



Board of Directors Meeting
501 Comfort Place, Conference Room A, Mishawaka
June 15, 2016
7:30 a.m.

BOARD BRIEFING BOOK
Table of Contents

Agenda	2
Minutes of 04/27/16 Board Meeting.....	4
President’s Report.....	10
• Average Daily Census Charts	24
• President’s Report Attachments.....	29
QI Committee Minutes	31

CHAPTER ONE AGENDA



BOARD OF DIRECTORS MEETING
Administrative and Foundation Offices
501 Comfort Place, Room A, Mishawaka IN
June 15, 2016
7:30 a.m.

A G E N D A

1. Approval of April 27, 2016 Minutes (*action*) – Amy Kuhar Mauro (2 minutes)
2. President's Report (*information*) - Mark Murray (12 minutes)
3. Finance Committee (*action*) – Wendell Walsh (10 minutes)
 (a) April and May 2016 Financial Statements
4. QI Committee Report (*information*) – Carol Walker (5 minutes)
5. Personnel Committee Report (*action*) – Amy Kuhar Mauro (5 minutes)
6. Foundation Update (*information*) – Corey Cressy (12 minutes)
7. Board Education – (*information*) – “The Camp Evergreen Story” – Holly Farmer, Bereavement Coordinator, and, Nancy Patterson, Camp Evergreen Director (12 Minutes)
8. Chairman’s Report (*information*) – Amy Kuhar Mauro (2 minutes)

Next meeting August 17 at 7:30 a.m.

###

111 Sunnybrook Court
South Bend, Indiana 46637
(574) 243-3100
Fax: (574) 243-3134

112 South Center St, Suite C
Plymouth, Indiana 46563
(574) 935-4511
Fax: (574) 935-4589

22579 Old US 20 East
Elkhart, Indiana 46516
(574) 264-3321
Fax: (574) 264-5892

501 Comfort Place
Mishawaka, Indiana 46545
(574) 277-4100
Fax: (574) 822-4876

CHAPTER TWO MINUTES

**Center for Hospice Care
Board of Directors Meeting Minutes
April 27, 2016**

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

Topic	Discussion	Action
1. Call to Order	<ul style="list-style-type: none"> The meeting was called to order at 7:30 a.m. 	
2. Minutes	<ul style="list-style-type: none"> A motion was made to accept the minutes of the 02/17/16 meeting as presented. The motion was accepted unanimously. A list of common abbreviations is in the board packet and will be available at each meeting to help board members follow along with the acronyms used in reports and presentations. 	L. Turner motioned C. Walker seconded
3. Guests Welcomed	<ul style="list-style-type: none"> Rose Kiwanuka and Mark Mwesiga from the Palliative Care Association of Uganda, and Peter Benjamin from Huntington Consultant Group were welcomed to the meeting. Rose will be giving an update on PCAU's activities as part of the Board Education, and Peter will be giving an overview of the hospice industry. 	
4. President's Report	<ul style="list-style-type: none"> January ADC was 397 and April was 386. YTD ADC is 390, an increase of 3% from a year ago. Our break even ADC is 360. Elkhart Hospice House occupancy was up 3% and South Bend Hospice House occupancy was up 2%. The 2014 Medicare data was released and our market share has decreased slightly over the last ten years due to an increase in competition, but we are still the dominant player in our service area and the largest hospice program in Indiana by numbers of patients served. Our market share in St. Joseph County is 63%, Elkhart County 41%, and Marshall County 75%. No progress has been made with Indiana Medicaid on the federally mandated new payment system that started January 1st. Medicaid didn't load the October 2015 rates until January 28th. They are now telling us there will be large claims adjustment in the future. They hope to get it running in July. The new payment system is very complicated and it is having significant problems. CMS says the Medicare problems may be fixed in July as well. In October CMS will be recommending a 2% rate increase for hospices, but the 2% 	

Topic	Discussion	Action
	<p>Congressional Sequestration takes that away so we would break even. We hope our Core Based Statistical Area numbers will be better next October than the current federal fiscal year which began last October 1, because it was the largest year over year decrease in several years. CMS also said hospice patients have grown from 513,000 in 2000 to 1.4 million in 2015 with expenditures increasing from \$2.8 billion to \$15.5 billion over that time period.</p> <ul style="list-style-type: none"> • Don Schumacher, the President/CEO of NHPCO is retiring at the end of 2016. Mark is on the nine-member national search committee for the next President/CEO. Since 1984 there have been just three NHPCO CEOs, and the middle one lasted less than three years. 	
<p>5. Finance Committee</p>	<ul style="list-style-type: none"> • Due to staff scheduling conflicts, the Finance Committee met with the auditors yesterday. We had a clean audit. Internal controls showed no material deficiencies. The auditors gave the highest opinion they can give which is an unmodified opinion. They pointed out the good news that comparing the Accounts Receivables at the end of 2015 to a year earlier, we caught up \$2.1MM. We often talk a lot about Karl, but not enough about Dave Haley who in his role has gotten the medical directors to increase their review of cases and certify patients, so we can send bills out. Thank you to Dave and others in the organization who have done a tremendous job in the past year to increase billing. • The committee asked the auditors questions on how we account for things like pledges to the capital campaign and learned that some pledges are conditional such as matching grants. Those are not booked until that money comes in and other conditions are met. The auditors reviewed with the committee the performance of the agency going back to 2009 and commended us on the function of leadership on the agency’s growth over those years despite the challenges from CMS. The committee asked about \$7.1MM in Accounts Receivables at the end of last year. At the end of March 2016 A/R was down to \$4.4MM. There were no audited adjustments, so the numbers the board is seeing in the final audit are the same as the pre-audit numbers presented at the February board meeting. The finance committee approved the 2015 audit and recommends board approval. • A motion was made to accept the 2015 audit as presented. The motion was accepted unanimously. • The 2016 first quarter financial statements were reviewed. YTD operating income \$5.2MM, beneficial interest in Foundation a loss of (\$109,000), total revenue 	<p>T. Portolese motioned M. Newbold seconded</p>

Topic	Discussion	Action
	<p>\$5.1MM, total expenses \$4.5MM, net gain \$551,000, net without beneficial interest in Foundation \$661,000. Those numbers are down from a year ago, which was a record setting year. Operating revenue against budget is down \$126,000, but expenses are down \$400,000 for a net of \$271,000 over budget for the year.</p> <ul style="list-style-type: none"> A motion was made to accept the 2016 first quarter financial statements as presented. The motion was accepted unanimously. 	<p>A. Mauro motioned S. Weirick seconded</p>
<p>6. PAG & QI Committees Report</p>	<ul style="list-style-type: none"> Carol W. reported that the Professional Advisory Group (PAG) met 03/29/16 and the QI Committee met 02/16/16 and felt everything was in order. 	
<p>7. Milton Adult Day Services</p>	<ul style="list-style-type: none"> Mark had sent an email to board members on 04/15 about the proposal to purchase Milton Adult Services from its current owner, Alzheimer’s and Dementia Services of Northern Indiana (ADSNI) which is owned by REAL Services. A copy of the email is in the board packet. The Executive Committee has discussed and approved the proposal to purchase Milton Adult Day Services for \$1.00 effective July 1, 2016. This fits with the mission of our organization. Few non-profits want to stray outside of what they do when opportunities come up. In this case we are not concerned about that, because their program fits well with our mission. It will enhance our core mission with veterans and also dementia patients. We will also be able to get those patients into our program earlier. We can also help them grow their program through our We Honor Veterans program and their VA contract. Some of their residents live in Elkhart County and come to South Bend to use the day care center. All of Milton’s staff will become our staff, so we would have an additional pool of aides we could pull from. The current plan is for the adult day services and ADSNI’s Institute for Excellence in Memory Care to eventually move into our property at 111 Sunnybrook Court and ADSNI would rent their space from us. Then we wouldn’t have to worry about selling that property. It would also be a great opportunity for our staff to learn more about caring for CHC dementia patients. About 12% of our patients have dementia. We will not be changing the name of the adult day care services. It will just be another program under CHC. We will not have our logo on their stationery. We would be the owners of the entity, but REAL Services would still handle the operations under a management agreement. There has been no discussion of any restrictions and we could sell this organization in the future. There are several other hospices in the country doing these types of affiliations. Several have PACE 	

