Board of Directors Meeting
501 Comfort Place, Conference Room A, Mishawaka
August 16, 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
August 16, 2017
7:30 a.m.

A G E N D A

1. Approval of June 28, 2017 Minutes *(action)* – Wendell Walsh (2 minutes)

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

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

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

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

6. Board Education – Hospice Foundation Update *(information)* – Mike Wargo (20 minutes)

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

Next meeting October 18, 2017 at 7:30 a.m.

# # #

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CHAPTER
TWO

MINUTES

Center for Hospice Care
Board of Directors Meeting Minutes
June 28, 2017

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

Topic	Discussion	Action
1. Call to Order	• The meeting was called to order at 7:30 a.m.	
2. Minutes	• We did not have a quorum at the 04/19/17 CHC Board of Directors meeting, so today the Board needs to ratify the actions and recommendations taken at that meeting. The Board had approved the financial statements for the first quarter of 2017, the 2016 Audit which was a clean audit, a report from the PAG on our Home Health program and recommended changes that were approved, and a review of revised policies. • A motion was made to ratify the actions and recommendations taken at the 04/19/17 CHC Board meeting and accept the minutes of the 04/19/17 meeting as presented. The motion was accepted unanimously.	L. Turner motioned T. Portolese seconded
3. President's Report	• Census has been very strong and has not been below 400 since April 19th. Through yesterday June ADC is 405 and YTD 399, which is where we ended 2016. Our break even to meet budget is 383. • LaPorte Office – We still have not found space suitable for us. We had some communication issues with our realtor, but we are now back on track. It is important to have our office within the city limits of LaPorte for potential grant opportunities. • We have done so well in collecting on the backlog of Accounts Receivables that we were able to pay back $5MM of our line of credit loan. This was due to the efforts of our medical staff getting caught up and also hiring of additional medical staff. We are in very good shape now. The A/R number of days is now below the National Hospice Executive Roundtable (NHERT) benchmark. • We signed a contract with St. Joseph PACE to provide hospice services for their patients. They had signed a contract with a for-profit hospice based out of Texas when they opened. Dr. Quinn is the medical director of PACE. Jesse H. could follow	

Topic	Discussion	Action
	up with him and ask whether they need to have a contract with the for-profit hospice. • We are working on a draft of a palliative care product line to present to hospitals for CHF and COPD patients to help avoid hospital readmissions. We have some impressive data from our HeartWize and BreatheEasy programs that we could share with them. We could get paid under Medicare B if a nurse practitioner makes a palliative care visit. We will be checking with NHERT to see if any of them have something they use for marketing their palliative care program that they could share with us. People still think of hospice as cancer. Out of 2,000 patients last year, half had COPD, CHF or Dementia / other neurological diagnoses. Over the past 12 years cancer has been shrinking as the percentage of people we care for. We have attempted to build relationships with cardiologists. When we developed our HeartWize program, we worked with a couple of cardiologist as champions for the program. Ideally, once we have a community-based palliative care program, we could continue to see patients that went home from the hospital under our home health license until they would need hospice care if they become eligible. • CHC has been under a Medicaid Integrity Audit (MIC) going back four or five years. They reviewed records on 13 patients and denied four. We appealed the four denials. Two were then approved but the other two denials were upheld. We will continue to appeal these denials. Additionally, CHC is one of 65 hospices chosen for an audit related to General Inpatient Level of Care (GIP). CMS hired StrategicHealthSolutions to do the audit. They reviewed 14 claims (11 patients) under GIP valued at $118,656. They denied three claims (2 patients) valued at $30,036. These were all technical denials saying we had missing signatures and/or untimely face-to-face visits. We are reviewing the records and will appeal if we find the missing information. Four of the ten NHERT members were also included in this audit and the contractor came up with virtually the same thing: requested 11-12 patients, denied three to four claims. • We have hired a medical records coder in the Billing Department. With ICD-10 diagnosis codes and increased scrutiny, we need to get it right up front before the claim is submitted. • Occupancy at both Hospice Houses is down, primarily due to the average length of stay being down. South Bend Hospice House had an 11% increase in patients served and Elkhart Hospice House was down 2%. With the increased scrutiny in GIP level of care, there are fewer GIP days being billed to Medicare. We met with	

Topic	Discussion	Action
	representatives from the Indiana Hospice and Palliative Care Organization (IHPCO) and the Indiana Association for Home & Hospice Care on 06/26. One item discussed was the idea of using Hospice House for non-hospice patients for short term symptom management care to shorten hospital stays prior to the patient going home or to a facility. Hospice House would be able to meeting their symptom management needs at a much lower cost. We believe managed care organizations would pay for this. We think hospitals would be interested in getting patients out faster since they've already been paid the DRG. We had approached the Indiana State Department of Health through IHPCO about making this happen administratively in the state and they didn't have a problem with it, but we don't think they understood what we were talking about. IHPCO has also met with an Indiana Senator who is interested in adding this to an Indiana hospice legislative law. This could give us another reason to fill our beds at the new Hospice House. We likely drop the word "hospice" from both facilities in the future. It would take a licensure law change to allow patients who have not elected hospice to be treated in a licensed hospice inpatient unit. • The new Hospice House in Mishawaka is not an addition to Roseland. The seven beds in Roseland will move to Mishawaka, and we will add three, so we would then have a total of 12 beds in Mishawaka and seven in Elkhart. The Roseland facility will be repurposed for Milton Adult Day Services. The Alzheimer's & Dementia Services of Northern Indiana is also interested in renting part of the building. We own the Roseland facility free and clear. • We have heard that 20% of everyone over the age of 65 who is in the hospital right now will die in six months or less. So one out of five patients in the hospital is technically hospice eligible today. • The NHERT met here June 11-13. This is a group of ten hospice CEO from across the country. They also brought their CFOs to this particular meeting. Guest speakers were from The Advisory Board on their new post-acute care tracking tool, and also Phil Newbold, President/CEO of Beacon Health System. • The Hospice Action Network (HAN) is developing a public policy campaign to elevate the hospice story in Washington, DC. Mark is one of eight people asked to participate in the interviewing and hiring of several Washington, DC based PR and Lobbying firms. • Active Day, a for-profit agency based in Pittsburgh, is opening an adult day service	

Topic	Discussion	Action
	facility on Grape Road. They had tried to purchase MADS. Craig Harrell is working on MADS' marketing materials and promoting their services. • The 24th Annual Camp Evergreen was held June 2-4 and had 52 participants. The annual Volunteer Inservice Day was held 06/06 at Bethel College and 114 people attended. The "Journeys in Healing" art auction was held 06/14 and over 170 people attended. All of the art pieces were sold. CHC Night at Four Winds Field on 06/16 had 118 people attend. • Global Partners in Care (GPIC) now appears on the financial statements. We are now successfully wiring money overseas. GPIC is an affiliate of the Hospice Foundation, which is IRS Type II supporting foundation for CHC. • Our professional liaisons made 673 visits in two months to referral sources. They are out there every day. We are trying to sell tools to make the job easier for our referral sources and build those relationships. Usually it is the staff person, not the doctor that makes the actual referral. The doctor just says the patient is appropriate for hospice, so we need to get to the decision makers.	
4. Finance Committee	• April operating income was $1,829,647, interest and other income $40,422, beneficial interest in Foundation $151,677, total revenue $2,021,746, total expenses $1,601,506, net gain $420,240, net without beneficial interest in Foundation $268,563. YTD April operating income $7,081,172, interest and other income $161,477, beneficial interest in Foundation $693,886, total revenue $7,936,535, total expenses $6,303,082, net gain $1,633,453, net without beneficial interest in Foundation $939,567. • GPIC was added to the financial statements in May. May operating income $1,873,782, MADS revenue $41,740, interest and other income $1,402, beneficial interest in affiliate $288,230, total revenue $2,205,154, total expenses $1,607,108, net gain $598,046, net without beneficial interest $309,816. YTD operating income $8,954,953, MADS revenue $191,928, interest and other income $12,691, beneficial interest in affiliate $982,116, total revenue $10,141,688, total expenses $7,910,189, net gain $2,231,499, net without beneficial interest $1,249,383. • There was a lot of beneficial interest in Affiliate due to investments being up significantly. MADS has been pretty much on target with what we expected. Their ADC is 19 to 20 for the year, and we project an ADC of around 22. It has never intended to be a money maker. They are $2,700 in the hole. We expect to break even	

Topic	Discussion	Action
	by the end of the year. • A motion was made to accept the April and May 2017 financial statements as presented. The motion was accepted unanimously.	S. Weirick motioned A. Firth seconded
5. QI Committee	• The minutes of the 05/23/17 QI Committee are meeting in the board packet. It is a well-run committee.	
6. Policies	• The PPS/FAST Scale cards were developed by our clinical staff educator. It is a tool to help the nurses determine the level the patient is at the time of admission and at every recertification. It is kept on their name tag as a quick reference. • Sue M. highlighted the new and revised policies. The Discharge Criteria policy was revised to reflect a change by Medicare that we now have to give a 15 day notice when a patient is discharged from home health instead of five days. The Multi-Drug Resistant Organism policy was updated. We combined a number of Hospice House policies into one for Hospital to Hospice House Admission. Suicide Ideation was updated to reflect current practices. Someone will stay with the patient until he/she can be assessed. • A motion was made to approve all of the policies as presented. The motion was accepted unanimously.	T. Portolese motioned M. Newbold seconded
7. Foundation Update	• Through the first 35 months of the Capital Campaign we have total cash, pledges, and documented commitments of $8MM. Some other dollars will be added to that related to the Give Local Day matching pool. CHC was the number one agency in the Community Foundation of St. Joseph County's Give Local Day. We had about 220 donors and raised $435,000 in support. The total net will be around $588,000 when the matching grants are added to that. We had one major gift from a prospective donor of $250,000 that was directed to us on Give Local. Subsequently the donor shared with us they will giving a $1MM gift to name Hospice House. We don't have a signed agreement yet. We will also be looking at changing the name of the Elkhart Hospice House. Technically it is the Strefling Foundation. We will ask them if we can call it something other than Hospice House. We have a number of campaign initiatives we would like to be able to finish off fundraising for over the next couple years. • GPIC – We finally got all of the paperwork processed through the New York Secretary of State Office, so we could take over the PNC account and wire funds overseas. We have a new software program to help manage the data. We make Skype	

Topic	Discussion	Action
	calls with the international partners. Our goal is to talk to every partner before the end of the year. We are working in 15 different countries. We are also working on Memorandums of Understanding with a number of palliative care organizations in different countries. Now that we have control of GPIC's accounts, it can be reflected on the financial statements. The first official GPIC Board meeting will be held today. • Roberta Spencer traveled to Uganda in May and spent time working on the Road to Hope Camp, which is similar to Camp Evergreen. It is now in its third year and 53 of the 58 Road to Hope children attended. A grad student from the Eck Institute for Global Health at the University of Notre Dame is in Uganda working on the mHealth initiative so an informed decision can be made on where to focus efforts for palliative care. *Road to Hope* won a couple more documentary awards. It has won 33 so far, plus it has been officially selected for 70 international film festivals. This raises awareness about our work in Uganda and is one reason why we are seeing an increase in support for children in the program. • Mishawaka Campus – We now have firm pricing from DJ Construction for the clinical staff building and Helman-Sechrist has completed design for Hospice House. We are in the process of creating a construction document and get that bid out as well. Originally we had anticipated a cost of $7.2MM, but due to the increase in construction in the community since planning began, costs have increased annually are it will be about $9MM. We would like to put shovel in the ground next spring.	
8. Board Education	• Craig Harrell, Director of Marketing and Access, gave an update on CHC's social media and digital marketing. This allows us to bring the proper message in front of the right people at the proper time and measure our return on investment. We now have three years' worth of data for comparison. Our name usually shows up first on search engines. Our conversion rate from digital marketing to a phone call is 18.05%, which is well above the expectation benchmark of at least 2%. Craig H. and Peter Ashley, Director of Communications and Annual Giving at Hospice Foundation, work together on promoting events between CHC and the Hospice Foundation. Barbara King, Marketing & Access Assistant, is doing stories on employees to post on our social media, which has become very popular. We will start doing the same with our volunteers. • We will still do traditional marketing on billboards and print media, but just not to the extent we had. There is still a need for that. We are targeting women age 35 and above, because they comprise most of the caregivers. We want our name to be top of	

Topic	Discussion	Action
	mind. We schedule when our TV spots air so it hits all of our service area. Craig is in the process of verifying this schedule, because it was set up before he started at CHC.	
Adjournment	• The meeting adjourned at 8:35 a.m.	Next meeting 08/16

Prepared by Becky Kizer for approval by the Board of Directors on 08/16/17.

Wendell Walsh, Chair

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
August 16, 2017
(*Report posted to Secure Board Website on August 10, 2017*)

This meeting takes place in Conference Room A at the Mishawaka Campus at 7:30 AM.
This report includes event information from June 29 – August 16, 2017.
The Hospice Foundation Board meeting follows in the same room.

CENSUS

Maintaining census has been problematic. YTD referrals at 7/31/17 were 3% below prior year. However, the conversion rate is 73% compared to 69% a year ago. July's new admissions totaled 122 compared to June's 131 (we averaged149 per month in the first half of 2017). During the last four days in July, 40 patients died, discharged or revoked within 96 hours. This will take time to rebuild and recover. Of the 122 new admissions in July, 21% were on census four days or less, 18% were 48 hours or less, and five less than 24 hours. 44% of all deaths in July were in seven days or less following admission. Every patient who died on Saturday August 5 had been admitted Friday August 4th. The Elkhart Hospice House (HH) was closed from 8/4 – 8/7 because of no patients, while the South Bend HH was full 8/4 – 8/10 with patients having to be admitted in local hospitals while waiting for SB HH beds to open. St. Joseph County families flatly refuse to drive "*all the way to Elkhart*" where there are empty beds for loved ones. Census on 8/8 was the lowest since March of 2014. Staffing levels are continually evaluated along with admission efficiencies.

