Center for Hospice Care
choices to make the most of life

Board of Directors Meeting

501 Comfort Place, Conference Room A, Mishawaka
April 27, 2016
7:30 a.m.

BOARD BRIEFING BOOK

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Center for Hospice Care
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CHAPTER ONE

AGENDA

Center for Hospice Care

BOARD OF DIRECTORS MEETING
Administrative and Foundation Offices
501 Comfort Place, Room A & B, Mishawaka IN
April 27, 2015
7:30 a.m.

A G E N D A

1. Approval of February 17, 2016 Minutes *(action)* – Amy Kuhar Mauro (2 minutes)

2. President's Report *(information)* - Mark Murray (12minutes)

3. Finance Committee *(action)* – Wendell Walsh (10minutes)
   (a) 2015 Audit
   (b) December 2015 Post-Audit Financial Statements
   (c) 1st Quarter 2016 Financial Statements

4. Professional Advisory Group and QI Committee meetings *(action)* – Carol Walker (5minutes)

5. Vote on CHC Purchasing Milton Adult Day Services *(action)* – Mark Murray (5 minutes)

6. Foundation Update *(information)* – Corey Cressy (12 minutes)

7. Board Education – *(information)* – Rose Kiwanuka (12 minutes)

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

9. BREAK *(action)* – ALL (5 Minutes)

10. Hospice Industry Update *(information)* – Peter Benjamin (55 minutes)

Next meeting June 15, 2016 at 7:30 a.m.

# # #

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Center for Hospice Care
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CHAPTER TWO

MINUTES

Center for Hospice Care
Board of Directors Meeting Minutes
February 17, 2016

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

Topic	Discussion	Action
1. Call to Order	• The meeting was called to order at 7:30 a.m.	
2. Welcome	• New board member Jennifer Ewing was welcomed to the CHC Board of Directors.	
3. Minutes	• A motion was made to accept the minutes of the 12/16/15 meeting as presented. The motion was accepted unanimously.	W. Walsh motioned S. Weirick seconded
4. President's Report	• ADC in January was 398, an 8% increase from a year ago. Elkhart Hospice House occupancy was up 10% and South Bend Hospice House occupancy was up 33%. February ADC so far is 385 and YTD 393. • The new CMS hospice payment system began January 1st and it is already having a lot of problems and errors nationally. Indiana Medicaid has not posted anything yet on how they plan to implement the new payment system, which they are required to do by federal statute. We are paid different rates for the first 60 days of care and then a lower rate for 61+ days of care, but CMS didn't create new revenue codes for these different rates. We are working with Cerner to develop reports and we are also working on getting information from CMS. With the Service Intensity Add, which is nurses and social work visits up to four hours a day during the last seven days of life at around $39 per hour in fifteen minute increments, we have no way of knowing ahead of time what the reimbursement will be so we can accrue it. We have read that nationally providers are being paid incorrectly under certain circumstances. The payment system was never tested or demonstrated. It was based on a recommendation from the Medicare Payment Advisory Commission. • Strategic Plans – In the board packet is a copy of both the final report for the 2011-2015 Strategic Plans and the new 2016-2018 Strategic Plans. We would like to have board approval to proceed with the new plan. A motion was made to accept the 2016-2018 Strategic Plans as presented. The motion was accepted unanimously. • Community Health Systems is the new owner of I.U. Health LaPorte. The local VNA	J. Hsieh motioned L. Turner seconded

Topic	Discussion	Action
	was purchased by the hospital many years ago. Then I.U. purchased the hospital, which included the VNA, which had a hospice component. The new owners have decided they just want the home health business and are closing the hospice program at the end of the month. They also purchased I.U. Starke Hospital, so there is one less hospice competitor in our service area and we may be able to do more in LaPorte and Starke counties. VNA asked us if we would take on their 25 palliative care patients and we said we would be happy to do that. • The new chief medical officer of Beacon Health System, Dr. Shelly Harkin, visited us last week and toured the Mishawaka Campus, Center for Palliative Care, and the Elkhart Hospice House. She is board certified in hospice and palliative medicine and in the past was a part-time hospice medical director in Illinois. She said she never saw a free-standing hospice inpatient unit until she toured our facility and was very impressed. • We have a meeting today with SJRMC and Trinity. They reached out to us to discuss collaboration for palliative care services. • The Conflict of Interest Policy form is in the board packet. This is for our audit and also a question on the IRS FORM 990 and we do this annually. • The April 27 board meeting will be two hours. It was moved to the fourth week of the month, because the annual NHPCO Management & Leadership Conference is the third week. We will have two guest speakers. Peter Benjamin is from the Huntington Consulting Group and will give an update on the state of the hospice industry. He is also the facilitator for the National Hospice Executive Roundtable meetings. After the board meeting and the next day he will be doing training with our admission and triage staff. The other guest is Rose Kiwanuka, the National Coordinator of the Palliative Care Association of Uganda (PCAU), and her COO, Mark Mwesiga. She will also be attending the NHPCO conference where we will show our new *Road to Hope* documentary. Last week Rose spoke at the United Nations about morphine distribution in Uganda. We will also be hosting a reception for Rose and Mark. • We have created a new Trouble Breathing Plan for patients. When looking at the number of revocations when a patient signs out of the hospice benefit to go to the hospital for treatment, a large percentage is due to shortness of breath. This new plan starts at the time of admission and all disciplines will reinforce it with families on their visits. The family is given a neon pink form to place on the refrigerator with tips on what to do until our nurse can get there. Our goal is to reduce the number of	

Topic	Discussion	Action
	patients going to the hospital. We are in the process of auditing our records to make sure we are actually doing the teaching with patients and families.	
5. Finance Committee	• The finance committee met last Friday and recommends approval of the December 2015 financial statements. The first quarter of 2016 will be reviewed at the April meeting. The ADC has been a prime mover in the increase in revenue. It speaks to the financial integrity of the organization and its management of expenses. We projected an ADC for 2015 of 385 and it came in at 399. YTD operating income was $21.1MM, a 9% increase and $843,000 ahead of budget. Total expenses were $18.6MM, a 2% increase and $650,000 under budget. We had an overall net gain of $3.4MM, a 30% increase. Net without beneficial interest was $3.6MM, an 81% increase. The combined CHC and Foundation net without investments was $3.4MM, a 122% increase. Total assets were $39.8MM. This is the largest return the agency has ever experienced since at least 2007, the year we had the Elkhart Capital Campaign for that campus. We had $2.4MM in campaign gifts that year. • A motion was made to accept the December 2015 financial statements as presented. The motion was accepted unanimously.	T. Portolese motioned A. Firth seconded
6. Foundation Update	• We are 32% of the way through the Cornerstones for Living: The Crossroads Campaign and are already at 44% of our goal. So far we have $4.4MM in cash, pledges and documented bequests. Thank you to the board for its 100% participation in the campaign. It is very helpful to us as we move into the public phase later this year to say we have 100% participation by the CHC board and the capital campaign cabinet. • We received a gift from the estate of John "Jack" Lloyd III of $103,201. We met with his family and they would like the gift to be used to endow Camp Evergreen and establish the *Linda Lloyd Mission Endowment for Camp Evergreen*. They also want to be involved in volunteering for Camp and will be giving additional donations as time goes on. • We have a number of events coming up. The Helping Hands Award Dinner is 05/04 honoring former Governor Joe Kernan and former Mishawaka Mayor Bob Beutter for their veteran service. The proceeds from the Dinner will go towards construction of our veteran's memorial. Also the proceeds from this year's *Friends of Hospice* campaign will be earmarked for construction of the Veteran's Memorial to be erected on the Mishawaka Campus. Over the next few months we will begin kicking off campaign meetings with area veteran organizations and bring them here to talk about	

Topic	Discussion	Action
	our veteran's memorial. The cost of construction will be in the $300,000 range. We will raise money beginning with the Helping Hands Award Dinner and go through the first part of October. A percentage of the money raised will also go towards patients that are veterans and to raise awareness of our We Honor Veterans program. About 21% of our patients are veterans. • The annual *Gardens of Renewal and Remembrance* event will be held 06/07 at the Elkhart Campus. In the future we plan to hold a similar event at the Mishawaka Campus as we receive gifts for trees, benches, etc., in memory of a loved one. Bike Michiana for Hospice is 10/02 and the Walk for Hospice is 07/03. Over the years we have seen a decrease in the number of participants in the Walk, so this year we will incorporate a "Heroes for Hospice" 5K fun run. • We have submitted a new project request to Notre Dame's Executive MBA program for 2016 to update PCAU's five-year strategic plan, as well as a succession strategy. We should know if the project was chosen later this month. If it is selected, they will meet with Rose and Mark while they are here. Notre Dame graduate student and emergency room nurse Katie Anderson will be traveling to Uganda in May to work on expanding the mHealth program. She is also working with IT specialists at Notre Dame in order to optimize the platform and user interface. A couple of other people from Notre Dame will be traveling to Uganda in March for a week to look at this project and identify some of the issues and obstacles and then work with Katie so she is prepared when she goes in May. • The *Road to Hope* documentary has been entered into the film festival circuit. After we premiered the documentary at last year's Okuyamba Fest, several people stepped up to help sponsor children. So we went from 17 children fully sponsored to 44. The funds also enabled PCAU to hire a Road to Hope Coordinator. She works with the schools and palliative care teams to identify children and make those connections. 23 CHC employees signed up to sponsor children through payroll deduction during open enrollment. We also hope to establish a base for support outside our community as well by showing the documentary around the country, which will bring in more money for that program. • Mishawaka Campus – We have the finished design for the patient care staff building. The next phase is the design of the new Hospice House. We anticipate having some drawings to show to the Board this summer.	
7. Board	• The Year in Review 2015 was presented. For the second year in a row we cared for	

Topic	Discussion	Action
Education	over 2,000 patients. We are in the top 3-4% of hospices in the country. We had record levels of ADC all year long, a 24% increase in three years. Our record one day high census was 425. We continue to see fewer cancer patients. The majority of our patients have non-cancer diagnoses, and over half of are in three areas, which is why we have three specialty programs: BreatheEasy (12%), HeartWize (26%), and Dementia (14%). These patients also traditionally live longer. The ALOS was 74 days compared to 61 days a year ago. The median was 14 days and the mode was 2 days. The national average ALOS is 71 days and the median is 17 days. For HMB patients only which are 78% of every dollar we receive, the ALOS increased to 83 days which is one of the major reasons why we had financial success in 2015. • We had 1,734 original admissions, a 5% decrease. We averaged 4.75 admissions per day. Deaths before admission (DBA) were down slightly from 7% to 5%. Referrals by patients/families increased to 30%. 40% of referrals were from hospitals and 15% from doctors. We are shifting our marketing dollars and doing considerably less in print and radio and focusing on digital. We still advertise on television and cable a great deal. The digital campaign is working really well. We can track phone calls and at least eight admissions can be tracked to our digital campaign. We average 78 phone calls a day in admissions or about 2,300 a month. The people we need to get in front of is the case managers and discharge planners because they will refer to the agency that makes the referral process the easiest for them. Sue Morgan is working on developing an education program for the hospital staff for patients that will be admitted GIP level of care in the hospital. Many people think there is only one hospice in the community. We hired a company to do several focus groups and telephone surveys a few years ago before we began our new branding and marketing campaign. We were the only hospice recognized and that recognition was very low. It would be interesting to see if that has improved. Amy T. and Lori T. will get together to discuss marketing awareness of the different hospices in our service area. • The Hospice Houses served 598 patients compared to 614 a year ago, but the length of stay increased. The occupancy rate was the highest since 2009. • Bereavement had 1,751 deaths, a 7% increase. They made nearly 33,000 bereavement contacts, a 6% increase. 452 people attended our memorial services in December held in three locations. We worked with 13 different schools to provide grief counseling to students. We are also seeing clients of patients that died before admission. We served 173 of those clients. We started “movie and a meal” at the Mishawaka office. In 2015	

Topic	Discussion	Action
	it attracted 207 people including 45 new people that began counseling. Camp Evergreen was the largest in its history. • The number of volunteer hours was down slightly from 2014. Volunteers drove over 44,000 miles and saved the agency over $395,000. We are looking closely to make sure we are capturing all of those volunteer hours and that they are turning in their time sheets. Over 200 volunteers attended the Volunteer Recognition event in April and 132 attended the annual Volunteer In-service Day in June. • We had another perfect home health survey. Since 2008 we have had no deficiencies in any of our surveys. • 495 people attended the 2015 Helping Hands Award Dinner, which raised over $420,000—which was the highest Dinner in our history. • In November we switched pharmacy vendors to HospiScript and DeliverCare Rx and anticipate saving $250,000 without affecting quality of care. Hospice House will be coming online with them on 02/22. • 75 people attended the Northern Indiana Mayors Roundtable on 06/26 held at the Mishawaka Campus. On 07/04, 120 staff and their family members attended our first Mishawaka 4th of July fireworks event. We provided refreshments and could watch the fireworks that went off across the river from our campus. The St. Joseph Valley Street Rods raised $18,000 from the proceeds of selling $10 Barnaby's pizza coupons and YTD they have raised $67,000 for CHC. • We have a contract with the I.U. Indianapolis School of Medicine's Fellowship Program. One Fellow was here last year, another one is coming in about a month, and the third will be here prior to July. We also have a Fellowship contract with Mayo Clinic. • The number of donors was down 11%, but the average gift increased 6%. Last year we raised $1.7MM. Part of the reason is we are working diligently towards developing a deeper relationship with fewer people. The Circle of Caring was created seven years ago. The Helping Hands Society started with 27 members. Now we have different levels and different experiences for each level and target our marketing specifically towards each level. We think that is why we are seeing an increase in the amount of gifts. There are several hundred members now in the Circle of Caring. We are also seeing a decrease in the number of memorial donations, so we are working on piloting a three month connection through the obituaries in the newspapers with Legacy.com. They provide the process as you read obituaries online to make a donation. A number	

Topic	Discussion	Action
	of hospices in the country are currently doing that. Fundraising over the past six years continues to increase. The capital campaign and bequests are anomalies that we don't count as part of the year over year fundraising. We are in a campaign mode now, so we hope to see those numbers increase over the next few years. • The value of unreimbursed services was up 33% in 2015 to over $2.1MM. • We hired 60 new staff and at the end of the year we had 228 professional staff.	
8. Chairman's Report	• Reminder that the 04/27 meeting will be two hours long. • Reminder to sign the Conflict of Interest Policy form and give it to Becky Kizer. • If anyone is interested in forming a team for the Walk for Hospice, let Amy Kuhar Mauro know. • Jesse Hsieh commented that he invited Mark Murray to speak at the MBA program he is teaching at Notre Dame. His presentation was excellent and he would like Mark to give the same talk to the medical students. He would also recommend the board or anyone else interested hear the presentation without the history of hospice included. It is a great opportunity to learn more about hospice particularly from a reimbursement and regulatory standpoint.	
Adjournment	• The meeting adjourned at 8:45 a.m.	Next meeting 04/27

Prepared by Becky Kizer for approval by the Board of Directors on 04/27/16.

_____ _____

Amy Kuhar Mauro, Chair Becky Kizer, Recording Secretary

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CHAPTER THREE

PRESIDENT'S REPORT

Center for Hospice Care
Hospice Foundation
President / CEO Report

April 27, 2016

(Report posted to Secure Board Website April 21, 2016)

This meeting takes place in Conference Rooms A&B at the Mishawaka Campus at 7:30 AM.
This report includes event information from February 18 – April 26. 2016.
The Hospice Foundation Board meeting follows in the same room.

CENSUS

At the end of March, the first quarter average daily census (ADC) is up 4.7% from Q1 of 2015. However, the number of patients served is down 1.8% and the number of original admissions at the end of Q1 is down 6.8%. YTD 7.52% of all referrals have died before CHC could admit them. During March alone, 50% of all deaths occurred within seven days or less following admission to hospice. Compared to Q1 2015, current YTD number of patients served at the South Bend Hospice House is up 7.41% with occupancy up 1.61%. The Elkhart Hospice House occupancy is up 1.94% YTD through March and the numbers of patients served is down 1.27% compared to 2015.

March 2016	**Current Month**	**Year to Date**	**Prior Year to Date**	**YTD Change**
Patients Served	508	806	821	(15)
Original Admissions	140	422	453	(31)
ADC Hospice	367.74	370.69	351.69	19.00
ADC Home Health	21.10	20.19	21.72	(1.53)
ADC CHC Total	388.84	390.88	373.41	17.47

February 2016	**Current Month**	**Year to Date**	**Prior Year to Date**	**YTD Change**
Patients Served	491	666	651	15
Original Admissions	120	282	283	(1)
ADC Hospice	367.79	372.22	348.97	23.25
ADC Home Health	18.97	19.72	19.71	0.01
ADC CHC Total	386.76	391.94	368.68	23.26

Monthly Average Daily Census by Office and Hospice Houses

	2016 Jan	**2016** Feb	**2016** Mar	**2015** Apr	**2016** May	**2016** June	**2015** July	**2015** Aug	**2015** Sept	**2015** Oct	**2015** Nov	**2015** Dec
S.B.:	222	219	215				236	233	229	228	214	212
Ply:	75	72	70				78	83	90	89	84	83
Elk:	90	87	94				89	85	86	84	92	92
SBH:	4	5	5				5	5	5	6	5	5
EKH:	6	4	5				6	5	5	5	4	5
Total:	397	387	389				414	411	415	412	399	397

HOSPICE HOUSES

March 2016	Current Month	Year to Date	Prior Year to Date	YTD Change
SB House Pts Served	34	87	28	4
SB House ALOS	4.79	5.06	4.07	0.18
SB House Occupancy	75.15%	69.07%	52.53%	10.14%
Elk House Pts Served	28	33	25	8
Elk House ALOS	5.11	5.12	3.88	1.24
Elk House Occupancy	65.90%	77.88%	44.70%	33.18%

February 2016	Current Month	Year to Date	Prior Year to Date	YTD Change
SB House Pts Served	32	59	56	3
SB House ALOS	4.41	4.69	5.09	(0.40)
SB House Occupancy	69.46%	65.95%	69.01%	-3.06%
Elk House Pts Served	25	53	49	4
Elk House ALOS	4.88	5.49	5.33	0.16
Elk House Occupancy	60.10%	69.29%	63.20%	6.09%

PATIENTS IN FACILITIES

Of the 508 patients served in March, 179 resided in facilities. Of the 491 patients served in February, 169 resided in facilities. The average daily census of patients in skilled nursing homes, assisted living facilities, and group homes during March was 148; February was 148 and YTD 2016 thru March was 150.

FINANCES

Karl Holderman, CFO, reports the first quarter year-end 2015 Financials will be posted to the Board website on Tuesday morning, April 26th following Finance Committee approval. For information purposes, the DRAFT, non-Finance Committee accepted, February 2016 Financials are below.

