Board of Directors Meeting
501 Comfort Place, Conference Room A, Mishawaka
August 19, 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
August 19, 2015
7:30 a.m.

A G E N D A

1. Approval of June 17, 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) June and July 2015 Financial Statements

4. Policies *(action)* – Sue Morgan (3 minutes)

5. Foundation Update *(information)* – Corey Cressy (13 minutes)

6. Board Education – *(information)* – "Spiritual Comfort Measure," Larry Rice, Spiritual Care Coordinator (10 Minutes)

7. Chairman's Report *(information)* – Amy Kuhar Mauro (2 minutes)

Next meeting October 21, 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
June 17, 2015

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

Topic	Discussion	Action
1. Call to Order	• The meeting was called to order at 7:30 a.m.	
2. Minutes	• A motion was made to accept the minutes of the 04/15/15 meeting as presented. The motion was accepted unanimously.	M. Newbold motioned L. Turner seconded
3. President's Report	• January ADC was 369, May was 401—a 7% increase from a year ago, and so far June is 402. Our budget break even ADC is 342. Overall ADC is up 10%, overall referrals are up 4%, and the number of patients served is up 2%. 29% of all hospital referrals are admitted the same day, and 70% are admitted within one day or less. Hospice House occupancy is up 2%. The GIP level of care was 90% in May—an all-time high going back to 2009. Since the beginning of the year we have put a lot of effort into educating staff on GIP and how it works and it has been paying off. Clinical staffs automatically receive an email at 8:30 a.m. and 3:30 p.m. everyday letting them know the number of empty beds available in Hospice House. • Higher census means higher accounts receivables. On 06/01 we hired Dr. Joel Cohen as a full-time medical director. He had been doing face-to-face visits on a fee-for-service basis for about a year. He is concentrating on completing the initial certifications so we can get the backlog taken care of. We hope to be caught up by the end of the year. Dr. Ken Robertson is also doing face-to-face visits for us. We have a couple interviews scheduled with nurse practitioners. I.U. Health in Indianapolis contacted us about sending three of their Hospice and Palliative Medicine Fellows here to do training rotation. This could be a pipeline to additional doctors in the future. • Camp Evergreen was June 5-7. It was the largest camp we have ever had. 62 campers attended plus staff and volunteers for a total of 138 people being involved over the weekend. • CHC is hosting an employee family event on 07/04 at the Mishawaka Campus. We are inviting staff and their families to enjoy the Mishawaka fireworks. We will serve	

Topic	Discussion	Action
	hot dogs, popcorn and pop from 8:00-10:00 p.m. It has been great to have this facility for employee events. • The Annual Volunteer Recognition was held in April at The Brick with over 200 in attendance. Thank you to Corey Cressy donating the facility and furniture. • The Annual Volunteer In-service Day was held on 06/09 at the Mishawaka Campus with 132 attending. The theme was tail gating, and we grilled food and set up a tent on our patio. Survey results from the volunteers on how they liked the event were very good and surpassed last year at Century Center. It was also much less expensive this year. • CMS Proposed Changes – On 04/30 CMS posted the FY2016 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements proposed rule. The comment period ends 06/29/15 with a goal of going into effect 10/01/15. It is a very complicated system. The proposed rate increase is 1.8% after productivity factor reductions. CMS is proposing two different payment rates: a higher rate for the first 60 days and another rate for 61+ days. They are also proposing a Service Intensity Add-on (SIA) which would pay an hourly rate for R.N. and social workers only during the last seven days of life with certain restrictions. Karl took the proposed payment system and compared it to our 2014 routine home care days and each level of care, and the bottom line is it is pretty much a wash for us. Some of our concerns are the processing of day counts, if a patient leaves during the first 60 days and is readmitted within the next 60 days, they pick up where they left off in the first 60 days. We're not sure if CMS' Common Working File will accurately count the days. Another concern is the SIA not being allowed in skilled nursing facilities. Also, we have to report all diagnoses on the claim form whether related to the terminal illness or not, including mental health diagnoses. This is a huge burden for hospices. At some point CMS will check the chronic care diagnosis database to make sure hospices are putting all the diagnoses on the claim form. We are also concerned how Medicaid, MAC, and software vendors will be ready by 10/01, which is the same date the new ICD-10 diagnosis codes go into effect. NHPCO is requesting a dry run or test to make sure it will work. Hopefully, CMS will delay it. The Hospice Action Network is asking Congress for some kind of legislation that any change in the payment system will be tested first. The ICD-10 codes were originally supposed to be out two years ago. The reason CMS is hitting more diagnoses is they are concerned about hospice expense leakage to Medicare A, B and D when some programs are not paying for	

Topic	Discussion	Action
	what they should under the per diem. • Board Engagement – We often hear board members would like to be more involved. We do have opportunities to serve on a committee. Bylaws Committee meets every three years. The next time will be in 2016. Nominating Committee will begin this summer. Anyone can be on it. We are always open to suggestions for potential board members. Per the bylaws we have to have 12-21 board members and we are usually around 15-16. Personnel Committee meets every two years to review the Personnel Policies Manual. The next meeting will be around May 2016. The Professional Advisory Group meets once a year usually in April to review a few home health policies required per the home health regulations. The Quality Improvement (QI) Committee meets quarterly and Carol Walker has volunteered to be on it and report at the board meetings. Medicare Compliance Committee meets quarterly at the South Bend office at 3:00 p.m. to reviews the hospice and home health compliance plans and what the OIG is looking at. The next meeting is tomorrow and we don't have dates yet for the rest of the year. We will get those dates published quickly and put them on the master calendar for 2016. Mike W. will talk about board engagement opportunities for the Hospice Foundation in his report.	
4. Finance Committee	• The committee met 06/12/15 and recommends approval of the April and May Financial Statements. • April – Operating income $1.8MM, interest and other income $26,000, total revenue $2MM, total expenses $1.5MM, net gain $490,000, net without beneficial interest in the Foundation $327,000. YTD operating income $7MM, total revenue $7.7MM, total expenses $6MM, net gain $1.6MM, net without beneficial interest in the Foundation nearly $1.1MM. • May – Total Assets $38.7MM, operating income $1.8MM, total revenue $2.1MM, total expenses $1.5MM, net gain $542,000, net without beneficial interest in the Foundation $336,000. YTD operating income $8.9MM, total revenue $9.8MM, total expenses $7.6MM, net gain $2.2MM, net without beneficial interest in the Foundation $1.4MM. • Operating income is up 10.5% and expenses are up just 4% from a year ago. Suggestions from the auditors after the 2014 audit have been implemented and are going very well. With the addition of another medical director and other staff, we expect to see an improvement in the Receivables. Our goal is to be caught up by the end of the year.	

Topic	Discussion	Action
	• A motion was made to accept the April and May financial statements as presented. The motion was accepted unanimously.	S. Weirick motioned T. Portolese seconded
5. QI Committee	• The Quality Improvement Committee has 16 members from the interdisciplinary team. It looks at many areas to make sure we are meeting regulations, if there are any trends, areas for improvement, and how we compare to other hospices in the state and nationally. We would like to thank Carol Walker, RN who has agreed to join this committee and will report at future board meetings.	
6. Policy	• The "Physician Notification of Missed Visit" policy was revised to reflect current practices. Per regulations we must notify the attending physician within 48 hours if visits vary from the plan of care. • A motion was made to approve the revised policy. The motion was accepted unanimously.	W. Walsh motioned C. Walker seconded
7. Foundation Update	• Through May we have raised $635,000, which is $200,000 more than the same time last year. Through the first ten months of the $10MM five-year capital campaign we have just over $3.2MM in cash, pledges, and commitments. We secured a matching from the Leighton Foundation for the palliative care center and palliative care initiatives, and we are now in the process of securing another one for $500,000 for Hospice House. It is not in writing yet, but the current terms state any money raised for Hospice House or the medical office building would count towards the matching grant. They would pay it out once a year. We are excited about talking to people about the opportunities we have. We also continue to work with Catherine Hiler, the campaign cabinet chair. Her goal is 100% participation by the CHC board and campaign cabinet. We are at 57% so far. Thank you for your valued support. • We received a real estate gift of $55,000. The Annual Appeal raised $128,000 and was the most successful in our history. Friends of Hospice was sent to 31,000 households. We raised $43,583 through the "Give Local Day" on May 5. All of those funds will go towards establishing an endowment for Camp Evergreen. • The 31st Helping Hands Award Dinner grossed over $420,000. We are in the process of figuring out where the dollars came in. Some were used as part of the Give Local Day, because the funds were getting matched. There are also some outstanding pledges. • Walk for Hospice is 08/09 and Bike Michiana for Hospice is 09/13. • Notre Dame – Eight or nine students are in or on their way to Uganda to work on various projects. One from the Eck Institute for Global Health is working on a data	

Topic	Discussion	Action
	collection platform for smart phones to provide the number of patients seen on a daily basis. The data would be collected by PCAU so they know what is happening in the field that they didn't know before. If it works, they would work with the Eck Institute to identify grant opportunities to purchase devices or provide donated smart phones that could be given to palliative care workers in Uganda. One problem is over the last six years working with PCAU to develop programs and get more people trained. 34 of 90 districts now have a palliative care worker, but it has ended up putting a strain on the morphine distribution system. As a result, pharmacies are not sure how much to send to what district. We had proposed this as a potential problem to the Notre Dame Executive MBA program. A group is traveling to Uganda this week to study and meet with stakeholders to identify issues and problems around the distribution of morphine in the country. Their goal is to produce a solution which will be presented at the PCAU conference in August. The end goal is to have the right amount of morphine in the right place at the right time. • Road to Hope – A Program Coordinator has been hired through funds raised specifically for that role. The coordinator will work with children and palliative care providers. PCAU held its second Road to Hope Children Camp, which was based upon Camp Evergreen. All 17 children in the program were able to participate this year. Editing of the Road to Hope documentary is nearly complete. The first screening will be on 08/27 at the PCAU conference in Uganda. We will be showing it at Okuyamba Fest in October, and it will be shown at the second annual Road to Fund fundraiser in Hollywood by Torrey DeVitto. • Mishawaka Campus – Landscaping is nearly complete. The contractors' deadline is 06/25, because on 06/26 the mayors from northern Indiana will be here as part of their regular roundtable that is rotated at various sites. It is hosted by Mayor Wood. Their meeting will be held here. It will be about 75 people. They will tour Central Park and our building. • Board Engagement – There are several opportunities through the Hospice Foundation to participate in fundraising events like the Walk, Bike, Helping Hands Award Dinner, and Okuyamba Fest. You can help with the planning process, attending, meeting and greeting when people arrive, etc. Tim Portolese is on the campaign cabinet. Contact Mike W. if you are interested.	
8. Board Education	• Natalie Barnes, RN, presented on a day in the life of a CHC nurse, including the various roles of nurses, the care delivered, and the interdisciplinary team.	

Topic	Discussion	Action
	• For fall we are planning a program for caring for staff (self-care). We also have an EAP program in place that is open to all staff. With the spike in census, we have a pool of PRN (as needed) staff to help out. If there is a spike in different areas, we pull from different teams. Staff is working together. We are one of the few hospices that in addition to an RN, also has spiritual care and a social worker on call 24 hours. The entire core services are available at all times, not just for patients and families, but for fellow staff as well so the RN on call never feels totally alone out there. We are also providing opportunities for staff to get together after hours socially, which has been beneficial. • We are open to ideas for board education topics on anything you want to learn more about. Let Mark know.	
9. Chairman's Report	• Reminder if interested in volunteering on a board committee or Hospice Foundation event to contact Mark, Mike or Amy M. Also a reminder to send in your pledge to the capital campaign. 57% is marvelous, but our goal is 100% to support this endeavor.	
Adjournment	• The meeting adjourned at 8:50 a.m.	Next meeting 08/19

Prepared by Becky Kizer for approval by the Board of Directors on 08/19/15.

_____ _____

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
August 19, 2015
(*Report posted to Secure Board Website August 13, 2015)*

This meeting takes place in Conference Room A at the Mishawaka Campus at 7:30 AM.
This report includes event information from June 18 – August 19, 2015.
The Hospice Foundation Board meeting follows in the same room.

CENSUS

July 2015 was the first time in agency history that each day of the month saw our census hit over 400 patients. The average daily census (ADC) for July was 414 and on July 4 and 5 we tied our all-time single day high of 422 patients. However the numbers of patients served is up just 1.01% compared to same time last year and the number of original admissions is actually down 4.52% compared to last year. The difference is all coming from the average length of stay (ALOS) on the hospice side. Year to date (YTD) ALOS for hospice patients is 73 compared to 55 days last year. For Hospice Medicare patients the ALOS is 79 days compared to 58 in July 2014. The median length of stay for all hospice patients is down one day at the end of July at 13 days compared to 14 days last year. July had a total of 165 deaths/discharges; 63 of which (38.18%) had a LOS of seven days or less. YTD we have had a total of 1,102 deaths/discharges; 400 of which (36.30%) had a LOS of seven days or less. YTD referrals to CHC are up 5% from last year, hospital referrals are up 2%, and referrals directly from patients/families are up 30% compared to last year. Hospice House occupancy is up 2.41% from last year and the General Inpatient Level of Care (GIP) represents 88.32% of days, up from 75.76 last year and this year is the highest utilization of GIP going back to 2009.

July 2015	**Current Month**	**Year to Date**	**Prior Year to Date**	**YTD Change**
Patients Served	518	1,403	1,389	14
Original Admissions	139	1,035	1,084	(49)
ADC Hospice	389.00	368.88	342.49	26.39
ADC Home Health	25.26	23.56	16.12	7.44
ADC CHC Total	414.26	385.04	358.61	33.83

June 2015	**Current Month**	**Year to Date**	**Prior Year to Date**	**YTD Change**
Patients Served	513	1,264	1,236	28
Original Admissions	151	896	931	(35)
ADC Hospice	382.03	365.44	339.25	26.19
ADC Home Health	22.13	23.27	15.68	7.59
ADC CHC Total	407.16	388.71	354.93	33.78

Monthly Average Daily Census by Office and Hospice Houses

	2015 Jan	**2015** Feb	**2015** Mar	**2015** Apr	**2015** May	**2015** June	**2015** July	**2015** Aug	**2015** Sept	**2015** Oct	**2014** Nov	**2014** Dec
S.B.:	209	207	219	234	230	234	236					214
Ply:	68	66	67	72	68	78	78					68
Elk:	84	83	87	87	92	86	89					86
SBH:	4	6	5	6	4	6	5					5
EKH:	3	6	5	5	6	4	6					3
Total:	369	369	382	403	401	407	414					376

HOSPICE HOUSES

July 2015	Current Month	Year to Date	Prior Year to Date	YTD Change
SB House Pts Served	36	184	191	(7)
SB House ALOS	4.19	5.90	6.28	(0.38)
SB House Occupancy	69.59%	73.18%	80.80%	-7.62%
Elk House Pts Served	41	186	184	2
Elk House ALOS	4.32	5.53	5.39	0.14
Elk House Occupancy	81.57%	69.34%	66.85%	2.49%

June 2015	Current Month	Year to Date	Prior Year to Date	YTD Change
SB House Pts Served	38	156	167	(11)
SB House ALOS	4.95	5.99	6.12	(0.13)
SB House Occupancy	89.52%	73.80%	80.66%	-6.86%
Elk House Pts Served	25	157	152	5
Elk House ALOS	4.44	5.43	5.47	(0.04)
Elk House Occupancy	52.86%	67.25%	65.67%	1.58%

PATIENTS IN FACILITIES

Of the 518 patients served in July, 181 resided in facilities. Of the 513 patients served in June, 163 resided in facilities. The average daily census of patients in skilled nursing homes, assisted living facilities, and group homes during July was 153; June was 139 and YTD through July was 128.

FINANCES

Karl Holderman, CFO, reports the July 2015 Financials will be posted to the Board website on Friday day morning, August 14th following Finance Committee approval. For information purposes, the un-approved June financials are presented below.

June 2015 Financial Information

Center for Hospice Care (1)

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

June Overall Revenue	$	1,619,760	Year to Date Overall Revenue	$	11,450,673
June Total Expense	$	1,547,026	Year to Date Total Expense	$	9,160,538
June Net Gain	$	72,734	Year to Date Net Gain	$	2,290,135

Hospice Foundation

June Development Income	$	220,895	Year to Date Development Income	$	1,194,152
June Investment Gains (Loss)	$	(259,767)	Year to Date Investment Income	$	432,317
June Overall revenue	$	(33,441)	Year to Date Overall Revenue	$	1,633,294
Total June Expenses	$	226,040	Total Year to Date Expenses	$	1,081,177
June Overall Net	$	(259,481)	Year to Date Overall Net	$	552,118

Combined (2)

June Overall Revenue	$	1,845,800	Year to Date Overall Revenue	$	12,531,849
June Overall Net Gain	$	72,734	Year to Date Overall Net Gain	$	2,290,135

(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 June 2015, the overall YTD combined net gain for CHC / HF was $2,290,135 representing a 65% increase from YTD June 2014. CHC's YTD Net without the beneficial interest in the HF was $1,738,017 representing a 72% increase from June 2014. The combined YTD net without counting investment gains/losses was $1,857,818, representing an increase of 290% from YTD June 2014.

At the end of June, the Hospice Foundation's Intermediate Investments totaled $1,393,699. Long Term Investments totaled $16,831,111.

CHC's assets on June 30, 2015, *including* its beneficial interest in the Hospice Foundation, totaled nearly $39.1MM. At the end of June HF's assets alone totaled nearly $33MM and debt related to the low interest line of credit associated with the Mishawaka Campus project totaled almost $5.9MM. Both organizations had combined assets on June 30 of just over $45MM

CHC VP/COO UPDATE

Dave Haley, VP/COO, reports…

We have interviewed three pharmacy vendors to provide ongoing pharmacy services for our agency and specifically for our per diem hospice patients. They were Enclara Pharmacia (current vendor), OnePoint, and HospiScripts. After careful review of the services offered, the quality of each vendor, and the cost of services, we have decided to negotiate a final contract with HospiScripts. We are looking at a possible transition date of November 1, 2015. We project the savings to be in the range of $275,000 to $320,000 annually. We have not notified Enclara Pharmacia as yet of our intent to terminate their services and will do so on or about October 1. This will allow enough time for transitional planning and clinical medical and nursing staff education to occur.

Our Chief Medical Officer, Dr. Greg Gifford, is continuing his efforts to recruit Family Practice Residents to cover our needs to conduct fact-to–face visits. His efforts have been interrupted due to the graduation of residents on June 30 and the beginning of a new cadre of residents on July 1. Efforts to recruit a board certified Hospice and Palliative Care physician and two Nurse Practitioners continues.

The walking trails surrounding the Elkhart facility have been refurbished as part of our ongoing maintenance of the grounds. Cattails growing in the water retention pond will be removed in the near future. A new fountain, which has been ordered, will then be installed.

Our Spiritual Care Coordinator, Larry Rice, has submitted an article for publication in the international Journal of Palliative Medicine. The article is about the new Spiritual Comfort Measure scale which his department has developed. This was another element in the current Strategic Plan: "…to assess measure and manage pain and other symptoms in hospice patients." He will report on the Spiritual Comfort Measure scale at the next Board meeting as part of the Board Education section.

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

DIRECTOR OF NURSING UPDATE

Sue Morgan, DON, reports the following status updates related to the 2015 Goals of the Nursing Department.

- Develop and Implement Pediatric End-of-Life Nursing Education Consortium training status: The plan has been completed and it has been developed into 10 self-learning modules which RN's will begin one year after their start date, with completion expected by the beginning of their 3rd year with CHC. This will begin in August of 2015.

- Establish Nursing Preceptor Program status: The program has been developed and will be reviewed at the Nursing Leadership Meeting on August 12 with an implementation date of January 2016.

- Evaluate in-house RN triage effectiveness and productivity status: Nursing Leadership is assessing staffing on a daily basis in the event that we are in need of more patient visits we have been transferring all triage calls to South Bend. This is in preparation for the future that all triage calls will be answered in South Bend.

The HeartWize Cardiac Boot Camp has had ten nurses complete the program with one more class in August.

The Hospice Aides / CNA's now have the opportunity to complete a certification in Hospice and Palliative Care. We are in process of having study guides and/or groups available to assist with preparations for the exam. If passed, CHC will pay for the exam and Hospice Aides/CNAs who become certified and maintain their certification will receive an annual stipend. This program is similar to the Certified Hospice and Palliative Nurses (CHPN) program at CHC.