July 2017	**Current Month**	**Year to Date**	**Prior Year to Date**	**YTD Change**
Patients Served	478	1,403	1,385	18
Original Admissions	122	1,017	1,000	17
ADC Hospice	347.77	363.04	376.53	(13.49)
ADC Home Health	34.19	31.09	20.89	10.20
ADC CHC Total	381.96	394.13	397.42	(3.29)

June 2017	**Current Month**	**Year to Date**	**Prior Year to Date**	**YTD Change**
Patients Served	502	1,281	1,242	39
Original Admissions	131	895	857	38
ADC Hospice	367.77	365.66	375.15	(9.49)
ADC Home Health	35.30	30.56	21.09	9.47
ADC CHC Total	403.07	396.22	396.24	(0.02)

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	**2017** Sept	**2016** Oct	**2016** Nov	**2016** Dec
S.B.:	224	227	223	227	228	226	212			217	219	220
Ply:	69	67	67	72	72	69	66			76	79	78
Elk:	87	86	87	95	97	99	94			94	99	96
SBH:	5	6	6	5	4	5	6			4	5	6
EKH:	4	3	4	4	4	4	4			3	2	4
Total:	390	388	387	402	406	403	382			394	405	404

HOSPICE HOUSES

July 2017	Current Month	Year to Date	Prior Year to Date	YTD Change
SB House Pts Served	42	224	205	19
SB House ALOS	4.33	4.99	5.50	(0.51)
SB House Occupancy	83.87%	75.27%	75.59%	-0.32%
Elk House Pts Served	32	186	190	(4)
Elk House ALOS	3.91	4.51	5.30	(0.79)
Elk House Occupancy	57.60%	56.54%	67.54%	-11.00%

June 2017	Current Month	Year to Date	Prior Year to Date	YTD Change
SB House Pts Served	30	189	181	8
SB House ALOS	4.77	4.95	5.38	(0.43)
SB House Occupancy	68.10%	73.80%	76.37%	-2.57%
Elk House Pts Served	34	160	162	(2)
Elk House ALOS	3.74	4.46	5.27	(0.81)
Elk House Occupancy	60.48%	56.35%	66.95%	-10.60%

PATIENTS IN FACILITIES

Of the 478 patients served in July, 127 resided in facilities. Of the 502 patients served in June, 161 resided in facilities. The average daily census of patients in skilled nursing homes, assisted living facilities, and group homes during July was 127; June was 132 and July YTD was 131.

FINANCES

Karl Holderman, CFO, reports the July 2017 Financials will be posted to the Board website on Friday morning, August 11th following Finance Committee approval. For information purposes, the unapproved June 2017 financials are presented below.

June 2017 Financial Information

Center for Hospice Care *(1)*

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

June Overall Revenue	$	2,167,742	Year to Date Overall Revenue	$	12,309,425
June Total Expense	$	1,729,547	Year to Date Total Expense	$	9,639,737
June Net Gain	$	438,195	Year to Date Net Gain	$	2,669,668

Hospice Foundation (without GPIC)

June Development Income	$	434,584	Year to Date Development Income	$	941,842
June Invest Gains (Loss)	$	118,523	Year to Date Investment Gains (Loss)	$	1,591,681
June Overall revenue	$	596,333	Year to Date Overall Revenue	$	2,711,548
Total June Expenses	$	228,726	Total Year to Date Expenses	$	1,361,826
June Overall Net	$	367,607	Year to Date Overall Net	$	1,349,722

Global Partners in Care

June Partnership Grants	$	34,929	Year to Date Partnership Grants	$	84,894
June Overall Revenue	$	35,405	Year to Date Overall Revenue	$	213,108
Total June Expenses	$	35,233	Total Year to Date Expenses	$	83,887
June Overall Net	$	172	Year to Date Overall Net	$	129,220

Combined *(2)*

June Overall Revenue	$	2,431,701	Year to Date Overall Revenue	$	13,755,139
June Overall Net Gain	$	438,195	Year to Date Overall Net Gain	$	2,669,688

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

At the end of June 2017, CHC's YTD operating income was $10,711,308 up $$42,279 from June 2016. The YTD June 2017 overall combined net gain for CHC / HF / GPIC was $2,669,668 up 122% from June 2016. At 6/30/17, CHC's YTD Net without the beneficial interest in the HF was $1,319,794 representing a nearly 4% increase from same time last year. The combined YTD net at 6/30/17 without counting investment gains/losses was $319,672 representing an increase of 43%

from YTD same time prior year. At the end of June 2017, the Hospice Foundation's Intermediate Investments totaled $4,500,617. Long Term Investments totaled $19,012,862. CHC's assets on June 30, 2016, *including* its beneficial interest in the Hospice Foundation, totaled nearly $47MM. At the end of June 2017 HF's assets alone totaled nearly $39.4MM and debt related to the low interest line of credit associated with the Mishawaka Campus project totaled $896,611. All organizations had combined assets on June 30, 2017 of just over $48MM.

CHC VP/COO UPDATE

Dave Haley, CHC VP/COO, reports…

We have been able to develop a third option for the delivery of hospice patient medications (for refills only) from our medication supplier, DeliverCareRx. Starting July 24, we have been able to order a three-day delivery service (versus a two-day delivery) on refills. When our nurses order this delivery method for refill medications, we save 40% on the cost of delivery. This will reduce the delivery cost of these refills from $10.00 per delivery to $5.95 per delivery.

Lucette Higgins, Director Victim / Witness Services of the St. Joseph County Prosecutor's Office called recently to let us know she was referring a family involved in a traumatic death to our bereavement services department. During the conversation, she commented how thankful and grateful she is to have our services to share with families that come through her program. She indicated having bereavement services for traumatic bereavement is so important to the families she serves. She also appreciates that the service is free, since some of the families she refers would not be able to utilize services if there was a charge.

Carrie Healy, MSW, began work as our new Social Work Coordinator on July 17.

George Drake, MD, has started working providing patient care two days a week. He is board certified in hospice and palliative medicine.

Our medical staff has been issued iPads, providing them greater mobility in the field.

We continue working on locating space to open a staff office in La Porte, Indiana.

We were recently notified by the very new CEO of LaPorte Hospital that they did not wish to contract with us now for the provision of General Inpatient Services. Our plan now is to approach Porter Regional Hospital in Valparaiso for these services. Both hospitals are owned by CHS, a publicly traded for-profit company (NASDAQ: CYH) whose affiliates own, operate or lease 137 hospitals in 21 states with approximately 22,000 licensed beds. They are currently $15 billion in debt. While we were originally told by the interim CEO at LaPorte that contract approval could take months, such an Agreement would be good upon approval at any CHS hospital.

We continue to evolve our planning on several community palliative care product lines. We are devising a 30-day readmission reduction program to market to area hospitals. This would save the hospitals money and provide an extra revenue stream to CHC. The idea is to reduce emergency room visits and hospital readmissions within 30 days of discharge for patients with congestive heart failure and chronic obstructive lung disease.

We have contracted with the Saint Joseph PACE program to become one of their hospice providers and at press time one of our patients has elected PACE and we are working out details.

We will participate in a Community Healthcare Disaster Drill which is scheduled to occur on September 20. The mock disaster will be a plane crash at the South Bend airport. The new CMS Emergency Preparedness for Medicare and Medicaid Participating Providers and Suppliers are in effect on November 16, 2017 and will be reviewed by both our hospice and home health surveyors. Participation in community disaster preparedness is required.

DIRECTOR OF NURSING UPDATE

Sue Morgan, DON, reports…

CHC RNs were updated on the medication reviews and electronic profiling. Previously the nurse would have to complete a profile independently. Within the Cerner electronic medical record medications appear in the Hospice Nursing visit section. Reviews are conducted at admission, during each 14-day care plan review, at the comprehensive assessment, and during each recertification for hospice services.

There are instances when a patient has had an assessment completed for an admission, but the family and/or patient isn't ready for hospice services. Then a call is placed to triage during the night with a family request for immediate assistance for symptom management or the patient is actively dying. The Admissions Department has created a Resource Manual for the emergency visit nurse to utilize as a guideline to get the patient admitted and take care of the symptom needs. RNs were educated on the procedure in August. There have been three emergency admissions utilizing this process with no issues identified by meeting the patient/family need for Hospice Services.

The Indiana State Department of Health survey for hospice state licensure and Medicare certification is anticipated in the fall of 2017. Mock surveys continue to be completed at all three care offices. The focus is to educate the staff and review the national top deficiencies in preparation of the actual survey.

A revised orientation plan will begin in August for the Certified Nursing Assistants. The days in orientation will expand from two days to five days to allow for more opportunity for them to be competent in all areas prior to having a case load of patients independently.

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 July 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	1,066,118.11
July	532,913.52	487,325.01	579,801.36	604,696.88	679,253.96	956,351.88	1,072,579.84	1,277,609.56
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	146,200.17
July	55,278.63	53,536.39	62,069.43	69,939.27	38,243.88	93,586.27	52,394.52	61,505.45
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 June and July 2017 included meetings with donors and prospective donors as we progress through the early stages of the public phase of our comprehensive campaign. Other activity included follow up with volunteers and employees expressing interest in participating in the Crossroads Campaign because of presentations made to both groups earlier in the year. Through 37 months of our 5-year campaign (7/1/14 thru 7/31/17) total cash, pledges and documented bequests total $8,750,456. We await documentation for the remaining $750,000 of a $1 Million gift pledged for the Hospice House; inclusion of the $750,000 verbal commitment increases the total to $9,500,456.

Members of the St. Joe Valley Street Rods, a local group of vintage car/hot rod enthusiasts, visited Center for Hospice Care with their street rods on the afternoon of July 28 and presented us with a check for $15,000. The group sells Barnaby's Pizza coupons as a CHC fundraiser. This effort began in 2010. Since making their first gift in 2005, the St. Joe Valley Street Rods have donated over $101,000 to CHC. We are determining ways to acknowledge the generous giving of the Street Rods and we are seeking their input. Funding from last year assisted us in meeting the Asante

Foundation match, and the group requested that their 2017 gift be used toward the $1 Million Dwyer Trust matching grant to permanently endow the Vera Z. Dwyer Fellowship in Hospice and Palliative Medicine.

We are continuing to explore ways to facilitate campaign gifts from prospective Elkhart donors and cultivate donation and grant opportunities in La Porte as CHC works toward establishing a physical presence there.

Planned Giving

A planned giving prospect met with us in July. We are working on documenting a $75,000 to $100,000 gift. The prospective donor came to tour the Mishawaka Campus and learn more about CHC, and they are now focusing on which CHC programs to support through their estate gift.

Annual Giving

Response to the annual Friends of Hospice campaign, which kicked off in May, has been consistent with giving during this same time in previous years.

Special Events & Projects

2017 continues to be an active year for events. We held our inaugural Journeys in Healing gallery showing/silent auction to support the After Images art counseling program on June 14. We had approximately 175 people in attendance, making it our largest in-house event to date. Feedback from attendees was extremely positive and gross proceeds from the event were nearly $6,700.

The 19th Annual NAIFA Golf Tournament, a 3rd Party event, was held on our behalf at Knollwood Country Club on August 2, where we were presented with a $2,445 check.

We have several upcoming events, including the Heroes for Hospice Fun Run & Walk (8/12), Bike Michiana for Hospice (9/17), Okuyamba Fest (10/12), Veteran's Dedication event (10/26).

Our two event series sponsorships in Elkhart continue to raise brand awareness of Center for Hospice Care. Featuring classic cars and live music, "Drive-in Fridays" at Ruthmere Museum will take place the last Fridays in August and September. "Groovin' in the Gardens," a summer concert series that runs for ten consecutive Thursday evenings at Wellfield Botanical Gardens, continues through the end of August.

On June 28th Tom's Car Care Center at Bendix and Sugar Maple Drive in South Bend held a Lube-a-Thon to benefit Center for Hospice Care, which raised a total of $3,698. Tom's first held this benefit for us in 1998 and continued to do so annually through 2007. After taking nearly a decade off, they resurrected the event in 2016. Since its inception, this 3rd Party event has raised a total of $62,927.37 for our organization.

Palliative Care Association of Uganda (PCAU)

PCAU will once again host its Biennial Conference in August. 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. Once again, 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. Center for Hospice Care employees Holly Farmer (Bereavement Coordinator) and Kristiana Donahue (Volunteer Recruitment Coordinator) have been invited to present, based on the abstracts they submitted to the conference's scientific committee. Holly will be part of a workshop on Friday, August 25th called "Working with Children as Patients and Care Givers." Other workshop presenters include Prof. Julia Downing and Ben Ikara of the Uganda Child Cancer Foundation. Kristiana's presentation, "More Than a Heart: The Importance of an Effective Volunteer Training Program," will be part of the Capacity Building break-out session on Thursday, August 24th. Holly and Kristiana will be part of a larger CHC/HF/GPIC contingency, which includes Mike Wargo, Cyndy Searfoss and Denis Kidde, all of whom will also be attending and participating in the conference. Mike, Cyndy, Denis and Rose Kiwanuka, PCAU National Coordinator, will present a workshop entitled "Collaborations Enhancing Service Provision." The group's itinerary also includes meetings and working sessions with PCAU staff, meetings with GPIC and PCAU stakeholders, visits to Road to Hope children, as well as other staff exchange activities. Additionally, members of the team will be engaged in meetings with many organizations with whom we have various relationships, including: Catholic Relief Services, Feed the Hungry, Mulago Hospital School of Nursing, Congregation of the Holy Cross, Hospice Africa Uganda, Uganda Martyrs University, Ugandan Ministry of Health, and the African Palliative Care Association (APCA).

Lily Ramos, a graduate student at the Eck Institute for Global Health at Notre Dame, is completing her thesis on the PCAU mHealth initiative. Lily is both a Uganda native and an RN. Her project was the enhancement of the quality of the data being captured by the facilities that are currently part of the mHealth initiative. Now in its third year, this initiative represents the collaborative efforts of PCAU, CHC/HF, the Eck Institute, and Uganda Martyrs University to establish palliative care data collection and surveillance throughout the country. Lacey Ahern, associate director of the Eck Institute, will be in Uganda during the PCAU Conference and will join key PCAU staff and HF team members for meetings to review progress and plans for future scale-up.

Road to Hope Program/Documentary

Some of the work Holly and Cyndy will be undertaking at PCAU's office will include organizing and auditing Road to Hope files related to the 57 children currently enrolled in the program. This is due in part to the loss of the Road to Hope Program Coordinator who unexpectedly resigned at the beginning of the summer. PCAU has posted this position; the duties associated with it are currently being covered by other PCAU staff.

Once these files are audited and the team returns to the US, we will meet with Tom Marantette, Digital ND Lead Architect at the University of Notre Dame's Office of Information Technologies, to discuss the feasibility of developing a mobile application to capture information about Road to Hope students gathered during field visits. The vision for this process is to dovetail this app with the mHealth app discussed previously. Trained community volunteers could be equipped with the same mobile phone used for mHealth and send information about the children they have referred to the program to PCAU offices on a regular basis. This monitoring would be performed in addition to scheduled periodic visits by the Road to Hope Program Coordinator, once a replacement has been hired.

The Road to Hope film was named an official selection at the recent Real Time International Film Festival held 6/24 to 7/1 in Lagos, Nigeria. To date, Road to Hope has won 33 awards and has been an official selection and/or nominee in 71 film festival and award competition categories around the world.

Education

The Hospice Foundation hosted a three-part series of webinars in June, July and August for counselors, social workers and others who work with those who are grieving. Attendees, who included counselors/social workers from a variety of local school districts and other organizations, had the opportunity to receive professional education credits for their attendance. We also held additional screenings of the PBS FRONTLINE documentary, Being Mortal, in June. The first, on June 6th, featured a breakfast buffet and a group discussion. The second screening was held on June 29th and was targeted to medical professionals and was attended by Jason Marker, MD, who is the Clinic Director with the Memorial Hospital Family Medicine Residency Program, as well as a provider in Bremen. Notably, he referred our first-ever "palliative care" patient in the late 1990s. He has offered to serve as a liaison for a community screening this fall in Bremen, as well as promoting our hospice and palliative care rotation to Memorial family medicine residents.

