



# Center for Hospice Care

choices to make the most of life

New Board Member Orientation  
February 5, 2019

# History of Hospice

- The term “**hospice**” can be traced back to medieval times, used to describe a place of shelter for travelers on long and difficult journeys.
- **1065:** First hospices are believed to have originated in the 11th century, around 1065, when for the first time the incurably ill were permitted into places dedicated to treatment by Crusaders.

# History of Hospice

- **1967:** The name “hospice” was first applied to specialized care for dying patients by physician Dame Cicely Saunders in 1967 when she opened **St. Christopher’s Hospice** in London.



# History of Hospice

- **1974:** First Hospice program in the United States opens in New Haven, CT.
- **1986:** The Medicare Hospice Benefit is made permanent by Congress. States given option of including hospice in Medicaid programs. Hospice care available to nursing home residents. The stage is now set for unprecedented social change in care at the end of life.



Our Local History:

Community-Based,  
Volunteer Founders

# Center for Hospice Care

(CHC)

is a freestanding, community-based, not-for-profit entity. We are not owned or legally affiliated with any hospital or other healthcare institution.



# History

- 1978 – Incorporated as Hospice of St. Joseph County, Inc.
- 1980 – Served first patient -- 27 Patients served the first year
- 1995 – Opened Marshall office in Plymouth
- 1996 – Opened Hospice House in South Bend and owned Care Offices
- 1997 – Began serving LaPorte County
- 1999 – Corporation changed name to The Center for Hospice and Palliative Care, Inc.
- 2001 – Opened office in Elkhart
- 2003 – Began serving Kosciusko County
- 2005 – Began serving LaGrange County
- 2005 – Opened the Life Transition Center in Mishawaka
- 2007 – Announced creation of a separate foundation -- Hospice Foundation
- 2007 – Moved Administration and Fundraising to rented offices in Mishawaka.
- 2008 – Opened second Hospice House / Care Offices at Elkhart Campus.
- 2009 – Formed FHSSA partnership with Palliative Care Association of Uganda.
- 2013 – Completion of Phase I of new Mishawaka Campus, bringing three leased facilities together in one location.
- 2014 – Began five-year, \$10MM comprehensive campaign
- 2017– Acquired Milton Adult Day Services
- 2017 – Acquired Global Partners in Care
- 2018 – Groundbreaking for Phase II of Mishawaka Campus and Ernestine M. Raclin House (to be completed 2019)



# Services

- Hospice
- Home Care (Palliative Care)
- Grief Counseling
- Community Education
- Milton Adult Day Services





- **Mission**

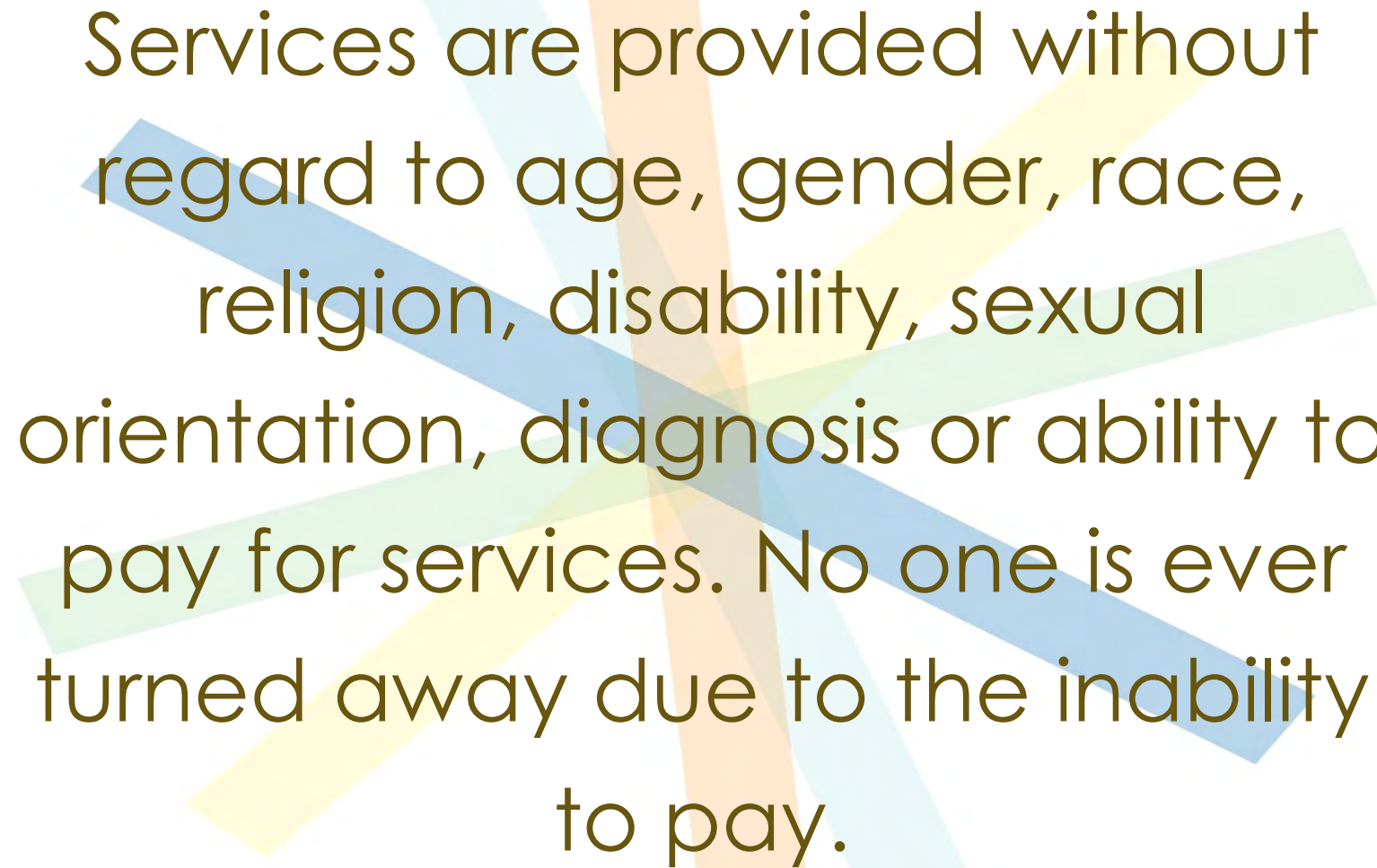
- To improve the quality of living

- **Vision**

- To be be the premiere hospice and palliative care organization for all end-of-life issues.

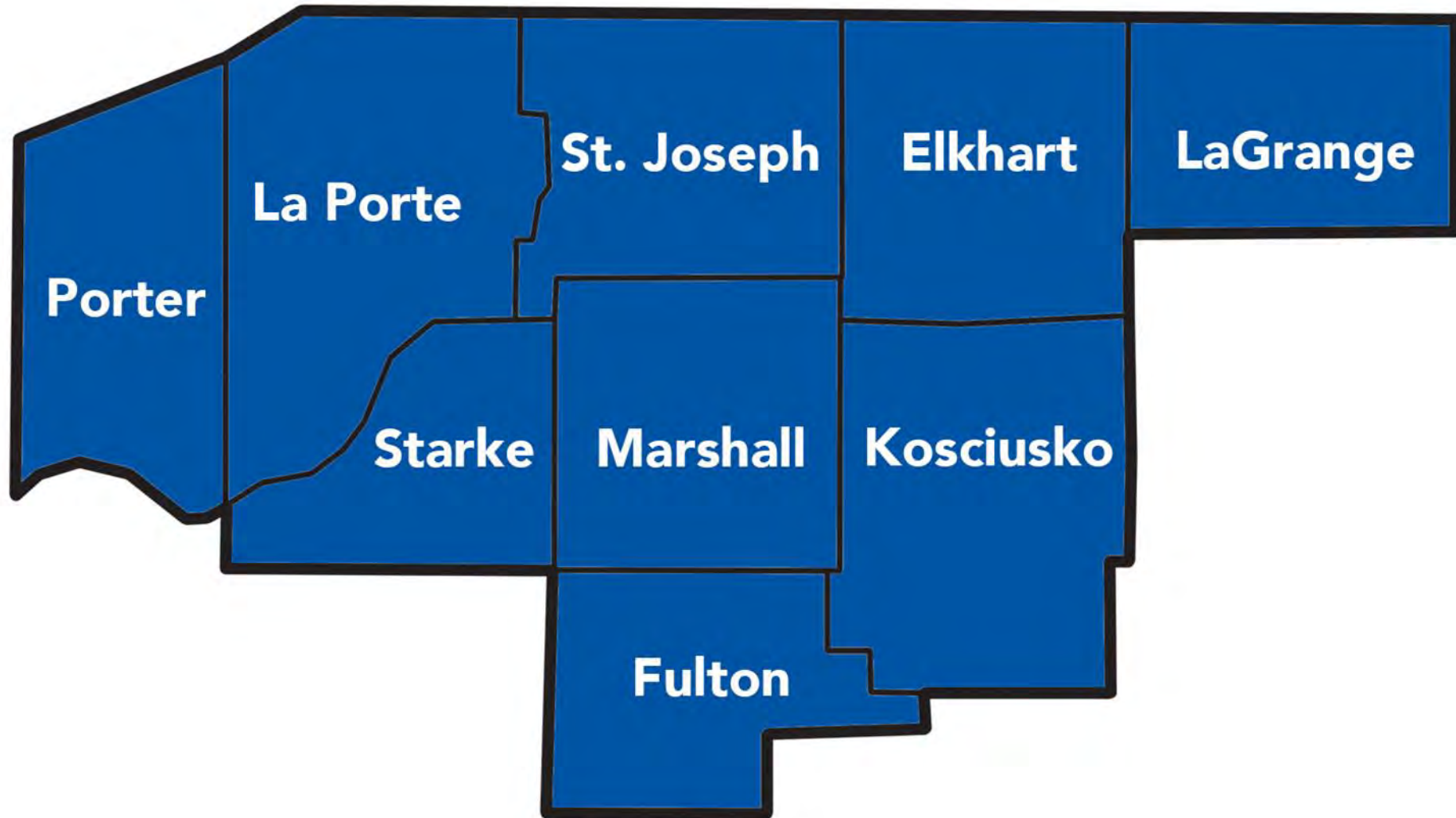
- **Values**

- Compassion • Dignity • Innovation • Integrity • Quality • Service • Stewardship



Services are provided without regard to age, gender, race, religion, disability, sexual orientation, diagnosis or ability to pay for services. No one is ever turned away due to the inability to pay.