February 2016 Financial Information

Center for Hospice Care *(1)*

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

February Overall Revenue	$	1,574,637	Year to Date Overall Revenue	$	1,045,438
February Total Expense	$	1,391,827	Year to Date Total Expense	$	1,527,549
February Net Gain	$	182,810	Year to Date Net Gain	$	(299,305)

Hospice Foundation

Feb. Development Income	$	171,231	Year to Date Development Income	$	235,262
Feb. Investment Gains (Loss)	$	(80,414)	Year to Date Investment Gains (Loss)	$	(732,563)
Feb. Overall revenue	$	91,040	Year to Date Overall Revenue	$	(496,315)
Feb. August Expenses	$	169,671	Total Year to Date Expenses	$	325,269
Feb. Overall Net	$	(78,631)	Year to Date Overall Net	$	(831,584)

Combined *(2)*

February Overall Revenue	$	1,744,309	Year to Date Overall Revenue	$	2,955,343
February Overall Net Gain	$	182,810	Year to Date Overall Net Gain	$	(299,305)

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

At the end of February 2016, the combined operating income is $3,449,129, up 3% from February 2015. The overall combined net gain for CHC / HF was a loss of -$299,305 primarily due to investment losses of over $730,000 which is a decrease of 237% compared to YTD February 2015. At 2/29/16, CHC's YTD Net without the beneficial interest in the HF was $532,279 representing a 15% increase from same time last year. The combined YTD net at 2/28/16 without counting investment gains/losses was $433,258 representing an increase of 56% from YTD same time prior year. At the end of February 2016, the Hospice Foundation's Intermediate Investments totaled $2,405,972. Long Term Investments totaled $15,621,226. CHC's assets on November 30, 2015, *including* its beneficial interest in the Hospice Foundation, totaled over $39MM. At the end of

November HF's assets alone totaled over $30MM 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 February 29, 2016 of $45.4MM.

2015 AUDITED FINANCIAL STATEMENTS

The 2015 audited financial statements are on the Board Agenda. They are scheduled to be reviewed by the Finance Committee on Tuesday April 26 at an extended meeting with the auditors from David Culp and Co. LLP. The audited financials will be posted to the board website on Tuesday morning following the Finance Committee meeting for those wishing to review the materials prior to Wednesday's board meeting. Hard copies of the 2015 audited financial statements will be distributed to all board members at the Wednesday meeting along with the first quarter 2016 financials.

CHC VP/COO UPDATE

Dave Haley, VP/COO, reports…

Katherine Eash, NP, a new nurse practitioner started employment with our organization on March 14. We still have an open position for another nurse practitioner and another hospice and palliative care physician and are actively recruiting.

We were contacted by the Mayo Clinic seeking information regarding our arrangement with hospitals and very fragile dying patients. This is where the hospital simultaneously discharges the patient and we admit the patient to hospice care, but leave the patient physically in the hospital until they expire or improve enough to be transferred to our hospice house. They are seeking to duplicate in Rochester, MN what we are doing locally. One physician expressed interest in visiting CHC to learn more about the process.

We have converted both Hospice Houses to patient-specific medication deliveries supplied by HospiScript and DeliverCareRx, our new pharmacy provider. We have also applied to the Indiana State Board of Pharmacy for approval of automated drug delivery systems at each Hospice House. Once we receive the Pharmacy Board's approval for the new systems, we will no longer require a daily delivery of emergency medications to our hospice houses from another supplier. This will also modernize our nursing drug delivery systems and provide electronic logging and additional access security.

Morgan Langhofer, M.D., a Fellow in the Board Certification for Hospice and Palliative Medicine from the Indiana University School of Medicine began his month long training rotation on April 7. He and his family of four are residing in the Guest House at the Mishawaka Campus. He will be followed by another Fellow, Tracy Walker, MD from this same program on May 2. She will also be housed on the Mishawaka Campus.

We met with representatives of Trinity Home Health Services on April 13 to discuss developing a closer working relationship for rolling out a palliative care service. The next step will be making a presentation to their physicians at their meeting on July 20.

Significant progress continues to be made by the medical staff in getting caught up on completing past due certifications and recertifications and required physician narratives. Gregory Gifford, MD, CHC Chief Medical Officer has been the point person in completion of this task.

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

DIRECTOR OF NURSING UPDATE

Sue Morgan, DON, reports…

Nursing Department

The Nursing Goals 2016 continue to be reviewed and progress updated monthly at the Nursing Leadership Meetings. They have been assigned to members of the Leadership Team for review, implementation and measuring continued effectiveness.

On February 3, 4 and 5 the DON held the Nurses Meeting in person at each of the locations and reviewed:

- Nursing Goals for 2016
- Mission-Vision-Core Values
- Communication-Consistency-Communication-Compassion
- Review of job descriptions
- Quality Projects and Indicators
- Group Feedback
- Expectations

The meetings will be held in person by the Director of Nursing at all locations twice a year. The nurses and CNAs expressed that this was a good opportunity to be aware of expectations and a chance to share ideas.

The implementation of name tags with picture identification for all nursing personnel began on March 1, 2016. Any nursing personnel with direct patient contact in the home or Hospice House(s) will have a picture identification badge.

Education Programs

Our Preceptor Program has ten experienced nurses who continue to expand their knowledge base and information through quarterly education programs to guide and mentor new nurses.

On March 16 the Cardiac Boot Camp Program was held with six nurses in attendance. This is a practical application to guide our nurses through the HeartWize program.

Quality Assurance

The new Health Information Management Committee is in the process of developing policies and procedures in the event of downtime for the Cerner electronic medical record.

The Nursing Department has initiated Quality Indicators for the measurement of patient outcomes related to the Conditions of Participation in the Medicare Hospice Benefit.

HOSPICE FOUNDATION VP / COO UPDATE

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

Through March 2016, the Development Department recorded the following calendar year cash gifts as compared with the same period during the previous six years:

Year to Date Total Revenue (Cumulative)

	2010	2011	2012	2013	2014	2015	2016
January	64,964.45	32,655.69	36,775.87	83,619.96	51,685.37	82,400.05	65,460.71
February	108,025.76	64,530.43	88,893.51	166,563.17	109,724.36	150,006.82	101,643.17
March	231,949.73	165,468.92	194,345.35	264,625.29	176,641,04	257,463.89	178,212.01
April	354,644.69	269,676.53	319,818.81	395,299.97	356,772.11	419,610.76	
May	389,785.41	332,141.44	416,792.85	446,125.49	427,057.81	635,004.26	
June	477,029.89	427,098.62	513,432.22	534,757.61	592,962.68	794,780.62	
July	532,913.52	487,325.01	579,801.36	604,696.88	679,253.96	956,351.88	
August	585,168.77	626,466.72	643,819.01	783,993.15	757,627.43	1,042,958.42	
September	671,103.04	724,782.28	736,557.59	864,352.82	935,826.45	1,267,659.12	
October	992,743.37	1,026,728.58	846,979.95	922,261.84	1,332,007.18	1,321,352.39	
November	1,043,750.46	1,091,575.65	895,164.28	969,395.17	1,376,246.01	1,469,386.01	
December	1,178,938.91	1,275,402.38	1,027,116.05	1,185,322.83	1,665,645.96	1,757,042.51	

Year to Date Monthly Revenue

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

	2010	2011	2012	2013	2014	2015	2016
January	52,442.49	32,110.69	32,309.58	83,380.18	51,685.37	57,971.60	52,156.98
February	41,364.37	30,644.74	43,783.64	82,943.21	43,038.99	67,572.77	36,182.46
March	65,886.51	99,796.42	102,351.84	98,212.12	66,916.68	107,457.07	73,667.84
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	86,606.54	
September	85,629.27	94,000.56	92,808.58	80,335.67	84,011.71	99,931.45	
October	66,061.97	47,779.09	65,904.80	56,439.02	55,208.68	53,693.27	
November	49,247.09	48,284.08	46,674.33	47,133.33	44,238.83	46,870.62	
December	115,188.45	133,617.73	111,236.77	130,277.99	193,065.45	161,519.80	
Total	**794,737.19**	**862,777.33**	**928,101.01**	**978,709.19**	**1,033,125.99**	**1,257,310.96**	

Cornerstones for Living: The Crossroads Campaign

Campaign activities during February and March 2016 focused on lead gift donor cultivation, meetings, grant opportunities and follow up with both existing and prospective lead donors. Through the first 21 months of this five-year campaign (7/1/14 thru 3/31/16) total cash, pledges and

documented bequests stand at $4,530,453.

Recent activity includes meetings with donor prospects in late February on Marco Island, Florida. Mike and I had productive meetings there. One of the prospects presented a check for a $10,000.00 campaign donation after the meeting. We are working with this donor to also establish a planned gift to CHC. The other Florida prospects are former South Bend/Mishawaka area residents connected to CHC through the administration of one of CHC's largest estate gifts. Donor prospect identification efforts resulted in us learning about their interest in our campaign. Other activity includes a meeting with former CHC board members connected to a national organization that provides grants to various non-profits. We're in the process of determining if our campaign aligns with this organization's guidelines. Our work with a local charitable trust continues with regard to a proposal that we presented to endow hospice and palliative care fellowships and various other educational initiatives. We are following up with this trust's representative to schedule a presentation for the trust's advisory committee. A new opportunity to establish a named endowment for a segment of services provided to bereaved family members by CHC's Life Transition Center came to our attention. An initial meeting took place in March with a follow up meeting to be scheduled by late April.

Planned Giving

One new estate gift of $2,901 was received in March. Planned giving prospects cultivated in February and March include a CHC volunteer, two CHC donors attending the Circle of Caring luncheon in March along with the prospects Mike and I visited in Florida.

Annual Giving

As of March 31st the total received for the *2015 Annual Appeal* is at $77,389.34, given by a total of 392 unique donors. The appeal will continue through May 29th. In the meantime we have begun the creative process for this year's *Friends of Hospice* appeal, which will focus on raising money to be earmarked for construction of our veteran's memorial.

Special Events & Projects

Our annual Circle of Caring luncheon was held on March 23rd and attended by 53 donors and supporters. This year's Helping Hands Award co-recipient, Bob Beutter, was one of those in attendance at the event. It was immediately followed by an event to publicly announce plans for the Veterans Memorial. Landscape architect Chris Chockley of Jones Petrie Rafinski provided an overview of the renderings to the attendees. Among those in attendance: Mishawaka Mayor Dave Wood, representatives from both Rep. Jackie Walorski's and Senator Joe Donnelly's offices, as well as representatives from local veterans' organizations.

Planning is entering the final stages for this year's *Helping Hands Award Dinner*, which is honoring former Governor Joe Kernan and former Mishawaka Mayor Bob Beutter. As with this year's *Friends of Hospice* appeal, proceeds from the 2016 event will be earmarked for construction of the Veterans Memorial to be erected on the south lawn adjacent to the East Wing of the Administration building. This year's dinner will be held on Wednesday May 4, 2016 at the Hilton Garden Inn. Sponsorship packets have been mailed and follow up with past corporate and individual sponsors is proceeding. Invitations were mailed the week of April 11th, with RSVPs due on April 27th.

Entertainment will be provided by the Victory Belles, a WWII-era tribute singing trio, much like the Andrew Sisters.

This year's dedication of memorial items donated for the Elkhart Campus will be held on Tuesday, June 7th. The dedication will begin at 5:30 and be held in the *Gardens of Renewal and Remembrance.* We received orders for 17 bricks, four trees and three benches.

This year's *Walk for Hospice* will feature a new twist in 2016 – a *Heroes for Hospice Fun Run*, which will take place immediately prior to the traditional walk. The event will take place on Sunday, July 3rd at the Mishawaka Campus and Central Park. *Heroes for Hospice Fun Run* and *Walk for Hospice* will be sponsored by DJ Construction. Included in the event will be the Mishawaka Fire Department, DARE, the Hall of Heroes and athletes from the University of Notre Dame. Participants in this family-friendly event will be encouraged to dress as their favorite super hero. Special Events Coordinator Red Fisher has a number of fun extras lined up for the day including a photo booth, capes for the first 100 fun run participants and a Disc Jockey.

The *7th Annual Bike Michiana for Hospice* will take place on October 2nd this year. The later date was chosen to allow us to once again apply for the Convention and Visitors Bureau grant which stipulates events must be held on non-Notre Dame home football weekends. With the exception of Labor Day weekend, Notre Dame has a home football game each weekend in September this year.

Global Partners in Care/PCAU

Plans for Rose Kiwanuka and Mark Mwesiga's three-week visit to the U.S. have been in development since last fall. The first event is a private screening of *Road to Hope* at Soho House in Chicago for cast members of *Chicago Med*, *Chicago Fire* and *Chicago PD*. The event will be hosted by Torrey DeVitto, narrator of the film and a *Chicago Med* cast member.

In addition, they will attend NHPCO's Management and Leadership Conference, where Rose and Mike Wargo will participate in "Have Lunch with Global Partners in Care" event. Rose and Mike will present a concurrent session With Torrey DeVitto that will feature a screening of *Road to Hope*.

During their visit, Rose and Mark will take part in a number of meetings at the University of Notre Dame regarding partnership initiatives, in particular the mHealth pilot program being undertaken in conjunction with the Eck Institute for Global Health. These will include meetings with ND Graduate student and ER nurse Katie Anderson, project sponsor Lacey Ahern and ND IT specialists.

This visit follows on the heels of retired CHC staff member and long-time PCAU volunteer Roberta Spencer's return from Uganda, where she volunteered in February and March. During her stay, Roberta visited a number of PCAU member sites for meetings and presentations. She also visited a number of children and schools on the Road to Hope program, including a visit with Rashidah Adams, the Road to Hope program coordinator based at PCAU, to get updates on children in the program and deliver supplies.

Road to Hope Program/Documentary

The *Road to Hope* documentary film continues to garner attention on the film festival circuit. It was named "Best Documentary Feature Film" at the Geneva Film Festival and earned wins in the "Best Documentary" and "Grand Jury Award for Best Documentary" categories at the 2016 Hollywood Florida Film Festival. New official selections include the Maryland International Film Festival, Toronto Film Week, International Filmmaker Festival of World Cinema-Nice (France) and the Blackbird Film Festival.

Mishawaka Campus

As previously reported, DJ Construction has provided preliminary cost estimates for the recently designed patient care staff building. Mike and I recently met with Jeff Helman and Brad Sechrist, of Helman-Sechrist Architecture, to review preliminary design elements for the new Hospice House. Following a June trip to Toledo to visit two hospice houses, Brad and Jeff will work to finalize plans to our new facility. As previously reported, Chris Chockley of Jones Petrie Rafinski has completed design for the veteran's memorial. DJ Construction is currently engaged in the bidding process to obtain firm costs.

COMMUNICATIONS, MARKETING, VOLUNTEERS AND ACCESS

Amy Tribbett, Director of Marketing and Access reports on Marketing & Access, reports on February & March activities…

Referral, Professional, & Community Outreach

- The liaisons hosted breakfast/lunch with the following practices: Pulmonary and Critical Care at Memorial; Siddiqui, Goshen Family Practice, Del Pilar, I-Street Clinic, Browne, and Powell.
- CHC now hosts monthly breakfasts for the case management department at Memorial. This was previously only happening quarterly.
- Hospice 101 was presented at Holy Cross Village.
- CHC presented "Caring for Ourselves as We Care for Other" during Family Night at LaPorte's Settler's Place Assisted Living Community.
- CHC presented Hospice 101 to the Philanthropic Education Organization in Plymouth.
- CHC presented "Caring for the Dying Patient: Walking through the Grief Process" at Southfield Village
- "Hospice 101" was presented to Fresenius Medical Care Nephrology Blackthorn.
- CHC staff took second place at the "Chocolate Jamboree" at the Life Care Center in Rochester.
- CHC was represented at the Kroc Center Community Health Fair.
- CHC was represented at the Michiana Military Support Network at the new South Bend Armory.

Volunteer Department

Spring training is underway. Eleven new volunteers were trained in March, with approximately 18 signed up for April's training on Saturday, April 16 and 30.

Activity in February and March included:

- 19 new volunteer interviews.
- 22 new volunteer inquiries.
- Email blast to 170 existing volunteers encouraging them to recruit a friend.
- A booth set up and staffed at the Grace College Internship Fair.
- Planning sessions with bereavement staff to identify bereaved that are at a good place to potentially volunteer.
- 167 volunteers, guests and staff attended the 2016 Volunteer Recognition and Annual Report, held at The Brick in South Bend. Immediate past chair, Corey Cressy, generously donated the space, tables and chairs for the event. The recipient of the 2016 John E. Krueger, MD Hospice Caring Award is Dale Kern, an 11-year volunteer from the Elkhart area. The event also included a CHC / HF update presented the CHC CEO and HF COO.

Website

In the month of February, CHC's website traffic totaled more than 4,500 hits, with 9,526 page views. March saw 4,261 hits, and 8953 page views.

The new site launch has been delayed due to a glitch in the donation process. Internet Business Solutions, our local Internet provider and Blackbaud, our national fundraising software vendor, and the Hospice Foundation staff have been working on a solution.

APRIL BOARD MEETING TO BE EXPANDED TO TWO HOURS AND WILL BE THE *FOURTH* WEDNESDAY OF THE MONTH ON APRIL 27

The April Board meeting will feature an in-person education session by Rose Kiwanuka, National Coordinator, Palliative Care Association of Uganda. Additionally, we will have a "State of the Industry" presentation by Peter Benjamin, owner, Huntington Consulting Group, Miami, FL. Peter is the consultant hired by the National Hospice Executive Roundtable (NHERT). NHERT is a collection of twelve hospice CEOs from leading non-profit hospice agencies throughout the United States who meet in-person three times per year to develop and share industry best practices. CHC's CEO has been a member of the group since 2009. Peter has been consulting various healthcare clients from a wide assortment of provider types all over the U.S. for the last 20 years. Prior to that was VP of Marketing for VITAS Healthcare, VP and Sales and Marketing for Abbey Medical, and worked in the sales / marketing department for the American Hospital and Supply Corporation. Peter last spoke to the board in June of 2011. He will be conducting sales, marketing and intake training of CHC staff Wednesday afternoon and most of the day on Thursday.

QUALITY ASSURANCE COMMITTEE AND PROFESSIONAL ADVISORY GROUP MINUTES

Attached to this report are the most recent minutes of the internal CHC Quality Assurance Committee minutes. Please contact me with any questions. Also included in this packet are the minutes of the annual meeting of the Professional Advisory Group. This annual meeting is held once time each year for the purpose of meeting a paragraph contained with the regulations for Medicare Home Health care certification. This is only for our home health care business and completely separate from hospice.

