Board of Directors Meeting

501 Comfort Place, Conference Room A, Mishawaka
December 20, 2017
7:30 a.m.

BOARD BRIEFING BOOK

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Center for Hospice Care

choices to make the most of life

CHAPTER

ONE

AGENDA

BOARD OF DIRECTORS MEETING
Administrative and Foundation Offices
501 Comfort Place, Room A, Mishawaka IN
December 20, 2017
7:30 a.m.

A G E N D A

1. Approval of October 18, 2017 Minutes *(action)* – Wendell Walsh (2 minutes)

2. President's Report *(information)* - Mark Murray (13 minutes)

3. Finance Committee *(action)* – Lori Turner (12 minutes)
   (a) 2018 Flex Spending Account Limit
   (b) 2017 Retirement Plan Audit
   (c) 2017 October and November Financial Statements
   (d) 2018 Budget

4. QI Committee Report *(information)* – Carol Walker (5 minutes)

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

6. Nominating Committee *(action)* – Wendell Walsh (5 minutes)

7. Board Education – *(information)* – "CHC Staff Benefit Information" (10 Minutes) – Vicki Gnoth, Director of Human Resources

8. Chairman's Report *(information)* – Wendell Walsh (3 minutes)

Next meeting February 21, 2018 at 7:15 a.m.

# # #

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CHAPTER
TWO

MINUTES

Center for Hospice Care
Board of Directors Meeting Minutes
October 18, 2017

Members Present:	Amy Kuhar Mauro, Anna Milligan, Carol Walker, Jennifer Ewing, Jesse Hsieh, Lori Turner, Mary Newbold, Suzie Weirick, Wendell Walsh
Absent:	Ann Firth, Tim Portolese
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	• A motion was made to accept the minutes of the 08/16/17 meeting as presented. The motion was accepted unanimously.	M. Newbold motioned S. Weirick seconded
3. President's Report	• Census has been down. Through 10/17 the ADC for October is 371. The budget breakeven is 383. We don't spend all of the budgeted expenses, so we are okay financially. The YTD ADC through 06/30 was 398 and through 09/30 was 390. Census had not been below 400 on any single day since 04/11 until 07/01. 44% of July's admissions died within seven days or less, and 10% of the overall census died over the last four days of July. July had 122 admissions and 142 deaths. August had 134 admissions and 113 deaths. Over the weekend of September 9-10 we had 17 deaths in 48 hours. • Through August the number of referrals we rejected as no longer terminal was 85 patients compared to 57 a year ago—nearly 50% more. We immediately did a retrospective review of those referrals, as well as the admission staff presenting the information to the medical staff to look for any patterns. We uncovered that one of our doctors was saying no twice as much as the other doctors, so he is no longer allowed to make eligibility decisions on his own. Since then we have seen a turnaround in the number of patients getting into the program and a lower number of patients rejected as not meeting criteria. Through September the number of referrals was down 5% from a year ago. • Our live discharge rate for no longer terminal is 7.8%, which is less than half of the national 80th percentile of 16.4%. Being above the 80th percentile may indicate a problem according to the PEPPER program. CMS is discussing their threshold	

Topic	Discussion	Action
	for mandatory 100% claim review may be at the 90th percentile in the 39-49% range. CMS released 2015 data or live discharges for every hospice. CHC is at 6.21%, compared to 10.81%-15.64% with some of our competitors. We could be seen as the most difficult hospice to get into. A 2017 study finds hospices with the highest live discharge rates also have the highest profits, but it didn't determine where it is coming from. We are not even close to an area where we would have a problem. If a patient becomes stable, we can discharge them without being in fear of raising flags. Half of all hospice patients dying in the US die within 17 days of being admitted. The median for live discharges is 16.9%. 25% of all live discharges die within six months or less. • LaPorte – We have signed a lease agreement for office space on Johnson Road. We are in the process of filling out the application for a home health additional branch office and a hospice additional site. We have been covering LaPorte County since 1997. We hope to have the new office up and running by January. The lease begins 11/01. We are looking at what furniture we have in storage that we could use. The 1-800-HOSPICE number is active in all three northern Indiana area codes. • Indiana Medicaid Managed Care Entities (MCE) has been denying payment for GIP level of care going back to July 2015. We will be going to the state legislature through IHPCO and IAHHC to carve out Medicaid MCEs from hospice. The executive directors of IHPCO and IAHHC are meeting with the state Medicaid director again soon. Medicaid thinks GIP is limited to five days because Respite is five days. Our Billing staff are at a Medicaid conference this week. Ryan Mishler is the chair of the Indiana Senate Appropriations Committee and we are asking him to help us on this effort and why it is important for CHC in the Elkhart area. Suzie W. will follow up with him. • The "Hospice in Crisis" article from Politico states hospice is a 40 year old benefit and has not kept up with changing dynamics of the country. • CHC Board Committees – We welcome Board members to serve on our committees if you want more engagement with CHC. • A copy of the fall 2017 issue of the H&P physician was made available to the Board. • The OIG is looking closely at inpatient units and the utilization of the GIP level of	

Topic	Discussion	Action
	care. The number of patient days of hospice patients has been going down for the first time since 2014 and GIP days are down as a percentage of patient days. The average length of stay is down from eight days to four days in 2016. St. Joseph County's GIP days has decreased. A number of hospices in the country are no longer providing GIP, because they cannot get a contract with a hospital. The number of days under Routine has increased even though our GIP days have been going up. • Future of Hospice Inpatient Units – A number of hospices have been successfully getting patients into beds with private pay room and board under the routine home care level of hospice care. The patient usually makes a two weeks advance credit card payment for room and board, which any unused days refunded. Medicare continues to pay for routine home care. This is less expensive than hiring sitter services, plus they receive a nurse and aide 24/7 and meals. We want to see if we can take this a step further and see palliative care patients in a Medicare certified/ licensed hospice inpatient unit for those that have not elected hospice care. • We have met with ISDH to brainstorm ideas. ISDH had emailed CMS in Chicago about it and they said no. We continued to brainstorm ideas with ISDH to make this possible. One was we could put in in up to four residential rooms and keep them separate and distinct from the hospice unit. Then we could do whatever we want. So we are looking at making two rooms in the new hospice inpatient unit as residential rooms and ten hospice inpatient rooms. They can share the same lobby and staff. We just need a wall and door that separate them. Our architects came up with a design. When the Hospice House nurse goes to the unlicensed room, she becomes a home health nurse and provides home health palliative care. This would also allow us flexibility for GIP patients whose needs are met and are waiting until other arrangements can be made. Many hospices have residential beds. We will also retire the name "Hospice House." The potential funding sources would include private pay, Medicare and Medicaid Managed Care, and health systems that might pay us to get patients out of the hospital faster.	
4. Finance Committee	• The Finance Committee met on 10/13. They looked at how CHC deals with things financially when there is an increase in the number of deaths. One of biggest ways is by taking advantage of not using PRN staff. Another is the reduction in the beneficial interest of the organization in the Hospice Foundation. It also has to do	

Topic	Discussion	Action
	with the way we accounted for the acquisition of the Smith house. • August operating revenue $1,639,765, beneficial interest in Foundation a loss of $49,657. We also had timing issues with regards to a grant that was made to the Foundation that we received in June. It was recognized as revenue at that time and the expense was paid in August. Total revenue $1,629,905, expenses $1,644,362, net gain $35,200. August YTD operating income $14,080,753, MADS $298,737, beneficial interest in Foundation $1,531,207, total revenue $15,934,161, total expenses $12,906,673, net gain $3,027,488, net without beneficial interest in Foundation $1,496,281. • September operating income $1,623,563, beneficial interest in affiliate $296,663, total revenue $1,957,925, total expenses $1,639,227, net gain $318,698, net without beneficial interest $22,035. September YTD operating income $15,704,315, MADS 335,327, beneficial interest $1,827,871, total revenue $17,892,085, total expenses $14,545,895, net gain $3,346,190, net without beneficial interest $1,518,319. • A motion was made to accept the August and September 2017 financial statements as presented. The motion was accepted unanimously.	
5. Policies	• Anatomical Donation – New policy. We have had a couple of patients donate body tissue in the past couple months. We work collaboratively with the Indiana Donor Hotline on a case by case basis per the patient/family request. • A motion was made to accept the policy as presented. The motion was accepted unanimously.	J. Hsieh motioned A. Milligan seconded
6. Foundation Update	• For the sixth straight year we have had a year over year increase in fundraising revenue. We are up 12% this year. One trend the IU School of Philanthropy has seen is a downward trend in the number of gifts being given and the people donating money. There seem to be more interest from young people in giving internationally. • Crossroads Campaign – We have reached $9.1MM of our $10MM goal. We have an undocumented gift out there and a possible naming of the new Hospice House. We have another undocumented gift that we have a verbal commitment on that we fill confident about. Take that into consideration we are at $9.8MM. We are confident we will hit $10MM by the end of the year with 18 months to go in the campaign. We still have some underfunded priorities that we are working on. We	

Topic	Discussion	Action
	want to raise more money for endowment and program needs and annual giving. We are also working to secure gap funding for the LaPorte office. We want to secure a grant to help us through that period of time. We are also working with the Community Foundation of Elkhart County to build an endowment at that foundation to maintain our Elkhart campus. It was ten years old last year. We are working towards securing the remaining portion of the $1MM matching grant from the Vera Dwyer Charitable Trust that is earmarked for a Fellow in hospice and palliative medicine. $100,000 of that grant came in May and went out last month to fund the Fellowship. $90,000 goes towards the Fellowship and $10,000 towards a fund to provide training and education for doctors in the community on how to have the conversation more effectively with patients and families when they have to deliver bad news. We are working with IU School of Medicine and their doctor group in hospice and palliative medicine to bring "IU Talk" to this community. • We had several staff attend the joint conference with PCAU and the Cancer Institute in Uganda. About 450 people attended. Holly Farmer, Bereavement Coordinator, and Kristiana Donahue, Volunteer Recruitment Coordinator, did presentations. Kristiana continues to receive emails on recruiting volunteers. Cyndy Searfoss, Denis Kidde, and Mike W. were there as well and presented a workshop along with Dr. Sam Gumwa, the PCAU board president. We also meetings with various agencies and organizations. A screening of *Road to Hope* was held in IUSB's new facility at Northside Hall. Marvin Curtis, the dean of music, composed the score for the film. It had great coverage in the South Bend Tribune. • We have done a number of things on the Mishawaka Campus. The city has demolished the Smith house and will extend the Riverwalk to Cedar Street. Then we will be able to secure our entire perimeter. The city has been great to work with through this process.	
7. Board Education	• Rebecca Fear, Quality Assurance and Medical Records Coordinator, reviewed CHC's Quality Assessment and Performance Improvement (QAPI) program. The purpose of the program is to develop, implement t, and maintain an ongoing hospice-wide data-driven quality assessment and performance improvement program that reflects documented evidence of results. A member of the Board sits	

Topic	Discussion	Action
	on the Quality Improvement Committee that meets quarterly and reports back to the governing body. • The QAPI model is one of continuing improvement. Quality indicators come from external and internal sources based on identified needs and areas for improvement. The committee looks at both hospice and home health. All disciplines work together on identified needs. This summer we did a mock survey in preparation for our hospice survey. As a result, improvements were made to the weekly IDT meetings to streamline it and make it more patient/ family centered. We do continuing education with all staff.	
8. Chairman's Report	• Wendell W. reported we are looking at the frequency of board meetings and propose moving to four meetings a year instead of six beginning in 2018. We would like to try it for a year and see how it works. The Bylaws require at least four meetings a year. We received feedback from several board members, which was very helpful. The 12/20 meeting is the last meeting of 2017. The 2018 meetings will be held in February, May, August, and November. The 2018 budget will be presented at the 12/20 meeting. • A motion was made to accept to moving to four CHC Board meetings a year effective 2018. The motion was accepted unanimously.	L. Turner motioned C. Walker seconded
Adjournment	• The meeting adjourned at 8:40 a.m.	Next meeting 12/20

Prepared by Becky Kizer for approval by the Board of Directors on 12/20/17.

____________________________________ ____________________________________

Carol Walker, Secretary   Becky Kizer, Recording Secretary

Center for Hospice Care

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CHAPTER THREE

PRESIDENT'S REPORT

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

President / CEO Report
December 20, 2017
(***Report posted to Secure Board Website on December 14, 2017***)

This meeting takes place in Conference Room A at the Mishawaka Campus at 7:30 AM.
This report includes event information from October 18 – December 20, 2017.
The Hospice Foundation and GPIC Board meetings follow in the same room.

CENSUS

Through the end of November, overall referrals to CHC are down 4%. However, the number of referrals in November were up 21% compared to August. Year-to-date (YTD) the conversion rate of turning a referral into an admission is higher than it's ever been at 75% compared to YTD 2016 at 71%. Anything over 70% is good by industry standards. We continue to improve our follow-up on non-admitted referrals. This year 311 patients have been admitted that were previously rejected due to wanting further treatment, 'not-ready', not appropriate, etc. 161 of those are from 2017, the rest are referrals from previous years. YTD the number of deaths before admissions is down to 6.5% from 7.4% a year ago. Patients/families refusing admission is up slightly at 2.8% from 2.2% a year ago. More patients are not wanting to sign consents, try last treatment efforts, and an amazing number of hospice referrals are going to a nursing home for "Rehab" upon discharge from the hospital. Our average daily census has slowly been recovering from September's low of 364. October was 371, November 373, and December is running 379 at the time of this writing on 12/14.