The next session of "Everything You Wanted to Know About Palliative Care But Were Afraid to Ask" will begin in September at the Forever Learning Institute. This five-session class covers hospice, palliative care, and end-of-life care planning.

Mishawaka Campus

We completed the acquisition of the former Johnathan Smith property at 209 N. Cedar Street and have entered into a Buy & Sell Agreement with the City of Mishawaka. Under terms of the agreement, the City will demolish the house, clean-up the site, remove the trees and overhanging brush along the river bank, remove the temporary Riverwalk connection that currently extends across our property to Madison Street, expand our parking lot at the Center for Palliative Care and extend the Riverwalk directly to the Cedar Street Bridge. We will be receiving significantly more in value from the City of Mishawaka than the "$95,000 loss" pointed out by the unfortunate article in the South Bend Tribune on August 4th. Obviously, the City did not necessarily want this publicized and it was not our place to point this out to the media. ABC 57 news ran a much more reasonable piece on the same story on August 8th.

Work continues planning for the new Clinical Staff Building and Hospice House. Mike is now in ongoing conversations with Helman Sechrist Architecture (architect), Jones Petrie Rafinski (engineer), DJ Construction (builder) and Office Interiors (interior designer) to prepare for a ground-breaking in 2018, hopefully in the spring.

COMMUNICATIONS, MARKETING, VOLUNTEERS AND ACCESS

Craig Harrell, Director of Marketing and Access, reports on marketing and access activities for June and July…

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 June and July our three Liaisons completed 781 visits to current and potential referral sources within our service area. All Professional Liaisons recently completed Pre-Assessment (PA) Training. Now, if they are calling on a referral source and they ask, "Do you have somebody today who would benefit from our services?" they will be able to take the information and begin the process immediately rather than having the Intake Department schedule it later. It will also help when we have difficulty reaching some of the more remote parts of our service area. If they are in the vicinity, they can easily help. This should increase efficiency while reducing response times.

We've also hired two new Admission Representatives, one full-time for weekdays and one for the weekends. The full-time weekly is filling a position recently vacated due to personal reasons. The weekend power position is one that's been vacant over recent months. Other staff has been helping in the interim.

Char Yutzy, RN for CHC and Craig attended The Hospice Action Network's Advocacy Intensive in Washington, D.C. July 17-18. This event allowed us an opportunity to speak directly to our representatives concerning issues and policies affecting the hospice industry and to present our personal stories behind those issues. More than 230 hospice advocates - physicians, nurses, social workers, chaplains, counselors, home health aides and volunteers – went to Capitol Hill to meet with their Members of Congress to support the Patient Choice and Quality Care Act of 2017 and the Rural Access to Hospice Act. The idea is that hospices will send the actual people who do the work to tell the hospice story. Char had a compelling and personal story to tell in DC as her mother died just a few months ago under CHC hospice care. CHC representatives met with Congressmen and Senators from Indiana to gain their support of bills that would allow hospice to be presented as an option earlier in an illness and make hospice more accessible for individuals in rural areas. We're proud to say that after our meeting, Congressman Andre Carson (7th District) signed on to H.R. 2797 – The Patient Choice and Quality Care Act.

Volunteer Department

Tara Minix, the part-time Volunteer Coordinator for our Plymouth location, has accepted a full-time position that will extend her responsibilities to the future LaPorte location and will include recruitment and maintaining the volunteer base in LaPorte and Porter counties. She was also cross-trained to do PA's along with the Professional Liaisons.

Volunteer Training & Recruitment

Kristiana Donahue interviewed 12 new volunteer candidates and had 35 new inquiries in June and July. The bulk of the inquiries continue to be from South Bend (29) while five were from Elkhart and one from Plymouth. She also completed training six new volunteers during that same time. As mentioned previously, Kristiana has been chosen to present "The Importance of an Effective Volunteer Training Program" at this year's Palliative Care Association of Uganda (PCAU) at the Uganda Cancer Institute (UCI) at the Speke Resort Hotel in Munyonyo, Kampala, Uganda on August 24 & 25, 2017.

Access

For the months of June & July, the Referral Specialists received 901 and 628 incoming phone calls to the Admissions Department, respectively. Yes, this is a 30% drop month over month which could partially explain our census dip in July. We typically run in the 245-285 range for a ten-day period. The last period of June was unusually high (353) while the middle of July was unusually low (145), which accentuates the difference. We continue to use this data to fine tune scheduling of staff, especially for weekends. Over the past few months we've also experienced changes in staff. These changes have included a new Admissions Coordinator (the previous transferred internally to Assistant Director of Nursing), creation of an Admissions Team Leader position (to replace Intake Coordinator) and a new Scheduling Specialist in addition to the Admission Representatives previously mentioned. Once again, these changes have positioned us to improve our response time and increase efficiency.

Website

During the months of June and July, CHC's website hosted 6,062 users, of which 73% were new users. Federated Digital Solutions (FDS) generated 2,319 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)

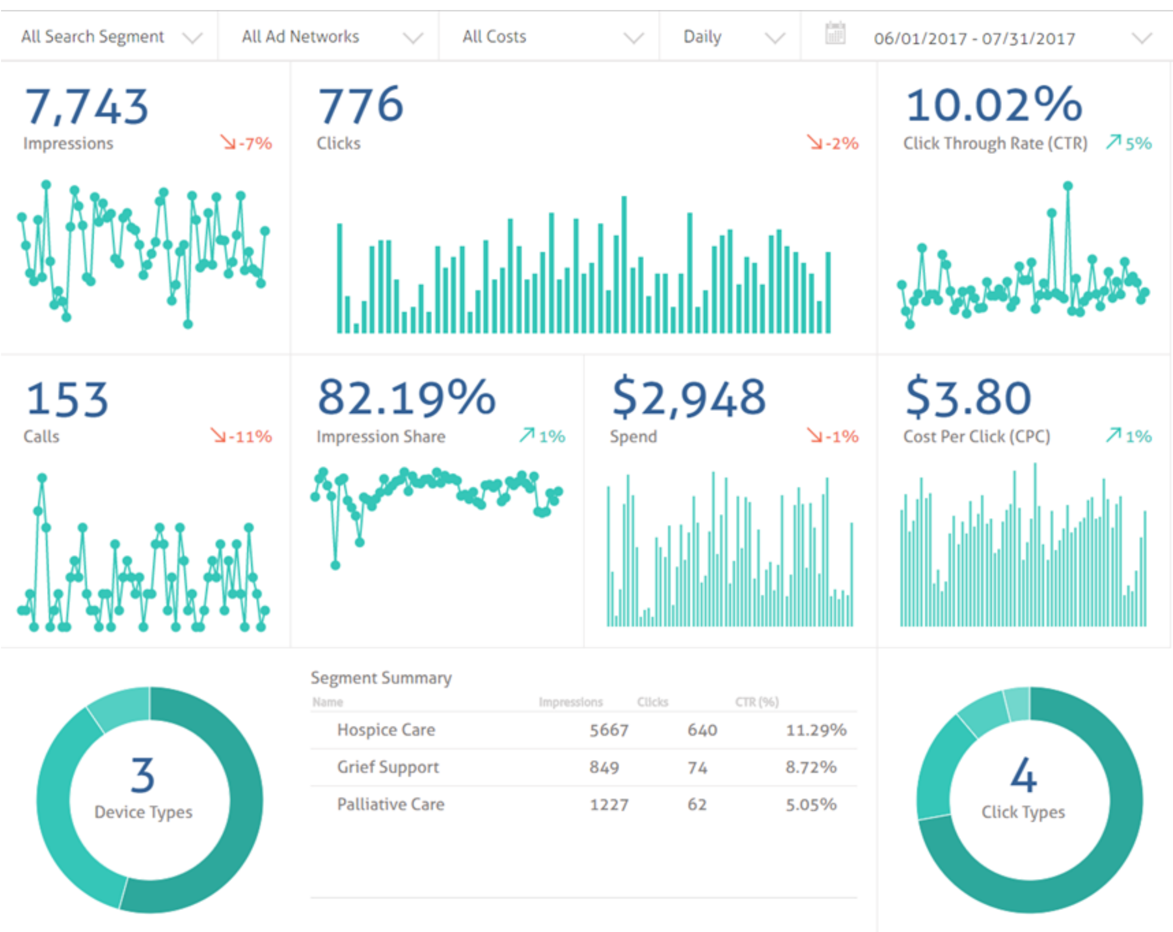
Center for Hospice Care continues to use Facebook to communicate information and events and will soon surpass 3,500 followers. Some of the events featured in June and July included:

- Gardens of Remembrance & Renewal Dedication
- Groovin' in the Gardens
- Journeys in Healing Art Auction
- Ruthmere Drive-In Fridays
- Volunteer Open House in Mishawaka
- Walk Michiana for Hospice
- Bike Michiana for Hospice
- 19th Annual NAIFA Joseph E Smith Memorial Golf Outing benefiting CHC
- Camp Evergreen Youth Camp
- Hospice Action Network Advocacy Intensive
- Lube-A-Thon
- St. Joe Valley Street Rods check presentation

Both Center for Hospice Care and The Hospice Foundation will begin using video to educate the community about services and events. An Instagram account has been added in addition to the current Facebook, Twitter, LinkedIn & YouTube accounts. Facebook posts in June and July reached a total of 69,214 Facebook members. Our two most popular posts occurred in June with the most featuring the fact that we're local and our employees are friends and neighbors and how we are part of the community. The second most popular featured Camp Evergreen. Both highlight the uniqueness of CHC.

Digital Overview

The following digital report represents activity from June 1 – July 31. The digital campaign generated 153 calls for this period. Google industry benchmarks show an average click-through rate in the Health & Medical field of 1.79%. In June - July we were at 10.02%.



POLICIES ON THE AGENDA FOR APPROVAL

There are two new clinical policies on the agenda for your approval. One deals with patient admissions to Hospice House from various locations. The intent is to provide instruction and clarification for how to approach Hospice House admissions that are new to CHC, transferring from an extended care facility, and current CHC patients transferring from their own home. There are subtle differences within each scenario and we believed it was time to put these into policy form to insure optimum patient care and efficiency. The other new policy concerns "Medication Administration in Hospice House." While this is a new policy, it replaces the former policy "Managing Drugs & Biologicals in Hospice House."

CMS FINALIZES UPDATES TO THE WAGE INDEX AND PAYMENT RATES FOR THE MEDICARE HOSPICE BENEFIT AND HOSPICE QUALITY REPORTING REQUIREMENTS FOR FY 2018

On August 1, 2017, the Centers for Medicare & Medicaid Services (CMS) issued a final rule (CMS-1675-F) that updates fiscal year (FY) 2018 Medicare payment rates and the wage index for hospices serving Medicare beneficiaries. It also updates the hospice quality reporting requirements. This final rule will update the hospice wage index, payment rates, and cap amount for fiscal year 2018. It also makes changes to the Hospice Quality Reporting Program (HQRP). CMS will begin public reporting hospice quality reporting program (HQRP) data via a Hospice Compare Site in August 2017 to help customers make informed choices. While HQRP includes both the Hospice Item Set (HIS) and Hospice CAHPS® (Consumer Assessment of Healthcare Providers and Systems) Survey data, this new website will initially display only HIS data. The public display of the Hospice CAHPS® Survey data will be added in winter 2018. In this final rule, CMS has also finalized policies and procedures associated with the public reporting of the quality measures used in the Hospice Program, including release of the aggregate quality data file and the Provider Preview Reports. The final rule went on display on August 1 at the Federal Register's Public Inspection Desk and will be available under "Special Filings," at http://www.federalregister.gov/inspection.aspx.

CHC SEES A BIG WIN IN NEW MEDICARE HOSPICE RATES EFFECTIVE OCTOBER 1, 2017 FOR FEDERAL FISCAL YEAR 2018 THANKS TO AN INCREASE IN THE WAGE INDEX MULTIPLIER

While CMS has widely published that hospices, nursing homes and other providers are receiving just a 1% increase in Medicare reimbursement (depending upon the level of care, hospices are actually getting 1.06% to 1.23%). Thanks to the complicated formula for which hospice rates are calculated nationally based upon the Core Based Statistical Area (CBSA) of individual metropolitan areas of the United States and their corresponding hospital wage index, CHC will be receiving one of the largest year-over-year increases in Medicare hospice reimbursement in recent memory. Hospices are paid based upon rates in the location of the patient's address. The charts below show the actual rates per day for each level of care by county, the dollar increase per day, and the percentage increase per day for our three CBSA counties and the Indiana Rural rate for all other counties. These are the post Congressional Sequester rates. CMS does not take the sequester into account when they publicize Medicare provider rates. We continue to bill the pre-sequester rates because we are supposed to and then receive a payment that is 2% less than what we billed. Again, our increases are simply due to the CBSA wage index multiplier going up. Next year it could go down by more than this year's increase.

Even though the overall "pool" of funds is revenue neutral, there are wide variations across the country from much higher than the national rate to much lower. CHC has always generally been below the national rates. I should also mention that all hospices in our service area are paid identical rates regardless of their tax status. For profits are paid the same as nonprofits. Since the new two-tiered payment system was enacted, it is interesting the way CMS has simply averaged out the difference between the first 60 days of Routine home care and the next lower 61 plus days of Routine home care to calculate the Inpatient Respite rate. Inpatient Respite takes place in Hospice House for up to five consecutive days to give caregivers a break. It is a very expensive level of care

to provide. Previously, it was just a couple dollars a day more than the Routine Home Care rate. Now, if a patient requires Respite Days within their first 60 days, we take about an $18.00 per day hit. Naturally, none of this makes any rational sense to any reasonable person.

