Board of Directors Meeting

501 Comfort Place, Conference Room A, Mishawaka
June 28, 2017
7:30 a.m.

BOARD BRIEFING BOOK

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CHAPTER ONE

AGENDA

BOARD OF DIRECTORS MEETING
Administrative and Foundation Offices
501 Comfort Place, Room A, Mishawaka IN
June 28, 2017
7:30 a.m.

A G E N D A

1. Approval of April 19, 2017 Minutes including approval of actions taken at this meeting where a quorum was not present including the 2016 Audit, Q1 2017 Financials, and PAG committee report *(action)* – Wendell Walsh (2 minutes)

2. President's Report *(information)* - Mark Murray (14 minutes)

3. Finance Committee *(action)* – Lori Turner (8 minutes)
   a. April and May 2017 Financial Statements

4. QI Committee *(information)* – Carol Walker (7 minutes)

5. Policies *(action)* – Sue Morgan (7 minutes)

6. Foundation Update *(information)* – Amy Kuhar Mauro (10 minutes)

7. Board Education "CHC Social Media and Digital Marketing Update– *(information)* – Craig Harrell, Director of Marketing and Access (10 Minutes)

8. Chairman's Report *(information)* – Wendell Walsh (2 minutes)

Next meeting August 16, 2017 at 7:30 a.m.

# # #

CHAPTER TWO

MINUTES

Center for Hospice Care
Board of Directors Meeting Minutes
April 19, 2017

Members Present:	Amy Kuhar Mauro, Anna Milligan, Carol Walker, Mary Newbold, Wendell Walsh
Absent:	Ann Firth, Francis Ellert, Jennifer Ewing Jesse Hsieh, Lori Turner, Suzie Weirick, Tim Portolese
CHC Staff:	Mark Murray, Craig Harrell, 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. There was not a quorum present.	
2. Minutes	• A motion was made to accept the minutes of the 02/15/17 meeting as presented. The motion was accepted unanimously.	C. Walker motioned M. Newbold seconded
3. President's Report	• Referrals are up 2.3% from a year ago, patients served are up 4%, and original admissions are up 7%. Late referrals and short lengths of stay are making it difficult to hold the ADC. April ADC is 399 and we need 383 to keep the doors open. • The owners of the space we wanted in LaPorte have decided to keep it, so we continue to explore other options. • Craig Harrell is the new Director of Marketing & Access. Peter Ashley is the new Director of Communications and Annual Giving. They are working together to avoid redundancy between the two departments. • We have made great progress on the unbilled patient revenue. It is now under $400,000 compared to $7.4MM in 2015. The average number of unbilled days of the National Hospice Executive Roundtable is 56 days and as of the end of March we were at 41 days. • Indiana has contracted with an out of state survey company, so we don't know what to expect this year. We are scheduled for a hospice survey in late August. ISDH doesn't have staff to do the surveys. • Mark spoke at the IU School of Medicine mini-medical series with Dr. Mark Sandock. The series is done every year by I.U. and Notre Dame. • A press conference for the Crossroads Campaign was held at the Mishawaka office. We had good exposure in the South Bend Tribune and WNDU. • As of 05/01 Mark will be the board chair of IHPCO. He reluctantly agreed to do so with the understanding that the IHPCO executive director would help with legislatively and administratively to open up Hospice Houses for private pay or managed care payments for pain and symptom management for patients that are not quite ready for	

Topic	Discussion	Action
	hospice. We did talk to ISDH through IHPCO, but we don't think they understood the question. One reason we are exploring this is the scrutiny by the OIG saying hospices are billing inappropriate for inpatient care. Some inpatient units are closing due to the extra scrutiny. The number of patient days went down for the first time in 20 years based on the extra scrutiny, recovery audit contractors, OIG, etc. Last year we cared for more people in our Hospice Houses—661, an 11% increase, with an ALOS of 5.3 days. • MedPAC presented its annual report to Congress. Even though we are scheduled for a 1% rate increase in October 2017, MedPAC is recommending no increase. Congress doesn't have to pay attention to what they say, but we are going into fiscal year 2017 not expecting any increases at all. • CMS has a new recovery audit contract with Performant. They will keep a percentage of what they find. There is also a new GIP auditor, Strategic Health Solutions. They are questioning 14 GIP claims on 11 different patients going back to 2015 for about $118,000. We have information we will submit to show these patients were appropriate for that level of care during that time. • We did the fourth "Introduction to Hospice and Palliative Care" with 70 students at Notre Dame. We held a Circle of Caring dinner along with an unveiling of the Helping Hands Award Wall of Fame. We held a screening of the PBS Frontline documentary "Being Mortal." It went over very well so we will hold two more screenings this year. • Yesterday was the annual Volunteer Recognition at The Brick. Thank you to the Cressys again for donating the space, tables and chairs. About 150 attended. • If you know anyone with a loved one with Dementia and needs caregiver, Milton Adult Day Services would be a great place. We own them. Craig H. is working with them on new marketing materials. • Staff has been given "Hello" cards to use when they are in ECFs, so the facility staff knows we are in the building. One complaint we get from facilities is that they don't know when or if we are there. We told staff to say hello ask if there is anyone else we can help you with today.	
4. Finance Committee	• 1st Quarter 2017 Financial Statements – YTD operating revenue $5.2MM, interest & other income $121,000, beneficial interest in Foundation $542,000, total revenue $5.9MM, total expenses $4.7MM, net gain $1.2MM, net without beneficial interest in Foundation $671,000. Compared to 2015 we had a $600,000 net gain and without beneficial in Foundation net gain $928,000. At the end of March overall ADC was	

Topic	Discussion	Action
	97% from where we budgeted. From an operating revenue standpoint we are at about 97%, so we are a little behind budget. We made tremendous strides in collection of A/R. The Finance Committee talked about the debt carried by the Hospice Foundation for purchase of this building and whether we should reinvest the excess or repay a significant portion of the debt. We would pay $5MM of the $5.9MM debt, and then re-evaluate the remaining $900,000 in the next quarter. It becomes due November 2017. This would save us about $100,000 by paying it off now. This will be discussed by the Hospice Foundation Board today.	
	• A motion was made to approve the 1st quarter 2017 financial statements as presented. The motion was accepted unanimously.	M. Newbold motioned A. Milligan seconded
	• 2016 Audit – There were no deficiencies in any internal controls of the organization. The recommendations made from an accounting standpoint were very minor. The auditors looked at the decrease in outstanding A/R balance. We put a lot of energy into this last year, which resulted in a positive cash flow and increase in investments. The Finance Committee asked the auditors about succession for Karl. They said there are very competent people working in the financial area and the group works very well together. Karl said our partnership with Culp is very good. They are easy to reach out to if we have questions on how to do something so there are no surprises when it is time for the audit. The auditors had made one formal recommendation with some restricted funds and we already have structures in place to start dealing with that in 2017.	
	• A motion was made to approve the 2016 Audit as presented. The motion was accepted unanimously.	M. Newbold motioned A. Milligan seconded
	• Beneficial Interest in Foundation – The Hospice Foundation is a separate legal 501c3 entity supporting CHC. It was incorporated in 2007 and began operation in 2009. A supporting foundation qualifies as a public charity, because they are supporting another charity or are a charity. There are three types of supporting organizations. They have common control with the supporting organization. The Executive Committee of the CHC Board is the Board of the Hospice Foundation. Mark is the CEO of both and Karl is the CFO of both. There are three main CHC revenue streams—hospice and home health operations, Milton Adult Day Services, and Hospice Foundation. The Hospice Foundation is reflected as an asset owned by CHC. None of our payer sources pay cash immediately upon service each day—we have to bill for it. We also have expenses to pay.	

Topic	Discussion	Action
	• The Hospice Foundation has two main revenue streams—fundraising and development, and investment income. A good portion of the Foundation's revenue is generally cash or one time gifts. They also have expenses they have to pay. During the capital campaign pledges are often paid over time. In 2016 the Hospice Foundation raised $3MM in development income and of that, $1,445,000 was pledges that will be paid over a number of years. This is the third major campaign CHC/HF has embarked upon. Defaulted payments are minimal. If someone makes a $500,000 pledge payment over five years, we have to reflect the $500,000 in the year the pledge is made.	
5. PAG Committee & QI Committee	• PAG – The Professional Advisory Group reviews the home health program. A new "Program Evaluation" policy was created to address what the PAG is responsible to review. The majority of referrals for home health were from doctors.. The primary diagnosis was cancer. We are working on creating a complete electronic medical record (EMR). CMS looked at five charts and denied two of them. So we will likely come back and look at things again. New Home Health Conditions of Participation are expected in July. There have not been new standards in 20 years. The interpretive guidelines have not been released yet. • A motion was made to approve the PAG Committee report as presented. The motion was accepted unanimously. • QI Committee – The Quality Improvement Committee looks at quality reporting. There is a lot of QI that goes on in the organization to see that we are meeting standards and benchmarks. One of the areas we are focusing on is pain assessment documentation and that all seven parameters are addressed during the visit. Also whether the nurse is documenting in the home. The group also discussed falls in the home and ECFs. We do a thorough assessment of potential safety trends in the home and continue to monitor it. • A motion was made to approve the QI Committee report as presented. The motion was accepted unanimously.	W. Walsh motioned A. Milligan seconded A. Milligan motioned C. Walker seconded
6. Policies	The following revised or new policies were reviewed: • Discharge Criteria – There was a change in the COPs. It used to be a five-day window to get families prepared and education, and now it is 15 days. • Suicide Ideation – Intervention is dependent upon the avenue in which the patient is choosing to commit suicide and how quickly. Once we are aware of a threat, we send a social worker right away. Is the patient left alone during this time? We should make sure the caregiver is in the home. Once we do the assessment and IDT meeting is held. Sue will explore this further.	

Topic	Discussion	Action
	• Medication Review and Electronic Profiling – Profiling is now done electronically. We just started doing this and saves staff a lot of time. • Patients with Known or Discovered Infestations in Hospice House – We have a very thorough checklist of what to do in Hospice House. This is a policy to avoid having known infestations at other location brought to Hospice House. We have not had infestations in Hospice House. • Infection Control: Multi-Drug Resistant Organisms – This replaces two or three other policies. There is a separate policy about hand washing versus hand sanitizer. Is there any reason why not we don't go through an assessment and just use contact precautions? Carol and Sue will follow up on this. • Hospital to Hospice House Admission – Minor changes were made to reflect current practices. • Program Evaluation – New policy related to the PAG Committee. • We can wait for approval on these policies until the June CHC Board meeting to allow time for Carol and Sue to discuss further changes. We can work under draft mode until then. It was decided to defer voting on these policies until the June Board meeting when they will be brought back with further changes. There is no quorum at today's meeting anyway.	
7. Foundation Update	• Total fundraising through 03/31/17 was $282,000. Last year it was $178,000. Annual Appeal is over $95,000 compared to $77,000 last year at this time. We received a $106,000 planned gift, which was put towards the $1MM matching grant from the Dwyer Trust to fund the hospice and palliative care fellowship. • The Helping Hands Award Dinner is 05/03 honoring first responders. Cindy Kilgore will be the emcee for the event. We are working with WNIT on the video. • The Elkhart Garden of Remembrance event is 06/06. The Journeys in Healing art auction will be 06/14 as a fundraiser benefiting the After Images art counseling program. • GPIC – The transition is progressing well. We thought certain elements were in place that would transition smoothly, but the New York Secretary of State office has been slow in moving the ability for us to take over the PNC account where funds were wired to partners. So NHPCO has been taking care of that for now. New York has reportedly approved that, but we have not seen it yet. We have transitioned the GPIC website and other things. We are working on the GPIC exhibit for the NHPCO Management & Leadership Conference May 1-3.	

Topic	Discussion	Action
	• The biennial PCAU conference will be held in August. We have co-sponsored it at least three times. • The public phase of the Crossroads Campaign was launched in February at a Circle of Caring event in Florida. 21 people attended. The Circle of Caring dinner was held at the Mishawaka office, along with the unveiling of the Helping Hands Award Wall of Fame. At the March staff meeting we rolled out giving option to staff to participate in the campaign, and yesterday it was promoted at the Volunteer Recognition event. To date we have $7.7MM of the $10MM campaign. $2.1MM goes toward capital, $1.3MM for endowments, $2MM annual giving for program needs, $46,000 designated funds, $2MM undesignated where donor didn't say where they wanted it to go. For larger gifts we will ask the donors whether if it could be applied to a particular area, like underwrite a room in Hospice House, etc.	
8. Board Education	• Why Would Anyone Want to Donate to CHC? The number one reason is our 37-year-old promise that nobody will be turned away due to an inability to pay for hospice care. We still have patients who, for a wide variety of reasons, have no insurance or ability to pay. We have been raising money for this purpose since 1980 and it continues today. Our annual fundraising income is less than the amount of what we give away in charity care and write offs. This has been the case each year for the last nine years. We are at the point where we have invested assets, but we need to look at what would happen if we had to change the way we do things because the Hospice Medicare Benefit (HMB) went away. Last year 82% of our patients elected HMB, which is 79% of our revenue. We have been experiencing cuts to our largest revenue source (HMB) since 2009. We have a strong history of growth. We expect to see significant growth with the aging Baby Boomers, so we need a larger Hospice House, a coordinated campus, and expanded programming which is why we have the Crossroads Campaign. Construction costs have gone up 20% since 2013. This year we are focusing on raising money for the new Hospice House.	
Adjournment	• The meeting adjourned at 8:55 a.m.	Next meeting 06/28

Prepared by Becky Kizer for approval by the Board of Directors on June 28, 2017

Carol Walker, Secretary

Becky Kizer, Recording Secretary

CHAPTER THREE

PRESIDENT’S REPORT

Center for Hospice Care
Hospice Foundation
Milton Adult Day Services
Global Partners in Care

President / CEO Report
June 28, 2017
(***Report posted to Secure Board Website on June 22, 2017***)

This meeting takes place in Conference Room A at the Mishawaka Campus at 7:30 AM.
This report includes event information from April 20 – June 28, 2017.
The Hospice Foundation Board meeting follows in the same room.

CENSUS

Year to date (YTD) through May referrals to CHC are up by two (0.00185%), but the conversion of referrals to an admission is running 72.48%, high above same time last year of 67.81%. YTD total numbers of patients served is up 3.5% from 2016 and original admissions is up 5.1% from last year. Total Average Daily Census (ADC) is up 0.56% and YTD average length of stay (ALOS) of all discharged hospice patients is 76 days, down from 2016's 77 days. YTD 42% of all new admissions expired in seven days or less. During the month of May alone, one CHC patient died in the hospital each day of the month, never even making it to Hospice House. South Bend Hospice House patients served is up 11.41% but the ALOS is down 11.34% so occupancy is down 0.35% from last year. Elkhart Hospice House patients served is down 2%, the ALOS is down 18.35% and the occupancy is down 13.64%. During May both units saw 69 patients with an ALOS of less than five days. YTD we have had 689 deaths and identified 773 bereaved to follow. We have had 65 "Deaths Before Admission" and identified 74 bereaved.

May 2017	Current Month	Year to Date	Prior Year to Date	YTD Change
Patients Served	520	1,150	1,111	39
Original Admissions	146	764	727	37
ADC Hospice	375.71	365.24	371.67	(6.43)
ADC Home Health	30.71	29.62	20.99	8.63
ADC CHC Total	406.42	394.86	392.66	2.20

April 2017	Current Month	Year to Date	Prior Year to Date	YTD Change
Patients Served	535	1,004	957	47
Original Admissions	169	618	573	45
ADC Hospice	369.07	362.53	370.07	(7.54)
ADC Home Health	33.10	29.34	19.98	9.36
ADC CHC Total	402.17	391.87	390.05	1.82

Monthly Average Daily Census by Office and Hospice Houses

	2017 Jan	**2017** Feb	**2017** Mar	**2017** Apr	**2017** May	**2017** June	**2017** July	**2017** Aug	**2016** Sept	**2016** Oct	**2016** Nov	**2016** Dec
S.B.:	224	227	223	227	228				222	217	219	220
Ply:	69	67	67	72	72				77	76	79	78
Elk:	87	86	87	95	97				90	94	99	96
SBH:	5	6	6	5	4				6	4	5	6
EKH:	4	3	4	4	4				3	3	2	4
Total:	390	388	387	402	406				398	394	405	404

HOSPICE HOUSES

May 2017	Current Month	Year to Date	Prior Year to Date	YTD Change
SB House Pts Served	35	166	149	17
SB House ALOS	3.89	4.77	5.38	(0.61)
SB House Occupancy	62.67%	74.93%	75.28%	-0.35%
Elk House Pts Served	34	132	135	(3)
Elk House ALOS	3.88	4.45	5.45	(1.00)
Elk House Occupancy	60.83%	55.5%	69.17%	-13.64%

April 2017	Current Month	Year to Date	Prior Year to Date	YTD Change
SB House Pts Served	41	133	115	18
SB House ALOS	3.59	4.93	5.43	(0.50)
SB House Occupancy	70.00%	78.10%	73.67%	4.43%
Elk House Pts Served	29	105	109	(4)
Elk House ALOS	3.97	4.33	5.42	(1.09)
Elk House Occupancy	54.76%	54.17%	69.78%	-15.61%

PATIENTS IN FACILITIES

Of the 520 patients served in May, 156 resided in facilities. Of the 512 patients served in April, 159 resided in facilities. The average daily census of patients in skilled nursing homes, assisted living facilities, and group homes during May was 133; April was 136 and May YTD was 131.