November 2017	Current Month	Year to Date	Prior Year to Date	Percent Change
Patients Served	476	1,952	1,954	-0.10%
Original Admissions	149	1,566	1,570	-0.25%
ADC Hospice	353.43	356.05	376.21	-5.36%
ADC Home Health	19.33	28.67	22.20	29.14%
ADC CHC Total	372.76	384.72	398.41	-3.44%

October 2017	Current Month	Year to Date	Prior Year to Date	YTD Change
Patients Served	478	1,803	1,806	-0.17%
Original Admissions	146	1,417	1,421	-0.28%
ADC Hospice	349.87	356.3	376.38	-5.33%
ADC Home Health	30.42	29.59	21.43	38.08%
ADC CHC Total	365.65	385.90	397.81	-2.99%

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	**2017** Oct	**2017** Nov	***2016*** *Dec*
S.B.:	224	227	223	227	228	226	212	203	213	215	216	*220*
Ply:	69	67	67	72	72	69	66	67	65	69	73	*78*
Elk:	87	86	87	95	97	99	94	88	77	78	77	*96*
SBH:	5	6	6	5	4	5	6	5	6	5	4	*6*
EKH:	4	3	4	4	4	4	4	3	3	4	4	*4*
Total:	390	388	387	402	406	403	382	366	364	371	373	404

HOSPICE HOUSES

November 2017	Current Month	Year to Date	Prior Year to Date	Percent Change
SB House Pts Served	27	329	320	2.81%
SB House ALOS	4.15	5.22	5.38	-2.97%
SB House Occupancy	53.33%	73.48%	73.43%	-0.07%
Elk House Pts Served	28	274	277	-1.08%
Elk House ALOS	4.14	4.52	5.17	-12.57%
Elk House Occupancy	55.24%	52.95%	61.07%	-13.30%

October 2017	Current Month	Year to Date	Prior Year to Date	Percent Change
SB House Pts Served	34	307	290	5.86%
SB House ALOS	4.97	5.23	5.46	-4.21%
SB House Occupancy	77.88%	75.47%	74.15%	1.78%
Elk House Pts Served	35	250	259	-3.47%
Elk House ALOS	3.40	4.49	5.26	-14.64%
Elk House Occupancy	54.84%	52.73%	63.79%	-17.34%

PATIENTS IN FACILITIES

Of the 476 patients served in November 157 resided in facilities. Of the 478 patients served in October 156 resided in facilities. The ADC of patients in skilled nursing homes, assisted living facilities, and group homes during November was 127; October was 123 and Nov YTD was 128.

FINANCES

Karl Holderman, CFO, reports the November 2017 Financials will be posted to the Board website on Friday morning, December 15th following Finance Committee approval. For information purposes, the unapproved October 2017 financials are presented below. On 10/31/17, Hospice Foundation's Intermediate Investment Pool totaled $4,523,187 and the Long-Term Investment Pool totaled $19,136,375. At the end of October 2017, our combined (CHC, HF, GPIC) net gain is $3,635,491, with YTD investment gains comprising just over $2.6MM of that. Overall net w/o investments were $1,000,729. CHC alone at 10/31/17 was $847G below budget on revenue, but $1.85MM below budget on expenses. Combined total assets of all organizations were at $48.8MM on 10/31/17.

August 2017 Financial Information

October 2017	Center for Hospice Care	Hospice Foundation	GPIC	Combined
CHC Operating Income	1,779,852			**1,779,852**
MADS Revenue	39,656			**39,656**
Development Income		60,008		**60,008**
Partnership Grants			59,899	**59,899**
Investment Income (Net)		300,270		**300,270**
Interest & Other	899	(21,914)	294	**(20,721)**
Beneficial Interest in Affiliate	110,830	2,612		
Total Revenue	1,931,237	340,976	60,193	**2,218,964**
Total Expenses	1,641,938	230,146	57,581	**1,929,665**
Net Gain	289,299	110,830	2,612	**289,299**
Net w/o Beneficial Interest	*178,469*	*108,218*		
Net w/o Investments				***(10,971)***

Year to Date Summary	Center for Hospice Care	Hospice Foundation	GPIC	Combined
CHC Operating Income	17,484,169			**17,484,169**
MADS Revenue	374,983			**374,983**
Development Income (Net)		1,432,807		**1,432,807**
Partnership Grants			225,987	**225,987**
Investment Income (Net)		2,634,762		**2,634,762**
Interest & Other	25,471	14,472	129,287	**169,230**
Beneficial Interest in Affiliate	1,938,701	129,942		
Total Revenue	19,823,324	4,211,983	355,274	**22,321,938**
Total Expenses	16,187,833	2,273,282	225,332	**18,686,447**
Net Gain	3,635,491	1,938,701	129,942	**3,635,491**
Net w/o Beneficial Interest	*1,696,790*	*1,808,759*		
Net w/o Investments				***1,000,729***

CHC VP/COO UPDATE

Dave Haley, CHC VP/COO, reports…

Our pharmacy provider, Optum Hospice Pharmacy Services, has begun marketing a new service called HospiSurveillance, which is designed to assist their clients to better manage pharmacy costs and appropriateness of medications. Specifically, an Optum pharmacist representative informs a hospice of medications which may warrant additional review. Medications which may warrant additional review are those considered to be either potentially inappropriate or high in cost. Dave asked our account representative to let him know what Optum felt they could provide in the way of assistance and savings for CHC. She called Dave saying she had one of their pharmacists review our account in detail and received comments she did not expect and has never received. She said there was nothing they could do for us and that our prescribing practices were "the best of the best". She then sent Dave the following email on November 29, 2017.

"Good Afternoon Dave,

I wanted to respond to your inquiry about our new Optum HospiSurveillance clinical program. To be frank with you, we consider your program a Best Demonstrated Practice model. Your oversight and internal communication by your team has resulted in sought after results. You have set the bar high in regard to medication management from the perspective of resolving symptoms and using

cost effective medications. Your team actively has conversations with patients, families and prescribers to utilize the best medication for the patient.

At this time, we do not believe that your hospice would benefit from our Surveillance program due to your identification of opportunities and pro-active communication methods. As you can imagine, I don't often get to pass this kind of a message along. I am very grateful to be working with such an excellent organization as yours!

Thank you!

Natalie J. Swider
Sr Manager, Client Services
Optum Hospice Pharmacy Services"

On November 14, the Indiana State Department of Health conducted their Annual Compliance Survey of our South Bend Hospice House patient kitchen, based on the Retail Food Establishment Sanitation Requirements. There were no deficiencies or non-compliance found.

We have had preliminary communications with Holland House in Grand Rapids, Michigan. They operate a Hospice and Palliative Medicine Fellowship training program. We discussed possibilities of their rotating Fellows through our program for training and the possibility of our sending someone through their program for Fellowship training.

DIRECTOR OF NURSING UPDATE

Sue Morgan, DON, reports…

Amber Jay RN has been appointed as the South Bend Hospice House Coordinator. She will begin on 12/11/17. Lisa Bryan RN has been appointed as the Patient Care Coordinator at the La Porte office. She will begin 12/27/17.

We received a $2,000.00 credit (rebate) from our Medical Surgical Supplier McKesson.

Rebecca Fear, QA/Medical Record Coordinator and Sue Morgan will be presenting a session at the NHPCO Management and Leadership Conference in April 2018 titled "From Good to Great: How to improve a specialty program designed to decrease hospitalizations for end stage cardiac and pulmonary patients in the hospice setting."

In conjunction with Dujarie House, CHC participated in an all-day "walk through" education program focusing on end-of-life-care and our four specialty programs on December 6. We included our enhancements in the medical record processes. Our hope is to take this to other facilities.

In preparation for Indiana State Department of Health Hospice Survey, "ride-alongs" were completed at each office to assure compliance with the Conditions of Participation (COP's). The Patient Care Coordinator accompanied a Case Manager on a home visit to evaluate infection control practices, HIPAA, and patient care. This prepares the case manager for a potential "ride along" with the surveyor.

All CHC staff completed a written competency project for "Emergency Management and Preparedness," which is a condition of participation for all Medicare/Medicaid providers. This new regulation went into effect 11/15/17.

Indiana University-South Bend will begin utilizing CHC as a clinical rotation of their Nursing Students in January 2018. This will be their community clinical rotation, and senior nursing students spend 8-24 hours with a CHC case manager with home visits as well as time in Hospice House.

The Quality Improvement Committee approved two new QAPI's: (1) Improving education for patients and families on medication side effects and the IDT's role in helping patients identify and getting help for anxiety, and, (2) Increasing RN and social work visits during the last seven days of life based upon Palliative Performance Scores at admission.

New and revised COP's for Home Health go into effect in January 2018 and revised and new policies and procedures are being rewritten and will go through the approval process.

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

Year to Date Total Revenue (Cumulative)

	2012	2013	2014	2015	2016	2017
January	36,775.87	83,619.96	51,685.37	82,400.05	65,460.71	46,552.99
February	88,893.51	166,563.17	109,724.36	150,006.82	101,643.17	199,939.17
March	194,345.35	264,625.29	176,641,04	257,463.89	178,212.01	282,326.61
April	319,818.81	395,299.97	356,772.11	419,610.76	341,637.10	431,871.55
May	416,792.85	446,125.49	427,057.81	635,004.26	579,888.08	574,854.27
June	513,432.22	534,757.61	592,962.68	794,780.62	710,175.32	1,066,118.11
July	579,801.36	604,696.88	679,253.96	956,351.88	1,072,579.84	1,277,609.56
August	643,819.01	783,993.15	757,627.43	1,042,958.42	1,205,050.76	1,346,219.26
September	736,557.59	864,352.82	935,826.45	1,267,659.12	1,297.009.78	1,466,460.27
October	846,979.95	922,261.84	1,332,007.18	1,321,352.39	1,421,110.26	1,593,668.39
November	895,164.28	969,395.17	1,376,246.01	1,469,386.01	1,494,702.09	2,443,869.12
December	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)

	2012	2013	2014	2015	2016	2017
January	32,309.58	83,380.18	51,685.37	57,971.60	52,156.98	31,552.99
February	43,783.64	82,943.21	43,038.99	67,572.77	36,182.46	35,125.58
March	102,351.84	98,212.12	66,916.68	107,457.07	73,667.84	79,387.44
April	123,998.46	130,674.68	180,156.07	162,146.87	163,425.09	149,569.94
May	90,909.04	40,825.52	100,285.70	160,178.34	93,318.98	142,982.72
June	92,036.89	65,815.51	97,258.66	159,776.36	127,315.24	146,200.17
July	62,069.43	69,939.27	38,243.88	93,586.27	52,394.52	61,505.45
August	64,017.65	92,732.69	79,015.87	86,606.54	97,470.92	63,593.03
September	92,808.58	80,335.67	84,011.71	99,931.45	92,459.02	120,261.01
October	65,904.80	56,439.02	55,208.68	53,693.27	71,323.54	127,208.12
November	46,674.33	47,133.33	44,238.83	46,870.62	66,490.16	75,809.56
December	111,236.77	130,277.99	193,065.45	161,519.80	138,328.11	
Total	**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 October and November 2017 included meetings with donors and prospective donors, follow-up related to stewardship of those who are participating in the campaign, and strategies to educate donors about our underfunded campaign priorities. As we progress through the first year of the public phase of our comprehensive campaign and the 41st month of our 5-year campaign (7/1/14 thru 11/30/17) total cash, pledges and documented bequests total $10,021,915. The remaining $750,000 of the $1 million gift pledged to name the Mishawaka Hospice House was paid in full on November 17. We've now reached and exceeded our overall campaign goal, and we remain intently focused on additional funding needs totaling approximately $3 million for underfunded priorities, which include the need to raise an additional approximately $2.2 million for the new Hospice House and an additional $800,000+ to match the $1 million challenge grant to fully endow the Vera Z. Dwyer Fellowship in Hospice & Palliative Medicine.

CHC/HF volunteers categorized as prospective campaign supporters were invited to a campaign luncheon presentation at CHC on November 16, and during the early evening of the 16th, past board members were invited to a reception and brief campaign presentation. We are grateful for the participation of our current CHC/HF board members available to assist us in hosting the reception. Because of these events, we've received a $15,000 campaign pledge and a pledge to support the cost of a service dog at the new hospice house.

Regarding regional expansion and fund raising, we've met with the leadership of the Healthcare Foundation of La Porte to explore funding opportunities for our expanded operations in LaPorte County. We are also working with the Community Foundation of Elkhart County to develop a plan to build our permanent endowment there as part of next year's celebration of the 10th anniversary of our Elkhart Campus. Plans for early 2018 include donor meetings and events in Florida.

Planned Giving

Estate gifts received in October and November totaled $15,099. During a meeting with a personal representative of one of our recent planned giving donors, we discussed the Dwyer Charitable Trust's matching grant, and the representative asked that we direct the gift toward the match.

Annual Giving

Our Annual Appeal was mailed late November and featured our 2018 Helping Hands Award Recipient Sister Carmel Marie Sallows. This year's annual appeal proceeds will go into the Sister Carmel Helping Hands Fund which will support charity care.

Special Events & Projects

Recent events included our Okuyamba Fest (10/12), and our first Veterans Tribute Ceremony on 10/26, where we dedicated donated memorial items. Jim McCloughan, who was recently awarded the Congressional Medal of Honor by President Trump for heroism during the Vietnam Conflict, was our guest speaker. Approximately 175 people attended this event.

We joined a $500,000 Holiday Challenge with Newman's Own Foundation (NOF). We are trying to raise money from Nov. 21-Jan 5 through a specially created Crowdrise page. Organizations that raise the most money are eligible to receive prize money from NOF. November 28 was Giving Tuesday, which we used as an additional platform to drive interest in the Newman's Own Challenge.

We are already in the planning stages for our 2018 Helping Hands Award Dinner honoring Sister Carmel Sallows, CSC for her lifetime of service. The event will be held on May 2, 2018 from 6:00 to 9:00 pm at the Hilton Garden Inn.