# Serving northern Indiana



# Locations

**Center for Hospice Care**

111 Sunnybrook Court  
South Bend, IN 46637

**Center for Hospice Care**

112 South Center Street  
Suite C  
Plymouth, IN 46563

**Center for Hospice Care**

22579 Old US 20 East  
Elkhart, IN 46514

**Center for Hospice Care**

286 West Johnson Road  
La Porte, IN 46350

**Administration and  
Foundation Offices and  
Life Transition Center**

501 Comfort Place  
Mishawaka, IN 46545

***Center for Palliative Care***

211 North Cedar Street  
Mishawaka, IN 46545



South Bend



Plymouth



Elkhart



La Porte



Administrative /  
Foundation Offices  
Life Transition Center



Center for Palliative Care

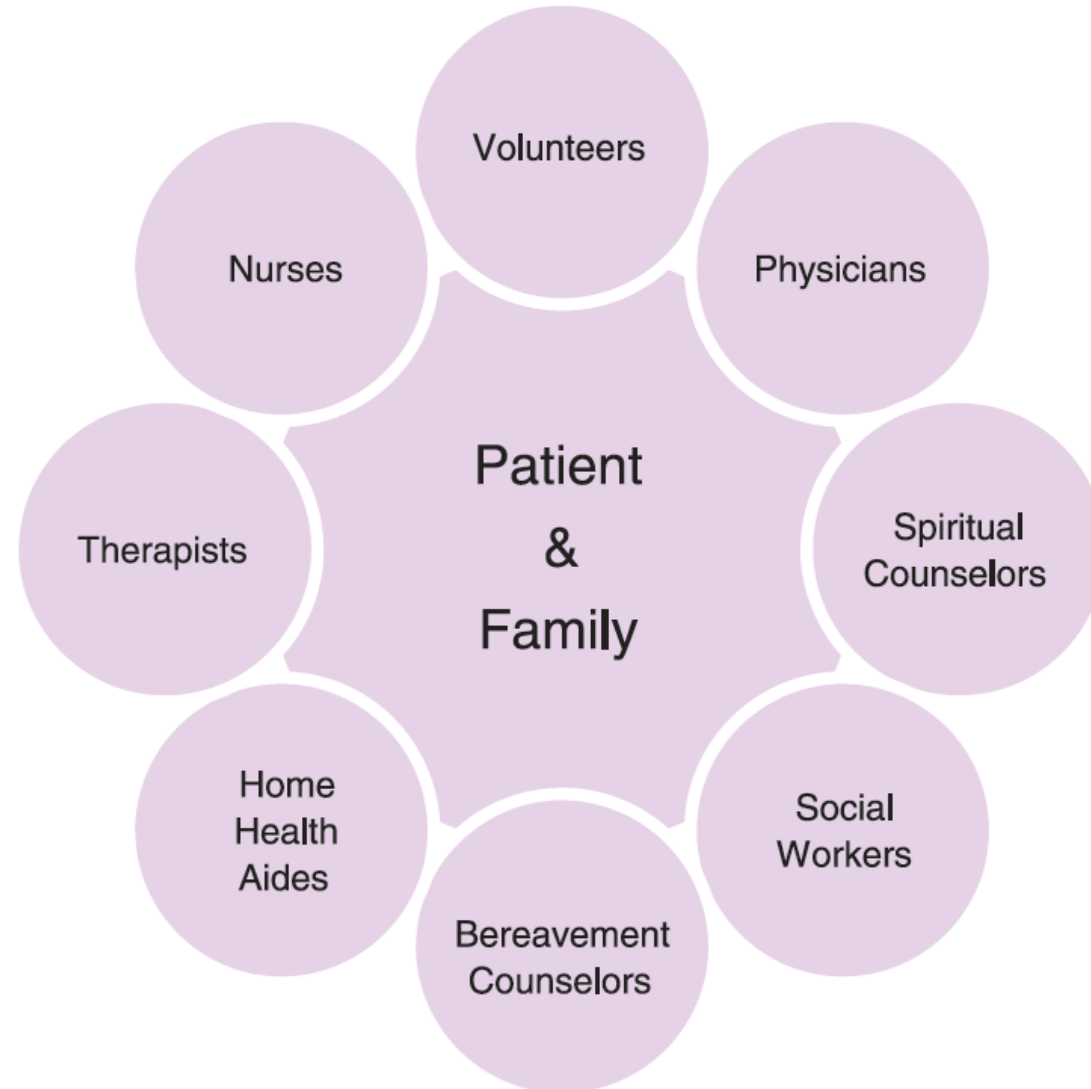


# Hospice Care

The person must have any progressive or incurable illness and a limited life expectancy, and the physician must certify a prognosis of six months or less...*IF THE DISEASE FOLLOWS ITS NORMAL COURSE.*



# Hospice = Patient / Family Centered



# Palliative Care at CHC

The person must have any progressive or incurable illness and a limited life expectancy measured in months but not years and a physician must order admission.



# Palliative Care

To treat a person's symptoms from an illness and provide support to the patient and family.

## Palliative Care

To treat a person's symptoms from an illness and provide support to the patient and family.

## Hospice Care

Palliative care for those with limited life expectancy



CHC is the only hospice program  
in its service area to operate  
Medicare certified  
Hospice Inpatient Units

Two seven bed units  
in South Bend and Elkhart

# Hospice House



South Bend  
Nurses Station



Elkhart  
Nurses Station



# Inpatient Unit Utilization

- During 2018, CHC's South Bend Inpatient unit celebrated its 22nd anniversary.
- The Elkhart Inpatient Unit opened in November 2008, and had its 10th full year of operation during 2018.
- 627 patients called one of our inpatient units a *home* in 2018 (South Bend and Elkhart combined).
- The average length of stay was five days.
- There are no other such facilities in the nine counties covered by CHC.

# Center for Hospice Care

cares for more patients  
than any other  
hospice program in the  
State of Indiana

# Center for Hospice Care

Based upon annualized numbers of patients served, CHC now ranks in at least the top 3% of all hospice programs in the United States.

# CENSUS

## Patients Served Last Eight Years

**2018 = 2,045 down 2%**

2017 = 2,091 down 0.009%

2016 = 2,109 up 0.33%

2015 = 2,102 down 1%

2014 = 2,123, up 7%

2013 = 1,993, up 7%

2012 = 1,866, up 1%

2011 = 1,845, up 4%

# Growth Since the Beginning...

Since 01/01/80 through 12/31/18, on an annually added basis, CHC has cared for **37,007** patients.

44% of all the patients served by CHC over the course of 38 years have been seen in just the last eight years alone.

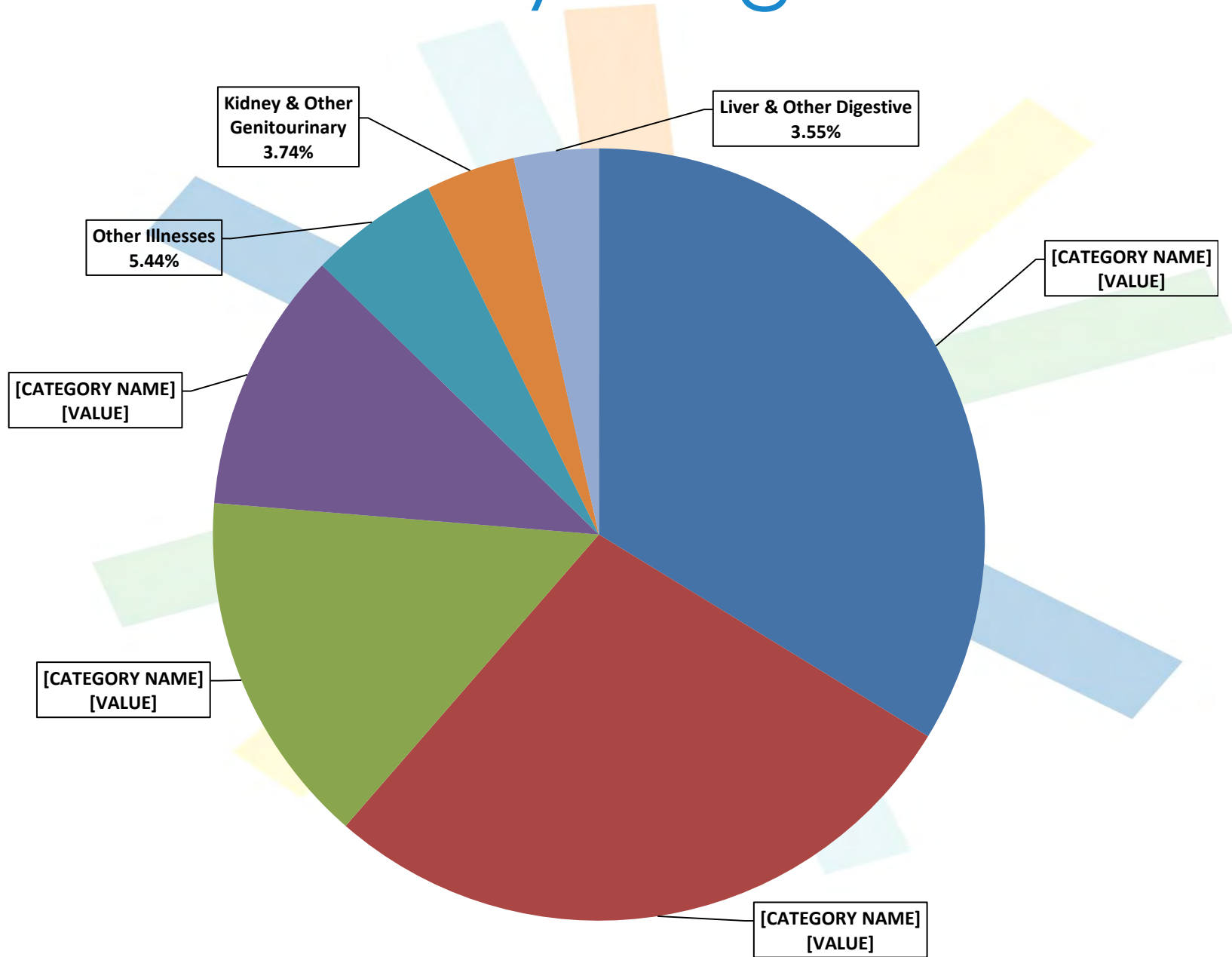


# Over 25%

of all the patients served by  
CHC in its 38 year history  
have been served in just  
the last FOUR years alone.



# Patients by Diagnosis 2018





# Center for Palliative Care

choices to make the most of life



# Center for Pediatric Palliative Care

choices to make the most of life

# CHC Honors Veterans and Honors America



**WE HONOR VETERANS**

*Hospice Professionals on a Mission to Serve*



# Veterans Memorial

- Veteran's Memorial Dedication 2017





# Robert J. Hiler Jr. Veterans Memorial Dedication, October 16, 2018



# CHC: A Teaching Institution

## PHYSICIAN EDUCATION

Mayo Clinic  
Indiana University School of Medicine  
Residency Programs of Memorial Hospital and SJRMC  
Midwestern University (Glendale, AZ)  
Lincoln Memorial University-DeBusk College of Osteopathic Medicine (Harrogate, TN)

## NURSING

Ball State  
Bethel College  
Grace College  
Indiana University South Bend  
Saint Mary's College  
Indiana Wesleyan