Topic	Discussion	Action
	<p>programs (Programs of All-Inclusive Care for the Elderly), and adult day care is a required part of that. Trinity is starting a PACE program locally and we are meeting with them next week on ways to collaborate.</p> <ul style="list-style-type: none"> A motion was made to accept the purchase of Milton Adult Day Services for \$1.00 as presented. The motion was accepted unanimously. 	<p>S. Weirick motioned C. Walker seconded</p>
<p>8. Foundation Update</p>	<ul style="list-style-type: none"> We are 21 months into the Crossroads Campaign and to date have \$4.5MM of the \$10MM goal in cash, pledges and documented bequests. Hopefully we will reach the half-way point by July 1st. The Helping Hands Award Dinner is 05/04 honoring Bob Beutter and Joe Kernan. There are still a few tickets available for seats and underwriting, but we are getting close to 400 people attending, which is a good size for that space. Rose Kiwanuka and Mark Mwesiga from PCAU are in the U.S. for three week and being kept very busy. They were in Chicago for a screening of <i>Road to Hope</i> hosted by Torrey DeVitto for the casts of Chicago Med, Chicago PD, and Chicago Fire. She will also be hosting another event in Hollywood later this year. <i>Road to Hope</i> was screened at the NHPCO national Management and Leadership conference last week in Washington, DC. Torrey is the Hospice Ambassador and was present for that screening. Several additional hospices are interested in supporting our work and becoming partners with Global Partners in Care. <i>Road to Hope</i> is also in several film festivals across the country, as well as in England and France. Rose and Mark will be attending a lot of meetings at Notre Dame with various departments. The Walk for Hospice is 07/03 and in conjunction with it we are adding a new 5K Heroes for Hospice fun run. We hope this will create new marketing and giving opportunities for us. Bike Michiana for Hospice is on 10/02 and is going very well. We already have more underwriting sponsors than in the past. Mishawaka Campus – DJ Construction has provided preliminary costs for the patient care staff building. The architects are now working on preliminary designs for the new Hospice House. Mark, Mike and the architects will visit a couple of inpatient units in Ohio and then start creating what ours will look like. Once the design is completed, it will be reviewed by the administrative team and then a selected group of staff members. Veterans’ Memorial – We are moving forward with the design and cost estimates. Construction is likely to begin around Memorial Day with the plan to have a dedication around Veterans’ Day. 	

Topic	Discussion	Action
	<ul style="list-style-type: none"> Helping Hands Award Wall of Fame – We are in the process of printing the portraits so they will have the same etched rendering. 	
<p>9. Board Education</p>	<ul style="list-style-type: none"> Rose Kiwanuka gave an update on PCAU’s activities and relationship with CHC. A copy of the 2016 PCAU Partnership Report is in the board packet. Uganda was the first country in the world to allow nurses to prescribe morphine, because they have so few doctors. When PCAU began they had two employees and now they have 13 full-time staff and four volunteers. The organization has over 500 individual members, 20 organizations, and, thanks to CHC donors, owns its own premises in Kampala which gives them more visibility. PCAU is able to meet their strategic objectives through the support of CHC. We have been partners for eight years. When the partnership started, PCAU was providing palliative care in 34 districts and is now in 90 districts. They have created extended networks through internships and universities and are involved in various research projects. Two documentaries, <i>Okuyamba</i> and <i>Road to Hope</i> have brought awareness to the need for palliative care. PCAU’s future goals include providing palliative care in all districts, building a training facility so more nurses can be trained, expand the mHealth Initiative, strengthen PCAU’s structure at the district branches, continue to scale up the Road to Hope program, and expand PCAU’s premises. Rose presented a plaque of appreciation to Mark Murray and CHC for everything the organization has done for PCAU. 	
<p>10. Hospice Industry Update</p>	<ul style="list-style-type: none"> Peter Benjamin gave an update on the hospice industry. He said today’s board approval of the purchase of Milton Day Care Services will help in positioning CHC for the future. 	
<p>Adjournment</p>	<ul style="list-style-type: none"> The meeting adjourned at 9:45 a.m. 	<p>Next meeting 06/15</p>

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

Mary Newbold, Secretary

Becky Kizer, Recording Secretary

CHAPTER THREE

PRESIDENT'S REPORT

**Center for Hospice Care
Hospice Foundation
President / CEO Report**

June 15, 2016

(Report posted to Secure Board Website June 9, 2016)

**This meeting takes place in Conference Rooms A at the Mishawaka Campus at 7:30 AM.
This report includes event information from April 27 – June 15, 2016.
The Hospice Foundation Board meeting follows in the same room.**

CENSUS

The average daily census (ADC) for May 2016 was over 400 for the first time this year. At the end of May, year-to-date (YTD) ADC is up 2% from May 2015. The number of patients served is down just 0.18% and the number of original admissions at the end of May is down 4.22% from same time 2015 -- an improvement from just two months ago. YTD 56% of all referrals are admitted within two days or less and 39% within one day. This short timeframe includes overcoming barriers to a hospice admission from patients, families, physicians, and POAs. YTD 2016 referral sources are: 43% hospitals, 31% patients/families, 15% physician offices, 8% facilities (nursing homes/assisted living) and 3% other sources. YTD 7.4% of all referrals have died before CHC could admit them. For YTD 2016, 41% of all deaths of admitted patients have occurred within seven days or less. Compared to same time in 2015, current YTD number of patients served at the South Bend Hospice House is up 15.5% with occupancy up 6.52%. The same comparison shows the Elkhart Hospice House occupancy down slightly at -1.33 % and YTD through May the numbers of patients served at the Elkhart facility is even at 0.00%. Current census appears to be trending up as June's ADC at the time of this writing is 410 with the highest single one-day census so far this year of 414 on June 7th.

May 2016	Current Month	Year to Date	Prior Year to Date	YTD Change
Patients Served	530	1,111	1,113	(2)
Original Admissions	154	727	759	(32)
ADC Hospice	377.90	371.67	362.14	9.53
ADC Home Health	24.97	20.99	22.90	(1.91)
ADC CHC Total	402.87	392.66	385.04	7.62
April 2016	Current Month	Year to Date	Prior Year to Date	YTD Change
Patients Served	513	957	969	(12)
Original Admissions	151	573	601	(28)
ADC Hospice	368.20	370.07	358.77	11.30
ADC Home Health	19.33	19.98	22.15	(2.17)
ADC CHC Total	387.53	390.05	380.92	9.13

Monthly Average Daily Census by Office and Hospice Houses

	2016 Jan	2016 Feb	2016 Mar	2016 Apr	2016 May	2016 June	2016 July	2016 Aug	2016 Sept	2015 Oct	2015 Nov	2015 Dec
S.B.:	222	219	215	216	228					228	214	212
Ply:	75	72	70	75	77					89	84	83
Elk:	90	87	94	86	87					84	92	92
SBH:	4	5	5	6	6					6	5	5
EKH:	6	4	5	5	5					5	4	5

Total:	397	387	389	388	403					412	399	397

HOSPICE HOUSES

<u>May 2016</u>	<u>Current Month</u>	<u>Year to Date</u>	<u>Prior Year to Date</u>	<u>YTD Change</u>
SB House Pts Served	40	149	129	20
SB House ALOS	4.43	5.38	5.79	(0.41)
SB House Occupancy	81.57%	75.28%	70.67%	4.61%
Elk House Pts Served	31	149	135	0
Elk House ALOS	4.68	5.38	5.49	(0.41)
Elk House Occupancy	66.82%	75.28%	70.10%	-0.93%
<u>April 2016</u>	<u>Current Month</u>	<u>Year to Date</u>	<u>Prior Year to Date</u>	<u>YTD Change</u>
SB House Pts Served	36	115	108	7
SB House ALOS	5.11	5.43	5.65	(0.22)
SB House Occupancy	87.62%	73.67%	72.62%	1.05%
Elk House Pts Served	37	109	103	6
Elk House ALOS	4.24	5.42	5.36	0.06
Elk House Occupancy	74.76%	69.78%	65.71%	4.07%

PATIENTS IN FACILITIES

Of the 530 patients served in May, 173 resided in facilities. Of the 513 patients served in April, 178 resided in facilities. The average daily census of patients in skilled nursing homes, assisted living facilities, and group homes during May was 144; April was 143 and YTD 2016 thru May is 147.

FINANCES

Karl Holderman, CFO, reports the May 2016 Financials will be posted to the Board website on Friday morning, June 10th following Finance Committee approval. For information purposes, the DRAFT, non-Finance Committee accepted, April 2016 Financials are below.