HOSPICE UTILIZATION FALLS FOR FIRST TIME IN TEN YEARS

According to Healthcare Market Resources, a company that analyzes and sells detailed hospice reports, it may be a new year, but that doesn't mean a lot of new business for hospices. They took a look at the latest hospice utilization data from 2014 and compared it over the last decade, only to find that, for the first time in ten years, hospice utilization has declined. Granted, the decline is only by 1%, but hospice has been at a steady utilization rate of 2.6 to 2.7% for the last five years.

When you consider that they measure hospice utilization by dividing the number of hospice patients served by the total Medicare eligible population for each state, that number should be in a steady state if not slightly growing, given the increasing awareness of hospice services, the ubiquitous availability of its services and favorable demographics. Has all the regulatory scrutiny bent the utilization curve downward?

Overall, it's a very flat market with no data to suggest any light at the end of the tunnel. So what does this all mean for the future growth of hospices? Not much in the way of new growth for hospice, unless something changes.

Unfortunately, the immediate prospects are not good. Increased regulatory pressure and a new payment system which disincentivizes long term patients could result in lower utilization rates, as length of stay shortens for these longer stay patients (180 days+). MedPAC and Medicare have gone on record as these types of patients are subject to questionable justification of services. Another ticking time bomb in the short term is the Senate Finance committee proposal to move the hospice benefit into Medicare Advantage. This added level of supervision at the micro level can only mean fewer patients accessing the benefits or stable patients being discharged sooner.

While long term prospects are strong given the need to control end-of-life (EOL) costs becoming more important as more providers go at-risk, this requires significant structural and attitudinal changes in the healthcare delivery system. The goal is achievable as seen by the experience of La Crosse Wisconsin and the Gundersen Health System which has shown that 30 years of community effort can pay off in lower EOL costs. However, hospice may not be the sole beneficiary of these efforts as Medicare is testing other forms of palliative care with the Medicare Care Choices Model.

If the prospects for organic market growth are poor, hospices can look to geographic expansion, taking away market share from competitors or adding complimentary services to increase their revenues. Each alternative poses its own challenges.

LATEST (2014) MEDICARE HOSPICE COUNTY BY COUNTY DATA RELEASED

Attached to this report I'm including the Indiana state Medicare Hospice data, along with the data for our three major counties where 96% of our patients reside. CHC continues to be the largest provider in Indiana. The second largest, with offices in Indianapolis and Merrillville, served 35% fewer patients than CHC. With the increase in provider competitors over the years (we have 26 competing hospice programs serving our eight counties), CHC has seen erosion in market share but is still clearly the dominant hospice program in its three main counties.

CHC Market Share by County

St. Joseph = 63% Market Share

Elkhart = 41% Market Share

Marshall = 75% Market Share

It should also be noted that the hospice penetration rate in Indiana has continued to increase. Penetration rate is calculated by dividing the number of Hospice Medicare deaths by the total number of Medicare deaths. The 2014 rate for Indiana was 63% compared to 24% in the year 2000. Nationally the penetration rate is 67% and Indiana still has room to grow to keep up with the rest of the nation. Everything in healthcare varies widely in utilization by state (see Dartmouth Atlas of Health Care). Hospice care is no different and penetration rates vary widely by state, from Wyoming at 38% to Utah at 92%.

CONTINUED PROBLEMS WITH NEW HOSPICE PAYMENT MODEL; MEDIICAID HOSPICE IS A TOTAL MESS

Nationally the new untested, non-demonstrated Hospice Payment model which went into effect January 1, 2016 has been problematic. The new Service Intensity Add-on (SIA) has had claims processing issues in which hospice providers are receiving an incorrect SIA payment for services that do not qualify for the payment. The new two-tiered payment system is proving difficult to accrue in many instances, particularly with patients who revoke the benefit and come back on service and patients who are transferred in from other hospice providers.

Indiana Medicaid has still not implemented the new payment model that by federal statute they were required to have ready by 1/1/16. Worse, they announced that they didn't even load the new payment rates under the new federal fiscal year that began on October 1, 2015 until January 28, 2016. They are promising that they will find weapons of mass claims adjustments at some point in the future. They also claim they are working on changing their software to allow for the new payment model to function and will have instructions on how they will accomplish the changes to their largely paper forms sometime in the future. The current system doesn't capture all of the data needed to implement the new payment model.

One item I wanted to clarify again about the new payment model is that there are really no higher payments for the end of a length of stay. While it's true that we receive a higher payment during the first 60 days and a lower payment thereafter under the Routine Home Care level of care (about

94% of all hospice days) with a SIA hourly payment for each RN and social work visit made during the last seven days of life billed in 15 minute increments, payment change is budget neutral and paid for through a reduction in the RHC rate after the first 60 days. Going forward, yearly fluctuations in the total size of the SIA will impact the yearly RHC rates. Meaning, that whatever is spent on the SIA payments this year will likely reduce the Routine Home Care payment in the next fiscal year. The goal of this new system is to disincentivize long lengths of stays. My fear is that eventually this will create *substantially* lower Routine Home Care rates in the future and hospice providers will only want to admit short lengths of stay patients because of the lower payment after 60 days and the SIA add-on. This could cause an access to services problem down the road and change the benefit from end-of-life care to brink-of-death care…which we're already seeing. Note that 50% of our deaths in March took place within seven days of admission. We will receive the higher beginning payment and the SIA add-on payment, but this shouldn't become the goal for the industry. As stated earlier, 2014 was the first year in a decade that fewer patients elected the Medicare Hospice benefit.

PURCHASE OF MILTON ADULT DAY SERVICES

CHC purchasing Milton Adult Day Services is an Agenda item for Board approval at the 4/27 meeting. I sent a comprehensive explanation of this matter in an email on April 15th. This matter will be up for a vote. It is important the board has the background and information necessary to make an informed decision. If you have not read the email I encourage you to do so and have reprinted it as an attachment to this report.

CHC CEO APPOINTED TO NATIONAL SEARCH COMMITTEE

On February 24, the National Hospice and Palliative Care Organization and its affiliated organizations (National Hospice Foundation, Global Partners in Care, and Hospice Action Network) announced that President and Chief Executive Officer J. Donald Schumacher, PsyD, will retire at the end of 2016. Schumacher has been president and CEO of NHPCO since 2002. Schumacher's decision to retire comes after more than four decades of service on behalf of hospice and palliative care at the community provider level as well as in national and international leadership roles.

A seven member search committee will lead a national search for Schumacher's successor. I was asked to serve and accepted the honor.

Representative accomplishments during Schumacher's tenure as president and CEO include:

> Consistent membership retention levels averaging 96 percent every year.
>
> Development of Hospice Action Network, a grassroots advocacy network in excess of 60,000 hospice advocates and supporters.
>
> Successful efforts to increase more timely and appropriate levels of hospice oversight by federal regulators and protection of the Medicare hospice benefit.

Launch and successful growth of the We Honor Veterans initiative created in partnership with the Department of Veterans Affairs.

The award winning national engagement campaign, Moments of Life: Made Possible by Hospice.

Expansion of the work of Global Partners in Care to nations beyond sub-Saharan Africa.

Creation of the National Center for Care at the End of Life as the permanent home of NHPCO and its affiliated organizations.

From 1989 until he joined NHPCO, Schumacher served as the president and CEO of The Center for Hospice and Palliative Care in Buffalo, where he led the development of integrated hospice and palliative care programs. Prior to that, he was the president and founder of the Hospice of Mission Hill in Boston, which was established as one of the first HIV/AIDS hospices in the U.S.

A globally recognized authority on hospice and palliative care, Schumacher has been active throughout his career as a member and officer of various industry organizations. He currently serves on the boards of the National Health Council and the World Hospice and Palliative Care Alliance. An active public speaker, he has presented domestically and internationally on topics such as strategic planning for hospices, quality and access to care, palliative care policy development, and clinical guidelines for HIV.

Schumacher is a licensed clinical psychologist in New York and Massachusetts and holds a doctorate degree in psychology from the Massachusetts School of Professional Psychology, Boston. Among his professional awards, in 2005, he received the Distinguished Alumni Award from the State University of New York at Buffalo, where he earned his M.S. degree in counseling psychology.

Schumacher was honored at this year's annual National Hospice Foundation Gala on April 22, 2016.

OUT AND ABOUT

I was a speaker at the RESPECT Center Conference, "Let's Talk Palliative Care: Continuity Across Settings" in Indianapolis on March 4. The IUPUI Research in Palliative and End-of-Life Communication and Training (RESPECT) Signature Center is a collaborative, interdisciplinary scientific community of researchers and clinicians who work to advance the science of communication in palliative care. It's supported by the IU School of Nursing, IU School of Medicine, Division of General Internal Medicine and Geriatrics, IU Simon Center, and IU Health. A listing of conference speakers is attached to this report.

Several staff including members of the Administrative Team attended the annual Logan Nose-On luncheon on March 22.

Drs. Greg Gifford and Joel Cohen attended the annual meeting of the American Association of Hospice and Palliative Medicine which was held in Chicago in March. Dr. Cohen took a review

course on becoming a Certified Hospice Medical Director. He is scheduled to take the medical director certification exam on May 31.

Dave Haley, Sue Morgan, and several staff attended the Indiana Hospice and Palliative Care (IHPCO) annual Regulatory and Reimbursement Day conference in Indianapolis on April 5. I attended an IHPCO Board of Directors meeting the afternoon and evening before.

I attended National Hospice and Palliative Care Organization (NHPCO) Board and Executive Committee meetings, the Hospice Action Network Board meeting, NHPCO Issues Session, a National Hospice Roundtable meeting with the Advisory Board Company at their headquarters, and portions of the NHPCO Management Leadership Conference in Washington, DC April 18 – 23.

Karl Holderman, Mike Wargo, Sue Morgan, Dave Haley, five other staff and two members of PCAU attended the NHPCO Management Leadership Conference on various days between April 19 and 23.

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

Dave Haley's Census Charts

Indiana State Hospice Profile and County-by-County Data

Listing of Conference Speakers at the RESPECT conference

Page from "Focus on Compassion" newsletter published by Global Partners in Care featuring CHC and Notre Dame's efforts in Uganda

Thank you email from Riley High School for our Bereavement Groups

Thank you letter from Horizon Elementary for our Bereavement Counseling

Press Release regarding 2016 CHC Board Members

Internal Medicare Compliance Committee minutes 03/16/16

04/15/16 email to CHC Board regarding purchase of Milton Adult Day Services

HARD COPY BOARD ITEMS TO BE DISTRIBUTED AT THE MEETING

First quarter 2016 Financials.

2015 Audited Financial Statements

NEXT REGULAR BOARD MEETING

Our next regular Board Meeting will be **Wednesday, June 15 2016 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 .

# # #

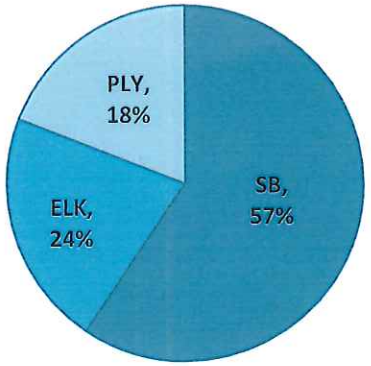
Center for Hospice Care

2016 YTD Average Daily Census (ADC)

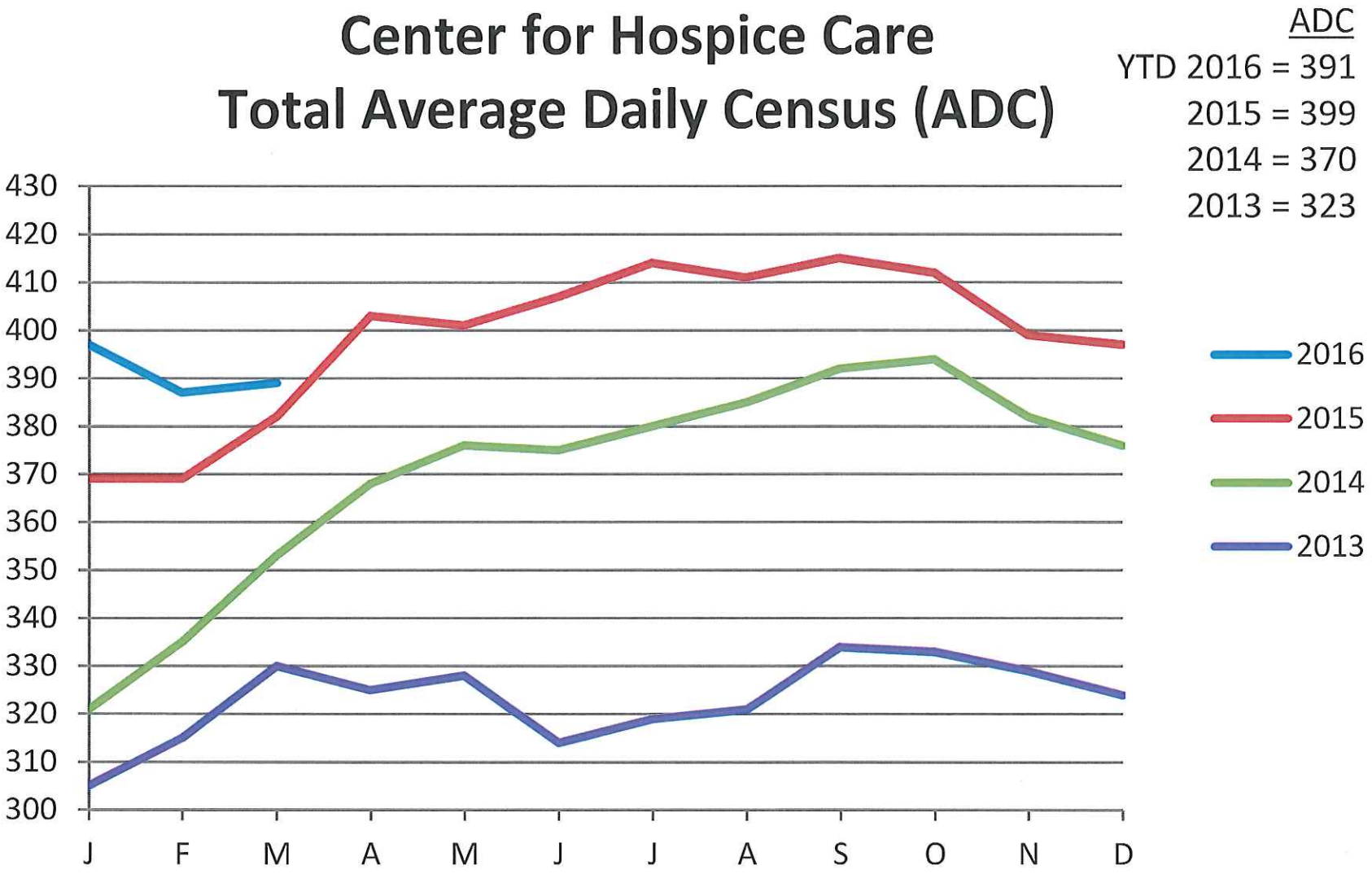
(includes Hospice House and Home Health)

	All	South Bend	Elkhart	Plymouth
J	397	227	95	75
F	387	224	91	72
M	389	220	99	70
A				
M				
J				
J				
A				
S				
O				
N				
D				
2016 YTD Totals	1173	671	285	217
2016 YTD ADC	**391**	**224**	**95**	**72**
2015 YTD ADC	373	217	89	66
YTD Change 2015 to 2016	18	7	6	6
YTD % Change 2015 to 2016	**4.8%**	**3.1%**	**6.7%**	**1.4%**