The Quality Assurance Department continues a number of projects to enhance turnaround times of various elements of the medical record with the goal of an Electronic Medical Record (EMR)

- Continue to delete paper forms which are no longer being used.
- Identify forms which can be scanned into the EMR.
- Streamline the turnaround times for the Certification of Terminal Illness and signatures by the attending physician and Medical Director.
- Improved processes in the communication with the billing department.
- Reviewing the process related to certifications and recertification of the patient for continued stay in the Hospice Program.
- Reviewing documents needed by the Extended Care Facilities for continued care of the patients with Hospice care.
- Centralizing the process of charts and required documents to the South Bend office to expedite completion of death/discharge charts.

Hospice House in South Bend and Elkhart are in the process of reviewing their nursing practices to assure consistency of care at both sites.

HOSPICE FOUNDATION VP / COO UPDATE

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

Fund Raising Comparative Summary

Through July 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 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	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	159,776.36
July	55,278.63	53,536.39	62,069.43	69,939.27	38,243.88	93,586.27
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**	**808,689.28**

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	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	159,776.36
July	55,278.63	53,536.39	62,069.43	69,939.27	38,243.88	93,586.27
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**	**808,689.28**

Cornerstones for Living: The Crossroads Campaign

Ongoing campaign meetings, follow up contacts, and solicitations continue during the quiet phase of the campaign. Through the first 13 months of this 5-year campaign (7/1/14 thru 7/31/15) total cash, pledges and documented bequests stand at approximately $3,501,200. Lead gift prospect cultivation and solicitation efforts are moving forward. In early September, we are scheduled to make a campaign presentation to decision makers at a health care organization capable of making a significant gift. We hosted a meeting and tour with a firm specializing in trust administration, endowments and investment management and are in the process of cultivating them for a campaign gift. On July 24, the St. Joe Valley Street Rods presented us with a check for $18,000 along with displaying their vehicles in CHC's parking lot. After the check presentation, we hosted them for a

stewardship and thank you event in CHC's Mishawaka conference center. Members of the group were thanked, provided a brief presentation about Phase 2 of the Mishawaka Campus, and provided tours of the facility by CHC and HF staff. Total giving by the Street Rods since 2005 totals $66,650. This was a great opportunity to educate a significant third party donor about the campaign and to cultivate them for expanded giving possibilities.

Planned Giving

Estate gifts totaling $68,024.99 were received since the last report. We updated information relating to a Charitable Remainder Unitrust (CRUT) that names CHC as a beneficiary and we are following up with updates to the donor and CRUT administrators.

Annual Giving

The 2015 Friends of Hospice appeal has raised $29,275 as of August 7th. 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. Another mailing will be sent in September to those who have given in one of the prior three years but not yet to this appeal. An email blast is scheduled to be sent in August.

Special Events & Projects

The 2015 Walk for Hospice was held on Sunday, August 9th. The walk started and ended at the Mishawaka Campus and incorporated stops at the Battell band shell and the newly renovated Central Park. Online registration prior to the event was used successfully again this year. Many thanks to Terry Rodino and his company, Recycled/New Pallets for once again being this year's Walk Presenter. As of 8/12/15, HF is reporting 327 participants and a preliminary total of $21,236 raised.

There are currently 409 cyclists registered for the 7th Annual Bike Michiana for Hospice, which will be held on Sunday, September 13th. Our target goal for registered riders this year is 1,200. We have received $26,000 in sponsorship commitments from a number of supporters as well as in-kind support. Our SAG stops continue to expand; new restaurants joining the event this year include Kate O'Connor's Irish Pub, Allie's Café and Smoothie King. In light of the issues that Bike the Bend encountered over the past two years, we're happy to report that everything is presently proceeding very smoothly for our event.

Communications

Extensive updates were made 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 also added a "Donate" button to the home page.

Social media and email campaigns for both the Walk and Bike events have been ramping up over the past two months. Based on our target audiences, Facebook will remain our primary social media outlet. Twitter is also being used for the Bike event.

The summer issue of Crossroads is in development and will be mailed in the next few weeks. Articles include recaps of spring and summer events, a preview of Okuyamba Fest (scheduled for October 22nd) and partnership updates. The donor profile will feature the Elkhart County Community Foundation.

Global Partners in Care / PCAU

The results of Brianna Wanless's pilot mHealth data collection project were very positive. Bri, who recently received her master's degree in global health from the Eck Institute for Global Health at the University of Notre Dame, spent six weeks in Uganda to initiate the pilot program. A select group of palliative care practitioners were provided with mobile phones containing an mHealth app. Using a smartphone, which was provided to each participant through a research grant obtained by the Eck Institute, they provided data about the care they had provided to patients during the previous week. This information was transmitted directly to PCAU's database for collection and analysis. Another Notre Dame student, Brian Vetter, is interning with PCAU this summer as well and is also providing assistance with the mHealth study.

The Notre Dame Executive MBA team, "Business as Usual," recently completed their comprehensive morphine supply chain final report and presented their findings to Hospice Foundation representatives. During the week they spent in Uganda they met with a number of palliative care stakeholders and key influencers within the country including representatives from the Ministry of Health, Hospice Africa Uganda, National Medical Stores and the Joint Medical Store. Their specific recommendations include steps for: streamlining morphine production, improving distribution to public facilities, leveraging public facilities, implementing drug tracking, enhancing data sharing, increasing morphine accessibility, standardizing process and procedures throughout the supply chain and clarifying the role of PCAU in the supply chain.

The team also suggested that another EMBA team be engaged to work on a strategic/succession plan for PCAU. As they noted, "PCAU needs a succession plan not only for leadership, but also to ensure that the vitality of the organization is maintained after Rose's departure, however many years in the future that may be."

Road to Hope Program / Documentary

Updates on the children in the Road to Hope program were sent to sponsors along with a thank you note written by the child and his/her photo. Rashidah, the Road to Hope program coordinator will be facilitating this activity three times a year as part of her duties.

Video editing of the Road to Hope documentary is complete. Dean Marvin Curtis and Professor Thom Limbert, both of the Ernestine M. Raclin School of the Arts at IU South Bend, have composed original music for the film, which was performed and recorded on August 12. Cyndy Searfoss and Mike Wargo wrote the narrative voice over script, which was read by actress Torrey DeVitto (One Tree Hill, Pretty Little Liars, Army Wives, The Vampire Diaries) and recorded in Los Angeles by Emmy Award-winning sound mixer, Stephen Tibbo, on August 10. 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 upcoming fundraising events: our 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. 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 complete on the remaining outdoor areas surrounding the Mishawaka Campus. Design for the building that will house our patient care staff is complete and Mike is working closely with architects Jeff Helman and Brad Sechrist on design for the new hospice house.

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 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 Mike or me at any time.

COMMUNICATIONS, MARKETING, VOLUNTEERS AND ACCESS

Amy Tribbett, Director of Marketing and Access reports…

Outreach and Liaison News in June & July

Referral & Community Outreach:

- On June 6, CHC was a sponsor of the national Cancer Survivor's Day game at Four Winds Field held in conjunction with Riverbend Cancer Services.
- Veteran Clubs were held at Courtyard ECF, Eastlake Terrace AL, Riverside Village ECF, Valley View ECF, and Brentwood Senior Living.
- CHC sponsored the Kosciusko County Adult Services Senior Activity Day at Senior Center with an attendance of 74.
- On June 26, all three liaisons attended the Mayor's Roundtable Meeting at CHC Mishawaka office.
- On July 15 we presented to the Beacon Medical Group Office Managers (50). Beacon is looking to us to help their physicians improve access to hospice care and palliative care. We put together 40 packets for all Beacon physician practices in our territory. Packets include referral sheets, an education piece on Guiding the Conversation, answers to frequently asked questions about hospice, and a comprehensive contact list of the Admissions Department. Beacon is allowing our liaisons to go into all of their practices in our service area with lunch meetings to talk about how we can better facilitate earlier referrals. Once a process is in place, we will see if there is an increase in referrals from their physicians. Our relationship with the palliative care team at EGH was probably the driving force behind this.
- Amy and members of the Admissions Department had a very productive lunch meeting with the case managers at SJRMC/Mish. Because of this meeting, we have begun the practice of staffing an admissions rep at SJRMC M-F beginning at 8 AM weekdays. Depending upon the success, we may change this to an Admission RNs if staffing allows. We are confident

this will improve our access time to help meet their needs and increase CHC referrals. If successful, we plan to expand this to the two other major hospitals.

- On July 16, CHC, Kaniewski Funeral Home and Grand Emerald Place partnered to do a lunch presentation about making end of life decisions.

- On August 5, CHC presented at the TRIAD senior's meeting at Howard Park in South Bend.

Marketing & Access News June through August 9

Volunteer Department:

- Ten new volunteer interviews
- 23 new volunteer inquiries
- Trained ten new volunteers in June
- Scheduled 21 volunteers for the August 22 & 29 training
- Blankets for Hospice program gaining interest from several church groups. We will capture these hours as Special Project hours.
- Outreach to Therapy Dog group & St. Pius' Respect Life Ministries

Access:

- Our Intake Coordinator is beginning to utilize the reporting function with the Taske software suite as it pertains to calls coming into the Admissions Department. June Intake Stats: 2,886 phone calls, average of 96 calls per day, average of 32 calls per Referral Specialist per day. July Intake Stats: 3,110 phone calls, Average of 100 calls per day, Average of 33 calls per Referral Specialist per day.

Marketing:

- The summer issue of H&P newsletter was written, designed, and delivered in July.
- The summer issue of Choices is in the design stage, scheduled to be mailed by end of August.
- Front page story in the South Bend Tribune on Monday, June 22 (attached to this report). Story about a CHC family who spent Father's Day at the South Bend Cubs game in honor of their father (our patient). After arriving in style (Denali Limousine), the family enjoyed the day in the Owner's Suite, got to go down on the field, and donned their SB Cubs logo wear.
- Front page story in the Elkhart Truth on Friday, August 7 (attached to this report). Story about a CHC patient with a bucket list item of flying over Michiana in a Cessna airplane. Not only did he fly, but he had the controls of the plane for the entire flight.
- The Walk for Hospice was featured on Fox 28 news on Monday, August 3. Red Fisher and Walk volunteer Barb Wolff were interviewed LIVE.
- Fox 28's evening anchor, Tom Powell, covered the CHC patient/flight story on Thursday, August 6 on their 10 p.m. news.
- CHC's Facebook Page has 1,131 likes and has been reaching more people with recent posts. The FB post looking for a Cessna pilot reached more than 17,000 people and the Blankets for Hospice Post reached 2,401 people. CHC has 299 followers on our Twitter (center4hospice) handle.
- The CHC Digital Campaign, featuring Search Engine Optimization and Custom Audience Targeting continues to perform exceptionally well. What's very exciting is a new Call Reporting feature. We can now track calls coming in directly from our Digital Campaign,

and since July 2, we received 90 phone calls. We are now also able to track conversions – the goal of any advertising campaign.

CHC STAFF TO ATTEND PCAU's SIXTH BIENNIAL CONFERENCE

Through Global Partners in Care -- an affiliate of the National Hospice and Palliative Care Association -- CHC was partnered with the Palliative Care Association of Uganda (PCAU) in 2008. In the seven years since, CHC (along with Hospice Foundation) has raised $132,232.70 to assist PCAU in its mission to make palliative care accessible to all in Uganda. The partnership is also responsible for the production of two documentaries, the award-winning *Okuyamba,* which raises awareness of the need for palliative care, and the soon to be released *Road to Hope,* which documents the needs of orphaned child caregivers in Sub-Saharan Africa.

Formally established in 1999 and registered as a professional and National NGO in 2003, PCAU was formed to support and promote the development of palliative care and palliative care professionals in Uganda. It is made up of professionals and volunteers from all over Uganda with an interest in palliative care. Association members share palliative care experience and knowledge, thereby promoting effective palliative care. They are a national voice for its development throughout the country. Its goal is "To promote and support affordable and culturally appropriate palliative care throughout Uganda." Its vision is "Palliative Care for all in Uganda." Its mission is "To promote and support affordable and culturally appropriate palliative care throughout Uganda." Its objectives are: "Promoting and Supporting:- Viable, effective, and sustainable palliative care organization, Palliative care education, Palliative care research, Palliative care service provision, Palliative care standards for quality service."

PCAU organizes biennial conferences within Kampala to:

- Bring together palliative care stakeholders to share experiences, lessons learnt and together map ways of further scaling up palliative care services in Uganda.

- Raise up awareness of palliative care needs for all ages of people and vulnerable groups so as to extend care to all in need while ensuring provision of quality services.

- Enhance collaboration and networking among palliative care stakeholders in Uganda.

- Share progress in the Palliative Care services provision and raise one voice to advocate for integration and mainstreaming of palliative care services in the health care systems

PCAU is presenting the 6th Biennial National Palliative Care Conference on August 27 and 28 at the Imperial Royale Hotel - Kampala, Uganda with the theme "Palliative Care; Who Cares?" The conference will bring together 400 local and international participants who include palliative care stakeholders, palliative care trained health personnel (Palliative Care trained nurses and clinical officers who spearhead palliative care services in the districts of Uganda) to celebrate successes, share practical experiences in Palliative Care services provision and lessons learned which will contribute to further scale up and development of palliative care in Uganda.

Two CHC staff submitted proposals to the conference scientific committee to be presenters at the 6th annual conference. Holly Farmer, CHC Bereavement Coordinator, and, CHC Extended Care Facility Primary Nurse, Karen Hudson had their abstracts selected. They will represent CHC with poster presentations. Holly's presentation is entitled "Children Grieve Too: Recognizing and Supporting Grieving Children," and Karen will present "Children Are Not Little Adults." Additionally, Mike Wargo and I will be attending and both of us will be Session Chairs during the conference. The conference will also serve as the host venue for the world premiere of the new Hospice Foundation produced documentary film "Road to Hope." Following the conference CHC staff will be shadowing palliative care workers in Uganda and visiting individual hospice programs. Mike and I will be reviewing first-hand the effectiveness of our partnership by visiting: Kitovu Mobile in Masaka to see how they employ innovative methods to meet the needs of people affected by HIV, Cancer, and Poverty; the Road to Hope Child School; Hospice Africa Uganda in Makindye including the School & Morphine Lab; the African Palliative Care Association in Makindye; the Mulago Palliative Care Unit in Kampala; and Kawempe Home Care in Kampala. While we have had this partnership for seven years and PCAU and CHC have had many visit exchanges of respective staff, due to scheduling and competing priorities, this will be my first visit to our African partner. A week ago more than 400 people from ten countries -- including Benin, Rwanda, United Kingdom, Ethiopia, Malawi, DRC – Democratic Republic of Congo, Kenya and USA -- have registered for the conference to hear speakers from health, government, higher education, and faith-based institutions from throughout Uganda as well as from the World Health Organization.

CHC STAFF ATTEND THE HOSPICE ACTION NETWORK'S ADVOCACY INTENSIVE

The Hospice Action Network (HAN) is the lobbying / political advocacy arm of the National Hospice and Palliative Care Organization (NHPCO). NHPCO and the HAN work closely together to make a political impact. NHPCO sets the public policy agenda. The HAN implements the agenda through direct lobbying, grassroots advocacy and by working with Hospice Advocates to expand the message through education and sharing the hospice story with Congress. 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. I have the current honor of being the national Board Chair for HAN. The annual Advocacy Intensive is the premiere advocacy event for the hospice community in Washington, DC. The event brings together hospice caregivers, leaders, policymakers and Members of Congress to affect positive change for the hospice community. Each summer, HAN sponsors the Advocacy Intensive and there is no charge to any participant except travel. The 2015 Advocacy Intensive was held on July 13 and 14th, and featured over 275 passionate Hospice Advocates. The concept is to have actual professional hospice caregivers descend on Capitol Hill and visit their own Congressional offices to tell the real story of hospice. Frankly, CEO- types are invited to stay away. Three CHC staff members attended the Hospice Advocacy Intensive in Washington, DC this year. Mary Janet Swain, RN, Kristen Wesolowski, CNA/Hospice Aide, and Amy Tribbett shared their hospice stories with Joe Donnelly's legislative assistant, and met one-on-one with Representative Jackie Walorski. In the end, Representative Walorski co-sponsored HR3037, the Hospice Care Access Improvement Act of 2015, making this the second year in a row CHC helped to garner support from Indiana.

CHC HOSTS THE NORTHERN INDIANA MAYOR'S ROUNDTABLE

The Northern Indiana Mayors Roundtable of the Indiana Association of Cities and Towns (IACT) met in conference rooms A, B and C at the Mishawaka Campus on June 26. It was Mishawaka Mayor Dave Wood's turn to host this event. Mayor Wood was interested in showing off the new Central Park as well as the success of the public / private partnership that is CHC's Mishawaka Campus. Tours of the Mishawka facility, grounds, and the new Central Park area were held. In addition to the mayors, Mayors Roundtables are often attended by other city officials and staff, representatives from state agencies, Congressional staff, sponsoring organizations, state legislators, and IACT staff from Indianapolis. We estimate an attendance over 75 people for the CHC event. A letter of thanks from Mayor Wood is attached to this report

CMS ISSUES FINAL RULE ON FY2016 HOSPICE WAGE INDEX AND PAYMENT RATE UPDATE

On Friday, July 31, 2015, the FY2016 hospice wage index final rule posted to the public inspection page of the Federal Register. It was officially published on August 6, 2015. The rule is 221 pages long, so I will just cover the major highlights as follow-up to what was discussed at our June board meeting. Payment reform, which includes a two-tiered routine home care (RHC) rate and a service intensity add-on payment are two major components cited in the rule which represent the first significant changes to hospice payment methodology since the Medicare hospice benefit went into effect in 1983. A service intensity add-on (SIA) payment, also effective January 1, 2016, will be made for patients receiving visits conducted by an RN or social worker during the last week of life when patients and families typically have more intensive needs. CMS will calculate and make the appropriate SIA payment based on a retrospective review, after a patient's death, of hospice claims for the last seven days of the patient's life. The SIA payment will be equal to the continuous home care hourly rate, multiplied by the amount of direct patient care provided by an RN or social worker for up to a total of four hours per day. The SIA payment applies to any hospice patient in the last seven days of life, regardless of length of stay. For patients with a short length of stay in hospice, the SIA payment will help to mitigate the higher costs associated with short lengths of stay. Additionally, the rule also includes: changes in the aggregate cap calculation and an alignment of the cap accounting year to conform to the Federal fiscal year of October 1; updates to quality reporting which include the establishment of thresholds for data submission compliance and an update on public reporting; and clarification on the requirement for reporting all diagnoses on the claim form. Hospices will report ALL diagnoses identified in the initial and comprehensive assessments on the hospice claim, whether related or unrelated to the terminal prognosis, effective October 1, 2015. This will include any mental health disorders or conditions that would affect the plan of care. At this time, hospices will not identify on the claim which diagnoses they have determined to be related versus unrelated. CMS also stated once again that "it is our general view that hospices are required to provide virtually all the care that is needed by terminally ill individuals and we [CMS] would expect to see little being provided outside the benefit."

Due to the annual changes in the Core Based Statistical Area and its Wage Index multiplier, CHC will see the largest decrease in year-over-year per diem reimbursement. The comparison between our current rates and the new rates beginning October 1 by levels of care and by the patient's physical location are detailed in the chart below. Our harshest year-over-year decrease in history is due entirely to the hospital wage index factor for our service areas.