April 2016 Financial Information

Center for Hospice Care (1)

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

April Overall Revenue	\$ 1,808,255	Year to Date Overall Revenue	\$ 6,921,260
April Total Expense	\$ 1,576,870	Year to Date Total Expense	\$ 6,138,364
April Net Gain	\$ 231,385	Year to Date Net Gain	\$ 782,896

Hospice Foundation

April Development Income	\$ 147,155	Year to Date Development Income	\$ 458,031
April Investment Gains (Loss)	\$ 173,283	Year to Date Investment Gains (Loss)	\$ 313,484
April Overall revenue	\$ 320,574	Year to Date Overall Revenue	\$ 772,237
April August Expenses	\$ 242,348	Total Year to Date Expenses	\$ 803,724
April Overall Net	\$ 78,226	Year to Date Overall Net	\$ (31,487)

Combined (2)

April Overall Revenue	\$ 2,050,603	Year to Date Overall Revenue	\$ 7,724,984
April Overall Net Gain	\$ 231,385	Year to Date Overall Net Gain	\$ 782,896

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

(2) Combined figures (current month & YTD) reflect elimination of net gain posted by Hospice Foundation.

At the end of April 2016, the combined operating income was \$6,947,282, down 0.97% from April 2015. The overall combined net gain for CHC / HF was \$782,896, down 53.27% from April 2015. At 4/30/16, CHC's YTD Net without the beneficial interest in the HF was \$814,383 representing a 24% decrease from same time last year. The combined YTD net at 4/30/16 without counting investment gains/losses was \$469,412 representing a decrease of 58% from YTD same time prior year. At the end of April 2016, the Hospice Foundation's Intermediate Investments totaled \$3,437,179. Long Term Investments totaled \$16,636,067. CHC's assets on April 30, 2016, *including* its beneficial interest in the Hospice Foundation, totaled nearly \$41MM. At the end of April HF's assets alone totaled over \$35MM 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 April 30, 2016 of \$46.8MM.

CHC VP/COO UPDATE

Dave Haley, VP/COO, reports...

CHC Medical Director, Joel Cohen, MD took the Hospice Medical Director Certification exam on May 31. The certification is sponsored by the Hospice Medical Director Certification Board (HMDCB). The certification for hospice medical directors offered by HMDCB represents a standard of knowledge and practice. Professionals working in the field of hospice and palliative medicine can demonstrate core competence in the knowledge and skills of their specialty by meeting the HMDCB's eligibility requirements, passing the examination, and participating in HMDCB's Recertification program. He will receive news on his results in about eight weeks.

Tracy Walker, MD, a Fellow in Hospice and Palliative Medicine from the Indiana University School of Medicine program, completed her month long training rotation on May 27. She resided in our Guest House on the Mishawaka Campus during her training.

Michael Fecher, a senior medical student from Indiana University School of Medicine in South Bend, completed a three-week Palliative Medicine training rotation on June 3.

An internal Palliative Care subcommittee of the medical staff has begun meeting to plan the opening of the Center for Palliative Care on the Mishawaka Campus scheduled for September 19, 2016.

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

DIRECTOR OF NURSING UPDATE

Sue Morgan, DON, reports...

The 2016 annual goals for the Nursing Department 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 of continued effectiveness.

All of the nursing policies and procedures are in process of review and revision with a completion date of 7/1/16.

The CHC Nursing 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 May 18th the Cardiac Boot Camp Training Program was held with eight nurses in attendance. This is a practical application to guide our nurses through the CHC specialty HeartWize program for focused attention and care for our cardiac patients.

The Nursing Department has initiated Quality Indicators for the measurement of patient outcomes related to the Medicare Conditions of Participation for Hospice. An example of an indicator: Hospice Care plans are reviewed/revised as frequently as patients' condition requires it, but not less frequently than every 15 calendar days. This data is collected concurrently and reported to the various Patient Care Coordinators for performance evaluations.

HOSPICE FOUNDATION VP / COO UPDATE

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

Fund Raising Comparative Summary

Through May 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)

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
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	341,637.10
May	389,785.41	332,141.44	416,792.85	446,125.49	427,057.81	635,004.26	579,888.08
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)

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
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	163,425.09
May	33,768.72	51,753.98	90,909.04	40,825.52	100,285.70	160,178.34	93,318.98
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	<u>115,188.45</u>	<u>133,617.73</u>	<u>111,236.77</u>	<u>130,277.99</u>	<u>193,065.45</u>	<u>161,519.80</u>	
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 April and May 2016 focused on lead gift donor cultivation, meetings, grant opportunities and follow up with both existing and prospective lead donors. Through the first 23 months of this 5-year campaign (7/1/14 thru 5/31/16) total cash, pledges and documented bequests stand at \$4,940,629.

Activity in late March, April and May included procuring the final pledges and gifts to reach our \$500,000 goal to meet the Asante Foundation's \$500,000 challenge grant. Hospice Foundation is submitting information about the matching funds to the Asante Foundation for review and approval. Of the total \$500,000 raised, \$311,009.40 in cash donations received during the period 4/20/15 to 12/31/15 will be matched dollar for dollar this year. The remaining matching funds will be payable at the beginning of future years based upon the total qualifying cash received during the prior calendar year. Work on this matching grant has assisted us in leveraging gifts from new donors and procuring larger gifts from existing donors. Upon learning about the matching opportunity, one donor from Marshall County who recently gave us \$15,000, pledged another \$10,000 to help us in our effort to meet the match.

Our Circle of Caring luncheon held on March 23rd helped us identify a major gift donor prospect who met with us and subsequently pledged \$50,000 to name one of the patient rooms in the new hospice house. Discussions with a local charitable trust are ongoing as we continue to cultivate their interest in endowing hospice and palliative care fellowships and various other educational initiatives.

Planned Giving

We are following up on a potential planned gift of \$100,000 from an Elkhart couple who toured the Mishawaka campus in late 2015. They have shared their intent to make the gift and we are confirming this with them. No estate gifts were received in April or May.

Annual Giving

The 2015 Annual Appeal raised a total of \$79,370.80. The 2015 Friends of Hospice appeal was mailed the last full week of May to 31,565 individuals and organizations. In addition, an e-blast was sent to 1,208 email addresses. The mailing outlines the Veterans Memorial project and indicates that proceeds from this year's appeal will be used to help complete the memorial on the Mishawaka Campus.

Communications

So far in 2016 we have produced and mailed two issues of Crossroads. Donor profiles for these issues included the Community Foundation of Elkhart County and the St Joe Valley Street Rods. In addition, we have updated the format of our email update to encourage more visits to the foundation and event web sites.

Special Events & Projects

Despite the best attempts of the weather to derail the festivities, this year's Helping Hands Award Dinner was a success. The cocktail reception was moved indoors because of rain, cold weather and wind; the evening's entertainment, an Andrews Sisters-style WWII era act named the Victory Belles, performed their set on a makeshift stage in front of the doors leading into the Hilton Garden Inn's Fleur de Lis Ballroom. The group also performed a patriotic medley during the event to recognize veterans from each of the five branches of the US military. In recognition of area veterans, five generous donors sponsored honor tables for the event. As a result, a number of uniformed active duty and retired servicemen were able to attend the event at no cost to them. In addition to their Helping Hands awards, Bob Beutter and Joe Kernan also received framed Congressional Record acknowledgements from Rep. Jackie Walorski. This year's dinner raised \$182,295 which is earmarked for the Veterans Memorial.

A welcome reception helped kick off Rose Kiwanuka and Mark Mwesiga's US visit and was attended by more than 80 people. They were also part of 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 was hosted by Torrey DeVitto, narrator of the film and a Chicago Med cast member. A total of 25 guests attended the screening, including notable personalities like S. Epatha Merkerson and Nick Gehlfuss of Chicago Med. Rose and Mark's visit ended with a send-off from staff and other associates on May 6th with a farewell gathering at Hacienda.

This year's dedication of memorial items donated for the Elkhart Campus took place on Tuesday, June 7th. It began at 5:30 pm and was held in the Gardens of Renewal and Remembrance. The final count of donated items was: 18 bricks, seven trees and three benches. There were 50 RSVPs for the event and even though it was cold and cloudy for a June afternoon, it appeared that everyone who said they would be there attended.

Final preparations for the Walk for Hospice/Heroes for Hospice Fun Run, on Sunday, July 3rd at the Mishawaka Campus and Central Park are underway. Heroes for Hospice Fun Run and Walk for Hospice will be sponsored by DJ Construction. Included in the event will be members of the Mishawaka Fire Department, DARE, Elkhart's 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. To date, we have received \$11,680 in sponsorships for the event.