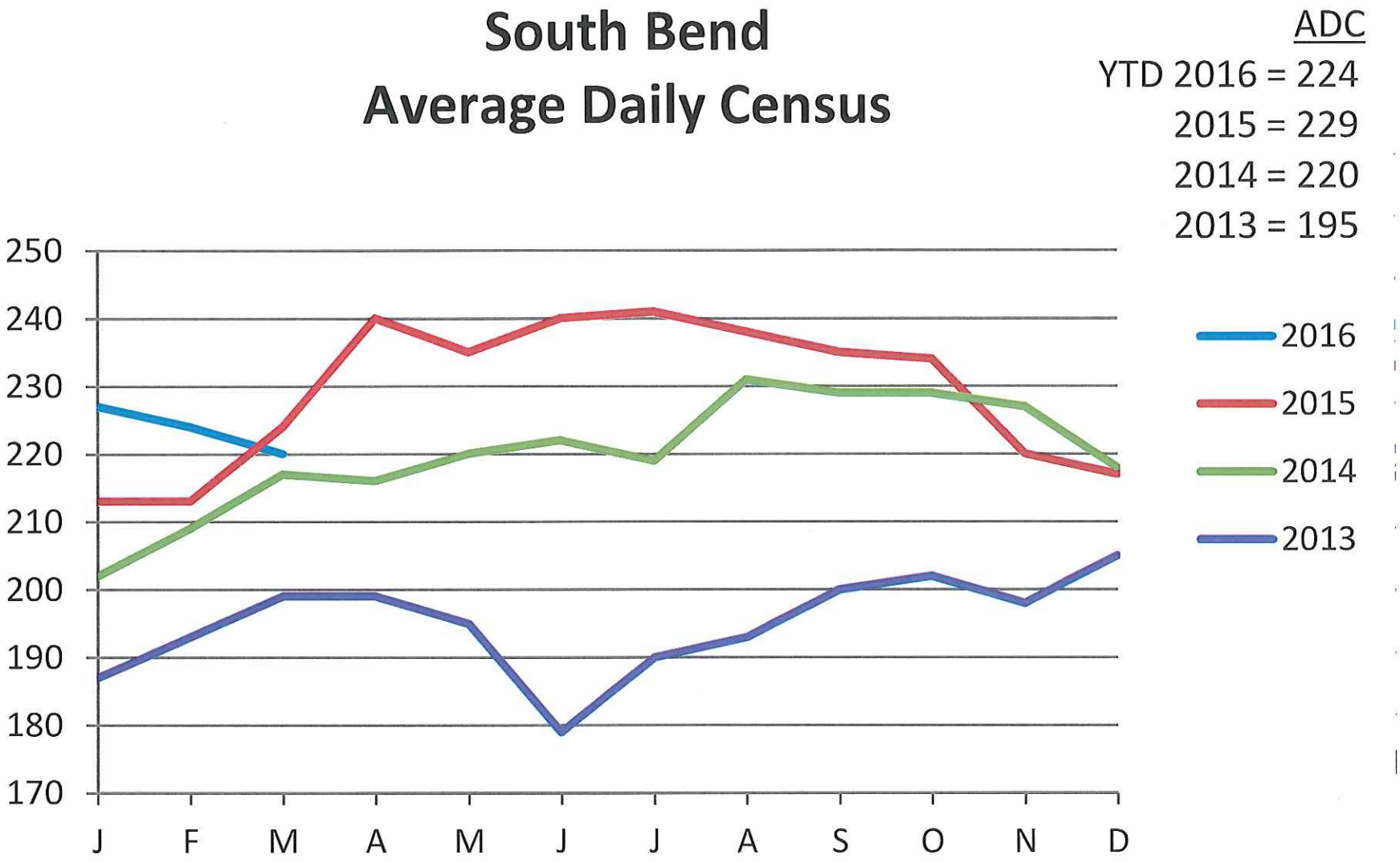
2016 YTD ADC by Branch



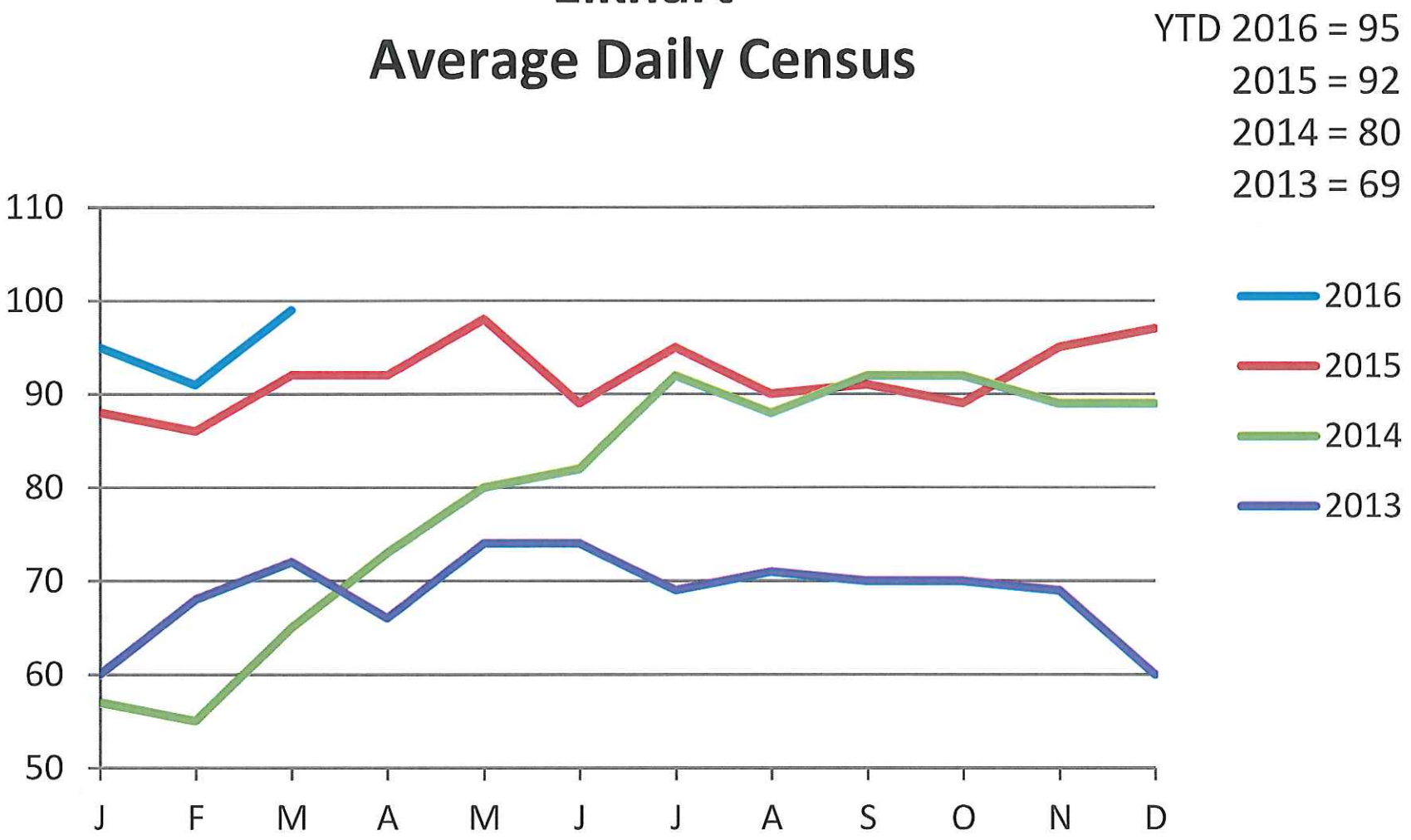
Center for Hospice Care
Total Average Daily Census (ADC)



South Bend
Average Daily Census

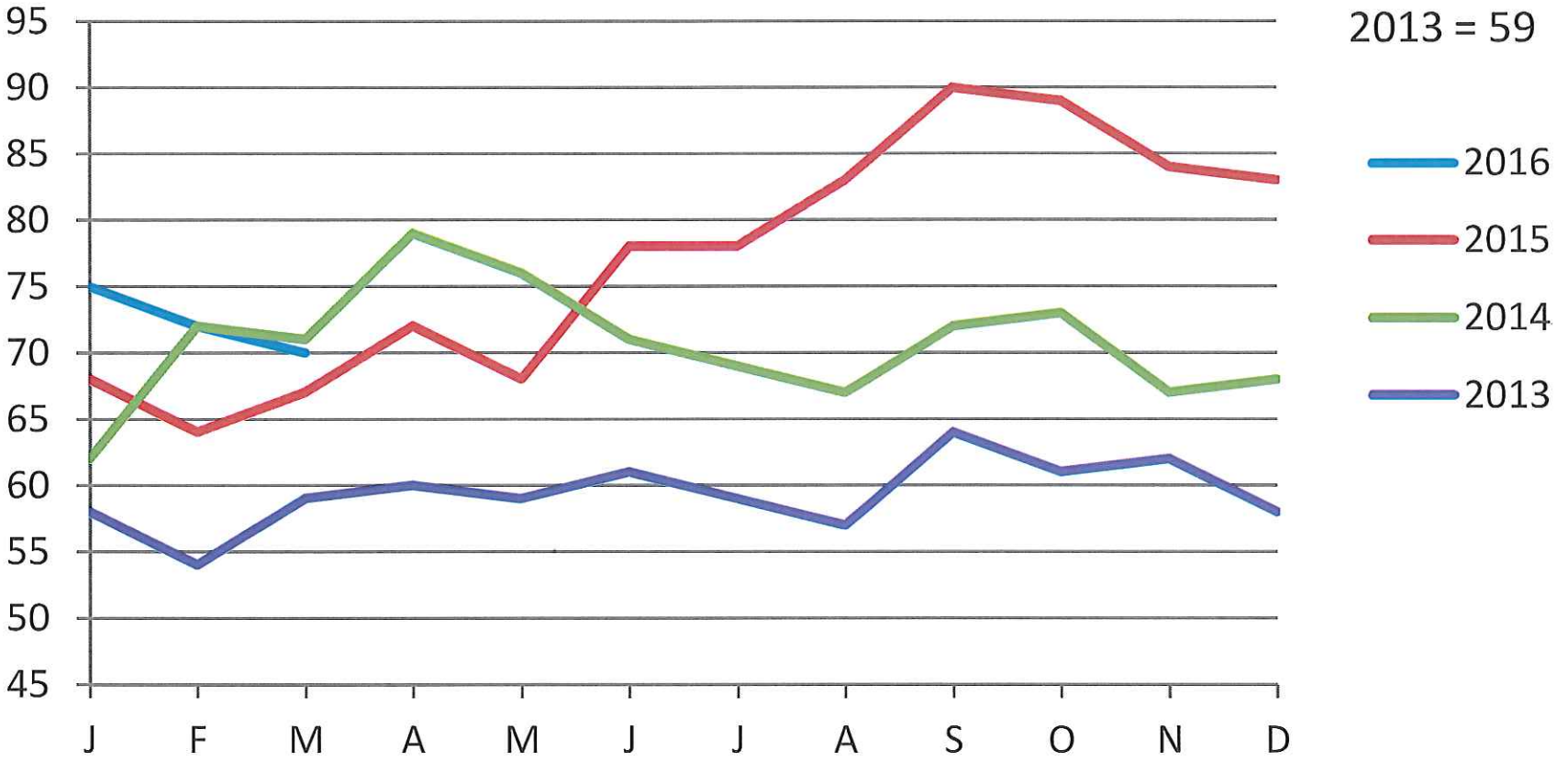


Elkhart
Average Daily Census



Plymouth
Average Daily Census

ADC
YTD 2016 = 72
2015 = 77
2014 = 71
2013 = 59



Indiana

State Hospice Profile

Based on Medicare Data from 2000 to 2014

Produced by
Health Planning &
Development, LLC &
Summit Business Group, LLC

Available through
NHPCO MarketPlace

Definition of Terms — County Profiles

1. Hospice Penetration in 2014
Chart of penetration rate for the total, Hispanic, and African-American populations of the county and state, calculated as:

$$\frac{\text{(Total Hospice Patients)}}{\text{(Total Medicare Deaths)}}$$

2. Hospice Penetration Rate County Map
Map shows the county and surrounding areas. Counties are colored and labeled according to 2014 penetration rate

3. Major Providers Data Table 2014
Providers: Lists of up to five providers in descending order by Medicare market share of patients served
Patients Served: Number of patients served by the provider in that county
Average Daily Census: Average daily census for the provider in that county
ALOS: Average length of stay for the provider's patients in that county:

$$\frac{\text{(Provider's Patient Days in County)}}{\text{(Provider's Patients Served in County)}}$$

Market Share: Market share of the provider in that county, calculated as:

$$\frac{\text{(Provider's Patients Served in County)}}{\text{(Total Patients Served in County)}}$$

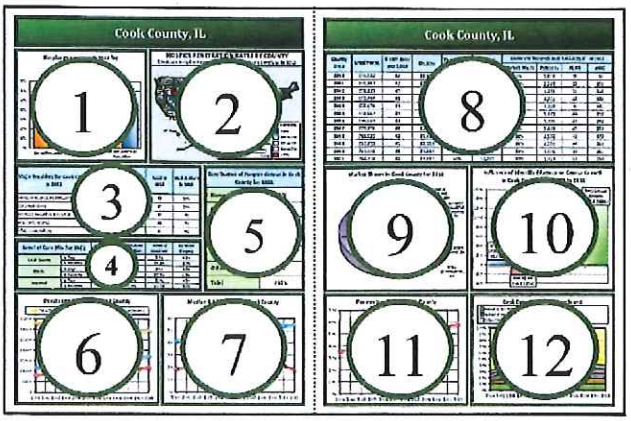
4. Level of Care table 2014
Lists the % of days by level of care and % patients served that use each level of care for the county, the state, and the nation. CHC days calculated as the balance of total days for CHC patients. All other data from the submitted claims

5. Distribution of Hospice Census by Setting
Table shows the % of patient days in 2014 provided in each care setting—Home, Nursing Home, Assisted Living Facility, Hospital, Hospice Facility or Other

6. Deaths and Patients
Chart of total deaths, hospice deaths, and hospice patients for the county by year

7. Average & Median Length of Stay
Chart of average and median LOS for the county. Median LOS is the median number of days patients spent in hospice in that year. Average LOS is calculated as:

$$\frac{\text{(Patient Days in County)}}{\text{(Patients Served in County)}}$$



8. County Planning Table
Enrollment: County Medicare Enrollment by year
Death rate per 1,000: Number of deaths per 1,000 Medicare enrollees, calculated as:

$$\frac{\text{(Total Medicare Deaths in County)}}{\text{(Total Medicare Enrollment in County)}}$$

Deaths: Total Medicare deaths in county
Penetration Rate: Hospice penetration rate for the county, calculated as:

$$\frac{\text{(Total Hospice Patients)}}{\text{(Total Medicare Deaths)}}$$

9. Market Shares in 2014
Pie chart shows the percent Medicare market share for the top five or fewer providers in 2014, calculated as:

$$\frac{\text{(Provider's Patients Served in County)}}{\text{(Total Patients Served in County)}}$$

10. Influence of Identified Factors on Census Growth
Chart of census growth in county (net change in average daily census over stated period) attributed to Medicare enrollment, death rate, penetration, and length of stay

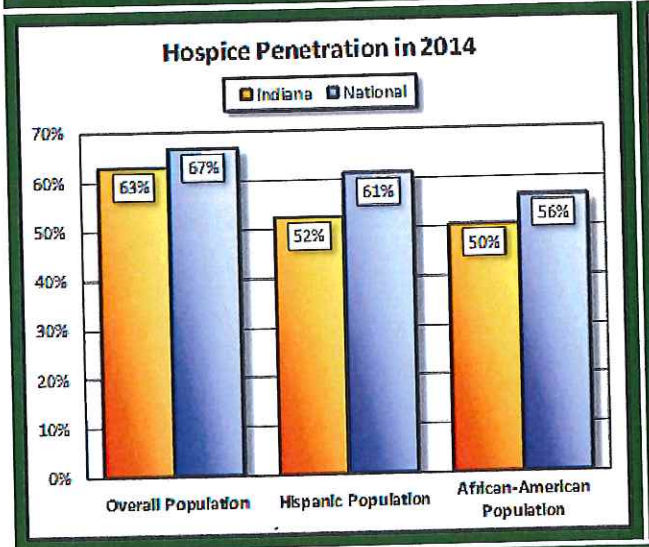
11. Penetration Rate
Chart of penetration rate by year, calculated as:

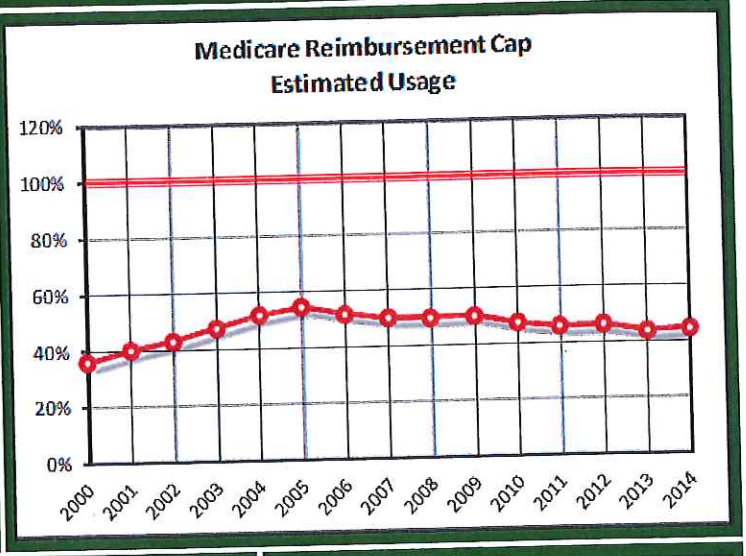
$$\frac{\text{(Total Hospice Patients)}}{\text{(Total Medicare Deaths)}}$$

12. County Market Share Trend
Chart shows trends in Medicare market share for the top five or fewer and "other" providers in calendar year 2014

The information in the State Hospice Profile™ consists of aggregated data as reported by CMS in the annual Limited Data Sets for calendar years 2000 to 2014. The data within the State Hospice Profile™ are limited to Medicare patients. In compliance with an executed data use agreement on file with CMS, figures are not listed if they would permit a computation of patients counts less than 11.

Indiana

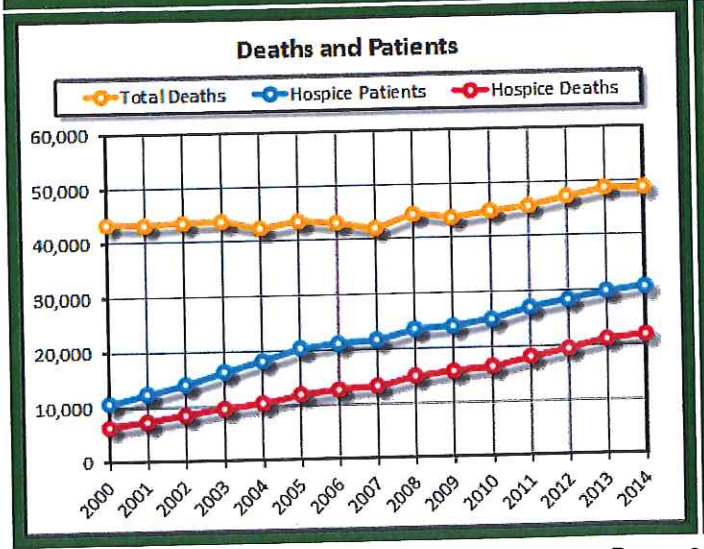


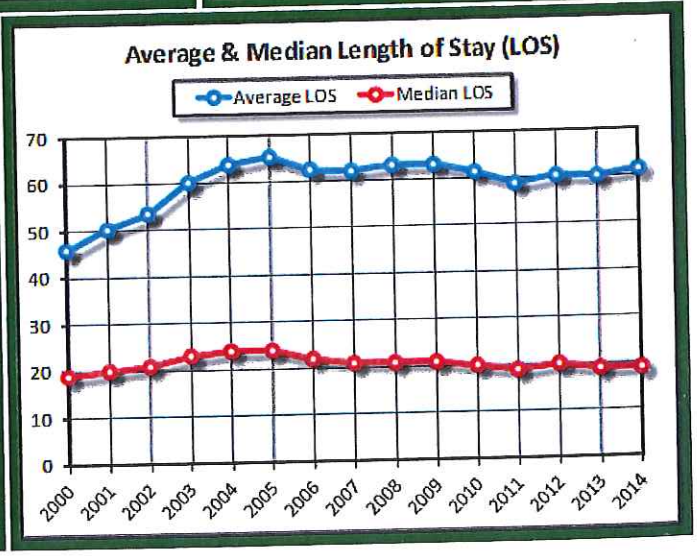


Major Providers in 2014	Patients Served in 2014	Average Census in 2014	ALOS in 2014	% GIP Days in 2014
CENTER FOR HOSPICE AND PALLIATIVE C	1,838	307	61	2.0%
HARBOR LIGHT HOSPICE	1,200	291	89	0.2%
HEARTLAND HOME HEALTH CARE AND HOSP	1,095	270	90	0.1%
OUR HOSPICE OF SOUTH CENTRAL INDIAN	1,039	169	59	2.5%
PARKVIEW HOME HEALTH AND HOSPICE	1,019	86	31	5.5%
VISITING NURSE & HOSPICE HOME	939	141	55	4.4%
COMMUNITY HOME HEALTH	932	82	32	6.3%
GREAT LAKES CARING	920	206	82	0.2%
ST VINCENT HOSPICE	899	96	39	6.0%