FINANCES

Karl Holderman, CFO, reports the May 2017 Financials will be posted to the Board website on Tuesday morning, June 27th following Finance Committee approval. For information purposes, the unapproved April 2017 financials are presented below.

April 2017 Financial Information

Center for Hospice Care *(1)*

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

April Overall Revenue	$	2,021,746	Year to Date Overall Revenue	$	7,936,535
April Total Expense	$	1,601,506	Year to Date Total Expense	$	6,303,082
April Net Gain	$	420,240	Year to Date Net Gain	$	1,633,453

Hospice Foundation

April Development Income	$	139.545	Year to Date Development Income	$	401,047
April Invest Gains (Loss)	$	265,425	Year to Date Investment Gains (Loss)	$	1,193,390
April Overall revenue	$	405,348	Year to Date Overall Revenue	$	1,597,833
Total April Expenses	$	253,672	Total Year to Date Expenses	$	903,946
April Overall Net	$	151,676	Year to Date Overall Net	$	693,887

Combined *(2)*

April Overall Revenue	$	2,275,417	Year to Date Overall Revenue	$	8,840,482
April Overall Net Gain	$	420,240	Year to Date Overall Net Gain	$	1,633,453

(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 2017, the combined YTD operating income was $7,081,172 up 2% from YTD April 2016. The YTD April overall combined net gain for CHC / HF was $1,633,453 up 109% from April 2016. At 4/30/17, CHC's YTD Net without the beneficial interest in the HF was $939,567 representing a 15% increase from same time last year. The combined YTD net at 4/30/17 without counting investment gains/losses was $440,063 representing a decrease of 6% from YTD same time prior year. At the end of February 2017, the Hospice Foundation's Intermediate Investments totaled $4,488,476. Long Term Investments totaled $18,626,713. CHC's assets on April 30, 2016, *including* its beneficial interest in the Hospice Foundation, totaled over $46.5MM. At the end of April 2017 HF's assets alone totaled nearly $38.5MM and debt related to the low interest line of credit associated with the Mishawaka Campus project totaled just $896,611

following a $5MM payoff of the loan on April 24. Both organizations had combined assets on April 30, 2017 of just over $47.5MM.

CHC VP/COO UPDATE

Dave Haley, CHC VP/COO, reports…

Shelly Harkins, M.D., MPH, a CHC part-time Medical Director and formerly the Chief Medical Officer of Beacon Health System, has accepted a position in Helena, Montana. Her last day at CHC was June 21.

We have provided a contract for hospice services to the Saint Joseph PACE program to become one of their providers and are awaiting review by their legal counsel. Almost as soon as they opened, they signed a hospice contract with for-profit Heart to Heart Hospice headquartered in Plano, TX.

We are in the process of designing and determining expenses associated with a palliative care product which we can market to hospitals. It is designed to reduce hospital readmissions and emergency room visits within a 30-day period immediately following hospital discharge. It will target patients with diagnoses of chronic obstructive pulmonary disease and congestive heart failure. We have excellent experience in managing these patients and their symptoms. This service would assist hospitals in reducing possible penalties and reductions in payments from CMS. Managing this patient population for health insurance plans is another possibility.

There are new regulations from CMS for hospices to develop disaster preparedness plans which tie them into healthcare coalitions and community disaster drills. We are working diligently to meet these regulations which take effect November 15.

The CHC medical staff will begin receiving training in E-prescribing (prescribing medications electronically) within the next couple of weeks.

DIRECTOR OF NURSING UPDATE

Sue Morgan, DON, reports…

Tammy Huyvaert RN, BSN, MS Ed is the new Assistant Director of Nursing. She has been functioning in her new role.

The Indiana State Department of Health Survey for CHC hospice state licensure and recertification for Medicare hospice is anticipated in the fall of 2017. Currently mock surveys are being completed at all the offices. The focus is to educate the staff and review the top deficiencies in preparation of the actual survey.

All CHC home health patient care policies and procedures were updated and reviewed. They will be on the Agenda for the board meeting.

Saint Joseph Medical Center has granted access to their electronic medical record to the CHC Case Managers for our general inpatient level of care patients that are admitted to hospice while located in the hospital. This allows the nurse to have a full perspective of the care management of the patient.

The Professional Advisory Committee (PAG) met on March 28, 2017. This is a requirement for home healthcare based on the Medicare Conditions of Participation (CoPs). The committee reviews several policies as required in this one paragraph regulation. It is expected this regulation will change when the new home health CoPs go into effect. This is scheduled to take place in January of 2018.

HOSPICE FOUNDATION VP / COO UPDATE

Mike Wargo, VP/COO, for our separate 501(c)3 organization, Hospice Foundation (HF), presents this update for informational purposes to the CHC Board…

Fund Raising Comparative Summary

Through May 2017, the Development Department recorded the following calendar year cash gifts as compared with the same period during the previous seven years:

Year to Date Total Revenue (Cumulative)

	2010	2011	2012	2013	2014	2015	2016	2017
January	64,964.45	32,655.69	36,775.87	83,619.96	51,685.37	82,400.05	65,460.71	46,552.99
February	108,025.76	64,530.43	88,893.51	166,563.17	109,724.36	150,006.82	101,643.17	199,939.17
March	231,949.73	165,468.92	194,345.35	264,625.29	176,641,04	257,463.89	178,212.01	282,326.61
April	354,644.69	269,676.53	319,818.81	395,299.97	356,772.11	419,610.76	341,637.10	431,871.55
May	389,785.41	332,141.44	416,792.85	446,125.49	427,057.81	635,004.26	579,888.08	574,854.27
June	477,029.89	427,098.62	513,432.22	534,757.61	592,962.68	794,780.62	710,175.32	
July	532,913.52	487,325.01	579,801.36	604,696.88	679,253.96	956,351.88	1,072,579.84	
August	585,168.77	626,466.72	643,819.01	783,993.15	757,627.43	1,042,958.42	1,205,050.76	
September	671,103.04	724,782.28	736,557.59	864,352.82	935,826.45	1,267,659.12	1,297.009.78	
October	992,743.37	1,026,728.58	846,979.95	922,261.84	1,332,007.18	1,321,352.39	1,421,110.26	
November	1,043,750.46	1,091,575.65	895,164.28	969,395.17	1,376,246.01	1,469,386.01	1,494,702.09	
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	2,018,630.54	

Year to Date Monthly Revenue

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

	2010	2011	2012	2013	2014	2015	2016	2017
January	52,442.49	32,110.69	32,309.58	83,380.18	51,685.37	57,971.60	52,156.98	31,552.99
February	41,364.37	30,644.74	43,783.64	82,943.21	43,038.99	67,572.77	36,182.46	35,125.58
March	65,886.51	99,796.42	102,351.84	98,212.12	66,916.68	107,457.07	73,667.84	79,387.44
April	104,544.96	97,332.61	123,998.46	130,674.68	180,156.07	162,146.87	163,425.09	149,569.94
May	33,768.72	51,753.98	90,909.04	40,825.52	100,285.70	160,178.34	93,318.98	142,982.72
June	74,084.48	90,718.18	92,036.89	65,815.51	97,258.66	159,776.36	127,315.24	
July	55,278.63	53,536.39	62,069.43	69,939.27	38,243.88	93,586.27	52,394.52	

August	51,240.25	83,202.86	64,017.65	92,732.69	79,015.87	86,606.54	97,470.92
September	85,629.27	94,000.56	92,808.58	80,335.67	84,011.71	99,931.45	92,459.02
October	66,061.97	47,779.09	65,904.80	56,439.02	55,208.68	53,693.27	71,323.54
November	49,247.09	48,284.08	46,674.33	47,133.33	44,238.83	46,870.62	66,490.16
December	115,188.45	133,617.73	111,236.77	130,277.99	193,065.45	161,519.80	138,328.11
Total	**794,737.19**	**862,777.33**	**928,101.01**	**978,709.19**	**1,033,125.99**	**1,257,310.96**	**1,064,532.86**

Cornerstones for Living: The Crossroads Campaign

Campaign-related work in April and May 2017 focused on integration of our 2017 Helping Hands Award Dinner (May 3) and Give Local St. Joseph County (May 9) into the public phase of the campaign. We shared information about the campaign's public phase with CHC employees at an all-employee meeting in late March. CHC volunteers were informed about the public phase of the campaign at the volunteer recognition event on April 18. Other activity included donor meetings, investigating grant opportunities and follow up with both existing and prospective major gift donors. Through 35 months of our 5-year campaign (7/1/14 thru 5/31/17) total cash, pledges and documented bequests total $7,951,030.

As we've progressed through the first weeks of the public phase of the Crossroads Campaign, response has been positive. Information about the campaign shared at several venues helped encourage donors to participate in the Community Foundation of St. Joseph County's Give Local 2017 event on May 9. Center for Hospice Care led the 67 agencies participating with more than 200 donors providing over $435,000 in support. Thanks to an anonymous donor of $10,000 and 1st Source Bank's $50,000 donation, we had a total of $60,000 in additional Give Local challenge funds. The Community Foundation projects that Center for Hospice Care's share of the Give Local matching pool will result in CHC raising a total of about $588,000 on May 9. One of our major gift prospects directed $250,000 to CHC through the Community Foundation Give Local Event, and recently verbally shared with us that Center for Hospice Care will receive an additional $750,000 for a total gift of $1,000,000 to support construction of the new Hospice House. Work is underway to document that multi-year commitment.

Planned Giving

No planned gifts were received in April or May. We've been in contact with a donor as they consider sending CHC their required minimum distribution from an IRA as a charitable gift.

Annual Giving

The annual Friends of Hospice Appeal began hitting mailboxes in late May. Response thus far has been in line with that of prior year appeals.

Special Events & Projects

2017 has already been a busy period for special events, with many more happening soon. The annual Helping Hands Award dinner held on May 3 raised more than $130,000. It was extremely well received by attendees, and was particularly appreciated by the First Responders we honored.

The memorial dedication at the Elkhart Campus Gardens of Remembrance and Renewal was held on June 6.

The inaugural Journeys in Healing gallery showing/silent auction to support the After Images art counseling program, was held on Wednesday, June 14 with more than 160 people in attendance.

Preparations for the Heroes for Hospice Fun Run & Walk (8/12) and Bike Michiana for Hospice (9/17) are also underway.

This summer, we are sponsoring two event series in Elkhart to raise awareness of Center for Hospice Care. Featuring classic cars and live music, "Drive-in Fridays" will take place at Ruthmere Museum on the last Friday of each month. We are also once again the title sponsor for "Groovin' in the Gardens," a summer concert series that runs for ten consecutive Thursday evenings at Wellfield Botanical Garden's beginning on June 22.

Global Partners in Care

One of the most significant aspects of the transfer of Global Partners in Care from NHPCO to the Foundation occurred in May when GPIC's PNC account was transferred to us following a series of delays in processing required paperwork through the New York Secretary of State's office. This allowed us to begin wire transfers to international bank accounts on behalf of U.S. partners providing support to their international partner. Using NHPCO's process as a starting point, we are defining roles and responsibilities internally as well as developing standard operating procedures that include several checks and balances. In addition, all domestic partners were emailed updated procedures for sending money to GPIC.

A new donor/contact management software system, Bloomerang, was implemented in May. This program will allow us to manage donations, partner relations and engagement, and acknowledge donations. It also provides digital connectivity to supporters via e-newsletters and social media. Donor data from NHPCO has been converted to the new system and profile/transaction information for all 75 partners is being added. We have also implemented an online payment program, Stripe, which works through Bloomerang to allow online donations via the Global Partners in Care website.

We continue to connect via conference and Skype calls with domestic and international partners to monitor the status of their partnerships and find ways in which we can better support their partnerships. Our goal is to make a direct connection with every U.S. partner during the upcoming year.

A memorandum of understanding is being developed that will be used to guide our collaborations with the African Palliative Care Association (APCA) and national hospice/palliative care organizations. It outlines roles and responsibilities for GPIC and the other organization in vetting potential partners, administering scholarship programs, etc.

PCAU

Roberta Spencer traveled to Uganda in May to work with PCAU on the Road to Hope Children's Camp. Her participation was particularly important this year because the PCAU staff member

primarily responsible for the camp left her position just prior to the camp's kickoff. Currently, there are 58 children in the Road to Hope program. All of them were invited to the camp, which was held at Kiwatule Recreation Center on May 6th. Of these, 53 attended.

Two abstracts for CHC staff member presentations at PCAU's 7th Bi-Annual Palliative Care Conference have been submitted for consideration. If they are approved by the conference Scientific Committee, those staff members will be part of this year's staff exchange visit and will deliver poster or oral presentations at the conference. This edition of the conference is being jointly presented by the United Cancer Institute and PCAU and will be held August 23-25 in Kampala. CHC is a sponsor of the event, which is expected to bring together more than 600 international participants from Africa and other countries around the world.

Lily Ramos, a graduate student at the Eck Institute for Global Health at the University of Notre Dame, is spending eight weeks in Uganda to continue work on the mHealth initiative. Lily is both a Uganda native and an RN. Her focus is to enhance the quality of the data being captured by each facility. This program represents the collaborative efforts of PCAU, CHC/HF, the Eck Institute for Global Health at Notre Dame and Uganda Martyrs University to establish palliative care data collection and surveillance throughout the country. The Asante Foundation is providing funding for the program's next scale-up, which will add 10 facilities to the program, now in its third year of implementation.

Road to Hope Program/Documentary

As noted previously, 53 children from the Road to Hope Program attended this year's camp. PCAU arranged for a speaker from SOS Children's Villages to talk with the children about grief/loss issues and how to maintain their dreams/hopes. Her presentation encouraged the children to know that they can be in charge of creating a good future for themselves with hard work, determination and support from others. The children also wrote letters to their sponsors in the United States. Some of the older children could do this independently, but many of the younger ones and/or those with language difficulties needed assistance from PCAU staff. Camp participants made a thumb print tree to send back to the Center for Hospice Care for completion by CHC Camp Evergreen participants.

The *Road to Hope* film was named Best Documentary at the recent Honolulu Film Awards and received the following awards at the 38th Annual Telly Awards: 2017 Silver Telly Award in the category "Social Issues for Non-Broadcast Production" and a Bronze Telly Award in the category "Documentary: Individual for Non-Broadcast Productions" and screened as one of five films nominated for Best Documentary at the Cameroon International Film Festival. To date, Road to Hope has won 33 awards and has been an official selection and/or nominee in 70 film festival and award competition categories.

Education

Two additional viewings of the PBS FRONTLINE documentary, *Being Mortal*, have been planned for June. The first, on June 6th, featured a breakfast buffet and a group discussion. The final screening is scheduled for June 29th and is targeted toward physicians, healthcare professionals and other key centers of influence. It begins at 6 pm and will be followed by a wine and cheese tasting. These events are provided in collaboration with the Hospice Foundation of America to raise

awareness among clinicians and community members about the importance of having conversations about end-of-life care and advance care planning.

Our first class with the Forever Learning Institute, which covered hospice, palliative care and end-of-life planning, wrapped up in early April. Thus, due to its popularity and high evaluations, it will be offered again in the fall through Forever Learning.

We are hosting a series of CEU-fulfilling webinars targeted at counselors, social workers and others who work with those who are grieving. The webinars will take place throughout the summer and fall.

Mishawaka Campus

Work continues on various new and planned construction projects on and around the Mishawaka Campus. We now have firm pricing from DJ Construction for the new clinical staff building. Helman Sechrist has completed the floorplan and exterior design for the new hospice house and is now working on the next level of detail to secure construction cost estimates.

Residential Housing

As previously reported we've completed the design and now have cost estimates for construction of two new residential homes to be located at the corner of Comfort Place and Cedar Street. Lauren Dunbar, of Cressy & Everett, has completed a competitive market analysis and we are now working to obtain a written appraisal to determine an appropriate asking price. We've begun networking within the local real estate community to generate interest in these new homes in advance of beginning construction.