The 7th Annual Bike Michiana for Hospice will take place on October 2nd this year. LaSalle Kitchen and Tavern will be featured at the Pinhook Lagoon SAG and a new 82-mile route debuts this year. The 125-mile route is on hiatus but will return in the future. We have confirmed sponsorships of \$37,500 with another \$5,000 possible. As of June 1, we have 373 registered participants and anticipate between 1,000 and 1,100 riders taking part in the event.

Global Partners in Care/PCAU

In addition to the events noted above, Rose and Mark attended NHPCO's Management and Leadership Conference in Washington, DC in April. During the conference, Rose and Mike Wargo were part of the "Have Lunch with Global Partners in Care" event, during which Rose made a

presentation about our long-standing partnership, and that encouraged other US hospice organizations to sign up for a partnership. Along with Torrey DeVitto, Rose and Mike presented a screening of *Road to Hope* as one of the conference's concurrent sessions. As an extension of outreach and support for Global Partners in Care, we are once again working with them to make *Okuyamba* as well as *Road to Hope* available as an "event in a box" to help other hospice organizations raise awareness and funds for the international partnerships.

Rose and Mark attended a number of meetings at the University of Notre Dame during their visit as well as other collaborative partnership lunches and events (including FUN [Friends of Uganda], South Bend Rotary and Hospice at Home in St. Joseph, MI). The Notre Dame meetings were particularly fruitful in ironing out details of the mHealth pilot program being undertaken in conjunction with the Eck Institute for Global Health as well as future internship initiatives. They also made a presentation at one of CHC's bi-monthly All Staff meetings and met with many donors and other partners throughout the community.

Former CHC staff member and long-time PCAU volunteer Roberta Spencer and her husband Tom traveled to Uganda with Rose and Mark. They were involved in supporting the Road to Hope Camp for sponsored children and made a number of visits to hospice and palliative care organizations as well as a number of Road to Hope schools.

Road to Hope Program/Documentary

We are sad to report that one of the children enrolled in the Road to Hope program, Deogratius Kabugo, who was sponsored by a CHC employee, passed away in late April. He had experienced a number of health issues recently. While news of this type is distressing, we understood that the possibility of tragic circumstances was something we were likely to face in sponsoring disadvantaged children in a developing country. We have worked with the staff in our Life Transition Center and at PCAU to respond appropriately to his untimely death.

The Road to Hope documentary film continues to garner attention on the film festival circuit. New official selections and nominations include: INDIE Hype Film Festival (with events taking place in Sydney, Australia this summer and Berlin, Germany in the fall) and Hoosier Dance (Kokomo, Indiana). It also received a nod for "Best Documentary" at the Moscow (Russia) Film Festival and an Honorable Mention at California's American Movie Awards.

Mishawaka Campus

As previously reported, DJ Construction has provided preliminary cost estimates for the recently designed patient care staff building. Mike continues to work on securing New Market Tax Credits for all of Phase II of the project. Mike and I traveled to Toledo and Perrysburg, OH on June 9th with Jeff Helman of Helman-Sechrist Architecture, to tour two hospice houses prior to Helman finalizing design elements for our own new hospice house. The Hospice of Northwest Ohio CEO is a member of the National Hospice Executive Roundtable and I have known her for a number of years and previously visited their beautiful units. Construction has begun on our new veteran's memorial, with a ceremonial groundbreaking to take place on June 22nd. The formal dedication is scheduled for October 19th. In other Mishawaka Campus happenings, the long-anticipated starburst and entrance signage have been completed at the main entrance at the corner of Cedar Street and Comfort Place.

COMMUNICATIONS, MARKETING, VOLUNTEERS AND ACCESS

Amy Tribbett, Director of Marketing and Access reports on Marketing & Access, reports on April and May activities...

Referral, Professional, & Community Outreach

- CHC staff presented “Caring for Ourselves as We Care for Others” during family night at Settlers Place Assisted Living Community in LaPorte on Tues., 04/12.
- CHC staff presented a grief in-service for staff at Southfield Village on 04/13. The in-service was “Caring for the Dying Patient: Walking Through the Grief Process.”
- Hospice 101 was presented to the Madison Township Lions Group on Tues., 05/10, and to the Kiwanis on 05/12.
- Staff presented to the Plymouth Kiwanis on 05/10.
- Staff hosted the Veterans Club at Holy Cross Andre Place with former Governor Joe Kernan on 05/24.
- CHC was present at the Senior Health Fair in Warsaw on 05/25.
- CHC was present at the Wellbrooke Health Fair on 05/26.

Volunteer Department

Activity in April & May included:

The annual Volunteer Recognition and Annual Report was held on April 12th at The Brick in South Bend. The recipient of this year's John E. Kruger, MD Hospice Caring Award was Dale Kern. More than 150 were in attendance. CHC thanks Hospice Foundation Board Chair, Corey Cressy, for once again allowing us to use the space and tables and chairs at no charge.

Also during this time period, the Volunteer department experienced...

- 12 interviews with potential volunteers
- 26 new volunteer inquiries
- 6 volunteers trained in the May daytime training session
- 4 additional volunteers trained specifically for the bereavement department
- A Volunteer presentation was made to Gospel Center Missionary Church with 60+ in attendance
- The Plymouth Pilot ran a profile story of volunteer Fran Schuster (attached to this report)
- CHC had a volunteer recruitment booth at the Plymouth Business Expo
- A volunteer presentation was made to Friendship Quilters in Plymouth

Marketing

Peter Benjamin from the Huntington Consulting Group in Miami, FL and consultant for the National Hospice Executive Roundtable provided training for CHC's Intake, Triage, and Receptionists. He also spent the afternoon of the 27th and the morning of the 28th with the Professional Relations Liaisons on the topic of physician offices visits, marketing, and getting referrals.

Website

During April and May, Center for Hospice Care's website was visited 9,376 times by 7,463 unique users. Those visits resulted in 19,408 page views. The new website should be up any day now. There have been issues with linkage to the Hospice Foundation website and our Blackbaud online fundraising software compatibility. We did not want to move forward and potentially derail online donations until all of the technical issues were solved and tested.

Social Media

In April, the Center for Hospice Care Facebook (Center4Hospice) page gained 241 fans for a total of 2,423. Posts received 599 likes and 10 comments for the month. There were 3,175 engaged users for the month. Top posts were about hospice volunteers and a woman who started a home for hospice infants.

In April, the Center for Hospice Care Twitter (@Center4Hospice) gained 16 followers, was mentioned 7 times, and had 27 retweets.

Digital Campaign Overview

During April and May, the digital advertising campaign produced 82 phone calls (from the unique 800# tied to the campaign based upon clicks from the digital advertising) and produced nine referrals and four of those resulted in hospice patient admissions.

CHC NOW OFFICIALLY IN TOP 4% OF ALL HOSPICE PROGRAMS IN U.S.

For many years, we've been promoting that CHC is in the top 5% of all hospice programs in the U.S. We now have data proving we've moved up. CHC is "officially" in the top 4% of all hospice programs in America. Carol Spence, PhD, Director of Research and the statistician for the National Hospice and Palliative Care Organization (NHPCO) has run the percentile numbers based upon the NHPCO National Data Set for 2014 (latest available). Based upon annualized numbers of patients served, CHC is in the 96th percentile. Of the 6,100 hospice programs operating in the United States during 2014, CHC cared for more patients than 96% of them.

CHC / HF HUMAN RESOURCES POLICY MANUAL 2016-2018

The Executive Committee, acting as the Personnel Committee, has reviewed and approved the 2016-2018 CHC/HF Human Resources Policies Manual. The HR Policies Manual becomes effective on July 1 and stays in effect for two years before they are reviewed again. In between, if any changes are necessary, they are placed into draft form and taken to the Executive Committee and then to the Board. This manual is currently very comprehensive and the outcome of many years of thoughtful administrative debate and diligent work. This time around, most of the changes to the manual are due to modifications in law, to provide additional clarification, and to reflect desired or current practice. There is just one new policy regarding the process staff should take if they receive a subpoena which mostly has to do with letting CHC know that they have received such. Staff sometimes receive requests to provide testimony regarding the mental state of a

deceased patient when family members are arguing or taken legal action over “last minute” changes to the patient’s will. The HR manual is 55 pages long and due to its size there is a stand-alone redlined copy of current proposed changes posted on the board website. We will ask for passage of this document at the June 15th meeting. If you have any questions regarding any of the policies, please contact me.