## SOCIAL WORK

Indiana University South Bend

## SPIRITUAL CARE

Moreau Seminary

## BEREAVEMENT

Andrews University

## HEALTH AND HUMAN SERVICES

Western Michigan University

## COLLABORATION

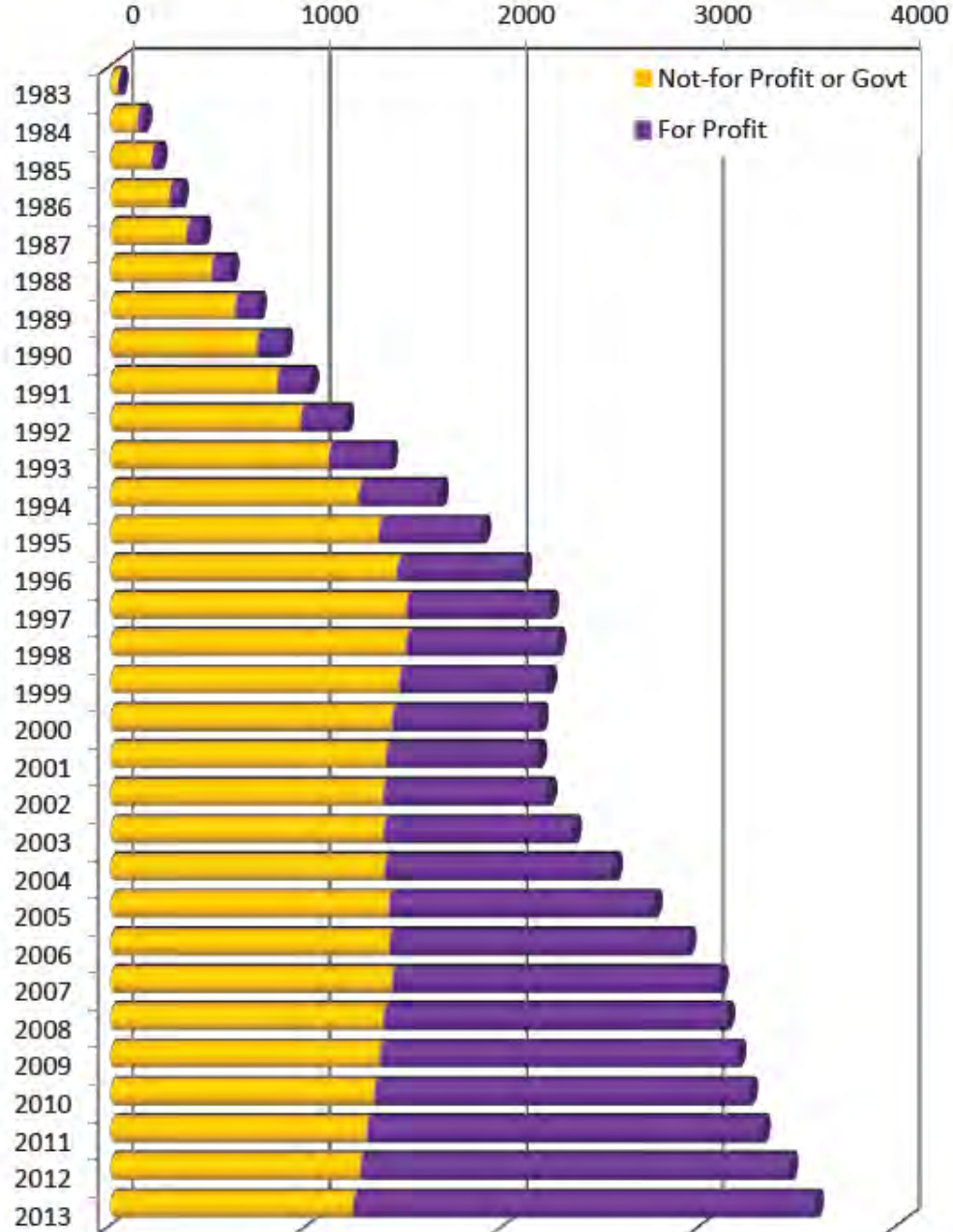
University of Notre Dame  
Holy Cross College  
Goshen College



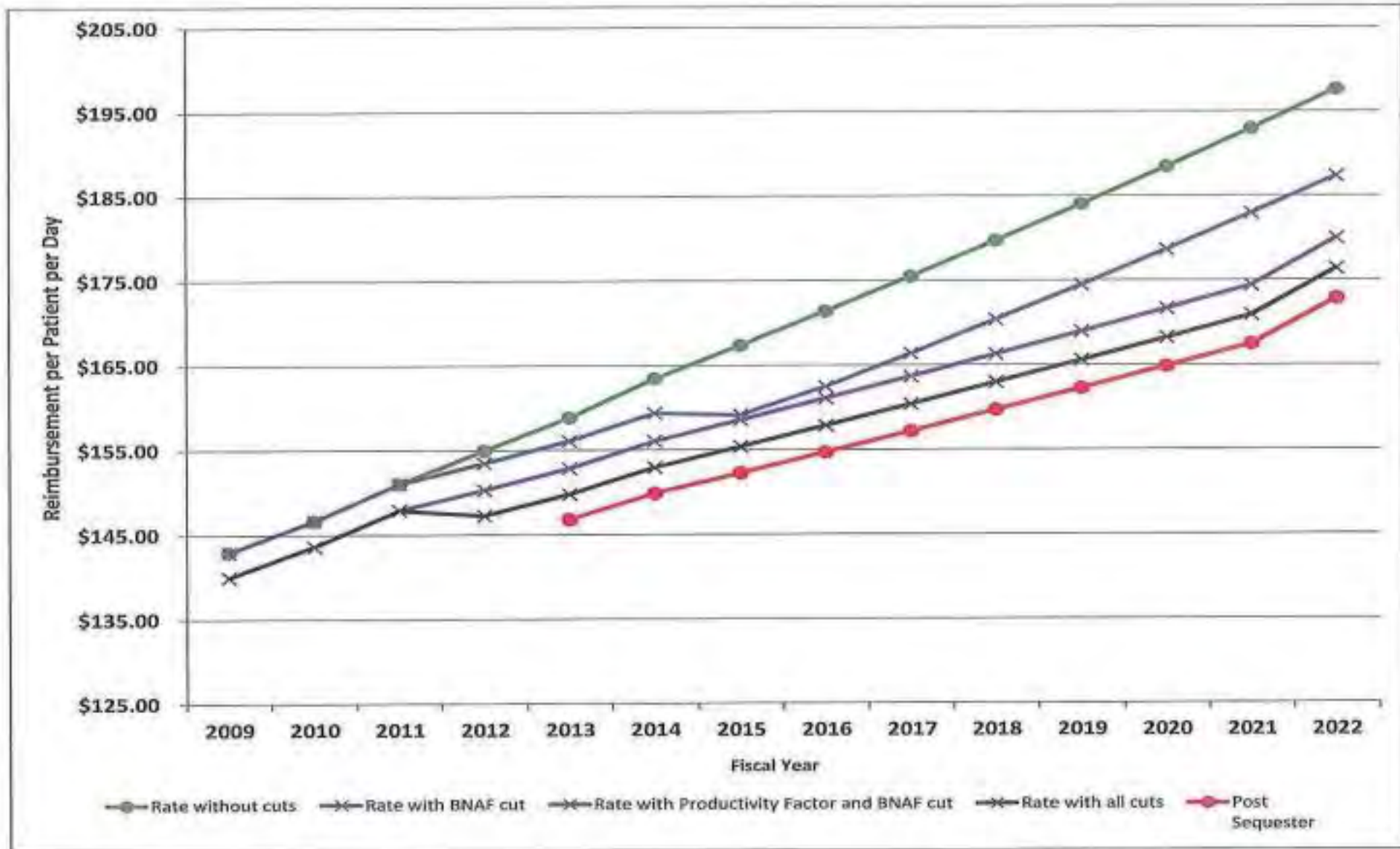


# Hospice Patient Growth in the United States

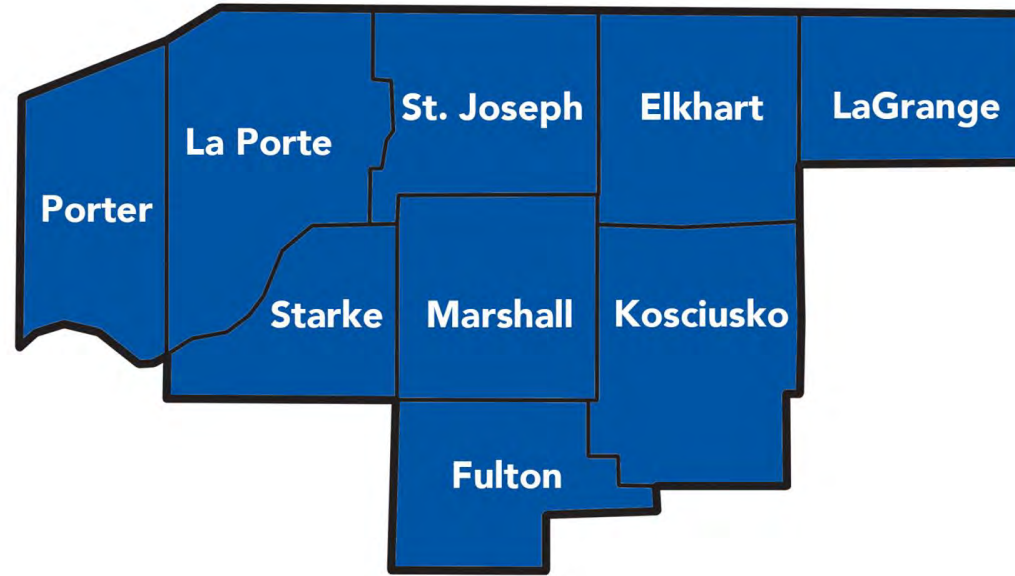
# Medicare Certified Hospice Providers



# Cumulative Medicare Hospice Cuts



# Area Hospices in 2018



There are at least 32 *different* hospice agencies operating in the CHC service area with at least 21 for-profit, chain hospice programs operating in our service area with some headquartered outside of Indiana.

# 1 of 32 In Our Service Area

- CENTER FOR HOSPICE CARE
- ASERACARE HOSPICE
- BLUE SKIES HOSPICE INCORPORATED
- BROOKDALE HOSPICE
- CAMERON HOME HEALTH CARE & HOSPICE
- CARE AT HOME HOSPICE SERVICES
- DEKALB MEMORIAL HOSPICE
- DUNES HOSPICE
- FAMILY LIFE CARE
- GUARDIAN ANGEL HOSPICE
- GRACE HOSPICE
- GREAT LAKES CARING
- HARBOR LIGHT HOSPICE
- HEARTLAND HOME HEALTH CARE AND HOSPICE
- HEART TO HEART HOSPICE
- IU HEALTH GOSHEN HOSPICE
- KINDRED HOSPICE
- KOSCIUSKO HOME CARE & HOSPICE INC
- NEW HOPE HOSPICE, LLC
- NIGHTINGALE HOSPICE CARE INC.
- ODYSSEY HEALTHCARE OF FORT WAYNE
- PARKVIEW HOME HEALTH & HOSPICE
- PEACE HOSPICE AND PALLIATIVE CARE
- PREMIERE HOSPICE & PALLIATIVE CARE
- PULASKI MEMORIAL HOME HEALTH & HOSPICE
- SOUTHERNCARE FORT WAYNE
- SOUTHERNCARE SOUTH BEND
- HOSPICE FRANCISCAN COMMUNITIES
- THE HOSPICE GROUP
- UNITY HOSPICE OF NORTHWEST INDIANA LLC
- VITAS INNOVATIVE HOSPICE CARE
- VNA HOSPICE HOME CARE



# 1 of 32 In Our Service Area

- CENTER FOR HOSPICE CARE
- ASERACARE HOSPICE
- BLUE SKIES HOSPICE INCORPORATED
- BROOKDALE HOSPICE
- CAMERON HOME HEALTH CARE & HOSPICE
- CARE AT HOME HOSPICE SERVICES
- DEKALB MEMORIAL HOSPICE
- DUNES HOSPICE
- FAMILY LIFE CARE
- GUARDIAN ANGEL HOSPICE
- GRACE HOSPICE
- GREAT LAKES CARING
- HARBOR LIGHT HOSPICE
- HEARTLAND HOME HEALTH CARE AND HOSPICE
- HEART TO HEART HOSPICE
- IU HEALTH GOSHEN HOSPICE
- KINDRED HOSPICE
- KOSCIUSKO HOME CARE & HOSPICE INC
- NEW HOPE HOSPICE, LLC
- NIGHTINGALE HOSPICE CARE INC.
- ODYSSEY HEALTHCARE OF FORT WAYNE
- PARKVIEW HOME HEALTH & HOSPICE
- PEACE HOSPICE AND PALLIATIVE CARE
- PREMIERE HOSPICE & PALLIATIVE CARE
- PULASKI MEMORIAL HOME HEALTH & HOSPICE
- SOUTHERNCARE FORT WAYNE
- SOUTHERNCARE SOUTH BEND
- HOSPICE FRANCISCAN COMMUNITIES
- THE HOSPICE GROUP
- UNITY HOSPICE OF NORTHWEST INDIANA LLC
- VITAS INNOVATIVE HOSPICE CARE
- VNA HOSPICE HOME CARE

# Hospice Saves Medicare \$\$\$

- 25% of all Medicare costs are spent on the last year of life. 12% of all costs in the last two months of life. (Hospice is only 2% of all Medicare spending)
- A Robert Wood Johnson Foundation study conducted by Duke University in 2007 found that hospice saves Medicare, on average, more than \$2,309 per patient compared to alternative sources of care for this population.