COMMUNICATIONS, MARKETING, VOLUNTEERS AND ACCESS

Craig Harrell, Director of Marketing and Access, reports on marketing and access activities for February and March…

Referral, Professional, & Community Outreach

Our Professional Liaisons continue to contact doctor's offices, clinics, hospitals, group homes and extended care facilities to build relationships and generate referrals. In March and April our three Liaisons completed 673 visits to current and potential referral sources within our service area.

Barb King, Marketing and Access Assistant, continues to be involved in outreach to our diverse communities. During May, she arranged a meeting with Cory Gathright, President of Interdenominational Ministerial Alliance of St. Joseph County to meet with staff and tour our Mishawaka Campus facility. Also discussed were ways CHC could market to the underserved communities in our area. CHC Bereavement Coordinator Holly Farmer and he also discussed a plan to do inservice type training on teaching pastors about how to discuss grief with their members. Future talks regarding this are in the works.

Volunteer Department

The Annual Volunteer Inservice Day was held on June 6 at Bethel College and was attended by 114 volunteers. Presented topics included our After Images program presented by David Labrum, CHC Art Counselor, blood borne pathogens, OSHA, and HIPAA. Jennifer Parks from Home Instead Senior Care, a Dementia certified trainer, presented on ways to communicate and interact with patients struggling from Dementia and Alzheimer's. Packets containing educational materials covering those topics were sent to those volunteers who were unable to attend.

Volunteer Training & Recruitment

Kristiana Donahue, Volunteer Recruitment Coordinator, interviewed 19 new volunteer candidates and had 28 new inquiries in April and May. She also completed training nine new volunteers during that same time. She is also publicizing the continual need for volunteers through flyers to local civic organizations and chambers, health fairs, emails and press releases. Her *Reflections* volunteer e-newsletter is now being shared with CHC staff to keep them informed and to keep the need for volunteer's top of mind.

Website

During the months of April and May, CHC's website hosted 6,567 users, of which 71% were new users. Federated Digital Solutions (FDS) generated 2,566 new users through their use of Audience Targeting. This allows our ads to appear to people in need of our services at the proper time and in turn to our website to learn more about our services.

Social Media

Facebook (Center4Hospice)

Our most popular posts continue to be "Behind the scenes at Center for Hospice Care". This is where we highlight a member of the CHC team with their position and how they came to work here. It not only helps educate followers to what we do, it also introduces them to who we are. Often these articles are shared with friends and family members of those who are featured. The two posts featuring Denise Wetzel, our South Bend Hospice House Coordinator and Helen Ursery, one of our Visit Nurses alone reached 17,115 people.

We had a live video post from WSBT-TV that was quickly viewed over 2,800 prior to the final story running on the news that evening.

Posts in April and May reached a total of 101,519 Facebook members.

Digital Overview

The Google digital report representing activity from April 1 – May 31 shows the campaign generated 172 calls for this period, an increase of 65% from the previous period. Google industry benchmarks show an average click-through rate in the Health & Medical field of 1.79%. For April – May CHC was at 9.59%.

LaPORTE OFFICE UPDATE

The owners of our first choice for locating an office in LaPorte which was directly across the street from the hospital have decided not to rent out the property after the library is done with it in May. They will keep it for themselves. We continue to look for appropriate space.

POLICIES ON THE AGENDA FOR APPROVAL

There are many changes to our home health policies for approval in your board packet. Every so many years we review all our hospice policies and all of our home health policies. We recently reviewed our home health policies and there are changes to 23 policies which are included in your board packet. Changes were based upon regulatory mandates, updates, and current practices. We will likely not have time to go over each policy individually and ask that you review them prior to the meeting and be ready to present any questions you might have.

MEDICARE CONTRACTOR AUDITS UPDATE

As reported previously, along with many other hospice programs, we have been under a Medicaid Integrity Contractor (MIC) audit by Health Integrity, LLC headquartered in McAllen, TX. The timeline below from Karl Holderman, CFO will serve as an update to this audit.

October 1, 2013 --- Letter from Health Integrity LLC notifying CHC of audit
November 2013 --- Audit was conducted on Medicaid Hospice Benefit patients on service between October 2008 and February 2012. They requested and reviewed clinical records on 13 patients.
June 2014 --- Received draft of preliminary findings. Four patients denied with a potential payback of $201,040
September 15, 2015 --- Received final report with official notification of four denials and a payback request of $196,078
September 29, 2015 --- CHC files notice of intent to appeal via Administrative Reconsideration
October 29, 2015 --- CHC files formal request for Administrative Reconsideration on four denials, submitting overviews and additional information from the CHC Medical Director.
June 5, 2017 --- CHC receives formal notification of results from Administrative Reconsideration. Two denials were reversed and two denials upheld totaling $78,378.
CHC has until August 4, 2017 to appeal this finding and must request a hearing by filing a written administrative appeal request. We believe this will go to an Administrative Law Judge and we plan to continue to appeal these findings until we have nowhere else to go. Through our appeals over the last three and a half years, we have reduced the original payback demand by 61% and have done so on our own without any outside legal assistance or attorney fees.

Additionally, CHC is one of 65 hospice programs who were chosen for an audit related to the General Inpatient Level of Care under the Medicare Hospice Benefit. The Center for Medicare and Medicaid Services (CMS) has hired the vendor Strategic Health Solutions of Omaha, NE to conduct this audit. We were allegedly sent a letter in February which we have no record of receiving alerting us to this audit. Because we didn't send in the requested medical records – which we had no knowledge of – all the requested records and associated claims were denied and we were asked to pay back all the claims. We notified the auditor that we did not receive the original letter which

was not sent certified mail and addressed, inexplicably, to "Compliance Department" they gave us more time to gather the information and records. A total of four members of the National Hospice Executive Roundtable were caught up in this audit as well. The timeline below provides an update on the status of this audit.

April 14, 2017 --- CHC receives letter from StrategicHealthSolutions denying all claims selected for GIP audit

April 18, 2017 --- CHC contacts StrategicHealthSolutions informing them we had not received their initial request. They fax the original request (dated February 23, 2017) and extend our deadline for response to May 8, 2017 and we comply. They review 14 claims (11 patients) all under a General Inpatient Level of Care valued at $118,656

June 9, 2017 --- Letter from StrategicHealthSolutions; three denials (two patients) valued at $30,036. These were all technical denials for missing signatures and/or non-timely face-to-face visits. We are currently reviewing the medical records to see if the "missing" information is actually there, and if so, we will appeal and send the needed documentation to them again. We have until July 9, 2017 to appeal.

2017 CAMP EVERGREEN

The 24th annual Camp Evergreen Teen Camp portion was held June 2 – 4. Camp Evergreen is a grief camp for youth and teens who have experienced the death of a significant person in their life. It is provided free of charge as a service to our community. Camp Evergreen assists the campers in realizing that many other youth and teen 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 camp is run by Center for Hospice Care bereavement counselors and adult trained volunteers, some who serve as buddies. Each youth camper has an adult buddy who is paired with them for the day. A small group of teens share an adult buddy. Activity volunteers are also trained and they support the camp activities as needed. Details on 2017 participation is below.

Teen Campers = 24
Teen Buddies = 10
Teen Staff = 10
Teen Activity Volunteers = 8
Total Number of Persons Involved with Teen Camp = 52

The Youth Camp Day will be on August 26th.

NATIONAL HOPSICE EXECUTIVE ROUNDTABLE MEETS AT CHC

The National Hospice Executive Roundtable (NHERT) consists of eleven CEOs from America's leading, legacy nonprofit hospice programs from non-competing areas throughout the United States. They meet at least three times per year in-person to share and develop industry best practices. They frequently rotate their meetings at the member sites. Eleven CEOs -- including me -- from the NHERT met here from Sunday night June 11 through the evening of June 13 with meetings taking place at the Mishawaka Campus. Joining the CEOs were the CFOs from eight of the programs –

including Karl – who met separately and with the CEOs during part of our time together. Tours of the Mishawaka Campus, including the Center for Palliative Care and Guest House were held along with a welcome reception on the west patio Monday night. Topics included program updates, a managed care discussion and the potential for us to develop a national managed care network. Guest speakers included Phil Newbold, President / CEO of Beacon Health System, and four members of The Advisory Board Company who presented a preview of their new post-acute care tracking tool based upon the most recent national Medicare claims data. Comments from the CEOs and CFOs were unanimously positive and the comments regarding the beauty and functionality of the Mishawaka Campus were abundant. We next meet again in October at Hospice of Dayton.

The NHERT is currently comprised by the CEOs from:

Care Synergy (The Denver Hospice, Halcyon Hospice, Pikes Peak Hospice and Palliative Care), Denver, CO.

Empath Health (Suncoast Hospice, PACE, etc. -- the largest nonprofit hospice in the U.S., and following a recent strategic alliance with Tidewell Hospice, now has an ADC of 8,000 patients per day), Clearwater, FL

Ohio's Hospice (Hospice of Dayton, Hospice of Central Ohio, Hospice of Miami County, Community Mercy Hospice, Hospice of Butler and Warren Counties, and Community Care Hospice), Dayton, OH.

Bluegrass Navigators (formerly Hospice of the Bluegrass), Lexington, KY, one of the longtime Center to Advance Palliative Care Training Centers

Hospice of Northwestern Ohio, Toledo, OH

Arkansas Hospice, North Little Rock, AR

The Elizabeth Hospice, San Diego, CA

Delaware Hospice, Wilmington, DE

Midland Care Connection (hospice, home health, PACE etc.), Topeka, KS

and

Center for Hospice Care

OUT AND ABOUT

Several staff including Mike Wargo, Craig Harrell and myself attended the Age of Excellence Luncheon for REAL Services on April 25.

I attended several NHPCO and HAN board and committee meetings as well as the NHPCO Management and Leadership conference in Washington, DC April 30-May 3. Dave Haley, Sue

Morgan, Mike Wargo also attended the MLC along with eight other CHC and HF staff. GPIC had a booth and the exhibition hall.

I was pleased to be the keynote speaker at the Annual Awards Banquet for the North Central Indiana Chapter of the National Association of Insurance and Financial Advisors (NAIFA) on Tuesday evening, 05/16. For the past 18 years, this group has held a golf tournament to benefit CHC and last year their collective donations throughout the years totaled over $93,000.

CHC hosted 11 CEOs and nine CFOs from around the country for the National Hospice Executive Roundtable meeting June 11-13.

Friday night June 16th was the annual CHC / HF family night at the South Bend Cubs. It was attended by 30 CHC / HF employees and 88 of their family members for a total of 118.

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

Dave Haley's Census Charts.

Article on "Center for Hospice Care and the Hospice Foundation Fill Two Key Positions."

Thank you letter from Captain Michael Kellems, LaPorte County Sheriff, for the Helping Hands Award Dinner.

WSBT-22 story on "Results are in after Give Local St. Joe event."

NAIFA Indiana "Awards Night" invitation listing Mark Murray as the guest speaker for the event on May 16th.

CHC Volunteer eNewsletter for April 2017.

Ruthmere Mansion's Facebook announcement about the Center for Hospice Care Art Auction artwork piece that will be on display at the Ruthmere Garage throughout June as part of their "Drive-In Friday" events.

Center for Hospice Care to Hold Silent Art Auction to Benefit its "After Images" Art Counseling Program.

Thank you letter from Discovery Middle School for the grief support group provided this school year.

"Center for Hospice Care's Grief Programs Extend Care to Patients' Families" article.

QI Committee Minutes 05/23/17.

HARD COPY BOARD ITEMS TO BE DISTRIBUTED AT THE MEETING

April and May 2017 Financials

2016 Year in Review document

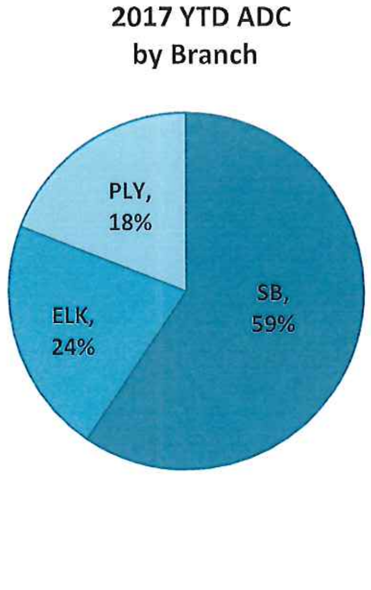
NEXT REGULAR BOARD MEETING

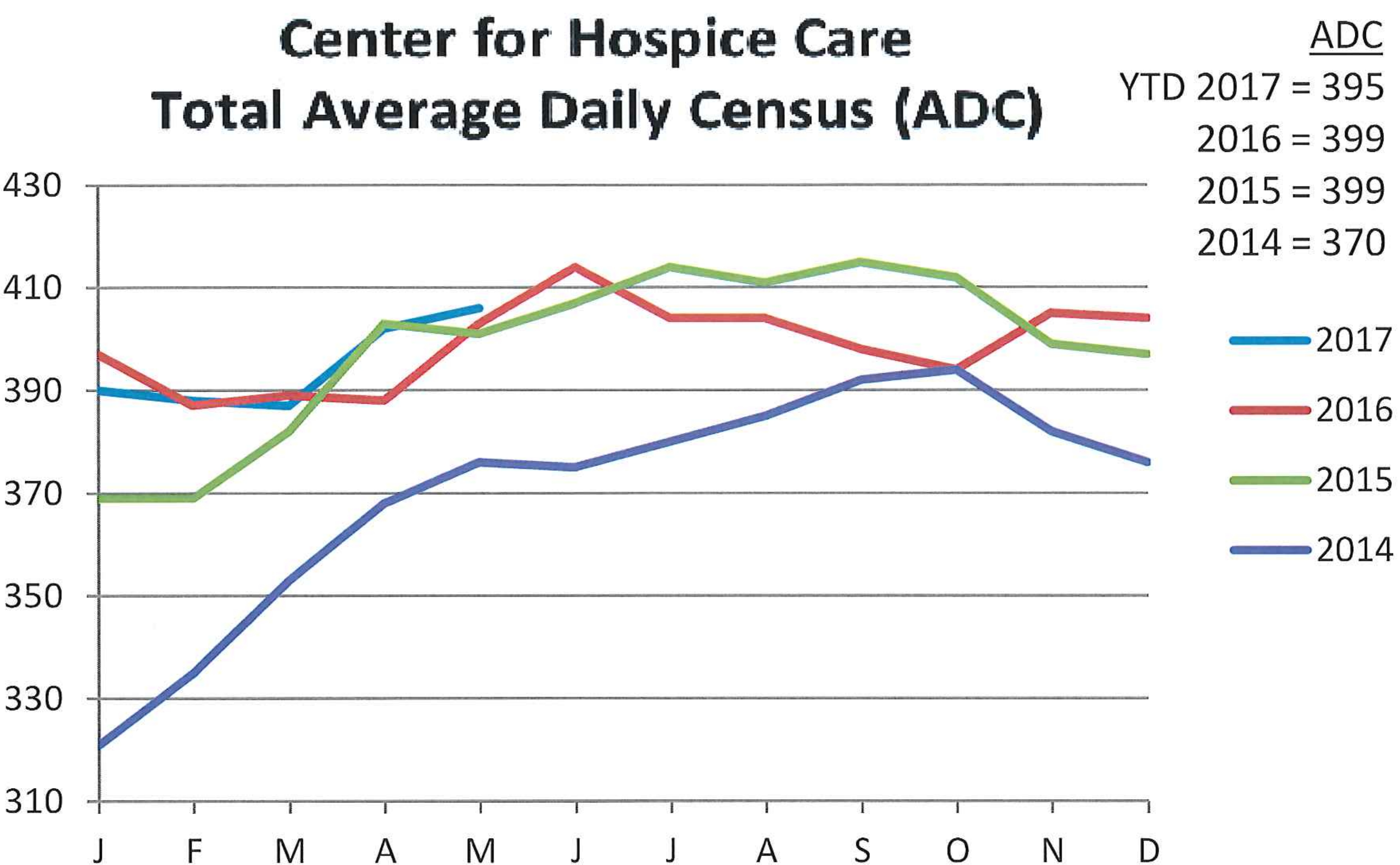
Our next regular Board Meeting will be **Wednesday, August 16 at 7:30 AM** in Conference Room A, first floor at the Mishawaka Campus, 501 Comfort Place, Mishawaka, IN 46545. In the meantime, if you have any questions, concerns, suggestions or comments, please contact me directly at 574-243-3117 or email mmurray@cfhcare.org .