CAMP EVERGREEN 2016

The 23rd Annual Camp Evergreen was held the weekend of June 4th with 55 campers attending. Camp Evergreen is a grief camp for youth and teens that have experienced the death of a significant person in their life. It is provided free of charge as a community service of CHC. Camp Evergreen assists the campers in realizing that many other youth and teens have experienced death. It also educates them on the grief process and positive ways to cope. Along with opportunities for healing and for sharing about their significant person, the teens and youth have a fun filled experience. The Teen Camp had 22 campers. The Youth Camp had 33 campers. There were 38 Youth Volunteer Buddies, 14 Youth Activity Volunteers, 10 Teen Volunteer Buddies, and 8 Teen Activity Volunteers. Total persons involved for both camps totaled 136: 55 Campers, 70 volunteers, and 11 staff members. Camp Evergreen is held at Bair Lake Bible Camp in Jones, Michigan. Free transportation to and from camp is provided from local, designated pickup sites. “The Camp Evergreen Story” will be the featured education portion of the June 15th Board Meeting.

NHERT MEETS IN LEXINGTON, KY

I attended the National Hospice Executive Roundtable (NHERT) meeting at member program Hospice of the Bluegrass in Lexington, KY May 18-21. The theme of this meeting was “Quality.” However, not quality as regulatory compliance, but how quality is defined and perceived by our constituents. Each of the 12 participating CEOs brought their top quality staff person to make presentations on 5/19 and the rest of the CEOs met together throughout the day on the 20th. Because of her extensive background in quality, Sue Morgan, DON, joined me for the meeting and presented to the group. Due to its proximity to Georgetown, KY, the entire group of 20+ had the opportunity to tour the largest Toyota Manufacturing plant in the world. Toyota invented and introduced Total Quality Management 50+ years ago and seeing it in operation at an 8.1 million square foot facility (169 football fields under one roof) was astonishing. This plant produces over 2,000 cars each day with 5,000 workers and 3,000 contractors. On the assembly lines each worker has a job that is completed in 58 seconds. On day two, the CEOs heard from guest speakers Kay Ross, VP at Baptist Health Lexington and Charles Colvin, Exec. Dir., Revue Cycle at Baptist Health System regarding their challenges and what they see as the future of end-of-life care in a health system, as well as how they will decide to choose hospice partners under value-based purchasing, bundled payments, etc. The NHERT is a collection of 12 non-profit CEOs from leading legacy hospice programs throughout the country who meet in-person three times per year to discuss best practices and solve problems. The group is facilitated by Peter Benjamin who spoke to the CHC Board at the April meeting. Two of the 12 CEOs are retiring this year and at third one very likely this year or next. Noting that we will be down three CEOs in the next year, we also spent time discussing who to invite into the group.

QUALITY IMPROVEMENT COMMITTEE MINUTES

Attached to this report are the most recent minutes of the internal CHC Quality Improvement Committee minutes from May 17th. Please contact me with any questions. Board member Carol Walker, RN will be reporting on the QI meeting at the June 15th Board Meeting.

PURCHASE OF MILTON ADULT DAY SERVICES UPDATE

I spent a great deal of time during the month of May trading emails with our attorneys in Chicago and Indianapolis hammering out a purchase agreement for Milton Adult Day Services. We reached a final document on May 27 and I forwarded a signed PA to REAL Services on that date. They were very appreciative and indicated the document would be sent to their attorneys for review. At the time of this writing, I have heard nothing further. While they have requested a closing date by June 30, our purchase agreement specifies a closing date that is the later of June 30th and/or approval for CHC to be a Medicaid Waiver provider and realize a successful transfer of the VA Agreement. There would be no sale or purchase until we receive official notification that CHC has been accepted or received approval by the Waiver and VA agreements. REAL has offered to help us with these transfers and applications, but has not desired to begin their assistance until they had a signed purchase agreement from CHC -- which they now do. It is highly doubtful we will close by June 30th. My understanding is that this date was a “nice to have” because it’s the beginning of REAL’s new fiscal year.

OUT AND ABOUT

Sue Morgan and I attended the NHERT meeting in Lexington, KY parts of the week of May 16.

Architects Jeff Helman from Helman-Sechrist Architecture along with Mike Wargo and I visited the two inpatient units at Hospice of Northwest Ohio in Toledo / Perrysburg, OH on June 9. The purpose was to look at what works in preparation for our new Hospice House on the Mishawaka Campus. The CEO of the Toledo based program is a member of the NHERT.

Mike Wargo and I attended the President's Community Leaders Breakfast at the Morris Inn on the campus of the University of Notre Dame on June 6th.

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

Dave Haley’s Census Charts

Feature profile article on volunteer Fran Schuster from the Plymouth Pilot.

Thank you letter from Marshall Intermediate School expressing appreciation for CHC holding student grief groups there.

HARD COPY BOARD ITEMS TO BE DISTRIBUTED AT THE MEETING

April and May 2016 Financials.

NEXT REGULAR BOARD MEETING

Our next regular Board Meeting will be **Wednesday, August 17 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@cfhcare.org .

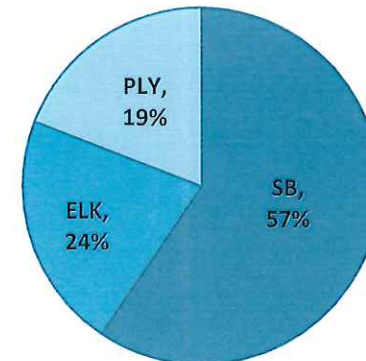
#

Center for Hospice Care
2016 YTD Average Daily Census (ADC)
(includes Hospice House and Home Health)

	<u>All</u>	<u>South Bend</u>	<u>Elkhart</u>	<u>Plymouth</u>
J	397	227	95	75
F	387	224	91	72
M	389	220	99	70
A	403	234	92	77
M				
J				
J				
A				
S				
O				
N				
D				

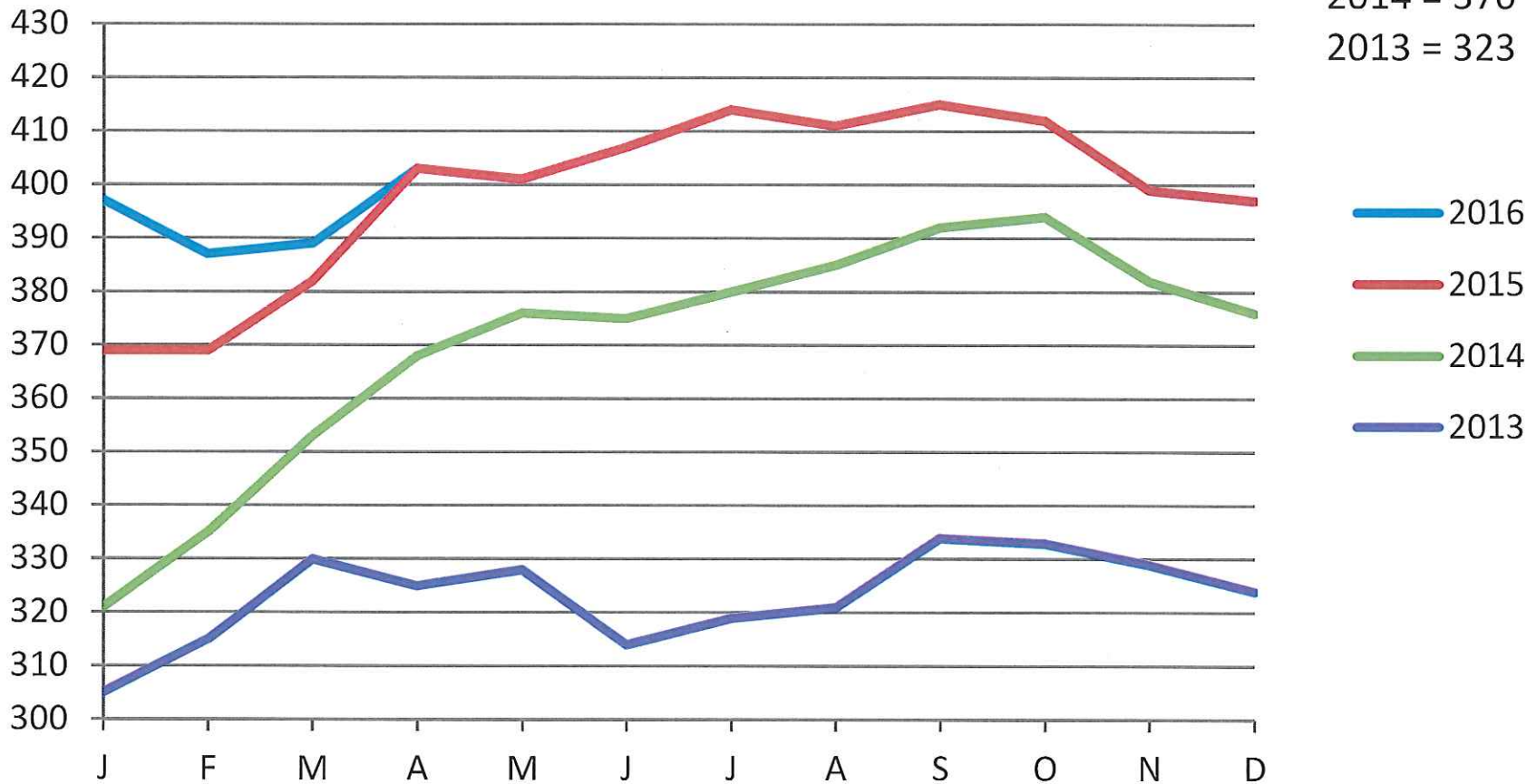
2016 YTD Totals	1576	905	377	294
2016 YTD ADC	394	226	94	74
2015 YTD ADC	381	223	90	68
YTD Change 2015 to 2016	13	3	4	6
YTD % Change 2015 to 2016	3.4%	1.5%	4.7%	1.4%