Center for Hospice Care
Hospice Payment Rates
Effective October 1, 2015 - December 31, 2015

Description	Wage	Non-Wage	Nat'l Rate	St Joseph	Elkhart	LaPorte	IN - Rural
Routine (651)	111.23	50.66	161.89	152.68	150.91	156.02	144.27
Continuous Care (652)	649.17	295.62	944.79	891.04	880.72	910.51	841.96
Respite (655)	90.64	76.81	167.45	159.94	158.50	162.66	153.09
Inpatient (656)	460.94	259.17	720.11	681.94	674.61	695.77	647.10
CBSA Code				43780	21140	33140	15
CBSA Wage Index				0.9172	0.9013	0.9472	0.8416

Center for Hospice Care
Hospice Payment Rates
Effective October 1, 2014 - September 30, 2015

Description	Wage	Non-Wage	Nat'l Rate	St Joseph	Elkhart	LaPorte	IN - Rural
Routine (651)	109.48	49.86	159.34	154.01	153.03	151.70	143.93
Continuous Care (652)	638.94	290.97	929.91	898.79	893.11	885.31	839.95
Respite (655)	89.21	75.60	164.81	160.47	159.67	158.58	152.25
Inpatient (656)	453.68	255.09	708.77	686.68	682.64	677.10	644.89
CBSA Code				43780	21140	33140	15
CBSA Wage Index				0.9513	0.9424	0.9302	0.8592

Center for Hospice Care
Hospice Payment Rates
2015-16 Rate Change

Description	Wage	Non-Wage	Nat'l Rate	St Joseph	Elkhart	LaPorte	IN - Rural
Routine (651)	1.75	0.80	2.55	(1.33)	(2.12)	4.32	0.35
Continuous Care (652)	10.23	4.65	14.88	(7.75)	(12.39)	25.20	2.01
Respite (655)	1.43	1.21	2.64	(0.52)	(1.17)	4.08	0.84
Inpatient (656)	7.26	4.08	11.34	(4.73)	(8.02)	18.67	2.20
CBSA Wage Index				(0.0341)	(0.0411)	0.0170	(0.0176)
Change In Wage Index				-3.58%	-4.36%	1.83%	-2.05%
Change In Routine Rate			1.60%	-0.86%	-1.39%	2.85%	0.24%

INDIANA UNIVERSITY SCHOOL OF MEDICINE'S FELLOWS IN HOSPICE AND PALLIATIVE MEDICINE TO ROTATE THROUGH CHC FOR EDUCATIONAL TRAINING

Dr. Lyle Fettig, the Program Director of the Indiana University School of Medicine's Hospice and Palliative Medicine Fellowship program visited CHC on July 15 for an entire day and enjoyed an extensive tour of CHC offices, services and staff. He toured the new Mishawaka Campus, the Center for Palliative Care, the Elkhart campus and Hospice House and the South Bend Campus and Hospice House. He met with Dave Haley, Mike Wargo and myself for several hours and also met with CHC's Medical Staff. He was very impressed by our programs. By the end of the day he agreed we will get a five year contract, renewable for an additional five years, for CHC to be a Fellowship Training Site for the IUSM Hospice and Palliative Medicine Fellowship program. We

have already received a draft contract and expect to finalize that in the upcoming weeks. CHC will receive three Fellows over the next year and they are already scheduled for rotation. They are: Dr. Ivy Lee from Avon, IN, September 21 – October 17, 2015; Dr. Morgan Langhofer from Muncie, IN, April 4 – May 1, 2016; and, Dr. Tracy Walker from Portland, OR, May 2 – May 29, 2016.

We also discussed having our newest CHC Medical Director, Dr. Joel Cohen, go through their Fellowship program and become a board certified hospice and palliative medicine physician while he is employed at CHC and is trained some of the time here at CHC. He suggested Dr. Cohen apply for the 2016 year and he would work on getting permission for a fourth slot in the program from the national authorities. Dr. Cohen would spend half of his time in Indianapolis and the other half here, so he could be working for us and getting his board certification in hospice and palliative medicine at the same time.

Additionally, Dr. Fettig said he is willing to speak to the Family Practice Residency programs at Memorial Hospital and SJRMC to attempt to recruit more Fellows into their program who could also be trained here at CHC. The potential for this relationship to develop into a pipeline for future physicians to become CHC Medical Directors is very appealing.

ONE PATIENT CARE POLICY CHANGE

There are some simple deletions to the CHC "Core Services" Policy which simply reflects the reality that CHC doesn't use contracted agencies to provide core services.

NEXT STRATEGIC PLAN

The current CHC Strategic Plan is 25 pages long and is intended for a period of five years. We have been using the current format since 2002. I do not believe -- and there is literature to support this idea -- that a five-year strategic plan in healthcare is an optimum or realistic mechanism any longer. I am proposing to take a page from NHPCO's current playbook and put together a two year plan for 2016-2017 with an attempt to tackle just a handful of large goals – maybe four to five. When the NHPCO, HAN, and National Hospice Foundation Board of Directors met as a group in June over the course of a six hour Issues Session the board and NHPCO staff leadership developed a two-year strategic plan that will likely fit onto one sheet of paper. Of course, a national membership association is different than a single non-profit hospice agency, but I really believe this is best for CHC / HF over the next two years. Due to the unprecedented number of regulatory issues we have been forced to deal with over the last few years, it has been difficult to find time for addressing our current Strategic Plan. Although we will have a final status report in early 2016 regarding the current plan, we must recognize the hospice landscape has changed dramatically and five years seems to be entirely too long. Whereas we used to have one or two regulatory changes each year along with a year to get ready for them, hospices were faced with 14 major regulatory changes during 2014 alone. This doesn't show any signs of slowing down. We are now faced with a major revamping of our Medicare payment system for the first time since the mid-1980s when it all began. The new payment system has many questions that still need to be answered. Additionally, it has not been tested, there will be no demonstration project, and goes into effect on January 1, 2016. We are also one year into a five-year capital campaign that is taking a great deal of administrative time and will continue to do so for the next few years. I am considering pulling

one large item from the 2015 agency goals and placing that into the next Strategic Plan. That would be the development, customization and adoption of the "Every Person Every Time" program for implementing standardized, predictable patient care experiences across all disciplines – like nursing, social work, and spiritual care. I would also include the strategic goal of having CHC be the convener for all major healthcare institutions to design what end-of-life care should look like in this community. Additionally, I am considering beginning the programmatic development phase of a "Diversity and Underserved Communities Outreach" program, which we have just added to the endowment component of the Crossroads Campaign. Finally, I would like to see a focused and strategic effort made toward the engagement of CHC's front line staff in order to enhance job satisfaction and retention. I would appreciate any feedback you might have regarding this change in format for the next CHC / HF Strategic Plan.

CHC APPLIES FOR TWO NATIONAL AWARDS

You may remember that a goal of the current Strategic Plan is for CHC to become a "Circle of Life Award" winner. The Circle of Life Awards honors innovative palliative and end-of-life care in hospices, hospitals, health care systems, long-term care facilities, and other direct care providers. The Circle of Life Awards seeks to shine a light on programs and organizations that can serve as models or inspiration for other providers. The 2016 awards are supported, in part, by the California HealthCare Foundation, based in Oakland, California and Cambia Health Foundation. Major sponsors of the 2016 awards are the American Hospital Association, the Catholic Health Association, and the National Hospice and Palliative Care Organization & National Hospice Foundation. The awards are co-sponsored by The American Academy of Hospice and Palliative Medicine, the Hospice & Palliative Nurses Association/the Hospice & Palliative Credentialing Center/the Hospice & Palliative Nurses Foundation, and the National Association of Social Workers. The Circle of Life Award is administered by the Health Research & Educational Trust. The Circle of Life Award honors programs that:

- provide effective, patient/family-centered, timely, safe, efficient, and equitable palliative and end-of-life care
- are striving to implement the domains of the National Consensus Project (NCP) Clinical Practice Guidelines for Quality Palliative Care
- utilize innovative approaches to critical needs and serve as sustainable, replicable models for the field
- seek to address multi-faceted needs of persons living with serious illness throughout the disease trajectory
- can demonstrate significant impact on people with life-limiting illness and those around them
- are actively working with other health care organizations, education and training programs, and the community

All organizations or groups in the United States that provide palliative or end-of-life care (hospices, hospitals, health care systems, long-term care facilities, and other direct care providers) are eligible for the award. Arguably, this award is the most prestigious in the nation when it comes to recognition in the field of end-of-life care. CHC's application for the 2016 award was submitted on Friday, August 7. The application was completed by all members of the Administrative Team plus four additional staff members. We began the process in late May. I would like to thank the

Hospice Foundation's Director of Communications and Annual Giving, Cyndy Searfoss, for taking the lead in creating the final document which, with input from a committee of nine, went through many revisions. The final application is attached to this President's Report. Five of the 12 CEO members of the National Hospice Executive Roundtable have led programs at one point in their career that won this award. Naturally, I hope CHC could be next. For more information see: http://www.aha.org/about/awards/col/index.shtml. I encourage you to review the application and pay particular attention to the many Letters of Support we received and the remarkably generous comments about CHC, its mission, and its role in our community. We should know by the end of September something about the status of our application. The first step toward winning would be to qualify for a site visit by the Selection Committee.

To celebrate *We Honor Veterans* (WHV) 5th year anniversary, the National Hospice and Palliative Care Organization (NHPCO) is awarding a special 'Award of Excellence' to recognize the extraordinary investment, commitment and achievement of hospice organizations that provide quality end-of-life care to Veterans and their families. All WHV level four (highest level possible) hospice partners were invited to nominate themselves for the work they have accomplished over the past five years. Nationally, there are 2,732 WHV Partners and only 333 hospice programs have achieved the WHV Level 4. CHC is one of them. The application for this award is attached to this President's Report. The application was completed entirely by Amy Tribbett, Director of Marketing and Access, and CHC's lead staff for our WHV programming.

CHC MEDICARE COMPLIANCE COMMITTEE MINUTES

To insure the board, as the governing body, is aware of our efforts toward an effective internal Medicare Compliance Program, we include the minutes of our most recent Medicare Compliance Committee meeting as an attachment to this President's Report.

OUT AND ABOUT

I attended the NHPCO Executive Committee and Board of Directors meeting, along with the Board of Directors meeting of the Hospice Action Network June 24 and 25 in Kansas City, MO.

Mike Wargo attended Holy Cross College's first biennial gala, "Through the Eyes of Faith" to benefit the College's Global Perspectives program on June 25th. On behalf of CHC, he accepted the "Justa Crucem Award." The proceeds from this event will provide grants for students who wish to travel internationally for a global immersion experience.

I attended the Indiana Hospice and Palliative Care Association Board of Directors meeting in Indianapolis on August 6.

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

Dave Haley's Census Charts

Front page South Bend Tribune story on CHC patient at the Chicago Cubs

Front page Elkhart Truth story on CHC patient who pilots a Cessna one last time.

"Circle of Life Award" Application

"We Honor Veterans Award of Excellence" Application

2015 Spiritual Care Breakfast Invitation

Minutes from our internal Compliance Committee

Thank you letter from Mishawaka Mayor Dave Wood for CHC allowing him to host the Northern Indiana Mayors Roundtable here at the CHC Mishawaka Campus

HARD COPY BOARD ITEMS TO BE DISTRIBUTED AT THE MEETING

June and July 2015 Financials.

Post card promo piece for Bike Michiana for Hospice

Copy of RPM newspaper with extensive coverage of Bike Michiana and Walk for Hospice.

Copy of our most recent H&P newsletter

NEXT REGULAR BOARD MEETING

Our next regular Board Meeting will be **Wednesday, October 21, 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 .

# # #

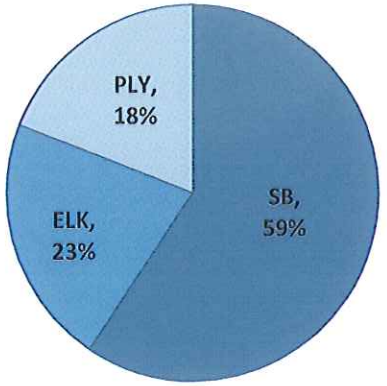
Center for Hospice Care

2015 YTD Average Daily Census (ADC)

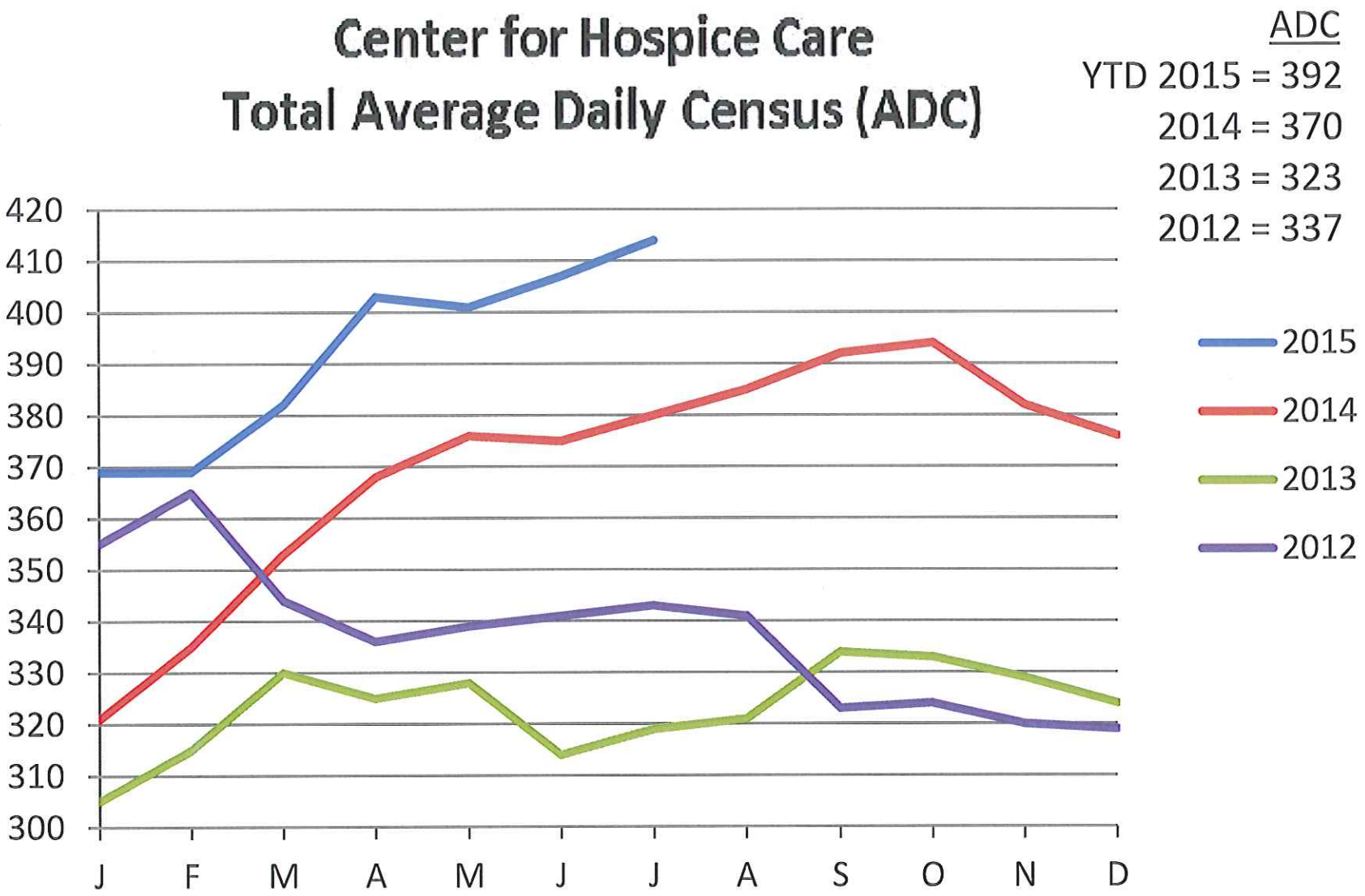
(includes Hospice House and Home Health)

	All	South Bend	Elkhart	Plymouth
J	369	213	88	68
F	369	213	86	64
M	382	224	92	67
A	403	240	92	72
M	401	235	98	68
J	407	240	89	78
J	414	241	95	78
A				
S				
O				
N				
D				
2015 YTD Totals	2745	1606	640	495
2015 YTD ADC	**392**	**229**	**91**	**71**
2014 YTD ADC	358	215	72	71
YTD Change 2014 to 2015	34	14	19	0
YTD % Change 2014 to 2015	**9.5%**	**6.7%**	**27.0%**	**0.0%**

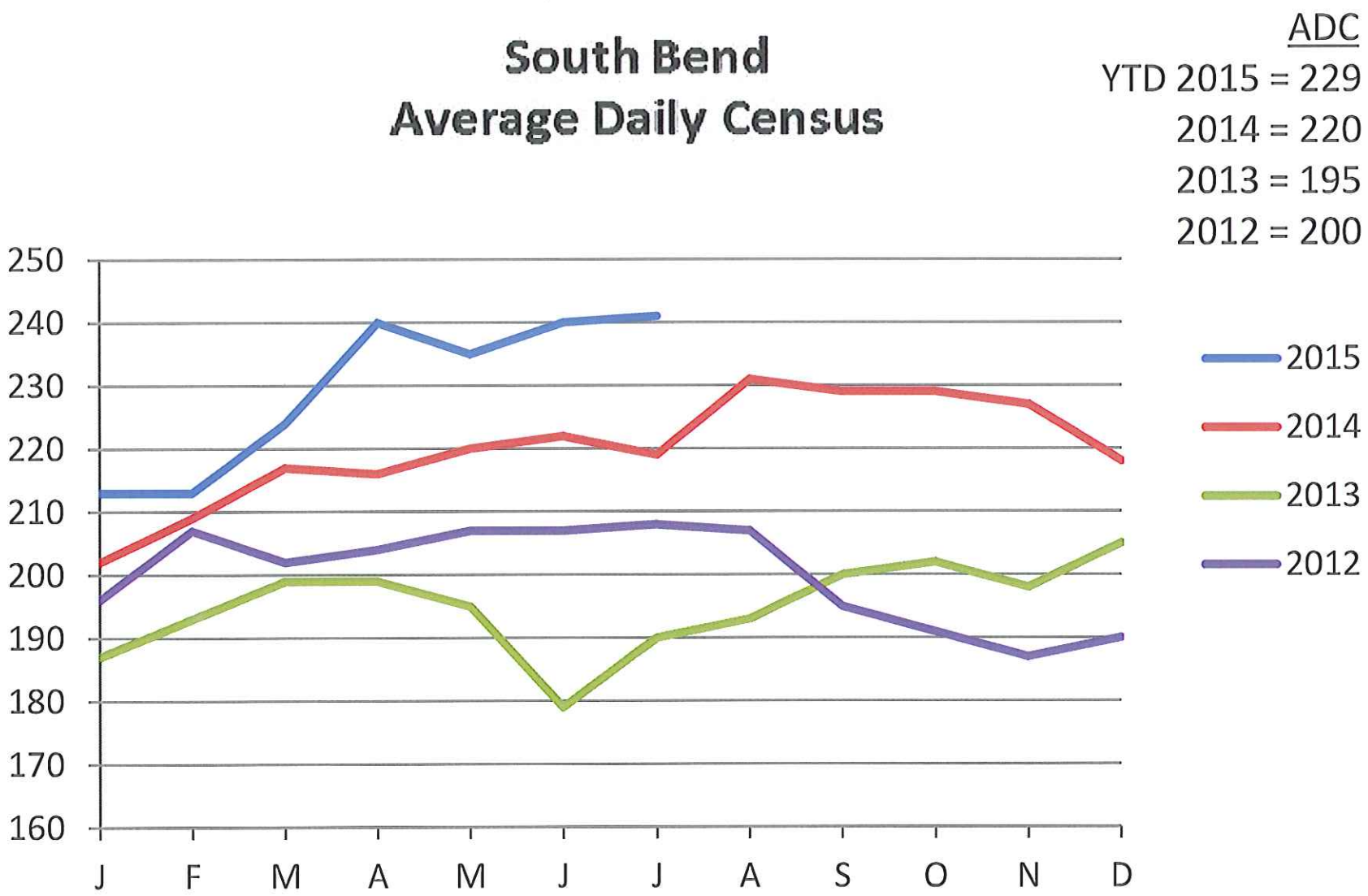
2015 YTD ADC by Branch

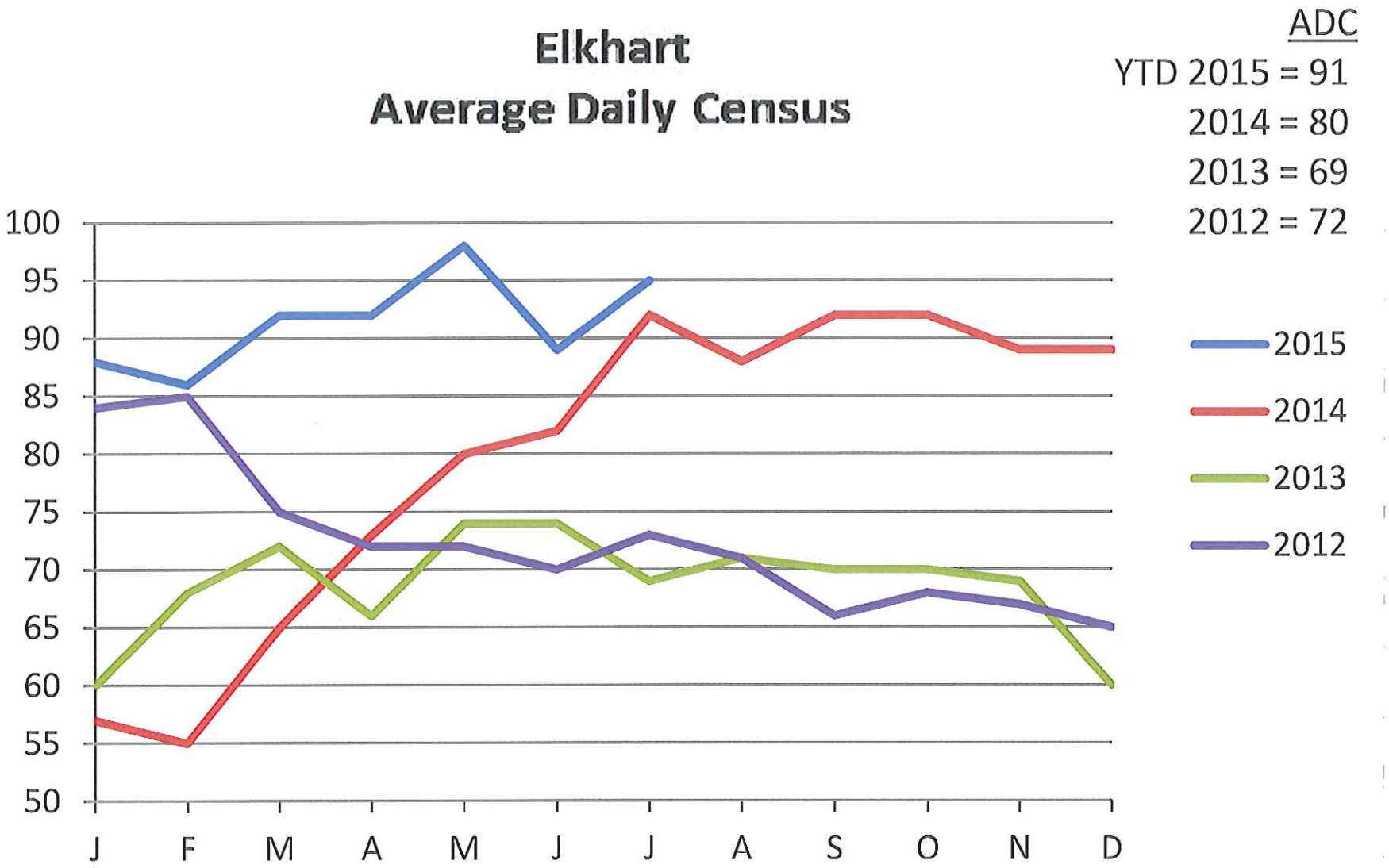


Center for Hospice Care
Total Average Daily Census (ADC)