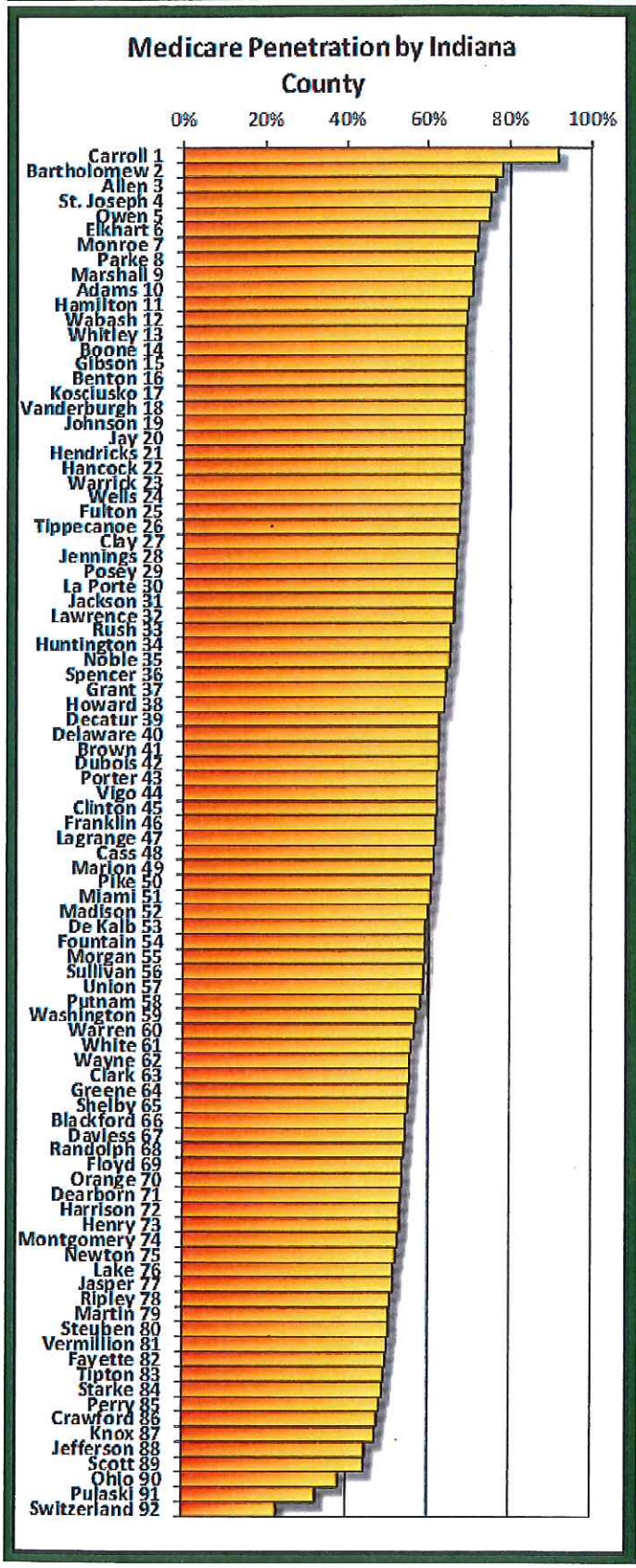
Distribution of Hospice Census in Indiana for 2014	
Home	49%
Nursing Home	39%
Assisted Living Facility	10%
Hospital	1%
Hospice Facility	1%
Other	0%
Total	100%

Level of Care Mix for 2014		Routine Home Care	Continuous Home Care	General Inpatient	Inpatient Respite
Indiana	% Days	98.2%	0.1%	1.4%	0.3%
	% Patients	86.7%	1.6%	18.2%	3.7%
National	% Days	97.7%	0.3%	1.7%	0.3%
	% Patients	87.1%	4.8%	20.2%	3.5%

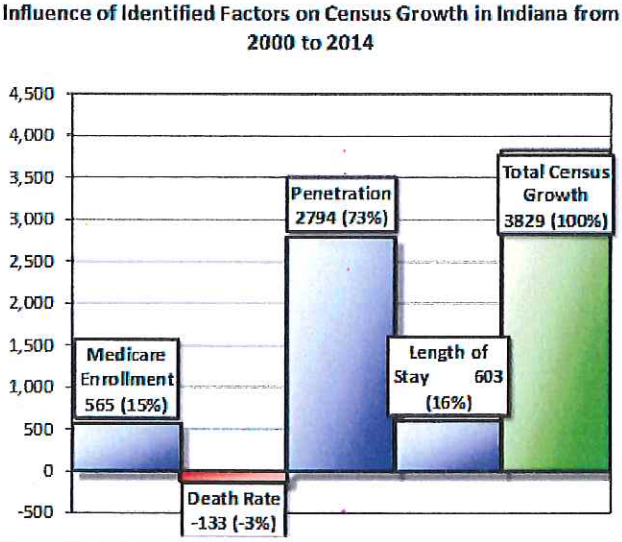


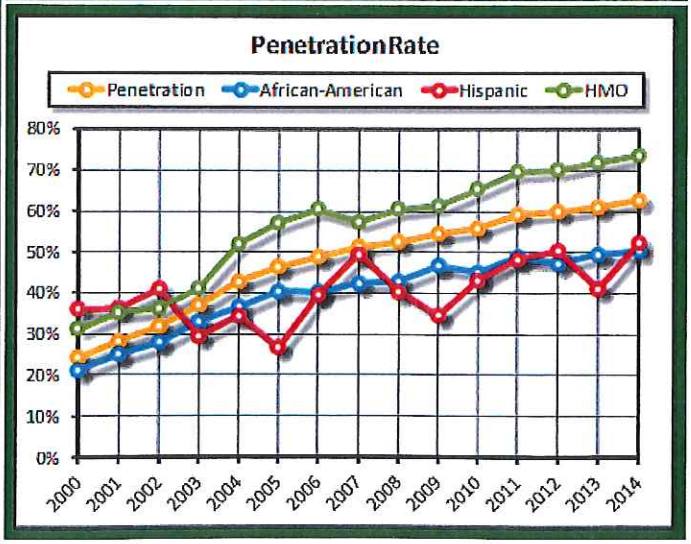


Indiana

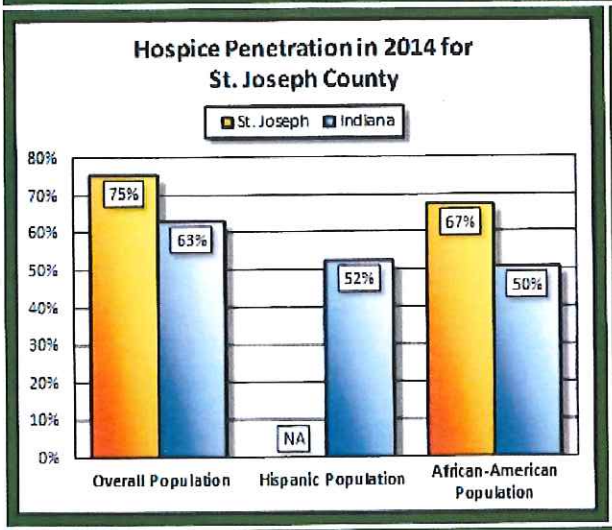


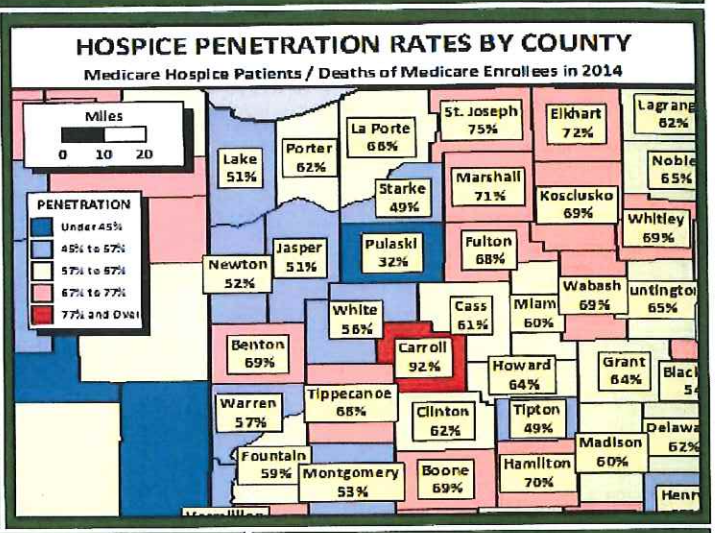
Year	Enrollment	Death Rate per 1000	Deaths	Penetration Rate	Hospice Patients
2000	895,025	49	43,479	24%	10,593
2001	900,665	48	43,314	28%	12,275
2002	910,315	48	43,688	32%	13,963
2003	922,380	48	43,823	37%	16,242
2004	934,464	45	42,473	43%	18,205
2005	951,936	46	43,649	46%	20,276
2006	969,136	45	43,242	49%	21,166
2007	990,013	42	42,062	51%	21,589
2008	1,013,302	44	44,640	53%	23,471
2009	1,034,253	42	43,826	55%	23,928
2010	1,055,007	43	44,853	56%	25,095
2011	1,085,887	42	45,711	59%	27,086
2012	1,121,776	42	47,327	60%	28,358
2013	1,152,266	42	48,747	61%	29,769
2014	1,180,747	41	48,791	63%	30,666





St. Joseph County, IN

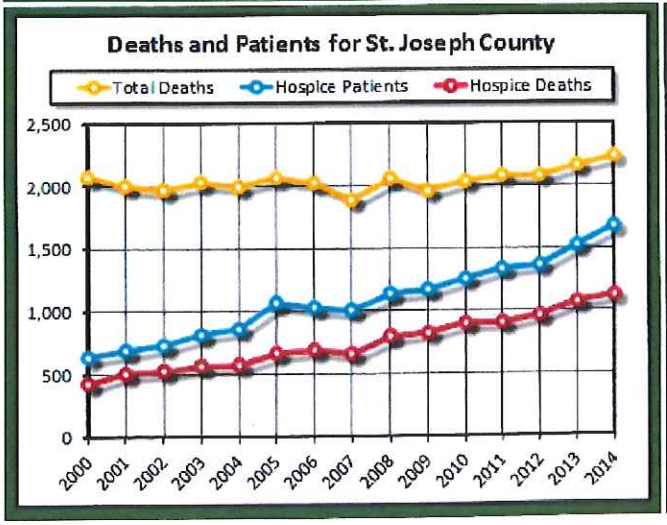


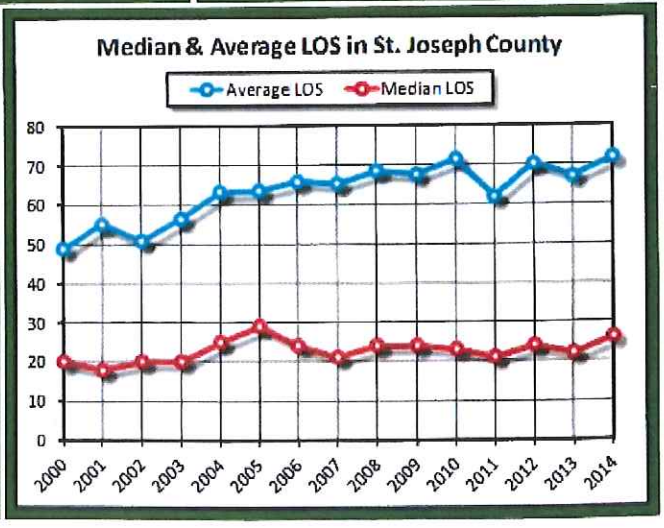


Major Providers for St. Joseph County in 2014	Patients Served in 2014	Average Census in 2014	ALOS in 2014	Market Share in 2014
CENTER FOR HOSPICE AND PALLIATIVE	1,050	180	62	63%
HARBOR LIGHT HOSPICE	240	62	94	14%
HEARTLAND HOME HEALTH CARE	135	35	94	8%
SOUTHERNCARE SOUTH BEND	81	18	82	5%
GRACE HOSPICE	42	11	95	3%

Distribution of Hospice Census in St. Joseph County for 2014	
Home	54%
Nursing Home	31%
Assisted Living Facility	14%
Hospital	0%
Hospice Facility	1%
Other	0%
Total	100%

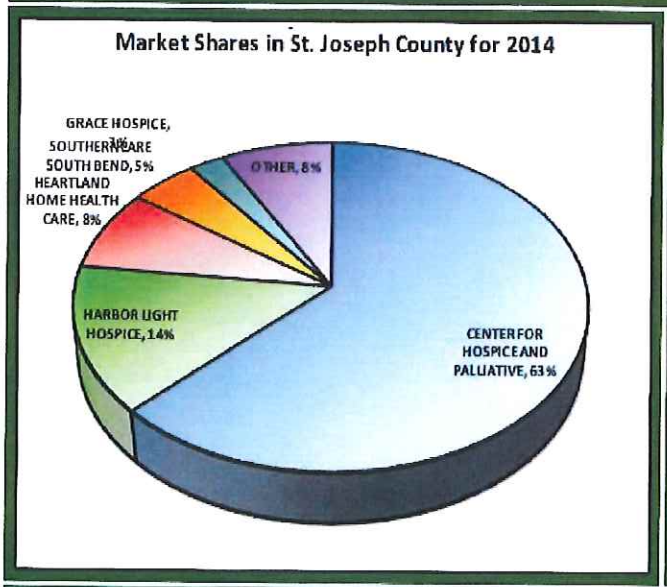
Level of Care Mix for 2014		Routine Home Care	Continuous Home Care	General Inpatient	Inpatient Respite
St. Joseph County	% Days	98.4%	0.0%	1.2%	0.4%
	% Patients	89.7%	0.4%	16.2%	4.0%
Indiana	% Days	98.2%	0.1%	1.4%	0.3%
	% Patients	86.7%	1.6%	18.2%	3.7%
National	% Days	97.7%	0.3%	1.7%	0.3%
	% Patients	87.1%	4.8%	20.2%	3.5%

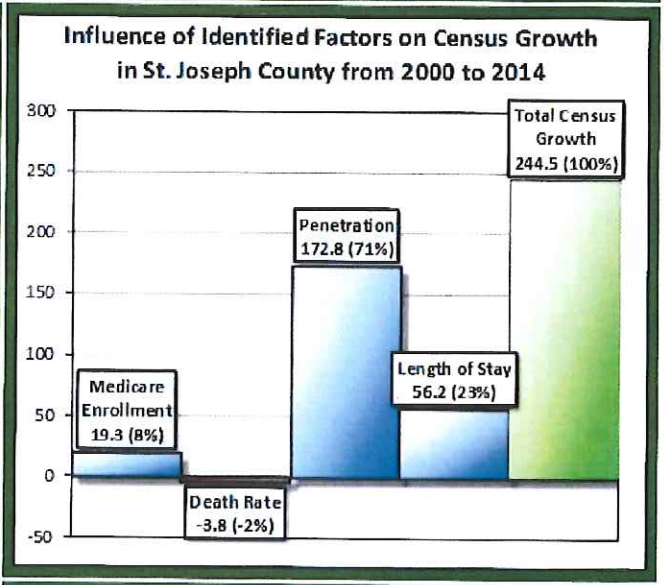


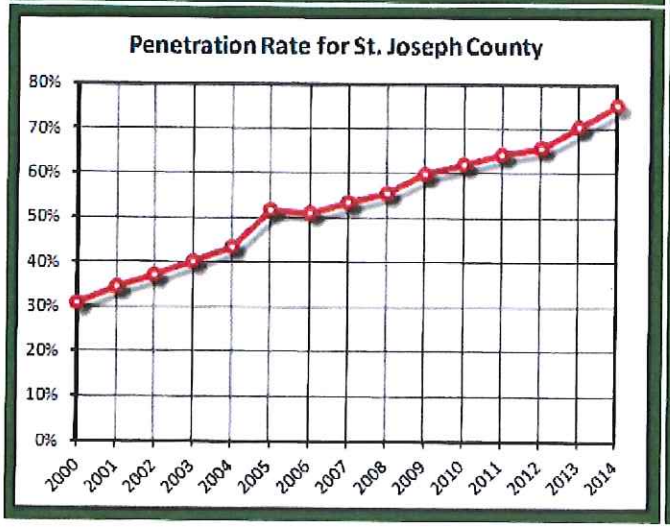


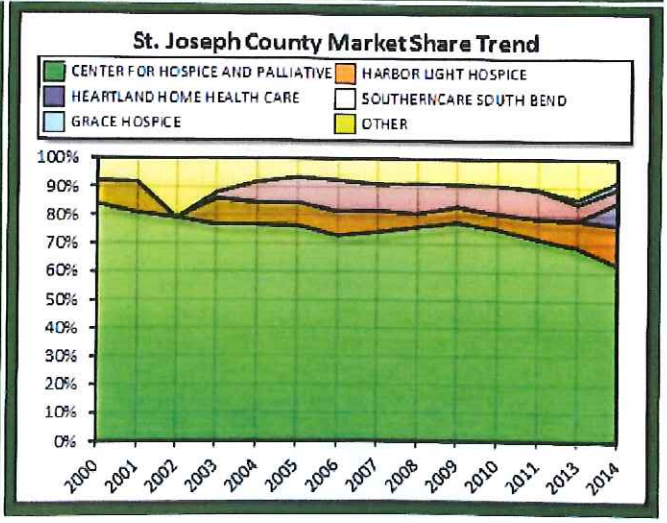
St. Joseph County, IN

Year	Enrollment	Death Rate per 1000	Deaths	Penetration Rate	Hospice Patients	CENTER FOR HOSPICE AND PALLIATIVE - 151501			
						Market Share	Patients	ALOS	ADC
2000	42,394	49	2,077	31%	640	84%	538	47	69
2001	42,247	47	2,001	34%	690	81%	558	53	81
2002	42,132	47	1,969	37%	733	79%	579	49	77
2003	42,150	48	2,033	40%	818	77%	629	56	96
2004	42,161	47	1,997	43%	867	77%	664	61	111
2005	42,495	49	2,069	52%	1,070	76%	818	55	124
2006	42,743	47	2,024	51%	1,033	73%	752	61	126
2007	43,247	44	1,888	53%	1,008	74%	750	64	131
2008	43,789	47	2,056	56%	1,142	76%	868	69	164
2009	44,331	44	1,959	60%	1,173	78%	914	66	165
2010	44,745	46	2,037	62%	1,262	75%	951	70	183
2011	45,820	45	2,081	64%	1,338	72%	961	62	163
2012	47,055	44	2,079	66%	1,365	70%	960	66	175
2013	48,112	45	2,162	70%	1,524	69%	1,049	58	168
2014	49,232	45	2,233	75%	1,680	63%	1,050	62	180