The foundation website is also undergoing a complete redesign to make the site more modern, easier to navigate and mobile-friendly. We plan to have a soft-launch of the site by early 2018.

PCAU

We continue to facilitate the mHealth pilot program with PCAU – the objective is to develop a surveillance system to understand and better support palliative care services throughout the country. This will allow PCAU to share accurate and timely information with relevant stakeholders to make evidence-based decisions on palliative care services, palliative care providers as well as morphine supply and use. The long-term vision of the mHealth initiative is that patients, providers, and policy makers may all use this data to enhance the availability and use of palliative care services throughout the country. Our overarching goal is to develop a model system for palliative care surveillance that is replicable for use in other low-resource settings. Lacey Ahern continues to coordinate the collaborative effort with support from HF staff.

Lacey also continues as an adjunct faculty member at Eck Institute of Global Health and supervises the research of a master's student whose capstone project involves the advancement of the mHealth pilot. This year's graduate student is Kaitlyn Syler, who is working with Lacey to document the availability of morphine, as well as map the location of DCPC-trained providers across the country.

We supplied a project progress report in November to the anonymous foundation who helped provide bridge funding for the program, and will be meeting with a representative of the organization to go through the documentation in detail very soon.

Road to Hope Program/Documentary

PCAU recently hired a new Road to Hope Program Officer, Lydia Nakawuki to oversee the program. Lydia has a bachelor's degree in social work/social administration from Makerere University and previously served in a similar role at Hospice Africa Uganda. There are currently 58 children enrolled in the program who come from 14 districts of Uganda. Forty-six of the students are in primary school, seven are in secondary school and five are at the tertiary level (vocational training/post-high school). In her recent quarterly report, Lydia outlined numerous actives she, the PCAU staff and volunteers have undertaken to support the children's education and psychosocial well-being. Four students were transferred to schools better able to meet their needs; three of these were transfers to boarding sections rather than day school. In addition, PCAU staff continues to make visits to the children's schools to pay school fees and receive updates from teachers, as well as visit children wherever it is they call home. The team continues to update children's files with birth certificates and national identification cards.

Education

The education website, under the banner of Center for Education & Advance Care Planning, will be ready for site development by mid-December and will be ready to go live in early 2018. The site has three primary sections: community education, medical professional/trusted advisor, and student learning experiences. The community education aspect will house the Honoring Choices Indiana – North Central site, as well as pages that promote events/activities put on by the Center for Education & Advance Care Planning. This framework will also enable us to direct traffic to the collaborative education efforts of Honoring Choices without losing visitors who want to learn more about our initiatives. Several of these efforts have been or are in the current or past Strategic Plans. We continue to work with the Honoring Choices coalition to provide support in branding, business plan development, marketing and general logistics. Among the activities planned for 2018: another offering of hospice/palliative care education at the Forever Learning Institute, community/ bereavement professional webinars and continuing education activities, additional viewings/ discussion groups for the documentary film "Being Mortal," and rolling out our new speaker's bureau.

Mishawaka Campus

The City of Mishawaka demolished the former Johnathan Smith property at 209 N. Cedar Street, which we sold to them on September 6th. Under terms of the Buy-Sell agreement, the City agreed to: 1) demolish the house, 2) clean-up the site, 3) remove the trees and overhanging brush along the river bank, 4) remove the temporary Riverwalk connection that currently extends across our property to Madison Street, 5) expand our parking lot at the Center for Palliative Care and 6) extend the Riverwalk directly to the Cedar Street Bridge. The first two items have been completed; item 3 is partially complete; items 4, 5 and 6 will be completed next year.

Work continues planning for the new Clinical Staff Building and Hospice House. Mike continues to meet regularly with Helman Sechrist Architecture (architect), Jones Petrie Rafinski (engineer),

DJ Construction (builder), Office Interiors (interior designer) and a host of contractors and subcontractors. Construction on the Clinical Staff Building is expected to begin in the spring with the new inpatient unit construction commencing in the summer.

Through a generous gift from the Hiler Family, the veteran's memorial will be rededicated at a ceremony next summer and will be named the Robert J. Hiler, Jr. Veterans Memorial in memory of Jack Hiler's brother. Bob, who died in 2003, was a decorated veteran of the Vietnam Conflict.

Residential Housing

As previously reported, architectural design is completed and construction cost estimates have been secured for construction of two new residential homes to be located at the corner of Comfort Place and Cedar Street. Chris Chockley, of Jones Petrie Rafinski, is working with the City of Mishawaka to have the parcel subdivided and replatted.

COMMUNICATIONS, MARKETING, VOLUNTEERS AND ACCESS

Craig Harrell, Director of Marketing and Access, reports on marketing and access activities for October and November

Referral, Professional, & Community Outreach

Our Professional Relations Liaisons continue to contact doctor's offices, clinics, hospitals, group homes and extended care facilities to build relationships and generate referrals. In October and November our three Liaisons completed 805 visits to current and potential referral sources within our service area.

We are continuing to meet with contracted Extended Care Facilities (ECF's) to see where we can improve and to help strengthen relationships. Team Leaders and staff have created an educational exhibit that can be shared with facilities highlighting some of the programs that make CHC unique. It was recently trialed at Dujarie House at Notre Dame's Holy Cross Village and once refined will be able to be taken to other ECFs. A key part is the involvement by the team of professionals (nurse, aide, social worker, and spiritual counselor) that will be assigned to the specific facility. In addition to building relationships, it's also designed to increase communication along with showcasing CHC's commitment to patient care.

In anticipation of opening the La Porte office, we have hired a fourth Professional Relations Liaison that will be based there and focus on marketing to both LaPorte and Porter County referral sources. Jamie Pritchard-Edwards comes to us from American Senior Communities in Valparaiso where she was Director of Marketing and Admissions and brings substantial knowledge and relationships with her. Once she completes orientation she should be ready when the office opens at the first of the year.

Access

For the months of October & November, the Referral Specialists received 834 and 886 incoming phone calls respectively to the Admissions Department. In October, our response time of 24 hours

or less was 62%. Of the 22 patients that were more than 48 hours, 16 were due to family request. In November our response time of less than 24 hours increased to 70%, with 13 of the 14 over 48 hours due to family request. Once again, these changes have positioned us to improve our response time and increase efficiency.

Website

During the months of October and November, CHC's website hosted 5,199 users, which is a 9.48% increase over the same period last year. Also increased are the number of Sessions (+18.6%), Users (+9.5%), Pageviews (+35%) and Average Session Duration (+30.1%).

Probably our most significant increase has been with users finding us organically. In October & November of 2017, 30.8% of visitors found us by entering our website address or through a search engine such as Google, as compared to 12.9% for the same period in 2016. That represents an increase of 184.4% and demonstrates the effectiveness of our Search Engine Optimization campaign.

Social Media

Video continues to be a very powerful tool for helping build brand awareness on social media. Three out of four consumers say that it effects their buying decisions. It's also difficult to explain hospice services in depth through a 30 second commercial or a brochure. Because of this, we've recently launched an educational question and answer segment hosted by Peter Ashley, Director of Communication for the Hospice Foundation along with the Pres/CEO addressing various topics and misconceptions about hospice. The first in the series of interviews has been posted and is a personal testimony about how Center for Hospice Care dramatically impacted his mother's quality of life. Posted on 11/30, by 12/12, this 1:46 video has already received 145 likes and 30 shares. Other upcoming videos include such topics as "When Should You Contact Hospice?", "Not All Hospices Are the Same", and misconceptions such as hospice is only for cancer patients, and "Hospice Means Giving Up". These will be launched in approximately one week increments and all will be accessible via our YouTube page.

Facebook (Center4Hospice)

Center for Hospice Care's social media presence is increasing steadily. We continue to use Facebook to communicate information and events. CHC reached 59,298 people for the October and November, and had 105,437 impressions, 321 shares, and 152 comments.

Our most popular post highlighted one of our volunteers. We recently began doing this because of the success we've had with our employee features. The second highlighted a photo about a unique veterans' memorial in Anthem, AZ and was posted Veterans Day morning.

Digital Overview

The following digital report represents activity from October 1st through November 30th. The digital campaign focuses on delivering our ad to the proper audience at the proper time. For the months of October and November it generated 129 telephone calls. Google industry benchmarks

show an average click-through rate in the Health & Medical field of 1.79% and we continue to be extraordinarily high at 10.01%.

POLICIES ON THE AGENDA FOR APPROVAL

There are three new clinical policies on the agenda for your approval and the drafts are contained in your board packet. They are: Request for Autopsy, Care Kits, and Blood Glucose Monitoring. Sue Morgan will explain the reasoning for these new policies at the meeting.

La PORTE OFFICE UDATE

The phones, Internet, signage, furniture, etc., are all set at the La Porte office. We believe all the applications and necessary paperwork which was sent to various state and federal agencies (ISDH, CMS, Palmetto, etc.) several weeks ago is in process and we look forward to receiving written approval for the "additional site" under our hospice license and "branch office" under our home health license. We recently received word from our fiscal intermediary, Palmetto GBA, that they received our application and once they received two payments for $560 (one for home health and one for hospice) and a confirmation on the address, we were good to go. These fees were not disclosed anywhere in the application process. Payment was made the same day. Even though we have been seeing patients in LaPorte County since 1997, we cannot technically see patients out of this office until the office itself has been approved. We have declined publicizing Porter County until this new office is open due to the distance. We have re-done our television commercials to include Porter County on the map of our service area as well as re-recorded to audio to indicate 38 years of experience for 2018. The address of our new office is:

Center for Hospice Care
286 West Johnson Road, Suite B
La Porte, IN 46350

2017 HOLIDAY MEMORIAL ATTENDANCE SECOND HIGHEST IN HISTORY

CHCs Annual Time of Remembrance Memorial Service was held on Sun., 11/19 at the Kroc Center in South Bend at 2:00 p.m., Trinity United Methodist Church in Elkhart at 2:00 p.m., and Christos Banquet Center in Plymouth at 4:00 p.m. Attendance this year was the second highest in history. Every surviving family member who lost a loved one through CHC are invited to attend these free services that feature reflections and music. 2017 attendance by location was:

South Bend = 353
Elkhart = 264
Plymouth = 119
Total 2017 Attendance = 736

In South Bend, there was a standing ovation at the end of service along with applause. During the gathering and refreshments after, attendees shared the following.

"Thank you so much for doing this."
"This was just an exemplary event."
"It was a help in starting holiday season."
"The candle slides were outstanding."
"The harp music touched me."
"The vocalist was great."
"The music was great. "
"The venue was great."

In Elkhart, multiple attendees shared
"The service was beautiful"
"Thank you so much! This meant so much to our family".

In Plymouth, several attendees shared that it was "a beautiful service", "very touching", "wonderful job", "very meaningful", "lovely service", one person said it really got to them to see their loved one's name in the PowerPoint, "meaningful musical pieces", "appreciate Hospice doing this". One bereaved told a staff member the Winnie the Pooh quote really got to him because his wife collected Winnie the Pooh memorabilia. The quote is, "If there ever comes a day when we can't be together, keep me in your heart. I'll stay there forever."

NEW BOARD MEMBERS FOR 2018 TO BE ELECTED AT DECEMBER 20 MEETING

We have two new board members who will be on the slate to be elected for 2018. One is from Plymouth and the other from La Porte. Brief bios are included as an attachment to this report. We also need to re-elect Ann Firth, Jesse Hsieh, Lori Turner, and Suzie Weirick to a second three-year term. The CHC Officers and Executive Committee will remain the same in 2018.

DISCHARGES BY REFERRAL SOURCE AND AVERAGE LENGTH OF STAY FROM THE SHORTEST TO LONGEST

We discussed this briefly at the last board meeting. Below are the discharges by referral source, the number that were less than seven days, the percent that were less than seven days, the total percent of discharges, the overall total percent of discharges that were less than seven days, and the overall average length of stay (ALOS) by our main five referral sources. "Facility" includes nursing homes, assisted living facilities and group homes. "Other" is simply referral sources that do not fit into the other categories. Clearly, facilities have the longest ALOS and a low percent of discharges within seven days or less. Nursing home patients are targeted by for-profit hospices due to their low percentage of cancer patients and high percentage of Alzheimer's / Dementia which have the longest lengths of stay by diagnosis. Several large national for-profit chains of nursing homes also operate their own hospice programs and see patients in their own facilities.

Discharges by Referral Source							
January thru November 2017							
Source	**Total DC**	**DC <= 7**	**Percent of DC <= 7**	**Percent of Total DC**	**Percent of Total DC <= 7**	**Overall ALOS**	**Overall Median LOS**
Facility	136	32	23.53%	8.02%	3.91%	176	39
Fam / Self	416	153	36.78%	24.53%	18.70%	107	32
Hospital	764	492	64.40%	45.05%	60.15%	39	6
Physician	320	128	40.00%	18.87%	15.65%	75	28
Other	60	13	21.67%	3.54%	1.59%	128	45
Total	**1,696**	**818**	**48.23%**	**100.00%**	**100.00%**	**77**	**14**

BOARD COMMITTEE SERVICE

Committee service by all board members is encouraged by the Executive Committee. A listing of the Committees of the Board and a brief description of each is attached to this report for your review. The Personnel Committee will be meeting in 2018 prior to June 30 to review the CHC and the affiliates 2018-2020 Human Resources Policy Manual. Also, please note the "Specialty Committees" section which is open to all board members.