**2016 YTD ADC
by Branch**



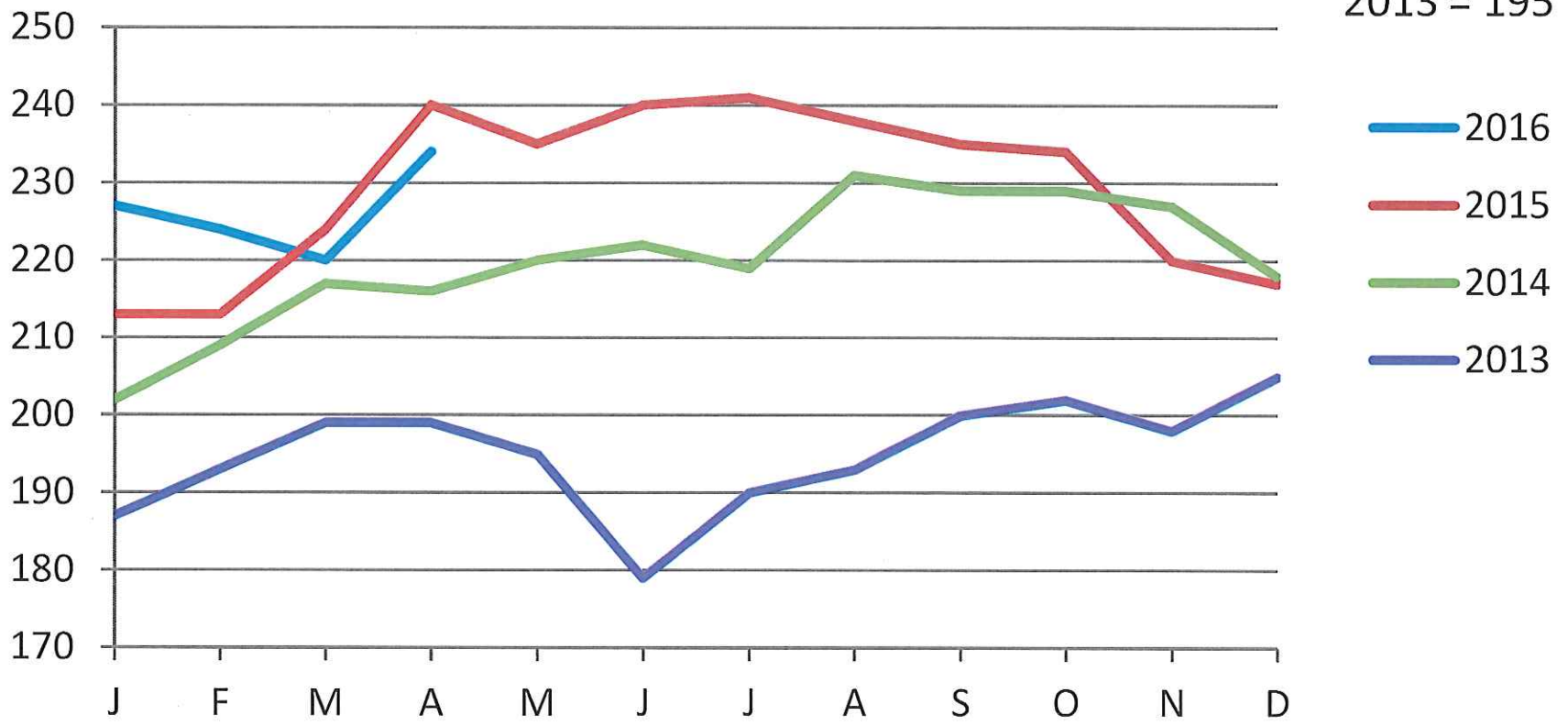
Center for Hospice Care Total Average Daily Census (ADC)