# # #

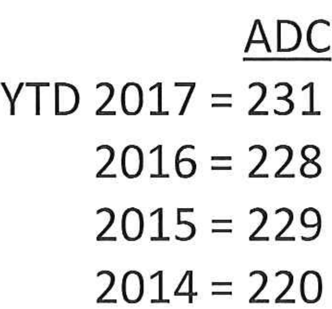
Center for Hospice Care
2017 YTD Average Daily Census (ADC)
(includes Hospice House and Home Health)

	All	South Bend	Elkhart	Plymouth
J	390	229	91	69
F	388	233	89	67
M	387	229	91	67
A	402	231	99	72
M	406	233	101	72
J				
J				
A				
S				
O				
N				
D				
2017 YTD Totals	1973	1155	471	347
2017 YTD ADC	**395**	**231**	**94**	**69**
2016 YTD ADC	393	225	94	74
YTD Change 2016 to 2017	2	6	0	-5
YTD % Change 2016 to 2017	**0.4%**	**2.7%**	**0.0%**	**-6.2%**




Center for Hospice Care
Total Average Daily Census (ADC)
ADC
YTD 2017 = 395
2016 = 399
2015 = 399
2014 = 370
430
410
390
370
350
330
310
J
F
M
A
M
J
J
A
S
O
N
D
2017
2016
2015
2014

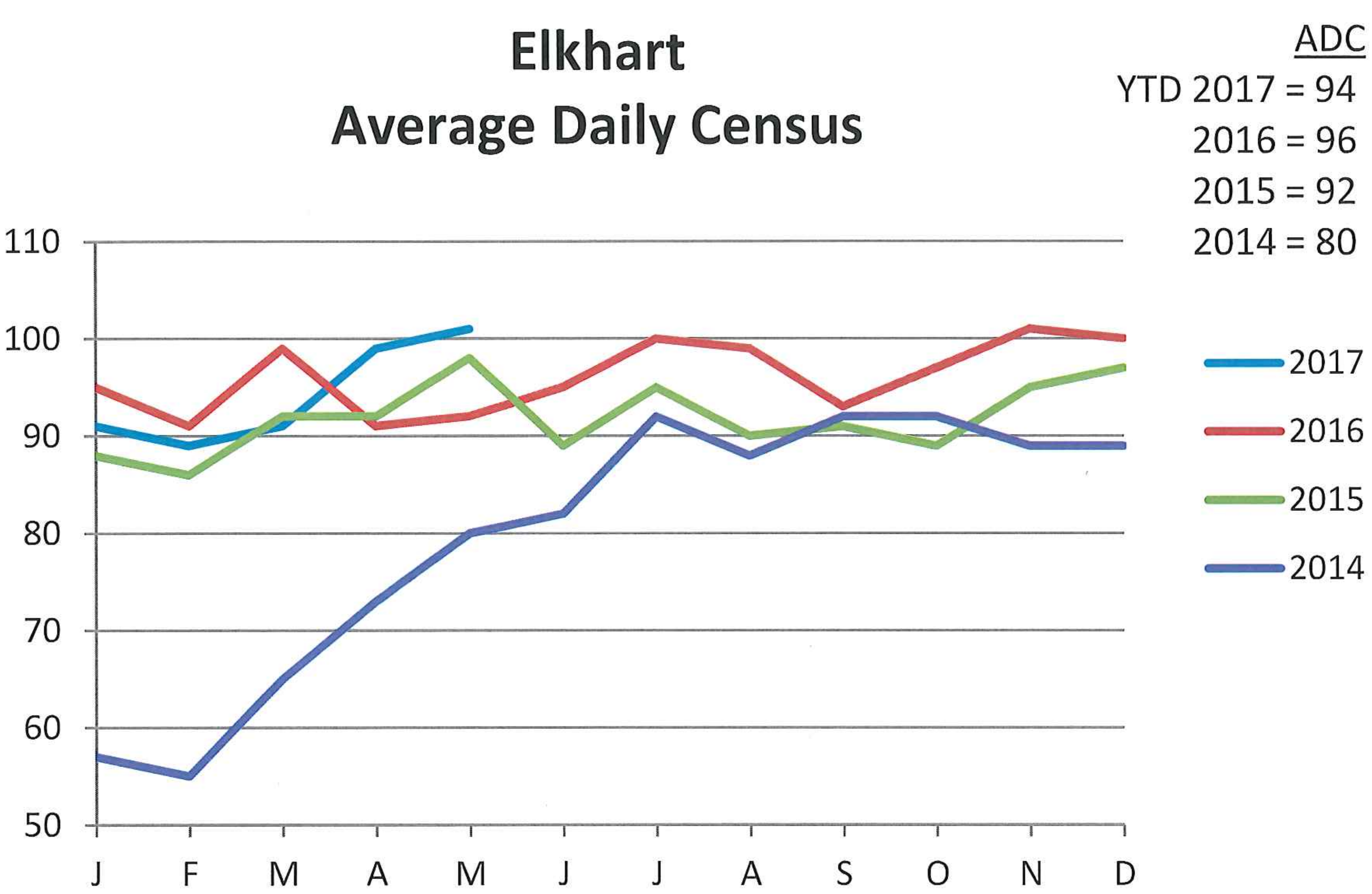
South Bend
Average Daily Census



260
250
240
230
220
210
200
190

J F M A M J J A S O N D

2017
2016
2015
2014


Elkhart
Average Daily Census
ADC
YTD 2017 = 94
2016 = 96
2015 = 92
2014 = 80
110
100
90
80
70
60
50
J
F
M
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M
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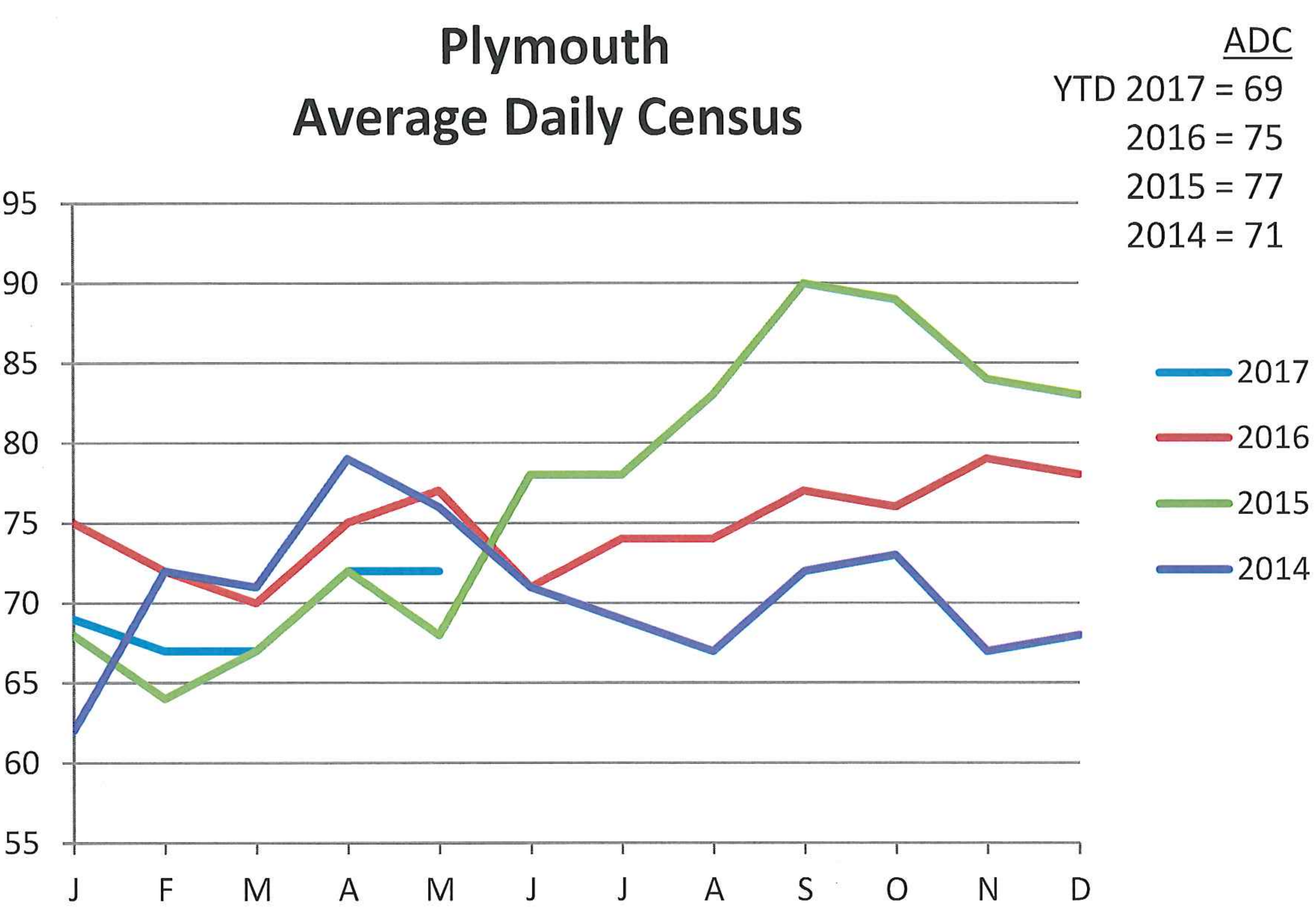
2017
2016
2015
2014


Plymouth
Average Daily Census
ADC
YTD 2017 = 69
2016 = 75
2015 = 77
2014 = 71
95
90
85
80
75
70
65
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55
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2016
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2014

Center for Hospice Care and the Hospice Foundation Fill Two Key Positions

Center for Hospice Care (CHC) and the Hospice Foundation recently hired a new Director of Marketing for CHC, and a new Director of Communications for the Hospice Foundation.

Mishawaka, IN (PRWEB) May 05, 2017 -- Center for Hospice Care (CHC) and the Hospice Foundation (HF) announce that two new hires have recently joined the organizations. Craig Harrell has joined CHC as the Director of Marketing and Access. Mr. Harrell is charged with promoting CHC services to the community, and with overseeing the admissions process for patients seeking hospice or palliative care. Prior to CHC, Mr. Harrell served for 17 years as Director of Marketing and Community Relations at Hospice of the Calumet Area based in Munster, Indiana.

"We are thrilled to have someone with such deep expertise in marketing and admissions become a part of the leadership team," commented CHC President & CEO Mark M Murray. "Craig has spent years in the hospice field and we know that his passion and commitment to what we do will serve our patients well."

Mr. Harrell earned his bachelor's degree form Purdue University in Business Administration. He and his wife recently relocated to South Bend and are looking forward to becoming a part of the community and enjoying all the area has to offer.

Joining the Hospice Foundation is Peter Ashley, as Director of Communications and Annual Giving. Mr. Ashley has responsibility for overall communications and brand strategy for the Foundation, as well as overseeing its outgoing fundraising efforts. Prior to joining the Foundation, Mr. Ashley served as the Director of Marketing and Communications for the Mendoza College of Business at the University of Notre Dame.

"Having someone with both corporate and not-for-profit communications experience will be a real asset to the organization," noted Mike Wargo, Vice President and COO of the Hospice Foundation. "Peter brings years of communications and marketing experience across a variety of organizations, which will enhance our efforts to reach our donors and stakeholders."

Mr. Ashley holds both bachelor's and master's degrees in communications from the University of North Carolina at Chapel Hill. He lives in Granger with his wife and two children.

About Center for Hospice Care and the Hospice Foundation

Established in 1978, Center for Hospice Care is an independent, community-based, not-for-profit organization, improving the quality of living through hospice, home health, grief counseling, and community education. With offices in South Bend, Plymouth, Elkhart and Mishawaka, Center for Hospice Care serves Elkhart, Fulton, Kosciusko, LaGrange, LaPorte, Marshall, St. Joseph and Starke counties in Northern Indiana.

The Hospice Foundation is committed to supporting the work of CHC through community outreach and education, fundraising activities and other special events. The Foundation helps CHC keep its 37-year promise that no one eligible for hospice services will be turned away, regardless of their ability to pay.

PRWeb ebooks - Another online visibility tool from PRWeb

Contact Information
Peter Ashley
The Hospice Foundation
http://www.foundationforhospice.org
+1 574-367-2457

Online Web 2.0 Version
You can read the online version of this press release here.

If you have any questions regarding information in these press releases please contact the company listed in the press release. Our complete disclaimer appears here - PRWeb ebooks - Another online visibility tool from PRWeb

JOHN T. BOYD
LaPorte County Sheriff

Chief Deputy
RONALD C. HEEG

Major
HEATH A. HAFERKAMP

809 State Street, Suite 202 A
LaPorte, IN 46350-3387
Phone: (219) 326-7700
(219) 879-3530
FAX: (219) 324-6205
Jail: (219) 362-6548
(219) 878-9132

Mr. Mark Murray, President
Center for Hospice Care
501 Comfort Place
Mishawaka, IN 46545

Mr. Murray,

May 5, 2017

I was one of the police officers in attendance at the Helping Hands award dinner this past Wednesday. Sergeant Brett Swanson, Deputy Ryan Doperalski and Deputy Alex Pishkur also attended representing our department. I wanted to write and let you know how much we appreciated the event.

It is common knowledge that law enforcement, for the past few years has come under attack. Police officers are scrutinized and criticized for any number of reasons; most everything is then exploited by the media. Wednesday's ceremony is proof positive; the truth of the matter is that we enjoy tremendous support in our communities.

On May 12th I will have completed 31 years of service in law enforcement. The Helping Hands award dinner was one of the nicest events I have ever had the privilege of attending. On behalf of my fellow emergency responders and my brothers in law enforcement, please accept my heartfelt appreciation for hosting such a great event.

Kindest Regards,

Michael Kellems, Captain

Results are in after Give Local St. Joe event

by Alex Elich, WSBT 22 Reporter
Thursday, May 18th 2017

WSBT 22

VIEW PHOTO GALLERY
3 photos

AA

ST. JOSEPH COUNTY — Last week St. Joseph County took part in Giving Local and now the results are in.

St. Joseph County was one of the most top earning counties--raising $8.2 million total.

We beat out some major cities, like New Orleans and Sacramento, although it's not apples to apples because some areas raise a bit different.

ADVERTISING

Here's how it will work-- the $8.2 million raised with Give Local is a 75-percent, 25-percent split.

75-percent of the money goes to the organizations right away for them to use however or support the current operations. The other 25-percent is

permanently invested for them and their endowment what that does is generate earnings for the organization every year.

Those endowments are helping build long-term sustainability for those organizations.

The Community Foundation of St. Joe County has a matching pool of $2.4 million.

For example, if one organization raises 5-percent of the total pool, they'll get 5-percent of the matching pool.

Organizers say they think we had such success because a lot of people in our area connect with a particular organization and want to see if grow.

"Individuals would come up and the stories that they had were so moving. For example, 'I am an older gentleman who came up and made a significant gift for the Center for Hospice Care because that organization had been there when his brother died.'," said Laura Moran Walton with the Community Foundation of St. Joe County.

Give Local St. Joe will not be an annual event. Organizers want to make sure they have a good amount of matching dollars first and for big event like this not wearing on the community.

- Need to Renew? Click Here
- Support our Advocacy Efforts Donate Now

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NAIFA We have your back

Home	About Us	Advocacy	Calendar	Membership	Professional Development	Library	Awards	Leadership

Annual Awards Banquet

$25 per person at the door

YOU ARE INVITED TO ATTEND:

Tuesday, May 16, 2017

Social 6:00 pm
Dinner 6:45 pm
Speaker 7:30 pm
Award 8:30 pm

Papa Vino's Restaurant, 5110 Edison Lakes Pkwy, Mishawaka, IN 46545

Cocktails - 5:30 pm, Dinner - 6:45 pm

"AWARDS NIGHT"

NAIFA production awards, local awards (Cramer, Hodgens, Life time achievement, and Wilson scholarship), elections for the new year, and a fabulous speaker. This will take the place of the May luncheon meeting.

Tamara Shackelford will receive **The Loyal B Wilson Scholarship Award**. This award is presented to an advisor who is actively engaged in improving his skills set and can be used for any module that leads to a designation (LUTCF, CLU, LILI, etc.)

Waylon Peterson will receive **The Herbert Cramer Award**. This award is presented to a member for outstanding service to NAIFA, community, industry, and faith.

Andrew Weiss will receive **The Howard Hodgens Award**. This award is presented to a new and rising star in the NAIFA chapter.

Roger Senkbeil, **Larry Sanders**, **Clifford Perras**, and **Gary Clarke** will receive **The Life Time Achievement**

Award. This award is given to NAIFA members for a life of service to our industry.

Speaker: Mark Murray, Founder, President and CEO of the Center for Hospice and Palliative Care. "Red" has been involved with the Hospice Center in South Bend for over 25 years.