# Hospice Patients Live Longer

- A 2007 study that looked at Medicare beneficiaries with some of the most common diagnoses leading to death, found that patients who received hospice services lived on average, 29 days longer than those who did not receive hospice care.

# Hospice Saves Medicare \$\$\$

- In 2013, the Icahn School of Medicine at Mt. Sinai study revealed that savings to Medicare are present for both cancer patients and non-cancer patients. Moreover, these savings appear to grow as the period of hospice enrollment lengthens. If just 1,000 additional beneficiaries enrolled in hospice 15 to 30 days prior to death, Medicare could save more than \$6.4 million. 500,000 could save \$3.2 billion.

# Hospice Patients Live Longer

- A 2010 study released by the *New England Journal of Medicine* found that among patients with non-small-cell lung cancer, those who received palliative care lived, on average, almost two months longer than those who received standard care.

## Locally, for CHC in 38 years...

- From 27 patients served in 1980 to 2,045 in 2018
- From an ADC of 4 in 1980 to 394 in 2018
- From one county in 1980 to serving nine counties today
- From one care office in 1980 to four today, plus a freestanding campus with a community bereavement center, administration & foundation offices, a palliative care outpatient clinic
- Recently added an Adult Day Services agency and an International Partnership agency to promote hospice and palliative care worldwide



"You matter because you are you,  
and you matter to the end of your life.

We will do all we can  
not only to help you die peacefully,  
but also to live until you die."

—Dame Cicely Saunders



# Center for Hospice Care

choices to make the most of life

New Board Member Orientation  
February 5, 2019

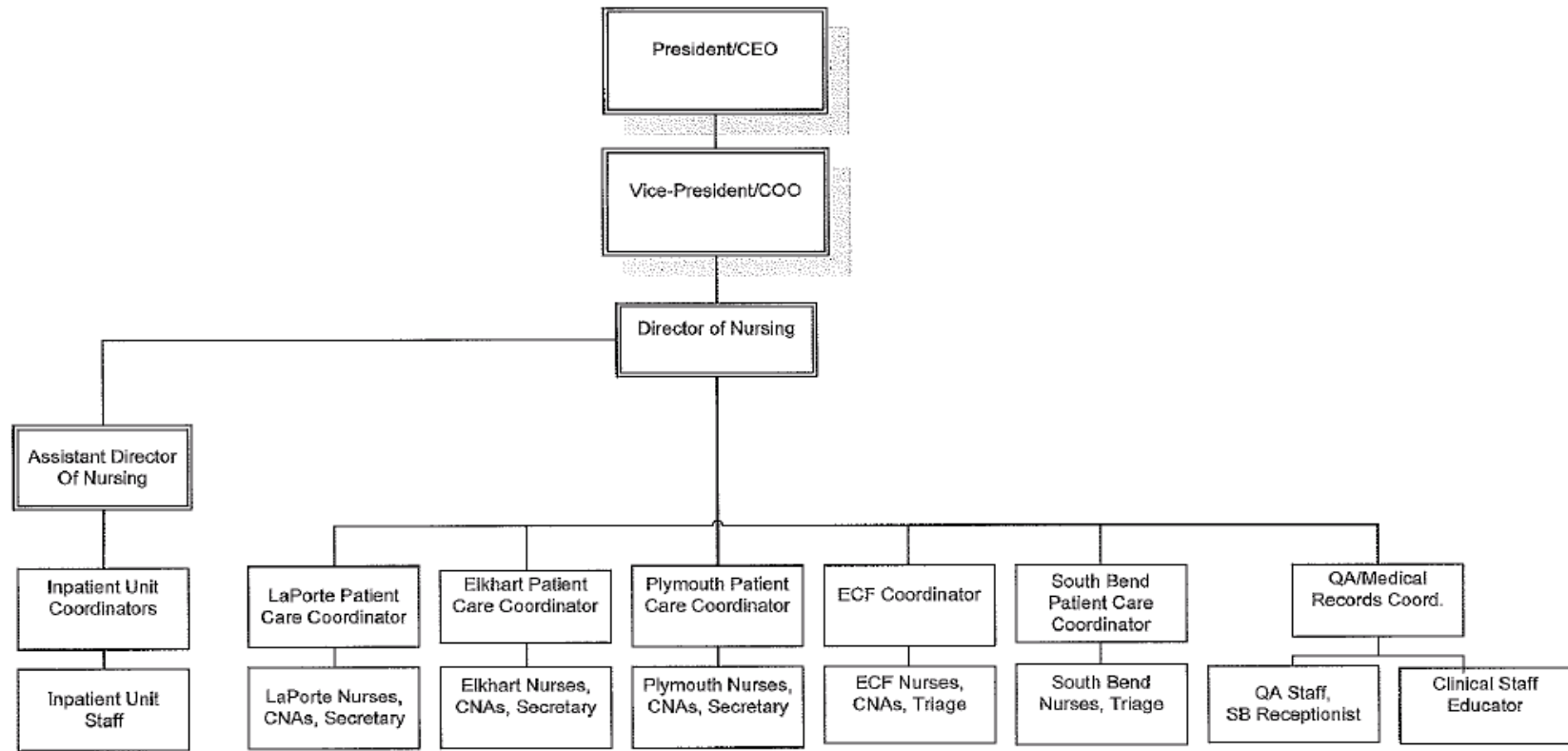
# Nursing and Quality

**Suzanne M Morgan RN BS MS**  
**Director of Nursing**

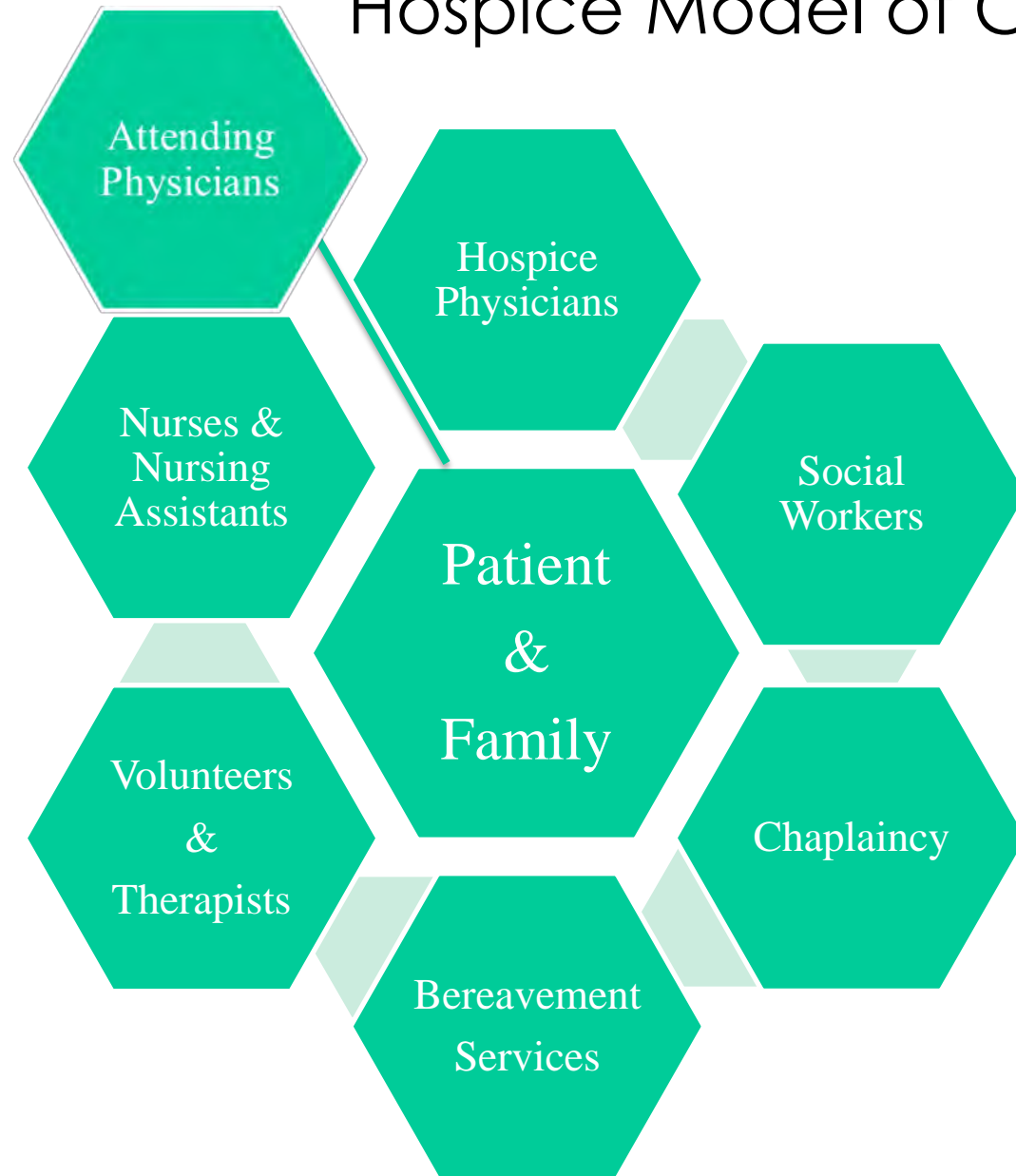




**CENTER FOR HOSPICE CARE**  
**Director of Nursing**  
 November 2018



# Hospice Model of Care



# Levels of Care



- \* Routine Home Care
- \* Continuous Care
- \* General In-patient Care
- \* Respite Care

# Hospice & Home Care

- \* Home setting
- \* Family member or designee, serves as the primary caregiver
- \* CHC team members make regular visits to assess the patient and provide skilled care or other services



# Care Includes

- \* DME
- \* Supplies
- \* Medications
- \* Teaching
- \* Procedures & Treatments
- \* Labs



# Team members

Federal regulations specify that the team must have at least the following:

- Patients choice of Attending
- Hospice Physician/Nurse Practitioner
- Registered Nurse
- Social Worker
- Chaplaincy
- Bereavement



# Additional Team Members

- \* Certified Nursing Assistants
- \* Pharmacists
- \* Volunteers
- \* Dietary counselor
- \* ...and others





# Team Communication & Care Planning

- \* Daily communication among team members as needed
- \* Update to the plan of care—as frequently as the patient’s condition warrants, but no less frequently than every 15 days
- \* An Interdisciplinary Team (IDT) approach: through team meetings & direct communications



# Nurses Roles

CHC has nurses who work in a variety of roles:

- RN Case Managers
- Triage/ Emergency Visit Nurse
- Inpatient Nurse
- Quality Department



# RN & LPN's

## **Highly specialized end-of-life care, such as:**

- \* CPR, TB validation, Phlebotomy training
- \* Many are certified in Hospice and Palliative Care(CHPN)
- \* Pediatric Care—our nurses receive specialty training via End of Life Nursing Education Consortium(ELNEC)curriculum
- \* Training in care of the Veteran at the End of Life
- \* Infusions by Central Venous Access(CVAD) or Subcutaneous –via pumps
- \* End of life symptom management



# RN Case Management

- \* Collaborative practice—while managing a case load of patients
- \* Communicating with Physicians and Nurse Practitioners
- \* Prioritizing and establishing care needs
- \* Educating Patients and Families
- \* Critical thinking and problem solving
- \* Symptom management and care planning



# Emergency Visit/Triage Nurse

- \* Evaluates symptoms and interventions via telephone or home visits
- \* Performs routine patient care visits and admissions





# Inpatient Unit Nurse

- \* Direct care in our inpatient settings—South Bend and Elkhart
- \* Symptom Management to meet General Inpatient Level of Care regulations
- \* Caring for Patients during a Respite stay

