence touches all disciplines. We know this is an area of concern and we continue to work on it. As an agency, from the time we answer the phone, all staff needs to be saying the same thing in the same way every time. We should know the patient/family is being told the same thing. This is a project we are working on. Amy T. would like to be a part of it. Half of our patients are only with us 14 days for us to meet their expectations. On the positive side, questions regarding pain management scored very well. 	
11. Adverse Events	<ul style="list-style-type: none"> Medication Errors – There were four in the first quarter: one in January due to poor packaging instructions from Omnicare, and three in March: one pharmacy fill error, one error caused by confusion of mg. vs. ml. in dosing, and one Hospice House RN error due to unit high activity. Education was provided to the nurse. Falls – There were 131 in the first quarter. Six were repeat offenders. There were no injuries. Most of the falls were the result of toileting issues. We will continue to monitor this. Communication is excellent with staff when a patient falls. We know about it immediately and usually have the incident report the same day. 	
12. QAPI Update	<ul style="list-style-type: none"> We know there are QAPI projects going on, but we cannot say what they all of them are. We need to establish what they are, their purpose, and have some type of summary sheet so we can make sure if we have a QAPI, are they meeting, is it one we still need, etc. Most QAPIs are interdisciplinary. Let Sue and Rebecca know, so at the August 	

Topic	Discussion	Action
	<p>meeting we have a complete list of what we are doing.</p> <ul style="list-style-type: none"> We also identified an issue of having a lot of outstanding charts of deceased patients that were not closed yet. So all of them in South Bend are now up-to-date. We were six months out. Elkhart was 16 weeks behind, so we sent someone from South Bend to finish that. Plymouth was caught up. The expectation is within two weeks of the death the chart will be closed. There is a closed chart checklist that needs to be updated. 	
13. HIS Update	<ul style="list-style-type: none"> This is still in the trial period. We did our first submission and all the records were accepted. We did have some errors like date of birth or SSN that didn't match, but they were automatically fixed in the system. Amy T., Tammy, and Sue will be reviewing it. Congratulations on the Casper Report for HIS submission. We heard last week at the National Hospice Executive Roundtable that 25% of hospices are not doing HIS and taking the 2% rate cut instead, because they don't have an electronic record. The ADC in most hospices in the country is 60. It is great that we are at 100%. 	
14. Spiritual Care Contact	<ul style="list-style-type: none"> We hope the questions on the new CAHPS survey will be easier to understand where the FEHC are a little vague. Out of 131 responses, six or 4.6% were dissatisfied. In all cases, the SCC had asked the caregiver whether they were satisfied with the visit frequency. In some of those cases, the patient died in a shorter time period than the caregiver thought. We established a standard so the SCC verifies with the patient/caregiver their satisfaction of the visit frequency at the initial assessment and time of recert. They will also increase support as needed. 	
15. Emotional Support Before Patient's Death	<ul style="list-style-type: none"> Emotional support to family before patient's death (E3) – We are using the survey language. A total of 135 responded. 94% said it was the right amount of support, 4.4% said it was less, and the 1.5% said it was more than they wanted. 	
16. Patient's Feelings of Anxiety	<ul style="list-style-type: none"> Holly and Amy K. attended a conference at Oaklawn on interventions we can use with patients/families dealing with trauma. They will be sharing the information with the social workers. We are also working on documenting in the home in real time. The last ten minutes of the visit the social worker will write what they talked about and get an agreement from the patient/family to make sure we are really addressing those feelings. We are also looking for new screening tools, because the one in Cerner doesn't meet our needs. We do have a suicide assessment tool which is very good. The conference also talked about self-care, so Holly, Amy K. and Larry are focusing are working on developing strategies for staff self-care and putting them in a good place for the visit. 	

Topic	Discussion	Action
17. Support to Family After Death	<ul style="list-style-type: none"> • We are trending towards the Indiana benchmark. When the survey response is less than or more than wanted, we research it if possible. If there is a question about the patient care team or bereavement staff, Holly researches it. Only six out of 136 respondents, or 4.4%, said support was less than they wanted. As we shift to the CAHPS survey, the language has changed so we hope the question will be clearer. The person can opt of having their comments shared with CHC. We will see if the benchmarks change. • We will share a copy of the CAHPS form with staff so they become familiar with the questions, language, and answering any questions from families. Staff education will be done at the July staff meeting. We want staff to use the same language, which is key in improving scores. • Press Ganey is the local vendor that processes the CAHPS. We had a choice of 10-11 vendors and we wanted to support a local vendor. They gave us a discount off of the fee for five years. Dave Haley is our account representative. 	
18. ECF Professional Management	<ul style="list-style-type: none"> • The percentage of patients that receive daily visits within last few days of life – It dropped in March. We need to continue to educate staff to look for those signs of decline and let the team members know. We will be reminding staff in IDTs when they talk about a patient in decline to make those daily visits. One benefit is we have noticed an increase in calls from facilities to report changes in a patient’s condition, including evenings and weekends. 	
Adjournment	<ul style="list-style-type: none"> • The meeting adjourned at 9:10 a.m. 	Next meeting 08/18

CHAPTER FOUR POLICIES

PHYSICIAN NOTIFICATION OF MISSED SCHEDULED VISIT

- PURPOSE:** To comply with state and federal regulations. The attending physician will be notified within 48 hours if the number of visits varies from the patient's plan of care.
- POLICY:** Each discipline is responsible for notifying the physician, either in writing or by phone, of visits that deviate from the plan of care. The Patient Care Coordinator will be responsible for reporting Hospice Aide/CNA visits that deviate from the plan of care.
- PROCEDURE:**
1. Notify the physician within 48 hours via telephone or ~~fax mail~~-when ordered visits have not been made per the plan of care.
 2. Document ~~telephone~~-notification in **a demographics memo-an IDT note.**
 3. If unable to reach by phone, complete the "Physicians Notification of Refusal" form **and fax to the physician.** ~~The white copy is placed on the patient's chart, and the yellow copy is~~ ~~mailed to the physician.~~
 4. Staff must document why the visit was missed (~~i.e., scheduling error or patient refusal~~) in the patient chart.
 5. Any questions or problems regarding scheduled visits or physician notification of visits should be forwarded to the Patient Care Coordinator ~~or Quality Improvement Coordinator.~~

Effective Date: 07/93
Reviewed Date: 09/14

Revised Date: ~~01/06~~ **01/15**

Board Approved: 01/17/06
Signature Date: 01/17/06

Signature:



President/CEO