South Bend
Average Daily Census

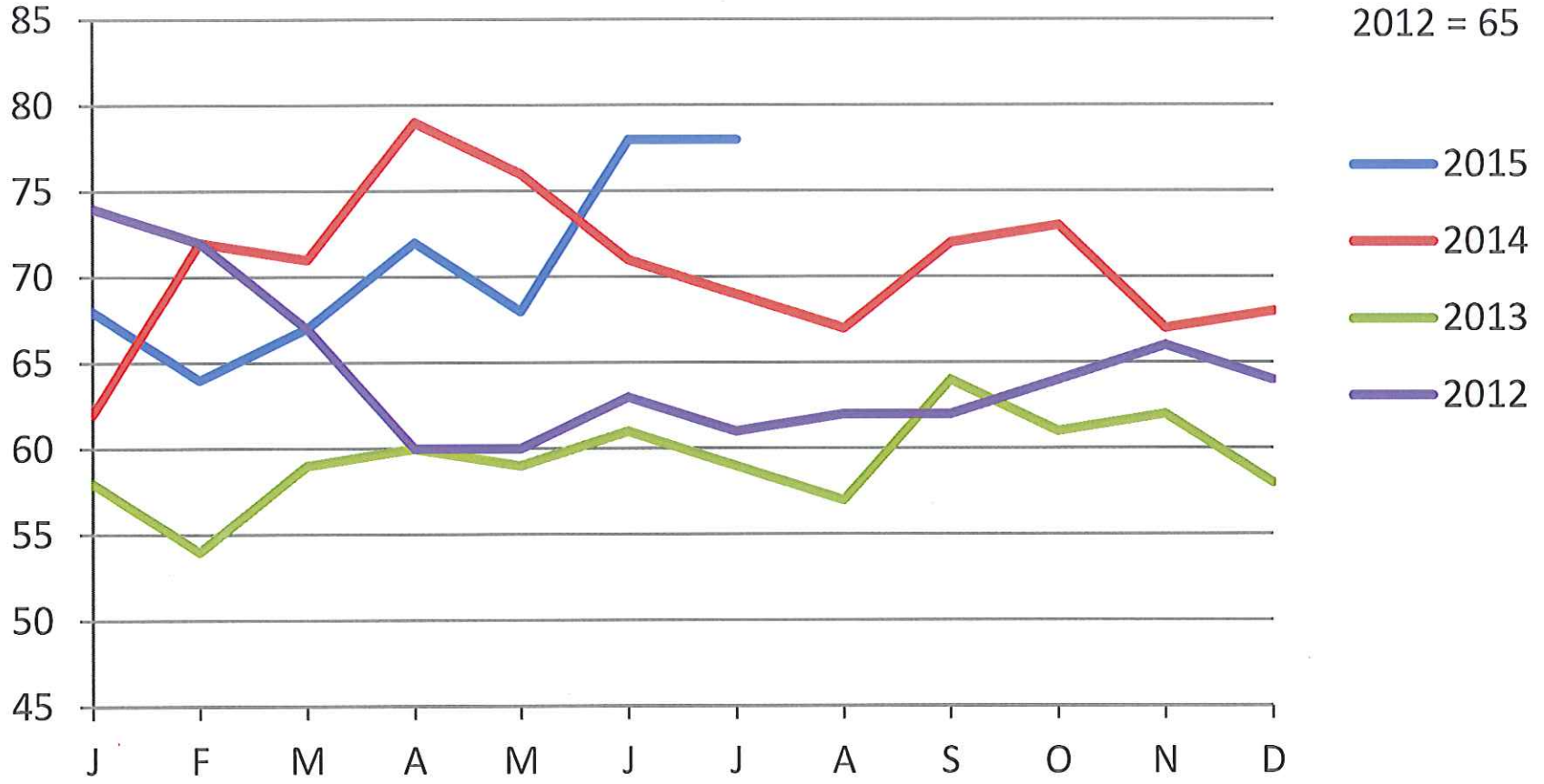



Elkhart
Average Daily Census
ADC
YTD 2015 = 91
2014 = 80
2013 = 69
2012 = 72
100
95
90
85
80
75
70
65
60
55
50
J
F
M
A
M
J
J
A
S
O
N
D
2015
2014
2013
2012

Plymouth
Average Daily Census

ADC

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



HOSPICE TAKES FAMILY OUT TO THE BALL GAME

6-22-15 SB Tribune

From left: Thomas Dorman, mom Shauna Dorman, Taylor Dorman and Spencer Dorman stand at home plate at Four Winds Field Sunday prior to the Father's Day baseball game they were treated to in honor of dad Scott Dorman, who is battling terminal liver disease and felt too ill to attend. The Dormans' day at the game between the South Bend Cubs and the West Michigan Whitecaps came courtesy of Center for Hospice Care and the South Bend Cubs.

SBT Photos/MIKE HARTMAN

By Jeff Harrell
South Bend Tribune

Sometimes mortality needs to break away for a ballgame.

"It's a beautiful day for baseball," Shauna Dorman says.

The Elkhart mother of three peers out over Four Winds Field from her luxury seat in the owner's suite for the Sunday afternoon Father's Day game between the South Bend Cubs and the West Michigan Whitecaps.

The stretch limousine that brought Shauna, daughter Taylor, and sons Thomas and Spencer to the ball park, the seats in the owner's box, a trek down to the field before the game, plus food and beverages, all courtesy of a joint effort between South Bend Cubs President Joe Hart and the Center For Hospice Care's Amy Tribbett to give the Dormans one lasting Father's Day memory with their dad.

Unfortunately, Timothy Scott Dorman — "Scott" to his family and friends — wasn't feeling well enough to be here.

"We've planned this for a few weeks," Shauna Dorman says. "But this morning he just said he hadn't felt good through the night, and he didn't feel up to being away from home."

"This is one of the things he wanted to do," says Taylor Dorman, 16.

WWF Star Mick Foley signs an autograph for Thomas Dorman as his brother Spencer and his mom Shauna look on Sunday.

"It's disappointing," Shauna adds. "I was looking forward to spending time together as a family."

Scott Dorman grew up in Maryland playing several sports — football, baseball, track, wrestling, lacrosse and rugby — and following his favorite baseball team, the Baltimore Orioles. He served three years in the U.S. Army from 1982 to '85, then worked in the restaurant industry, first as a cook before moving into management positions with several large restaurant chains, including Applebee's and Cracker Barrel.

Hospice has been caring for Scott Dorman since he was diagnosed with liver disease last year. "He's got a doctor, a nurse, an aide, a spiritual care counselor, a social worker and a volunteer," says Amy Tribbett, director of marking and access for Center for Hospice Care.

"Hospice," Tribbett points out, "is not always about death and dying. It's about quality of life. That's what this is about."

When Tribbett got a call from

See HOSPICE, A6

FROM PAGE A1

Hospice

Dorman's social worker saying the husband and father of three was "only 49... we want to do something special for them," the social worker already had an idea. "What do you think about baseball?" Tribbett recalls the social worker asking.

Tribbett contacted her friend, Joe Hart, president of the South Bend Cubs.

"I told him the story and said it could be their last Father's Day," Tribbett says. "Let's just make the most memorable experience for them."

Hart, himself a father of three who lost his own dad, jumped at the chance.

"My father passed away... I understand that," Hart says, standing on the field before Sunday's game. "If it gives a little joy to this family, that's the least we can do."

Before the game, Eileen Gonzalez, wife of Cubs manager Jimmy Gonzalez, called her husband and arranged an impromptu trip downstairs to the field. Shauna and Taylor took a direct route with Eileen. Jimmy Gonzalez met Thomas and Spencer at the clubhouse door, walked them through the locker room down the tunnel, and stopped at the entrance to the dugout to pat the base with the Cubs logo emblazoned in the middle hanging over the doorway.

"Touch the base," Gonzalez says to the two teen boys. "Get focused on what you have to do when you walk by this door."

By the third inning, the Cubs erupt for three runs and Scott Dorman's kids are enjoying themselves with ice cream and new Cubs ball caps for Thomas and Spencer.

Shauna Dorman forces a bittersweet smile.

"Even though we're having fun, I still think of my husband being home," she says. "But I don't want to keep the kids from having fun this summer. I just want them to have as much normalcy as possible."

Tribbett brought her 14-year-old son, Ian Judd, along to watch the game and meet the Dormans. Ian lost his father four years ago, and readily admits that Father's Days have been "tough" since.

"So I thought this would be good," Tribbett says of helping the Dormans take a baseball break.

Sarah Welliver/The Elkhart Truth

Former pilot Terry Meland (left) shakes hands with Brandon Herzog, pilot and department manager at Indiana Flight Center Thursday, Aug. 6, at Elkhart Municipal Airport after Herzog helped grant his wish of flying in a Cessna airplane one last time.

Attitude fuels final flight

Indiana Flight Center and Center for Hospice Care come together to grant wish of center patient.

SARAH WELLIVER
swelliver@elkharttruth.com

"Life is an attitude. Any damn fool can be miserable."

Terry Meland clearly remembered those words from his father, Curtis Meland. The philosophy stuck with him 10 years ago when he was given a terminal diagnosis of idiopathic pulmonary fibrosis, a disease that causes a decline in lung function.

It followed him 3,000 feet in the air

See **FLYING, A2**

Sarah Welliver/The Elkhart Truth

Adam Sloop (left), Aidan Sloop (center) and Alyssa Sloop (second from right) hold up signs in support of Center for Hospice Care patient Terry Meland as he took flight Thursday, Aug. 6, at Elkhart Municipal Airport. Amy Tribbett (right), director of marketing and access at the center sits nearby.

Flying From Page A1

Thursday evening, Aug. 6, as the former pilot crossed off a wish from his bucket list: fly over Michiana one last time.

The 71-year-old former mortgage banker had always looked at life like a never-ending adventure. He had been an avid motorcyclist since eighth grade, at one time taking a six-week trip by himself.

"Everything was an adventure with him," said wife Beverly. "He would be driving and we'd get lost and he'd just laugh and say 'It's an adventure.'"

Meland started a new adventure in 1989, getting his pilot's license during his "midlife crisis," he joked. Seeing a bird's-eye view of the world filled him with a sense of freedom. "The control, the thrill, it required so much more attention," Meland said. "It was just really cool."

When he was diagnosed with IPF, the motorcycle was sold soon after. "It's really tough to go riding when you're schlepping oxygen tanks around," Meland said. The medical condition also kept him grounded.

A few years after the housing crash in 2007, Meland and his wife moved to South Bend from Evanston, Ill., to be closer to family.

"My disease ... nobody can tell me how much longer I got, not even me," Meland said. "But life itself is a terminal condition."

For someone who had always lived life to the fullest, having limitations was hard, Beverly said. But his positive attitude never wavered.

As the disease progressed, one wish on his bucket list rose above the rest — to fly over Michiana one last time.

The plan came together in July after Meland, a patient of Center for Hospice Care in Elkhart, told his social worker, Bob Tyler, about the dream.

When he informed Amy Tribbett, director of marketing and access for the center, she jumped into action. "Our mission is to improve the quality of living, so when I have someone come to me with a bucket list, I just get so excited," Tribbett said.

On July 16, after checking with Meland's doctors and other medical staff, Tribbett posted a call-out on the hospice's Facebook page asking for help. "Cessna pilot willing to take a Center for Hospice Care patient ... on a short flight around Michiana," the post read. "Let's make his dream come true."

Brandon Herzog, department manager for Indiana Flight Center at Elkhart Municipal Airport, was contacted by several friends about the wish. "Fellow pilots, we call it the flying family. ... Terry is part of that family and we're happy to do that for him," Herzog said. Three hours after Tribbett's post, Meland had his pilot.

When he found out, Meland was overcome with gratitude. "That's a lot of hoops to jump through for an old man," he quipped. "The people at the hospice, they are just phenomenal people. I can't speak highly enough about them."

On Thursday, a crowd of 16 people watched as Meland stepped into a Cessna 172. Jenelle Sloop, Meland's nurse, stood next to her four children as they waved posterboards decorated with words of encouragement. Tyler, Tribbett and Beverly snapped photos as the four-seater made its way down the runway before lifting off into a sunny blue sky.

"He's just got a great zest for life," Tyler said as the plane became a speck on the horizon. When the plane landed 30 minutes later, Meland stepped out with a grin spread across his face. "He said I did so good I can keep it," Meland joked.

After Herzog helped extract Meland's oxygen tank from the seat, the two pilots shook hands and smiled. "It was just phenomenal," Meland said. "I can't say enough how grateful I am."

His advice to anyone else with a bucket list?

Go find your adventure.

"You're not dead yet. Get going. Do as much as you can," he said.

2016 CIRCLE *of* LIFE **Award Application**

Organization Name: Center for Hospice Care

Program Name (if different than above) n/a

Name of Program Contact: Mark M Murray

Title of Program Contact: President / CEO

Street Address: 111 Sunnybrook Ct

City, State, Zip Code: South Bend, IN 46637

E-Mail Address: murraym@cfhcare.org

Phone Number: 574-243-3100 Fax #: 574-243-3134

The following should be read and signed (signature graphics file acceptable) by the CEO of the organization with which the program is associated. If the program is independent, it should be signed by the program's director.

I understand that all applications for the Circle of Life Award: Celebrating Innovation in Palliative and End-of-Life Care become the property of the Circle of Life Award. Because the goal of the award is to increase understanding and awareness of the importance and value of providing high quality palliative and end-of-life care, descriptions of winning programs will be published, and the sponsoring organizations might use information from all applications in articles aimed at increasing awareness of the need for high quality palliative and end-of-life care and providing examples of innovation in palliative and end-of-life care. I also agree, if our program is one of the finalists for the award, to host a site visit as part of the final selection process. Program contacts may be asked to provide additional information.

I also understand that winners of the award will be expected to participate in outreach and education in conjunction with programs of sponsoring organizations.

I certify that the information in this application is accurate.

Title: President / CEO *Date:* 8/7/2015

2016 CIRCLE *of* LIFE **Award Application**

PART I:

A. Nominee: Center for Hospice Care

B. The nominee is:

☐ A unit/service/program of an organization (If the program being nominated is part of a larger organization, please identify the parent organization below and **include an organization chart** showing the reporting relationships of the program/service.)

Parent Organization: _____

X An entire organization

☐ A collaboration or partnership of two or more entities not connected by ownership

C. The applicant organization is a/an (please mark all that apply):

X Hospice

X Home Health Agency

☐ Community or Residential Program

☐ Primary Care Clinic/Practice with Palliative Care

☐ Specialty Outpatient Palliative Care

☐ Long-term Care Facility

☐ Integrated Health Care System

☐ Community Hospital

☐ Academic Medical Center

☐ Specialty Hospital

☐ VA or Other Federal Organization

☐ ACO or other coordinated care models (managing risk)

☐ Other (please describe) _____

_____

D. Brief overview of your program and whom it serves (maximum 300 words)

Center for Hospice Care (CHC) is an independent, community-based, not-for-profit organization improving the quality of living through hospice, home health, grief counseling, and community education. With care offices in South Bend, Elkhart, and Plymouth we serve eight counties in northern Indiana and operate the

only Medicare-certified hospice inpatient units in this area. Seven-bed Hospice Houses are located at both the South Bend and Elkhart offices.

Since admitting our first patient in January of 1980, we have cared for 28,570 patients through 2014. Half of all the patients served by CHC were seen in the last eight years and nearly one in five during the last three years alone. With 222 professional staff and over 500 community volunteers, there is no other local organization more proficient or experienced at providing high-quality, patient- and family-centered care at the end of life. CHC projects to serve 2,160 patients during 2015 putting it into the top 4-5% of all programs in the US.

Since 1980, we have promised that no patient eligible for hospice care would be turned away, regardless of ability to pay. In 2014 alone we gave away over $1.6 million in unreimbursed services We accept patients with complex treatment issues and work collaboratively with the physician and ancillary healthcare providers to serve the needs of patients, wherever they call home. This could be at one of the more than 80 extended care facilities who contract for our services. The majority of care, however, is in the patient's residential setting.

Despite the expanding programs and ranks of those we have served over 34 years, our mission statement has shrunk. Because our focus is so singular and our experience so deep, we have distilled it into just six words: "To improve the quality of living." We believe this sentence drives everything we do.

PART II:

A. Please tell us about:
   - your organization's/program's innovations in palliative and/or end-of-life care
   - what differentiates your work from other organizations/programs
   - how your work raises the bar in palliative and/or end-of-life care

   (maximum 500 words)

CHC has developed three innovative programs to help meet the needs of our patients. BreatheEasy for COPD, HeartWize for advanced heart disease, and our Dementia Care Program address the unique needs of patients affected by these diseases, which comprise over half the diagnoses of all CHC patients. Each program includes the use of emotional, spiritual, and complementary approaches to care as appropriate in addition to family support.

With the development of our freestanding outpatient clinic, Center for Palliative Care, palliative care services will become available to a wider population. The clinic will be staffed by CHC physicians and nurse practitioners specially trained in assisting referred patients with pain and symptom management needs. Consultative services will include education assistance with treatment options, discontinuation of curative treatment, advanced care decision making and community supportive services referrals. Center for Palliative Care is scheduled to open this year.

As a stand-alone, non-profit hospice and palliative care provider we have established a number of collaborative relationships with a variety of medical institutions. CHC provides on-site rotational Fellowship training in Hospice and Palliative Medicine for Mayo Clinic and the Indiana University School of Medicine.. CHC is a higher education destination with signed agreements to provide training for students from 12 colleges and universities in the areas of nursing, social work, spiritual care, and bereavement.

As the convener for bringing the three largest hospitals in our service area together, CHC developed a community-based perinatal palliative care services program. Hospitals refer to CHC's specialized perinatal team to provide care and support for families whose baby receives a life-limiting diagnosis. Care begins at

the time of the diagnosis and continues throughout the family's journey, including CHC bereavement counseling.

Two areas in particular differentiate our work and raise the bar in hospice and palliative care. CHC administrators, physicians, nurses, social workers, spiritual care staff, and bereavement counselors are the faculty for an innovative one-credit elective course offered by the University of Notre Dame called *Intro to Hospice & Palliative Care*. Developed to provide pre-professional students with an introductory understanding of palliative and hospice, the course was designed specifically for undergraduates interested healthcare careers, but is also useful to students aspiring to work in other helping professions. Presented every third semester, the popularity has increased each time; in November 2014, 125 students signed up.