WORKERS' COMPENSATION IN-PERSON LOSS CONTROL SURVEY PRODUCES COMPLIMENTS FOR OUR SAFETY PROGRAMMING AND NO RECOMMENDATIONS

I am including as an attachment to this report a copy of the letter from Patriot Risk Consultants regarding their positive findings with their July in-person Loss Control Visit related to our Workers' Compensation insurance experience. Their bottom line determination is that CHC has a low frequency and severity for the number of staff. They also said, "As a result of the positive findings and the observations made during this loss control survey, no recommendations are being made at this time. We appreciate your proactive approach to maintaining a safe and healthy work environment."

EVER WONDER HOW CHC DETERMINES STAFF PAY RANGES?

CHC's primary tool in establishing employee salary ranges is the Hospice Salary & Benefit Report published annually by the national Hospital and Healthcare Compensation Service. We purchase this data each year. We are also participant in the yearly data collection and have been for nearly 20 years. The report is a compilation of state, regional, and national salary and benefit data specifically for hospice programs. The report provides insight on salaries, hourly rates, and fringe benefits paid to over 41,600 employees from 700 agencies engaged in hospice care in the United States. It covers more than 90 different hospice related positions. It also breaks out salary data by type of hospice (freestanding vs. hospital based), geographic location, revenue size, and patient days. Results are grouped into percentile rankings and averages. Additionally, it covers numbers of benefit days,

holidays, paid benefit days, and other benefits like group health, life, dental, AD&D, etc. Additionally, on an informal basis, the Human Resources Department gathers local information by tracking and surveying salary histories of job applicants. Center for Hospice Care may also occasionally participate in various one-time salary surveys of varying degrees of scope and detail if they are ones that do not present antitrust concerns. The National Hospice Executive Roundtable has provided these opportunities on numerous occasions. Outside compensation consultants and search firms are also used for some positions from time to time.

CHC's HR department pays particularly close attention to internal equity and treating like staff alike. Starting wages are also tied to experience. For example, an RN who comes to CHC with only one year of non-hospice nursing experience will be paid less than an RN coming to CHC with 20 years of nursing experience and ten years of hospice specific nursing experience. While pay and benefits are a function of administration, we are pleased to share with the board how we accomplish this. Staff pay and benefits will be the topic of the education section of the December 20 board meeting.

OUT AND ABOUT

Mike Wargo and I attended the annual Faithful Lives dinner presented by the Foundation for Saint Joseph Regional Medical Center on the evening of November 2nd.

I met with the Administrator of the Centers for Medicare and Medicaid Services (CMS), Seema Verma, at her HHS office in the Hubert H. Humphrey building in Washington, DC on December 13th. Attendees included Edo Banach, Pres/CEO of NHPCO, Judi Lund Person, NHPCO VP for Regulatory and Compliance, Angie Sells, Pres/CEO of AsearaCare, and Verma's senior staff including the medical director for the CMS Innovations department.

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

Dave Haley's Census Charts.

2018 New Board Members Brief Bios.

2018 CHC Board, Committee, and Special Event dates and times calendar.

Copy of front page story in the October 27th South Bend Tribune detailing the previous evening's dedication of bricks, trees, plaques, and items for the Veteran's Memorial. The event's guest speaker was Medal of Honor recipient Jim McCloughan.

Copy of letter from Patriot Risk Consultants regarding their positive findings with their in-person Loss Control Visit related to our Workers' Compensation insurance experience.

Article from Citrus County Chronicle (Florida) "Local Hospice Locations Struggle to Stay Afloat: regulatory fines hit Citrus County hard"

Thank you letter from family member for care of their mother.

Thank you letter for our Memorial Service and gift.

Thank you card from Maddi Watkins, Freshman Academy Counselor, Penn High School for the FREE bereavement groups CHC offers there.

Press release regarding Center for Hospice Care Participating in Newman's Own $500,000 Holiday Challenge.

Letter from Indiana University President, Michael A. McRobbie, regarding the Dwyer Fellowship in Hospice and Palliative Medicine.

HARD COPY BOARD ITEMS TO BE DISTRIBUTED AT THE MEETING

October and November 2017 Financials

2018 CHC Budget

NEXT REGULAR BOARD MEETING

Our next regular Board Meeting will be **Wednesday, February 21st at 7:15 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 .

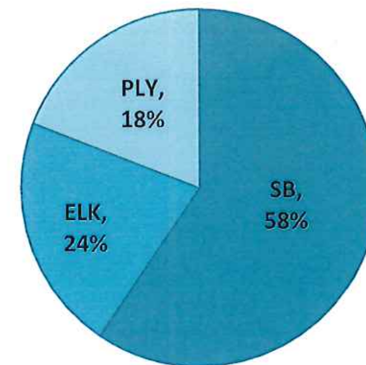
# # #

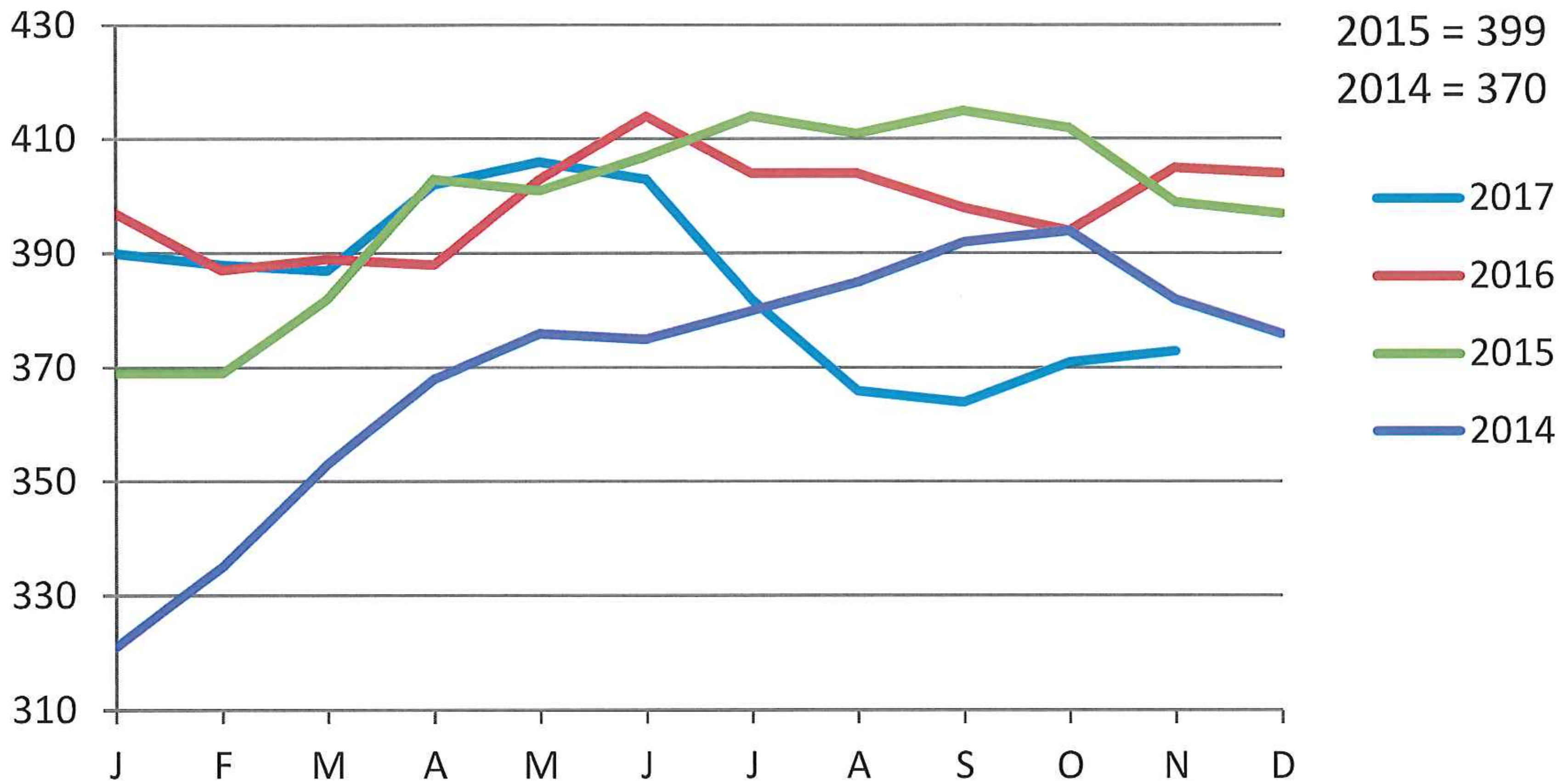
Center for Hospice Care

2017 YTD Average Daily Census (ADC)

(includes Hospice House and Home Health)

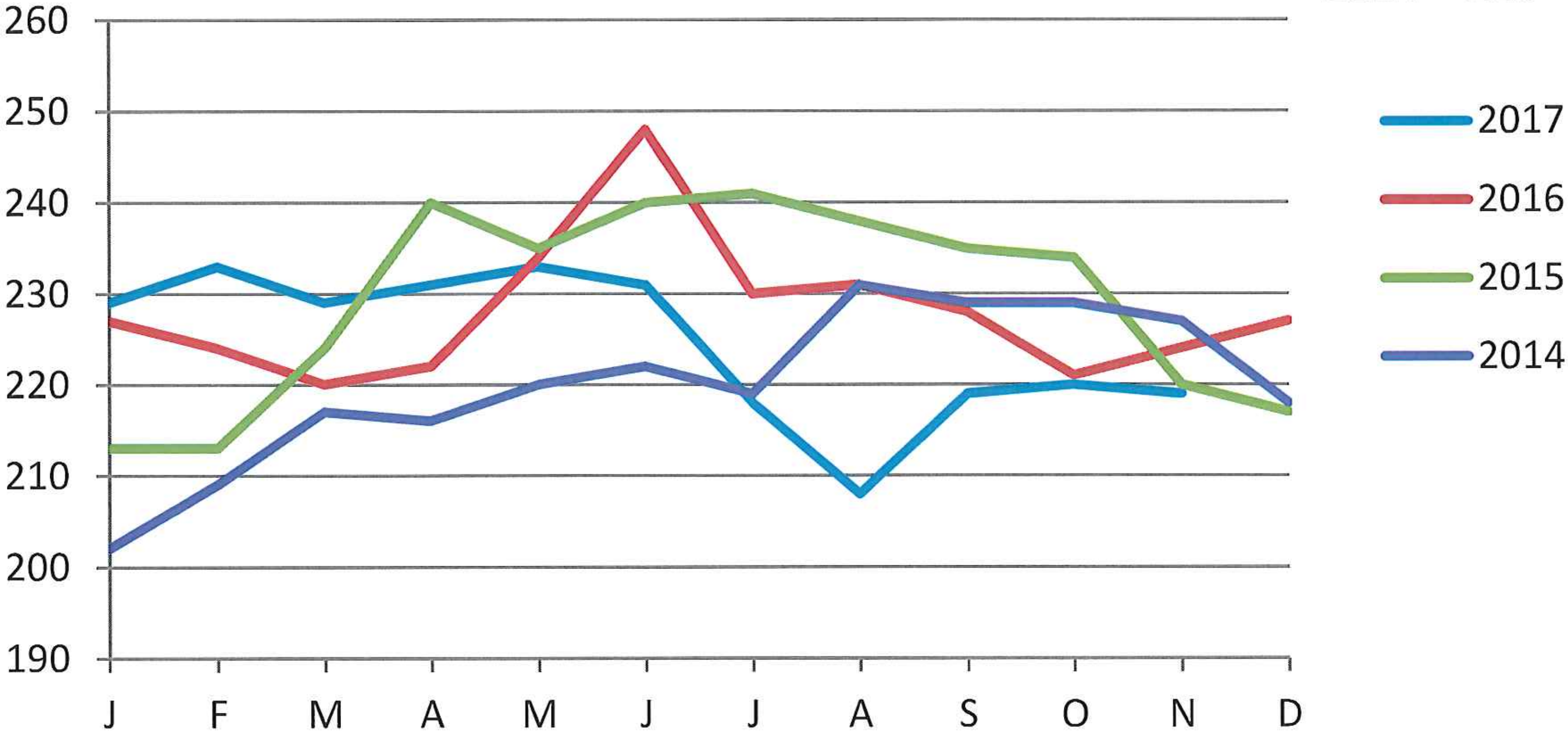
	All	South Bend	Elkhart	Plymouth
J	390	229	91	69
F	388	233	89	67
M	387	229	91	67
A	402	231	99	72
M	406	233	101	72
J	403	231	103	69
J	382	218	98	66
A	366	208	91	67
S	364	219	80	65
O	371	220	82	69
N	373	219	80	73
D				
2017 YTD Totals	4232	2470	1005	756
2017 YTD ADC	**385**	**225**	**91**	**69**
2016 YTD ADC	398	228	96	75
YTD Change 2016 to 2017	-13	-3	-5	-6
YTD % Change 2016 to 2017	**-3.3%**	**-1.5%**	**-4.8%**	**-8.4%**

