



# The Envisioned Future

## Center for Hospice Care Hospice Foundation

### Strategic Plan (2016 - 2018)

#### Overview

Incorporated as a not-for-profit on June 16, 1978 under the name Hospice of St. Joseph County, Inc., the first patient was admitted in January 1980. Today, and 30,672 patients later, Center for Hospice Care (CHC) is a premier, nationally recognized, and award-winning agency dedicated to improving the quality of living through hospice, home health, grief counseling, and community education. With care offices in South Bend, Plymouth, and Elkhart, CHC serves St. Joseph, Marshall, Elkhart, Fulton, Kosciusko, LaGrange, LaPorte, and Starke Counties in northern Indiana. Caring exclusively for persons with life-limiting illnesses and their families / caregivers, the corporation also operates two Medicare certified seven-bed inpatient units, known as Hospice House, at its South Bend and Elkhart locations. The agency also operates a community bereavement facility called the Life Transition Center, Administrative and Foundation offices, and very soon an outpatient clinic called Center for Palliative Care all located at its expanding Mishawaka Campus. CHC currently has an average daily census of 400 patients and expects to serve over 2,200 patients during calendar year 2016. CHC is licensed as both a hospice and a home health agency by the Indiana State Department of Health. CHC is also Medicare Certified for both hospice and home health care. CHC is a member of the National Hospice and Palliative Care Organization, the National Association for Home and Hospice Care, The Advisory Board Company, and the Indiana Hospice and Palliative Care Organization. Development / fundraising activities to benefit CHC are provided by a separate 501 (c) (3) corporation -- an IRS Type II Supporting Foundation -- known simply as Hospice Foundation (HF). Together, CHC / HF have a professional staff of 228 and over 500 volunteers.

## **Envisioned Future**

As we prepare for the year 2020 and beyond, we are taking measurable steps to create a future that will provide a seamless delivery model from referral through bereavement with the ultimate goal of providing the right care at the right time. This envisioned future unifies CHC hospice and palliative care programming.

To assist us in realizing our plan, we envision increased collaboration with other organizations addressing end-of-life care and enhanced quality and availability of CHC hospice and palliative care services to patients and their families.

CHC will continue to have four overarching goals:

- A. Enhance Patient Care**
- B. Position for Future Growth**
- C. Maintain Economic Strength**
- D. Continue Building Brand Identification**

CHC's Annual Goals will continue to be categorized under these headings.

For the next three years, CHC has identified specific Strategic Priorities. These priorities have been developed to provide direction to the Boards and Staff of CHC / HF throughout 2016-2018.

### **Strategic Priorities 2016 -2018:**

1. Serve as the principle resource, leader and voice of hospice and palliative care by being the convener to engage key community stakeholders in the design of what end-of-life care looks like in our community.
2. Promote and enhance consistency in the delivery of CHC interdisciplinary clinical services.
3. Fully integrate palliative care into CHC programming and provide resources, innovations, education, and communication on palliative care to the community.
4. Organize and/or participate in building collaborative alliances of like-minded organizations and providers.
5. Optimize engagement of diverse and underserved consumers.
6. Create intentional strategic opportunities for further engagement of CHC staff.

## **Strategic Priorities: Plans and Objectives**

The Strategic Priorities provide the framework for the 2016-2018 Strategic Plan. The plans and objectives are adapted yearly in the form of the annual goals and provide the overall descriptions of what is to be accomplished.

### **2016 - 2018 Plans and Objectives**

*1.) Serve as the principle resource, leader and voice of hospice and palliative care by being the convener to engage key community stakeholders in the design of what end-of-life care looks like in our community.*

#### ***Strategic Plans:***

- Convene key stakeholders throughout the community to design what end-of-life care should look like in this community.
- Seek opportunities to serve as the principle and expert resource for hospice and palliative medicine and serve as the primary resource to media regarding hospice/palliative care through a proactive media campaign.
- Explore examples of previous successes like LaCrosse, WI where 96% of the residents who die do so with a completed advance directive in place.
- Create programming where anyone in the community can come to CHC offices and receive expert assistance from trained individuals on how to complete an advance directive.
- Develop and launch the Institute for Hospice / Advance Care Planning website.
- Develop a comprehensive end-of-life planning curriculum, which can be delivered through local area professionals and faith communities.
- Work with local college(s) to develop programs to offer CEU awarding seminars for local area professionals about end-of-life issues relevant to their profession.
- Develop initial online courses, e.g., how to choose a healthcare representative, how to effectively document advance directives, etc.
- Develop online video education series about end-of-life planning matters using various local area professionals.