One section of the this course provides education about palliative and hospice care in developing countries, using our partnership with the Palliative Care Association of Uganda (PCAU) as a real-world example. Through Global Partners in Care, CHC was partnered with PCAU in 2008. In the seven years since, CHC (along with Hospice Foundation, its supporting foundation) has raised $132,232.70 to assist PCAU in its mission to make palliative care accessible to all in Uganda. The partnership is also responsible for the production of two documentaries, the award-winning *Okuyamba*, which raises awareness of the need for palliative care, and *The Road to Hope*, which documents the needs of orphaned child caregivers in Sub-Saharan Africa.

B. Please describe:

- How you ensure access to palliative care, including efforts to provide:
  - Services throughout the disease trajectory and to manage transitions in care. Please include key partners and their roles.
  - Palliative and/or end-of–life care services to traditionally under-served populations
  - Care that is culturally sensitive
  - Community outreach, including raising awareness of the value of palliative and end-of-life care services and advance care planning
  - Continuing education for front-line practitioners

  (maximum 500 words)

CHC has always been a licensed home health agency and hospice but has never provided traditional, rehabilitative home health care. Our home health license is used for palliative care services, pre-hospice services, and as a transition tool for patients no longer eligible for hospice or who choose to seek curative care. Because all clinical staff are trained in home health care and hospice, the transition between agencies remain simple and seamless. Patients continue to keep their same CHC staff while they direct their care on their terms.

More than 34 years ago, CHC promised its care was available to everyone regardless of age, gender, race, religion, disability, sexual orientation, or diagnosis. We provide services wherever a patient may call "home" and have provided care in a jail, a homeless shelter, and numerous group homes for the developmentally disabled. To ensure the traditionally underserved populations have an awareness of and therefore access to CHC services, a component of the endowment portion of our current capital campaign will fund a permanent staff position to coordinate CHC's community diversity outreach efforts. Using strategic outreach activities to promote inclusion within our organization and the community, we will enhance awareness of CHC services for our local underserved populations and our communities of color.

We are dedicated to meeting the needs of veterans. In 2013, CHC attained the highest recognition, Level 4, for a *We Honor Veterans* (*WHV*) partner program. *WHV* empowers hospice professionals to meet the unique needs of dying veterans through specialized staff education and ongoing activities designed especially for veterans. To reach the pinnacle Level 4, CHC focused on increasing access to and improving the quality of care veterans received through staff education and training, offering veteran pinning ceremonies, and scheduled veteran group support activities at extended care facilities. Nationally, there are 2,732 *WHV* Partners and only 333 hospice programs have achieved the *WHV* Level 4. *We Honor Veterans* is a collaborative program between National Hospice and Palliative Care Organization (NHPCO) and the Veterans Administration.

We increase the intellectual inventory of our staff by encouraging our nurses to become Certified Hospice and Palliative Care Nurses (CHPN). We pay for the

National Board examination and even the review course prior to examination. Beginning two years ago, CHC CHPN RNs began receiving an annual monetary stipend for becoming certified and maintaining their status. A similar program for our hospice aides/CNAs to become Certified Hospice & Palliative Nursing Assistants began this year.

CHC spreads the word about hospice and palliative care with an aggressive paid media advertising campaign, which includes television, radio, billboard and digital media. Since it began four years ago, the number of referrals from the general public contacting CHC directly on their own now account for one in four referrals and are the second largest category, surpassed only by referrals from hospitals.

A few of our key partners in hospice and palliative care programming have chosen to supply the attached letters of support regarding our collaborative efforts within this community and in Africa.

- Patient, family and other decision maker involvement, including:
  - Shared decision making and involvement in establishing goals and preferences
  - Support for the family in providing in-home care, understanding disease progression and preparing for and coping with death and dying

  (maximum 400 words)

CHC begins a patient's unique journey by meeting with the patient and family. Our staff provides information about our services to meet the patient and family's specific needs and goals. We strive to ensure that everyone is informed about our scope of services and offer necessary support even when they may not yet be ready for hospice services. Our staff becomes an ally for the patient and their representatives by providing referrals to specific community resources and end-of-life education.

We understand that beginning hospice care can be a daunting process. We strive to make our admission process patient- and family-centered. Our team endeavors to wrap a patient and family with support from all of our disciplines beginning with the start of services. After admission, a patient receives a comprehensive assessment and an individualized end-of-life education from a nurse. Next, the patient and his/her representative meet their primary care team. Each team

member conducts a discipline-specific assessment to get to know the patient. The patient and his/her representatives work collaboratively with our team to establish the initial goals of care. Our Family Handbook (available in English or Spanish) provides a roadmap for patients and their families regarding the hospice experience as well as extensive information about CHC's services.

Throughout the patient's journey we work together as an interdisciplinary team to meet the physical, emotional, and spiritual needs of the patients and families. We are sensitive to the wide variety of needs that may develop during the time we are involved. Our team also provides education about a patient's disease process in a manner the patient and representatives can easily understand. Our team also assesses a patient's support system for anticipatory grief. We will offer early bereavement counseling to the family if the team determines this would be beneficial. Our team also communicates key information to our bereavement department to provide a continuum of care for the patient's representatives after death.

- Examples of quality improvement initiatives and how you prioritize them, including efforts to identify and ensure organization-wide implementation of evidence-based care (maximum 500 words)

Center for Hospice Care has an active, comprehensive quality assessment and performance improvement (QAPI) program that meets the required elements of the Hospice Medicare Conditions of Participation, COP 418.58 — QAPI. Our monitoring of performance across the agency includes tracking and trending both process and outcome indicators related to hospice regulatory compliance, interdisciplinary clinical care, patient and family experience of care, and hospice operations.

We formulate and conduct our performance improvement projects through formal QAPI working groups. These groups are interdisciplinary, encompassing front-line and leadership staff familiar with the area to be improved upon. Selection of projects is driven through collecting data via a wide range of sources, such as, but not limited to: clinical record audits, surveys, consumer and staff concerns, and

adverse event and infection reports. Priority is given to projects that deal with regulatory compliance, Federal quality initiatives, new or changed policies, procedures or equipment, and especially to areas deemed *high risk* — meaning situations that could cause harm or legal action to an individual or the agency. To implement projects we use evidence-based researched sources and those provided via nationally recognized groups such as NHPCO and Hospice and Palliative Nurses Association.

Collecting data is distributed among a variety of staff and departments such as Quality Assurance, Nursing Care, Social Work, Spiritual Care, Bereavement, Volunteer, and Finance. Approaching data collection in this manner produces better quality data — in so much that these *auditors* can see data not only through their lenses but also see how others are documenting and performing according to prescribed standards.

Implementation of projects can consist of a variety of comprehensive plans, depending on the nature of the improvement project. Some examples of QAPI work groups with active projects at CHC include: HIPAA Compliance, Family Evaluation of Hospice Care, Volunteer Satisfaction, Live Discharges, Clinical Quality Measures, and Specialty Programs. Individual changes implemented for improvement within a project could include: education and training sessions, new process and procedures, and policy revisions. Then after the changes are implemented additional data are collected and the changes are monitored to ensure hardwiring throughout the agency.

Reporting project outcomes is done quarterly at our Quality Improvement Committee meeting. Reporting of project outcomes is done by the facilitator of the individual QAPI working group or a designee. The performance improvement tools we utilize are a Plan, Do, Study, Act cycle and a QAPI project progress report. To provide context and continuity our project progress reports contain the following elements: project name, group members, AIM(s) statement, measures project data may be reported using graphs or other appropriate data analysis reporting mechanism. These tools are a framework that helps provide structure for our quality reporting to staff and our board of directors.

C. Please provide results from at least four major outcome or process measures used to evaluate your services. One of these MUST be symptom management (include all symptoms tracked). Others can include measures of patient/family and/or provider satisfaction (no more than one), operational measures, other clinical outcomes or financial outcomes. Include for each:
   - how data are collected
   - external benchmarks used and organizational goals
   - trend data on results for the past two years
   - how you use data for quality improvement

   (maximum 750 words and up to four pages of data attachments)

The key components for successful quality improvement projects are: clear goals, meaningful interventions, and careful assessment of those interventions. When formulating our quality indicators we take a family of measures approach and measure indicators we feel are most important to the process we are trying to improve. These can include clinical effectiveness, efficiency, safety, timeliness, satisfaction, or regulatory adherence.

The first example of how we put this together is our Clinical Quality Measures QAPI work group. This group implements projects focused on improving symptom management processes and outcomes for our hospice patients. Initially, this work group focused on pain management and treatment, along with the Comfortable Dying National Quality Forum (NQF) endorsed measure — NQF #029. In 2013 our quality indicators shifted focus to include *all* upcoming National Quality Forum endorsed measures, starting with NQF# 1617 — patients treated with an opioid who are given a bowel regime and Hospice Item Set (HIS) data collection. This work group consists of our Assistant Director of Nursing, Quality Assurance Coordinator, Social Worker, Primary Nurse, Hospice Aide and Admissions Coordinator RN.[1]

The most recent projects initiated by this group were to focus on NQF # 1617 and established internal quality indicators and a judgment sampling plan. This plan was chosen because our EMR software generates a clinical data report that we

[1] Quality Data Trends: Attachment 1

analyzed for compliance in documenting in the medical record during each skilled nurse visit (SNV) the following quality assessment elements: date of last bowel movement, assessment of bowel sounds, and whether or not the patient is being treated with an opioid and if the patient is receiving an opioid — do they also have a prescribed bowel regime to help eliminate the symptom of opioid-induced constipation. Additional quality indicators for this improvement project included: 1) Is pain rated on a 0-10 scale at the time of the initial assessment? and 2) Is an individualized plan of care being created, which includes a patient identified pain goal at the time of the initial assessment. [2]

Every healthcare agency is interested in the answer to the question "are we meeting the expectations of our customer?" CHC is no exception. Prior to 2015 a voluntary family satisfaction survey was available to hospices—the Family Evaluation of Hospice Care (FEHC) survey. CHC utilized this survey and its results by partnering with NHPCO to assist in analyzing and reporting our results in a user-friendly actionable report. The FEHC survey included 27 quality indicator questions that were indicators of quality performance. These individual questions were then compared and benchmarked to other organizations in Indiana and nationally. We utilized this report in a variety of ways such as assisting in the creation of organizational goals, development of individual departmental goals, and as a data collection tool for QAPI work groups.

One such work group was the Emotional Support QAPI; this work group utilized FEHC survey questions E4 — "Emotional support to family after patient's death" and E3 "Emotional support to family prior to patient's death." The range answers were in a Likert scale of 1) Less than was wanted 2) Right amount 3) More attention than was wanted.[3]

Performance improvement interventions for improved outcomes for the E3 quality indicator question included: training social work staff to assess family level of support during encounters with families prior to the patient's death by specifically asking family members, "How can we support you emotionally?" Training

[2] Quality Data Trends: Attachment 2
[3] Quality Data Trends: Attachment 3

occurred in 2013 and February 2014. Initiatives to improve the E4 quality indicator question included: process changes in communicating all emotional support activities performed by nursing staff to the bereavement department via secure message or phone calls and for a bereavement counselor to attend all weekly IDT meetings to encourage the documentation of any post-death support given to family members such as condolence letter and funeral service attendance.

PART III:

A. **Please tell us about the nominated <u>program.</u>** If your program is part of a larger hospital/health care system/hospice/agency, please only report data for patients who are directly impacted by the nominated program (e.g., indicate the number of patients served by your inpatient palliative care program, not total number of patients served by the hospital) (Indicate NA if not applicable):

Delivery Setting for Hospice/Palliative Care	# of patients served annually*	Year program began	Average length of service
Acute care hospital	119	1980	3
Long-term care facility	414	1995	81
Home hospice care	1,229	1980	64
Home palliative care	115	1980	61
Assisted living	127	1995	93
Hospice facility -- inpatient acute care	596	1996	6
Hospice facility -- residential	31	1996	7
Ambulatory practice/clinic	NA		
Other (please describe)	NA		
Total patients served by hospice/palliative care program across all settings	2,123		61

**Patients who receive care in multiple settings should be counted multiple times. For example, a patient who is first seen by an inpatient consult service and is then transitioned to home-based palliative care should be counted for both the inpatient service and the home-based palliative care service.*

B. Annual percentage of cases that end in death 85

Percentage of patients who die in preferred site 100%

C. Please list three most common diagnoses of your patients and the percentage of your total patient population with each of these diagnoses.

In 2014, these were cancer (37.7%), heart and other cardiovascular diseases (29.1%), and dementia and other neurological diseases (11.4%)

D. What are the most common reasons for palliative care referral (goals clarification, family conference, symptom management, psychosocial support, spiritual distress, care coordination/management, etc.)?

Currently, we believe the most common reason for a palliative care referral is the reluctance of the referring entity to have the delicate and truthful conversation about the patient's realistic clinical condition, the likely outcome of his/her disease process, and the reasonable prognosticated timeline for when this outcome will occur. The second most common reason would be symptom management needs due to continuing curative treatments. Third would be goals clarification and providing information and education for patients and families regarding choices to make the most of life at the end of life.

E. Patient Demographics

Major sources of health coverage for patients:

85% primary coverage Medicare

5% primary coverage Medicaid

13% Medicare-Medicaid dual eligible

8% primary coverage private insurance

2% no coverage

Age of patients by percentage:

Pediatric (0-21 years or older if being treated for condition diagnosed in childhood/adolescence)	.5%
Adults (21-65)	17.7%
Older and senior adults (over 65)	81.8%

F. Racial/Ethnic Demographics

Please indicate by percent the racial/ethnic demographics for patients, staff, and volunteers for the nominated part of the organization/program only.

	Overall number	Percent Caucasian	Percent African-American	Percent Hispanic/ Latino	Percent Asian	Percent Native American	Other (please specify)
Service Area		79.3	7.8	9.1	1.3	.5	2.0
Patients	2123	89.8	5.8	1.8	.3	.1	2.2
Governing Body*	16	93.75	0	0	6.25	0	0
Executive Staff*	6	100	0	0	0	0	0
Clinical Staff	150	96.7	3.3	0	0	0	0
All Staff	218	94.9	3.7	.9	0	.5	0
Volunteers	500	90	4	4	2	0	0

*For programs that are part of a larger organization and do not have their own governing body or executive staff, please provide this information for the overall organization.

G. Traditionally under-served populations for whom you have **organized programs** to provide services (describe programs in Section IIB):

- ☐ Developmentally disabled
- ☐ Elderly disabled
- ☐ HIV positive/AIDS
- ☐ Homeless
- ☐ LGBT
- ☐ Psychiatric diagnoses
- ☐ Substance abuse
- X Uninsured
- X Veterans
- ☐ Others (Please specify)

_____

_____

H. Staffing:

1) What is the annual percentage of staff turnover? 11.4%

2) Please provide information on your interdisciplinary team of palliative care professionals, including physicians, nurses, social workers, pharmacists, spiritual care counselors, and others who collaborate with primary health care professionals.

Discipline	#FTE	# Individuals filling the specified FTE	Percent Certified in Palliative/ End-of-Life Care
Physician (MD, DO)	2.9	3	100
Advanced practice registered nurse (APRN), (clinical nurse specialist, nurse practitioner)	.4	1	100
Registered nurse, (RN)	66.3	97	12.37
Physician Assistant,(PA)			
State-licensed Social Worker (SW)	11.8	13	
Other social worker			
Spiritual care provider	7.6	9	
Psychologist/ Counselors			
Personal care (HHA, NA)	21.4	38	
Bereavement	6.9	7	
Pharmacist			
Other (please describe)			

Physician certification is available from the American Board of Medical Specialties or the American Osteopathic Association; nursing certification is available for all levels from the Hospice and Palliative Credentialing Center (HPCC) (APRN, RN, pediatric RN, LP/VN, and nursing assistant) and to administrators; social worker certification is available from the National Association of Social Workers/National Hospice and Palliative Care Organization; chaplain certification is available from the Association of Professional Chaplains, the National Association of Catholic Chaplains, and the National Association of Jewish Chaplains.

I. How many volunteers does the nominated program use? 500

What are the main activities of volunteers?
Center for Hospice Care volunteers serve a variety of roles, including:

- Patient care
- Companionship
- Bereavement callers
- Office support
- Massage therapists (licensed)
- Veterans to serve veteran patients
- Hair stylists and barbers (licensed)
- Pet visitation (certified)
- Adult "buddies" for campers at Camp Evergreen (a grief camp for kids)
- Life bio (capturing the life stories of patients)

Center for Hospice Care provides comprehensive volunteer training so that volunteers can assist patients and families with activities such as respite, transportation, laundry, errands, and companionship as well as assist those who are bereaved. CHC volunteers serve patients where they call home – at home, in assisted living facilities, and in nursing homes. Some also serve in office or clerical roles at one of CHC's offices.

J. Please list your program's accreditations or certifications, including those from The Joint Commission and other accrediting bodies.

CHC is Medicare certified and state licensed as both a home health agency and as a hospice provider. During its most recent surveys by the Indiana State Department of Health for Medicare re-certification and continued participation in state licensure, CHC received a finding of "No Deficiencies" for hospice on October 9, 2014 and a finding of "No Deficiencies" for home health on October 17, 2012.

Appendixes and Attachments:

- Organization/Relationship Chart (if appropriate)
- Process and Outcome Measures (up to four pages)
- Other, if appropriate (up to four pages)
- Letters of Support (not included in the maximum number of pages for appendixes)

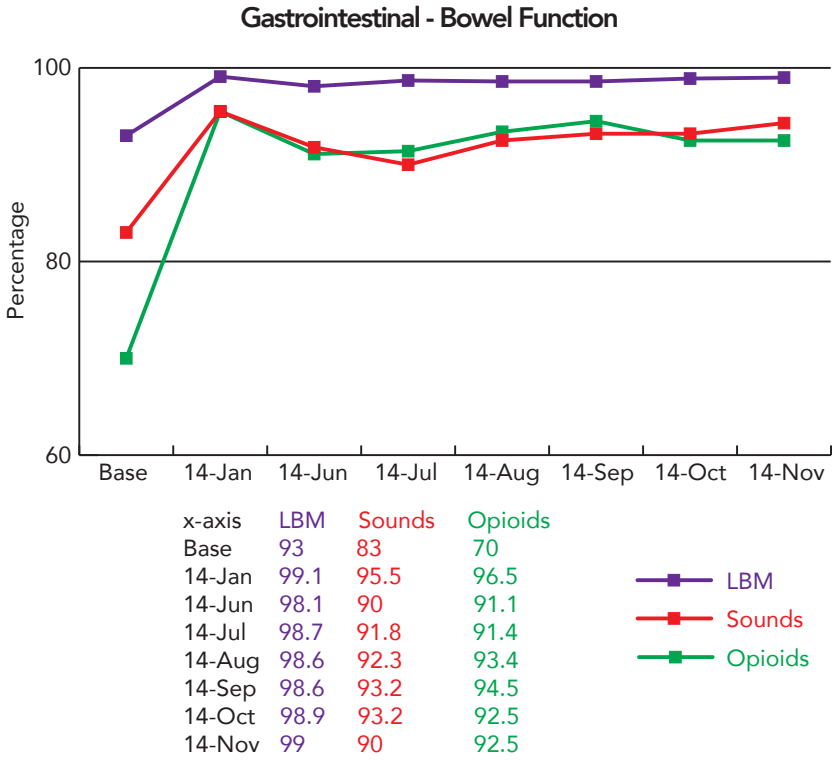
QAPI project Progress Report **Project Name:** Clinical Quality Measures	**Meeting Date:** 6-25-15
Committee Members: Karen(SW), Gail(ADON), Rebecca (QA Coordinator), Karen (RN)absent, Kristie(HA), Tammy(Admissions RN)	
I.	**Aim(s):** • Physical pain will be assessed and documented at every skilled nursing visit for 100% compliance. • Skilled nursing visits will include a GI assessment to include date of last bowel movement, bowel sounds, and opioids with a minimum 93% completion rate. (revised 6/25/15)
II.	**Measure(s):** • Nursing pain assessment to include a pain rating • Cerner GI assessment items, "Last BM Date", "Bowel Sounds" and "Opioids" will be addressed in the SNV note.
III.	**Process Measure(s):** • QI Quarterly Audit Report • Utilize Cerner "GI Tracking Report" to follow quality documentation expectations with SNV. Including: Last bowel movement Bowel sounds Evaluation of patient treated with an opioid for a bowel regimen
IV.	**Sampling Plan:** • All hospice patients for pain measure • Random 2 week chart audit for non-hospice house patients regarding GI measures
V.	**Brief Description of Changes:** • The group recognizes pain rating is forced field in Cerner causing a pain rating to always be documented. The group has chosen not to focus on another aspect of the pain assessment at this time but will remain open to future opportunities to set an additional aim statement regarding pain. The group inquired about pain as it is addressed in the new CAHPS survey. These specific questions will be reviewed and discussed in the July meeting. • Admission Department representative shared the Cerner Initial Assessment is being customized to address the HIS thus improving accuracy of HIS completion.
VI	**Accomplishments:** • Aim statements reviewed and discussed revisions • GI Tracking report results June: Last bowel movement 99.6% Bowel sounds 93.9% Opioids and bowel regimen 94.6% • Group was educated on HIS updates in V1.02 to include CMS definitions of SNF vs NF. Instructions on completing section "Admitted From", CMS modifying pain scale to be congruent with National Comprehensive Caner Network Pain Management Guidelines for "moderate" and "severe", clarification regarding shortness of breath as a relevant symptom to HIS i.e. a + screen indicates SOB is an active problem even if SOB does not occur during the assessment visit, and clarification on criteria to meet definition of "treatment initiated". • Group agrees to begin a focus on dyspnea as a clinical quality measure for all disciplines.
VII.	**Barriers/Hurdles experienced:** • Initial HIS audit for data accuracy regarding extrapolation of information from EMR revealed quality issue pattern. • Educational needs regarding HIS completion with Admission Department RNs • New hospice survey (CAHPS) - lack of staff knowledge regarding survey components and no data results being available at this time. • What HIS category does "group home" fit into. (Tammy will research)