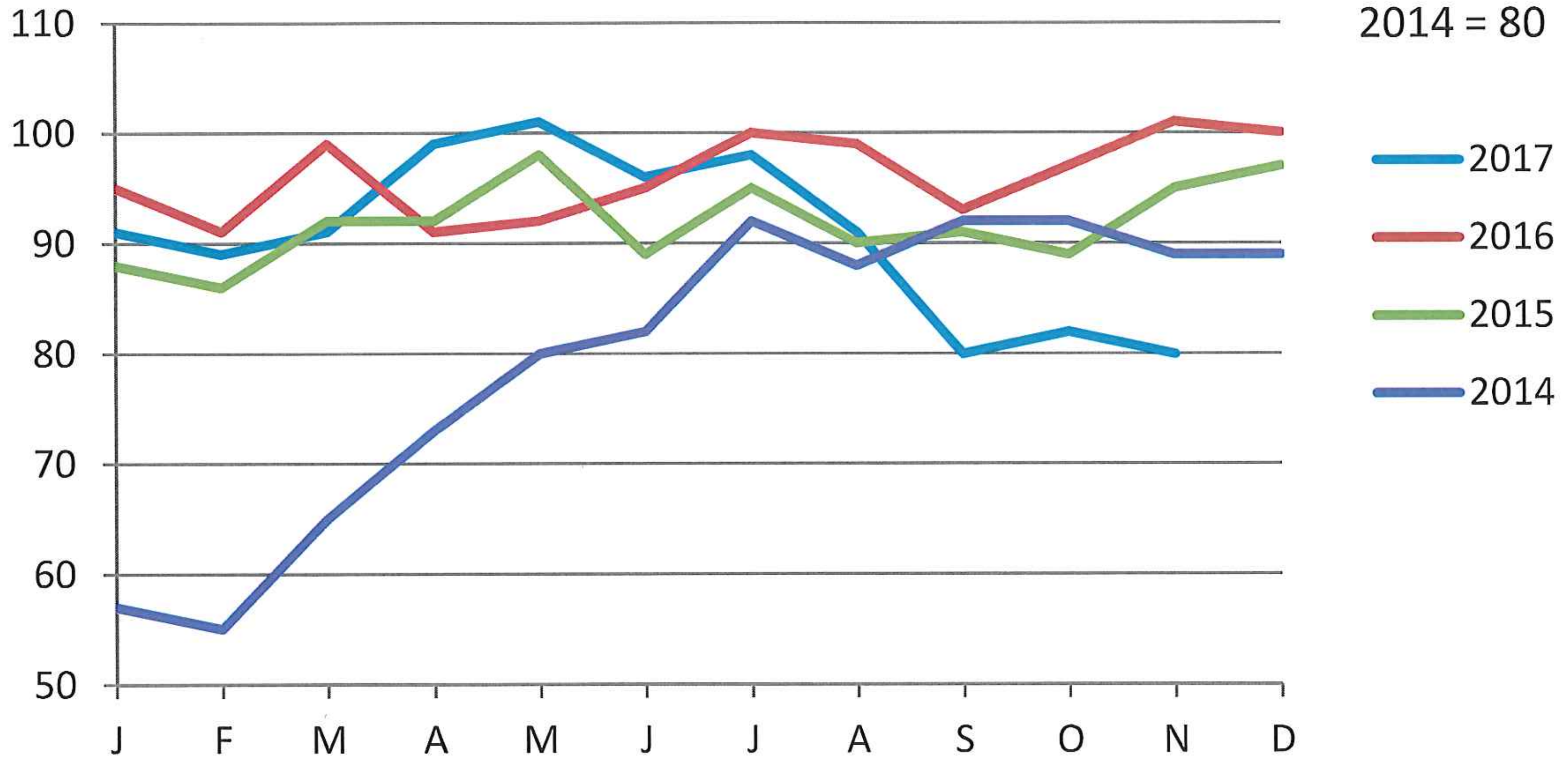



Center for Hospice Care
Total Average Daily Census (ADC)
ADC
YTD 2017 = 385
2016 = 399
2015 = 399
2014 = 370
430
410
390
370
350
330
310
J
F
M
A
M
J
J
A
S
O
N
D
2017
2016
2015
2014

South Bend
Average Daily Census

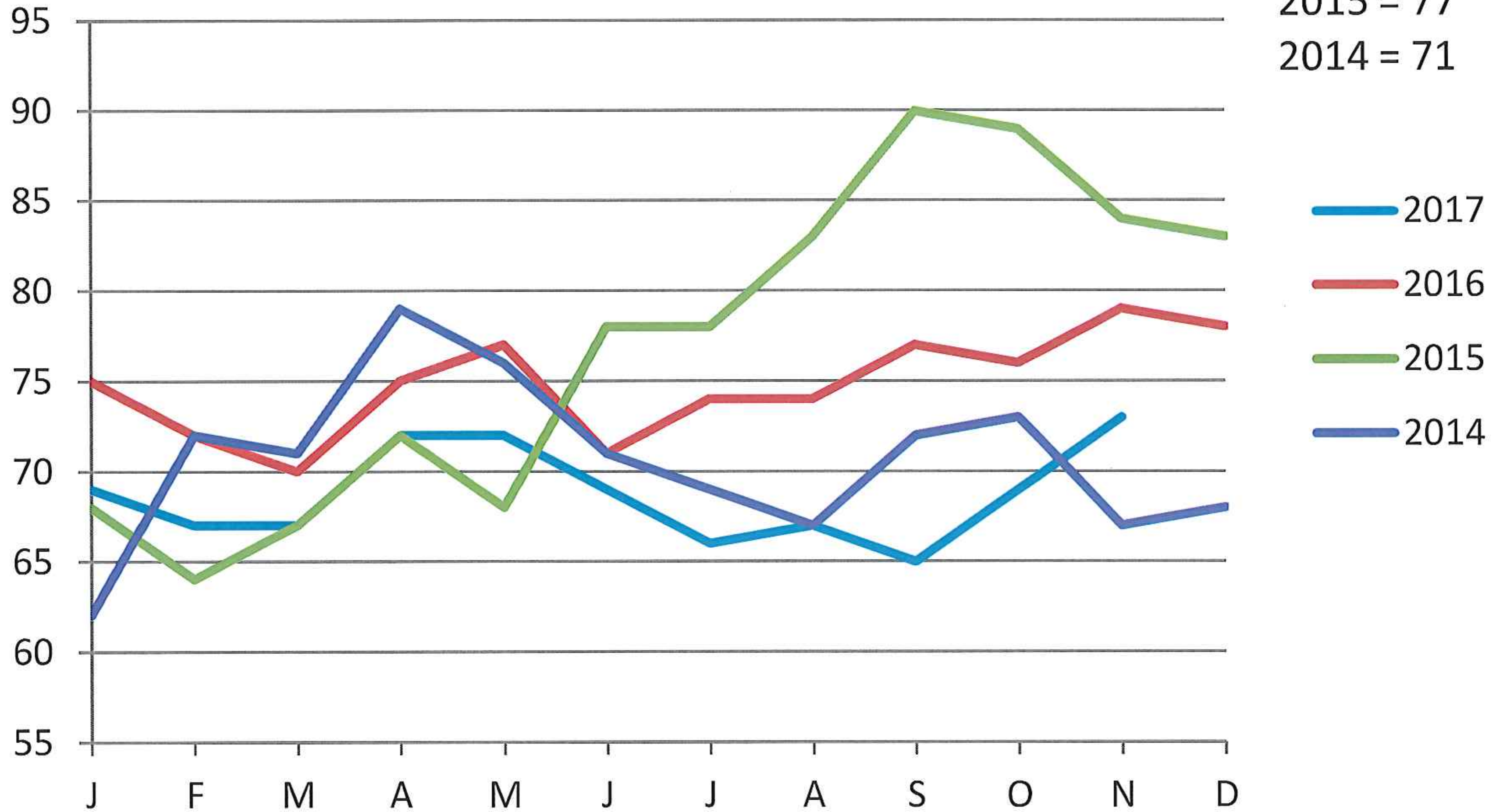
ADC
YTD 2017 = 225
2016 = 228
2015 = 229
2014 = 220




Elkhart
Average Daily Census
ADC
YTD 2017 = 91
2016 = 96
2015 = 92
2014 = 80
110
100
90
80
70
60
50
J
F
M
A
M
J
J
A
S
O
N
D
2017
2016
2015
2014

Plymouth
Average Daily Census

ADC
YTD 2017 = 69
2016 = 75
2015 = 77
2014 = 71



Center for Hospice Care

2018 Potential Board Members

Biographical Sketch

Jennifer Houin is a Vice President of Oliver Ford Lincoln in Plymouth, Indiana. She concentrates on marketing and advertising currently for their families 3rd generation, family owned Automobile dealership. She graduated from Plymouth High School in 1984 and attended 2 years at Indiana State in Terre Haute. Coming home from college, she wanted to spread her wings before getting involved in her family's business, so her first job was at a local retail clothing store, then a local factory and then a child care center. This is where she found the love of giving back. Jennifer is very involved with making a difference in the dealership and on a personal level. In 2003 she decided, with her sister, Jessica Oliver, to find a way to make a larger impact on those in their community and started, what is known today, as the Ounce of Prevention Breast Cancer Foundation. The sisters lost both of their maternal and paternal Grandmothers that had suffered with breast cancer and wanted to focus on giving back on a big scale to those that needed help. To date they have raised upward of $300,000.00 for their foundation that is held with the United Way of Marshall County. During Jennifer's free time she enjoys being surrounded with her family, 2 boys, Luke, 17 that's a senior at St. Joe High School in South Bend. Grant, 15, that's a sophomore at Plymouth High School in Plymouth, Indiana and her husband of 21 years, Chuck Houin, that is self-employed in Plymouth, Indiana. Jennifer is very well-rounded individual, who lives with passion and dedication.

Patricia (Tricia) Luck

EDUCATION: BA in Economics, University of Notre Dame 1983, Master in Public Policy, John F. Kennedy School of Government, Harvard University 1987

FAMILY: Married to Daniel Luck with five children: Conor (25), Haley (23), Erin (21), Meagan (18) and Brady (17)

COMMUNITY: Sacred Heart Parish – Member; LaLumiere School – Past Trustee; La Porte County Family YMCA – Past Trustee and Board Chair; Stanley Clark School Parents' Association – Past Treasurer; Memorial Health Foundation (Beacon) – Past Board Member and Secretary; Indiana Manufacturers' Association – Past Board Member

OCCUPATION: 1992 – Present: Housewife

1987- 1992: Hiler Industries, Vice President

1983 – 1985: National Republican Congressional Comm., Coalition Development

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2018 BOARD OF DIRECTORS MEETINGS
Administrative and Foundation offices
501 Comfort Place, Mishawaka IN 46545
Wednesdays at 7:15 a.m.

Date	Topic of Focus
February 21	2017 Year in Review New members' first meeting
May 16	Review of 2017 Audit Review of Human Resources Policies Manual 2018-2020 Review of Bylaws
August 15	Hospice Foundation Update Quality Assurance Performance Improvement updates
November 28	2019 Budget Election of new members and officers Board Self-Evaluation

1-800-HOSPICE ♦ cfhcare.org

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

112 S. Center St., Suite C
Plymouth, IN 46563
(574) 935-4511
Fax: (574) 935-4589

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

Life Transition Center
501 Comfort Place
Mishawaka, IN 46545
(574) 255-1064
Fax: (574) 255-1452

Administration & Foundation
501 Comfort Place
Mishawaka, IN 46545
(574) 277-4100
Fax: (574) 822-4876

Center for Hospice Care
Committees of the Board of Directors

The following committees of the CHC Board of Directors are currently available for board member participation. Contact the Chair of the Board if you are interested in joining one of these committees.

Bylaws Committee
The Bylaws Committee shall consist of the Executive Committee of the Corporation and other appointees by the Chair of the Board of Directors in such numbers as they deem necessary. It shall have the responsibility of reviewing the Corporation's Bylaws at least once every three years. This committee will meet again in 2018.

Nominating Committee
The Nominating Committee shall consist of the Executive Committee of the Corporation and other appointees by the Chair of the Board of Directors in such numbers as they deem necessary. It shall have the responsibility of nominating candidates for positions on the Board, as well as for officers of the Board of Directors. The committee generally meets two to three times a year.

Personnel Committee
The Personnel Committee shall consist of the Executive Committee and other appointees by the Chair of the Board of Directors, and be chaired by the Chair of the Board of Directors. This committee shall concern itself with the review and recommendations for approval of the Personnel Policies governing the staff of the Corporation. This committee meets at least biannually to review the Human Resources Manual and as needed. The committee will meet again in 2018.

Special Committees
Special committees may be appointed by the Chair of the Board of Directors as the need arises. Some of these committees include the Helping Hands Award Dinner Committee, the Bike Michiana for Hospice Committee, and the Walk for Hospice Committee.

"Today, 7,600 Americans will die, and one in four of them will be a veteran. Our goal for this community, locally, is to address their end-of-life care needs and to serve them, as they have served us."

— **Mark Murray, CEO of Center for Hospice Care**

FOR VETERANS: A TRIBUTE CEREMONY

Medal of Honor recipient honors military sacrifices

By Greg Swiercz | South Bend Tribune

MISHAWAKA

Ruth Sousley, of Mishawaka, watched as a family member took a photograph of one of the 24 bronze plaques on the black wall.

TOP: Medal of Honor recipient Jim McCloughan speaks at the Center for Hospice Care in Mishawaka Thursday. **ABOVE:** McCloughan, of South Haven, Mich., wears his Medal of Honor. **Tribune Photos/MICHAEL CATERINA**

The wall — part the veterans memorial that was dedicated last year at the Center for Hospice Care near Central Park in Mishawaka — now has the name of Samuel W. Sousley, a Vietnam veteran who served honorably.

"This is a way to honor him," Ruth said of her husband, who was a patient in hospice care prior to his death in December.

The CHC hosted a veteran tribute ceremony Thursday as a way to cement its commitment to veterans that serve in the armed forces. The agency is part of the

See VETERANS, A4

By Ted B
South Be

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area between the sidewalk and the curb – for pickup.

Crews then drive to those areas and, using the iPad, designate on the map whether they were able to pick up the leaves. If they aren't able, they can record the reason why, such as a car parked on a pile or sticks mixed into the pile. Foremen will then take a picture of the pile and record the reason, giving the city's 311 operators access

ules, our routes, in the future to be more efficient," said Coby Deal, a street department foreman. "It's been a learning curve for all of us with the technology base of it but we're able to track what's going on on a daily basis."