He will be telling the story of why he got involved with hospice from personal point of view.

RSVP to **Tamara Shackelford** at **574-277-5633 ext. 2888**
or
Tamara.Shackelford@infb.com
or
Click here to register online now

To see some photos from the 2016 Annual Awards Banquet luncheon, visit our Pinterest site.

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Mark Murray

From: Craig Harrell
Sent: Monday, April 24, 2017 4:13 PM
To: _All_CHC Staff
Subject: April 2017 Volunteer Newsletter

April 2017
Volunteer Newsletter

THIS ISSUE

- Krueger Award and 2017 Service Awards
- Upcoming Events
- New CHC Staff
- Volunteers Needed
- Remember
- Happy Birthday
- Help Us Spread the Word

NEW Volunteer Training
April 24 & 26, May 1, 2017
9:00am-12:00pm
May 3, 2017
9:00am-3:00pm
501 Comfort Place
Mishawaka, IN

2017 John E. Krueger, MD Hospice Caring Award

Pictured above: Kathy Fuchs (center) along with husband and family.

Dr. John E. Krueger was an Indiana native, Army medic and gifted anesthesiologist. He was the co-founder and first Medical Director of Center for Hospice Care. Dr. Krueger passed away two years ago at the age of 93.

Dr. Krueger was often described as a "compassionate soul, who went about doing good every chance he got with no fan fare." For this reason we honor him every year by awarding the John E. Krueger, MD Hospice Caring Award to a volunteer who exemplifies these very attributes.

This year's award recipient, Kathy Fuchs, moved to South Bend from Pennsylvania in 2008. She began volunteering for CHC in 2009. Over the course of her years with CHC, Kathy has provided respite care, helped with

Senior Wellness and Resource Fair

April 29, 2017
9:00am-3:00pm
Century Center
Downtown South Bend

NEW Volunteer Training

Saturday,
June 3 & 17, 2017
8:30am-5:00pm
501 Comfort Place
Mishawaka, IN

Annual Volunteer In-Service

Tuesday, June 6, 2017
*New Location
Bethel College
Mishawaka, IN

4/1
Paul Becher
4/5
Sara VonGunten
4/8
Terri Sweeney
4/10
Stephen Dinehart
4/12
Beth Davis
4/13
Linda Williams
4/15
Linda Wruble
4/20
Paul Go
4/23
Kika Brown
4/23
Ralph Cortas
4/25

special projects and 11th Hour visits. She has logged over 2000 volunteer hours.

Like most volunteers, Kathy is a busy lady. She has a husband, 6 children, 3 daughters-in-law, 1 son-in-law and almost 15 grandchildren that stretch from here to Germany. She has recently taken on more responsibility caring for her aging mother. When Debra Mayfield asked her if she needed a break from volunteering for awhile she said, "Oh no, volunteering is what helps me keep my perspective on my own life."

We were happy to honor Kathy Fuchs as the 2017 recipient of the John E. Krueger, MD Hospice Caring Award!

2017 Volunteer Service Awards

We thank each of you for your time and service to our patients, families and staff. You are each such a valuable part of our organization.

We recognize the following volunteers for their continued years of service to CHC.

*CE denotes a Camp Evergreen Volunteer

5 Year Recipients

Ann Bowers
Becky Kauffman
Darlene Pugh CE
Diane Huwaldt
Emilia Hartland CE
Jim Camren CE
John Guyse
Julaine Zenk CE
Kathy Schlegelmilch

Jan Atwood
4/25
Larry Kajzer
4/25
Marlene Taylor
4/27
Rebecca Kauffman
4/27
Sandra Marietta
4/29
Jean Lucas
4/29
Joan Pauley

Your help is needed!

Patient Care Volunteers

We are ALWAYS looking for more Patient Care Volunteers. If you are a Level 3 trained volunteer and haven't been involved in this role, but would like to, let your Volunteer Coordinator know. If you haven't completed the Level 3 training, but are open to doing so, let your Volunteer Coordinator know. We have multiple training opportunities throughout the year. We can get you signed up.

Welcome To the Team!

Zhaniece Armstrong

Tara Eary

CE

Pictured above (left to right): Kathy Schlegelmilch and John Guyse

10 Year Recipients

Anna Riblet
Denise Conery
Jim Rahilly
Kathleen Hojnacki
Marsha Pullman CE
Mary Kerby
Mary Pius Schreiner
Rebecca Lanning
Rob Firestone CE

(South Bend Hospice House CNA)

Shelley Basham
(Elkhart Hospice House PRN CNA)

Jeanne Harrison
(South Bend Case Manager RN)

Michele Karling
(South Bend Case Manager RN)

Lynda Korenstra
(South Bend Hospice House RN)

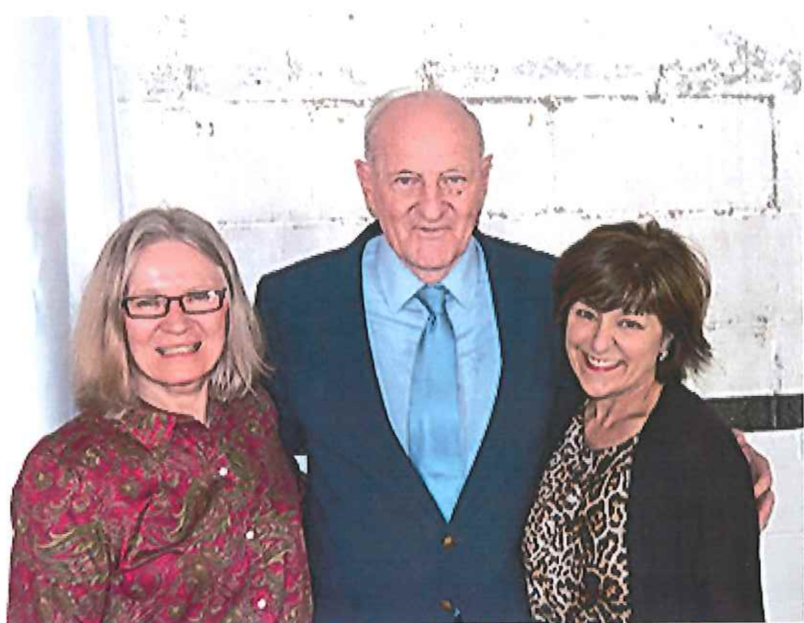
Gayle Waldenmaier
(Nurse Practitioner)

Changes to scheduled visits

Don't forget that if the family and/or patient changes the scheduled visits (adding or cancelling visits), you must notify your Volunteer Coordinator. If they don't know of the changes to the schedule they won't have accurate records.

HIPAA Reminder

If you have any paperwork with patient information on it, you must make sure it is always secure. Put it in a folder. Put the folder in your volunteer bag. If you simply put the information on the seat of your car and it's not in a folder and/or bag, anyone could read it. Please make sure you take all measures to keep information secure. When you are done with the paperwork...SHRED IT!



Pictured above (left to right): Rebecca Lanning, Jim Rahilly and Anna Riblet.

15 Year Recipients

Betty Urbanski CE
Bob Urbanski CE
Dan Shuppert
Hubert Kuzmich
Joan Fitt
Nancy Whipple
Vera Tiani

Pictured above (left to right): Hugh Kuzmich, Vera Tiana, Nancy Whipple, Joan Fitt and Dan Shuppert.

20 Year Recipients

Becky Donahue

Marlene Taylor
Sandra Maichen

Pictured above (left to right): Becky Donahue and Marlene Taylor

You are the best recruiters around!

You know what volunteering for CHC is like.
You know the gifts you receive from volunteering.
You know how important volunteering is to patients, families and CHC.
You know people!

Share the gift of volunteering with
Friends
Family
Faith Communities
Neighbors

Spread CHC Volunteer Posters at
Church
Gym
Neighborhood Centers
Coffee Shops & Cafes

Share on Social Media

Facebook
Twitter
LinkedIn
Instagram

**Note--information about patients or family should NEVER be shared. However, you are free to share about the impact volunteering has had in your life. You can share about the impact volunteers make in general to all the families, patients and staff. Share how to become a volunteer. You can always share my contact information (Kristiana Donahue, donahuek@cfhcare.org, 574-286.2298) or our website www.cfhcare.org.

Contact Kristiana Donahue if you would like a stack of posters to distribute.

Congratulations to RUTH YODER!

Ruth Yoder recruited a new volunteer (her husband). He applied and is enrolled in an upcoming training. She will be receiving a small gift!

**You can receive a gift too!
Recruit a new volunteer
--who applies and signs up for training--
and we will send you a small gift!**

Follow us on Twitter: Like us on Facebook:

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This message was sent to email@example.com from:

Center for Hospice Care | donahuek@cfhcare.org | 111 Sunnybrook Court | South Bend, IN 46637 United States

Unsubscribe

Kristiana Donahue
Volunteer Recruitment & Training Coordinator

Center for Hospice Care
501 Comfort Place
Mishawaka, IN 46545

(574) 286.1198
(800) 413.9083 Toll Free
(574) 822.4876 Fax

House are two of the sites displaying Seward Johnson's iconic sculptures. These statues will be around town until October. Stop by both houses to see the largest and most significant exhibit of Johnson's work! Don't forget to pick up a Seward Johnson figurine and book at the Ruthmere gift shop to commemorate this amazing display in Elkhart County.

***Starting May 25, post a picture or selfie with one of the Seward Johnson sculptures and tag it with the hashtag: #EpicArtAdventures

Winner (or winners) will receive a special prize mailed to you by the CVB. Contest ends July 4th!***

TourElkhart Today!

Experience history, art and architecture in the palm of your hand! *TourElkhart* is a series of FREE self-guided mobile tours presented by Ruthmere in partnership with PocketSights that features beautiful and historic places of Elkhart County.

Membership

Like and share on Facebook and YouTube to help spread the word about our fundraising efforts!

Center for Hospice Care Art Auction

20" x 24"

By: JoAnn Soltys

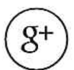
June 1-June 30, 2017

Starting June 1, we will have a very special artwork on display in the Ruthmere Garage completed by JoAnn Soltys. She created this pastel drawing in Hospices' After Images art counseling Program. Ruthmere Museum is partnering with The Center for Hospice Care for our upcoming "Drive-In Friday" events. We invite you to visit Ruthmere and bid on this wonderful piece of art until the first "Drive-In Friday" event on June 30 (6:00-8:30 p.m.). We will conduct a live art auction during the June 30th event.

"Coffee on the Piazza" is Back!

Tuesday, June 6, 2017

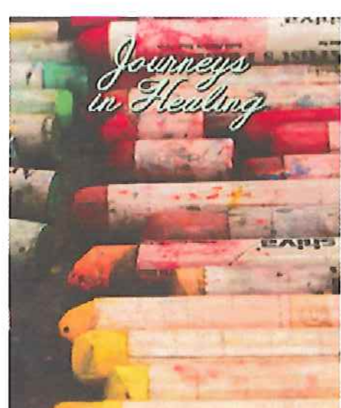
Center for Hospice Care to Hold Silent Art Auction to Benefit its "After Images" Art Counseling Program



Center for Hospice Care and the Hospice Foundation are pleased to host an inaugural art exhibition and silent auction to raise awareness and support for its unique art counseling program, After Images.

(PRWEB) JUNE 06, 2017

Center for Hospice Care (CHC) and the Hospice Foundation (HF) are pleased to host an inaugural art exhibition and silent auction to raise awareness and support for their unique art counseling program, After Images. The event will take place on Wednesday June 14 at 5:30pm at the CHC Mishawaka campus. Now in its 18th year, After Images is a program that combines art and counseling to help grieving family members cope with the loss of a loved one.



June 14, 2017

The event will feature 12 stunning and meaningful paintings donated by program participants available for auction. Two past participants will also share their stories about how the program helped them through their grief. Program director Dave Labrum will also be on hand to explain the program and answer any questions.

"We're pleased to offer such a unique program to the community free of charge, and we are grateful to the participants who graciously donated their artwork for the auction," said Mike Wargo, COO of the Hospice Foundation. "Our mission is to improve the quality of living - not

only for our patients facing life-limiting illnesses, but also for those family members left behind to pick up the pieces. This program helps do just that."

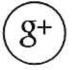
For more information or to register for this free event, please visit foundationforhospice.org/news/jih17/. To view the artwork or place bids, please visit squareup.com/market/hospicefoundation.

About Center for Hospice Care and the Hospice Foundation

Established in 1978, Center for Hospice Care is an independent, community-based, not-for-profit organization, improving the quality of living through hospice, home health, grief counseling, and community education. With offices in South Bend, Plymouth, Elkhart and Mishawaka, CHC serves Elkhart, Fulton, Kosciusko, LaGrange, LaPorte, Marshall, Porter, St. Joseph and Starke counties in Northern Indiana.

The Hospice Foundation is committed to supporting the work of CHC through community outreach and education, fundraising activities and other special events. The Foundation helps CHC keep its 37-year promise that no one eligible for hospice services will be turned away, regardless of their ability to pay.

Share article on social media or email:



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Contact Author

PETER ASHLEY

The Hospice Foundation
+1 574-367-2457
Email >

VISIT WEBSITE

Media

Discovery Middle School

10050 Brummitt Road • Granger, Indiana 46530 • (574) 674-6010 • Fax: (574) 679-4214 • www.phm.k12.in.us

**** *A Four Star Blue Ribbon School* ****

June 5, 2017

Dear Mr. Murray,

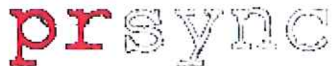
This letter is again to express our gratitude from Discovery Middle School for the opportunity to work with The Center for Hospice and one of your bereavement counselors, Annette Deguch. Annette just completed a second bereavement group of the school year. We had so many children that lost parents or grandparents since the beginning of December, that we really needed her services here again this Spring.

Annette's gentle demeanor with the students, certainly helps her to connect with them. The group this Spring happened to be all girls and they each seemed to appreciate Annette's leading of the group.

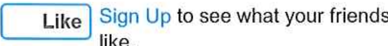
Again, we so appreciate the opportunity to work with Center for Hospice, and so value the chance to offer this bereavement service in our schools. This service is invaluable, and we look forward to being able to work again with Annette again in the next year.

With gratitude,

Sandra Badur	Deanna Ward	Sheryl Harper
School Counselor	School Counselor	Principal



Center for Hospice Care's Grief Programs Extend Care to Patients' Families



Center for hospice care - Tuesday, June 13, 2017.
Submitted by Tommy_Sandoval.

Center for Hospice Care extends its compassionate services to the families of their patients through various grief and bereavement programs.

[South Bend, 06/14/2017] - Center for Hospice Care, a community-based organization, goes beyond providing comprehensive palliative and hospice care to cater to the needs of its patients' families. The institution offers various grief and bereavement programs for family members of different ages, to educate and support them as they cope with the loss of their loved one.

Support for Grieving Families

The institution offers different bereavement programs for those experiencing grief following the passing of a family member or loved one. Individuals residing within the agency's service area may take part in any of the bereavement programs free of charge, even if they never had a patient under the institution's care. The organization provides different programs for adults and younger individuals.

Grief support for adults involves the following, among other programs:

- Forget Me Not, a monthly support group for parents who lost their child during pregnancy, childbirth or infancy
- Widowers Support Group, a bimonthly support and education group for individuals 55 years old and below who have lost a spouse
- Rebuilding Our Lives, a monthly support group for people who have come to terms with their loss and are intent on building a new life

Grief support for teens and children, meanwhile, includes:

- A once-per-week support group for teens aged 13 to 18 that runs throughout the school year
- Camp Evergreen, an annual weekend camp for teens aged 13 to 17 and day camp for children 6 to 12 years old

Improving the Quality of Life

The institution focuses on improving the quality of life of chronically ill patients. Its main goal is to provide comfort to such individuals while attending to their emotional and spiritual needs. Physicians usually refer patients to hospice, but family members, friends, hospital social workers, and clergy are also encouraged to seek information and advice about referring a patient.

About Center for Hospice Care

Center for Hospice Care is a community-based, not-for-profit organization that enhances the quality of life of individuals with life-limiting diseases through quality hospice care. The institution cares not just for the patients, but also for their families through free grief counseling and bereavement programs.

To learn more about the organization and their programs, visit https://cfhcare.org/.

1. Hospice at Home	3. Quality Patient Care	5. Hospice Care Center
2. Home Care and	4. Day Care Programs	6. Family Hospice Care

About Center for hospice care

The hospice care services provided by Center for Hospice Care offers guidance and support to patients with a progressive or incurable disease.

More about Center for hospice care

Contact info

https://cfhcare.org/

Comments

0 Comments Sort by **Oldest**

Add a comment...