Quality Data Trends: Attachment 1

Clinical Quality Measures

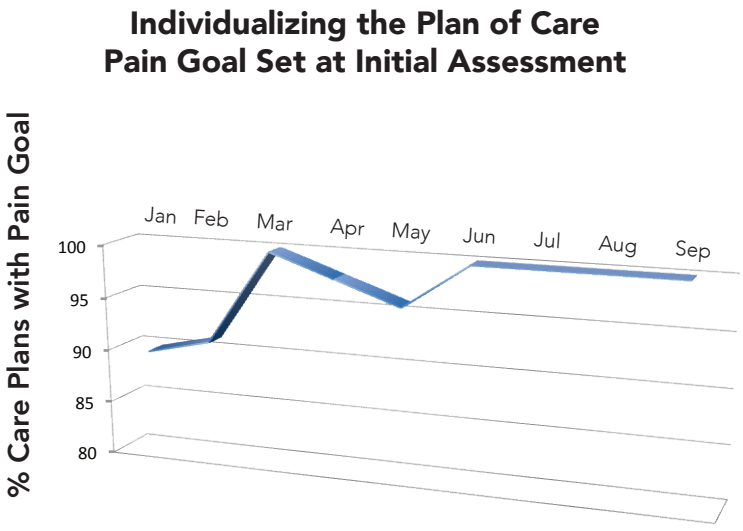
Center for Hospice Care

NQF #029 Pain Management & Comfortable Dying **NQF #1634/1637 Pain Screening & Pain Assessment**
NQF #1617 Patients being treated with an Opioid – given a bowel regime

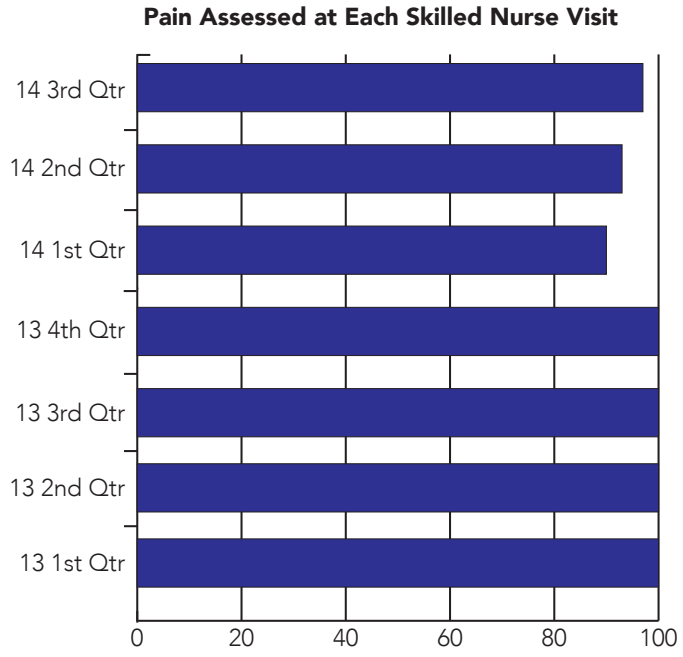


x-axis	LBM	Sounds	Opioids
Base	93	83	70
14-Jan	99.1	95.5	96.5
14-Jun	98.1	90	91.1
14-Jul	98.7	91.8	91.4
14-Aug	98.6	92.3	93.4
14-Sep	98.6	93.2	94.5
14-Oct	98.9	93.2	92.5
14-Nov	99	90	92.5

2013 Pain Assesment	
Pain Rated on 0-10 scale at time of Initial Assessment	
Jan	97.0%
Feb	92.9%
Mar	97.0%
Apr	97.9%
May	97.9%
Jun	92.6%
Jul	85.7%
Aug	81.3%
Sep	94.3%
Oct	91.3%
Nov	96.0%
Dec	94.2%

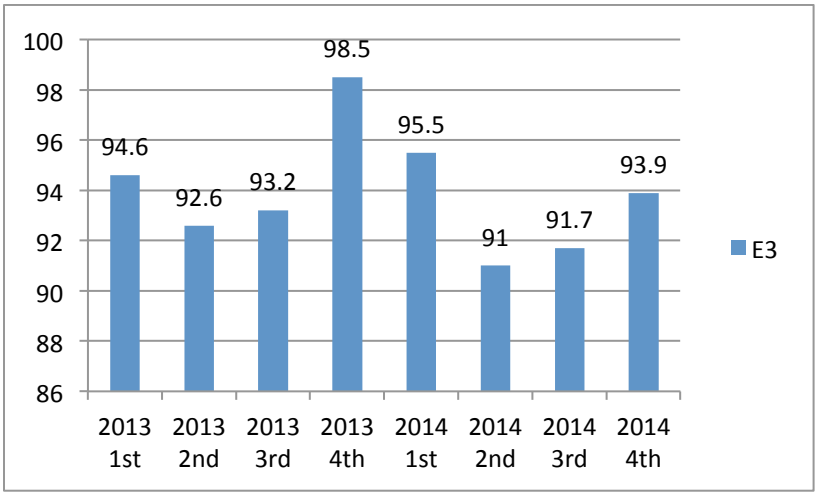


2012	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
%	89.7	91.1	100	97.9	95.8	100	100	100	100



Family Evaluation of Hospice Care
Survey Results - CHC

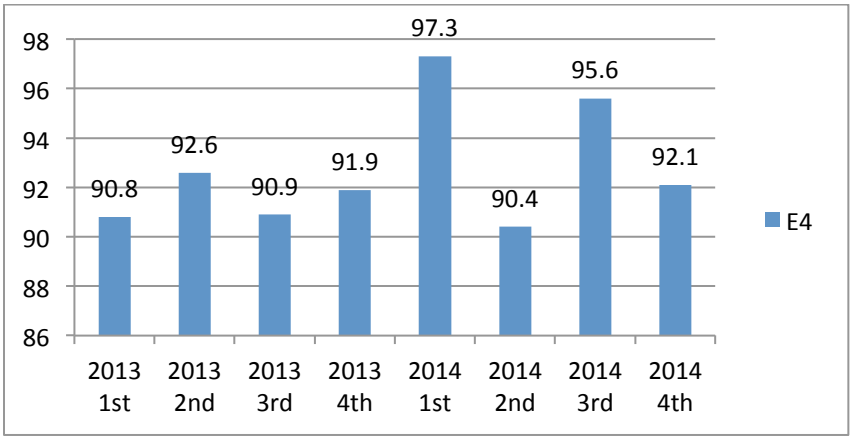
Percentage of FEHC Survey Respondents that Answered Right Amount of Emotional Support



E3 = How much emotional support did the CHC team provide to you prior to the patient's death?

Family Evaluation of Hospice Care
Survey Results - CHC

Percentage of FEHC Survey Respondents that Answered Right Amount of Emotional Support



E4 = How much emotional support did the CHC team provide to you after the patient's death?

1st Source Corporation

Christopher J. Murphy III
Chairman, President and CEO

P.O. Box 1602
South Bend, IN 46634
574 235-2711

July 30, 2015

American Hospital Association
155 N. Wacker Drive
Chicago, Illinois 60606

Re: 2016 Circle of Life Award

To Whom It May Concern:

I am writing in support of the Center for Hospice Care's application for The Circle of Life Award. I understand that this award honors innovative palliative and end of life care and seeks recipients who have done so at the highest level. My organization employs 1,300 people in the local area and serves over 110,000 families in the region and is intimately involved in the life and health of the communities we serve. We work with all of the local educational, social, health and welfare, and medical providers here to ensure a strong safety net for our clients, neighbors, and our communities. As a result, we have intimate knowledge of the quality and impact of such organizations.

Without a doubt, the Center for Hospice Care has become an important part of the social service, life health care delivery system in our region. They are professional, sensitive, responsive, caring, and involved in many ways across the community and have made dying well, (i.e. end of life living), an important part of the life cycle equation. They have helped countless families, including my own on more than one occasion, prepare for the inevitable and then helped ensure a final period, not of institutional surrounding, but one of friends, family, and love. They have also helped countless "survivors" deal with loss and adjust to a positive living style.

I have had the pleasure of Chairing two very successful community fund raising events for the benefit of Hospice and it was easy to raise record breaking sums due to the respect people here have for the Center for Hospice Care and for their programming and service. I could not be more supportive of this recognition.

Sincerely yours,

Christopher J. Murphy III

CJM:jsa

SAINT JOSEPH
HEALTH SYSTEM

July 30, 2015

American Hospital Association
Health Research & Educational Trust
RE: 2016 Circle of Life Award

Dear Selection Committee:

I enthusiastically recommend Center for Hospice Care (CHC) for consideration of the American Hospital Association's 2016 Circle of Life Award. On behalf of Saint Joseph Health System and the patients we serve, I am pleased to inform you of the exceptional services and care they provide. From the first exploratory meeting with a family through to grief and bereavement counseling, CHC walks with the patient and the family.

The CHC team provides comprehensive hospice care and services. The physicians, nurses, chaplains and social workers are highly respected in our hospitals. They are caring and compassionate when making patient visits and interacting with the family members. It is clear to our hospital team, that CHC personnel are dedicated to improving the quality of living for each person. They provide expert and insightful evaluations and consultations instrumental to families making critical decisions. Above all, they are dedicated and committed to the patients' physical, mental and spiritual needs.

They continuously provide support and assistance for hospital staff through education and information. The CHC team provides all-encompassing hospice care in the hospital or in the home. This is truly a comfort and convenience to patients and their families in their time of need.

Center of Hospice Care is truly deserving of this award for their innovative and stellar approaches to end of life issues.

Sincerely,

Albert L. Gutierrez, FACHE, MBA
CEO & President

Medical Centers

Mishawaka Medical Center
5215 Holy Cross Pkwy.
Mishawaka, IN 46545
574.335.5000

Rehabilitation Institute
60205 Bodnar Blvd.
Mishawaka, IN 46544
574.335.8800

Plymouth Medical Center
1915 Lake Ave.
Plymouth, IN 46563
574.948.4000

Senior Services

Holy Cross
17475 Dugdale Dr.
South Bend, IN 46635
574.247.7500

St. Paul's
3602 S. Ironwood Dr.
South Bend, IN 46614
574.284.9000

Trinity Tower
316 S. Saint Joseph St.
South Bend, IN 46601
574.232.8111

VNA Home Care Mishawaka
3838 N. Main St., Ste. 100
Mishawaka, IN 46530
574.335.8600

VNA Home Care Plymouth
510 W. Adams St., Ste. GL-50
Plymouth, IN 46563
574.335.7590

Community-Based Programs

The Foundation
707 E. Cedar St., Ste. 175
South Bend, IN 46617
574.335.4540

Health Insurance Services
5215 Holy Cross Pkwy.
Mishawaka, IN 46545
855.88.SJMED (855.887.5633)

Outreach Services
215 W. 4th St., Ste. LL201
Mishawaka, IN 46544
574.335.3898

Physician Network
707 E. Cedar St., Ste. 200
South Bend, IN 46617
574.335.8758

BEACON
HEALTH SYSTEM

July 31, 2015

Dear Circle of Life Award Review Committee,

It is with great enthusiasm that I write to you on behalf of the Center for Hospice Care for their consideration for the 2016 Circle of Life Award.

Thank you for the opportunity to share the high regard Beacon Health System has for one of our community partners, Center for Hospice Care. Our partnership is an important component in providing quality end-of-life care in the communities that we serve. It is a pleasure to partner with an organization that is fully aligned with Beacon's philosophy and practice of patient-centered care.

Another allegiance that Beacon and the Center for Hospice Care share is the embrace of innovation as a method of improving care for our community. Examples of innovation include Center for Hospice Care's Life Transitions Center, Camp Evergreen for grieving children and teens, and the After Images Art Counseling Program. Bringing grieving and healing to life through these programs provides an invaluable gift of health for the survivors who have experienced a loss.

From many accounts, the Center for Hospice Care is a high-performing organization, with great attention on maximizing resources for patients and their families. Their administration is keenly focused on the details that lead to the highest delivery standards in compassion and care. Their success is also demonstrated by steady the growth in numbers they have experienced.

Thank you for considering the Center for Hospice Care as a top contender for this recognition, and for the good work you do in support of the hospice and palliative care.

Best regards,

Philip A. Newbold, CEO

VERA Z. DWYER COLLEGE OF HEALTH SCIENCES
INDIANA UNIVERSITY SOUTH BEND

American Hospital Association
Circle of Life Award Committee
155 N. Wacker Dr.
Chicago, Illinois 60606
312.422.3000

July 28, 2015

Dear Members of the Circle of Life Award Committee,

On behalf of the Dwyer College of Health Sciences at IU South Bend, this letter serves as support for the Center for Hospice Care (the Center) and their application for the Circle of Life Award.

The Center for Hospice Care serves northern Indiana by providing programs and services that enhance the ways persons and families live quality of life during end-of-life situations through the Center's hospice and palliative care services. As the regional expert Center for hospice and palliative care services, the Center assiduously attends to the many unique ways families and their loved ones experience the living-dying process. This attention to the unique needs and experiences of each person and family is explicitly grounded in the Center's values and practices with reverence to human dignity.

With this focus, the Center is well-known and regarded as the region's premier provider of hospice and palliative care services. Our students within the Dwyer College of Health Sciences learn how to be with persons and families during these difficult times from the Center's expert hospice and palliative care practitioners. Overwhelmingly and consistently, students and faculty speak about the ways in which these experts honor the uniqueness and wholeness of each family and individual situation.

The Center offers families and their loved ones services that meet their needs in caring ways. The Center's services are:

- Skilled, compassionate care from Hospice Nurses and Home Health Aides.
- Management of pain and other physical symptoms.
- Training, advising, and skill-building for those persons who will assist in providing patient care in the home.
- Emotional support and spiritual counseling for the patient and family.
- Social work/family support services.
- Physical, occupational, and speech therapies.
- Companionship and household assistance visits provided by dedicated, trained volunteers.

Northside Hall 1700 Mishawaka Avenue P.O. Box 7111 South Bend, IN 46634-7111
(574) 520 4571 Fax (574) 520-4461 www.iusb.edu/health-sci

- Bereavement services after Hospice services are no longer needed.

These services are all-encompassing and serve as a way to support the ways persons choose to live their dying.

The Center is well-respected and makes substantial contributions to the living-dying process for families and their loved ones. I enthusiastically support the Center for Hospice Care's application for the Circle of Life Award. By earning the Circle of Life Award, the Center for Hospice Care will be honored for its innovative programs that may provide a path for other hospice and palliative care programs who wish to honor those they serve.

If you need further information or clarifications, please feel free to contact me.

Best regards,

Mario R. Ortiz

Mario R. Ortiz, RN; PhD; PHCNS-BC, FNP-C
Dean and Professor
William & Kathryn Shields Endowed Chair

ST. JOSEPH COUNTY
CHAMBER OF COMMERCE

July 25, 2015

American Hospital Association
155 N. Wacker Dr.
Chicago, Illinois 60606

Re: 2016 Circle of Life Awards

To Whom it May Concern,

I understand that you are beginning the consideration of nominations for the 2016 Circle of Life Awards. I believe we have a great candidate for the award right here in our community and wanted to drop you a line to help you better understand why I believe the Center for Hospice and Palliative Care in South Bend, IN should be a winner.

As I understand it, the Circle of Life Awards seeks to shine a light on programs and organizations that can serve as models or inspiration for other providers. I believe that to be a perfect description of the Center for the Center for Hospice and why I believe they would be a worthy recipient of your award.

Our organization has been in business for over 100 years in our community and represents the interests of more than 1,100 businesses that employ close to 90,000 people. As the Chamber, lead economic development organization, and visitor's bureau for the community, we have the unique opportunity to come in contact with and work closely with so many of our businesses and our not-for-profits. The Center for Hospice is one of the best we've ever come across and we've seen first-hand the great organization and operation they are as well as the outstanding service they provide to people here in our community.

Most importantly, we've seen the Center provide outstanding service to our citizens during some of the most difficult times for them and their families. Their outstanding care, compassion, and service are unmatched. We've watched the organization continually evolve and implement innovative approaches to meet changing patient needs. And we've experienced the organization being an outstanding community partner with businesses, neighborhood and community groups, and other health care providers on important community projects aimed at educating our community and helping those with important needs.

Thank you for taking the time to read my letter and for your consideration of the Center for Hospice for this important award. We believe they would be a great choice!

Sincerely,

Jeff Rea, President & CEO

THE COMMERCE CENTER | 401 E. COLFAX AVE., SUITE 310 | SOUTH BEND, IN 46617 | P: 574.234.0051 | SJCHAMBER.ORG

CITY OF MISHAWAKA

DAVID A. WOOD, MAYOR

OFFICE OF THE MAYOR

July 30, 2015

American Hospital Association
155 N. Wacker Drive
Chicago, Ill 60606

RE: 2016 Circle of Life Awards

Dear Sirs:

It is a privilege and honor to write a letter of recommendation and support on behalf of the Northern Indiana Center for Hospice Care located in Mishawaka Indiana. The City of Mishawaka and the Center for Hospice Care have had a lucrative relationship which began in 2009 and continues to grow and flourish today.

In May of 2009, Hospice was looking to build a new-consolidated Center for Hospice Facility which would effectively service the northern Indiana communities of Elkhart, Fulton, Kosciusko, LaGrange, LaPorte, Marshall, St. Joseph and Stark counties. After many site visits, meetings, and discussions, the current location along the St. Joseph River was decided upon. This location would take much effort and collaboration between the City of Mishawaka and Hospice but after three years of construction, Phase I of the Hospice Campus was opened in August of 2013. The extraordinary beauty of the St. Joseph River waterfront would form a place that was both progressive and hopeful for the future, as well as, being peaceful and serene. This centrally located Hospice Campus is the perfect location to serve northern Indiana communities and provide a much needed revitalization of a blighted area for the City of Mishawaka including the renovation of two neighborhood buildings which Hospice is using as a guest house and a new Palliative Care Center. The structures, located immediately across the street from one another were acquired as part of what has become a nearly five-acre campus development.

With the Hospice Center Campus located in this easily accessible location it has enabled Hospice to have programs at the Mishawaka Campus which include grief counseling provided in Hospice's Life Transition Center, the After Images Art Counseling Program, and coordination of Camp Evergreen; a camp for grieving children. This partnership has proved beneficial not only to the City of Mishawaka but for the Center for Hospice as well.

Hospice and the City of Mishawaka continue this great partnership today that has helped the City expand the Mishawaka Riverwalk to Cedar Street, has helped to encourage the surrounding neighborhood properties to improve and renovate, and also has been instrumental in supporting the recent 4.8 million dollar renovation of Central Park. Central Park's history as a company and family picnic area located adjacent to the river, next to the Hospice Campus and in close proximity to the downtown, dictated a more significant investment into this area than just play equipment. This Park was designed as a family park and how fitting to have the Hospice Campus, who dedicates their life to families and community, next to and part of the largest family-oriented Park in the City of Mishawaka. This is true example of the Circle of Life indeed.

Words cannot express the heartfelt gratitude that the City of Mishawaka feels toward the Center for Hospice Care for their dedication and commitment to our community, and I would like to commend them for the significant impact and value they have made on individuals and families in the City of Mishawaka and the northern Indiana communities. The Center for Hospice Care of Northern Indiana would be a worthy recipient of the 2016 Circle of Life Award; therefore, I give them my highest recommendation and support for this award.