Foremen have always scouted ahead but had to communicate with the crews via radio or cellphone.

In another change for

Road, while the ... were near the eastern limits, near the River Park area.

"I think we're a little more efficient that way, as opposed to having all eight crews pushing through one quadrant at a time," Deal said. "We're a little more visible throughout the city, I think."

After a crew comes through an area, they are expected to return for a week. It will run through November, depending on weather, or until leaves are no longer a problem. Leaves will be picked up weekly on the day before each resident's regular trash pickup day. Those with a Monday trash pickup will have their leaves picked up on Friday. Leaves also may be bagged and put out with for trash pickup.

FROM PAGE A1

Veterans

"We Honor Veterans" program that works with the U.S. Department of Veterans Affairs to ensure veterans are aware of the scope of hospice services.

"Today, 7,600 Americans will die, and one in four of them will be a veteran," Mark Murray, CEO of CHC, said. "Our goal for this community, locally, is to address their end-of-life care needs and to serve them, as they have served us."

The group of more than 125 people heard from recent Medal of Honor recipient James McCloughan. With the Medal of Honor around his neck as he spoke, McCloughan, of South Haven, Mich., asked for veterans and those on active duty to stand before he gave them a salute.

Spc. 5 McCloughan is honored for his actions as a combat medic in a battle May 13-15, 1969, near Tam K⊠ and Nui Yon Hill. While wounded, he spent the two-day battle working to save the lives of the 88 soldiers in Company C, 3rd Battalion, 21st Infantry, 196th Light Infantry Brigade, Americal Division, in the Republic of Vietnam.

He compared the Vietnam veteran and those from World War II as both serving their country, but both came back to differing reactions at home. "But I want you to know that those two warriors were the same people. They fought tooth and nails to protect the freedom we enjoy here.

"Though the (Vietnam) war was controversial — you may have any opinion you want to about the war — but please, love the warrior," he said.

"I am the caretaker of this medal that I have around my neck," he said.

Hammes Notre Dame Bookstore, is disappointed that Progressive didn't acknowledge she made an honest mistake and step in to help.

Such exclusions are a normal part of auto policies, said Kevin Dennis, owner of an independent insurance agency in Mishawaka. They deny coverage for accidents that happen while otherwise-covered individuals are using their own vehicles for business purposes.

Dennis said commercial insurance is typically needed for those who want their vehicles insured while using them for work. Exclusions in normal plans leave those who deliver pizza, food and products, such as newspapers and magazines, on the hook for covering accident costs. Oftentimes, people don't read the fine print in contracts.

"I agree 100 percent that most people don't realize this is the policy," he said. "And I think a lot of employers aren't steering people to the proper insurance they need for business use."

Commercial insurance also protects drivers for ride-sharing companies, such as Uber and Lyft, but there are more affordable options available. Dennis said some insurance companies offer special policies that can be added to normal plans for ride-sharing drivers.

"There are (add-on) polices for Uber and Lyft that cost $30 per year," he said.

Dennis said those who deliver food and other products, however, need commercial insurance. The price for those plans can vary widely, depending on one's driving record. For an adult with a clean driving record, for example, it could be as much as a normal plan.

Dennis thinks restaurants, in particular, should do a better job informing employees about commercial insurance.

"Personally, I think a lot of places don't tell employees. Or they school them to say they are not working if there's an accident," he said. "That's where my frustration is."

Sometimes, he said, insurance carriers will make exceptions and provide accident coverage for those who mistakenly don't have commercial insurance.

But that wasn't the case for Caturla, who is trying to climb out of a financial rut.

She owes a local towing company $165 for removing her car from the accident scene. And while she hopes Domino's will cover her son's medical bills, the outcome is uncertain.

"It's a nightmare that doesn't stop," she said.

A spokesman from Progressive declined to comment Thursday because he said more information would be needed about the case to do so. A spokesperson from the Indiana Department of Insurance didn't return a call seeking comment.

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PATRIOT™ RISK CONSULTANTS

July 11, 2017

Kholderman@centerforhospice.org

Karl Holderman, VP/CFO
The Center for Hospice & Palliative Care Inc.
111 Sunnybrook Ct
South Bend, IN 46637

Re: Loss Control Visit – 111 Sunnybrook Ct, South Bend, IN 46637.
July 6, 2017

Dear Mr. Holderman:

This letter confirms my recent visit to The Center for Hospice & Palliative Care Inc. on behalf of Patriot Risk Consultants, a subsidiary of Patriot National Inc. In summary, the primary purpose of the visit was to review your company's operations and the safety procedures that are in-place, as they relate to the Workers' Compensation insurance program provided through Maguire Insurance Agency Inc. An additional goal of the visit was to review the loss control resources that are available to your Company from the Patriot Risk Consultants. Please see final page for registration to access safety materials.

General Discussion and Findings:

During the visit, I had an opportunity to meet with you to review the following employee safety programs and procedures:

- Safety & Health Program Elements
- Accident Investigation Procedures
- Housekeeping Procedures
- Material Handling Procedures

Patriot National Company and its affiliated group of companies ("Patriot") assists employees in evaluating workplace safety exposures. Surveys and related services may not reveal every hazard, exposure or violation of safety practices. Inspections by Patriot shall not result in any warranty that the workplace, operations, machinery, appliances or equipment are safe or otherwise in compliance with applicable regulations. Patriot's recommendations and related services are not and should not be construed as legal advice. Employee protection is ultimately the responsibility of the employer. Policy coverage is not contingent upon the provision of these services. Please know you have a duty to cooperate with Patriot in all matters relating to your workers' compensation insurance.

During this review it was identified that the Company's 111 Sunnybrook Ct, South Bend, IN 46637 management team possessed a genuine interest in the safety and well-being of the employee workforce. We appreciate the Company's proactive approach to employee safety and risk management.

Review of Losses

2016/17 - 9 claims. 3 involves lost time, a trip/ fall, fall in parking lot and an auto accident
2015/16 - 9 claims. 2 involving lost time, a strain and a fall
2014/15 - 7 claims All medical only
2013/14 - 15 claims. All medical only
201/13 - 10 claims. 2 lost time, a twisted ankle and an auto accident
Low frequency and severity for the number of staff

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Recommendations:

As a result of the positive findings and the observations made during this loss control survey, no recommendations are being made at this time. We appreciate your proactive approach to maintaining a safe and healthy work environment.

Risk Engineering Service Availabilities:

Patriot Risk Consultants is available to assist your Company's future safety needs as we offer risk engineering resources. These resources can include safety program information, safety training resources, and a variety of handout materials. Please visit and review our dedicated Safety Center website located at www.patriotriskconsultants.com. The attached bulletin provides more details regarding the resources available on our customized safety website as well as specific log-on instructions.

Closing:

Thank you for your time and assistance during the completion of the recent survey.

Sincerely,

Lisa Kincaid

MTI, *on behalf of* *Patriot Risk Consultants*

cc: Stephen Harrington – Maguire Insurance Agency Inc.
Kate Horn - **Patriot Underwriters, Inc.**

Safety Center
Your Online Safety Resource

Patriot National Company and its affiliated group of companies ("Patriot") assists employees in evaluating workplace safety exposures. Surveys and related services may not reveal every hazard, exposure or violation of safety practices. Inspections by Patriot shall not result in any warranty that the workplace, operations, machinery, appliances or equipment are safe or otherwise in compliance with applicable regulations. Patriot's recommendations and related services are not and should not be construed as legal advice. Employee protection is ultimately the responsibility of the employer. Policy coverage is not contingent upon the provision of these services. Please know you have a duty to cooperate with Patriot in all matters relating to your workers' compensation insurance.

The Patriot Risk Consultants Safety Center provides a wealth of safety and risk management resources at your fingertips. Access is free to currently insured customers of Patriot National, Inc. To register, please go to www.patriotriskconsultants.com and click on the Safety Center box. You will then be directed to the Register Now Login Page. Please feel free to direct any questions to msolis@patnat.com.

Features	Benefits
24/7 online access	It's ready when you need information.
A wealth of resources	Searchable database of policies and procedures, training presentations, posters, and safety quizzes - all ready to integrate into your safety program. Many titles are bilingual for your Spanish speaking workforce.
Fully customizable resources	Customizable materials to fit your needs. Available in MS Word and PPT formats, you can make it your own with your company branding.
Risk Management Software	Simplify safety program management with online tools including: ✓ Track Certificates of Insurance ✓ Manage Material Safety Data Sheets ✓ Incident Tracking ✓ Training Tracking ✓ Job Descriptions and Job Hazard Analysis

Margaret Solis
Supply Chain Manager
Patriot Risk Consultants
818-449-5033-Office
msolis@patnat.com

Patriot National Company and its affiliated group of companies ("Patriot") assists employees in evaluating workplace safety exposures. Surveys and related services may not reveal every hazard, exposure or violation of safety practices. Inspections by Patriot shall not result in any warranty that the workplace, operations, machinery, appliances or equipment are safe or otherwise in compliance with applicable regulations. Patriot's recommendations and related services are not and should not be construed as legal advice. Employee protection is ultimately the responsibility of the employer. Policy coverage is not contingent upon the provision of these services. Please know you have a duty to cooperate with Patriot in all matters relating to your workers' compensation insurance.

http://www.chronicleonline.com/news/local/local-hospice-locations-struggle-to-stay-afloat/article_3dc0b5d8-d4ab-11e7-b3cd-2ba372e8e98e.html

Local hospice locations struggle to stay afloat

Regulatory fines hit Citrus County hard

Michael D. Bates Nov 28, 2017 Updated 9 hrs ago

An audit led to the the suspension of Medicaid payments for some low-income Hospice of Citrus County nursing home patients. Buy Now

MATTHEW BECK/Chronicle

Stiff federal fines totaling about $3.5 million have forced Hospice of Citrus and the Nature Coast (HCNC) to cut staff, put buildings up for sale and consolidate services in its 12-county area.

Bonnie Saylor, chief operating officer, is hopeful she can keep the doors open despite a patient count that has dropped from 600 a day to barely 250 — spread out among 12 counties.

Only recently, Levy County-based Haven Hospice was forced to close its doors at its Tri-Counties Hospice Care Center in Chiefland. Haven cited declining patient counts, less revenue and increased Medicare scrutiny as reasons.

Could it happen in Citrus County? Hospices across the nation are facing perilous times and are closing their doors or cutting services.

The worst-case scenario, Saylor said, is for another entity to acquire her agency's Certificate of Need and take over operations. That's what happened to Chapters Health System, which acquired HPH Hospice about three years ago and soon after closed its hospice house on State Road 44 in Lecanto.

Hospice of Citrus and the Nature Coast has a 16-bed hospice house off County Road 491. Its average daily census is about 65 percent and 35 percent for the counties in the northern area.

But crippling fines and regulations issued by the federal Office of Inspector General (OIG) are putting hospices across the country on life support. As local physician and HCNC board member Bill Dixon recently told the Chronicle, the OIG "is putting hospice out of business."

The industry was hit with 26 regulatory changes between 2009-2015 alone, Saylor said.

How bad is it? Why is it happening? And are these fines justified?

The Chronicle looked into the matter and here's what was found:

Q: First of all, what does hospice do?

A: The goals of hospice care are to help terminally ill beneficiaries with a life expectancy of six months or less to continue life with minimal disruptions and to support beneficiaries' families and other caregivers, according to the OIG. The care is palliative, rather than curative, and hospices are supposed to establish an individualized plan of care for each beneficiary.

Q: What is the OIG and why is it so interested in hospices?

A: Since 1976, the Office of Inspector General of the U.S. Department of Health & Humans Services has monitored hospices and other medical facilities nationwide for criminal abuse of Medicare. Medicare provides about 90 percent of funding for hospices.

Q: So what's the problem?

A: An OIG report found that many hospices nationwide inappropriately billed Medicare for general inpatient care. The report also found that people were getting billed for care that was not provided and found that beneficiaries received care they did not need.

"Such misuse has human costs for this vulnerable population as well as financial costs for Medicare," the report said.

Q: Can you be more specific?

A: The OIG hired outside contractors who found that, while there was no wrongdoing at hospices, the level of care provided did not have the necessary documentation that backed up treatment plans for patients. This was also the case at Hospice of Citrus, which was backed up by annual audits that found no problem.

Nevertheless, the OIG issued huge fines to hospices, including Citrus County.

Q: How much money are we talking about locally?

A: Fines were issued in November 2015 at $3.5 million with 2.125 percent interest. Failure to make payments on time would result in an additional 12 percent interest per year. The final payment is scheduled for June 30, 2020.

"And if we fail to make the payment, then owners, officers and directors would be prohibited

from participating in any other federal health care programs," Saylor said.

Q: How has the local hospice managed to pay those fines?

A: It had to sell off properties throughout its 12-county territory and consolidate services. Saylor said HCNC laid off 54 employees between 2015-16 and 27 were in Citrus County.

Q: What's the solution?

A: Hospice has to bring in more clients to get more money. But here's the catch: more patients means more employees to serve them. And the money for new hires isn't there because it's going into paying the steep fines.

Q: Are these fines justified?

A: No, say local hospice officials.

Dixon: These attacks from OIG are from eager, inexperienced outside contractors out to make a name for themselves by finding unfounded problems in hospices nationwide. When they find reporting oversights by hospice staff, they are seeking millions in Medicare paybacks and placing inordinately huge fines on the facilities.

Debbie Selsavage, president of Coping with Dementia LLC: Hospice not only offers end-of-life care. She refers many of her dementia clients to the agency's other programs, including grief counseling services and home health care programs. Any cutbacks or elimination of those programs would be a blow to Citrus County, she said.