ADC
YTD 2016 = 394
2015 = 399
2014 = 370
2013 = 323



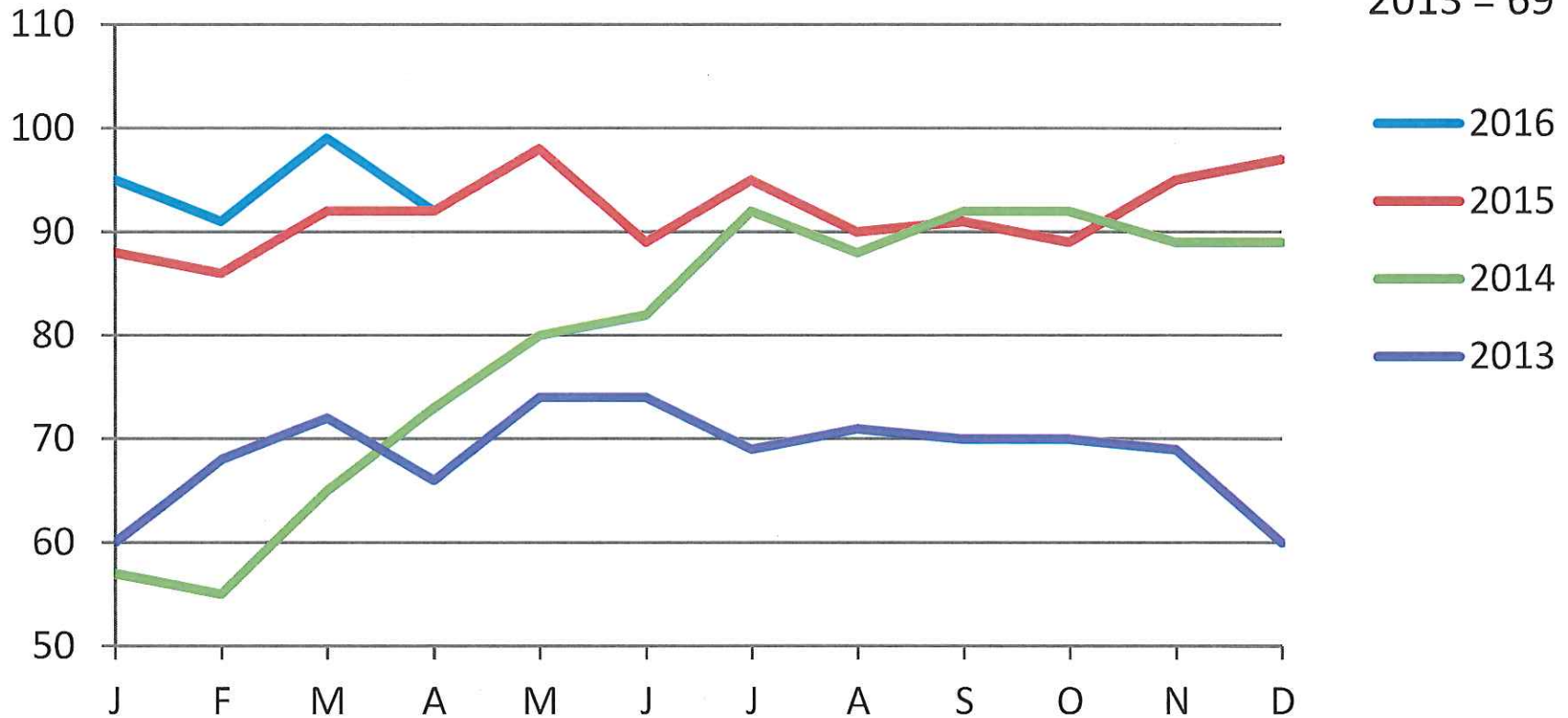
South Bend Average Daily Census

ADC
 YTD 2016 = 226
 2015 = 229
 2014 = 220
 2013 = 195



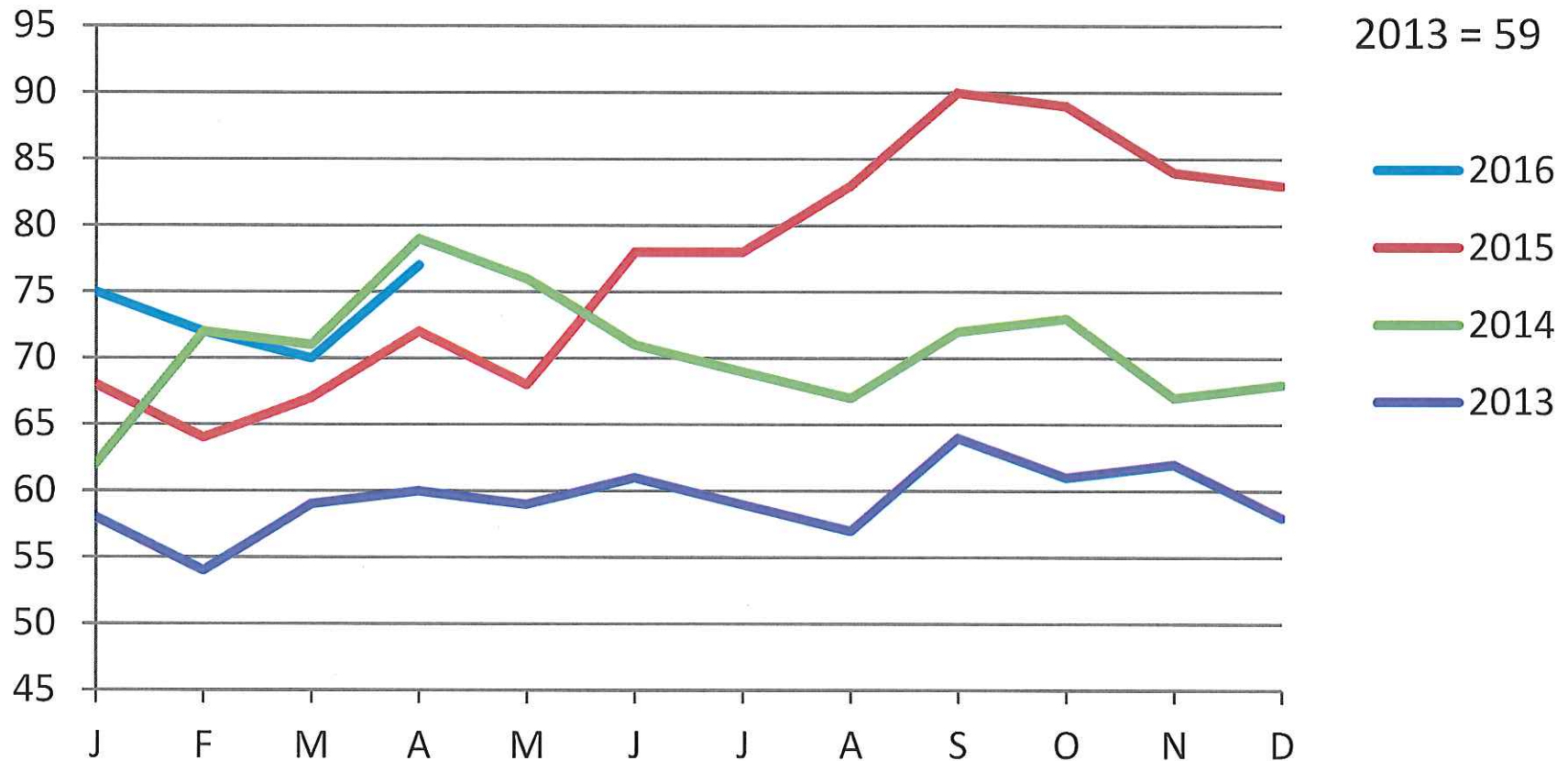
Elkhart Average Daily Census

YTD 2016 = 94
 2015 = 92
 2014 = 80
 2013 = 69



Plymouth Average Daily Census

ADC
 YTD 2016 = 74
 2015 = 77
 2014 = 71
 2013 = 59



When community cares

Schuster a key volunteer for Center for Hospice Care

MARSHALL COUNTY — Fran Schuster has been part of the Marshall County community for more than 20 years. With a beautiful home on the lake, it's not hard to see why her family settled in; however, there was something missing. "There was a part of my life," she said, "that needed to help...or do for others." So a simple notice in her church bulletin led her to Center for Hospice Care (CHC).

Schuster became a CHC volunteer because she "had time to give." Twelve years later, she is still giving of her time. She sang bass with the Sweet Adelines and she is involved with a quilting group. Though this connected her with those in her community, she still sought a volunteer opportunity with CHC. She found in CHC an opportunity that truly meets a deep need within her community: companionship during an often lonely and difficult journey.

Center for Hospice Care focuses on providing care and quality of life for those at the end of life. Volunteers are used to provide companionship, respite and support to families and patients. Schuster has helped CHC in many ways: she has visited patients in independent and assisted living facilities,

"It is rewarding for me, and sometimes I think I get more out of it than they do."

— CHC volunteer
Fran Schuster

she has provided respite in a home setting and she has called grieving families to check on how they are doing. It is in these tasks Schuster has been meeting the deeper needs of her community.

"I think it has made me a stronger person," she said. "It is rewarding for me, and sometimes I think I get more out of it than they do."

Patients and families do receive a lot from the volunteers. It is meaningful to have someone spend time with a loved one while the caregiver gets some time to relax, get their hair done or run errands. Schuster said that a patient's wife showed her appreciation by bringing back a chocolate sundae

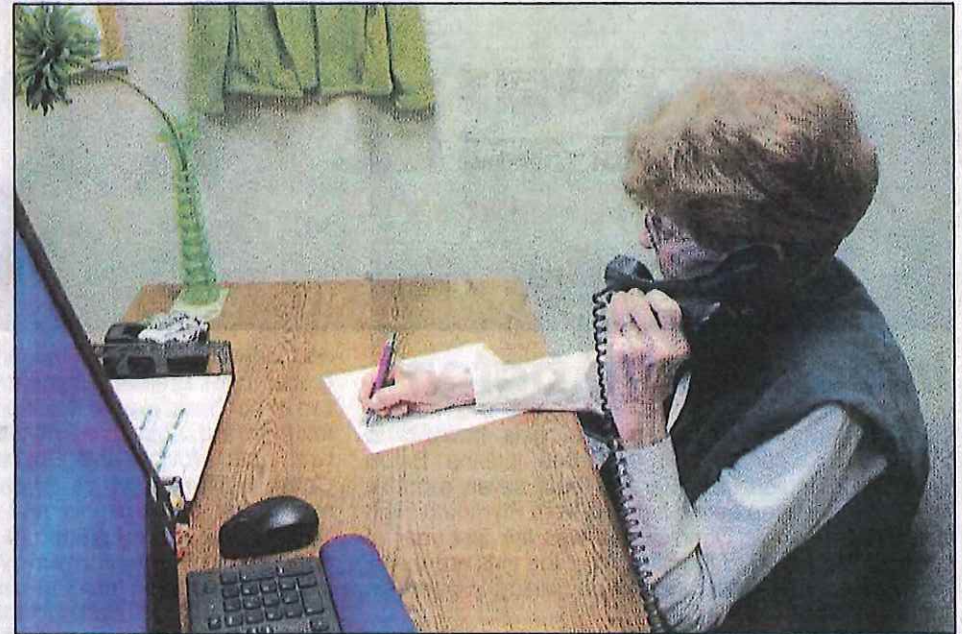


PHOTO PROVIDED

Fran Schuster is a Center for Hospice Care volunteer.

each time she volunteered. The value to the family is tremendous.