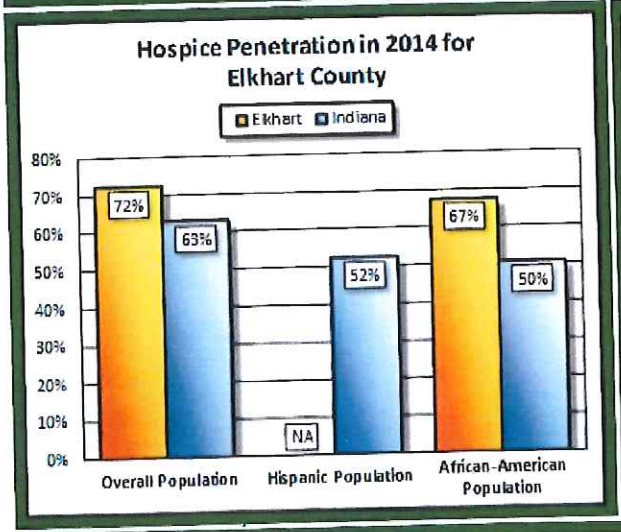


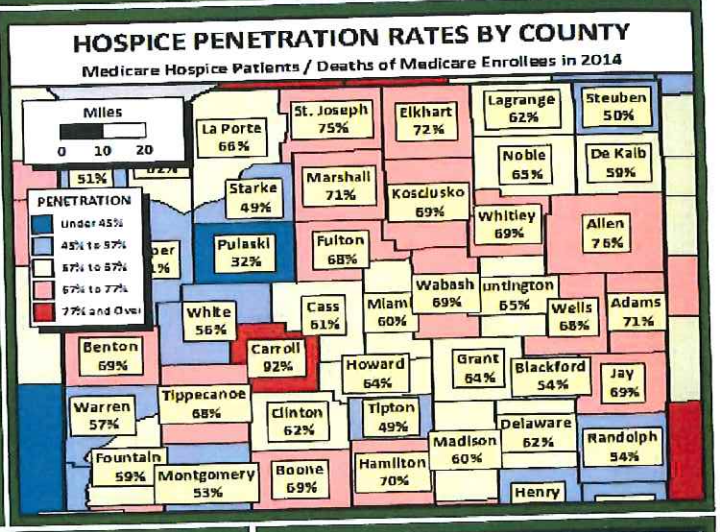






Elkhart County, IN

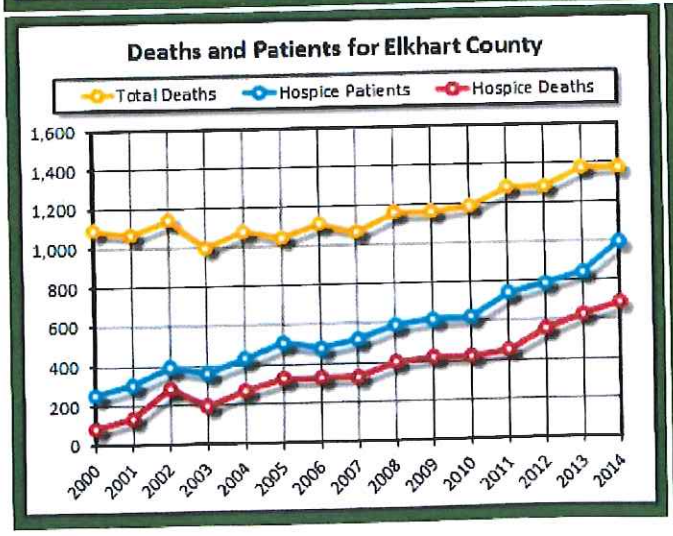


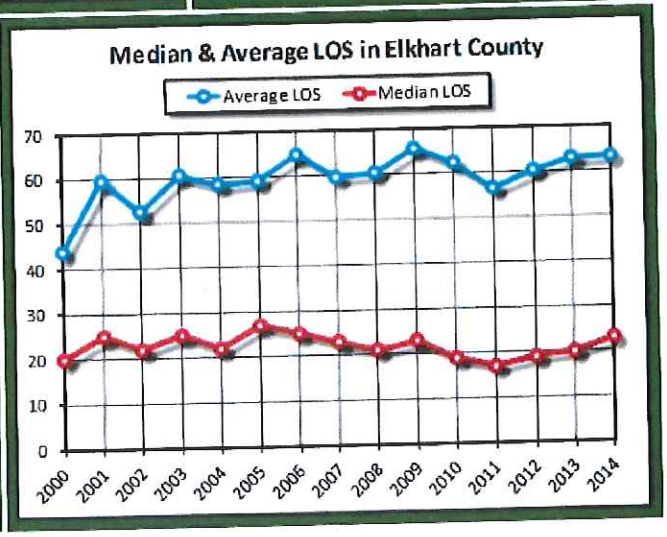


Major Providers for Elkhart County in 2014	Patients Served in 2014	Average Census in 2014	ALOS in 2014	Market Share in 2014
CENTER FOR HOSPICE AND PALLIATIVE	410	56	49	41%
IU HEALTH GOSHEN HOME CARE	248	33	48	25%
HARBOR LIGHT HOSPICE	124	36	105	12%
SOUTHERNCARE SOUTH BEND	55	14	92	6%
ASERACARE HOSPICE	47	11	85	5%

Distribution of Hospice Census in Elkhart County for 2014	
Home	46%
Nursing Home	41%
Assisted Living Facility	10%
Hospital	1%
Hospice Facility	1%
Other	0%
Total	100%

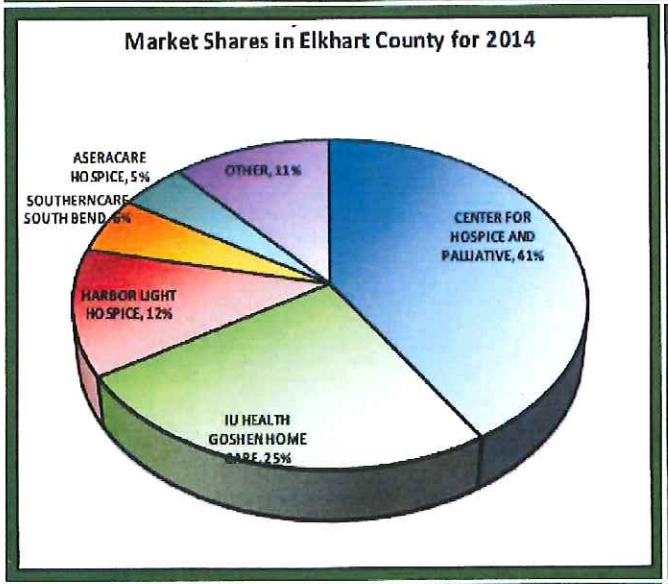
Level of Care Mix for 2014		Routine Home Care	Continuous Home Care	General Inpatient	Inpatient Respite
Elkhart County	% Days	98.3%	0.0%	1.3%	0.4%
	% Patients	88.2%	0.6%	18.2%	5.7%
Indiana	% Days	98.2%	0.1%	1.4%	0.3%
	% Patients	86.7%	1.6%	18.2%	3.7%
National	% Days	97.7%	0.3%	1.7%	0.3%
	% Patients	87.1%	4.8%	20.2%	3.5%

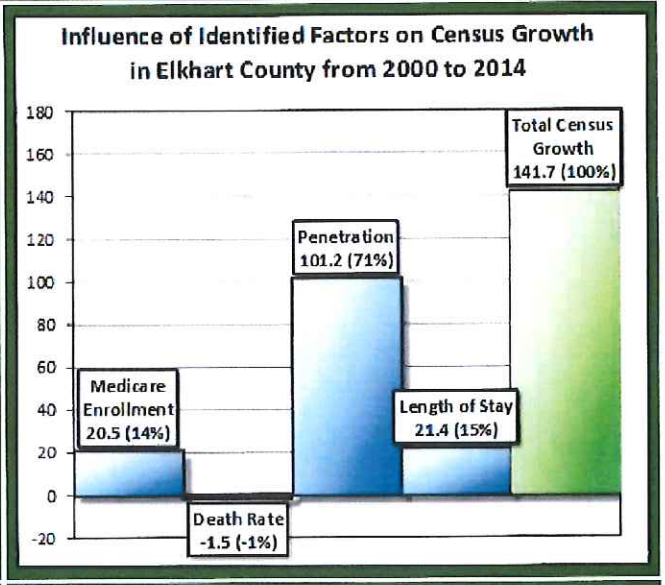


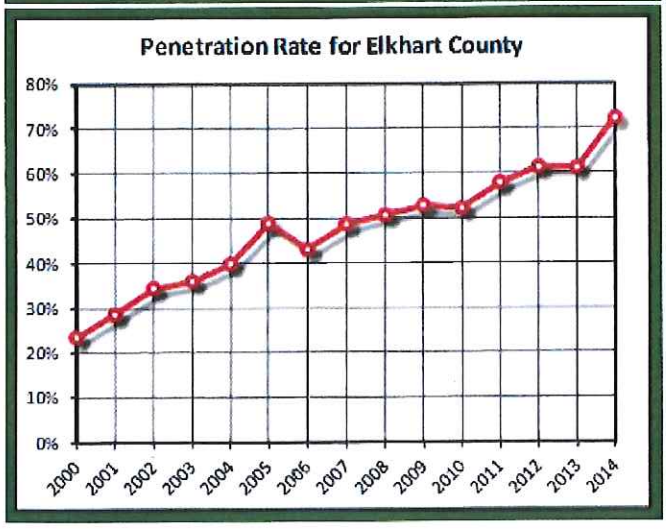


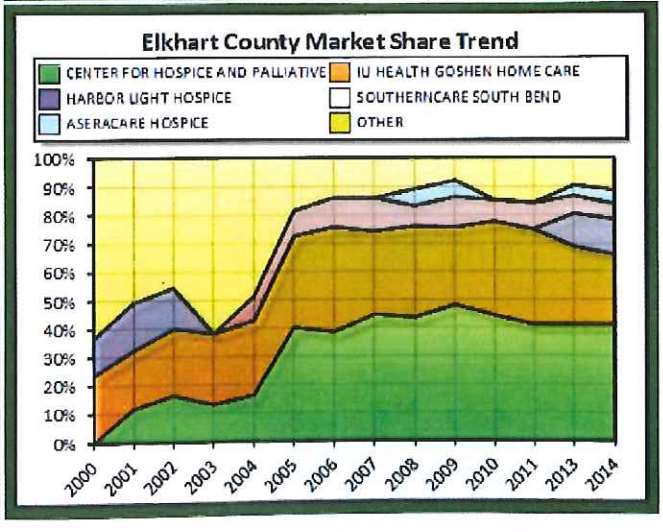
Elkhart County, IN

Year	Enrollment	Death Rate per 1000	Deaths	Penetration Rate	Hospice Patients	CENTER FOR HOSPICE AND PALLIATIVE - 151501			
						Market Share	Patients	ALOS	ADC
2000	23,275	47	1,092	24%	257	5%	12	12	
2001	23,441	46	1,067	29%	306	12%	36	45	4
2002	23,857	48	1,142	34%	393	16%	63	41	7
2003	24,297	41	1,001	36%	360	13%	47	64	8
2004	24,896	43	1,081	40%	431	16%	70	57	11
2005	25,266	41	1,045	49%	510	40%	206	55	31
2006	25,939	43	1,113	43%	479	39%	185	71	36
2007	26,629	40	1,067	49%	519	45%	232	61	39
2008	27,408	42	1,162	51%	589	44%	257	65	46
2009	28,184	41	1,162	53%	613	48%	295	59	48
2010	29,177	41	1,188	52%	621	44%	275	60	45
2011	30,336	42	1,280	58%	740	41%	306	53	45
2012	31,388	41	1,284	61%	788	43%	338	54	50
2013	32,265	43	1,376	61%	842	41%	348	54	52
2014	33,071	42	1,377	72%	996	41%	410	49	56

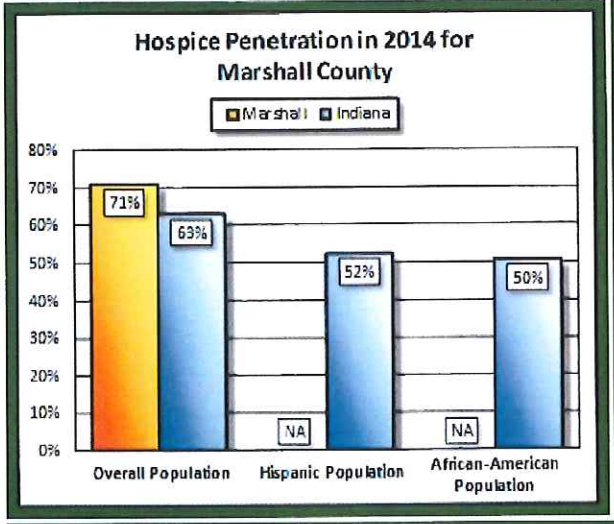


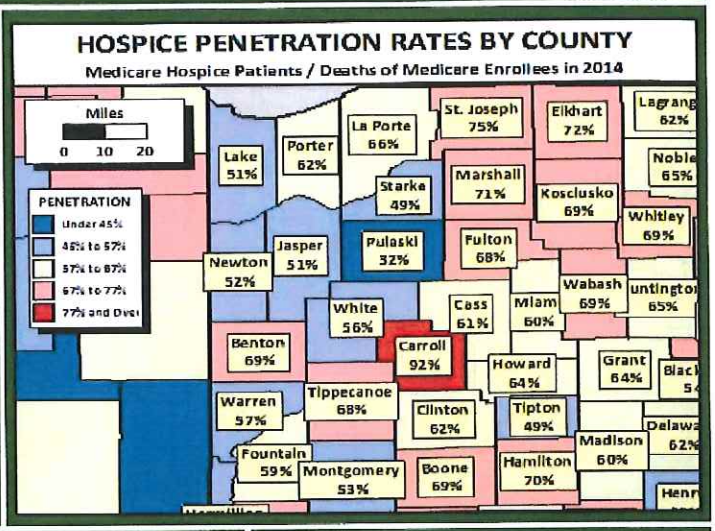






Marshall County, IN

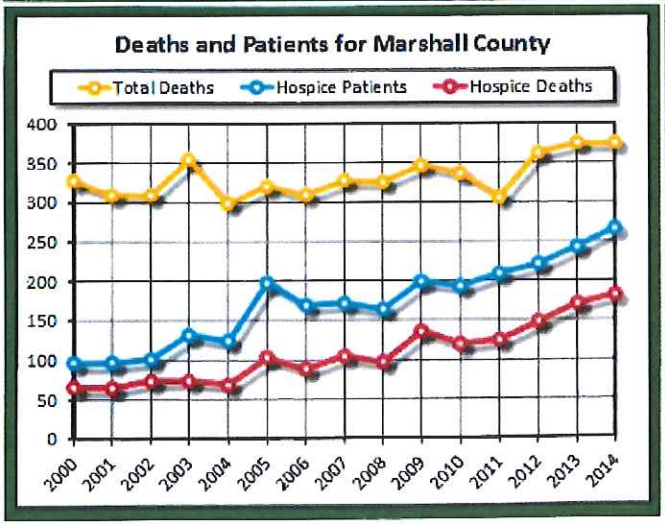


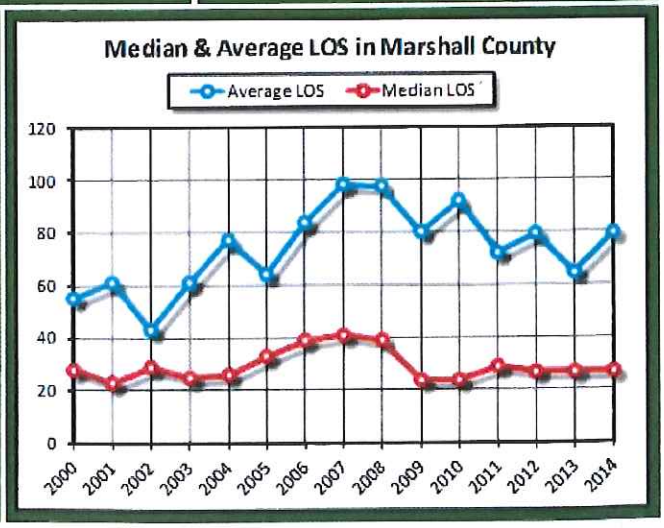


Major Providers for Marshall County in 2014	Patients Served in 2014	Average Census in 2014	ALOS in 2014	Market Share in 2014
CENTER FOR HOSPICE AND PALLIATIVE	199	43	79	75%

Distribution of Hospice Census in Marshall County for 2014	
Home	58%
Nursing Home	32%
Assisted Living Facility	8%
Hospital	0%
Hospice Facility	1%
Other	0%
Total	100%

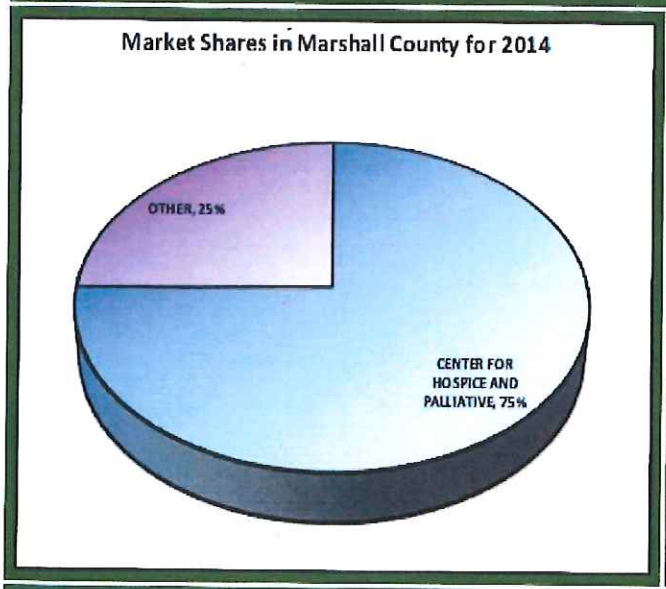
Level of Care Mix for 2014		Routine Home Care	Continuous Home Care	General Inpatient	Inpatient Respite
Marshall County	% Days	98.8%	0.0%	0.9%	0.2%
	% Patients	91.0%	0.4%	16.5%	3.0%
Indiana	% Days	98.2%	0.1%	1.4%	0.3%
	% Patients	86.7%	1.6%	18.2%	3.7%
National	% Days	97.7%	0.3%	1.7%	0.3%
	% Patients	87.1%	4.8%	20.2%	3.5%