Facebook Comments Plugin

Center for Hospice Care
QI Committee Meeting Minutes
May 23, 2017

Members Present:	Alice Wolff, Brett Maccani, Carol Walker, Craig Harrell, Dave Haley, Denise Wetzel, Greg Gifford, Holly Farmer, Jenelle Sloop, Karen Hudson, Larry Rice, Mark Murray, Rachel Shane, Rebecca Fear, Sue Morgan, Tammy Huyvaert, Terri Lawton
Absent:	Anna Milligan, Jennifer Ewing

Topic	Discussion	Action
1. Call to Order	• The meeting was called to order at 8:00 a.m.	
2. Minutes	• The minutes of the 02/28/17 meeting were approved by consensus.	
3. Hospice Quality Reporting	• HIS – Education was done with the nurses in March to help them understand the purpose of the HIS. Before the education, pain was not assessed about 41%, and after the education it dropped to 14%. IT created a custom report so the data can be easily pulled and streamlined for monitoring. Some information flows automatically to the HIS for submission, but the data on pain assessment doesn't automatically populate. We need to design a better tool for staff, especially for patients that cannot verbalize pain. • CAHPS Survey – In 2017 we will be training nurses on the care kit medications. The first training was held in January by Dr. Gifford. We will be printing medication education materials for families. Clinical staff orientation was updated to include education on end of life symptom control and the care kit meds. The QA Coordinator has been trained to create custom CAHPS reports. The Agency Coordinators meet quarterly and they will be reviewing the survey reports to identify areas for improvement. They are also looking at the words used in the survey to make sure staff is using them with families, such as training instead of education. We are also looking at the recipient of the survey to make sure the primary caregiver receives it. We are using the NHPCO guidelines for using the CAHPS results.	
4. Home Health COPs	• The new Home Health COPs were approved in January 2017 and will be implemented in January 2018. We are still waiting for the interpretive guidelines. Some of the key changes include the elimination of the Professional Advisory Group COP. The QAPI	

Topic	Discussion	Action
	COP will replace the PAG and it will mirror what we see in the hospice and long-term care COPs. The infection control COPs are more comprehensive. The COPs will be highlighting care planning goals and preferences, patient rights, comprehensive assessment, and physician communication of changes. When the interpretive guidelines come out, we will be updating our home health policies.	
5. Performance Improvement & Quality Monitoring	• Education and Training – The various trainings held for each discipline in the first quarter of 2017 was reviewed (see handout). • HIM Committee – We are making progress on identified projects. Current projects include HIS and live discharges. We will be creating custom Cerner profile documents for Hospice House documentation. • Emergency Preparedness – Effective November 2017 we will be surveyed on the new Emergency Preparedness COP. This mirrors what is being done in the medical community. The goal is to address any gaps, establish consistency, and coordinate with other agencies in the community. There are four areas to look at: risk assessment, communication plan, policies and procedures, and training and testing. The communication plan is done. Tammy represents CHC on the District II Coalition. We will be participating in a community disaster drill in September. Staff education will be done in the future. The Safety Committee is overseeing this COP. • Mock Survey Activities – We are preparing for a hospice survey this year. A survey prep group met with all of the coordinators, including the volunteer coordinators. They reviewed the survey elements with specific disciplines and shared a list of the top 25 survey deficiencies for 2016. A mock survey will be held in June and July at each office and Hospice House. It has been a great learning experience for everyone.	
6. QAPI Progress Reports	• Infection Control – The new "Infection Control: Multi-Drug Resistant Organisms" policy replaces the MRSA and VRE policy. Nurses have a new guideline for implementing appropriate protective measures. The line listing of MDRO's has begun. Annual TB testing was completed. We will be doing a quarterly review of the infection control surveillance reports. • Caregiver Information – At the end of the first quarter we met our goal of 95% of patient charts having one caregiver with complete/correct information. Only six out of 213 charts were missing information. All staff was educated on the importance of obtaining this information. Holly will be following up with the QAPI about collected	

Topic	Discussion	Action
	data and the progress of staff in obtaining complete and accurate information. • Medication Timeliness – Report will be given at the next meeting.	
7. Patient Safety	• Incident Trends – The biggest area in the first quarter was related to skin tears. The majority of these are sometimes the result of a fall. • Medication Errors – There were three in the first quarter. One was a wrong med sent from Optum. The family was aware of it and notified us immediately. The other two problems were with delivery. Optum is easy to work with and acknowledges errors right away. • Falls – February had 53 falls and March had 32 falls. Most falls occur when the patient is not using their walker. The PCCs have been instructed to follow up with the case manager if they notice a patient has fallen more than twice to make sure we are doing everything we can in the home to prevent falls. We also work with ECFs on fall prevention. One of the sessions at the NHPCO conference was on falls in the home. LaTonya Brooks will be looking at that information to see if there is anything else we can incorporate into staff education.	
8. Quality Indicators	• Spiritual Care – We have been working on the assessment of spiritual needs at the time of admission. In the first quarter we were able to respond to 100% of identified needs. We are also looking at quality indicators for counseling services and the content of the comprehensive assessment. We continue to work on the assessment and routine visit documentation we would like to have in Cerner. We are collaborating with social work and bereavement to make sure they have the pertinent caregiver information. • Social Work – We are focusing on care planning and the content of the comprehensive assessment. Guidelines were initiated for documentation of the admission IDT. All social workers will address five key areas: (1) overview of the plan for caregiving, (2) funeral arrangements, (3) plan of care initiated and visit frequency established, (4) treatment preferences, (5) focus of immediate needs. We also initiated peer review at the April social work meeting. We also discovered variances on how treatment preferences were documented. New expectations will be determined for future peer reviews. • Nursing – Per the COPs, an RN has to make an on-site visit to the patient's home no less frequently than every 14 days to assess the quality of care and services provided by the aide, and to ensure that services meet the patient's needs. It is in the list of top	

Topic	Discussion	Action
	ten survey deficiencies across the nation. The RN is ultimately responsible for supervising the aide and that they are following the plan of care developed by the RN. We noticed some trends. There was inconsistency among the nurses of what was documented, and we also noticed some notes used "canned verbiage" instead of asking the patient/family about the care given by the aide. Going forward we will use a custom report to view documentation, educate nurses on completing the supervisory note timely, and set expectations for what they should be evaluating in their notes. The PCCs will work with individual nurses as needed.	
Adjournment	• The meeting adjourned at 8:36 a.m.	Next meeting 08/22

HOME HEALTH CARE
PATIENT CARE POLICIES

REGULATIONS: 42 CFR 484.46(b) – Protection of Records

PURPOSE: To ensure protection and confidentiality of medical records.

PROCEDURE: Medical records are kept in a nonpublic area. When not under the observation of staff, they are kept in a locked file cabinet. All staff has access to medical records pertinent to their responsibilities.

Original medical records can only be removed from an office for the purpose of audit or peer reviews.

~~The agency backup tape, which includes clinical database, will be secured by the Chief Financial Officer or designee each day.~~ The Information Technologies (IT) Department assures the backup of documentation processes per the Agency Emergency/ Disaster Plan are sufficient to provide clinical staff with appropriate information and materials so that patient care will not be interrupted due to the loss of technological equipment.

Release of information is done with written consent in conformity with applicable state laws.

Per Indiana Code 16-39-9-4 the Agency may charge a fee for making and providing copies of medical records. A fee will also be charged for requests for medical records not related to treatment, payment, or health care operations. Payment must be received before the release of the records.

Effective Date: 02/94	Revised Date: 03/17 ~~01/12~~	Board Approved: 04/15/09
Reviewed Date: 04/14		Signature Date: 04/15/09

Signature: President/CEO

Center for Hospice Care

DO NOT RESUSCITATE ORDER

Section: Patient Care Policies Category: Home Health Page: 1 of 1

PURPOSE: To facilitate Do Not Resuscitate (DNR) decisions for the patient.

PROCEDURE:

1. At admission if applicable, the RN will initiate conversation with the patient regarding current DNR status. If the patient has verbally or in a previous doctor's order designated their advance directives, then enter the DNR order on the 485 for the physician to sign.

2. Document the conversation that the agency staff person had with the patient or their designated health care representative, or significant family members present.

3. If the patient has a DNR, obtain a copy for our records. If none is available or the patient has not signed a DNR, provide an Out of Hospital Do Not Resuscitate ~~Declaration and~~ Order ~~form (OOHDNR)~~.

4. If the patient or health care representative is unable or unwilling to make DNR decisions at this time, the RN will make a referral to the appropriate social worker for follow up.

5. The social worker will continue to explore the patient's DNR status and keep the Interdisciplinary Team (IDT) advised.

6. ~~The OOHDNR form is in triplicate.~~ The signed form will be given to the QA Department. ~~The pink copy will be placed in the patient's chart designating the patient's wishes and that the process has been initiated.~~ The white and yellow copies will be marked for physician signature. Upon return, the white original copy will be scanned~~placed in~~ into the patient's chart, and the yellow copy will be returned to the patient.

   The patient/primary caregiver must be educated to keep this form available in the event should it be needed.

Effective Date: 02/94	Revised Date: 03/17 ~~07/06~~	Board Approved: 09/19/06
Reviewed Date: 03/13		Signature Date: 09/19/06

Signature: President/CEO

THIS IS AN ORIGINAL
PLEASE SIGN & RETURN IN 3 DAYS

Do Not Resuscitate Order

Patient: ______________________________ DOB: ______________

Physician: ______________________________

I have thoroughly discussed my disease process with my physician and am aware that I have a terminal illness, so it is my wish that in the event that my heart would cease to function, I would not want to be resuscitated.

______________________________ ______________
Patient / Patient Representative Signature Date

______________________________ ______________
Physician Signature Date

Revised 02/17
Clinical\DNR Order

1-800-HOSPICE ♦ cfhcare.org

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Center for Hospice Care

MEDICATION PROFILE

Section: Patient Care Policies | Category: Home Health |

REGULATION: 42 CFR 484.55(c) – Drug Regimen Review

PURPOSE: To accurately complete the Medication Profile

SUPPLIES: Client Medication Profile and Laptop Computer

PROCEDURE: At the initial nursing visit obtain from patient a list of medications patient is taking. Include all over-the-counter medications, dose, frequency taken, and route of administration. Enter information into the computer.

~~Computer will generate a medication profile, which will be placed on the patient's chart. Information on the medication will be given to the patient, with the medication from the pharmacy provider. Leave one copy with the patient and bring original copy back and place in chart.~~

~~To change or discontinue a medication on the profile, draw a line through the medication that is incorrect. Enter the correct information, date, and your initials.~~

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Reviewed Date: 05/16		Signature Date: 08/19/09

Signature: [signature] President/CEO

REGULATION: 42 CFR 484.55(c) – Drug Regimen Review

PURPOSE: A Drug Regimen Review comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions. The following five areas must be included in the Drug Regimen Review:

- Potential adverse effects
- Drug reactions
- Ineffective drug therapy
- Side effects
- Significant drug interactions
- Duplicate drug therapy
- Non-compliance with drug therapy

PROCEDURE: Documentation stating that a drug regime review has been completed will be documented on:

- OASIS form under "Drug Regime Review"
- 60 day Medication Profile review, or
- Individual documentation that has occurred during the skilled nursing visit.

~~There will not be more than 60 days between a review of medications. The Medication Profile sheets are printed every 60 days and put in front pocket of patient's chart. RN will check this pocket before every visit to comply with taking the profile out to patients. The profile will be reviewed with the patient and primary caregiver for action, side effects, and contraindications, and signed by both the RN and the patient/primary caregiver.~~

Documentation will include a listing of the medications that the patient is taking. This shall include over-the-counter and herbal medications.

All potential adverse effects and/or reactions shall be reported to the physician.

Medications shall be labeled with the patient's name and all applicable information according to regulations.

The physician will also be notified for any medication or dose adjustments needed, in addition to any duplication or non-compliance issues.

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Signature: [signature] President/CEO

REGULATION: 42 CFR 484.18(a) – Plan of Care

PURPOSE: To comply with state and federal regulations. The attending physician will be notified ~~within 48 hours~~ if the number of visits varies from the patient's plan of care.

POLICY: Each discipline is responsible for notifying the physician ~~either in writing or~~ by fax-~~phone,~~ of visits that are not within the visit strings as designated on the plan of care. The Patient Care Coordinator will be responsible for the Home Health Aide visits.

PROCEDURE: 1. Notify the physician when the visit frequency is not met as ordered. ~~within 48 hours via telephone or fax when ordered visits have not been made per the plan of care.~~

1. Document notification in a demographics memo.

2. ~~If unable to reach by phone, c~~Complete the "Physicians Notification of Refusal" form and fax to the physician.

3. Staff must document why the visit was missed in the patient chart.

4. Any questions or problems regarding scheduled visits or physician notification of visits should be forwarded to the Patient Care Coordinator.

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Signature: President/CEO

Center for Hospice Care

COORDINATION OF CARE RECORD

Section: Patient Care Policies Category: Home Health Page: 1 of 1

REGULATION: 42 CFR 484.14(g) – Coordination of Patient Services

PURPOSE: The Coordination of Care Record will be used when working with other healthcare agencies providing a service to the patient. This record will outline specific areas of responsibility of~~that~~ each provider and inform the patient/ primary caregiver whom to call for specific problems.

PROCEDURE: This form is to be used to coordinate care with other organizations or agencies as needed.

Once completed, it will be faxed to the other organization and scanned into the admission level folder. ~~the pink copy will be given to the patient, the yellow copy to the agency or organization, and the original white copy will be placed in the Agency chart.~~

~~The white Agency copy will be kept in the first page of the Miscellaneous section of the chart.~~

If the other agency is not present at the time of admission or coordination, fax a completed copy of the form to that agency.

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Signature: President/CEO

Center for Hospice Care

HOME HEALTH MEDICARE TO HOSPICE MEDICARE BENEFIT

Section: Patient Care Policies Category: Home Health Page: 1 of 1

PURPOSE: To provide a smooth transition from Home Health Medicare (HHM) to Hospice Medicare Benefit (HMB).

PROCEDURE:

1. Verify Hospice~~Home Health Benefit~~ eligibility by confirming patient has Medicare Part A and has a life limited expectancy measured in weeks or months, not years.

2. Arrange an Interdisciplinary Team (IDT) meeting ~~(if necessary)~~ to discuss the patient's decision to change from HHM to HMB and determine eligibility.

3. Notify the attending physician of the patient's decision to enter the HMB program.

4. Complete a Discharge Outcome and Assessment Information Set (OASIS).

5. Discharge patient from Home Health and admit to the Hospice Medicare Benefit per Admission Policy.

~~6. Document changes on IDT note and complete information sheet for new plan of care.~~

7. Arrange for staff member to meet with patient to sign HMB consent and other necessary forms.

8. Complete Physician Certification form and new plan of care and mail to physician.

9. Send status email to appropriate team~~Document in admission section of admission/discharge email~~: patient name, date of change and HMB designation.

10. Notify ~~HMB~~ contracted pharmacy of change in patient status.~~and fax patient information sheet.~~

11. Notify ~~HMB~~ contracted durable medical equipment company to transfer equipment billing and/or coordinate change of equipment as appropriate.

12. Review with patient hospice services and supplies provided in reference to the terminal illness.

13. Notify Billing and QA of changes.~~Claims Processor and Chief Financial Officer of changes.~~

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Signature: [signature] President/CEO

PURPOSE: To comply with state and federal regulations in changing a financial classification within the home health care program.

PROCEDURE:

1. ~~Document in an~~ Interdisciplinary Team (IDT) will meet to consider the need for change of payor and patient choice regarding this change; person calling the IDT meeting will document this information. ~~note the reason for change in the financial class. If the reason for the change is not clear, an IDT meeting must be held.~~

2. Document change in Secure Messaging.

3. ~~RN will make a home visit to explain to patient/family how this will affect them. Complete needed documentation~~. If changing~~e of insurance is~~ *from* Home Health Medicare or Medicaid Home Health, then complete the Discharge OASIS.

4. If the patient is changing *to* Home Health Medicare or Medicaid Home Health, an OASIS Privacy Statement must be obtained and the Start of Care OASIS completed.

5. If a patient is changing to Self-Pay, confirm that the Fee Assessment Worksheet has been completed. This must be done prior to the change.

~~3~~6. It is not necessary to discontinue and re-enter medications.

~~4. Document change in computer change book, and add Medicare/Medicaid number if appropriate.~~

Effective Date: 02/00 Reviewed Date: 03/13	Revised Date: 03/ 17~~04~~	Board Approved: 04/20/04 Signature Date: 04/20/04

Signature: [signature] President/CEO

11. If the death is unexpected or there is suspected foul play, notify the police.

12. After permission is obtained from the family, notify the funeral home as designated by the family for transport of the patient's body. Inform the funeral home who will be signing the death certificate.