Center for Hospice Care
FINAL --- Hospice Payment Rates (Post Sequester) --- FINAL
Effective October 1, 2017 - September 30, 2018

Description	Wage	Non-Wage	Nat'l Rate	St Joseph	Elkhart	LaPorte	IN - Rural
Routine 1-60 Days (651)	132.47	60.33	192.80	183.30	179.87	184.96	165.15
Routine 61+ Days (651)	104.03	47.38	151.41	143.95	141.26	145.26	129.70
Svc Intensity Add On (Hourly)	27.95	12.73	40.68	38.68	37.96	39.03	34.85
Continuous Care (652)	670.90	305.52	976.42	928.29	910.93	936.71	836.37
Respite (655)	93.53	79.25	172.78	165.33	162.91	166.51	152.52
Inpatient (656)	475.95	267.60	743.55	708.39	696.07	714.36	643.18
CBSA Code				43780	21140	33140	15
CBSA Wage Index				0.9565	0.9301	0.9693	0.8167

Center for Hospice Care
Hospice Payment Rates (Post Sequester)
DIFFERENCE

Description	Wage	Non-Wage	Nat'l Rate	St Joseph	Elkhart	LaPorte	IN - Rural
Routine 1-60 Days (651)	1.54	0.71	2.25	6.31	2.94	4.47	0.26
Routine 61+ Days (651)	1.09	0.50	1.59	4.79	2.14	3.34	0.05
Svc Intensity Add On (Hourly)	0.34	0.15	0.49	1.35	0.64	0.96	0.07
Continuous Care (652)	8.10	3.69	11.79	32.32	15.22	23.00	1.65
Respite (655)	0.98	0.83	1.81	4.68	2.29	3.37	0.42
Inpatient (656)	5.51	3.10	8.61	23.18	11.05	16.57	1.45
CBSA Code				43780	21140	33140	15
CBSA Wage Index				0.0325	0.0065	0.0180	-0.013

Center for Hospice Care
Hospice Payment Rates (Post Sequester)
PERCENTAGE DIFFERENCE

Description	Wage	Non-Wage	Nat'l Rate	St Joseph	Elkhart	LaPorte	IN - Rural
Routine 1-60 Days (651)	1.18%	1.19%	1.18%	3.57%	1.66%	2.48%	0.16%
Routine 61+ Days (651)	1.06%	1.07%	1.06%	3.44%	1.54%	2.36%	0.04%
Svc Intensity Add On (Hourly)	1.25%	1.19%	1.23%	3.61%	1.71%	2.52%	0.20%
Continuous Care (652)	1.22%	1.22%	1.22%	3.61%	1.70%	2.52%	0.20%
Respite (655)	1.05%	1.06%	1.06%	2.91%	1.43%	2.07%	0.27%
Inpatient (656)	1.17%	1.17%	1.17%	3.38%	1.61%	2.37%	0.23%
CBSA Code				43780	21140	33140	15
CBSA Wage Index				3.52%	0.70%	1.89%	-1.57%

WHAT MAKES CHC DIFFERENT? TALKING POINTS

At the last board meeting it was discussed that the board would like talking points regarding what makes CHC different. What are the differentiators that CHC enjoys over those of other competing hospice programs. The next issue of the "H&P" our physician and referral newsletter will contain an article called, "What's the CHC Difference? Ten Things You Should Know." The newsletter will go to the printer very soon, but until then I have included the article as an attachment to this report.

OUT AND ABOUT

Craig Harrell and Char Yutzy, RN attended The Hospice Action Network's Advocacy Intensive in Washington, D.C. July 17-18.

As chair, I attended the Indiana Hospice and Palliative Care Organization Board of Directors meeting in Indianapolis on August 3rd.

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

Dave Haley's Census Charts.

Advertisement from the South Bend Tribune insert "Race Play Michiana" regarding the Bike Michiana for Hospice

"Footnotes" from IUSB Chancellor Terry Allison regarding the Chair of Palliative Care that CHC will be involved with, as well as mention of Dean of the Ernestine M. Raclin School of the Arts Marvin Curtis winning the 2016 Prestige Film Bronze Award for his original composition "A Song of Hope" that was featured in the HF's award-winning documentary "Road to Hope."

Text from ABC57 TV news regarding "Mishawaka Riverwalk expansion on the way"

Most popular CHC Facebook posts from June and July.

Press Release for 2017 Walk for Hospice.

Upcoming "H&P" physician and referral newsletter article, "What's the CHC Difference? Ten Things You Should Know"

HARD COPY BOARD ITEMS TO BE DISTRIBUTED AT THE MEETING

June and July 2017 Financials

NEXT REGULAR BOARD MEETING

Our next regular Board Meeting will be **Wednesday, October 18th 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 .

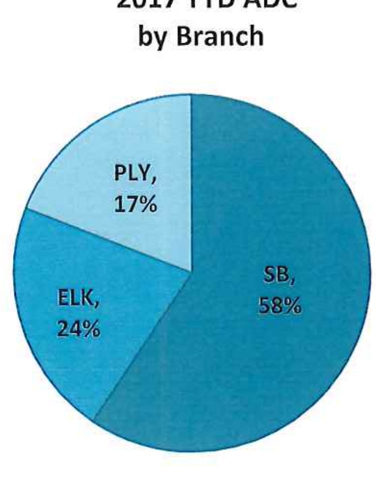
# # #

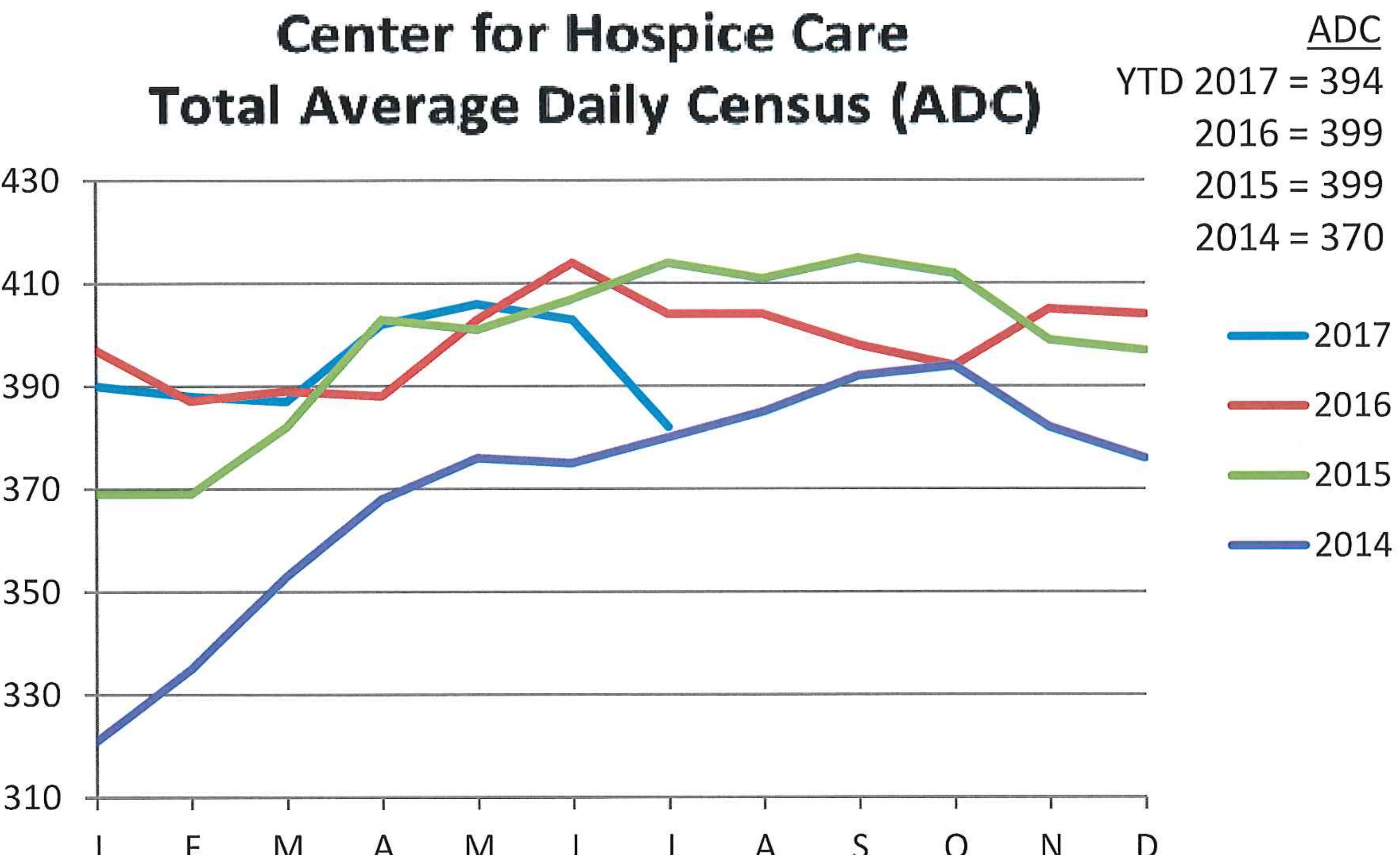
Center for Hospice Care

2017 YTD Average Daily Census (ADC)

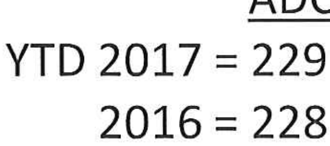
(includes Hospice House and Home Health)

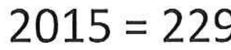
	All	South Bend	Elkhart	Plymouth
J	390	229	91	69
F	388	233	89	67
M	387	229	91	67
A	402	231	99	72
M	406	233	101	72
J	403	231	103	69
J	382	218	98	66
A				
S				
O				
N				
D				
2017 YTD Totals	2758	1604	672	482
2017 YTD ADC	**394**	**229**	**96**	**69**
2016 YTD ADC	397	229	95	73
YTD Change 2016 to 2017	-3	0	1	-4
YTD % Change 2016 to 2017	**-0.8%**	**0.1%**	**1.1%**	**-5.7%**

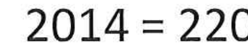



Center for Hospice Care
Total Average Daily Census (ADC)
ADC
YTD 2017 = 394
2016 = 399
2015 = 399
2014 = 370
430
410
390
370
350
330
310
J
F
M
A
M
J
J
A
S
O
N
D
2017
2016
2015
2014