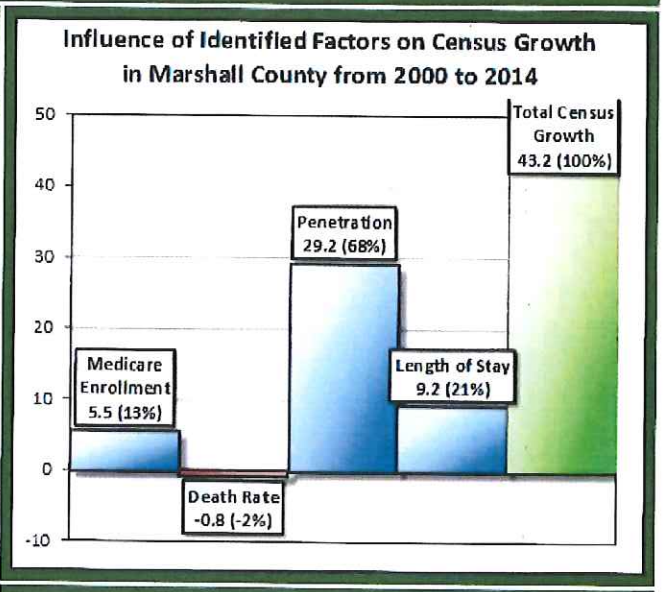


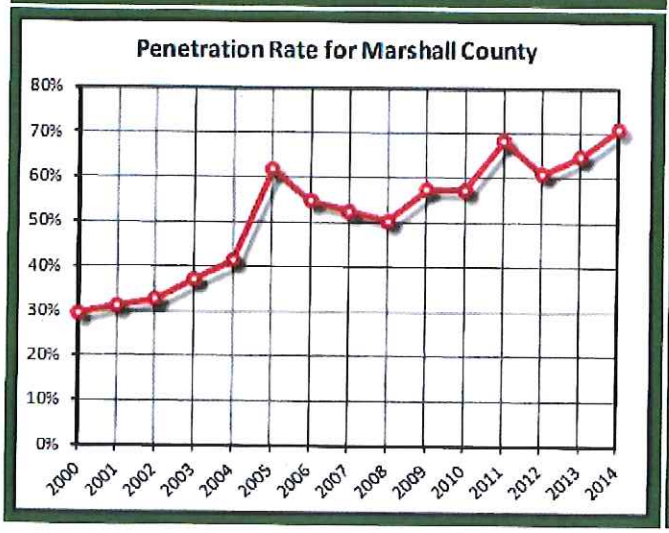


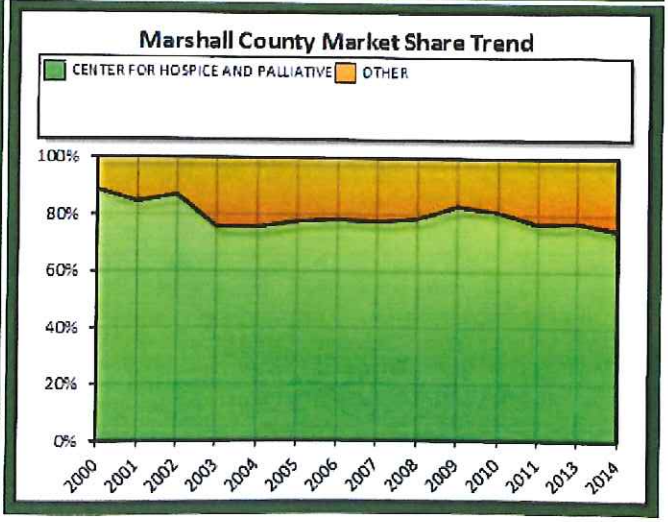
Marshall County, IN

Year	Enrollment	Death Rate per 1000	Deaths	Penetration Rate	Hospice Patients	CENTER FOR HOSPICE AND PALLIATIVE - 151501			
						Market Share	Patients	ALOS	ADC
2000	6,856	48	328	30%	97	89%	86	58	14
2001	6,894	45	310	31%	97	85%	82	58	13
2002	7,005	44	309	33%	101	87%	88	43	10
2003	7,096	50	355	37%	132	76%	100	68	19
2004	7,110	42	299	41%	124	76%	94	78	20
2005	7,217	44	321	62%	198	78%	154	64	27
2006	7,343	42	310	55%	170	78%	133	90	33
2007	7,504	44	328	52%	172	78%	134	107	39
2008	7,674	42	326	50%	164	79%	129	107	38
2009	7,817	44	347	57%	199	83%	166	86	39
2010	7,923	43	337	57%	193	81%	157	93	40
2011	8,130	38	306	68%	209	77%	161	76	33
2012	8,435	43	363	61%	221	80%	177	79	38
2013	8,575	44	375	65%	243	77%	188	66	34
2014	8,670	43	375	71%	266	75%	199	79	43









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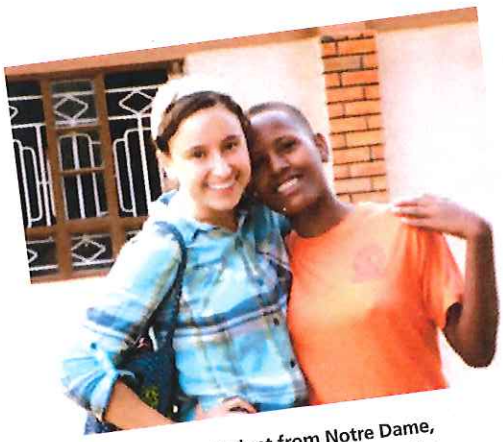
Partners Making a Difference *(continued)*

Making a Difference with University of Notre Dame

The Hospice Foundation, the supporting foundation of the Center for Hospice Care in Indiana, has partnered with the University of Notre Dame and Palliative Care Association of Uganda, to provide a unique learning experience for students interested in learning more about care delivery in Uganda. The partnership organizes palliative care and spiritual internships. Students travel to the country and work closely with palliative care professionals to learn and understand how care is provided in the country.

Several students have made the trip to Uganda to study a variety of topics that include evaluating the morphine supply chain, creating new platforms to capture patient information, and research on the delivery of palliative care in the country.

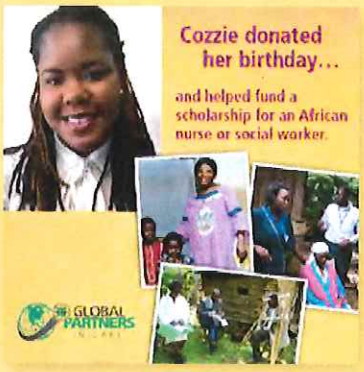
The Center for Hospice Care partnered with Palliative Care Association of Uganda in 2008. The internship opportunities are just one example of the great work being done through this Global Partners in Care partnership.



Emily Mediate, a student from Notre Dame, traveled to Uganda to learn more about the delivery of palliative care in the country.

Thank you for your donations for the African Palliative Care Education Scholarship Fund!

Global Partners in Care raised over $13,000 to provide palliative care education scholarships to support nurses and social workers in Africa!



Cozzie King, NHPCO's Senior Manager, Access, set up an online fundraising platform and donated funds in honor of her birthday.

Sandy Jones-McClintic, MSW, LCSW, ACHP-SW of Hospice of Arizona made a donation to the scholarship fund at the Clinical Team Conference. Sandy is also the leader of the NCHPP Social Work group.

To learn more and donate, visit www.globalpartnersincare.org/scholarships.

Here's how YOU made a difference for one scholarship recipient:

"I can now participate meaningfully in developing treatment care and support policies and strategies. My involvement in designing, organizing and facilitating training programmes, workshops and support groups has become of great benefit to my organization. I am also able to advocate for the psychosocial needs of patients and their families through developing meaningful project proposals and where necessary, to make referrals even outside the organisation in order to ensure continuity of care for the patients and family."

Not only did you invest in their palliative care training, you are helping to build the capacity for underserved communities in developing countries to provide quality end-of-life care and services.

80% of the need for palliative care is in low and middle income countries.

Your gift to Global Partners in Care supports compassionate care where the need is great and the resources are few.

Please DONATE NOW.

Mark Murray

From: Mary Dunn <mdunn@sbcsc.k12.in.us>
Sent: Wednesday, April 13, 2016 8:00 AM
To: Mark Murray; Annette Deguch
Subject: Hospice Group

I would like to thank you and Annette DeGuch for the opportunity to serve the teens at Riley High School. The group provided by Hospice allowed many of my students the ability to understand the grief process and offer a safe place to express their feelings. Your service is invaluable and much appreciated.

Thank you again for your continued support to South Bend Schools.

--
Mary Dunn L.C.S.W.
Riley High School
Social Worker

HORIZON ELEMENTARY SCHOOL
10060 BRUMMITT ROAD
GRANGER, IN 46530
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574.674.8395 FAX
HORIZON.PHMSCHOOLS.ORG

MRS. TRESSA DECKER, PRINCIPAL
MRS. AMY FADORSEN, ASSISTANT TO THE PRINCIPAL

A 4-STAR SCHOOL
INDIANA GRADE "A"

March 31, 2016

Dear Mr. Murray,

This letter is sent to express my sincere appreciation for Mrs. Annette Deguch, bereavement counselor, who has been supporting students at Horizon Elementary since January. This was our first experience with grief counseling at the elementary level, and it has been an extremely successful one. This is largely because of the "work of heart" Mrs. Deguch has provided.

Annette has been extremely clear, professional, and student-focused in everything she does. Her communication has been both timely and helpful. Whether working on establishing a schedule for grief group sessions, clarifying what the topics would be for each session, or communicating about a specific situation or student concern, Mrs. Deguch has been 100% professional and clear. She practices outstanding etiquette when it comes to confidentiality, always respecting privacy laws and guidelines. I've appreciated that very much.

One of our students, in particular, started displaying inappropriate and disruptive behaviors as she dealt with the recent death of her mother. Mrs. Deguch recognized concerns with this student right away. Together, we were able arrange 1-on-1 counseling sessions at school in order to provide her with additional (much-needed) intensive support. Annette's willingness to provide whatever support this little girl needed, even if it meant adjusting her weekly work schedule to make it happen, was unwavering.

I'm sure The Center for Hospice Care realizes that Annette Deguch is excellent at what she does. On behalf of the staff and students at Horizon Elementary, I want to thank you for allowing Mrs. Deguch to share the gifts of counseling and healing with our students. Grief counseling is a tremendous service to the children of our community who have suffered the loss of a parent, and it is greatly appreciated.

With gratitude,

Tressa Decker

Mrs. Tressa M. Decker, Principal

Center for Hospice Care
choices to make the most of life

FOR IMMEDIATE RELEASE
February 16, 2016
CONTACT: Amy Tribbett
(574) 243.3711 amy@cfhcare.org

Center for Hospice Care Announces New Board Member

(South Bend, IN) - Jennifer Ewing, RN, MSN, NP-C, AOCNP has been elected to the 2016 Board of Directors at Center for Hospice Care. Ewing is the Clinical Operations Officer (COO) at Michiana Hematology Oncology, PC. She is a Certified Nurse Practitioner by the American Academy of Nurse Practitioners and Certified Advanced Oncology Nurse Practitioner by Oncology Nursing Certification Corporation. She received her Bachelor of Science in Nursing from St. Mary's College and Masters of Science in Nursing-Adult Nurse Practitioner Program from Ball State University.

Continuing on the Board Executive Committee are: **Amy Kuhar Mauro,** 1st Source Bank**,** Board Chair, **Wendell Walsh,** May Oberfell Lober, Vice Chair/Treasurer**,** and **Mary Newbold**, Secretary. **Corey Cressy**, Grubb & Ellis/Cressy & Everett is the Immediate Past Chair.

The remaining members of the 2016 Board of Directors are: Francis Ellert, Ann Firth, Jesse Hsieh, MD, Anna Milligan, Tim Portolese, Lori Turner, Carol Walker, MSN, RNC-NIC, and Suzie Weirick.

Center for Hospice Care is a premier not-for-profit, community-based agency improving the quality of living through hospice, home health, grief counseling, and community education. With offices in South Bend, Plymouth, and Elkhart, Center for Hospice Care serves St. Joseph, Marshall, Elkhart, Fulton, Kosciusko, LaGrange, Laporte and Starke Counties. For more information call 1-800-HOSPICE, email choices@cfhcare.org, or log on to www.cfhcare.org.

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Center for Hospice Care
Compliance Committee Meeting Minutes
March 16, 2016

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

Topic	Discussion	Action
1. Call to Order	• The meeting was called to order at 3:00 p.m.	
2. Key Vulnerabilities	• Reviewed the key vulnerabilities for hospices: Too few visits in the last 48 hours of life; Expenditures outside of the hospice benefit for patients enrolled in hospice; Live discharges; GIP utilization. Are any of these potential risk areas for us? We focus on what drugs are covered or not covered. Too few visits are addressed with the new Service Intensity Add-on in the new Medicare payment system. In 2015 our number of live discharges was just slightly under 10%. Per the PEPPER Report we are not even close to where this would be a risk factor for us. Our Hospice House ALOS was less than five days. • Another area mentioned in the article was "churn," where the hospice patient is discharged, goes to the hospital, has an expensive test or procedure, gets discharged from the hospital and then re-enrolls in hospice care. We had 79 revocations in 2015, which is about half of our live discharges. We have a QAPI that looks at revocations. We looked at CAHPS survey results with Press Ganey yesterday and our scores have improved since April 2015. Trouble breathing improved five points. Press Ganey said they don't see that great of an improvement among their other clients. • One area Gail feels staff needs more education on is the procedure for the Advance Beneficiary Notice (ABN). In Hospice House if a patient changes level of care from GIP to Routine the ABN may need to be given. This could be our compliance in-service for this year in September. We need to review our ABN policy. We also have a flow chart. Medicare has been doing YouTube videos lately that can be used for education. We can see if there is one for ABN. Palmetto and NHPCO may also have some resources. The social worker is responsible for educating the patients and families on ABN. Maybe the Social Work Coordinator and the Resource Social Worker could be the designated individuals for staff to go to for assistance in this matter. We will discuss this further at	

Topic	Discussion	Action
	the July committee meeting. Dave will follow up with the Social Worker Coordinator. • We need to educate staff on the importance of getting the ABN done within 48 hours. We should see how often a patient was not discharged within 48 hours of when we said they would be. When the IDT decides the patient is no longer appropriate for hospice services, the ABN process should be started that day. The QAPI has not focused on the 48 hour notice. The live discharge QAPI has been integrated into the HIM Committee and the QA department is reviewing all of the live discharges. We could go back to January to review the live discharges to see if there is an issue. There were 36 patients discharged last year as no longer terminal. We will see if we billed after the IDT determined the patient was no longer terminal. We can bill up to the day of discharge. We can still see the patient within those 48 hours. • What if the ABN is needed when the attending physician is not available? We don't know if it has to be the attending or if their partner or our medical director could sign the form. Don't most physicians have call coverage? We will see what the regulations say. We could also bring this to the IHPCO Regulatory Day in April. Sue could ask Jennifer Kennedy about ABN. • Revocation documentation is also an issue. Staff needs to know how and what to document and where to enter it in Cerner so it is in a consistent place. They need to know what verbiage to use, and to document that we told the patient and family the financial implications of their decision. We could also present this at a staff meeting. • At the September staff meeting, we could also raise awareness of how people outside the agency may try to convince staff to do things that are not compliant. Just because other hospices are doing it, doesn't mean we are going to do it. We will still do the right thing no matter what a doctor or ECF threatens to do. Everything in Medicare is based on medical necessity. It would also show our respect to staff that we realize they are under these pressures. We are the leader in the field and the other hospices should be following our example.	Dave will follow up with Amy Knapp
3. 2016 OIG Work Plan	• The article addressed the reasonableness of physician home visits and of prolonged services. These are not applicable to us.	
4. ICD-10 Update	• How is it going? Dr. Gifford wants to make a few more changes to the related/unrelated diagnoses. Sue and Rebecca F. worked with Judy Morgan and she will produce some samples of claims that go to Medicare so we can see what prints on the bill and whether	

Topic	Discussion	Action
	it matches the chart. We also need to see if there is a way to identify which diagnoses are related or not related. There is no place in Cerner to retrieve which covered diagnoses are primary, secondary, or tertiary. At admission, the medical directors say which ones are related and how they should be listed so we know which diagnoses are contributing to the terminal illness so we know which meds are covered. We can ask Cerner in the next call. Dr. Gifford has a methodology and once it is completed and implemented, we should be fine. Overall the transition to ICD-10 has been very smooth. We will revisit this at the committee's July meeting.	
5. Next Meetings	• The next meetings will be in July and November. Dates will be determined later.	
Adjournment	• The meeting adjourned at 3:55 p.m.	Next meeting TBA

Mark Murray

From: Mark Murray
Sent: Friday, April 15, 2016 9:28 AM
To: Amy Kuhar Mauro; Walsh, Wendell (WWalsh@MayLorber.com); 'Mary Newbold'; Corey Cressy; 'fellert@cckokomo.com'; Ewing, Jen (jewing@mhopc.com); Ann Firth (afirth@nd.edu); jhsieh@southbendclinic.com; 'milligan.anna@gmail.com'; 'Tim'; Lori Turner (lturner@beaconhealthsystem.org); 'walkecal@sjrmc.com'; SUZANNE WEIRICK (suzanneweirick@me.com); 'Terry Rodino'
Cc: Becky Kizer
Subject: Confidential Information Regarding an Important Board Vote on 4/27

Dear CHC Board,

Confidential

Re: CHC Purchase of Milton Adult Day Services

We have a very full Agenda for our 4/27 meeting and one item on the Agenda will be a vote to approve CHC purchasing Milton Adult Day Services (MADS) from its current owner, Alzheimer's and Dementia Services of Northern Indiana (ADSNI) which is owned by REAL Services (REAL). This is a highly confidential matter. Neither the staff of MADS or CHC (outside of the CHC Administrative Team) have any knowledge about this potential addition of services for CHC.

Because of the full Agenda, in-person international guests from Uganda, and an extra hour for an outside expert speaker on the status of the current hospice industry, I wanted to present a very comprehensive report now to support you with making an informed vote on 4/27. After reviewing the material below, I also invite you to ask any questions you might have prior to the Board Meeting. The CHC Executive Committee is also very familiar with this exciting new opportunity for CHC and would be pleased to answer questions or provide clarifications.

BACKGROUND:

For several months, the Administrative Team has been meeting with the CEO of REAL and the Executive Director of ADSNI regarding CHC's potential purchase of MADS for $1.00. MADS is an adult day service focused on persons with Alzheimer's and dementia. It is a program of ADSNI and not a separate entity or stand-alone corporation. REAL purchased ADSNI on July 1, 2013 for $1.00 and that purchase included the programming of MADS. REAL must divest MADS within the very near future due to a demand from Indiana Medicaid for "Conflict Free Case Management." REAL provides case management services for Medicaid recipients and refers some of those beneficiaries to MADS under the Aged and Disabled Medicaid Waiver program. Since REAL owns MADS via its ownership of ADSNI, Medicaid identified a conflict. The conflict was also exposed by a for-profit adult day center chain, Active Day out of Pittsburgh, who has been attempting to buy MADS to get into this market. Active Day currently operates adult day services for dementia and developmentally disabled adults in eight states and Washington DC. In Indiana they have two centers in Indianapolis and one in Merrillville. The REAL board did not want to sell to a for-profit and was looking for a local non-profit partner who had the capacity to operate and potentially expand MADS. They identified CHC as the best choice within our community. I was personally contacted by the Immediate Past Chair of REAL regarding their board's hopes that CHC would help. I also had an in-person meeting with REAL's current Chair-Elect who is a former CHC Board Member, Helping Hands Award recipient, current Crossroads Campaign cabinet member, and longtime CHC patient care volunteer. She also expressed hopefulness that CHC would assist and expressed a great deal of appreciation that we would consider this transaction. With CHC Executive Committee approval on behalf of the CHC Board, a non-binding Letter of Intent was signed on March 1, 2016. The LOI immediately eliminated the need for any future discussions for REAL and ADSNI to have with Active Day because MADS was effectively off the market. Their Board was thankful for

this. Active Day had been contacting REAL board members directly and complaining to the state Medicaid office about the conflict in order to advance their purchase of MADS. Even though CHC accepts Medicaid beneficiaries in both our home health and hospice agencies, we do not provide Medicaid case management services and are not at risk of receiving the same conflict issue. Moreover, Indiana Medicaid has told REAL that different ownership of MADS with a management agreement in place with REAL would resolve the "conflict."