13. Contact all appropriate agencies, DME, contracted pharmacy service, contracted providers (IV, therapies, etc.), private duty providers, etc., of the patient's death.

14. Complete a Death/Discharge Note in Patient Note and transfer note to patient note summary. Include where death occurred, date and time of death, and that all agencies in listed on #14 above were contacted.

15. Enter the patient's name, attending staff, funeral home, and date of death into the Secure Messaging.

16. Staff will notify the triage nurse of all patient discharges or deaths. ~~The triage nurse will then discharge the patient from the computer.~~ The nurse making the death visit will discharge in the computer. This is inclusive of all shifts and agency locations.

~~17. If the patient received Medicaid, the Agency Claims Processor will give our Medicaid Record Auditor a copy of the stamped discharge form to put in the facility chart.~~

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Signature: President/CEO

Center for Hospice Care

OASIS RECERTIFICATIONS, TRANSFERS, and DEATHS

Section: Patient Care Policies Category: Home Health

REGULATION: 42 CFR 484.20 – Reporting OASIS Information

PURPOSE: To ensure that OASIS data elements and assessments for recertifications, transfers, and deaths are completed within the time frames.

POLICY: Quality Assurance (QA) will print the report "Patient Recertification Dates" the end of the third week of the month prior to the following month (for example, print third week in April for the entire month of May). ~~Meet with the Triage Nurse to determine the dates of the assessments. QA will check the change book daily for any transfers or deaths.~~

PROCEDURE: Print the Patient Recertification Dates Report.

Using the end date, count back five days (include the end date when counting). This will provide the "window" of when the OASIS and assessment needs to be completed.

~~Meet with t~~The Case Manager~~Scheduler to~~ will determine the exact date the OASIS and assessment will be performed. ~~The Scheduler will mark in the triage calendar the name of the patient to ensure that it appears on the schedule.~~

~~The change book will be checked daily for any transfers or deaths.~~ Triage, or the nurse notified of transfer to an acute care facility, will complete the Transfer OASIS and notify the Billing Department and QA Department through Secure Message and the care team by email.

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Signature: [signature] President/CEO

Center for Hospice Care

MEDICAL SUPERVISION

Section: Patient Care Policies Category: Home Health Page: 1 of 1

REGULATION: 42 CFR 484.14 – Supervising Physician or RN

PURPOSE: To ensure attending physician remains in-charge of the patient's care through the Agency.

POLICY: The patient's attending physician is the person responsible for the patient's care, and remains in charge of the patient's care. ~~through the Interdisciplinary Team of the Agency program. In lieu of a patient's attending physician, the Agency Medical Director or his/her designee may fulfill this function.~~

~~The Agency Medical Director serves as a consultant to the patient's attending physician and to the Agency staff in matters of pain and/or symptom control.~~

~~The patient's attending physician or nurse practitioner may wish for the Agency Medical Director to be in charge of the patient's total care. The attending physician will contact the Medical Director directly to seek agreement if this is possible and give a report to facilitate transfer of care.~~

Admission to any inpatient facility is done under the direction of the patient's attending physician; staff will provide the necessary information to the attending physician and to the nursing staff to allow for continuation of the pain and symptom control regimen as established.

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Signature: [signature] President/CEO

Center for Hospice Care

STANDARD PRECAUTIONS

Section: Patient Care Policies Category: Home Health

REGULATION: 484.70 Infection Control

PURPOSE: To prevent transmission of communicable illnesses, through measures which interrupt mode of transmission for micro-organisms, adhering to Center for Disease Control guidelines.

POLICY: Staff who have a communicable illness are not to visit patients.

Washing hands with soap and water for 15-30 seconds, before rinsing or the use of alcohol-based hand sanitizer or hand hygiene, before and after contact with patients. ~~Patient care staff are to wash their hands thoroughly before and after contact with patients. (See Hand washing Policy in Food Preparation Section of Policy Manuel.)~~

Care staffs- are to wear gloves when likely to touch body fluids. Gloves should be changed after each patient contact and as needed. Gloves will ~~and~~ not be reused.

An impervious gown is to be worn when splashing is likely to soil clothing.

Protective eyewear and a mask are to be worn whenever there is any chance of airborne droplets or splashing.

Needles are not to be recapped, bent, broken, or removed from syringes. They are to be disposed of immediately after use by placing into a puncture-resistant container.

~~Spills of body fluids can be cleaned up with soap and water, followed by a 1:9 liquid chlorine bleach and water solution.~~

~~New e~~Employees and caregivers of patients are to be taught the above standard precautions. Staff is required to be ~~annually~~ inserviced annually on standard precautions.

Environmental and equipment cleaning will be performed utilizing appropriate products, such as cleaning solutions and wipes containing germicides or bleach.

Agency will contract with a state approved agency for disposal of biohazardous materials.

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Signature: President/CEO

Center for Hospice Care

INFESTATIONS IN PATIENT HOMES

REGULATION: 484.70 – Infection Control

PURPOSE: To identify, control and potentially eradicate infestations by parasites or other pests such as: bed bugs, lice, fleas, and scabies.

POLICY: Use of Center for Disease Control, state and local health department guidelines and recommendations on the identification, control and assistance in the possible eradication of infestations by parasites or other pests thereby, protecting patients, visitors, volunteers and employees.

PROCEDURE: Anytime infestation is discovered, place Alert notifications in the electronic medical record (EMR) to notify other members of the healthcare team.

General Guidelines for Home Visits

Bed Bugs

1. Identification of bed bug infestation can include: patient self-report of infestation, physical evidence (bugs visualized, bites, insecticides present in the home, etc.).

2. Intervention and safety for known bed bug infestations includes:
   - Take in o~~O~~nly ~~take in~~ supplies necessary for the visit.
   - Wear simple clothing such as: without cuffs, cargo pockets, and shirts without buttons and pockets.
   - Wear protective footwear (knee high preferred).
   - Put on appropriate PPE if providing direct patient care.
   - Avoid sitting on upholstered cloth furniture.
   - Prior to leaving the patient's home and before entering your vehicle, remove protective equipment and place in sealed plastic bag for disposal.

3. In the event of a bed bug infestation, professional pest control technicians should be utilized to assess and effectively treat the affected room and surrounding environment.

Lice (head, body, pubic)

1. Identification of lice infestation includes: patient self-report, visualization of lice or nits.

2. Intervention and safety for known lice infestations include:
   - Universal precautions prior to first treatment.
   - Encourage patient and family to treat with appropriate medications and package recommendations and physician recommendations.

REGULATION: 42 CFR 418.60 – Infection control

PURPOSE: To manage and prevent the spread of certain infections which are resistant to antibiotics. These organisms can include, but are not limited to: MRSA, VRE, ESBL's, PRSP, *Acinetobactor baumanni*, and Clostridium difficile (C. diff).

POLICY: **General Guidelines**:

- Standard Precautions must be used in providing care for all patients, including those known to be infected or colonized with an MDRO.
- These precautions are especially important during all contact with patients and their immediate environment, when the potential for contact with a patient's blood, any body fluid, secretions and excretions (except sweat). This includes contact with a patient's non-intact skin and mucous membranes (OSHA standards, 2001).
- When a patient with an MDRO (infected or colonized) is admitted, the registered nurse assessing the patient will make the determination whether the patient's care requires the use of Contact Precautions.
- Initiate Contact Precautions, if the patient has uncontrolled secretions or drainage and it is determined there is likelihood of contamination of clothing and potential for transmission to other patients.
- Initiate Contact Precautions, if the patient's home environment has evidence of poor compliance with Standard Precautions.
- Special consideration for Clostridium Difficile (C.diff): alcohol based hand rubs do not kill the C.diff spores when performing hand hygiene. Staff, visitors, and volunteers must wash hands. When cleaning environmental surfaces a commercial germicidal containing bleach must be used.

PROCEDURES: **Patient Care in Home Care ~~and in Hospice House~~**

1. When a patient with an MDRO (infected or colonized) is admitted, the registered nurse assessing the patient will make the determination whether the patient's care requires Contact Precautions.
2. Assure that documentation is present in the patient record for the presence of an MDRO infection or colonization and the precautions in place (Standard or Contact Precautions) is communicated to the entire care staff.
3. Communicate presence of an MDRO infection or colonization by completing an Infection Surveillance Report.

Guideline for Implementing Standard vs. Contact Precautions

Use when a patient is known to be infected or colonized with an MDRO. Assess the patient on admission and as needed to determine the type of precautions needing to be implemented.

	Yes	No
1. Secretions are contained or controlled—such as the patient is continent, or the urine and/or stool is contained in a brief/depends or collection device		
2. Wound or open skin is covered and any drainage is contained within the dressing		
3. Indwelling device— Indwelling Urinary Catheter, Tracheostomy, Central line. With drainage that is contained		
4. If the patient has a productive cough, this the patient adhering to good respiratory/cough etiquette		
If YES to all of the above questions, implement **Standard Precautions**—if NO for any questions 1 through 4 proceed to below		
5. Cognitively intact and competent. Is the patient or caregiver able to comprehend directions and instruction regarding infection prevention and control measures in the home?		
6. Cooperative and compliant. Is the patient or caregiver able willing to follow directions regarding infection prevention and control measures in the home? Such as: Covering mouth, using a tissue to contain respiratory secretions and disposing of them in waste can, routinely performing hand hygiene, etc.		
7. Cleanliness. Are patient's hands, clothes and home environment generally clean?		
If YES to questions 5, 6, 7, implement **Standard Precautions.** If NO to questions 5,6,7, implement **Contact Precautions**		

5 S's to prevent and control the transmission of MDRO's

- Standard Precautions—ALWAYS
- Stress hand hygiene before and after all patient contact, after glove removal and handling items in the patients home
- Select dedicated patient care equipment for the patient to use, when feasible or thoroughly clean and disinfect all shared equipment before and after use
- Surface barrier
- Schedule the patient for the last visit of the day, whenever possible

References:

McGoldrick, Mary(2009). Management of the patient with a Multidrug-resistant organism in the home: Standard Precautions vs. Contact Precautions

Apic Offical Guide to Infection Control in Home Care and Hospice, 2nd Edition 2006

Signature: [signature] President/CEO

REGULATION: 484.70 Infection Control

PURPOSE: Compliance with OSHA's Blood Borne Pathogens Standards and its modifications included in the Needle Stick Prevention Act of 2000.

POLICY Staff will comply with the Standard 1910.1030(1991) Needle Stick Prevention Act of 2000.

PROCEDURE:

1. Consult Agency Exposure Control Plan for comprehensive plan to reduce exposure to blood borne pathogens,

2. Use of engineering controls that isolate or remove blood borne pathogen hazards in the workplace can include: sharps disposal containers with safety features, self-sheathing needles and needleless systems.

3. Performing workplace practices that reduce changes of exposure to blood borne pathogens through the practice of safe procedures and the following:
   - QA Coordinator in collaboration with the Clinical Staff Educator will conduct safety evaluations on devices sued by Agency staff (see Safety Feature Evaluation forms for syringes and sharps disposal).
   - Documentation of the products/devices reviewed will include the products evaluated, results of the review, justification of the product chosen, and staff comments.
   - Staff recommendations and evaluations will be used for selection of the safest products and devices for use in the agency.

4. In accordance with the Agency's exposure control plan a sharps injury report and appropriate medical follow up will take place in the event of a blood borne pathogen exposure.

5. A confidential sharps injury log will be maintained by the QA Department (see Sharps Injury Log).

6. Exposure incidents will be reviewed and if necessary, staff training, policy updates or other actions will be taken to help prevent further incidents (see Exposure Control Plan).

7. Needle stick incidents include infection control programming and are part of the Agency's quality reporting. Improvement recommendations are made by the Quality Improvement Committee.

8. Education and training n needle stick safety, blood borne pathogens, and Exposure Control Plan is given to new employees and annually thereafter.

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9. This policy along with the Agency's Exposure Control Plan will be reviewed annually and as needed.

ATTACHMENTS Safety Feature Evaluation Form – Syringes
Safety Feature Evaluation Form – Sharps Disposal Containers
Sharps Injury Log

RESOURCES http://www.cdc.gov/sharpssafety/pdf/sharpsworkbool_2008.pdf retrieval date 6.1.16
OSHA Bloodborne Pathogens Standard:
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table

Effective Date: 09/01	Revised Date: 04/17	Board Approved: 09/18/01
Reviewed Date: 03/13		Signature Date: 09/18/01

Signature: President/CEO

Safety Feature Evaluation Form
SHARPS DISPOSAL CONTAINERS

Date: __________ Department: __________________ Occupation: __________________

Product: ______________________________ Number of times used: ______________

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

	agree..........disagree
1. The container's shape, its markings, or its color, imply danger.	1 2 3 4 5 N/A
2. The implied warning of danger can be seen from the angle at which people commonly view it. (very short people, people in wheel chairs, children, etc.)	1 2 3 4 5 N/A
3. The implied warning can be universally understood by visitors, children, and patients.	1 2 3 4 5 N/A
4. The container's purpose is self-explanatory and easily understood by a worker who may be pressed for time or unfamiliar with the hospital setting.	1 2 3 4 5 N/A
5. The container can accept sharps from any direction desired.	1 2 3 4 5 N/A
6. The container can accept all sizes and shapes of sharps.	1 2 3 4 5 N/A
7. The container allows single handed operation. (Only the hand holding the sharp should be near the container opening.)	1 2 3 4 5 N/A
8. It is difficult to reach in and remove a sharp.	1 2 3 4 5 N/A
9. Sharps can go into the container without getting caught on the opening.	1 2 3 4 5 N/A
10. Sharps can go into tthe container without getting caught on any molded shapes in the interior.	1 2 3 4 5 N/A
11. The container is puncture resistant.	1 2 3 4 5 N/A
12. When the container is dropped or turned upside down (even before it is permanently closed) sharps stay inside.	1 2 3 4 5 N/A
13. The user can determine easily, from various viewing angles, when the container is full.	1 2 3 4 5 N/A
14. When the container is to be used free-standing (no mounting bracket), it is stable and unlikely to tip over.	1 2 3 4 5 N/A
15. It is safe to close the container. (Sharps should not protrude into the path of hands attempting to close the container.)	1 2 3 4 5 N/A
16. The container closes securely. (e.g. if the closure requires glue, it may not work if the surfaces are soiled or wet.)	1 2 3 4 5 N/A
17. The product has handles which allow you to safely transport a full container.	1 2 3 4 5 N/A
18. The product **does not** require extensive training to operate correctly.	1 2 3 4 5 N/A

Of the above questions, which three are the most important to **your** safety when using this product?

Are there other questions which you feel should be asked regarding the safety/ utility of this product?

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Safety Feature Evaluation Form
SAFETY SYRINGES

Date: ________ Department: ______________ Occupation: ______________

Product: ________________________ Number of times used: __________

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

During Use: agree...........disagree

1. The safety feature can be activated using a one-handed technique.......................... 1 2 3 4 5 N/A
2. The safety feature **does not** obstruct vision of the tip of the sharp............................ 1 2 3 4 5 N/A
3. Use of this product requires you to use the safety feature... 1 2 3 4 5 N/A
4. This product does not require more time to use than a non-safety device................ 1 2 3 4 5 N/A
5. The safety feature works well with a wide variety of hand sizes................................ 1 2 3 4 5 N/A
6. The device is easy to handle while wearing gloves... 1 2 3 4 5 N/A
7. This device **does not** interfere with uses that do not require a needle....................... 1 2 3 4 5 N/A
8. This device offers a good view of any aspirated fluid.. 1 2 3 4 5 N/A
9. This device will work with all required syringe and needle sizes............................... 1 2 3 4 5 N/A
10. This device provides a better alternative to traditional recapping............................. 1 2 3 4 5 N/A

After Use:

11. There is a clear and unmistakeable change (audible or visible) that occurs when the safety feature is activated.. 1 2 3 4 5 N/A
12. The safety feature operates reliably.. 1 2 3 4 5 N/A
13. The exposed sharp is permanently blunted or covered after use and prior to disposal.. 1 2 3 4 5 N/A
14. This device is no more difficult to process after use than non-safety devices........... 1 2 3 4 5 N/A

Training:

15. The user **does not** need extensive training for correct operation............................. 1 2 3 4 5 N/A
16. The design of the device suggests proper use... 1 2 3 4 5 N/A
17. It is **not** easy to skip a crucial step in proper use of the device................................. 1 2 3 4 5 N/A

Of the above questions, which three are the most important to **your** safety when using this product?