South Bend
Average Daily Census



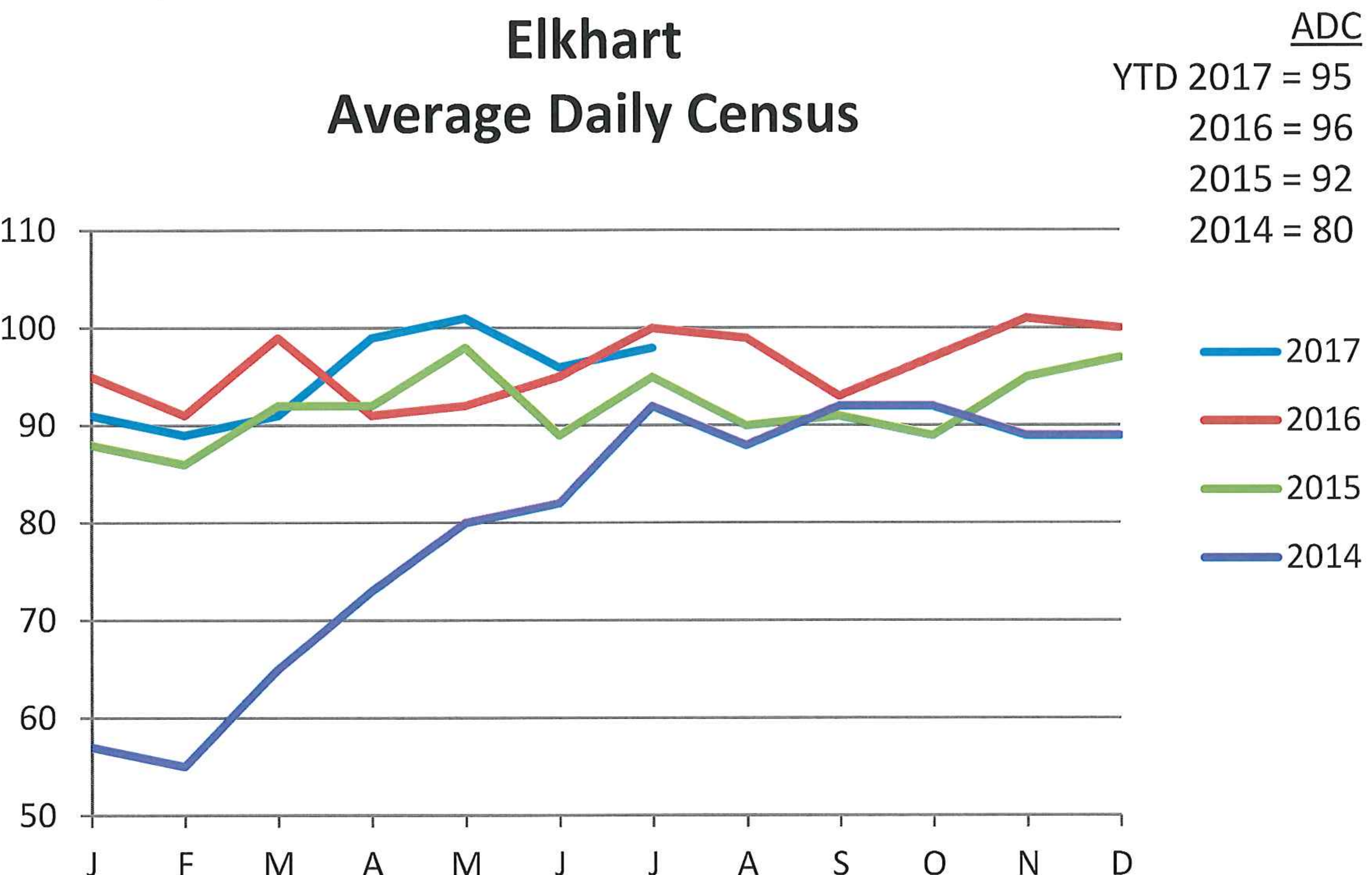




260
250
240
230
220
210
200
190

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

2017
2016
2015
2014


Elkhart
Average Daily Census
ADC
YTD 2017 = 95
2016 = 96
2015 = 92
2014 = 80
110
100
90
80
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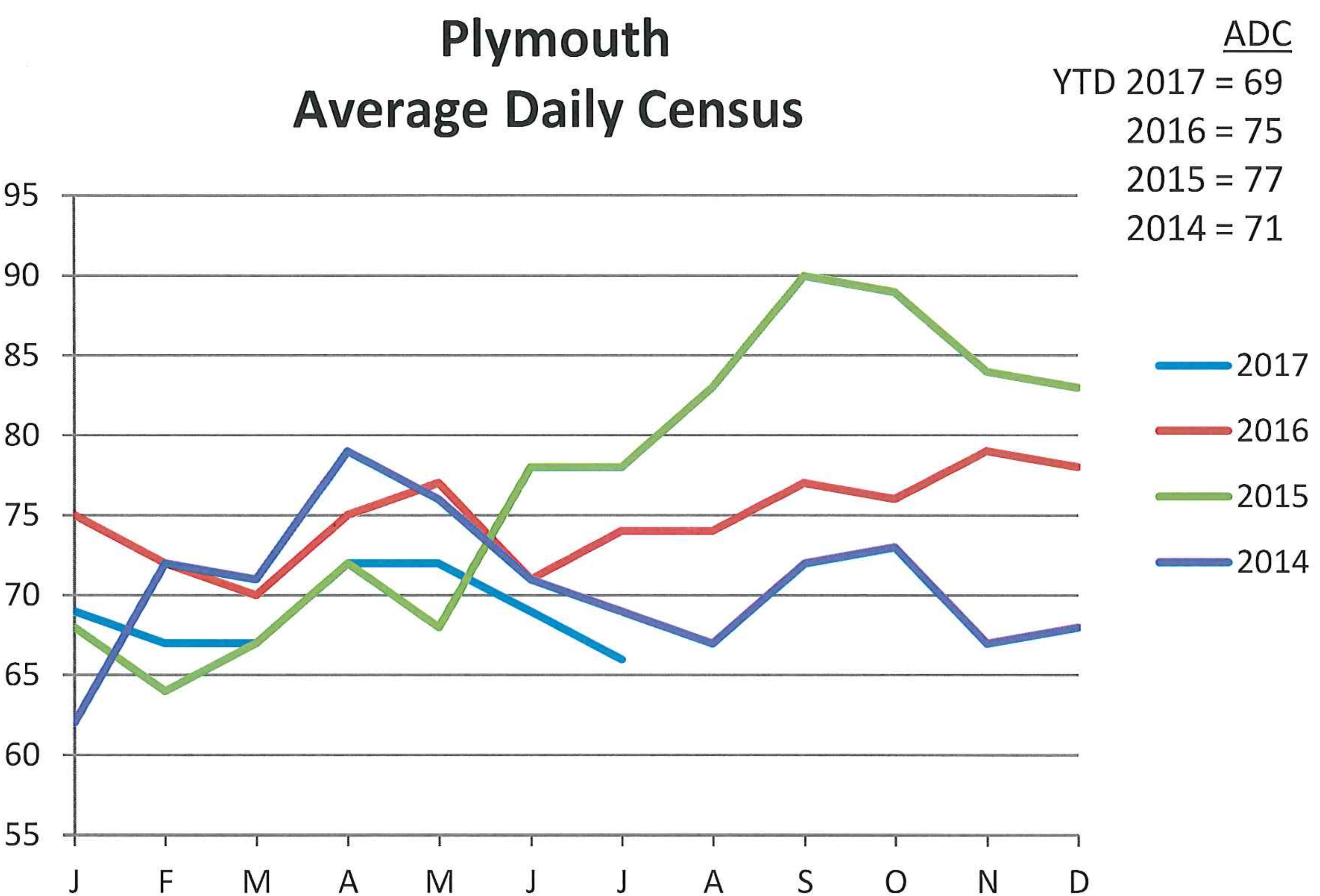
2017
2016
2015
2014


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

SUNDAY, SEPTEMBER 17

Bike Michiana for Hospice

THE MIDWEST'S PREMIER CYCLING EVENT
A GREAT RIDE FOR A GREAT CAUSE

REGISTRATION

Register by August 15: $50
August 16 - September 15: $60
Day of Registration: $65

SIX SCENIC COURSES

Family Ride Route • 25 Miles
46 Miles • 100K (66 Miles)
82-Mile "Foodie Route" • 102 Miles

Enjoy great food from some of the area's best restaurants at the SAG stops and the after-ride party at St. Pat's Park

Proceeds benefit two area non-profit organizations: Center for Hospice Care and Bike Michiana Coalition

St. Patrick's Park • South Bend, Indiana
www.BikeMichianaForHospice.org

AWARDS & RECOGNITION

MARVIN LYNN, Dean of the School of Education, has been named a commissioner to the Council for the Accreditation of Educator Preparation (CAEP), the world's leading accreditation organization for the field of education. He is the only commissioner named from Indiana.

Dean of the Ernestine M. Raclin School of the Arts MARVIN CURTIS received the 2016 Prestige Film Bronze Award for his original composition "A Song of Hope" that was featured in the documentary *Road to Hope*.

Volleyball standout ASHLEY MCCLINTOCK has been named an American Volleyball Coaches Association All-American and a Tachikara-NAIA Volleyball All-American. McClintock is the first player in IU South Bend volleyball history to earn All-American accolades.

Freshman BAILEY PEREZ was crowned 2016 Miss Indiana Teen National American Miss. She is majoring in communications.

Student MARIE KOUAME recently attended the United Nations Youth Assembly representing Ivory Coast.

Biochemistry graduate GEOFFREY TAGHON was recently published in *Scientific Reports* for his work on a research project on the Ebola virus.

Construction Projects Moving Quickly

The $4.4 million renovation of the first floor of the Administration Building is nearly complete. Staff will be moving into their new offices over the next two months. The renovated space will be the new hub of students services for the campus. The $4 million renovation of Riverside Hall is expected to be done in May. It will be the new home of the Health and Wellness Center and some health sciences programs. And I am happy to report that the Louise E. Addicott and Yatish J. Joshi Performance Hall has re-opened in its beautiful original condition. It was closed for the fall semester due to water damage.

Sturman Leads Development Team

Stephen Sturman has joined IU South Bend as vice chancellor for university advancement. He began his duties in December. Previously, he was senior gifts manager at Valparaiso University, vice president for advancement at Antioch College and senior development officer at the Culver Academies in Culver, Indiana. He replaced Ilene Sheffer who retired after 13 years of service at IU South Bend.

Chair of Palliative Care Established

The Vera Z. Dwyer Bicentennial Chair of Palliative Care has been created at IU South Bend through a pledge of $1.68 million from the Dwyer Charitable Trust. The goal of the investment is to assure that palliative care and hospice care will continue to grow and evolve as an asset to the community. It will also extend the partnership between IU South Bend and Center for Hospice Care to continue to educate a variety of health and social service professionals in palliative care.

Barton Gift for Library

A longtime professor at IU South Bend has honored his mother with a $300,000 gift to the Franklin D. Schurz Library. The donation by Emeritus Professor of Music David Barton and his wife Evelyne establishes the Dorothy B. Barton Memorial Fund. Dr. Barton taught music theory, composition and music history at IU South Bend for 34 years. Income from the gift will fund the archiving, digitization and discovery of recordings and scores from the IU South Bend Music Department, and the acquisitions of library materials to support teaching, learning and research.

Women's Softball Season Begins at Pfeil Field

I am pleased to invite you to the ribbon-cutting ceremony for the opening of Pfeil Field at Veterans Memorial Park as the home of the IU South Bend women's softball team. Mark your calendars for 12:45 p.m. Saturday, April 15 at Pfeil Field located at 1621 Northside Boulevard. IU South Bend received a generous gift from South Bend business leader Richard Pfeil to fund improvements to the softball facility at the park so it could accommodate collegiate level women's softball. In his honor, the City of South Bend named the softball venue Pfeil Field. The ribbon-cutting ceremony will take place before the Titans play Trinity Christian College in a doubleheader.

New Dean of the Leighton School

Richard Kolbe has begun his duties as the dean of the Judd Leighton School of Business and Economics. Dr. Kolbe has more than 30 years of experience in higher education, most recently as dean of the Haile/US Bank College of Business at Northern Kentucky University. He also served as associate Dean for faculty at the College of Business at Kent State University and held faculty positions at Washington State University and the University of Missouri. Kolbe replaces Rob Ducoffe who left IU South Bend last year to be provost and vice chancellor at the University of Wisconsin – Parkside.

Mishawaka to buy Cedar Street house and extend the Riverwalk

Hospice Foundation helps to buy, then sell it to city

- By Joseph Dits South Bend Tribune
- Aug 4, 2017

The city of Mishawaka plans to buy this house on Cedar Street and tear it down to straighten out the Riverwalk. Tribune Photo/JOSEPH DITS

MISHAWAKA — The city has been trying for nearly 10 years to acquire a house on Cedar Street so that it can extend the Riverwalk, but the price was never right for owner Johnathan Smith and his wife, who'd remodeled the interior. That caused the city to route the path around the house in 2013.

Now the city is poised to finally buy and demolish the house, thanks to intervention by officials at the neighboring Center for Hospice Care, which had worked with the city in recent years to build its prominent campus next to Central Park along the Riverwalk.

The Hospice Foundation, which owns the center, bought the house for $245,000 in June and is selling it to the city for $150,000. The closing now awaits two appraisals, plus approval by the city council when it meets at 7 p.m. Monday at City Hall, 600 E. Third St.

City planner Ken Prince said the city will pay to demolish the house this fall and, later, to extend the trail, a matter of tens of thousands of dollars.

It follows up on three other houses that the city bought and demolished directly across the river as they came up for sale, including a former quilt shop on Lincoln Way East earlier this year.

All of the properties figure into the city's larger plans to complete a loop of the Riverwalk around the St. Joseph River. Half of it is done, following the river's north bank from Main Street to Cedar along Central Park. The city also hopes to route the path along the Cedar bridge to the south bank, where it would follow the river's shore west back to the pedestrian bridge by the Mishawaka police station near Main.

But that work is possibly three to four years away, Prince said. The city hasn't yet negotiated with all of the property owners for access on the river's shore. Nor has it applied for federal dollars.

All of the local cost for these projects will be paid for with the city's tax increment financing, he said.

The demolished houses would provide space for gardens and entry points for the Riverwalk.

Smith has said that he bought the Cedar house in 2002 for $67,500. But, after his renovations, he said it was worth far more than the $118,000 that the city had offered him at the time, adding, "I made it look like new." Prince said that the city had based its offer on two appraisals. Years of haggling ended when the city built the Riverwalk section between Cedar and Main in 2013, routing it onto Madison Street to go around Smith's house and its cramped lot. That, Prince said, was intended as a "temporary" solution.

Then Smith started negotiating with The Hospice Foundation. Mike Wargo, the foundation's chief operating officer, said the charity wasn't interested in buying a few years ago. But, with the prospect that the foundation could break ground on a 12-bed Hospice House for patients next to it in 2018, he said it was time to make a deal. The city's plans for the trail and park would give the hospice campus a cleaner look, Wargo said, and it would keep the trail from slicing between the Hospice House and the foundation's Center for Palliative Care building, which is also next to Smith's old house.

Smith and the foundation compromised at a price of $245,000, which Smith said is closer to the appraisals he'd recently sought. Part of the deal allowed him to salvage his many upgrades, including the appliances and cabinets of two kitchens, a bathroom, furnace, air conditioner and water heater.

He had hoped to replace the aluminum siding with stucco, but, guessing that the house would sell, he said, "What's the sense in it?"

Smith said he wanted to sell the house soon because the money will help pay bills since he's now waiting on a kidney transplant, which could keep him away from his job as a remodeling contractor for up to three months.

As for the $150,000 that the city has agreed to pay the Center for Hospice Care, Prince said the city believes that's higher than what the appraised value will be, especially since Smith has stripped the valuable parts. The city will soon get two appraisals to

meet its own legal requirements, Prince said, although the city's Redevelopment Commission already approved the price and purchase agreement last week.

Asked about the $95,000 loss that the foundation is taking on the sale, Wargo points out how the city's project will save it from the cost of demolishing the house and building the park.

"I think everybody wanted this deal," Wargo said, calling it a "win" for all of the parties.

None of the money for the buying the house, he said, would come from The Hospice Foundation's current fund-raising campaign, which would build the Hospice House along with a two-story building for the 100 staff who go into the community to care for dying patients. Out of the campaign's $10 million goal, officials have said $5 million would go into the buildings.

jdits@sbtinfo.com

574-235-6158

Mishawaka Riverwalk expansion on the way

By: Taurean Small Facebook | Twitter

Posted: Aug 9, 2017 2:32 AM EST

Play Video

Mishawaka, Ind.--

An agreement between neighbors will help Mishawaka move forward with a major expansion project.

The Princess City can now expand its Riverwalk thanks to a little help from a local hospice center.

"We're happy to be a part of the neighborhood and doing what we can to improve the neighborhood as best we can," said Mike Wargo, the COO of the Hospice Foundation.

For nearly a decade, the city had hopes of buying a home on the 200 block of North Cedar Street.

"Jonathan wasn't interested in selling at the time, and the city had been trying to acquire it, they just hadn't come to an agreement," said Wargo. "We were able to acquire the property and sell it to the city and the improvements the city will make to the property I think will really enhance the beauty of our campus."

That acquisition was approved Monday by the city's common council.

It is one of three properties the city has bought in order to expand the Riverwalk.

Before, the path would wrap around the house and deviate from the river.

This acquisition will allow the city to tear down the home in order to extend the path to the Cedar Street bridge.

The city saved quite a bit of money through this transaction as well.

The hospice center purchased the property for about $245,000 from the previous owner.

It's now selling it to the city for $150,000.

But Wargo says considering the costs to level the property, move the sidewalk and more, it's well worth it in the long run.

"There's a lot of things when we did the math on it, we think it would have cost us more to do something like that than the city, because the city have done this a lot of times along the river," said Wargo.

It's also worth it as the outpatient center will finally have room to grow as well.

"Through this process, we'll also get addition parking that we wouldn't otherwise have," said Wargo.

This Hospice Mishawaka campus has been there for four years.

The plan is to build two additional buildings.

It's raising money for these capital projects.

Mark Murray

Subject: FW: June Volunteer Newsletter

June 2017
Volunteer Newsletter

THIS ISSUE

- Global Partners in Care Has a New Home
- Welcome New Volunteers
- Mishawaka Open House for Prospective Volunteers
- Upcoming Events
- Happy Birthday
- Volunteer Spotlight:Loretta Blowers
- In Loving Memory
- New CHC Staff
- We Need Your Help
- HIPAA

You Can Make a Difference

Learn how at our Open House!

Wednesday, June 21, 2017

Global Partners in Care has a New Home

National Hospice and Palliative Care Organization affiliate Global Partners in Care will become an affiliate of Hospice Foundation.
(Alexandria, Va) -

The National Hospice and Palliative Care Organization is proud to announce that its affiliate, Global Partners in Care, a non-profit organization consisting of partnerships committed to supporting hospice and palliative care organizations in developing countries, will become an affiliate of the Hospice Foundation, headquartered in South Bend, Indiana. The Hospice Foundation is the supporting foundation for Center for Hospice Care. CHC is one of Global Partners in Care's most successful partner programs; they have worked with the Palliative Care Association of Uganda since 2008.

"This is a bittersweet transition because although we are sad to see Global Partners in Care leave the NHPCO family, we are thrilled to hand the baton to Hospice Foundation," says Executive Director John Mastrojohn III. "We know the program will be in good hands and that the mission to increase access to hospice and palliative care where the need is great and resources few, will live on."

Global Partners in Care was once known as the Foundation for Hospices in Sub-Saharan Africa. FHSSA was founded in 1999 to mobilize a response to

5:00pm - 7:00pm

Center for Hospice Care
501 Comfort Place
Mishawaka, IN 46545

We need YOU, our current volunteers, to help us spread the word and to invite your friends and family! This Open House is designed for prospective volunteers who may have some questions about volunteering for CHC.

Your ticket to join? Bring a prospective volunteer, or two, or four!

NEW Volunteer Training

August 1, 3, 8, 2017
9:00am-12:00pm
August 10, 2017
9:00am-3:00pm
501 Comfort Place
Mishawaka, IN
Contact Kristiana Donahue at
donahuek@cfhcare.org
for more information on new volunteer trainings.