CURRENT MADS OPERATIONS:

MADS is a service of ADSNI and operates out of approximately half of a two floor 20,000 sq. foot rented building at 922 East Colfax in South Bend. ADSNI has the other half which includes their Institute for Excellence in Memory Care. The office is located on the corner of Colfax and Frances, one block west of Eddy St. across from the South Bend Clinic parking garage. The building is on a month to month lease and is owned by Memorial Hospital. MADS provides a structured setting to adults who need health, social, and support services during the day. This community-based service is designed to meet the individual needs of functionally impaired adults who require supervision during the day. The day center program provides interventions and services to help delay the progression of the participant's existing disability and maintain or improve the individual's health, level of functioning, and independence. Attendance enables participants to continue living in their own home and community, while therapeutic activities and holistic care enhance their quality of life. Under the Indiana Family and Social Services Administration (FSSA), Indiana has several Medicaid Home and Community-Based Services Waivers, including the Aged and Disabled Waiver, which includes adult day services as a covered service. While there is no license in Indiana, providers of adult day services must be certified as Medicaid Providers by the FSSA and must comply with any standards and guidelines as defined by the FSSA. MADS services are reimbursed through the Indiana Medicaid Waiver program, private pay, and they also have a contract with the Veteran's Administration to provide adult day services to qualifying veterans. Transportation for some participants is provided by REAL. Food Services are also provided by REAL via their Meals on Wheels division. Indiana Medicaid recognizes three levels of adult day services: Basic (Level 1), Enhanced (Level 2), and Intensive (Level 3) and sets its requirements for each level. Level three programs have the most stringent staffing requirements. Intensive (Level 3) adult day care service providers must have at least a full time LPN on staff with documented RN supervision. It is my understanding that MADS is the only Level 3 in our area. There are currently some participants from Elkhart County who use MADS. MADS is Indiana Waiver certified for 70 clients, however due to space limitations it is believed the capacity would be stretched at 40. Client turnover was 39% during the past 12 months. CHC hospice patients have and do utilize MADS services. In March MADS had a census of 26.1, which generated $44,774 in services. Extrapolated for 12 months, this would be $537,288. MADS total expenses for last fiscal year (7/1/14-6/30/15) were $540,604. This suggests a financial breakeven point could be near a census of 27. The last fiscal year was tough for MADS with an average census of 22. REAL has been successful in subsidizing MADS by obtaining funds from the Milton Charitable Fund at the Community Foundation of St. Joseph County for some staffing positions. REAL plans to make those grant requests again during the June 1st cycle this year for the Social Services Coordinator position. It is freely recognized by all parties that there is little energetic marketing of MADS. I have worked in social services in St. Joseph County serving primarily an older adult population for 26 years and I personally was not familiar with MADS. CHC believes it could increase the MADS census with its marketing acumen and do more to take advantage the VA contract. Additionally, it appears the MADS census was close to the financial breakeven point just last month. (Comparatively, CHC annually subsidizes its Bereavement and Volunteer programs alone at an annual cost of $561,000).

TIMELINE:

If the CHC Board approves, we would be looking at a July 1, 2016 effective purchase date which coincides with the REAL Services fiscal year (ending on 6/30) and should give us time to transfer the Medicaid Waiver and VA contract to CHC. We would plan for all of the MADS employees to become CHC employees on that date and having a management agreement with REAL in place for them to continue running the day-to-day operations. MADS has about 10-12 employees, six or seven of which are fulltime. REAL Services would continue operating the transportation and food services for MADS under this management agreement. The Director of MADS on down their organizational chart would be CHC employees. The MADS Director would be our employee and have a reporting relationship to the Executive Director at ADSNI under the management agreement. This relationship needs to be explored further as we develop the

purchase agreement, pending CHC board approval. MADS currently has the following fulltime employees: MADS Director, Social Services Coordinator, Activities Coordinator, two fulltime aides, one dietary aide, and a fulltime nurse who is a former CHC employee. Their RN was a part-time nurse with CHC for ten years and someone we would be delighted to rehire in her current capacity. MADS also has several part-time staff.

BENEFITS TO CHC:

In addition to enhancing our ability to fulfill our mission of "Improving the Quality of Living " in our community, perhaps the most substantial gain for CHC as the owners of MADS would be the natural ability to introduce our services much further upstream to a local population who will eventually need hospice care. During 2015, 14% of CHC patients had an Alzheimer's, Dementia, and other neurological diagnosis.

After MADS employees become our employees, a key advantage for CHC is having additional CNAs (aides) as our employees which provides an additional pool to draw from when they would not be needed at MADS due to client call-offs and when CHC needed them to see hospice patients (following an CHC orientation and training). The reverse would be true as well. Instead of CHC CNAs not having work due to hospice patient cancellations, we could use them at MADS as needed. This would give CNAs in both organizations the potential to have their hours filled by one or the other organizations during times of low census at either organization on any given day. We see this as a potential recruitment / retention benefit for both organization's CNAs as well as an opportunity for more flexibility for staff scheduling. Other benefits for CHC include the availability of enhancing our hospice patients' experience under our DementiaCare specialty program by using the ADSNI staff expertise to train CHC staff. Certainly the VA contract enhances our We Honor Veterans programming.

A potential additional new revenue stream has also been identified. After the new Hospice House is completed here at the Mishawaka Campus and everything is moved out of the Sunnybrook (Roseland) property, the plan would be to renovate the north end of the Sunnybrook property for our MADS programming and use the south end space, largely as it's currently configured, for ADSNI and their Institute for Excellence in Memory Care. ADSNI would lease their portion of the Sunnybrook property from CHC. CHC would continue to own the Sunnybrook property, have a reason to repurpose it after we move out, and then collect rent from a tenant whose mission aligns nicely with CHC. For the last three years when someone asked me what we were going to do with the Roseland building after we completed the move to the Mishawaka Campus, I have responded that perhaps adult day care could be an option. I never imagined an opportunity like this would actually arise.

NEXT STEPS:

I am in receipt of the Due Diligence and Transition Activities log used by REAL Services when they purchased ADSNI, which included MADS, for $1.00 in July of 2013. We also have copies of the MADS budget, Policies and Procedures Manual, job descriptions, the Medicaid Waiver Contract, and the VA contract. However, we cannot go forward and begin any further processes or incur legal expenses without CHC board approval for a purchase.

After careful and thoughtful analysis over the past several months, **the CHC Executive Committee voted on 4/1/16 to recommend full Board approval at the 4/27/16 meeting for CHC to purchase MADS.** Approval of this purchase will be on the Agenda for our meeting in less than two weeks. Following CHC board approval on 4/27, we may then begin developing a purchase agreement and set into motion the transfers of the Medicaid Waiver and VA agreements to CHC as well as continue our due diligence efforts.

A partner at Crowe Horwath (one of our former auditors) who was helping REAL Services in this matter – just in case there were no options but to sell to for-profit Active Day -- estimated Active Day would offer between $150,000 and $300,000 to buy MADS. Again, our purchase price is $1.00.

YOUR QUESTIONS:

Please contact me if I can answer any questions. I am delighted to provide you with additional information or clarifications.

Finally, a reminder that this is a confidential matter and the Letter of Intent included a confidentiality clause. Please do not share any of this information outside of the CHC Board with anyone.

Many thanks,

-Mark

Mark M Murray
President / CEO

Center for Hospice Care
choices to make the most of life

Hospice Foundation

Center for Hospice Care

Hospice Foundation

Serving Northern Indiana

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Center for Hospice Care
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CHAPTER FOUR

QI Committee and PAG Reports

Center for Hospice Care
QI Committee Meeting Minutes
February 16, 2016

Members Present:	Alice Wolff, Amy Tribbett, Carol Walker, Dave Haley, Denise Scroggs, Gail Wind, Greg Gifford, Holly Farmer, Larry Rice, Mark Murray, Rebecca Fear, Sue Morgan, Tammy Huyvaert, Becky Kizer
Absent:	Amy Knapp, Brett Maccani, Jennifer Ewing, Karen Hudson, Terri Lawton

Topic	Discussion	Action
1. Call to Order	• The meeting was called to order at 8:00 a.m.	
2. Committee Members	• New CHC Board member, Jennifer Ewing, will be joining this committee. She is a nurse practitioner at Michiana Hematology Oncology. Terri Lawton, PCC from the Plymouth office will also be joining this committee.	
3. Minutes	• The minutes of the 11/17/15 were approved by consensus.	
4. HIPAA	• We created some educational programs for staff pertaining to HIPAA compliance. We also created Level II HIPAA training for coordinators to complete by the end of 2015. We are still in the process of updating policies to outline the training and education we are doing for staff. We will continue our education plans in 2016. This QAPI will be concluding as a work group and will fold in the agency's overall education and training plans for staff. We are working on designing a reporting mechanism as a part of CHC's overall quality program. At every all staff meeting we do a HIPAA reminder, and in September we do the annual HIPAA training. Staff was educated on potential HIPAA violations and the outcome of our security vulnerability testing. Several departments conducted "walking rounds" and assessed access to PHI and training on email encryption.	
5. HIM Committee	• The Health Information Management (HIM) Committee worked on increasing the efficiency of medical records processing. We are scanning all current medical documents into the electronic medical record (EMR), and converting paper documents into electronic where applicable. We are working on eliminating obsolete and redundant forms both paper and electronic, and we are also creating workflows for the handling of medical records. All requests for new forms must now be submitted to the HIM Committee for approval. • We are working on improving work flow processes within the QA department. We	

Topic	Discussion	Action
	centralized the creation of the Certification of Terminal Illness (COTI), and created a standardized email template for the weekly IDT meetings. Closed record monitoring is now done weekly to improve timeliness and turnaround time for any missing documents. Two QA staff members have been cross trained to provide coverage in the branch offices when those secretaries are out of the office. We are also reviewing the QA department job descriptions and realigning duties and responsibilities. We examined the COPs for home health and hospice to eliminate redundant practices and to insure we are being compliant with those regulations. • We added a separate QAPI for health care literacy to look at our forms, brochures, and documents we give to families.	
6. Infection Control	• A new vaccine form was created to add clarity for the form completed by new employees. We provided education on medical equipment storage in staff vehicles. We are in the process of evaluating new nursing bags that staff takes into the home. We will be looking at infection control processes in Hospice House. We will continue to monitor infections through the surveillance reports. No trends have been noticed and we provide education one on one with staff as needed. We are also looking at educating staff on how to identify patients with multiple drug resistant organisms. There were no adverse events related to infection control during the fourth quarter of 2015.	
7. Clinical Quality Measures	• Initially this QAPI looked at pain management and then incorporated comfortable dying data. In 2013 we added patients treated with an opioid having a bowel regimen, and in 2015 we added palliation of dyspnea/trouble breathing as a clinical quality measure based on results of the CAHPS surveys. Staff has been very consistent in documenting bowel function.	
8. Live Discharges / Revocations	• We continue to review all live discharges in order to decrease the number of revocations to acute care facilities. The percentage of attending physicians being notified of a live discharge averaged 95% in 2015 compared to 84% in 2014. In the fourth quarter of 2015 we initiated the Trouble Breathing Plan and created a sheet to be kept in the home with steps families can take until CHC staff can get there. The number one reason for revocations is shortness of breath. This is a team effort by all disciplines to be very proactive at reminding families about the Trouble Breathing Plan. This starts at the time of admission. • Revocations will be moving out of the QAPI workgroup into the HIM Committee.	

Topic	Discussion	Action
	Through November we had 71 revocations compared to 96 in all of 2014. The percentage of revocations within 25 days of admission was 35.5% compared to 39.3% in 2014. The percentage of live discharges with IDT input was consistent in 2015. The percentage of revocations to an acute care facility was 67% in October and November. We will see if the trouble breathing plan makes an impact on these numbers.	
9. Medication Entry Timeliness	• We changed pharmacy vendors in November from Enclara to HospiScript. We looked at the timeliness of when orders are entered in Cerner and found that 74% of the orders were not entered within 1.5 hours of leaving the patient's home at the time of admission. We educated staff in November and then audited December and January. We admitted 404 patients during that time and entries improved to 83.2%. Staff has been told we will be increasing the goal to 95% over the next two months. Staff is also being educated to actually look at all of the pill bottles so refills can be ordered at the same time.	
10. Falls	• Many of the falls are the same patients having repeated falls. Staff was educated in October on how to assess what is going on in the home. We continue to track if there are any trends and provide education for staff as needed. October and November each had 45 falls and December had 33 in either the home or ECF. Most of the falls were when the patient was trying to get out of bed or go to the bathroom. There were no serious injuries as a result of these falls.	
11. Adverse Events	• There were no serious injuries as the result of any adverse events in the fourth quarter. The number of medication errors has decreased. There were 14 in 2015. Earlier in the year we noticed an increase in medication errors in Elkhart Hospice House which we have addressed. We also had issues with FedEx of tampering of the delivery of medications. We have not had any problems with tampering since we switched to HospiScript and DeliverCareRx. We did have some problems with deliveries not going where they needed, but they are very good about follow up.	
12. Consumer Concerns	• In 2016 we will track concerns differently to see if there are any trends. In the fourth quarter we had nine concerns. We received letters from two families after the fact and we had the documentation from the consumer concerns records to back up our actions.	
13. HospiScript	• We had heard a rumor that Care Kits from HospiScript were not ordered or delivered on a timely basis. We looked at 87 admissions and 46 medical records and concluded that the Care Kits are being ordered timely at admission and no further follow up	

Topic	Discussion	Action
	needed at this time.	
14. CAHPS Surveys	• We are in the process of reviewing the reports from Press Ganey and deciding which ones we want to see and report on.	
15. Quality Program Update	• We will be reporting on the OASIS reports every six months. • We will be doing away with the blue slips that staff receives because they didn't do something. With the help of Rebecca F. we have developed quality indicators for nursing that will mirror our practices to track compliance by staff. Eventually this will become a peer review. We will report on this at the next meeting. • We are in the process of creating quality indicators to make sure staff is documenting that the Trouble Breathing Plan is present in the home. Social work and spiritual care will work with Rebecca to develop their quality indicators, and we could do the same for bereavement as well. QA will be doing the reviews and the results will be shared with staff every quarter. These will also be reviewed with staff at the time of their annual performance evaluation. Some of the quality indicators are based on NHPCO's list of the top ten survey deficiencies throughout the nation. We will go back retroactively and start reviews since January 1st. We want to make this a more positive experience for staff than the blue slips. They will work with their supervisor on a plan for improvement as needed.	
Adjournment	• The meeting adjourned at 8:55 a.m.	Next meeting 05/17

Center for Hospice Care
Professional Advisory Group Meeting Minutes
March 29, 2016

Members Present:	Amy Knapp, Carol Walker, Dave Haley, Greg Gifford, Judy Jourdan, Mark Murray, Rebecca Fear, Sue Morgan, Becky Kizer
Absent:	Anna Wasierski, Jon Kubley, Vicki Gnoth

Topic	Discussion	Action
1. Call to Order	• The meeting was called to order at 8:00 a.m.	
2. Minutes	• A motion was made to accept the minutes of the 03/31/15 meeting as presented. The motion was accepted unanimously.	J. Jourdan motioned R. Fear seconded
3. Home Health Statistical Review	• In 2015 we had an unduplicated home health census of 109 patients. South Bend served 55 patients, Elkhart served 25, and Plymouth served 29. 52 of the patients were Medicare, 3 were Medicaid, 47 were commercial insurance, and 7 were self-pay. The majority of the patients, 68, had a cancer diagnosis. 87 patients were admitted from home, 14 from the community (private homes, assisted living, group homes, etc.), 1 from a skilled nursing facility, 4 from hospitals, and 3 undefined. We will follow up with Admissions to see how they are categorizing where the admission is from to make sure they are capturing that information accurately. • 40% of referrals were from patients/families. That referral then goes to the attending physician. We often have home health referrals where the determination is made after the patient is seen by the nurse and we talk to the attending physician that the patient will become a hospice admission. 55% of the patients changed programs from home health to hospice, 1% went to Hospice House, 37% were discharged to self, and 7% died.	
4. Home Health Year-End Review	• Reviewed accomplishments in 2015. We created a verification fax for the attending physician so we receive the fax in the required time frame. In March 2015, staff was educated on the Face-to-Face requirements so we are not missing any encounters. We created a home health specific care plan. In September we did a mock home health survey, and then the surveyor did come in October and we had a no deficiencies on our home health survey. • Policies – The- following policies were reviewed. There were no changes.. We are in the process of updating policies now and will present them at the next meeting. o Admission Criteria o Admission of a Patient o Bereavement Services o Clinical Record	

Topic	Discussion	Action
	○ Clinical Record Review ○ Discharge Criteria ○ Medical Supervision ○ Nursing Services ○ On Call Services ○ Plan of Care: Physician Certification ○ Plan of Treatment ○ Protection of Clinical Records ○ Quality Assurance ○ Social Work Services ○ Standards of Care ○ Employee Screening Procedures ○ Expedited Appeals Notice Requirements ○ Home Health Aide Assignments and Duties ○ Job Description • Clinical Record Review – We are doing ongoing record review every four to six weeks to meet the Conditions of Participation. We have an RN in the QA Department that is responsible for reviewing the OASIS to make sure they are complete. She follows up with individual nurses as needed. • There were no consumer concerns from home health patients/families in 2015. • Patient Incidents – One patient had two falls due to inappropriately using his walker. He was re-educated each time on the correct use of his DME. Another patient had one non-injury fall and patient safety education was provided by the patient's case manager. • OBQI – We will begin to review the Outcomes Based Quality Indicator report quarterly at the QI Committee meetings to see if there are any trends we need to address. • Performance Improvement Projects – Ongoing projects include infection control plan implementation, education on home health programming for nursing and admission staff, policy updates, education and program updates to physician offices by our professional relations liaisons, and implementation of home health patient record review with quality indicators by the nursing and QA departments.	
Adjournment	• The meeting adjourned at 8:15 a.m.	Next meeting 2017