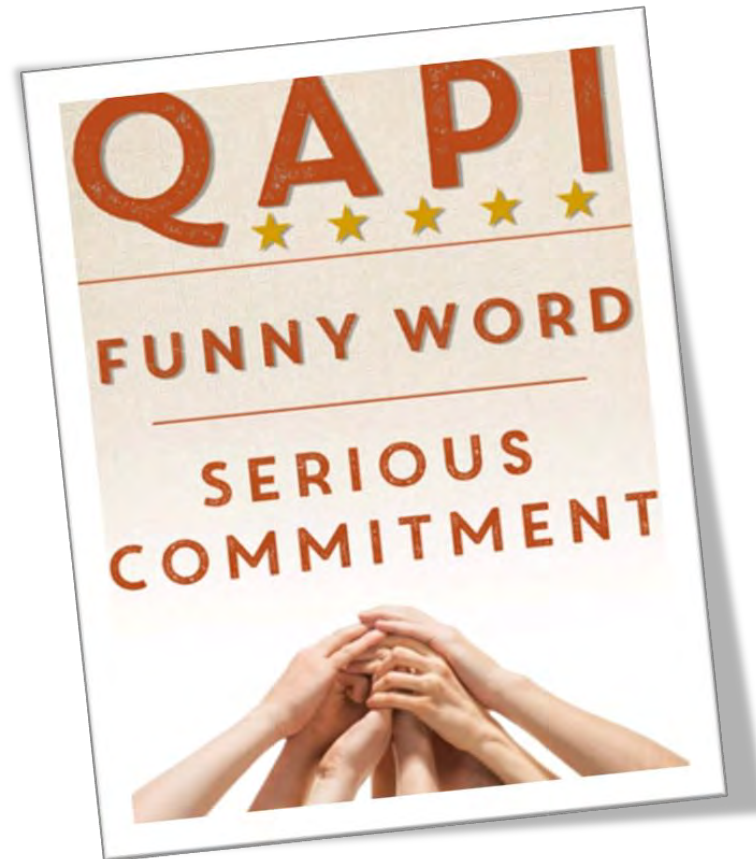


# Certified Nursing Assistants

- \* Certified through the State of Indiana as C.N.A's & Home Health Aides
- \* Receive in-depth training annually—12 hours of in-service in various subjects, such as:
  - ✓ End-of life care
  - ✓ Infection Control
  - ✓ Safety and Body mechanics
  - ✓ Infection Control
  - ✓ Team Communication & reporting observations
  - ✓ Dementia Care



# Quality Assessment and Performance Improvement—QAPI Programing



# Clinical Education

- \* Organized and detailed orientation program—includes: classroom & hands on learning for all clinical disciplines
- \* Clinical staff education is individualized to meet employee's learning styles—such as:
  - Live presentation
  - Webinars
  - Self Learning Modules
  - Small group and 1:1 trainings
- \* Preceptor program—training on how to train and educate new colleagues



# Clinical Education

**On going or annual training topics can include:**

- Infection control
- Disaster Preparedness
- HIPAA
- Hospice and Home Health Compliance
- Abuse and Neglect
- High risk/low frequency areas
- Any topic associated with Performance Improvement Projects(QAPI's)



# QA vs. QAPI

## Difference in Philosophy

- \* QA (Quality Assurance) focuses on structure and process. Then you “audit” to determine whether you are doing the right things and doing them well—according to regulations
- \* QAPI is an approach that is proactive and continuous. Improvement projects are not exclusively regulation driven—but are selected internally, based on whether good outcomes are being achieved





# Who cares about Assessing Quality and Improving Performance?



## Internal Stakeholders include:

- Direct patient care employees—Nurses, Social Workers, Doctors/NP's, Chaplains, CNA's
- Admissions and Access employees
- Patients Care Coordination Leaders—for Nursing, Chaplaincy, Social Work and Bereavement
- Executive Leadership
- Board of Directors

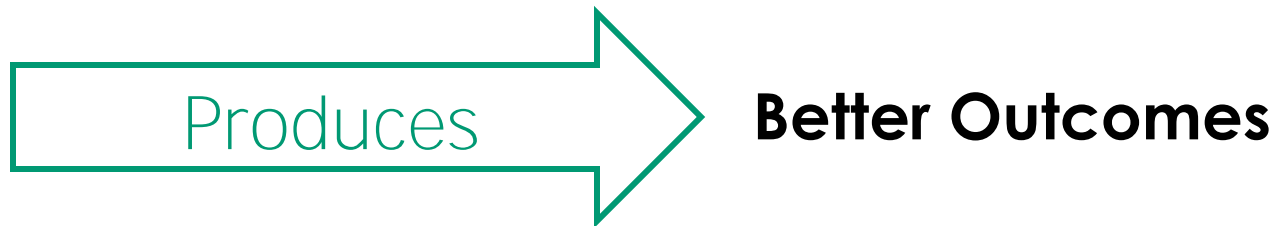
## External stakeholders

- Federal & State Agencies—CMS, OIG, State Board of Health
- Community members

# Improving Performance

QAPI teams and groups have improvement projects that will have interventions that include:

**Providing education, changing process & procedures, creating improved work flows, making policy revisions.....  
any change that....**



# Improvement Projects



We select Performance Improvement projects (PIP's) for QAPI teams based on:

- High risk, high volume or problem prone areas
- Incidence, prevalence and severity of the problems in those areas
- Improvement in palliative outcomes, patient safety and quality care—not, exclusively clinical
- Prioritized needs of our patients and any internal agency needs

# QAPI programming Success Stories



## **External QAPI Programming:**

- “Trouble Breathing” on the Consumer Assessment of Healthcare Provider & Systems(CAHPS) survey
- Hospice Item Set(HIS)—Comprehensive pain assessment
- Outcome Assessment Information Set(OASIS)

# QAPI Programming Success Stories

## **Internal QAPI Programming:**

- HeartWize and BreatheEazy programs
- General Inpatient documentation
- Care Plans
- Dementia



# QAPI Programing must haves...

- \* Infection Control and Surveillance
- \* Adverse Events monitoring
- \* Consumer Concerns
- \* Family Satisfaction
- \* Ensuring Staff Competence





# QI Committee

- \* Meets quarterly and is comprised of a cross section of agency leaders and board members
- \* Reviews current projects
- \* Approves new projects
- \* Reviews public reporting



WELCOME TO CHC





# Center for Hospice Care

choices to make the most of life

New Board Member Orientation  
February 5, 2019

# Medical Staff



Joel Cohen, M.D.

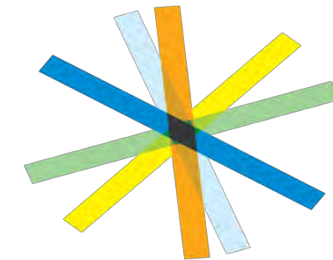


Greg Gifford, M.D., JD



George Drake, M.D.

Care for  
156 patients per physician FTE



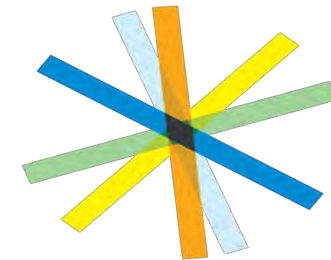
# Medical Staff



Jon Kubley, M.D.



Ahsanul Haque, M.D.



# Nurse Practitioners

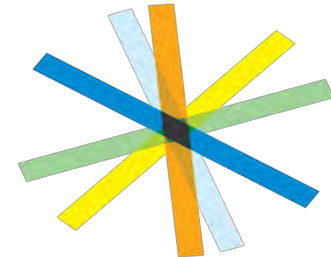
Cathie Whitcroft,  
DNP, FNP-BC, ACHPN



Kathy Eash,  
NP-BC, ACHPN



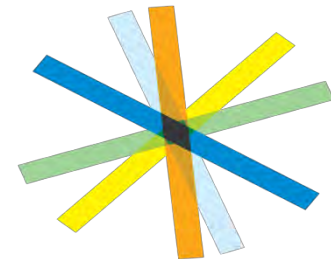
Gayle Waldenmaier,  
ACNP-BC, ACHPN





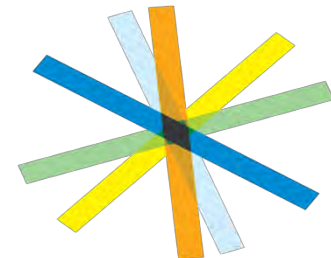
# Physician Responsibilities

- ▶ Interdisciplinary Team Members
- ▶ Direct Patient Care
- ▶ Certify Patients as Terminally Ill
- ▶ Document Patient Decline
- ▶ Face-to-Face Visits (about 110 per month)
- ▶ Teaching
  - Family Medicine Residents
  - Hospice and Palliative Medicine Fellows
- ▶ Ventilator Withdrawals = >20 a year



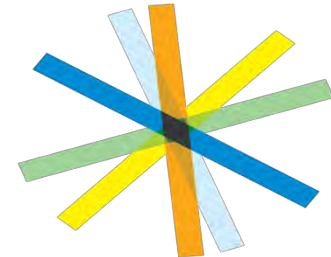
# Faculty Memberships

- ▶ **Mayo Clinic, Palliative Medicine Fellowship Program**  
– Rochester, MN
- ▶ **Indiana University School of Medicine, Palliative Medicine Fellowship Program**  
– Indianapolis, IN
- ▶ **Indiana University School of Medicine**  
– South Bend, IN
- ▶ **DeBusk College of Osteopathic Medicine, Lincoln Memorial University**  
– Cumberland Gap, TN
- ▶ **Arizona College of Osteopathic Medicine**  
– Brentwood, AZ



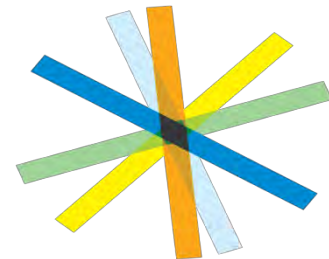
# Palliative Care Activities

- ▶ Palliative Care Consultants
  - Elkhart General Hospital
  - Memorial Hospital
  - SJRMC – Mishawaka and Plymouth
- ▶ Palliative Care Center



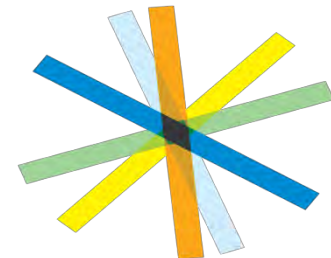
# Social Work

- ▶ 10 Social Workers with Masters Degrees
- ▶ Interdisciplinary Team Members
- ▶ Work With Patients and Families (children)
  - Social and Financial Counseling
  - Adult Protective Services and Community Resources
- ▶ Teaching
  - School Affiliations
  - Community Education



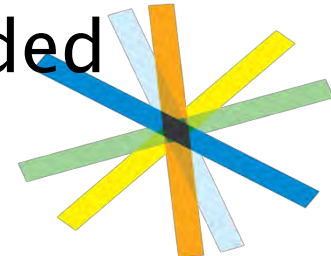
# Spiritual Care

- ▶ **NON-DENOMINATIONAL** – not restricted to any particular religious denomination
- ▶ 7 Counselors with Masters Degree or equivalent
- ▶ Interdisciplinary Team Members
- ▶ Annual Memorial Services
- ▶ Funerals
- ▶ Weddings
- ▶ Teaching



# Bereavement

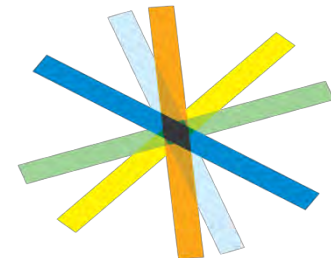
- ▶ FREE Services for 13 Months
- ▶ 26% of Clients are Non-Hospice Related
- ▶ 11 Counselors with Masters Degrees
  - Individual and Group Counseling
- ▶ Art Counseling Program = 3 days a week
- ▶ Services to Employers and Schools
- ▶ Camp Evergreen = 41 campers in 2018
  - Doing for 25 Years
  - Total of 1,014 Campers + 582 Volunteers and Staff
- ▶ 2018 Memorial Services = 665 Attended