Walk Michiana for Hospice

August 12, 2017
Registration at 9:30am
Fun 5K at 10:30am
Walk at 11:00am
For more information, click on this link:
http://www.walkmichianaforhospice.org/

Bike Michiana for Hospice

September 17, 2017
For more information and to register, click on this link:
http://www.bikemichianaforhospice.org/

the sub-Saharan HIV/AIDS pandemic and support Africa's hospice and palliative care programs' ability to provide compassionate care. In 2004, FHSSA became an affiliate of NHPCO. In 2014, NHPCO recognized the need to expand the mission beyond Africa and rebranded FHSSA to Global Partners in Care.

Today, the partnership network extends to several African countries, India, and Nepal. Since 2004, over $4.5 million has been sent to hospice and palliative care organizations. Through the course of Global Partners in Care's history, more than 80 U.S.-based hospices have partnered with similar care providers in 18 countries creating not only constructive partnerships but friendships between nations, communities and individuals.

"We are very excited to take on this new challenge," commented Hospice Foundation Chief Operating Officer Mike Wargo. "We've been actively engaged in supporting CHC's partnership with PCAU for nine years. During that time we've seen substantial evidence of the impact the Global Partners in Care model can have on organizations on both sides of the equation. When properly executed, these partnerships are a win-win for both the U.S. and international organization. Ultimately these partnerships improve the quality of living for patients and their families in underserved areas of the world."

Global Partners in Care provides partnership opportunities for U.S. hospice and palliative care organizations to make a commitment to support a hospice and palliative care organization in a developing country. Partners engage in capacity-building, strategic planning, education, fundraising, and technical assistance to expand and improve services for those in need.

To learn more about international partnership opportunities and other ways to support the organization, visit the Global Partners in Care website.

Welcome New Volunteers

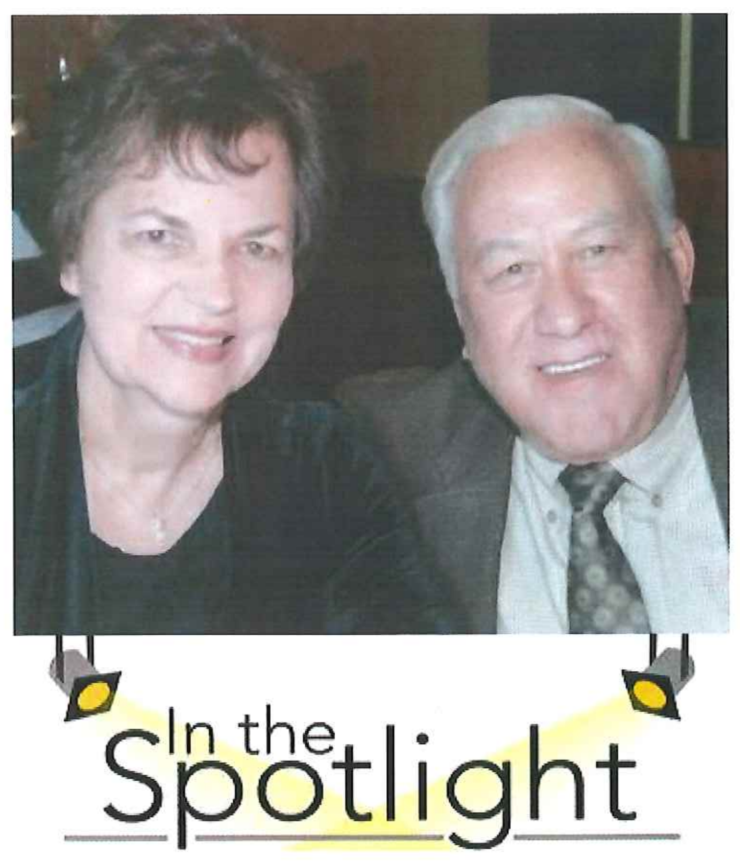
Help us welcome these brand new CHC volunteers who completed the volunteer training in June. We now have new volunteers in South Bend and Elkhart!

We are so glad to add you to our CHC Team!

Happy Birthday

6/2
Carol MacLean
6/3
Marilyn Kay
6/4
Mary Reber
6/4
Vicki Skodras
6/6
Linda Benwell
6/6
Darcy Freese
6/7
Larry Milanese
6/7
Vera Tiani
6/8
Grace Munene
6/9
Sandra Ringenberg
6/10
David Laux
6/16
Marlene Ogorek
6/16
Linda Sullivan
6/17
Connie Nyerges
6/19
Carolyn Becker
6/19
Kate Crane
6/19
Connie Strean
6/21
Linda Jacobs
6/21
Colleen Perla
6/25
Dennis Corpe
6/28
Mick Stephenson
6/30

(Front row, (on wheelchair) Rita Porsche, (seated) Matthew Huyvaert; Back row, left to right, Zinnia Artist, (on bed) Timothy Porsche, Sophie White, (with walker) Ann Baucus)



Keith Johnson

IN LOVING Memory

Our condolences and heartfelt sympathies go out to the following CHC Volunteers who lost a loved one recently.

Sarah Wargo,
South Bend Volunteer
Aunt, Lucy Wargo,
Thursday, May 25, 2017

Connie Nyerges,
South Bend Volunteer
Sister-in-Law, Grace Nyerges, Monday, June 5, 2017

Welcome To the Team!

Rachel Marsh
(Elkhart CNA)

Megan Bright
(Admission Representative)

Your help is needed!

11th Hour Volunteers

Loretta Blowers

Elkhart Volunteer

What volunteer work do you do with CHC? How long have you been a CHC volunteer?

- **I have been volunteering for CHC for about two and a half years. I particularly enjoy stories, so my first volunteer assignments were to write the life biographies. Then last year after a hand injury I volunteered to do tuck in calls since it would not require as much typing.**

Why do you volunteer with CHC?

- **Volunteering is very fulfilling because I believe life is about reaching out to others in need. During the last few years our family has gone through a lot of loss, so helping others deal with their loss gives me great satisfaction. Almost 12 years ago my mom was dying and we arranged for hospice to come to the nursing home. I remember what a comfort it was when they came the night she passed away. They were there to assist with arrangements to take her back to Ohio. I would not have known what to do, so they contacted all of the necessary people to make that happen. I was so grateful. Then after the death of Mom they phoned to see how I was doing. The care I received impressed me.**

Tell me something unusual about yourself.

- **My life has taken many twists and turns. I have lived in a variety of places. Traveling abroad I have learned to appreciate several different cultures. My husband and I lived in Brazil for eight years and our children were born there. We have also spent several weeks in St. Petersburg, Russia, and Kingston, Jamaica. We have also traveled to the Holy Land, Romania, as well as taking a cruise in the Mediterrean visiting Italy, Spain and France. Learning about other cultures has been extremely enriching.**

What do you like to do in your spare time?

- **My favorite thing to do is traveling, but of course, we cannot do that all the time due to limited funds. However, there is much to do at home along with volunteering. I enjoy teaching our neighborhood Bible study and spending time getting acquainted with our neighbors. I am also active in my church. While I am home I love reading historic novels and putting together a family journal.**

Tell me about your family.

- **My husband and I have two children and three grandchildren. We are fortunate to live close to each other. Our family tradition is to have Sunday dinner together. Living close to my family is very important to me since I have lived far from my**

No one is born alone, and in the best of circumstances, no one should ever die alone. Yet, from time to time, a patient with Center for Hospice Care may have neither family nor close friends to be with them as they near the end of life. Our 11th Hour volunteers freely offer their gifts of time and companionship to patients and families experiencing the final hours. You will reduce stress and anxiety by providing comfort, support and a positive presence as end of life nears. As an 11th Hour volunteer, you will help provide patients with that most valuable of human gifts: death with dignity.

11th Hour volunteers are called on when there is a need. 11th Hour requests don't necessarily happen every week, but when a patient does need an 11th Hour volunteer the more volunteers we have on our list the better our ability to meet their need.

If you are Level 2 trained and have never done 11th Hour, but willing to learn more, please contact your Volunteer Coordinator.

family for all of my married life. I feel blessed to be able to see my children and watch my grandchildren grow up.

As volunteers, you must comply with HIPAA to make sure we keep all patient information confidential. Other entities must comply as well. Take a look at a real case example from HHS.gov regarding a HIPAA violation and what they did to rectify the situation.

HIPAA Case Example from US Department of Health and Human Services

Private Practice Implements Safeguards for Waiting Rooms
Covered Entity: Private Practice
Issue: Safeguards; Impermissible Uses and Disclosures

A staff member of a medical practice discussed HIV testing procedures with a patient in the waiting room, thereby disclosing PHI to several other individuals. Also, computer screens displaying patient information were easily visible to patients. Among other corrective actions to resolve the specific issues in the case, OCR required the provider to develop and implement policies and procedures regarding appropriate administrative and physical safeguards related to the communication of PHI. The practice trained all staff on the newly developed policies and procedures. In addition, OCR required the practice to reposition its computer monitors to prevent patients from viewing information on the screens, and the practice installed computer monitor privacy screens to prevent impermissible disclosures.

Like us on Facebook:

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Kristiana Donahue
Volunteer Recruitment & Training Coordinator

Mark Murray

Subject: FW: July 2017 Volunteer Newsletter

July 2017
Volunteer Newsletter

THIS ISSUE

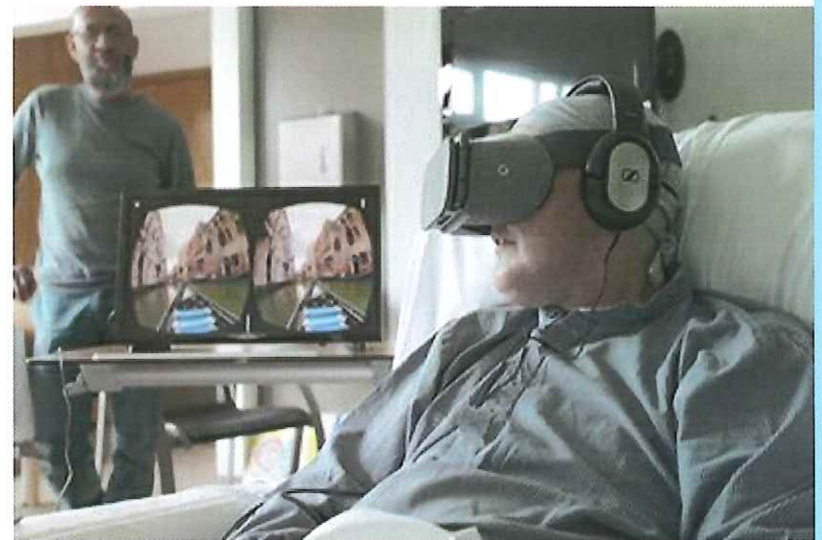
- Virtual Reality Is Helping Hospice Patients Check Off Their Bucket Lists
- Upcoming Events
- Happy Birthday
- Volunteer Spotlight:Kate Crane
- Friendly Reminders
- New CHC Staff
- We Need Your Help
- Bloodborne Pathogens
- Time for Action

NEW Volunteer Training

August 1, 3, 8, 2017
9:00am-12:00pm
August 10, 2017
9:00am-3:00pm
501 Comfort Place
Mishawaka, IN
Contact Kristiana Donahue at
donahuek@cfhcare.org
for more information on new volunteer trainings.

Walk Michiana for Hospice

Virtual Reality Is Helping Hospice Patients Check Off Their Bucket Lists



In the past year, a charity hospice in London has enabled end-of-life patients to run with wild horses in Iceland, tour Venice's canals aboard a gondola, go skydiving—all without leaving their beds.

It's all part of a pilot program at Royal Trinity Hospice that's exploring the potential of using virtual reality for palliative care—a fast-growing specialty geared toward improving quality of life for those suffering from serious, life-threatening, and in many cases terminal illness.

Since VR prototypes first landed in the hands of creatives in 2013, artists from Jon Rafman to Paul McCarthy have used the devices as a new artistic medium. They've brought powerful psychological experiences to art fairs

August 12, 2017
Registration at 9:30am
Fun 5K at 10:30am
Walk at 11:00am
For more information, click on this link:
http://www.walkmichianaforhospice.org/

Bike Michiana for Hospice

September 17, 2017
For more information and to register, click on this link:
http://www.bikemichianaforhospice.org/

7/2
Erik Chalman
7/4
Scott Boyle
7/5
Rita Porsche
7/6
Daniel Shuppert
7/12
Mary Cory
7/15
Carolyn Peterson
7/16
Hubert Kuzmich
7/18
Kathy Davis
7/19
Sue Yoder
7/20
Michael Kyser
7/24
LaVonne Fidler
7/24
Leslee Smith
7/26
Sandra Maichen
7/28
Paul Alwine

and biennales, sending viewers on apocalyptic joyrides and into dark underworlds.

But how can VR be useful in a completely different context, for patients nearing the end of their lives?

This is precisely the question that Royal Trinity, in collaboration with London-based film production house Flix Films, is determined to answer.

The project has its roots in 2016, when Flix Films director Leon Ancliffe met an artist and mother of two, Sarah Ezekiel, who'd been paralyzed with motor neuron disease for the past 16 years. Among her deepest regrets, she told him, was never having swam with dolphins. "I thought, wouldn't it be amazing if we were able to give Sarah that bucket-list experience using virtual reality?" says Ancliffe.

After calling up a friend in the VR department of BBC, they outfitted Ezekiel with a headset and sent her plunging into the depths of the sea. The impact was astonishing. "That was when the penny dropped; just seeing how much joy it had given her," he says. From there, Ancliffe approached Royal Trinity about a partnership using VR technology, which is now evolving into a fully fledged medical study focused on the impact of VR on chronic pain and general well being.

At the hospice, patients are consulted about their memories and their dreams—where they got engaged, where they thought they'd never go again—and given a Google Daydream or Samsung Gear headset loaded with a visual playlist. Although this initial stage of the project has relied on existing 360-degree footage, Flix Films has recently invested in a camera to shoot original material custom-tailored to patients.

So far, patients have donned goggles to surf the waves of Tahiti or ski the slopes of the Austrian Alps.

While similar healthcare initiatives have brought seriously ill children on virtual roller coasters or dementia patients to underwater coral reefs, according to Letizia Perna-Forrest, head of patient and family support at the hospice, the potential for end-of-life care is tremendous—and still largely untapped. "If we can help people alleviate their pain without increasing their dosages, or if we can alleviate some of their anxiety by taking them somewhere else, or reduce their breathlessness or their fatigue, that's a win," she says.

At its core, the program brings patients beyond the physical limitations of their bodies, or to "think outside the body," as Ancliffe says. One cancer patient named Suzy, unable to travel because of her condition, had a dream of returning to Jerusalem before she died. They brought her there. Another, named Hege, floated through the canals of Venice, where she'd gotten engaged, before taking a visit to the dancing Northern Lights off her bucket list. Her husband participated, too; a key aspect of palliative care is support for patients' families. So often, hospices bring families back together around a loved one, though they've potentially shared no common experience in decades. Virtual reality could possibly bridge that gap by helping them bond over old, or new, experiences.