"I would hate to see the loss of such an important agency in this county," she said. "That would be a very detrimental blow — to lose the support of Hospice.

Q: What about Chapters Health System, which acquired HPH Hospice about three years ago?

A: Chapters closed its State Road 44 hospice facility last year because of low patient numbers. It continues to deliver hospice services to patients located in private homes, assisted living facilities and long-term care facilities.

Chapters spokeswoman Phoebe Ochman said her hospice has not been fined by the OIG.

"Last September, a federal judge in Tampa completely dismissed a whistleblower lawsuit, which alleged wrongdoing at two of our (Polk County) affiliates, Good Shepherd Hospice and LifePath Hospice," according to Ochman.

Q: Why is Saylor optimistic about the future of Hospice of Citrus and the Nature Coast?

A: "There's a Certificate of Need. The hospice is still going to be here. The hospice won't go away. So if we can't survive the way that we are and things get worse and worse for us, we would be acquired by someone else. Just like HPH.

"I know that right now, we've had some stabilization and we all feel very comfortable we can pull through this. We want to pull through this. We're taking it day to day and doing the best we can do."

But the threat of more federal regulations looms ever larger.

"It's not just us. Every medical provider now is so fearful of the government and what the government will do to us. It's like you're afraid to serve the public for fear of doing something wrong and ending up in trouble. It's created a real difficult world for hospice and what we do."

Contact Chronicle reporter Michael D. Bates at 352-563-5660, mbates@chronicleonline.com.

Michael Bates
Reporter

11/5/2017

Dear Mr Murray,

I just completed my Press Ganey Survey regarding Hospice Care for my mother, Dolores Van Hove. I gave Hospice the highest marks & wanted you to know too.

We've been taking care of my mother for many years & fighting for her to get the help & equipment that she needed. I finally contacted Hospice & we got everything we needed & more. Her bed & porta toilet arrived with in days, her meds were covered, diapers & bed pads arrived along with bandages & personal care items. I cry when writing this because like I stated earlier - we fought to get these things for her before Hospice & Doctors & other folks were no help to us. Sorry to ramble - Once we called Hospice - they took such good care of my mother - Bonnie - her nurse was like an angel from Heaven - she was so sweet & kind to my mother words cannot express how truly thankful we are.

Bonnie Knew my mom was a Cubs fan & bought her a Cubs flag when they won the world series. Bonnie also let my mom borrow her Sirius Radio hookup because she knew my mom loved listening to the radio. Bonnie is a top notch nurse but also a compassionate human being. I can't thank her enough. Michelle - her CNA - was also very kind. We learned a lot from her too. Trevor, the Spiritual Counselor was also someone my mom looked forward to seeing each week.

I just want to say thank you from the bottom of my heart for all the folks at Hospice.

Thank you! Thank you!

Sincerely,
Angela Hindeg &
Teresa Bailey &
Diana Verreyckt

-2-

Now I have it next to my husband's Urn in my bedroom until we can scatter his ashes in the ocean in Juneau, Alaska in the summer - My niece Ann Roberts accompanied me to the memorial services and we both enjoyed the refreshments served afterwards -

Thank you again for all your care and Love -

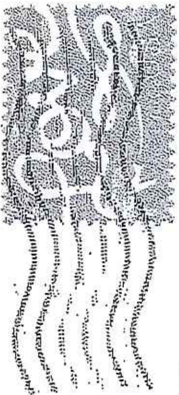
Sincerely - Marcelyn Michiels

To Hospice Care -

I would just like to thank you for the wonderful "Time of Remembrance Memorial Service" held at the Kroc Center on Nov. 19 - When my husband's name Maurice Michiels was called I was glad that a pack of Kleenex was at my chair - The candle shall be cherished forever - Right

M

Marcelyn Michiels
16160 Retro Dr.
Mishawaka, IN 46544



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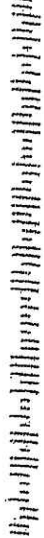

Thank you!

Thank you once again for your services and for allowing your staff to service the kids at Penn High School! For some reason, this past year, a lot of our students have lost a parent! Don't know what we'd do if we didn't have Hospice to help us! Thanks again for all you do!

Sincerely, Penn High School Staff and Students

Center for Hospice Care Participating in Newman's Own $500,000 Holiday Challenge

Center for Hospice Care (CHC), has joined the Newman's Own Foundation $500K Holiday Challenge. The challenge has a grand prize of $150,000 for the organization that raises the most funds and all of the funds raised by Center for Hospice Care will go toward supporting end-of-life care and programs for veterans.

MISHAWAKA, Ind. (PRWEB) December 05, 2017 -- Center for Hospice Care (CHC), has joined the Newman's Own Foundation $500K Holiday Challenge. The challenge has a grand prize of $150,000 for the organization that raises the most funds. All of the funds raised by Center for Hospice Care will go toward supporting end-of-life care and programs for veterans in the eight counties that CHC serves.

CHC has kept its 37-year promise to the community that no one eligible for hospice care would be turned away due to an inability to pay. Currently, one in four deaths in the United States is that of a veteran, and CHC strives to ensure that every veteran under their care feels a strong sense of gratitude and respect for their service. The funds raised during the Newman's Own Challenge will support veterans in various ways, including the Veterans Memorial on CHC's Mishawaka campus, pinning ceremonies, and arrangement of funeral services.

Donations to this challenge, which runs through January 3, 2018, can be made at crowdrise.com/Hospice-Foundation.

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

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

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

INDIANA UNIVERSITY

THE PRESIDENT

October 9, 2017

Mr. Michael J. Wargo
Chief Operating Officer
Hospice Foundation
501 Comfort Place
Mishawaka, IN 46545

Dear Mr. Wargo:

It is a pleasure to thank you for the generous commitment and first pledge payments from the Hospice Foundation to create the Vera Z. Dwyer Fellowship in Hospice and Palliative Medicine and to support the Indiana University School of Medicine's palliative medicine educational outreach efforts in the South Bend region.

Your generosity will have a far-reaching impact on the School's ability to continue its mission to teach, heal, and discover, while ensuring our medical programs remain robust well into the future. This gift will allow us to develop the next generation of leaders in the field of hospice and palliative medicine. Thanks to the thoughtful people of the Hospice Foundation, these doctors will have the chance to care for patients, thus improving quality of life for countless individuals.

Once again, thank you for investing in the future of Indiana University and for helping us pave the way toward a third century of exceptional education and innovation. I very much appreciate the impact the generosity of the Hospice Foundation will have on current and future IU medical fellows – and the patients they will serve – and wish you all the best.

Yours sincerely,

Michael McRobbie

Michael A. McRobbie
President

MAM/bfs

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Center for Hospice Care
choices to make the most of life

CHAPTER FOUR

QI COMMITTEE

Center for Hospice Care
QI Committee Meeting Minutes
November 28, 2017

Members Present:	Anna Milligan, Brett Maccani, Carol Walker, Carrie Healy, Craig Harrell, Dave Haley, Greg Gifford, Holly Farmer, Jennifer Ewing, Karen Hudson, Kathy Kloss, Larry Rice, Mark Murray, Marlyn DeAugust, Rebecca Fear, Sarah Ryder, Sue Morgan, Tammy Huyvaert, Terri Lawton, Terri Smith, Becky Kizer
Absent:	Alice Wolff

Topic	Discussion	Action
1. Call to Order	• The meeting was called to order at 8:00 a.m.	
2. Minutes	• The minutes of the 08/22/17 meeting were approved by consensus.	
3. HQRP Update	• The data on the Hospice Compare Website is marginally correct to the point where the NHPCO President/CEO met with CMS and told them the data was a mess and it still is. The refresh of the data has been delayed and we don't know when that will occur.	
4. HIS Data Update	• We noticed earlier this year that the data was being collected was not as accurate as we would like, so we started a performance improvement plan, especially for pain assessment. We discovered we were not answering the HIS questionnaire accurately. Our lowest scores were in capturing and submitting correctly five of the seven pain characteristics. Before we began staff education our score was 58%, and then after education it improved to 89% in September and 96% in October. The Admissions Coordinator and Assistant DON routinely monitor and audit these HIS elements. • Two new elements were added last quarter. Measure One is the percentage of patients receiving at least one visit from an RN, physician, nurse practitioner, or physician assistant in the last three days of live. Measure Two is the percentage of patients receiving at least two visits from medical social work, chaplain/spiritual counselors, LPNs, or Hospice Aides in the last seven days of life. The exclusions are if a patient received Continuous Care, Respite, or GIP in the last seven days of life or had a length of stay of one day. Our results for Measure One in September were 90% and October 85%. Measure two was 61% in September and 54% in October. • We propose putting together a QAPI to look at the HIS measures for interdisciplinary visits at the end of life. This would include looking at visit needs for patients who have a Palliative Performance Scale (PPS) score of 30% or less, the CAHPS scores for help	

Topic	Discussion	Action
	with symptoms, getting help with care topics, and information on what to expect when a patient is dying. The committee approved this QAPI project.	
5. CAHPS Survey	• The Agency Coordinators review the CAHPS scores at their quarterly meetings. They have decided to focus on improving the scores for education on medication side effects, and, helping patients identify and get help for anxiety and sadness. The committee approved this QAPI project. Reminder that almost half of our patients are with us seven days or less, and our most frequent length of stay is 48 hours. • The CAHPS Top Box Scores show the percentile of all hospices compared to CHC. Our overall scores have been consistent. It is more important to look at overall trends over time than month to month. Our goal is to rise above the 80th percentile and maintain it. We work with Press Ganey on the reports. Rebecca and Becky have met with them, and Rebecca has been trained to create custom reports.	
6. Education & Training	• This past quarter we participated in NHPCO and IHPCO webinars. We did a big push on infection control education. We did our annual bloodborne pathogens education for all staff. A skills validation fair was held for all nurses this month. We have also developed education on ECF communication and collaboration. We have improved IDT communication and documentation based on the Experience Model. We continue to do monthly CNA training, and did staff education on the new CMS Emergency Preparedness CoPs.	
7. Emergency Preparedness	• We are working towards making sure our campuses are prepared for any disaster. Tammy will be attending District 2 Healthcare Coalition training in January for closed pods. District 2 is looking at emergency training for an active shooter, so our Safety & Emergency Preparedness Committee will be working on policies and procedures to ensure our campuses are safe.	
8. Quality Monitoring – Hospice Survey	• We are expecting a hospice survey at any time. We have created a resource binder for each office. Staff has been reminded to keep their work areas and cars neat and organized. The receptionists at each office have been given instructions on the correct procedure when the surveyor arrives.	
9. Quality Review – Pediatric Care	• We recently had a complex symptom management pediatric case. The patient had chronic medical problems. The home setting was also challenging and the child was placed in foster care and eventually came to Hospice House. This case gave us the opportunity to have increased access to Pediatric ELNEC training for all disciplines.	

Topic	Discussion	Action
	Rebecca and Terri L. renewed their Pediatric ELNEC Train the Trainer designation. We have also improved our communication and documentation on pediatric cases with more detailed 14 day care plan reviews, recerts, and also increased communication between the PCCs, medical directors, and nurse practitioners for changes of condition.	
10. Caregiver Information	• This QAPI for gathering caregiver information is in the maintenance stage and we continue to monitor it to ensure the information in the EMR is present and correct.	
11. Medication Timeliness	• We continue to do well. Nurses are required to enter medications in the computer while in the home. Our goal is 95%, and September was 94% and October 98%.	
12. Specialty Programs	• Reviewed the reports for the first and second quarters of 2017. We are sharing our data with our community partners. This is an example of a long-term QAPI project with excellent outcomes over time and speaks to CHC's commitment to a better quality of life for our patients. We will be sharing our data at the NHPCO Management & Leadership Conference next spring.	
13. Hospice Patient Safety	• Most of the adverse events in August and September were skin tears. There were some medication errors, but nothing significant. One employee was bitten by a dog, but there were no issues afterwards. • We have started to look more closely at drug diversions in the home. Starting in 2018 we will make this a separate category. We have to work with the patient and family. We do put lock boxes in the home and fill the med planner daily. The family can call police for suspected drug diversion. We are now using USPS for three to five day delivery of refills, which is a big cost savings. We did notice meds in Elkhart were not being delivered in that time frame, so DeliverCareRx is looking into that. • Falls – There were 60 falls in August and 44 in September. There were no injuries. Some are repeated falls by the same patients even though we have placed safety devices in the home to assist them. We work closely with ECFs, because they have to report all falls to the state. We send a nurse to the ECFs to assess the patient.	
14. Spiritual Care Update	• We continue to monitor the quality indicators we developed in 2016. Since the last meeting we finished putting together the last quality indicators of that group for documentation in Cerner. In 2018 we will work with the QA Department and other staff to identify additional spiritual care quality indicators. Now that we have a way to document in Cerner, we will continue to update our spiritual assessment scales and see how we can track those numbers over time. We will also participate in QAPIs as	