# 2018 Bereavement Activities

- ▶ 1,718 Total Deaths (1,537+181 DBAs)
  - (4.7 Deaths Every Day)
  - (1 Death Every 5 Hours)
- ▶ 2,992 Bereaved Clients Served
  - 2,116 Hospice Bereaved (71%)
  - 659 Community Bereaved (22%)
  - 217 DBA Bereaved (7%)



# 2016 – 2017 HeartWize and BreatheEazy

## ▶ HeartWize

Out of 582 patients

**99% did not go to the ER**

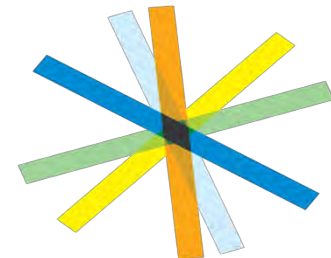
**98% were not admitted to a hospital**

## ▶ BreatheEazy

Out of 445 patients

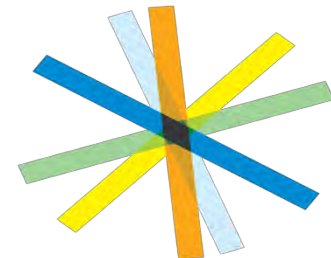
**99% did not go to the ER**

**97% were not admitted to a hospital**



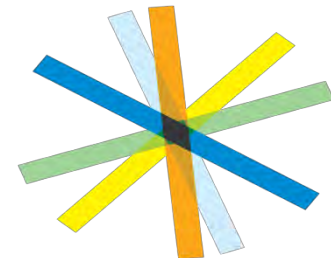
# Die Before Admitted = DBA

- ▶ 111 Hospital Referred DBAs in 2018
  - 1,074 Hospital Referrals
  - 1 out of every 10 Hospital Referrals is a DBA
  - 1 Every 3 Days
- ▶ Highest Hospital DBA Months in 2018 were November, December, January (36%)



# The Hospital DBA Issue

- ▶ Adjusted Hospital Contracts to Include Simultaneous Discharges and Admissions
- ▶ Memorial Hospital retains 90% of billable revenue



# DBAs by Hospital 2016–2018

## Elkhart General

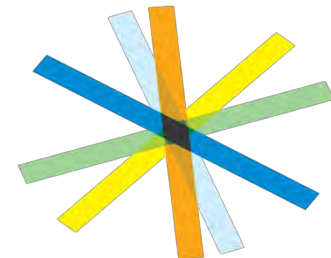
13 to 29 DBAs = 123% increase

## Memorial

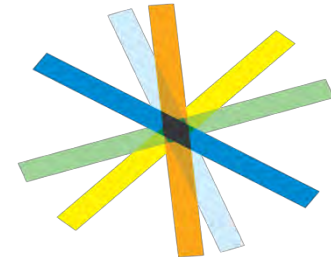
42 to 43 DBAs = 2% increase

## St. Joseph

38 to 39 DBAs = 3% increase



**Thank You For Your Service  
and  
Welcome to the Board!**







# Center for Hospice Care

choices to make the most of life

New Board Member Orientation  
February 5, 2019

# ***Financial Summary***

***Board Orientation February 5, 2019***

***Center for Hospice Care***

***Milton Adult Day Services***

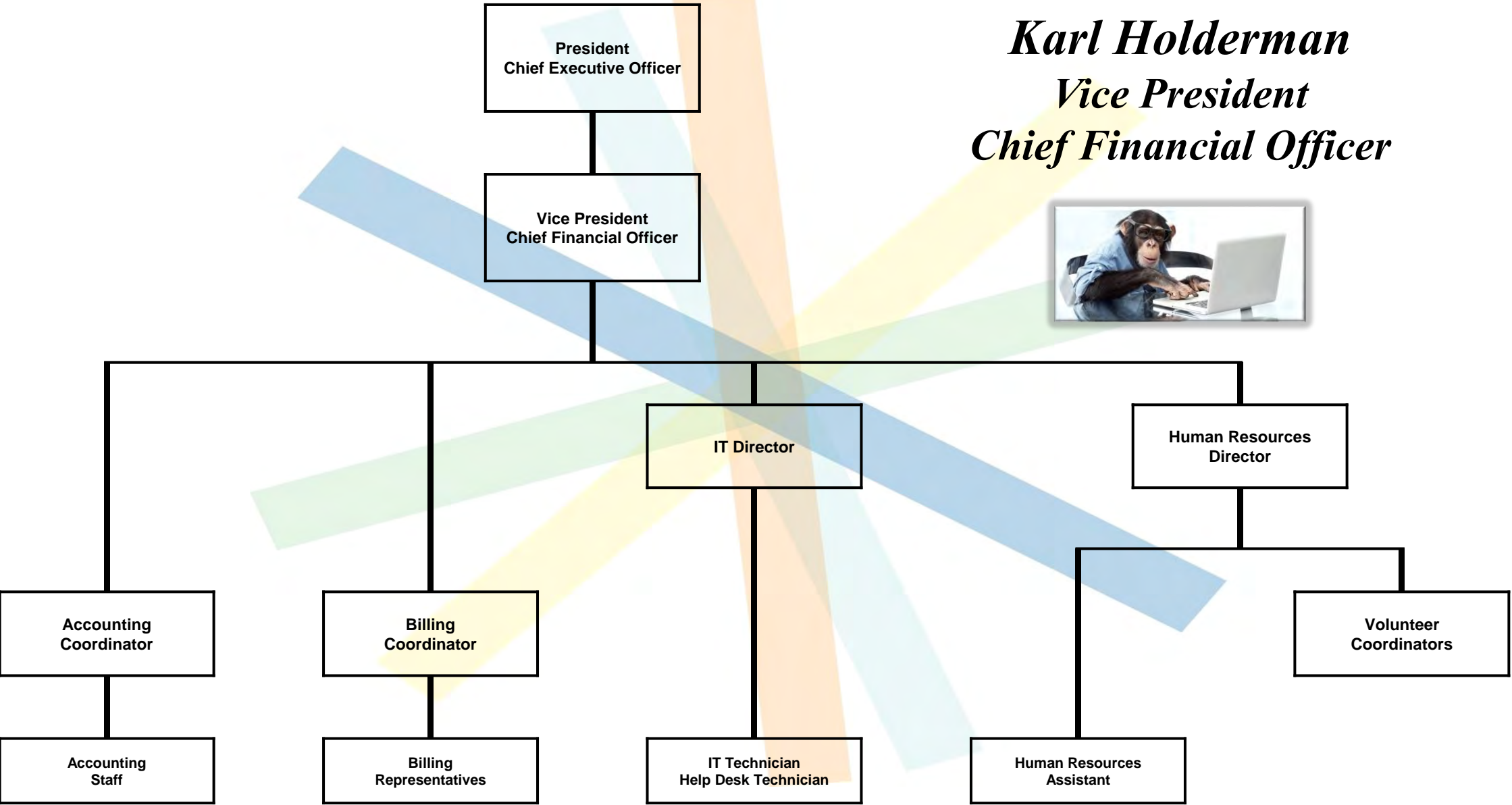
***Hospice Foundation***

***Global Partners In Care***

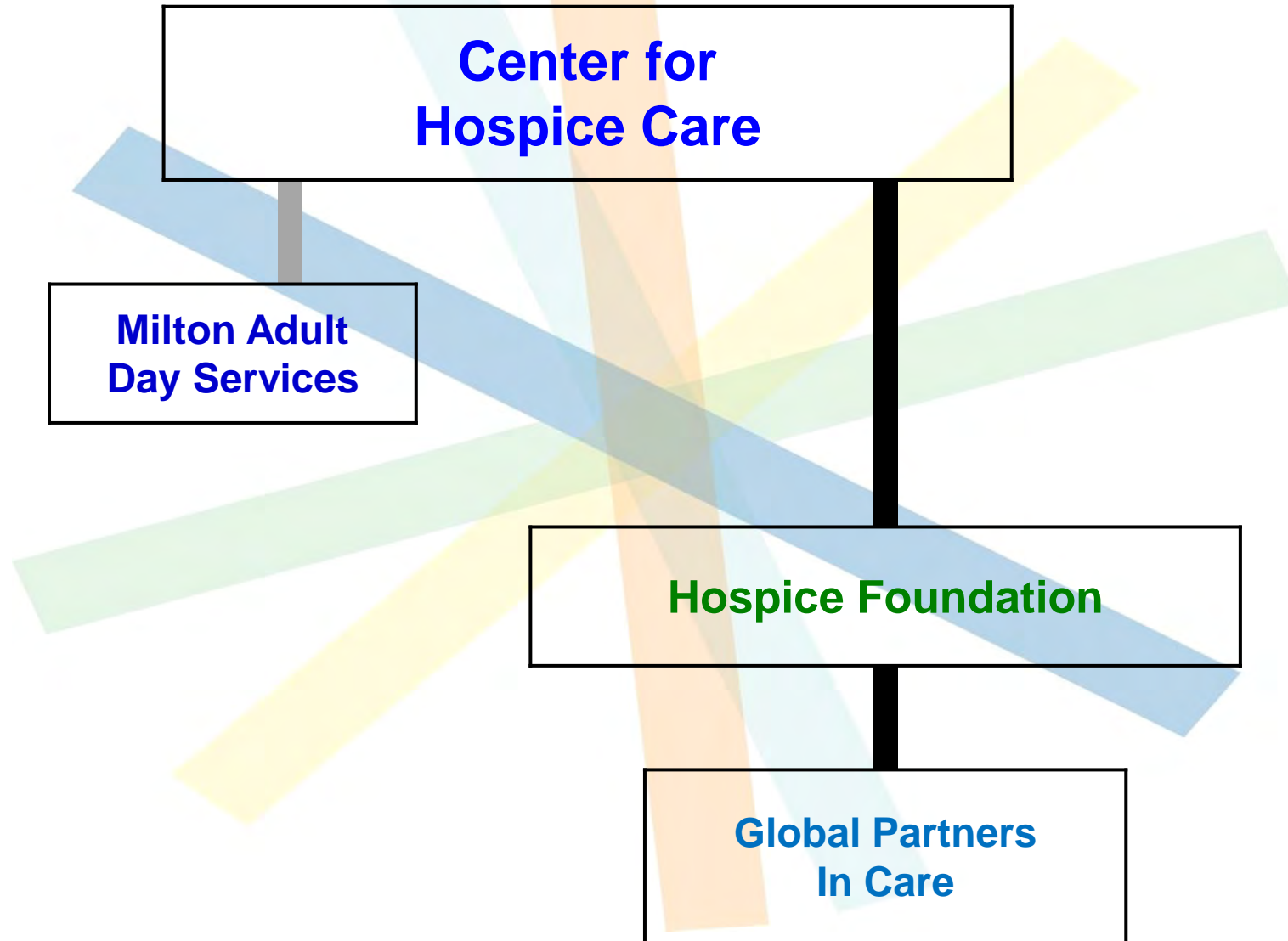
***Karl Holderman***

***Vice President / Chief Financial Officer***

***Karl Holderman***  
***Vice President***  
***Chief Financial Officer***



# *Financial Structure*



# *Financial Structure*

## **Global Partners In Care**

- Separate 501c3 entity
- Hospice Foundation is sole corporate member
- Financials “roll-up” into Hospice Foundation Balance Sheet & Income Statement

*Beneficial Interest in Affiliate*

## **Hospice Foundation**

- Separate 501c3 entity
- Type II Supporting Organization
- Common control with supported organization  
Board overlap  
President / CEO; Vice President / CFO
- Financials “roll-up” into CHC Balance Sheet & Income Statement