But beyond the thrills of escapism, the technology has potential to fundamentally improve patients' level of pain. Under the basic concepts of distraction therapy, commonly used for depression and anxiety, it diverts a patient's attention away from their reality, says Perna-Forrest.

7/30
Gene DeMorrow
7/30
Annetta Russell

Welcome To the Team!

Michelle Galeziewski
(South Bend Social Worker)

Putting the correct codes on your documentation is very important.

HOME visits use the code
VLRV

ECF visits use the code
VEPV

Please be careful of the following:

Patient Care Time Codes:

- ☐ VEHV – 11th Hour Visit
- ☐ ~~VCOM - Companion~~
- ☐ VEPV – ECF Patient Visit
- ☐ VHCV – Haircut Visit

It also draws from reminiscence therapy, used to trigger past memories in dementia patients.

It also has the potential to encourage transformation of the brain. Unlike acute pain (an ankle sprain, a bee sting) chronic pain gets wired into the brain. Alternative therapies—using images, music, scent—fire up other parts of the brain, like the visual cortex, breaking established pathways and creating new ones.

A recent patient, a woman named Susi with a cancer diagnosis, was taken to the white-sand beaches of the Maldives. "We asked her to give us a number, to quantify her pain before the VR," says Perna-Forrest. When they took off the goggles, she cried tears of joy; her pain had dramatically dropped from a seven to a three. "It gave us what we're hoping to achieve through our research," says Perna-Forrest. "Finding that link." Both Perna-Forrest and Ancliffe, however, are quick to acknowledge that this research is in its early stages.

"It's really ignited something in me again," says Ancliffe. And for the filmmaker and his team at Flix Films, the possibilities are boundless—particularly with their new camera, which allows them to shoot original 360-degree content complete with livestream, self-stitching, and surround sound. For one patient who is separated from his children, they are considering creating a custom experience in his home so that he can feel closer to his family; another patient has asked for a way to visit her church. And given the camera's ability to live stream, they'll have the ability to reunite patients with far-away families. As much as Royal Trinity is trying to understand whether VR can improve pain, Ancliffe is also determined to understand what makes for good VR, from a filmmaker's perspective.

"What's really key for us is we want to understand how to develop virtual reality content and understand the key elements that make it good," he says. "If you put the goggles on someone they feel like they have to keep them on at all costs, even when they're petrified," he says; the last thing you want to do is see an old person terrified by a roller coaster. "It can be used irresponsibly and have a damaging impact on people. That's why what we're doing at Trinity is so important, because we're working with the most vulnerable people in our society."

—Molly Gottschalk

https://www.artsy.net/article/artsy-editorial-virtual-reality-helping-hospice-patients-check-bucket-lists

The VCOM code (seen above) is only used in special cases and your Volunteer Coordinator will advise you if that code is to be used. Please check your codes when completing your Volunteer Time Sheet.

11th Hour Volunteers

No one is born alone, and in the best of circumstances, no one should ever die alone. Yet, from time to time, a patient with Center for Hospice Care may have neither family nor close friends to be with them as they near the end of life. Our 11th Hour volunteers freely offer their gifts of time and companionship to patients and families experiencing the final hours. You will reduce stress and anxiety by providing comfort, support and a positive presence as end of life nears. As an 11th Hour volunteer, you will help provide patients with that most valuable of human gifts: death with dignity.

11th Hour volunteers are called on when there is a need. 11th Hour requests don't necessarily happen every week, but when a patient does need an 11th Hour volunteer the more volunteers we have on our list the better our ability to meet their need.

If you are Level 2 trained and have never done 11th Hour, but willing to learn more, please contact your Volunteer Coordinator.

Kate Crane

South Bend Volunteer

What volunteer work do you do with CHC? How long have you been a CHC volunteer?

- **I am a Hospice House volunteer and I have been with CHC for about 5 years.**

Why do you volunteer with CHC?

- **I would like my legacy to be seen as acts of LOVE and COMPASSION. I read a book written by Paul Wright M.D. about the life of Mother Teresa, *Finding Happiness and Peace in Service*. After reading the book I was deeply moved to partner with an organization that had a similar mission statement. CHC was a perfect fit.**

Tell me something unusual about yourself.

- **I have a horrible habit of scaring or playing practical jokes on friends, family, and co-workers.**

What do you like to do in your spare time?

If you know of anyone interested in becoming a CHC Volunteer, please "Help us spread the word!"

Please send any interested person to Kristiana Donahue, Volunteer Training and Recruitment Coordinator
donahuek@cfhcare.org or 574-286-1198.

Applications can also be completed online at http://www.cfhcare.org/volunteer/for-volunteers/apply-online/

- **I just completed building a new house, with 10 acres, 4 horses, and 3 fur babies. My spare time seems to consist of doing numerous chores.**

What is your favorite food and why?

- **My family is from New York, so I am looking for a good thin crust pizza!**

What is your favorite quote?

- **Of course, it would be from Mother Teresa:**
  - ***The fruit of silence is prayer, the fruit of prayer is faith, the fruit of faith is love, the fruit of love is service, the fruit of service is peace.***

Bloodborne Pathogens

EXPOSURE CONTROL INSTRUCTIONS

- Report immediately—HR & Supervisor
- You will be sent for evaluation at a prescribed Health Clinic—bring the needed paper work with you to the clinic
- Physician will evaluate and will order the needed follow up
- You will fill out an incident report and internal report/investigation and follow up with QA Coordinator

Like us on Facebook:

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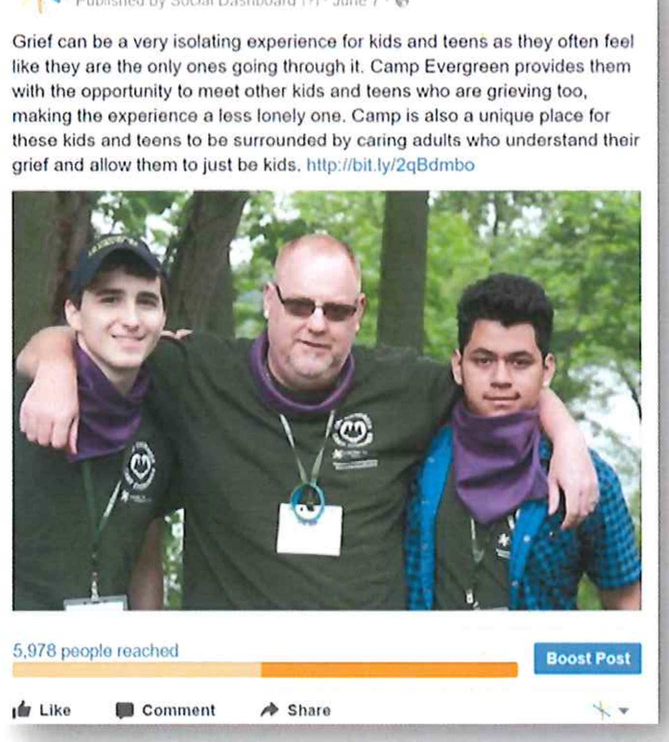
MOST POPULAR CHC FACEBOOK POSTS FROM JUNE AND JULY 2017

Center for Hospice Care
Published by Social Dashboard [?] · June 15

From hospice aides to C-Suite executives, our staff actively participates throughout the communities we serve. Chances are you've seen some of us singing in the church choir, coaching youth sports, or serving on a community board. Our president may even live down the street from you. We are proud to be welcomed into your home to provide compassionate care and comfort to you and your loved ones. Learn more about our hospice professionals on our website. http://bit.ly/2phju3C

6,116 people reached — Boost Post

Love · Comment · Share



Center for Hospice Care
Published by Social Dashboard [?] · June 7

Grief can be a very isolating experience for kids and teens as they often feel like they are the only ones going through it. Camp Evergreen provides them with the opportunity to meet other kids and teens who are grieving too, making the experience a less lonely one. Camp is also a unique place for these kids and teens to be surrounded by caring adults who understand their grief and allow them to just be kids. http://bit.ly/2qBdmbo

5,978 people reached — Boost Post

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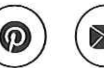
Thursday, August 10, 2017

Center for Hospice Care to Hold 32nd Annual Walk for Hospice

Share Article



Center for Hospice Care (CHC) is pleased to announce that the 32nd Annual Walk for Hospice will be held on August 12, 2017.

(PRWEB) AUGUST 09, 2017

Center for Hospice Care (CHC) is pleased to announce that the 32nd Annual Walk for Hospice will be held on August 12, 2017. CHC will again have the Heroes for Hospice Fun 5K followed by the Walk. This is an uplifting, family-friendly event that takes place on Center for Hospice Care's Mishawaka Campus, Central Park and along the Mishawaka Riverwalk.

This year's event will feature a memory wall, food, games, costumes and even the motorcycle from the movie "Ghost Rider." Free registration begins at 9:30am. The 5k begins at 10:30am, followed by the Walk that begins at 11:00am. For more information or to pre-register please visit walkmichianaforhospice.org.

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.

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CREATE A FREE ACCOUNT CISION

"What's the CHC Difference? Ten Things You Should Know"
by
Mark M Murray, President / CEO

There are at least 32 different hospice programs operating within our eight-county service area. Why refer to Center for Hospice Care (CHC)? Here are ten important reasons:

By far the most experience of any other hospice program in the region.

With over 37 years and more than 34,000 patients served, no other hospice provider comes even close to the level of experience and proficiency of CHC.

Freestanding Medicare Certified hospice inpatient units.

There are only seven freestanding hospice inpatient units in Indiana. Two of them are owned and operated by CHC. Conveniently located in South Bend and Elkhart, last year more than 660 patients had their uncontrolled acute pain and other symptoms managed at our units. In the spring of next year, we expect to break ground at our expanding Mishawaka Campus on a new, state-of-the-art inpatient unit with 12 private patient rooms all facing the beautiful St. Joseph River.

The most qualified medical staff.

While it's common for many hospice programs to have just one part-time doctor, CHC has three board certified hospice and palliative medicine physicians and a fourth certified hospice medical director on staff. Added to this are three nurse practitioners who are all certified in hospice and palliative medicine. Nowhere else in this region will you find a medical team with this level of clinical expertise in hospice and palliative medicine. In fact, CHC's clinical bench is so deep we train Fellows who are becoming board certified in hospice and palliative medicine for both the Mayo Clinic and the Indiana University School of Medicine.

Center for Palliative Care Outpatient Clinic

CHC operates a freestanding, independent palliative care outpatient clinic at its Mishawaka Campus. The Center for Palliative Care accepts appointments via physician referrals for palliative care consultations. The consultation program is specifically developed to address the complex symptom management needs of patients with advanced serious illnesses. The palliative care consultation program is structured to enhance the care provided by area primary care and specialists to offer expert evaluation along with suggestions to assist referring physicians in managing those needs. Following a consultation, we report back to the referring physician with observations and recommendations. Consultations are by physician referral and appointment only.

A CHC staff nurse answers the phone after hours. No answering service.

CHC is proud to say we don't believe in answering services or anything that would delay emergent care for a terminally ill patient. That's why after-hours calls to 1-800-HOSPICE are answered directly and triaged by a CHC staff nurse seven days a week.

Specialty programming to prevent hospital readmissions for CHF and COPD.

CHC clinical staff receive additional education and training to continue the ongoing implementation of our specialty programs for CHF and COPD. Our *HeartWize* and *BreatheEasy* programs have been remarkably successful in keeping CHC patients from seeking care in the emergency rooms. Last year 317 patients participated in *HeartWize* which had a 99% success rate of keeping patients from visiting the ER. Likewise, *BreatheEasy* had 213 participants and a 98% effectiveness rate of patients not seeking care at the ER. Moreover, this was not just during a 30-day window following their admission to CHC, but rather during their entire length of stay as a CHC patient.

All four, core hospice professional disciplines are available 24/7.

Hospice care is an interdisciplinary team-based model of care. CHC takes this concept seriously. While every hospice should have at least a nurse on call after hours for emergency visits, CHC takes this several steps further. Because pain and comfort isn't always physical, CHC has social workers and spiritual care counselors on call and available around the clock to counsel and address existential and spiritual pain and discomfort. Members of our medical staff, including staff physicians and nurse practitioners are also available 24/7.

Quality care and patient / family satisfaction.

Family / caregiver satisfaction surveys continue to remain extraordinarily high, which provides evidence of not only high quality care, but also the delivery of a holistic suite of caring services to meet a wide variety of individual patient and family needs. On Press Ganey surveys during 2016 the question, "Generally speaking, did you have a positive experience with Center for Hospice Care" generated a "Yes" response 97% of the time. "Would you recommend Center for Hospice Care to others," generated a "Yes" response 98% of the time. There were 1,064 responses to these two questions.

CHC gives back.

In 1980, CHC made a promise to this community that nobody who was eligible for hospice care would be turned away due to lack of insurance, underinsurance, or an ability to pay for their care. Last year, the value of write off's, adjustments, discounts, and charity care totaled $2,222,810, the largest ever in a single year and 4% higher than the previous year.

CHC is there for your complex patients and wherever their "home" is located.

Unlike some hospice programs, CHC routinely accepts patients with complex treatment issues and works collaboratively with the attending physician, and when necessary, ancillary healthcare providers. CHC also cares for patients wherever they call home. CHC is contracted to provide hospice services to more than 90 nursing homes, group homes, assisted living centers and most all local hospitals. We have also provided care to patients in jail and at a homeless shelter. However, most our care, about two-thirds, continues to be delivered in the residential home setting.

We admit it. We believe the evidence is clear. When it comes to experience, quality, caring, compassion, and having the programming in place to meet the diverse clinical and social needs of patients and families, there is only one clear choice: Center for Hospice Care. To insure CHC cares for your patients, please don't simply say or write the word "Hospice." Specifically write, and have your staff write, "Center for Hospice Care" on the referral and / or the order.

Not all hospice programs are alike. To paraphrase Mr. Gump, "Saying 'call hospice' or simply writing the word 'hospice' is like a box of chocolates -- you never know which one your patients are going to get." If you desire your patients to get CHC please be specific and insist on Center for Hospice Care.

# # #

CHAPTER FOUR

POLICIES

REGULATION: 42 CFR 418.54 – Initial and Comprehensive Assessment of the Patient

PURPOSE: To provide a standard of care for all patients being admitted to Hospice House (HH).

POLICY: Patients requiring General Inpatient (GIP) level of care, Respite, or Routine care in the inpatient unit setting will be identified through the interdisciplinary process.

EQUIPMENT: DME required for symptom management or safety of the patient will be ordered from Alick's Home Medical by the HH Nurse, and will need to be delivered to HH prior to patient transportation.

PROCEDURE: The nurse who assesses the patient for HH will complete the TB and Communicable Disease screen before transfer to HH.