Topic	Discussion	Action
	needed related to the HIS and CAHPS data.	
15. Social Work Update	• We are in the process of updating IDT templates for social work to make sure they are writing their goals, patient information, DNR, date of the last visit, updating their care plans, etc. This should be in place next month. In 2018 we will have new care plans. The four current areas are vague. We want to add a section for veterans, pediatrics, HeartWize, BreatheEasy, and Dementia. Alice W. will be presenting education to the social workers tomorrow on ECF communication and collaboration. The social workers now have portable printers so they can print their notes while in the ECFs to add to their charts. In 2018 we would also like to develop a caregiver stress test to head off the need for respite. We will also work on the performance improvement plan to address anxiety and sadness.	
16. Medication Orders	• In 2016 we found a trend that many medications we paid for through our pharmacy vendor didn't have a corresponding order. Our quality indicator goal is 100%. Sometimes orders are written in ECFs that we are not aware of and we get billed for it. Our nurses are good about calling in orders, but were forgetting to write the order in the EMR. Sometimes a family member may pick up a refill at a local pharmacy and we didn't know it. A QA nurse identified the lack of orders through a report from our pharmacy vendor. She would email the RN to enter the order in the EMR, and then she would follow up for several weeks until it was done. Nurses were educated in June about entering orders in the EMR immediately prior to calling it in. Every time the ECF nurses visits a facility, she will double-check whether orders have been written since the last visit. We created a weekly report for the PCCs of missing orders and the name of the pharmacy that dispensed the medication. One week later the QA nurse follows up and then she is done. Then RN and PCC will be responsible to make sure the order has been entered in the computer. • We have seen improvement. In 2016 from September to the first week of November there were 92 missing orders and 50% were completed in a week. In 2017 from September to the first week of November there were 38 missing orders and 70% were entered within a week. Another positive outcome of this is giving the nurses greater accountability that orders are present for all meds. This also frees up the QA nurse for other projects. This has also improved communication and accountability between the PCC and individual nurses to ensure orders are written.	
17. Home Health	• New Home Health Conditions of Participation were released this year and go into	

Topic	Discussion	Action
CoPs	effect in mid-January 2018. The first area we expanded was our infection control policies. We will need to write a new consumer complaints policy, because the CoPs have strengthened that area. We will also need a new QAPI policy, and expand our training and competency requirements for our Home Health Aides. We will have a separate report on Home Health QAPI programs at the QI Committee meetings. Some additional projects will include verbiage changes for the patient's estimated length of need for home health services and why by the attending physician; face to face notifications for patients and families, creating a documentation template for home health IDTs to make sure we are not using hospice language in home health, and education on home health requirements. Sue and Rebecca will be attending training on the new CoPs in December. We have created a Home Health Monitoring Tool to help us implement the new CoPs.	
18. Other Business	• At the next meeting we will review the 2017 revocations and live discharges to see if there are any areas for improvement. • Outreach – In our outreach to doctors and hospitals, we need to help them have the conversation to convince families of the benefits of hospice. Sometimes the doctor or the family is not ready to move to hospice. We need to get the doctors, staff, case management, palliative care departments, and social workers actively involved in some way. Staff education is important because the nurses are the greatest patient advocates. If the nurses are comfortable with the idea of hospice, then they can have that conversation with the family. We also need a strong community based palliative care program to enhance the doctor/nurse conversations with families. That conversation needs to move to a longer period of time, instead of brink of death. We can offer education to doctors, but they are so busy. They are very focused on data as well, so we need to get that data in front of them in some manner. Our shortest lengths of stay referrals are from hospitals. We are looking for opportunities to get our information to doctors. It may have to be executive to executive and then filter down to the staff. We should also work with the ER staff. We have lot of education we could offer to CME rounds, mandatory meetings, specialty departments meetings, etc.	
Adjournment	• The meeting adjourned at 9:00 a.m.	Next meeting 02/27

Center for Hospice Care

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CHAPTER FIVE

POLICIES

REQUEST FOR AUTOPSY - DRAFT

PURPOSE: To provide assistance and information to families in the event they are requesting a private pay autopsy.

POLICY: CHC Social Work Department will work with and provide information to families that are requesting autopsy of the hospice patient.

PROCEDURE:

1. Explanation to family that an autopsy is private pay.

2. Explanation to family that transport to site for autopsy is private pay.

3. Contact Coroner to help facilitate request for autopsy and gather information on what is needed.
   (a) St. Joseph County Coroner – (574) 235-5038
   (b) Elkhart County Coroner (through Elkhart County Dispatch) – (574) 533-4151
   (c) Marshall County Corner – (574) 936-0246
   (d) Western Michigan University (will take out of state) – (269) 337-6164
   (e) Fort Wayne Forensic – (260) 245-3037 or (260) 431-5952
   (f) Fort Wayne Forensic Pathologist – (260) 760-3727

4. Contact County Coroner if body needs to be stored until pick up.

5. If requested, copy pertinent paperwork from chart.

6. If family requests tissue or cornea donation, contact Indiana Donor Network (see policy on Anatomical Donation) they will work with Coroner if patient is eligible.

Effective Date: 10/17	Revised Date:	Board Approved:
Reviewed Date:		Signature Date:

REGULATION: 42 CFR 418.106(d)(1) – Drugs and biologicals, medical supplies, and durable medical equipment

PURPOSE: To place emergency medications in the home to be used for symptom management.

POLICY: CHC nurses will place appropriate Care Kits in the home to insure medications are available in the event the patient has a symptom that cannot be controlled by current medication regime.

PROCEDURE:

1. All patients not in an Extended Care Facility (ECF), acute care facility, or hospice inpatient unit will have a Care Kit ordered related to their terminal diagnosis.

2. Admitting nurse will order appropriate Care Kit, according to Attachment A, under order sets in Cerner.
   (a) Admitting nurse will explain Care Kit to family and what to do with it when it arrives.
   (b) Admitting nurse should obtain a local supply of Morphine/Lorazepam if there is the potential patient may become symptomatic before Care Kit arrives.

3. When a pediatric patient < 2 years old needs a Care Kit, the admitting nurse will complete a Pediatric Comfort Care Kit Order Worksheet and upload to Admission Level in Cerner.
   (a) When a pediatric patient experiences a 5% gain or loss in weight, a new worksheet will be completed and dosages will be updated in Cerner.

4. Admitting nurse will call CHC contracted pharmacy for delivery.

5. CHC contracted pharmacy will send prescription for Schedule II drugs to CHC medical director for signature.

ATTACHMENT Pediatric Comfort Care Kit Worksheet
Attachment A – Comfort Care Kit, Cardiac Comfort Add On, Seizure Care Add On

Effective Date: 10/17	Revised Date:	Board Approved:
Reviewed Date:		Signature Date:

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Pediatric Comfort Care Kit Order Worksheet

Patient Name: ______________________ DOB: ____________

Allergies: ______________ Weight: ________Kg Height: __________in

Diagnosis: ______________________

Date: ______________

Call contracted pharmacy service Pediatric Pharmacist for recommendation on doses and complete below.

Name of pharmacist; ______________________

Contact number for pharmacist: ______________________

For Pediatric Patients < 2 years old (Do not use for neonates 28 days or less)

RX				
Drug	**Strength**	**Qty**	**Initial Mg/Kg/Dose**	**Directions**
Acetaminophen (Tylenol) suppository	120 mg	3	10-20	____ mg rectally every 4-6 hours as needed for mild pain or fever; *Max daily dose 75 mg/kg/day*
Metoclopramide (Reglan)	5 mg / 5 ml	15 ml	0.1 – 0.2	____ ml (_____mg) by mouth every 6 hours as needed for nausea or vomiting
Lorazepam (Ativan)	2 mg / ml	30 ml	0.02 – 0.05	____ ml (_____mg) by mouth, under the tongue or rectally every 4 hours as needed for anxiety, restlessness, or seizures
Morphine Sulfate	10 mg/5 ml	15 ml	0.2 – 0.5	____ ml (_____mg) by mouth, under the tongue or rectally every 3 hours as needed for moderate pain or dyspnea

Do not exceed adult starting dose or maximum doses. If patient experiences a 5% weight gain or loss, the dose will need to be recalculated.

Requesting RN (print name):______________________

Verify above orders with CHC MD/NP and place orders under verifying MD/NP in Cerner.

Name of CHC MD/NP: ______________________

Revised 10/17
Pediatric Care Kit Worksheet

Care Kits Attachment A

Comfort Care Kit

- **Acetaminophen 650mg Suppositories**, 4 (four) suppositories, Insert 1 suppository (650mg) rectally every 4 hours as needed for mild pain or fever
- **Bisacodyl 10mg suppositories**, 2 (two) suppositories, Insert one suppository (10mg) rectally once daily as needed for constipation
- **Haloperidol 2mg/ml oral concentrate**, 15 (fifteen) ml, Take 0.5ml (1mg) by mouth or under the tongue every 4 hours as needed for agitation, nausea, and vomiting
- **Hyoscyamine 0.125mg SL tablets**, 12 (twelve) tablets, Place 1 tablet (0.125mg) under the tongue every 4 hours as needed for secretions
- **Lorazepam 0.5mg tablets**, 10 (ten) tablets, Take 1 tablet (0.5mg) by mouth every 6 hours as needed for anxiety or agitation
- **Prochlorperazine 10mg tablets**, 4 (four) tablets, Take 1 tablet (10mg) by mouth every 4 hours as needed for nausea and vomiting
- **Morphine Sulfate oral concentrate** 20mg/ ml, Take 0.25ml (5mg) by mouth or under the tongue every 3 hours as needed for pain or shortness of breath

Cardiac Comfort Add On:

- **Furosemide 10mg/ml solution for injection,** 2 (two) x 2 ml vials, Inject intravenously or intramuscularly every 2 hours as directed as needed for edema. Do not exceed rate of 10 mg/min if given intravenously and dose is less than 120mg
- **Morphine sulfate 10mg/ml solution for injection,** 2 (two) x 1 ml vials, Inject 0.5ml (5mg) intravenously or subcutaneously every 2 hours as needed for severe chest pain or shortness of breath

Seizure Care Add On:

- **Acetaminophen 650mg Suppositories**, 4 (four) suppositories, Insert 1 suppository (650mg) rectally every 6 hours as needed for mild pain or fever
- **Bisacodyl 10mg suppositories**, 2 (two) suppositories, Insert one suppository (10mg) rectally once daily as needed for constipation
- **Hyoscyamine 0.125mg SL tablets**, 12 (twelve) tablets, Place 1 tablet (0.125mg) under the tongue every 4 hours as needed for secretions
- **Lorazepam 0.5mg tablets**, 10 (ten) tablets, Take 1 tablet (0.5mg) by mouth every 6 hours as needed for anxiety or restlessness
- **Prochlorperazine 10mg tablets**, 4 (four) tablets, Take 1 tablet (10mg) by mouth every 4 hours as needed for nausea and vomiting
- **Lorazepam 2mg/ml**, 30cc, 2mg administer per rectum every 20 minutes x3 prn for seizures

PURPOSE: The purpose of this guideline is to establish a procedure on using a blood glucose monitor (BGM).

POLICY: Hospice House staff will be FDA compliant with CLIA and manufacturer guidelines.

PROCEDURE:

1. CHC will be FDA compliant by maintaining a current CLIA Waiver.

2. BGM will be done according to physician's orders or nursing order due to change in patient condition that may be related to low glucose levels.

3. Each BGM will have control testing done at a minimum of:
   a. When a new bottle of test strips is opened
   b. When reagent lots are changed
   c. When patient results seem questionable
   d. Whenever there is a question the meter or test strips may not be functioning properly
   e. If the test strips were left open or has been exposed to light
   f. After calibration
   g. Each time the batteries are changed
   h. When meter has been dropped
   i. When the test kit temperatures exceed the manufacturers limits.
   j. According to manufacturer recommendations

4. Control testing will done in accordance with directions from manufacturer of BGM.

5. BGM log for control testing will be completed each time control testing is done. Completed logs will be kept in the Hospice House Coordinator's office for one year. See attached.

6. All staff that performs blood glucose testing will show yearly competency in blood glucose testing and control testing.

7. Clean monitor after every use with an EPA registered disinfectant detergent or germicide that is approved for healthcare settings or a solution of 1:10 concentration of bleach. Wipes may be used; if blood is visibly present on monitor, two wipes must be used; one wipe to clean and one wipe to disinfect.

Effective Date: 11/17	Revised Date:	Board Approved:
Reviewed Date:		Signature Date:

Facility: Dr. Smith's Office

Location: 123 Main Street
Atlanta, GA 55555

Results Log with QC – Quantitative Test

Test Name: XYZ ALT

Reportable Range: 5-400 U/L

	Date	Sample ID / Patient ID	Test Results	Initials	Test Lot number / Test Exp. Date	QC Level 1 Control	QC Level 2 Control
1	5/5/2012	5/5/2018 / Steve Smith	Male: 30U/L	CO	C843/06-31-2013	lot #: 91750566	lot #: 91750566
						range: 43-78 U/L	range: 132-242 U/L
						result: 57 U/L	result: 203 U/L
2	5/5/2012	5/5/2019 / Chris White	Male: 22U/L	CO	C843/06-31-2013	lot #: 91750566	lot #: 91750566
						range: 43-78 U/L	range: 132-242 U/L
						result: 58 U/L	result: 221 U/L
3	5/7/2012	5/5/1930 / Sam Jones	Female: 14U/L	CO	C843/06-31-2013	lot #: 91750566	lot #: 91750566
						range: 43-78 U/L	range: 132-242 U/L
						result: 57 U/L	result: 221 U/L
4						lot #:	lot #:
						range:	range:
						result:	result:
5						lot #:	lot #:
						range:	range:
						result:	result:
6						lot #:	lot #:
						range:	range:
						result:	result:
7						lot #:	lot #:
						range:	range:
						result:	result:
8						lot #:	lot #:
						range:	range:
						result:	result:
9						lot #:	lot #:
						range:	range:
						result:	result:

** Reportable Range is the range of results for which a test system has been proven to yield accurate results. This is usually found in the manufacturer's instructions for the test.*

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CHAPTER SIX

ELECTIONS

2017 Nominations to the Board of Directors
First three-year term to commence in January 2018

Jennifer Houin
Oliver Ford, Plymouth

Tricia Luck
LaPorte

Re-Election
Second three-year term to commence in January 2018

Ann Firth
Jesse Hsieh, MD
Lori Turner
Suzie Weirick