Schuster's a pretty amazing volunteer, but she can't meet all the needs of the community on her own. CHC needs more volunteers to be the community that cares for those who are in need. Through the initial training to ongoing educational experiences, volunteering for CHC isn't only meeting a need, it's personally fulfilling and enriching as well.

Schuster told a story of one of the patients

she visited in an extended care facility. "One day she was sitting in the hallway in her wheelchair. I was rubbing her shoulders and back a bit," Schuster remembers. "She said, 'What are you doing?' And I said, 'I'm loving you.'" And that's the most important thing.

If you're interested in volunteering for CHC, please call Kristiana Donahue, volunteer recruitment and training coordinator, at 574-286-1198 or email her at donahuek@cfhcare.org.

FREE CAR WASH
WITH EVERY
OIL CHANGE

March 31, 2016

To Whom It May Concern:

My name is Naomi Adams, Licensed Clinical Social Worker for Marshall Intermediate. Annette Deguch, Hospice Social Worker at your agency provided bereavement counseling to our students at Marshall. The Marshall community would like to let you know that we appreciate the opportunity for Hospice to provide services to student who are struggling with grief issues.

Annette has done an outstanding job providing support to our students over the years. We look forward to future partnerships with your agency.

Respectfully Submitted,

Naomi Adams, LCSW
(574) 231-5801

CHAPTER FOUR

QI Committee Report

**Center for Hospice Care
 QI Committee Meeting Minutes
 May 17, 2016**

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

Topic	Discussion	Action
1. Call to Order	<ul style="list-style-type: none"> • The meeting was called to order at 8:00 a.m. • New employee Michele Bush, Professional Relations Liaison, was introduced to the committee. She sat in on the meeting as part of her orientation. 	
2. Minutes	<ul style="list-style-type: none"> • The minutes of the 02/16/16 meeting were approved by consensus. 	
3. Performance Improvement & Quality Monitoring	<ul style="list-style-type: none"> • Reporting calendar – We have developed a calendar when each item will be reported to the committee. We are routinely collecting and analyzing key quality data and reporting it to key stakeholders. We have created a formalized plan to ensure projects stay on task and goals are being met. • Home Health Program – OASIS is an assessment done on admission, change of condition, and discharge. It is both an assessment and data collection tool. Once a year the government sends an OBQI report and we analyze those results and form any quality indicator programs needed. We scored well in falls prevention and pain intervention. • HIM Committee – The Health Information Management Committee looks at several elements and ongoing improvement projects. One project we are working on is converting paper charts to electronic. All medical documents are now scanned into the EMR. We are also working on eliminating redundant, obsolete and ineffective forms both paper and electronic. We are moving towards quality indicator monitoring for both regulatory and internal requirements. We used to audit retroactively and now it is concurrent so we can follow up quicker. Another project is creating a file of paper documents so they can be easily accessed in case the computers go down. • Live Discharges – Since 2006 CMS has been looking intently at live discharges. They are looking at relationships to non-hospice Medicare spending, average length of stay, 	

Topic	Discussion	Action
	<p>and other data to draw conclusions. From 2006-2014 the average live discharge rate stayed around 18%. This includes revocations, no longer meets criteria, moved, transferred to another hospice, discharge for cause, seeking curative treatment, etc. We also have internal quality indicators for live discharges. In the first quarter 2016 there were 25 live discharges or 11%. Of those, 6% were revocations and 5% were other. Ten were for interventions outside the plan of care, five for symptom management, five seeking curative treatment, three going to a Medicare A skilled bed in an ECF, and two wanted traditional Medicare benefits. The IDT looks to see if we helped the family make an informed decision and if we offered Hospice House or Continuous Care. In the first quarter an IDT was held prior to discharge 100%.</p> <ul style="list-style-type: none"> • Discharge within 25 days of admission – There were 15 patients. 11 were between 72 hours and 25 days. CMS will continue to look for patterns of discharge surrounding provision of services and a relationship to the new payment system in the first 60 days of the hospice benefit being used. • Education and Training – NHPCO webinars are offered bimonthly along with education opportunities from IHPCO and other organizations. We started evaluating the effectiveness of the education within nursing, but we should do it for all disciplines. The results will be reported to the QI Committee to see if we are meeting the needs of staff. The name of the program and department should be added to the evaluation. This could be a quality indicator that we could monitor. Carol W. suggested using Survey Monkey so we can get that information electronically. We do have an account with them. The survey needs to be sent right after the presentation. It would also be nice to see the education we are providing agency-wide. • A motion was made to incorporate some type of education evaluation and report back to this committee on its effectiveness. The motion was accepted unanimously. 	<p>S. Morgan motioned C. Walker seconded</p>
<p>4. Clinical Quality Measures</p>	<ul style="list-style-type: none"> • Pain is being assessed 100% at every skilled nursing visit. The QAPI is also looking at bowel function. The threshold is 93% and we maintained that threshold in the first quarter 2016. Education is done with individuals as identified. Then we will begin to look at dyspnea. The trouble breathing comfort plan is now in place and all disciplines are involved in that initiative. We don't have an aim statement at this time. We are waiting for the first quarter CAPS Survey results, which ask did the hospice team give you training if a family member has trouble breathing. In the first quarter 2016 we started working on the HIS regarding care, CPR, advance directives, and 	

Topic	Discussion	Action
	<p>hospitalizations. We are choosing to focus first on CPR and how qualified staff is in discussing CPR with patients and families.</p>	
<p>5. Medication Timeliness</p>	<ul style="list-style-type: none"> Do are working on education with new nurses on the importance of documenting in the home. Medications were entered in the computer while the nurse was in the home 83% in December/January and 80% in February-April. 	
<p>6. Caregiver Information</p>	<ul style="list-style-type: none"> We have developed a new process where proposals for new QAPI will be submitted to the QI Committee. Bereavement submitted a proposal for complete and accurate caregiver information. Bereavement often finds information is missing or names misspelled until we see the obituary. Now that we provide bereavement services to families of DBAs, the caregiver information is missing, so it takes time find it. Sometimes the caregiver changes while a patient is on census, but that information doesn't get into the chart so when bereavement follows up they have the wrong contact information or send a sympathy card to a caregiver that died. So we are proposing a QAPI to look at who is responsible for maintaining caregiver information so there is less risk for mistakes by the time it gets to bereavement. That information affects all departments. The Client Activity data is pulled for the CAPS survey, so it needs to be accurate. The committee agreed it would be a good QAPI. 	
<p>7. Patient Safety</p>	<ul style="list-style-type: none"> Falls for first quarter 2016: 47 in January, 36 in February, 28 in March. The majority were patients while toileting. We were tracking how many falls occurred to the same patient more than once, but found it was not significant and there isn't much we can do about it. These falls are usually in the patient's at home. Education is being done. There were no injuries as a result of the falls this quarter. Medication Errors – There were two errors in March related to dosage in Hospice House. The nurse was educated on double checking dosage and notifying the physician. We have not experienced as many delivery errors with the new vendor. We didn't count delivery errors, because they didn't cause direct problems with patients. Consumer Concerns Committee – The committee meets quarterly. Coordinators are keeping us aware of any potential concerns before we receive calls. We noticed that sometimes when the liaisons visit facilities they will ask if they have any complaints instead of asking if they have any concerns about the care we offer, so we will follow up with them on the words to use. We did follow up with any concerns from a DON or social work director at a facility. 	

Topic	Discussion	Action
<p>8. Quality Indicators</p>	<ul style="list-style-type: none"> • We are moving from an auditing process to a monitoring process. We used a tool from NHPCO and CMS’ top ten deficiencies in hospices. One quality indicator we are looking at is GIP level of care in Hospice House. We created an internal monitoring tool and will look at the charts of Hospice House GIP patients and will educate staff on documentation. We will create guidelines to bring consistency to GIP documentation so everyone is doing it the same way. • Care Plans – We looked at the top ten deficiencies for the past couple years, and care planning is on there at least three times. Our case managers average a caseload of 12-15 patients, and we examined 30% of the caseloads for trends and did some target education. One trend we are seeing is DME orders and care plans are not matching. Each PCC and individual nurse will have their individual outcomes so they can make corrections in their practices. Social work and spiritual care will be doing the same type of monitoring and report back to the QI Committee. 	
<p>Adjournment</p>	<ul style="list-style-type: none"> • The meeting adjourned at 8:55 a.m. 	<p>Next meeting 08/16</p>