Are there other questions which you feel should be asked regarding the safety/ utility of this product?

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Center for Hospice Care

Sharps Injury Log

20________

Date	Type of Device	Brand Name of Device	Work area where injury occurred	Brief Description of how the injury occurred

29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from *contaminated* sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

QA/ Sharps Injury Log/6/16

Center for Hospice Care

ADMISSION GUIDELINES

Section: Patient Care Policies | Category: Home Health | Page: 1 of 1

PURPOSE: To ensure appropriate admissions to the Center for Hospice Home Health Care program.

PROCEDURE: Patients admitted into the home health program must meet specific state and federal regulations.

The agency's scope of service includes Nursing, Home Health Aide, and Social Work visits. ~~Certain insurance programs may include additional services, such as Spiritual Care and Bereavement services.~~ Physical Therapy, Occupational Therapy, and Speech Language Pathology are available on a contractual basis.

Patients admitted into the home health program must have an attending physician, meet agency, ~~and~~ regulatory qualifications, and have a progressive illness.

The agency services a client population inclusive of all ages from newborn to the elderly.

The patient must reside within our approved service area.

The patient must have a physician approving the admission of the patient and follow their plan of care.

No patient will be rejected based on age, ethnicity, creed, color, mental or physical handicap, sensory or language impairment, gender, sexual orientation, or national origin.

Effective Date: 03/05	Revised Date: 03/17~~05/16~~	Board Approved: 10/19/16
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Signature: President/CEO

PURPOSE: To accurately complete the Intake Information Sheet accurately and gather as much information as the caller will give.

SCOPE OF PRACTICE: Referral Specialists, RN, Admission Representative~~, Social Work~~

POLICY: The Intake Information Sheet is completed for all referrals that are phoned or given to the agency. Information is then documented in the Electronic Medical Record (EMR) to start a new patient chart.

PROCEDURE: Staff member receiving referral will complete an Intake Information Sheet and list all appropriate information regarding the patient as specified in the Referral Guidelines.

The Intake Information Sheet is not a permanent part of the chart.

The Referral Specialist will contact the patient's doctor of choice and/or referring physician, as well as send the attending physician form to be accurately completed by the physician. The patient should be scheduled within 48 hours of receiving the completed attending physician form or receipt of a verbal order by the RN. Failure to admit within 48 hours of the order will be documented as to the reason and that the doctor was notified.

H&P and any additional information confirming patient's terminal status will be found in MHIN and~~or~~ requested from the physician and date documented (labs pertaining to diagnosis, x-rays, especially chest x-rays).

Once all information is recorded in the EMR, the Referral Specialist will pass the intake sheet to the billing department to verify insurance.

~~Patient should be scheduled within 48 hours of order being received.~~ Explanation of previous 90 day Face-to-Face or need for patient to see attending physician within 30 days of admission.

REFERENCE: Referral Guidelines
Admission Assessment Guidelines

Effective Date: 05/94	Revised Date: 03/17~~05/16~~	Board Approved: 10/19/16
Reviewed Date: 03/13		Signature Date: 10/19/16

Signature: [signature] President/CEO

Center for Hospice Care

INITIAL ASSESSMENT OF PATIENT, FAMILY, PRIMARY CAREGIVER

Section: Patient Care Policies Category: Home Health Page: 1 of 1

PURPOSE: To ensure needs are met in a manner consistent with the symptoms and wishes of the patient and family.

SCOPE OF SERVICE: Registered Nurse

POLICY: An initial assessment is done to determine the critical information necessary to treat the patient/family's immediate care needs and will be conducted by an Registered Nurse within 48 hours of the receipt of the attending physician order~~patient election of home health care services~~.

The nurse will gather the following baseline data at the time of admission:

- Health history.
- Physical assessment of patient.
- Assessment of patient's skilled need~~pain and effectiveness of current pain management regimen.~~
- Consult with the attending physician for orders to treat the patient's immediate physical, psychosocial, and emotional status related to the skilled need~~terminal illness~~ and related conditions.
- Instruct in actions, side effects, contraindications, and efficacy of current regime, examine any additional medications (prescribed or over-the-counter) which the patient may be taking, and to report this information to the ~~medical directors and/or~~ attending physician.
- Based on the patient's needs and findings from the initial assessment, the case manager coordinates disciplines that must participate in the comprehensive assessment of the patient within five (5) days of the patient's election of home health services.
  (1) The Social Worker is responsible for assessing the psychosocial needs of the patient/family/primary caregiver (PCG).

Effective Date: 12/94	Revised Date: 03/17~~05/16~~	Board Approved: 10/19/16
Reviewed Date: 09/14		Signature Date: 10/19/16

Signature: [signature] President/CEO

Center for Hospice Care

PHONE/FAXED CONSENTS

Section: Patient Care Policies Category: Home Health

PURPOSE: To obtain a legal consent from a responsible party who is out of the local area.

POLICY The Agency will accept facsimile or phone copies of consent documents in order to expedite initiation of or change in care~~, provided original signed documents are received later~~.

PROCEDURE: ~~Fax all needed consents to the Power of Attorney (POA).~~ All consents will have an explanation and note where to sign and date for the POA/Caregiver.~~.~~ The POA has the opportunity for questions via telephone prior to signing the consents and faxing to the Agency

Consents must be completed while on the phone with the POA/Caregiver.

All consents will have a note where to sign and explanation of consents before faxing.

Once consents are faxed, the POA will need to mail the signed consents to the Agency, as we must have an original signature on our chart.

Signed faxed copies are uploaded to the admission level of Cerner.

If the POA/Caregiver is unable to receive consents by either fax or email, a phone consent may be obtained:

- There must be two Agency witnesses to the POA/Caregiver consent.
- POA/Caregiver name is printed on the consents with a statement regarding it being a phone consent.
- Both witnesses must sign and date the consents.

Please note, if these are consents for an admission, we may not proceed with the admission until we have received the faxed copy.

Effective Date: 02/02	Revised Date: 03/17~~05/16~~	Board Approved: 10/19/16
Reviewed Date: 03/13		Signature Date: 10/19/16

Signature: President/CEO

Center for Hospice Care

ADVANCE DIRECTIVES

Section: Patient Care Policies | Category: Home Health | Page: 1 of 1

REGULATION: 42 CFR 484.10 – Patient Rights

PURPOSE: To inform the patient/family/PCG of their rights to decide medical treatments and document advance directives should they lose their decision-making capacity.

POLICY: The Federal Patient Self Determination Act mandates that all hospitals, nursing homes, home health agencies, and hospices have in place a mechanism for advising patients of their legal rights and options regarding their treatment if they are or become incapacitated.

- Patient/families/PCG will receive written information regarding their right to accept or refuse treatment, how to document advance directives, and may receive a copy of the form for the Appointment of a Health Care Representative.
- If patient already has any advance directives such as, but not limited to, Living Will, Appointment of Health Care Representative, Power of Attorney, a copy will be obtained for their file.
- ~~At the pre-admission visit there will be documentation of information given and if patient has advance directives.~~
- The social worker will follow through with the patient/family to clarify questions/concerns regarding Advance Directives and to encourage the patient, when appropriate, to appoint a Health Care Representative.
- The Agency will not discriminate against or change the manner of care provided to a patient on the basis of whether the patient has executed an advance directive.
- The Agency will comply with all state law requirements regarding advance directives.
- The Agency will provide education to staff and the community regarding issues associated with advance directives.
- The Federal Law does not prohibit the application of the Indiana State Law which allows Agency staff or any agent of the Agency not to implement an advance directive based upon a matter of conscience.

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Reviewed Date: 03/13		Signature Date: 10/19/16

Signature: President/CEO

Center for Hospice Care

AVAILABILITY 24/7

Section: Patient Care Policies Category: Home Health

REGULATION: 42 CFR 484.14 – Organization, Services, and Administration

PURPOSE: To ensure availability of quality, interdisciplinary patient care 24/7.

POLICY: Care and services provided by Agency are available 24/7 to meet the needs of patients and their caregivers.

PROCEDURE:

1. The Agency assures that there is adequate staffing to meet the needs of its patients.

2. On call services are provided to patients and their caregivers after business hours and on weekends and holidays for telephone consultations and visits as needed.

3. The Agency Medical Director or designee provides 24 hour coverage for patient emergency medical needs that arise~~.~~ if the patient's attending physician or on call physician is unable to be reached in a timely manner.

~~4. The Agency maintains contracts with medical equipment companies to assure that medical equipment (including emergency maintenance, replacement or backup) and supplies are available to all patients 24/7 and in a timely fashion. A medical supply inventory is maintained at all CHC offices and may be accessed on an as needed basis.~~

~~5. Contractual agreements are maintained with pharmacies in the Agency's service area to assure that medications are readily available.~~

~~6.~~4. Other Agency services, including social work, are available on an on call basis as needed outside of normal business hours.

~~7.~~5. Interdisciplinary team members are available to attend patient deaths 24/7.

Effective Date: 07/13	Revised Date: 03/17 ~~06/16~~	Board Approved: 12/18/13
Reviewed Date:		Signature Date: 12/18/13

Signature: President/CEO

Center for Hospice Care

INFECTION CONTROL: TB SCREENING~~TESTING (Mantoux)~~ OF STAFF

REGULATION: 484.70 Infection Control

PURPOSE: To screen healthcare workers that have the potential for direct patient contact for infection with the tuberculosis bacillus (mycobacterium tuberculosis) in accordance with OSHA Standard 29CFR 1910.1030, the Core Curriculum on Tuberculosis by the CDC, state and federal regulations.

GENERAL INFORMATION

~~1. Mantoux Tuberculosis testing shall be supervised by the Medical Director with a written prescription order available.~~

~~2~~1. Annual TB testing is mandatory for ALL employees that have the potential for direct patient contact. There will be no direct care until testing and/or evaluation is completed.

2. ~~3. Persons who have had a previous positive reaction will review symptoms of TB annually (see Appendix A). A TB Questionnaire will be completed.~~ Upon hire, each employee may provide proof of a negative TB test result anytime within the previous 12 months. This negative result can be determined from the following testing methods: Mantoux method TST (tuberculin skin test) or a quantiferon-TB assay for those who do not have a history of positive results with these testing methods.

3. Any employee with a negative history for TB or a negative testing result must have a baseline two-step Mantoux method TST. Unless the individual has provided documentation of a negative Mantoux method TST or quantiferon-TB assay anytime in the previous 12 months and those results were negative.

4. The two-step method of Mantoux TST is administer the first TST and repeat the TST one to three weeks following the first test.

5. Any person with a documented history of tuberculosis or a previously positive test result for TB, or has completed treatment for TB, or has a newly positive to the Mantoux method TST must have a documented chest x-ray to exclude a diagnosis of TB. These chest x-ray results are to serve as their baseline and to show medical evaluation for active disease was conducted.

6. Pregnancy will not exclude someone from receiving Mantoux method TST ~~a TB skin test,~~ unless they have a physician's note to that effect. If a physician states someone cannot receive the required TB testing (skin test or chest x-ray), they will not be allowed to work until testing can be performed~~appropriate TB clearance is obtained~~.

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~~7. Two-step testing will be performed on all newly hired staff that have an initial negative PPD test result at the time of employment, and have not had a documented negative PPD, or a quantiferon TB assay unless the individual has documentation of a negative TB test at any time during the previous 12 months and was negative. The second test will be performed 1-3 weeks after the first test (preferably 1 week).~~

7. Reaction following administration of the Mantoux TST ~~to PPD~~ is identified as a ~~by~~ hard induration at the injection site, transverse diameter measured with an mm ruler. Redness or erythema is not measured.

8. Record results in mm of induration on the Agency TB record:
   - Area of induration 0-4mm/negative, **no action needed**
   - Area of induration 5-9mm/possible significant, ~~(~~**retest in one week**~~)~~
   - Area of induration 10mm and more/significant reaction, ~~(~~**obtain a chest x-ray**~~)~~ see #9 and #10.

~~9. Employees with a new conversion (see summary of interpretation of skin results for guidelines) will be required to:~~
   - ~~Review signs and symptoms of TB~~
   - ~~Complete a TB Questionnaire~~
   - ~~Receive a baseline chest x-ray~~

9. Employees with an induration of 10mm or more (see #8) will be required to:
   - Review signs and symptoms of TB
   - Complete a TB Questionnaire
   - Receive a baseline chest x-ray
   - Be referred to their attending physician for further examination and/or diagnostic tests, with chest x-ray results
   - Be reported to the County Health Department within 24 hours
   - State law requires any new conversion or active disease to be reported to the Indiana State Department of Health and the local health officer
   - Refrain from working until declared free of infectious TB by their physician

10. In case of significant reaction (10mm or more), obtain a chest x-ray. This can be coordinated by the Clinical Staff Educator, QA Coordinator, or Human Resources. This x-ray will be obtained through our agency contracted Occupational Health agencies. If a reaction of greater than 10mm is read after 5:00 p.m. or on weekends, contact the nurse manager on call.

11. A significant positive reaction indicates only that the individual was exposed to TB. A chest x-ray is required as a baseline.

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12. It takes 8-10 weeks after exposure to the TB bacillus for a positive reaction to show on the Mantoux TST.

13. Positive readings can be due to the individual who:
    - Has received a previous BCG vaccine
    - Has a positive cross reactivity to an atypical bacilli
    - Allergic reaction to TST solution
    - Has been exposed to TB

14. False negatives can be caused by:
    - Reaction to major surgery
    - Overwhelming disease
    - Nasal flu mist (wait six weeks after nasal flu to receive TST)

15. After an individual has received BCG vaccine, a Mantoux TST may read positive for the next 5-10 years and then it can convert back to negative.

TB EXPOSURE INCIDENT

If employee is exposed, TST will be given 10-12 weeks after exposure.

If TST is positive, it is presumed employee was infected by exposure incident and will be referred to personal physician.

If positive for TB, an employee may return to work following initial treatment and three consecutive negative sputum.

~~REACTIONS: Vaccine will be delayed in persons with any febrile illness or active infection.~~

~~Vaccine will only be given to pregnant or nursing mothers if it is clearly needed and a written order from the person's personal physician is obtained first.~~

~~ADVERSE REACTIONS: Most common are:~~
~~Soreness, redness, or swelling at injection site~~
~~Fatigue~~
~~Headache~~
~~Dizziness~~
~~Slight elevated temperature >37.5 degree Celsius or 99.5 Fahrenheit~~

~~DOSING SCHEDULE: 1st dose at elected date~~
~~2nd dose one month later~~
~~3rd dose six months after first dose~~

~~Follow manufacturer's dosing guidelines or alternative scheduling provided by package insert or CDC recommendations.~~

~~If a person has recently been exposed to the virus, their personal physician will be contacted for follow through.~~

Effective Date: 01/95	Revised Date: 04/17 ~~05/16~~	Board Approved: 10/19/16
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Signature: President/CEO

Center for Hospice Care

PROFESSIONAL ADVISORY GROUP

REGULATION: 42 CFR 484.16 – Group of Professional Personnel

PURPOSE: To annually review the agency's program and the services that are offered. To ensure compliance with Home Health regulations.

POLICY: A group of professional personnel which includes at least one physician and one registered nurse and with appropriate representation from other professional disciplines, ~~will~~ establishes and annually reviews the agency's policies governing scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. At least one member of the group is neither an owner nor an employee of the agency.~~programs inclusive of policy, administrative, and medical record review. This is a requirement for Home Health Licensure. The agency will report the following:~~

<u>Administrative Review</u>

Review of the prior year's accomplishments
Source of admissions
Client discharge by destination
Geographic distribution
Client distribution by referral
Client distribution by gender
Client distribution by diagnosis
Financial classification breakdown

<u>Medical record Review</u>

OASIS reporting
Quarterly Chart review
QI summary report for previous year

<u>Policies Review</u>

Scope of services offered
Admission policies
Discharge policies
Medical supervision
Plans of care
Emergency care
Medical records
Personnel qualifications
Program evaluation

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If the agency has a branch(es), the annual review includes services delivered thrugh the branch(es).

The group of professional personnel ~~will~~ meets at least annually to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community, and in the agency's community information program.

The meetings ~~will be held annually and will be reflected by~~ are documented by dated minutes ~~of the meeting~~.

The Professional Advisory Group's recommendations will be forwarded to the Board of Directors for their review and approval.

The Chair~~person~~ for this group ~~committee~~ will be the Agency's Chief Medical Officer. The Chair~~person~~ of the group ~~committee~~ appoints members for one-year terms and they may be reappointed.

Effective Date: 04/04	Revised Date: 03/17 ~~12/08~~	Board Approved: 12/02/08
Reviewed Date: 03/13		Signature Date: 12/02/08

Signature: President/CEO