Sincerely,

David A. Wood, Mayor

PO Box 72518
Kampala, Uganda.
Plot 8804, Block 383
Kitende, Entebbe Road
Tel: 0319-2080713 or 0414692350
E-mail: *pcau@pcau.org.ug or pcau.admin@pcau.org.ug*

PCAU Mission: To promote and support affordable and culturally appropriate palliative care in Uganda

Recommending the Center for Hospice Care for the Circle of Life Award

The Palliative Care Association of Uganda (PCAU) would like to recommend Center for Hospice Care (CHC) for the Circle of Life award. This is because of the tremendous support CHC has given to the association to improve the quality of life for patients and their families faced with life-limiting illnesses. Unlike other American hospices that partner with a hospice in Africa or elsewhere in the world and support a particucular hospice or program, CHC supports the entire country. It has supported PCAU in its struggle to achieve its vision of "Palliative care for all in need in Uganda." The two organizations have developed programs and implanted them together for the good of palliative care patients and their families. The results have not only benefited PCAU in terms of achieving its objectives but the impact is felt by the entire country. Some of the initiatives that make an impact in Uganda as a result of the partnership include;

1. **Eight (8) Scholarships** were initiated as a measure to increasing prescribers for pain control medications including morphine, so that palliative care and pain control could be easily accessed in hard to reach district. CHC offered to support 8 nurses per year to undertake Clinical Palliative Care Diploma (CPCD) so that these nurses could go back and provide a service to palliative care patients in the rural areas where doctors are inaccessible. This initiative has enhances palliative care accessibility especially in hard-to-reach districts and helped to improve the quality of life of patients and their families. PCAU now proudly speaks of palliative care expanding in 90 out 120 districts of Uganda.

2. **Monthly Staff Cheque Deduction** Center for Hospice introduced monthly staff cheque deductions. These collections are remitted quarterly to PCAU to support daily running of activities. This fund bridges unfunded gaps thus enabling the organization to run its day-to-day activities smoothly.

3. **PCAU Permanent Home** CHC played a big role in ensuring that PCAU acquired its own permanent home. This became possible in 2012 when PCAU acquired a home in Kitende on Entebbe Road. This has contributed to the visibility of PCAU. There is also the assurance of a permanent address and sustainable services. Apart from being a home for PCAU the premise is used as a training facility for palliative care providers. It hosts over one hundred people quarterly; this activity attracts palliative care practitioners from all over the country. They come together to share their experiences and challenges in palliative care provision and learn from each other, as well as plan how to further advocate for palliative care services in Uganda. Thus they improve the quality of services provided to patients and their families.

PO Box 72518
Kampala, Uganda.
Plot 8804, Block 383
Kitende, Entebbe Road
Tel: 0319-2080713 or 0414692350
E-mail: *pcau@pcau.org.ug or pcau.admin@pcau.org.ug*

PCAU Mission: To promote and support affordable and culturally appropriate palliative care in Uganda

4. **Children Care Givers**. CHC together with PCAU initiated a program to support children who cared for their parent(s) before the parents passed on. The program is called Road to Hope; it pays school fees for children's formal education. This program addresses the bereavement aspect of palliative care while aiming to empower children for a better future. Currently there are 16 children from 8 districts of Uganda. One of the first beneficiaries has qualified as a medical officer and is ready to go back to community and help patients in his community.

5. **Exchange visits.** The partnership has an exchange visit program for its staff biennially. The exchange visits has provided health care workers with an opportunity to understand health care systems in both countries and learn different methods of handling patients there by trying to provide the best quality of care.

6. **Internship.** Through the partnership students from Indiana universities have benefited from interning with programs/organizations in developing countries. There has been exchange of knowledge between interns and skilled staff. Interns have supported the programs/organizations to develop databases to manage patient information and medical records better.

7. **Research.** CHC has supported PCAU in the area of research**.**

It is in light of all that work done in a developing country like Uganda, in addition to their work in Indiana of providing comfort to patients and their families that I recommend CHC for the Circle of life award.

Recommended by

Rose Kiwanuka
Country Director Palliative Care Association of Uganda.

Senior1Care
First in Values, First in Care
920 E. Wayne St.
Suite A
South Bend, IN 46617
574.239.CARE

July 27, 2015

To Whom It May Concern:

Our family business, Senior1Care, is a non-medical home care company headquartered in South Bend, Indiana. We have actively partnered with the Center for Hospice Care (CHC) on many occasions in serving patient/families with end of life care. Being the oldest and largest hospice agency in our community, the breadth and scope of CHC's services is unparalleled. We highly support their consideration for the 2016 Circle of Life Award.

Very truly yours,

Carl L. Bossung
Co-Founder

July 29, 2015

American Hospital Association
Circle of Life Award

To whom it may concern,

As a past Chairman of both Center for Hospice Care (CHC) and the Hospice Foundation, I have witnessed the commitment of CHC to "Improving the Quality of Living." That commitment extends beyond the patient care to the family, assisting them through their grief due to the loss of their loved one. CHC provides grief counseling in various ways through a counselor, one on one or group; Camp Evergreen (a children's day or teens overnight grief camp); and the After Images art program. These services are available to our entire community even if their loved one hadn't used CHC services. There are no fees for any these services.

As a matter of fact, CHC has a policy of not turning away any person who qualifies for hospice services due to their inability to pay.

Center for Hospice Care has reached out to multiple organizations in our community, Saint Joseph Health System, and Beacon Health System, which includes Memorial Hospital and Elkhart General Hospital. These partnerships assist in providing quality end-of-life care in our communities.

Most recently CHC reached out to Mayo Clinic and they established a fellowship program where medical students may take a rotation at CHC in palliative care.

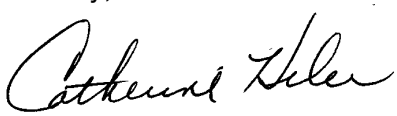
Another way in which CHC has a far reaching impact beyond our service area is by creating a curriculum for a one credit, one all day course in partnership with the University of Notre Dame (ND). Some of the ND students have written notes stating that the course impacted their choice of a major, switching to medical or social service focus in Hospice related areas.

Center for Hospice Care continues to look for ways to improve our services and extend them throughout our service area.

I believe Center for Hospice Care is a model and inspiration for other providers and hope you perceive it to be worthy of the Circle of Life Award.

Thank you for your time and consideration of this exemplary organization, Center for Hospice Care.

Sincerely,



Catherine Hiler

July 28, 2015

American Hospital Association
155 N. Wacker Drive
Chicago, IL 60606

Re: 2016 Circle of Life Award

To Whom It May Concern:

I am offering this letter in support of Center For Hospice Care and what it means to our extended community and why CHC should this fine organization should be honored with your Circle of Life Award.

There is an adage that says: " You can't be all things to all people". However, The Center for Hospice Care is guided by its mission " To Improve the Quality of Living" by delivering "all things" to the terminally and chronically ill and their families and care givers. CHC is a premiere hospice and palliative care organization which provides full and extensive end of life services. These services are delivered with compassion, dignity, innovation, integrity, quality, service and stewardship. The array of services and programs offered by CHC by its highly motivated and trained professional staff and volunteers include traditional Hospice care for the terminally ill in the patients home, an extended care facility or in one of CHC two Hospice Houses.

CHC also provides specialized services for patients. These specialized services include its "Breath Easy" program which is directed to patients with chronic obstructive pulmonary disease. This program helps the patient improve his or her quality of life through specialized protocols and treatment both increasing the ability of the patient to cope with his or her illness and assisting and educating the care givers to be more confident and coping in caring for the patient. The Dementia support program provides serialized care and treatment for patients with late-state dementia, their families and care givers. These specialized services not only allow the patient to remain at home with an improved quality of life, but provide great support and comfort for the care giver. HeartWize is a specialized treatment program designed to offer patients with advanced heart disease an option to optimal management of their care. This program helps the

patient with maximally treated heart disease avoid further hospitalization who are no longer candidates for any extensive procedure while assisting the physician, patients and family manage the symptoms at home and benefitting from an improved quality of life.

For those patients choosing to pursue aggressive or life-extending treatment CHC Home Health Care Services allows the patient to take control on his or her own terms. If the patient has made this choice Home Health Care Services provides palliative care pain management or symptom control at the patients home. CHC's goal is the achieving the highest quality of life for the patient and their families with access to CHC staff of nurses, home health aides, social workers, spiritual care counselors and trained volunteers.

The spiritual and emotional needs of the patients and the patient's family are of utmost importance in delivering CHC mission to "Improve the Quality of Living". CHC social work and family support services provide guidance and counseling during the most trying times during the patients final illness. Bereavement services for up to 13 months after Hospice services are no longer needed are provided to the families after the passing of their loved one.

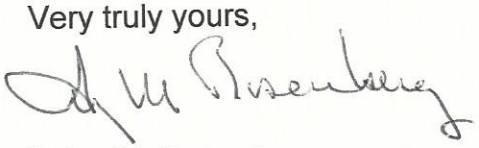
CHC's grief counseling programs are offered both individually and in group programs to educate and support those experiencing grief following the loss of someone through death. All the program are available at no charge to anyone in CHC's service area.

The programs offered are varied and tailored to the specific needs of the grieving individual or family. These programs range from book groups that read and discuss appropriate books related to grieving to craft programs that encourages healthy memory work through crafts. There are specific programs for those who have experienced the loss of a baby, before or after birth; a program for young widows or widowers under age 55, and programs focused on dealing with the loss of a spouse that are gender specific. CHC also has grief and counseling programs directed to children and teens who have suffered a loss of a loved one or friend. These programs are supplemented by child age specific weekend or day camps with the Camp

Evergreen program. All of these educational and support programs for the person experiencing the loss of someone are important in the fulfilling of CHC's mission: "To Improve the Quality of Living"

Myself and my family are most grateful to CHC for the care provided to our Mother in her final days. The appreciation of the community for services provided by Center for Hospice is shown by the support it provides by it many trained volunteers and generous financial contributions. This community effort demonstrates what an integral and important part CHC has done in fulfilling its mission" "To Improve the Quality of Living". Our extended community is very fortunate to have Center for Hospice.

Very truly yours,



Irving M. Rosenberg
3625 Sullivan Court
South Bend, IN 46614

WE HONOR VETERANS

5th year Anniversary Award of Excellence
Application/Nomination Form*

Please type and complete all information below. Only *We Honor Veterans* level four hospice partners are eligible to apply.

Contact Person for Application

Organization: Center for Hospice Care (CHC)
Name: Amy Tribbett
Title: Director of Marketing & Access
Address: 501 Comfort Place
City: Mishawaka
State: IN
ZIP: 46545
Phone: 574-243-3711
Email: amy@cfhcare.org

Organization Information

1. WHV Partner Level: IV

2. How long has your organization been a WHV Partner? Four years

3. Number of Veterans served by your organization this past year, if data available: 286. Since we began collecting Veteran-specific data in August 2012, we have cared for 688 Veterans, 24.1% of all our patients. See attached report.

Veteran-Related Activities

Please answer each question below and note word limit for each answer. Specifically highlight any unique, innovative features of your WHV program and practices that you think deserve recognition.

1. **Successful completion of the We Honor Veterans best practices** (answer each question, A-D, below):

   A. Describe how your organization utilizes the Military History Checklist. (100 word limit) We ask everyone if they are a veteran and offer a pinning. We let them lead the conversation on their military experience. So if they don't want to talk we won't pry. But if they are open then we provide supportive, reflective listening. Sometimes we'll make a referral to bereavement because they have specialized training to work with Veterans, especially those with PTSD. We had this happen with one patient and it was very beneficial for him to have our bereavement counselor as part of his care team. Also, we work diligently to get them connected with benefits and their county's veterans service officer if that is needed.

   B. Describe your involvement in a Hospice Veteran Partnership? Please provide the name of the HVP as well as recent activities. (100 word limit) Center for Hospice Care is an active member of the Indiana Hospice Veterans Partnership. Since 2011, we have had representation on the IHVP board or planning committee. A Center for Hospice Care staff member served on the planning committee that brought three annual Veteran-specific day-long workshops to our state for

statewide hospice involvement. Our agency routinely supports the IHVP Workshop, sending multiple staff members for continued veteran education.

C. Describe your Veteran to Veteran volunteer program. How many volunteers; what's the training procedure; how are the volunteers utilized? (100 word limit) CHC has a robust Veteran to Veteran volunteer program. Our volunteer team has presented to dozens of American Legion and VFW groups both formally and informally. Upon identification that we have a Veteran Volunteer, we provide them with an additional three hours of training on top of their regular 15 hour training. We have been flexible with our training regimen for our Veteran Volunteers – listening to what they really want to do with our Veteran patients and will cater the training to suit them while meeting our regulations. Our Veteran Volunteers are used for pinning ceremonies and Veteran patient companionship.

D. Describe your organization's ongoing performance improvement efforts based on the information gained from Veteran-specific family satisfaction surveys. (100 word limit) We take feedback from our surveys very seriously. Our management team meets regularly to discuss our survey results and how we can use the information to align with our clinical and strategic goals when caring for Veterans. We look closely at our results, identifying ways to improve access to care, quality of care, coordination of care, caregiver confidence, and overall satisfaction from our Veteran families.

2. **Honoring Veterans** - Describe how your organization honors/recognizes Veterans on your service and in your community. **(300 word limit)** Through our participation in the Indiana Hospice Veterans Partnership, we volunteer to staff the VA clinics in our area on a specified day near Veteran's Day. This is not about our agency, rather the IHVP and honoring our Veterans. We provide them with gift certificates to local venues and make sure they know how grateful we are for their service. Every Veteran patient we serve is offered a special pinning and certificate ceremony. We have completed well over 300 pinnings and certificate ceremonies, including our outreach to the extended care facilities in our service area. We have created Veterans Clubs at extended care facilities, bringing Veteran residents together on a quarterly basis to share in light refreshments and great conversation – a great way to broach end of life care with our Veteran population. These residents do not need to be our patients – all Veterans are invited. We also honor our local Veterans publicly via our social media outlets -- Facebook and Twitter. Not forgetting our own staff, we publicly acknowledge those who served our country annually at our November All-Staff meeting with a pin and certificate. This November, we are hosting a Veterans Luncheon for approximately 100 veterans/family members that have been in our service. Representative Jackie Walorski and Mayor Dave Wood will be speaking to our Veterans.

3. **Staff Engagement** - Describe how staff and volunteers at your organization are involved and engaged in your *We Honor Veterans* program. **(300 word limit)** Our staff is highly committed to serving our Veterans. Our Bereavement department has participated in trainings provided by Star Behavioral Health Providers which is a resource for veterans, service members and their families to locate behavioral health professionals with specialized training in understanding and treating military service members and their families. Many of our staff have completed:

Tier one: introduction to military culture from all branches of the military (Army, Navy, Air Force, Marines and Coast Guard).

Tier two:

- education regarding the unique challenges and difficulties that often surface and are associated with having been in the armed forces

- Sleep Disorders, Deployment related substance use problems, TBI(traumatic brain injury) unique challenges of military families
- Prolonged Exposure therapy for PTSD

Tier three: Two day trainings on clinical interventions

A. Cognitive Processing Therapy for Depression
B. Cognitive Behavioral Therapy for Insomnia
C. Prolonged Exposure Therapy for PTSD

Kevin Kelsheimer, St. Joseph County Veterans Service Officer, has presented to our Social Work department, the Admissions team, and nursing, providing us with education on obtaining Veteran benefits for our patients and their spouse.

Rebecca Fear, RN, also a Veteran and on our staff, presented war specific training to our nurses and aides.

4. **Collaboration with the Department of Veterans Affairs** - Describe collaborative projects, events or other activities between your organization and your local VA facility. **(300 word limit)** The social work department at Center for Hospice Care reached out to our local VA who provided in-depth training on the Aid and Attendant Care benefits. We have utilized many of the tools provided by the VA to better equip our staff with the information needed to care for Veterans at end of life. Our participation with the IHVP brings us to the VA center in Marion, IN every couple of months, strengthening our relationship and providing an opportunity to brainstorm ways to collaborate. We have a refined, seamless admission process for referrals coming directly from the VA.

5. **Community Engagement** - Describe any projects, events, or other activities that your organization has done to increase community awareness and engagement of Veterans' unique needs at the end of life. **(300 word limit**) As part of our ongoing commitment to the WHV and IHVP, we are hosting a CEU DVD presentation, Improving Care for Veterans Facing Illness and Death.

- The creation of Veterans Clubs throughout several of the facilities we serve is going well. These clubs are in extended care facilities, assisted living, and independent senior living facilities. Our Veterans Clubs meet quarterly at each facility. Some things we have done:
- Adopted a local soldier's unit in Afghanistan. We used candy bars that said thank you for your service and we made special tags that each veteran in our club filled out with their name, their facility, date they served, branch of service and a special place to put a message to the soldiers. In addition we got the staff and families involved at many of our facilities by posting a list of items they need and doing collection boxes. Center for Hospice Care shipped all of this to the soldier for his unit. This particular soldier worked in a hospital and was able to share the care packages with them as well.
- Genealogy of the American Flag – invited local flag expert and owner of Flags International to make a presentation on our American flag. The Veterans really appreciated this presentation. This presentation was opened up to all residents of the facility and their families.
- World War II Trivia – Center for Hospice Care gathered resident Veterans for a game of World War II Trivia. This was facility-wide, not only our patients.
- Presented what the symbolism of the flags from the different branches of the service means. This was a nice tribute to each branch of service and at the end of the program every veteran received a large sticker with the flag of their branch of service provided by CHC.

Supplementary Materials

Please include any supplementary materials such as media articles, stories of Veteran patients, photos which highlight your WHV activities, event fliers and anything else you would like to share with the review committee. Note that the materials will need to be in a format that can be shared with the review committee electronically.

List attachments/supplementary materials included in the application directly below:

1. WSBT (CBS affiliate) WHV/Veteran Volunteer Story
   https://youtu.be/CbXrv6docKA

2. WNDU (NBC affiliate) Vet to Vet Volunteer Story (part of three live segments on National Healthcare Decisions Day)
   http://www.wndu.com/home/headlines/National-Healthcare-Decision-Day-203189071.html

3. Veterans Report (created custom report August 2012 to track our Veteran population)
4. Renderings of our future Veterans Memorial at our Mishawaka Campus
5. Plymouth Pilot News Article – Veterans Recognition at Pilgrim Manor Nursing & Rehabilitation
6. Military Health History pocket card for clinicians (VA tool utilized for our staff)
7. Resource Card given to families – a joint venture between HVP and Center for Hospice Care
8. 2013 IHVP Conference Agenda
9. 2014 IHVP Conference Agenda
10. Veterans Day Initiative through IHVP
11. IHVP Membership List

Signatures

Signature of Applicant:

Signature of Executive Director/CEO:

Date:
7/29/2015

Submission

*****Please e-mail **two copies** of the application, one version in a MS Word document and one version in a PDF document to: Veterans@nhpco.org by **COB, July 31, 2015**.

Thank you for completing your application and providing extraordinary end-of-life care to Veterans and their families.