*Beneficial Interest in Affiliate*

## **Milton Adult Day Services**

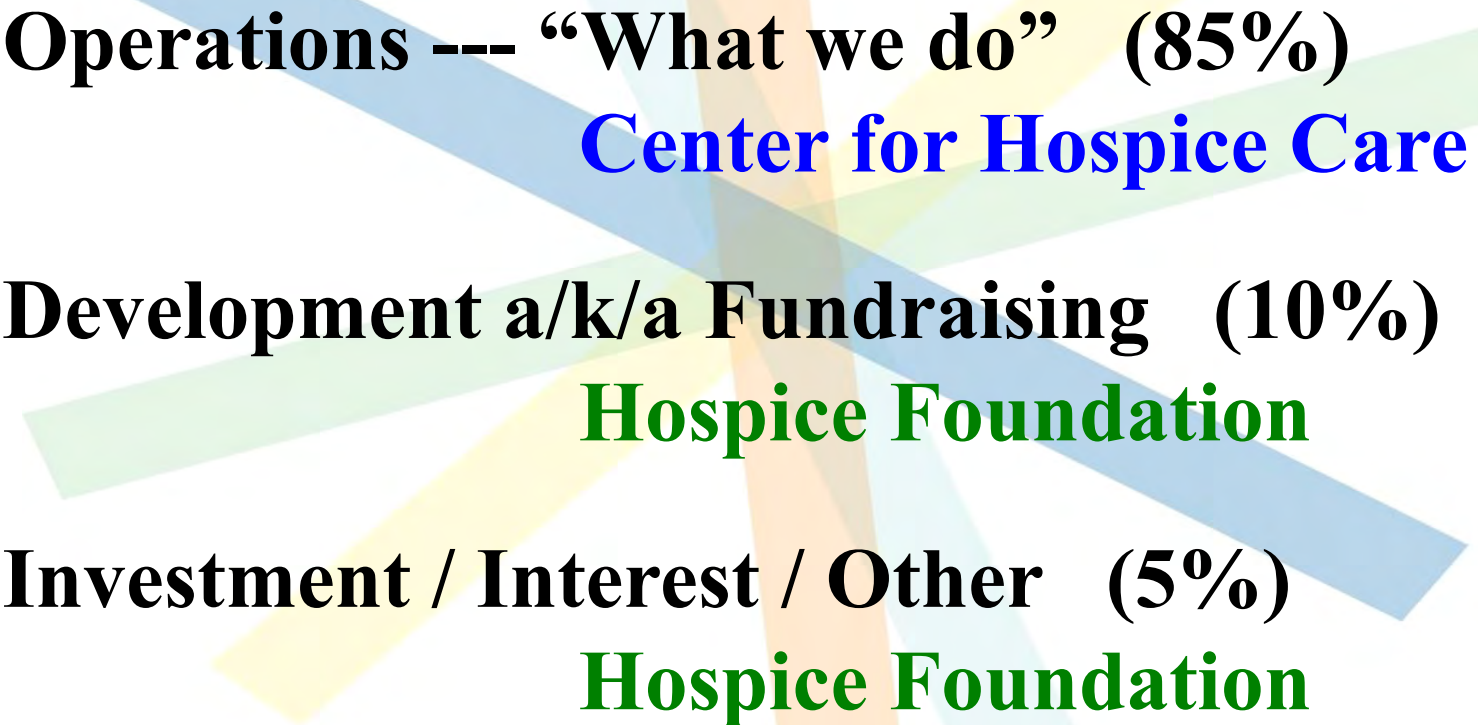
- Separate LLC (*Center for Adult Day Services*)
- Center for Hospice Care is sole member (“disregarded entity”)
- Separate line item(s) on CHC Balance Sheet & Income Statement

# December 2017 - YTD

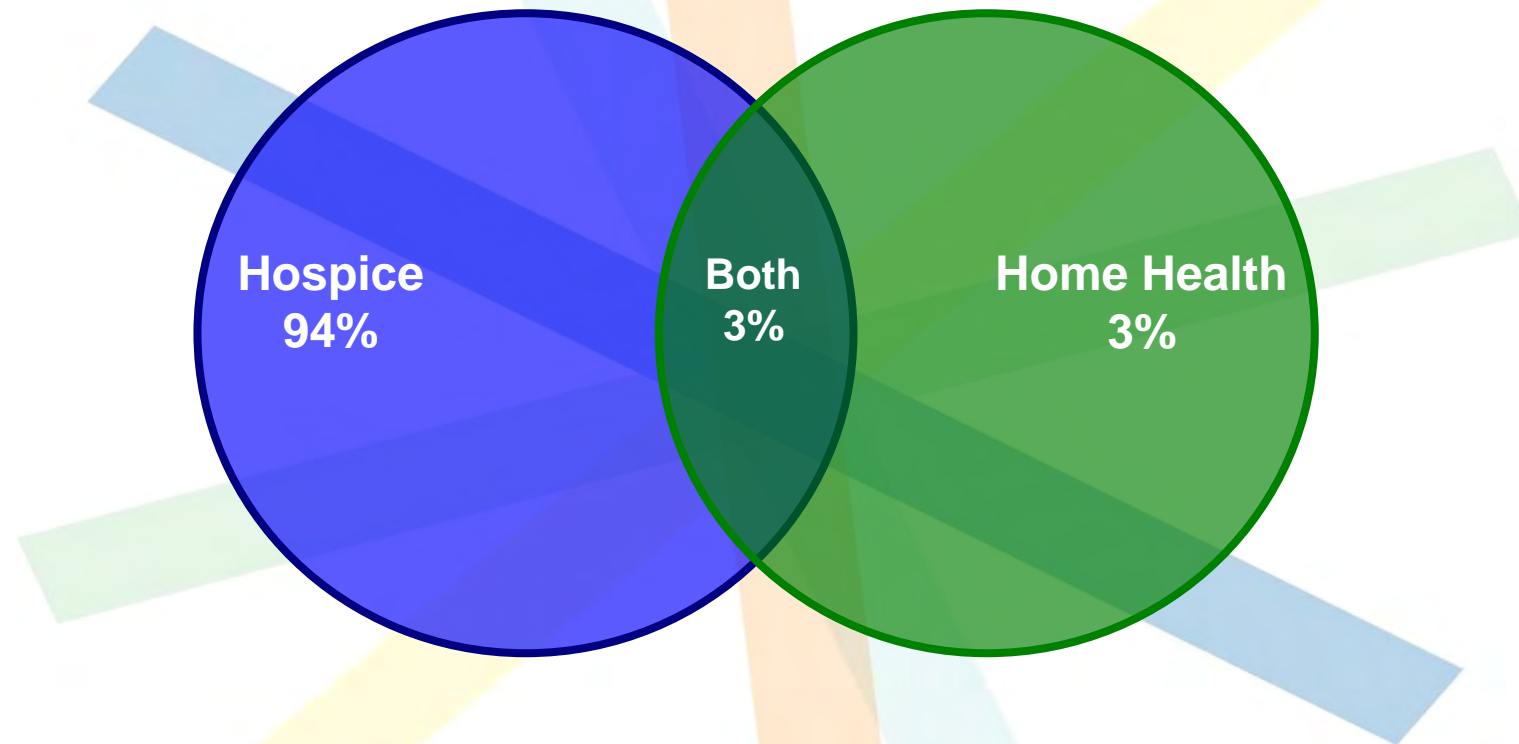
Year to Date Summary	Center for Hospice Care	Hospice Foundation	GPIC	Combined
CHC Operating Income	21,024,410			21,024,410
MADS Revenue	450,033			450,033
Development Income (Net)		2,503,876		2,503,876
Partnership Grants			265,655	265,655
Investment Income (Net)		3,109,857		3,109,857
Interest & Other	68,581	141,845	129,819	340,245
Beneficial Interest in Affiliate	3,142,963	127,395		
<b>Total Revenue</b>	<b>24,685,987</b>	<b>5,882,973</b>	<b>395,474</b>	<b>27,694,076</b>
<b>Total Expenses</b>	<b>19,688,049</b>	<b>2,740,010</b>	<b>268,079</b>	<b>22,696,138</b>
<b>Net Gain</b>	<b>4,997,938</b>	<b>3,142,963</b>	<b>127,395</b>	<b>4,997,938</b>
<i>Net w/o Beneficial Interest</i>	<i>1,854,975</i>	<i>3,015,568</i>		
<i>Net w/o Investments</i>				<i>1,888,081</i>



# *Revenue Sources*

- 
- Operations --- “What we do” (85%)**  
**Center for Hospice Care**
- Development a/k/a Fundraising (10%)**  
**Hospice Foundation**
- Investment / Interest / Other (5%)**  
**Hospice Foundation**