**2.) *Promote and enhance consistency in the delivery of the CHC interdisciplinary clinical services.***

***Strategic Plans:***

- Adopt and customize the “Every Person. Every Time” visit model.
- Create an intentionally designed visit model to promote a predictable, high quality experience for every person (patient / family), every time.
- Decrease variability in care from clinician to clinician across all disciplines.
- Enable patients and families to expect a highly predictable experience at a non-predictable time in life.
- Make visits easier to perform especially when clinical staff is busy or tired.
- Measure increased productivity through implementation of the model visits.

**3.) *Fully integrate palliative care into CHC programming and provide resources, innovations, education, and communication on palliative care to the community.***

***Strategic Plans:***

- Promote internal culture change to fully integrate palliative care into CHC programming.
- Leverage the Leighton Foundation challenge grant for palliative care to support CHC palliative care priorities
- Test innovative ways to offer palliative care educational materials to the community.
- Foster ongoing collaborative relationships with other organizations interested in palliative care services.
- Create a fully realized marketing campaign for the Center for Palliative Care.
- Create a fully realized marketing campaign for the Center for Pediatric Palliative Care that additionally educates and leverages the concurrent care for children aspect of Medicaid.

***4.) Organize and/or participate in building collaborative alliances of like-minded organizations and providers***

***Strategic Plans:***

- Foster ongoing collaborative relationships with other local providers who provide end-of-life services or programs.
- Create opportunities to collaborate with organizations whose work is related to, but who are not directly involved in hospice and palliative care.
- Explore new potential partnership funding opportunities to secure funding / resources for shared CHC organizational and programming priorities.
- Seek opportunities to form alliances with other like hospice programs. Examples could be in the areas of Next Practices, Quality, Education, Intake, Admissions, IT, EMR, and Billing, and/or other back office functions that could lead to increased productivity and reduced expenses by not duplicating potentially shared services.

***5.) Optimize engagement of diverse and traditionally underserved consumers of hospice and palliative care services***

***Strategic Plans:***

- Recognize there are patient populations with a set of circumstances which may cause them to experience greater challenges in terms of healthcare and access, hospice and palliative care included.
- Fund, via the Crossroads Campaign, a permanently endowed staff position to coordinate CHC's Community Diversity Outreach efforts.
- Promote diversity and inclusion within the CHC organization and throughout our service area.
- Increase access to hospice and palliative care services by raising awareness among traditionally underserved populations, which could include: low income children, LGBT, substance abuse, elderly disabled, HIV/AIDS, and those with chronic health conditions, including mental illness.
- Explore funding opportunities and grants to create a sustainable and growing capacity to reach new populations.
- Seek opportunities for CHC program collaboration with other area healthcare agencies and local human services institutions to raise awareness within these populations.

- Using strategic, outcome and evidenced-based outreach activities, CHC will raise the bar for awareness of CHC services for our local underserved populations.

**6.) Create intentional strategic opportunities for further engagement of CHC staff.**

***Strategic Plans:***

- Begin designing a new New Staff Orientation Onboarding program.
- Recognize the importance of highly-engaged staff. Engaged staff have lower turnover rates, perform better, and tend to promote higher levels of patient satisfaction.
- Discover the percent of staff that are Engaged, Content, Ambivalent, and Disengaged by using the Advisory Board Company's survey tools.
- Ensure CHC's mission is reinforced regularly, with input from employees.
- Keep engagement drivers in mind in communications and day-to-day interactions with staff.
- Identify and act upon discrete areas of improvement.
- Create opportunities for career growth, and publically acknowledge the numbers of staff promoted from within on a regular, systematic, and scheduled basis.

Respectfully submitted,



Mark M Murray  
President / CEO

Center for Hospice Care  
Hospice Foundation

February 2016

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