NEW ADMIT TO HOSPICE HOUSE

1. Admissions Department will request a physician's order from the hospital if one has not already been written to admit the patient to HH. If the physician's order for hospice services is more than seven days old, the physician must be contacted and a new order obtained. The order is to include, "Admit to Inpatient Level of Care at Hospice House."

2. All medications will be ordered by a physician or nurse practitioner in accordance with the patient's plan of care.

3. An interdisciplinary team (IDT) meeting must take place prior to HH admission. The IDT will be facilitated and documented by the Admission Department. Documentation will include full names of staff participating and must include a physician, admission nurse/representative, HH nurse, and a social worker. If a nurse practitioner is scheduled to make rounds on the day the admission is taking place, then the nurse practitioner should be included in the IDT. The spiritual care counselor may need to be included per team discretion.

4. The following information needs to be included in the IDT discussion:
   (a) Code Status
   (b) IDT discussion to include, but is not limited to:
   - Most recent vital signs if pertinent to eligibility
   - Mental Status
   - Pain
   - Respiratory – if pertinent to eligibility
   - Cardiovascular – if pertinent to eligibility

- Gastrointestinal – if pertinent to eligibility
- Genitourinary – if pertinent to eligibility
- Musculoskeletal – if pertinent to eligibility
- Skin – if pertinent to eligibility

(c) Infusion/Access Sites – Femoral, Jugular, and PICC lines will need to be discontinued/removed at the hospital prior to transportation to HH, unless the IDT deems necessary. Patients may be admitted to HH with peripheral sites. Upon arrival, the HH nurse will determine patency to use or discontinue.

(d) Special consideration such as isolation precautions, safety concerns, or infestations – If a patient has been treated for C-Diff and continues to have loose stools, the patient will be placed in isolation upon admission. If the patient has finished treatment and has formed stool, isolation is no longer required.

(e) Social status to include POA, health care representative, family, as well as anticipated discharge plan/goal.

(f) Hospital contact person and phone number.

5. The Admission Nurse/Representative will obtain signatures on consents prior to transportation of the patient to HH. Consents will be either handed to the HH staff or uploaded to the patient's Outlook folder. The Admission Nurse will complete the TB and Communicable Disease screen. The Admission Nurse will complete and lock the LCD and attach it to the Pre-Assessment contact in Cerner.

6. If an Admission Representative is completing the pre-admission, a chest x-ray will be used to meet admission criteria. At the time of HH admission, the HH nurse will then complete the TB and Communicable Disease screen.

7. The Admission Representative may initiate the LCD. The HH Nurse will then review the LCD in Cerner, update as needed, and lock the form.

ECF TRANSFER TO HOSPICE HOUSE

1. Hospice will coordinate with an ECF the transfer of one of the ECF Hospice patients to Hospice House for an Inpatient Level of Care change.

2. CHC social worker will notify the facility social worker of when the transfer will occur and arrange transportation to Hospice House.

3. The case manager/visit nurse notifies the facility nursing staff when the transfer will occur, initiates the completion of the appropriate TB protocol before arrival, and obtains a copy of facility MAR (medication administration record).

4. If the patient does not bring the ECF medications, the Hospice House nurse will call the medications in to contracted pharmacy and a local pharmacy at the time of transfer. The prescriptions are given to the family to give to the pharmacy when picking up the medication.

CURRENT PATIENT TRANSFER TO HOSPICE HOUSE

1. Follow the Hospice House Direct Transfer Flow Sheet.

ARRIVAL AT HOSPICE HOUSE

1. After the pre-assessment has been completed and the IDT determines the level of care appropriate for HH admission, the IDT will review the patient's needs and begin to develop a plan of care. Once the IDT agrees to transfer the patient to HH, the HH Nurse will do the following:
   a) Obtain and review the patient's chart.
   b) Facility DME delivery to HH.
   c) Call the hospital RN caring for the patient to obtain report.
   d) Phone the HH physician or nurse practitioner to obtain orders for HH.
   e) Fax new medication orders to Omnicare and request medication releases from the Emergency Drug Kit (EDK).
   f) After the DME and medication releases have been received, the HH Nurse will call the hospital contact person to have them set up transportation.
   g) Complete the new patient checklist, which includes steps for admitting patients in Cerner.

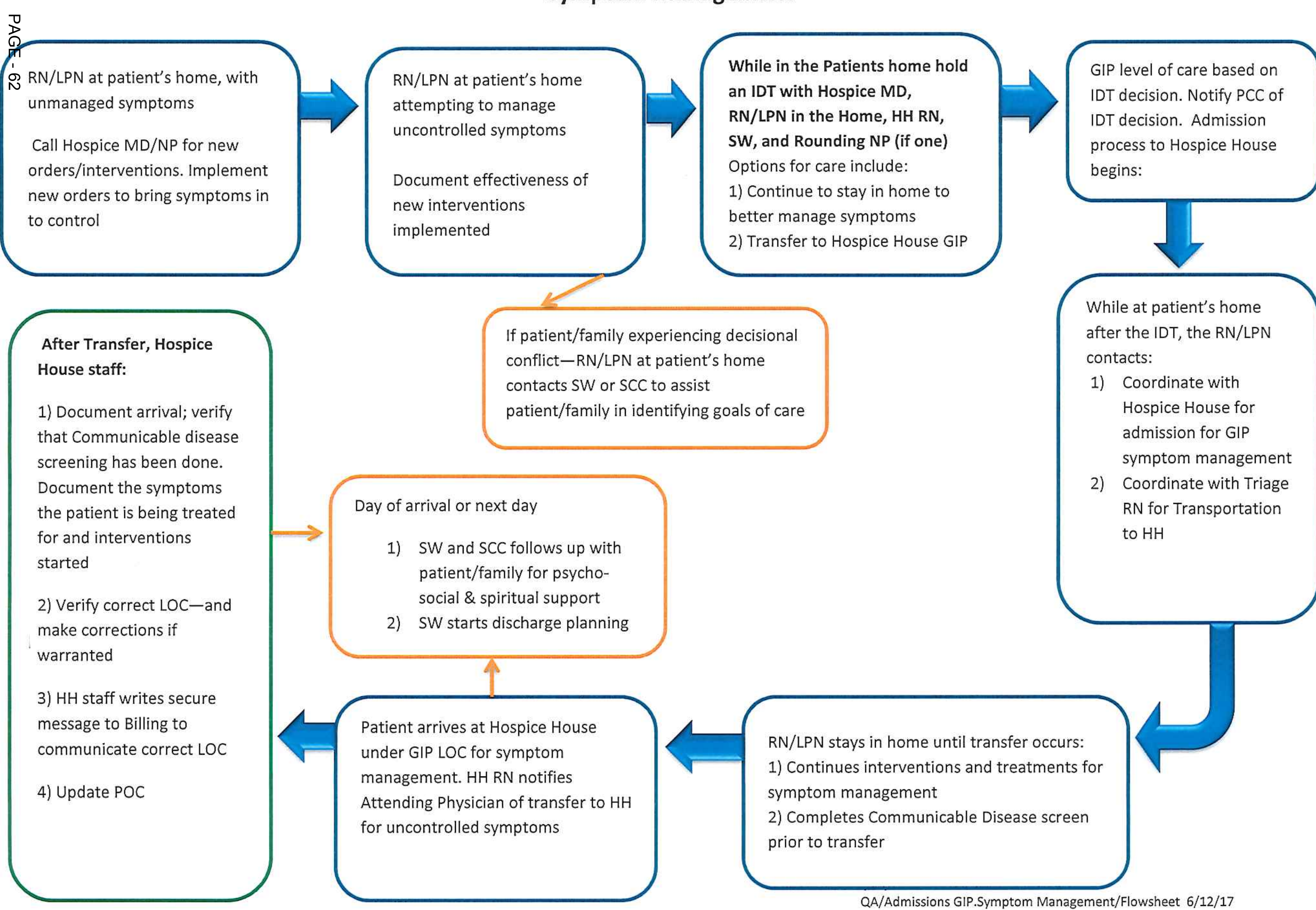
2. After receiving the patient into the assigned HH room:
   a) Perform a complete assessment.
   b) Complete a Fall Risk Assessment.
   c) Complete a Braden Scale Assessment.
   d) Review HH services, environment, guest guidelines, and nutritional information sheet with the patient and family.
   e) Continue to document status of patient, assessment, and treatment at minimum during each shift.
   f) Discharge planning from HH will begin upon admission to HH.
   g) Support Services staff will continue to follow the patient while in HH, unless otherwise designated.

3. A secure message will be sent for transfers from home/ECF to Hospice House.
   a) Billing
   b) Care Team
   c) QA Changes

Effective Date: 06/17	Revised Date:	Board Approved:
Reviewed Date:		Signature Date:

Signature: [signature] President/CEO

Home to Hospice House Flowsheet: GIP Level of Care for Symptom Management



QA/Admissions GIP.Symptom Management/Flowsheet 6/12/17

Home to Hospice House Checklist: GIP Level of Care for Symptom Management

☐ _____ RN/LPN while in the home, complete an assessment and contact physician to obtain orders for new interventions for unmanaged symptoms. Implement orders/interventions

If unable to manage symptoms following attempts of new interventions (from above), next:

☐ _____ RN/LPN to in the home, conduct an IDT with the following: Hospice Physician, HH RN and SW to Discuss failed interventions and new care options, including GIP LOC with HH transfer

☐ _____ Document in patient summary IDT decision to change to GIP level of Care and Hospice House transfer

☐ _____ Confirm and document that patient/family caregiver/ POA are in agreement to Hospice House admission for symptom management.

☐ _____ Complete Communicable Disease Screen Questionnaire (in Cerner as an attachment)

☐ _____ Notify triage of family choice for admission, update in condition and to arrange transportation.

☐ _____ RN/LPN to call final report to Hospice House with update in condition, trialed interventions and time of transport

☐ _____ RN/LPN stays in home and continues to treat until transfer occurs. Assist family with packing current home medications (including Care Kit).

☐ _____ Patient is transferred

☐ _____ RN/ LPN to discontinue ***visit orders***, update ***care plan***, notify DME provider. **See Below**

Documentation requirements to be completed by the RN/ LPN

- ☐ _____ Update care plan (Generate order in care plan under HH003 intervention IN01
- ☐ _____ D/C current SN visit and Hospice aide orders.
- ☐ _____ Contact DME provider to place service/equipment on hold or picked up (Document staff name and pick up number in your note)

QA/Admissions GIP..Symptom Management/Checklist. 5/17

REGULATION: 42 CFR 418.106 – Drugs and biologicals, medical supplies, and durable medical equipment

PURPOSE: To provide safety and consistency in the delivery of medication for all patients in Hospice House (HH).

POLICY: Nursing personnel shall ensure safe and effective administration of medications. Medications will be administered by an RN to patients as ordered by a physician or nurse practitioner. RNs may administer medications via oral, sublingual, topical, rectal, subcutaneous, intramuscular, intradermal, intravenous, or inhalant routes.

PROCEDURE: **1. Medication Orders**

a) A physician or nurse practitioner shall write all orders for medications on a physician order form.

b) The RN or specially trained HH staff member will enter medication orders into the Electronic Health Record (EHR). If orders are entered into EHR by staff other than an RN, the RN must review and note the orders. Noting orders include reviewing physician written order and EHR orders are identical. Documentation of this verification will be noted on the physician order form to include "noted" along with the date and the RN's signature.

c) An RN may take a Verbal or Telephone order from a prescribing practitioner. These orders will be transcribed on a physician order form and shall be read back to the ordering practitioner for confirmation of accuracy.
   i. Documentation of this order will include the prescriber's name, read back and verified (RB&V) and the RNs signature.
   ii. Medication order components shall include the name of the medication, the dose, the route, and the frequency. If a PRN medication is written, the indication shall also be included.
   iii. The RN shall check for allergies at the time of the verbal/telephone order.
   iv. The practitioner must confirm order's accuracy and sign printed medication order within 72 hours.

d) Ordering medications from the pharmacy will be done by the RN for medications. All medication orders are to be faxed to the contracted pharmacy. Order (either covered or non-covered) will be identified.
   i. The contracted pharmacy will profile all orders, but only send the medications requested.
   ii. The contracted pharmacist will review both dispensed and profiled medications upon admission of the patient and each time a medication is added to the profile.

Signature: [signature] President/CEO

2. Medication Administration:

a) Medication administration will be consistent with the 5 Rights: patient, medication, dose, time and route. To confirm the 5 Rights, the medication is checked against the MAR prior to administration.

b) Verify the medication selection matches the order, the label and that the patient is not allergic to the medication.

c) Confirm the medication is being administered at the proper time, in the prescribed dose and by the correct route.

d) Aseptic technique and proper hand washing procedures shall be followed prior to medication preparation and administration. Verify that the medication is stable based on visual inspection for particulates, discoloration and that the medication has not expired.

e) Instruct the patient or family on appropriate medication action and potential side effects, resolving any concerns about the medication with the patient, family or prescriber.

f) Nursing personnel will monitor patients on an ongoing basis for medication effectiveness and adverse reactions. If any reaction occurs, the nurse will contact the physician immediately. Document all medications administered, the patient's response to medication and any physician communication.

g) Medication should be administered within 60 minutes before or after the scheduled time. A comment must be entered any time medication is given outside the 120-minute administration window.

h) Standardized medication times are specified for administration of **routine medications.**

Standard Medication Times

Once Daily – 0900
BID – 0900, 2100
TID – 0800,1400,2000
QID – 0700, 1200, 1700, 2200
Q4H - 0400, 0800, 1200, 1600, 2000, 2400
Q6H – 0600, 1200, 1800, 2400
Q8H – 0600, 1400, 2200
HS- 2200
Every Evening – 1800
Before Meals – 0730, 1130, 1630

i) Document **PRN Medications** effectiveness for all PRN medications within one hour after administration. If a PRN medication is administered immediately prior to the end of the shift, the off going nurse shall notify the oncoming nurse of the need for PRN effectiveness assessment and it will be the oncoming nurse's duty to document the PRN effectiveness. If the PRN medication being given is the same medication as a scheduled medication the following should be done:

Signature: President/CEO

i. PRN after scheduled: A PRN narcotic dose can be given **15-20 minutes after a scheduled IV or SQ does, and 30-40 minutes after a scheduled SL or PO dose.**
ii. Scheduled after PRN: A scheduled dose should not be given sooner than one hour after a PRN dose unless that PRN dose has not begun to relieve the patient's pain, in which case a CHC MD/NP should be contacted and asked to reconsider that medication's dosing.

Effective Date: 06/17	Revised Date:	Board Approved:
Reviewed Date:		Signature Date:

Signature: President/CEO

Center for Hospice Care

MEDICATON DISPOSITION RECORD

Patient's Name:________________________________ Room #:____________

Date	Drug Name & Strength	Reason	Amount	Method	RN Signature	Witness Signature

Revised 03/15
HH/Med Disposition