Center For Hospice Care

Veteran Questionnaire Statistics

8/1/2012 to 7/30/2015

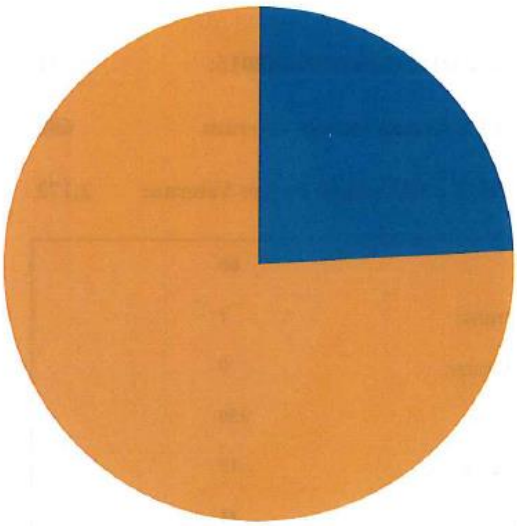
Total number of patients admitted between 8/1/2012 and 7/30/2015: 5,141

Total number of these patients that are a US Armed Forces Veteran: 688

Total number of these patients that are NOT a US Armed Forces Veteran: 2,172

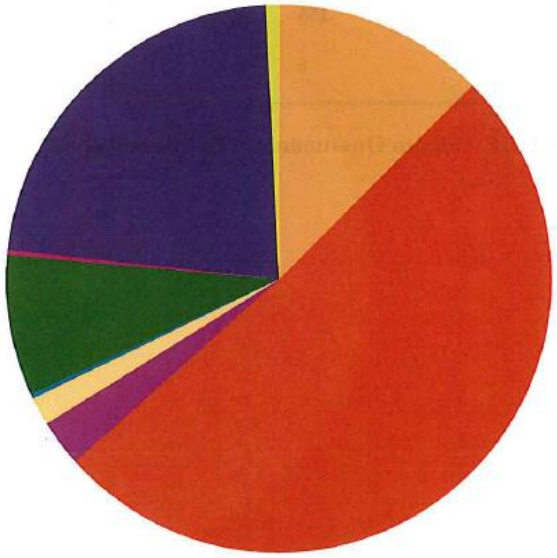
Total number of Air Force Veterans:	85
Total number of Air Force Reserve Veterans:	1
Total number of Air National Guard Veterans:	0
Total number of Army Veterans:	350
Total number of Army National Guard Veterans:	19
Total number of Army Reserve Veterans:	11
Total number of Coast Guard Veterans:	2
Total number of Coast Guard Reserve Veterans:	0
Total number of Marine Corps Veterans:	57
Total number of Marine Corps Forces Reserve Veterans:	1
Total number of Navy Veterans:	155
Total number of Navy Reserve Veterans:	6

Veterans VS Non-Veterans



#VetYes	688	24.1%
#VetNo	2172	75.9%
Total:	2860	100.0%

Veterans by Service Branch



#Air National Guard	0	0.0%
#AirForce	85	12.4%
#AirForce Reserve	1	0.1%
#Army	350	50.9%
#Army National Guard	19	2.8%
#Army Reserve	11	1.6%
#Coast Guard	2	0.3%
#Coast Guard Reserve	0	0.0%
#Marine Corps	57	8.3%
#Marine Corps Forces Reserve	1	0.1%
#Navy	155	22.6%
#Navy Reserve	6	0.9%
Total:	687	100.0%

Rendering Veterans Memorial @ CHC - 1

rendering Veterans Memorial @ OHC - 2

Rendering Veterans Memorial @ CHL - 3

rendering Veterans Memorial @ CHC - 4

Honoring veterans

PHOTO PROVIDED

In recognition of Veterans Day Pilgrim Manor Nursing and Rehabilitation Center and Center for Hospice Care came together to honor the veterans living at Pilgrim Manor. Nine veteran residents of Pilgrim Manor were recognized for their military service with a certificate of appreciation and a pin from Center for Hospice Care.

Pictured, from left, are Harold Bagley, Joseph Collins, Phillip Beatty, Jim Davidson, Oscar Weaver, Florence Selner, Larry Azzarello, Bill Bayne and Kenneth Gardner.

The volunteers from the We Honor Veterans program that presented the certificates and pins to the veterans were Ken McDermott, Lester Berger and Kim Lintner.

Federal Benefits for Veterans, Dependents & Survivors

Bereavement Counseling	1-202-461-6530
Civilian Health and Medical Program (CHAMPVA)	1-800-733-8387
Education	1-888-442-4551
Federal Recovery Coordination Program	1-877-732-4456
Foreign Medical Program	1-888-820-1756
Headstones and Markers	1-800-697-6947
Health Care	1-877-222-8387
Homeless Veterans	1-877-222-8387
Home Loans	1-877-827-3702
Life Insurance	1-800-669-8477
National Cemetery Scheduling Office	1-800-535-1117
National Suicide Prevention Lifeline	1-800-273-8255
Pension Management Center	1-877-294-6380
Presidential Memorial Certificate Program	1-202-565-4964
Special Health Issues	1-800-749-8387
Spina Bifida/Children of Women Vietnam Veterans	1-888-820-1756
Telecommunication Device for the Deaf (TDD)	1-800-829-4833
VA Benefits	1-800-827-1000
Women Veterans	1-202-461-1070

www1.va.gov/opa/publications/benefits_book/benefits_contacts.asp

A joint venture between:

and

Center for Hospice Care

choices to make the most of life

Contact us at: 800-HOSPICE,
info@centerforhospice.org or
on the web at centerforhospice.org.

Enhancing End-of-Life Care for Veterans

February 27, 2013

8:30 A.M. - 4:30 P.M.

Embassy Suites, North Indy

08:30 – 09:00 *Registration*

09:00 – 10:00 **How is pain/symptom management different for Veterans?**

10:00 – 10:15 *Break*

10:15 – 11:25 **Case Scenarios—Actual End-of-Life Veteran Stories: How would your care measure up?**

11:30 – 12:30 *Lunch*

12:45 – 01:45 **Caring for the Homeless Veteran**

As a hospice provider do you know how to reach out to this population, build a relationship, know what they need from you and how end-of-life care is impacted by the trauma of living on the streets?

01:50 – 02:50 **PTSD: Post-Traumatic Stress Disorder**

What is PTSD and how do you identify it? How do you know the difference between delirium, anxiety, terminal agitation and PTSD? What are the some clinical/non-clinical treatment concepts?

02:50 – 03:00 *Break*

03:00 – 04:15 **Accessing VA Benefits**

Could you help a Veteran access VA benefits, knowing how to optimize the usage of the VA benefit for non-hospice covered medications/supplies and for items/services that would benefit the patient but are not reimbursed under the Medicare hospice benefit.

Presenters:

Dr. Marcos Montagnini, VISN 11 Champion Palliative Care Physician

Dr. Marian McNamara, Chief Palliative Care for Indianapolis VA

James Sapp, MS, Clinical Case Manager, Miller Veteran's Center

Carol Carter, Ph.D., HSPP, Clinical Psychologist VA Northern IN

Rhonda LeMay, RN, BSN, Palliative Care Coordinator, NHCS

Bryan Stone, Legal Admin. Public Contact Outreach Specialist, VA Indy

Indiana Hospice Veterans Partnership Conference

October 15, 2014

8:30 am to 5:00 pm

Marten House Hotel and Lilly Conference Center, Indianapolis

Registration:	8:30 - 9 am
Welcome Veteran Recognition	9 - 9:15 am
Connecting VA benefits Kevin Kelsheimer	9:15 - 10:15 am
Challenging Behaviors at the End of Life Jovan Horwitz, PsyD HSPP	10:30 - 11:45 am
Lunch with Sharing Time Please plan on sharing how you honor Veterans. Up to 5 minutes will be allowed per program.	11:45 am - 1 pm
Adjuvant Analgesics Jeremy Hooker, Pharm D	1 - 2:30 pm
Accessing the VA for hospice and/or supportive care. Rhonda K LeMay RN BSN Lynn Meyer, MSW, LCSW	2:40 - 3:20 pm
ALS Speaker TBD	3:20 - 4:20 pm
Evaluation:	4:20 - 5:00 pm

Learning objectives:

At the close of this workshop, participants will:

- Understand the causes of challenging behavior.
- Understand how to document challenging behaviors.
- Be able to develop and implement a behavioral intervention to address the challenging behaviors?
- Describe the role of adjuvant analgesics in the Palliative Care setting
- List situations in which adjuvant analgesics should be trialed
- Identify starting and target doses effective for pain management
- Determine when an adjustment to an adjuvant analgesic dose should be considered
- List recommended monitoring parameters for classes of adjuvants

Target Audience:: Social Workers, Nurses, Case Managers, Health Facility Administrators, Mental Health Counselors

Visiting Nurse [Registration #HB0000508] has been approved by the Indiana Social Worker, Marriage and Family Therapist and Mental Health Counselor Board to provide Category I Continuing Education programs for: LSW, LCSW, LMFT, and LMHC for 5.5 continuing education contact hours. No partial credit will be issued. Certificates will be issued at the end of the presentation following completion of an evaluation. Please contact Robin Hassig from Visiting Nurse at robinhassig@vnfw.org for more information regarding CEUs.

Marten House Hotel & Lilly Conference Center
1801 W 86th St Indianapolis IN, 46260
1-866-599-6674

Block rate $85/night
Code: IHVP

REGISTER TODAY

Provider_____ Phone _____

Address_____ Fax _____

Name_____ Discipline_____

Name_____ Discipline_____

Name_____ Discipline_____

Name_____ Discipline_____

Name_____ Discipline_____

Name_____ Discipline_____

Please make payment to:

IHPCO, PO Box 68829, Indianapolis, IN 46268

or Fax 317-464-5146 with credit card order:

□ MasterCard □ Visa □ Discover

Account #_____

Expiration Date_____ 3-digit CV Code_____

Name (as on card)_____

Signature_____

Credit card billing address □ Same as above

Address_____

City_____ State_____ Zip_____

Special Rate Package

1 Registration = $149

2-5 Registrations = $129/each

6+ Registrations = $99/each

All revenue benefits furthering the IHVP Mission.

Honoring Our Veterans

Join the Indiana Hospice Veterans Partnership at your local VA or CBOC to honor our Indiana Veterans for Veterans Day.

Goshen CBOC	November 8	9 am – 11 am
Muncie CBOC	November 6	9 am – 11 am
Peru CBOC	November 7	9 am – 11 am
South Bend CBOC	November 8	9 am – 11 am
Ft. Wayne VA	November 4	9 am – 11 am
Marion VA	November 5	9 am - 11 am

Handing out IHVP pins and candy bars to our Veterans!

Access Committee Members

Updated: 11/2014

Member	Organization	Position	Best Contact	Email	Phone	Fax
Tim Wunderlich	VN Ft Wayne	Business Development Director	Email	timwunderlich@vnfw.org	260-466-9220	260-435-3235
Amy Tribett	Center for Hospice Care	Director of Marketing & Access	Email	tribbetta@centerforhospice.org	574-243-3711	574-273-2755

Education Committee Members

Member	Organization	Position	Best Contact	Email	Phone	Fax
Stacee L. Tracy	Southern Care, Indy	Community Relations Manager		Stacee.tracy@southerncareinc.com	317-438-3376	317-244-7166
Robin Hassig, RN, BSN, CHPN	VN Ft. Wayne	Education Coordinator	Email	robinhassig@vnhh.org	260-435-3202	260-435-3235
Jerry Leonard	Hosparus – Southern Indiana	AVP, Managing Director	Email	jleonard@hosparus.org	812-542-2801	812-945-4733
Tamara DePew	VistaCare Hospice (Avon)	Volunteer, Manager	Email	tamara.depew@gentiva.com	317-272-0975	317-272-1060
Sue Gipson	Southern Care	Clinical Liaison of Veteran Affairs IN/WI	Email	sgipson@southerncareinc.com	317-244-7160	317-244-7166
Brian Rude	Guardian Angel Hospice	COO	Email	brude@gahospice.com	765-453-7702	
Lisa Horn	AseraCare	Professional Sales Representative	Email	Lisa.Horn@aseracare.com	317-695-8025	
Holly Plybon	ALS Association Indiana Chapter	Care Services Coordinator	Email	hplybon@alsindiana.org	317-612-4277	317-915-9889
Andrea Jenkins	Indiana University Health Hospice	SW	Phone or Email	ajenkins1@iuhealth.org	317-963-0831	317-963-0599
Mauna Cowan	Parkview Home Health & Hospice	Volunteer Coordinator	Email	Mauna.cowan@parkview.com		
Debbie Blacketer	Extendicare Health Services		Email	dblacketer@extendicare.com		
Nicole Barnes	Indiana University Health Hospice	Volunteer Coordinator	Phone or Email	nbarnes@iuhealth.org	317-962-0277	317-963-0599
Lynn Meyer, MSW, LCSW	Richard L. Roudebush VA Medical Center, 1481 W. 10th Street	VA Palliative Care Coordinator		Lynn.Meyer@VA.GOV	317-988-9424	

Veteran Recognition Members

Member	Organization	Position	Best Contact	Email	Phone	Fax
Bonnie Davis, MSW, LSW	VN Ft. Wayne	Bereavement Coordinator	Email	bonniedavis@vnhh.org	260-435-3222	260-435-3235
Terri Edmiston	Parkview Home Health & Hospice	Hospice Clinical Manager	Email	Terri.Edmiston@Parkview.com	260-373-9826	260-373-9947
Helen Ursery	Center for Hospice	RN	Email	urseryh@centerforhospice.org		
Lyn Salem	Guardian Angel Hospice	Director of Marketing	Phone	lsalem@gahospice.com	765-453-7702	
Andrea Jenkins	Indiana University Health Hospice	SW	Phone or Email	ajenkins1@iuhealth.org	317-963-0831	317-963-0599
Nicole Barnes	Indiana University Health Hospice	Volunteer Coordinator	Phone or Email	nbarnes@iuhealth.org	317-962-0277	317-963-0599
Kathleen Bredemeyer	VN Ft Wayne	Account Executive	Email	kathleenbredemeyer@vnfw.org	260-435-3222	260-435-3235

Members – Not sure on committee

Janet O'Reilly	Heart to Heart Hospice	Hospice Consultant	Email	jo'reilly@htohh.com		
Elizabeth (Betsy) Sipes	VANIHCS	Inpatient Hospice and Palliative Care	Email	Elizabeth.sipes@va.gov		
SueAnn Reynolds	Family Life Care	President/CEO	Email	sreynolds@familylifecarein.org	260-589-8598	260-589-8079

Getting Comfortable with End of Life Conversations

Featuring Jaclyn Champagne
Research Assistant/Program Coordinator for the
Ruth M. Hillebrand Center for Compassionate Care in Medicine

Center for Hospice Care – Mishawaka Campus
501 Comfort Place
Mishawaka, IN 46545

11:30 a.m. – 1:00 p.m.
Thursday, September 24, 2015

Space is limited, RSVP Required
Please RSVP by September 14th to Julie at 574-277-4100
Please mention dietary restrictions when making RSVP

Center for Hospice Care
choices to make the most of life

Center for Hospice Care
Compliance Committee Meeting Minutes
June 18, 2015

Members Present:	Amy Tribbett, Dave Haley, Gail Wind, Jon Kubley, Karl Holderman, Mark Murray, Sue Morgan, Vicki Gnoth, Becky Kizer

Topic	Discussion	Action
1. Call to Order	• The meeting was called to order at 3:00 p.m.	
2. Hospice Compliance Plan	• Page 6 – Program Element Outline. It was suggested and agreed to by the committee, that we add a 30th risk area about patients choosing their attending physician. It is a new CMS regulation. We usually have a policy that supports an identified risk area. It would be good to have a policy for staff to refer to. Sue will check to see if we do. We may just need to revise an existing policy or create a new one. If we don't comply with the regulation, then the Notice of Election would not be a valid election statement from the first day, so we could not bill for those days. We need documentation that the patient chose their attending physician. The risk area aligns with patient rights. • Page 10 – Code of Conduct. Need to include the Mishawaka office and where the compliance box is kept. Becky K. will purchase a box. • Page 25 – Core Services and Professional Management. Don't think we can contract out core services. We would have to get permission from CMS. Therapy is not a core service, so we can contract for it. Will delete this policy. • Page 27 – Elder Justice Act Reporting. Thought we were supposed to notify the nursing home administrator before notifying the state or sheriff. Gail will review the policy and the form signed by staff against the state website. • Page 35 – Securing Patient Information in the Electronic Medical Record. It should just say the Electronic Medical Record instead of HomeWorks/RoadNotes. • Page 44 – Fee Agreement. Are we following our policy? • Page 45 – Self-Pay Eligibility Worksheet. The social workers are supposed to be getting the worksheets, but it is not being done. • Page 46 – Ability to Pay. Are we following our policy? • Page 49 – Claims Submission. Need to change MSA to the "Core Base Statistical Area (CBSA)."	Sue look for an Attending Physician policy. Gail will check on Elder Justice Act Reporting.

Topic	Discussion	Action
	• Page 52 – Contracted Core Services. See page 25 above. Delete this policy. • Becky K. updated the Board Approved/Signature Dates, because some dates were not updated when the policy was approved by the board. She automatically updates the applicable compliance policies when the related patient care policy is added or revised. • The Home Health Compliance Plan will be reviewed at the next meeting.	
3. PEPPER Report	• 2013 is the most recent data. In the graphs, blue is CHC and red is the 80th percentile for that issue. All of our scores are below the 80th percentile, so we have no issues and are not in any risk. Some of the services we don't provide, such as Routine Home Care in a skilled nursing facility.	
4. Hospice Compliance Newsletter	• There was an article in the April 2015 issue about using the frame of prognosis, not diagnosis, in hospice care decisions. This is in regards to documenting and billing for more than one diagnosis code. We are putting together a group to look at our processes. There is space in Cerner for more than one diagnosis code. We can add up to five. The proposed CMS rule would go into effect 10/01 that we would need to list all diagnoses whether related to the terminal illness or not, including mental health diagnoses. The information would go into a medical database to make sure hospices are listing all of the codes. The CMS comment period runs through 06/29. • We need to develop clear procedures and start adding codes now. Cerner pulls the data and puts it on the claim form. There are two things in the Cerner upgrade we are not utilizing—one is the COTI and the other is a place for the diagnosis that has a drop down that is IDT focused. The drop down box asks what is the evidence of that diagnosis (Hospice Determination of Terminal Status). We are looking to see if this would work for us. We would need to train staff and then we would do it at every IDT and recert. So we are in process of determining how we are going to do it. • ICD10 – Goes into effect 10/01. Admission is having some education on it. We take the word of the referral source what the ICD-10 is, and then at the first IDT if it is something different, we would change it.	
5. 2015 In-service	• Unless another topic is suggested between now and the September staff meeting when the Compliance In-service is generally presented, Vicki will provide an overview again of our compliance plan.	
6. Future Meetings	• We are going to try to schedule meetings further in advance. We could always call a meeting if there is a particular issue or project that needs to be addressed. It was	

Topic	Discussion	Action
	decided we would meet three times a year at 3:00 p.m. on Thursdays at the South Bend office. Becky K. will add it to the 2016 master calendar. • Vicki welcomes ideas for agenda items. Maybe we could highlight particular departments for any compliance issues, what we are doing well, etc.	
7. Health Literacy QAPI	• We are starting a Health Literacy QAPI. The first meeting is next week, and Amy T., Vicki, Becky K., Tammy, and Karl are on it. Other staff could be added. We will update the committee at the next meeting. We will look at written and verbal communication with patients and caregivers. The risk area is informed consent.	
Adjournment	• The meeting adjourned at 3:45 p.m.	Next meeting 10/22

CITY OF MISHAWAKA

DAVID A. WOOD, MAYOR

OFFICE OF THE MAYOR

July 10, 2015

Mr. Mike Wargo, COO
Center for Hospice Care
501 Comfort Place
Mishawaka, IN 46545

Dear Mike,

I would like to express my sincere thanks for allowing the City of Mishawaka to use your facilities while hosting the Northern Indiana Mayors' Roundtable. Your entire staff at your facility was gracious and welcoming and the facility itself was impeccable. It truly looks as if it was just built. It was the perfect location to show off Central Park and I hope your staff can get some work done. I know that if I had that view of Central Park, it would be difficult! I wanted to commend Bob Goeller on his professionalism and need to tell you how helpful and accommodating he was. It was a pleasure working with him, and Red Fisher was equally helpful.

It is through businesses like Hospice and people such as you that make serving this great city a pleasure, not a job. I feel fortunate to be able to serve a hometown, such as Mishawaka, because of the people who live and work here. We are a community and city truly blessed.

I look forward to the growth of Center for Hospice in the City of Mishawaka. I think our future is bright indeed. Please don't hesitate to call on me if I can be of any assistance.

Sincerely,

David A. Wood, Mayor

City Hall · 600 East Third Street · P.O. Box 363 · Mishawaka, Indiana 46546-0363
Telephone: (574) 258-1601 · Facsimile: (574) 258-1603 · E-Mail: mayor@mishawaka.in.gov

REGULATION: 42 CFR 418.64 – Core Services

PURPOSE: To define core services and the manner in which these services will be delivered.

POLICY: The Agency routinely provides all core services directly by Agency employees in a manner consistent with acceptable standards of practice.

PROCEDURE:

1. The core services that are routinely provided by Agency employees include nursing services, medical social services, and counseling.
   - Nursing care and services are provided under the supervision of a registered nurse.
   - Medical social services are provided by a qualified Social Worker, under the direction of a physician. Depending upon the social worker's qualifications, he or she may be supervised by an MSW.
   - Counseling services will include, but are not limited to, bereavement counseling, spiritual counseling, and dietary counseling.

2. ~~Under extraordinary or other non-routine circumstances, the Agency might contract with non-hospice agencies or Medicare certified hospices to provide core services in order to meet patient needs. Examples of times when the Agency might contract for core services include:~~
   - ~~periods of high patient census;~~
   - ~~temporary staff shortages;~~
   - ~~when the patient travels outside of the Agency's service area.~~

3. ~~When the Agency is providing the continuous care level of care to multiple patients and more patients than anticipated at a given time, the Agency may contract for nursing services to meet patient needs upon approval of the Director of Nursing, COO, or CEO.~~

Effective Date: 12/08 Reviewed: 09/14	Revised Date: 08/15	Board Approved: 12/02/08 Signature Date: 12/02/08

Signature: President/CEO