# Revenue Sources - Operations



**Hospice**

**(95% of patients; 98% of operating revenue)**

**Home Health**

**(5% of patients; 1% of operating revenue)**

# *Revenue Sources - Operations*

## *Hospice*

**Per diem reimbursement**

**Responsible for all visits, meds, DME, etc**

**Based on patient location and level of care**

**CBSA (STJ, Elk, LaPorte, Rural Indiana)**

**Routine (Home, ECF, ALF, GH, Hospice House)**

**Different rates for days 1-60 and days 61 and over**

**Respite (Hospice House)**

**Continuous Care (Home)**

**Inpatient (Hospital, Hospice House)**

**Medicare / Medicaid / Commercial Insurance / Self Pay**

**Self Pay has a sliding fee schedule**

# *Revenue Sources - Operations*

## *Home Health*

**Responsible for all visits (RN, HHA, SW, PT/OT/ST)**

**Not responsible for meds, DME, etc**

**Medicare pays episodic (60 days)**

**Medicaid / Commercial Insurance / Self Pay**

**Reimbursed per visit**

**Self Pay has a sliding fee schedule**

# *Revenue Sources - Operations*

## *Milton Adult Day Services*

**Billed in 15 minute increments**

**Meals, snacks, activities**

**Medicaid Waiver/ VA Insurance / Self Pay**

# *Revenue Sources - Foundation*

**Development a/k/a Fundraising**

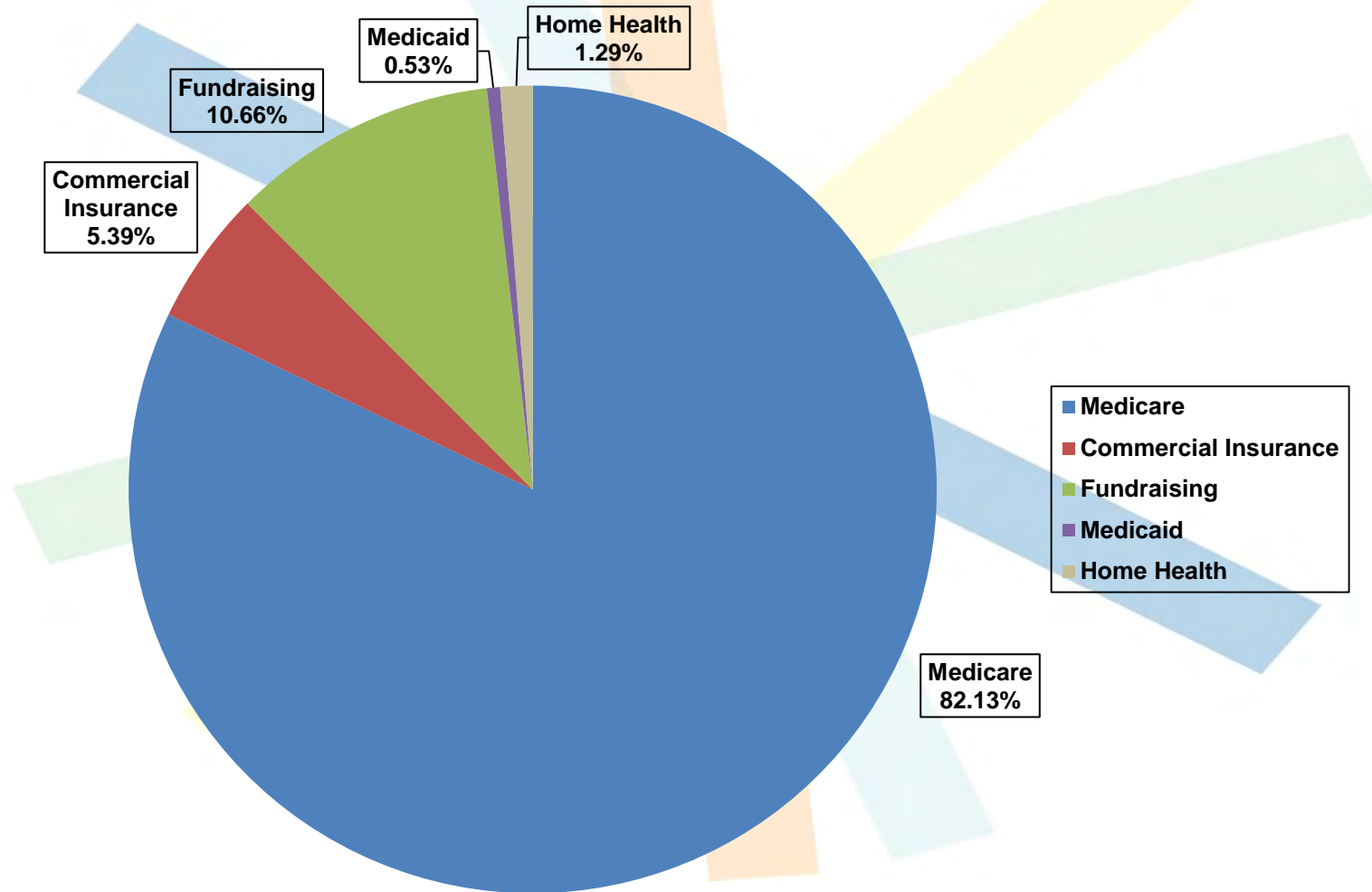
**Planned Giving**

**Crossroads Campaign**

**Investment / Interest / Other**

**Global Partners In Care**

# 2017 Revenue Sources





# **Expenditures**

## **Salary & Wages**

**Largest budget item (65% of expenses)**

**Approximately 225 employees (including PRN)**

**Determined by position & labor grade**

**Increases based on annual performance review**

**Increase scale & labor grades are reviewed to  
reflect inflation, local market, etc**

## **Employment Expenses**

**FICA, Life Ins, Staff Recognition, Recruiting**

**403(b) Match – 25% of employee contribution**

**Up to \$4,000**

**Health Insurance – Partially Self Funded**

**H S A --- CHC & employee contribution**

**Premiums supplemented by CHC**

# *Expenditures*

## **Direct Patient Care Costs**

**Second largest budget item (20% of overall budget)**

**Medications (Optum) / DME (Alicks)**

**Supplies**

**Transportation, labs, etc**

**Public Awareness**

**Professional Fees**

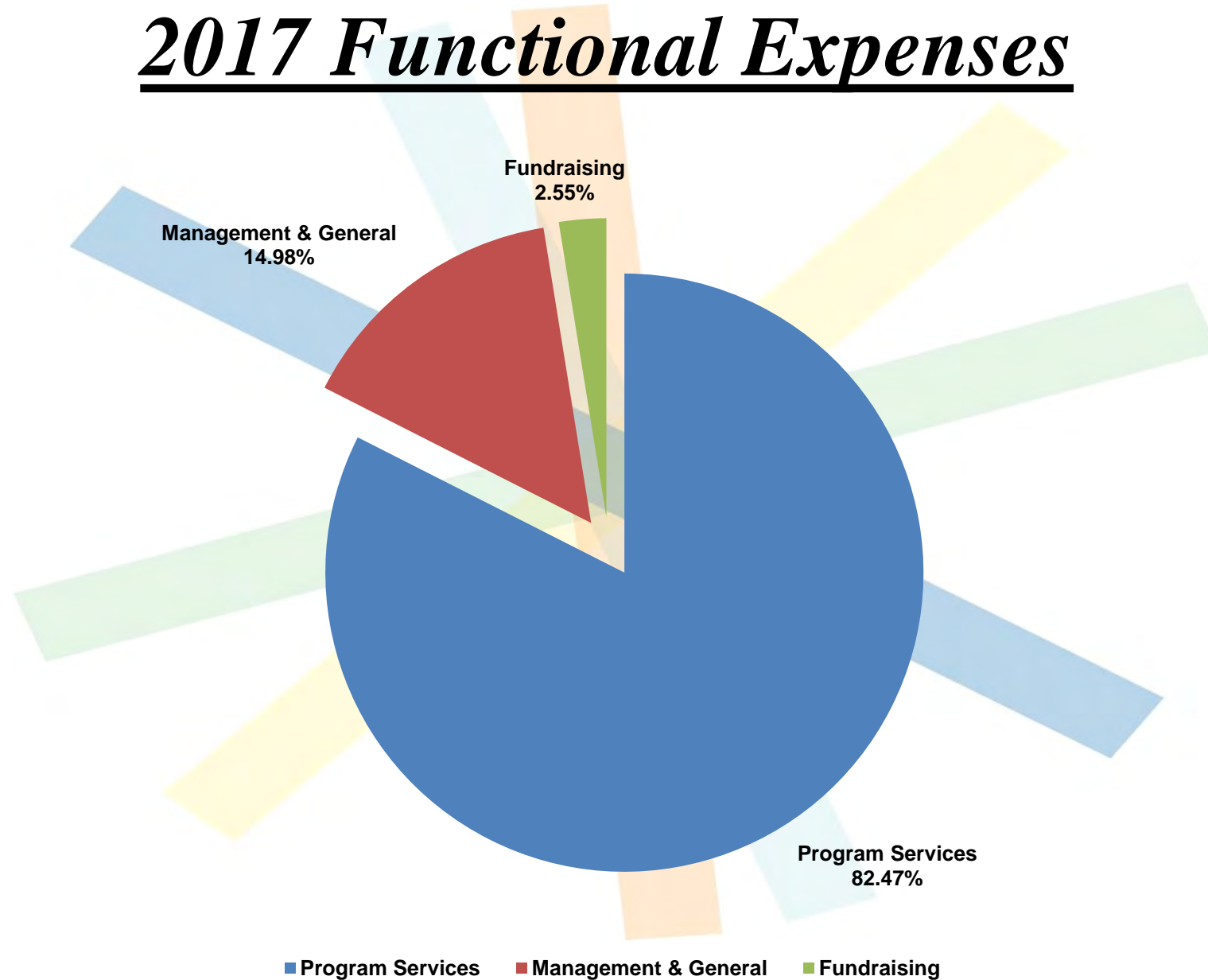
**Software Maintenance**

**Buildings Grounds**

**Fundraising**

**GPIC Partnership Grants**

# 2017 Functional Expenses



# *Balance Sheet*

**Cash on Hand**

**Investment Policies (CHC / Foundation)**

**Accounts Receivable**

**Fixed Assets**

**No significant liabilities**



**Kruggel Lawton CPA's  
Annual Audit  
Form 990  
403(b) Retirement Plan Audit  
David Culp & Co (2011 - 2017)**

**Crowe Horwath  
Medicare / Medicaid Cost Reports**





# Thank You & Welcome

tusind tak    ngiyabonga  
 谢谢    dakujem vám    dziękuję  
 ありがとう    merci  
**thank you**  
 baie dankie    धन्यवाद    molte grazie  
 suksema    danke    obrigada    takk    dank u    mahalo  
 tēşekkür ederim    شكرا    grācijas    tānan    tēşekkür edire  
 tack så mycket



歡迎    SELAMAT DATANG    HOSPITIUM  
 KALOSORISMA    BONVENON    VINDO  
 BIENVENIDA    BEM    WILLKOMMEN  
 PONTIANE    WELCOME    WELKOM  
 TERVETULOLOA    بى حرت    स्वागत  
 FOGADTATÁS  
**WILLKOMMEN**  
 BIENVENUE    BIENVENUE  
 WELCOME    добро пожаловать  
 BIENVENIDA    WELCOME    BIENVENIDA  
 WEL    COME    BIEN    VENUE    KANOSORISMA    BIENVENUE    BIENVENUE  
 DOBRO POZHALOVAT'    WELKOMMEN NEUES    VELKOMMEN  
 VELKOMMEN    BENVINGUDA    BIENVENUTO    SAMBUTAN  
 KARSILAMA    歡迎    BEM-VINDO    CHOVIM TORDOM  
 NOVUS ANNIUS    WELCOME    WELCOME  
 WELKOM    HOSPITIUM    DOBRO DOŠYL    歡迎    DOBRE DOŠYL  
 VÄLKOMMEN    歡迎    DOBRODOŠLI    DOBRODOŠLI    明けましておめでとうございます    HOSPITIUM



# New Board Orientation

## Marketing & Access Overview



# Marketing & Access Overview

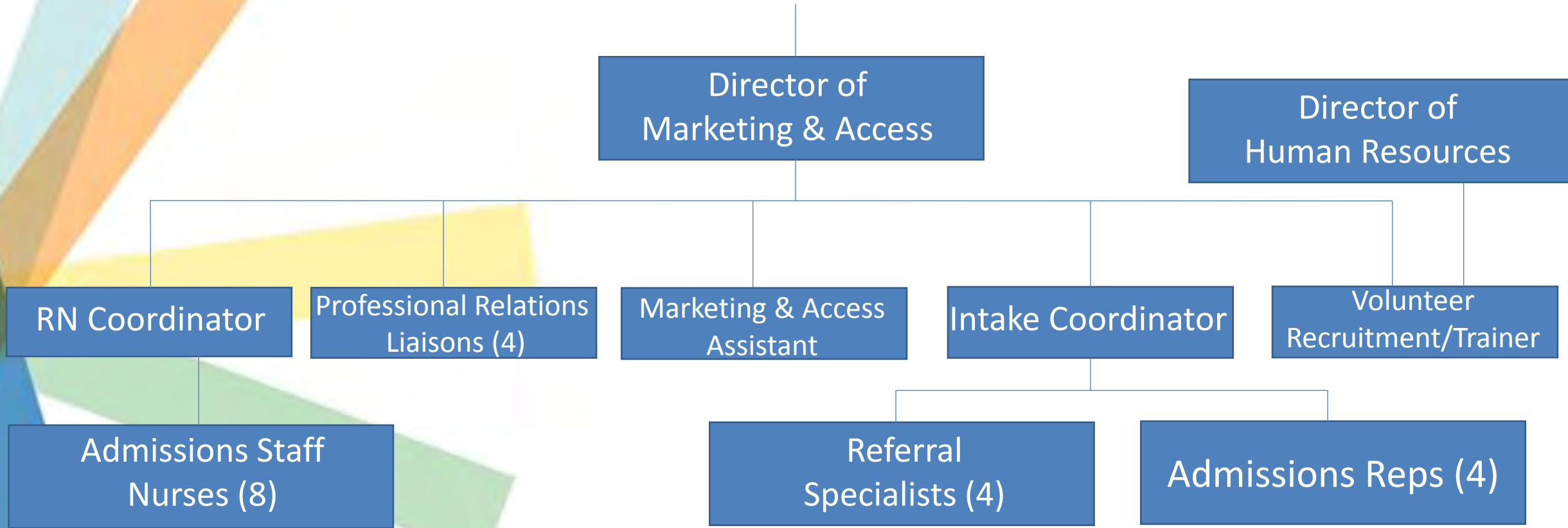
## Roles & Responsibilities

### Director of Marketing & Access

**Marketing** – Manage the Center for Hospice Care brand. Literature, CHOICES magazine, H&P (hospice and physician) Team Newsletter, public relations, advertising, website, social media.

**Admissions** – First contact with our agency. Developing that exceptional customer experience. Removing any barriers that delay access into our program.

# Marketing & Access Overview



# Marketing & Access Overview

-Roles & Responsibilities

## Intake Coordinator

### Roles & Responsibilities

- \* Admission Representatives (4)
- \* Referral Specialist (4)
- \* Monitors daily admissions schedule
- \* Triage pending admissions
- \* Phone call techniques



choices to make the most of life™

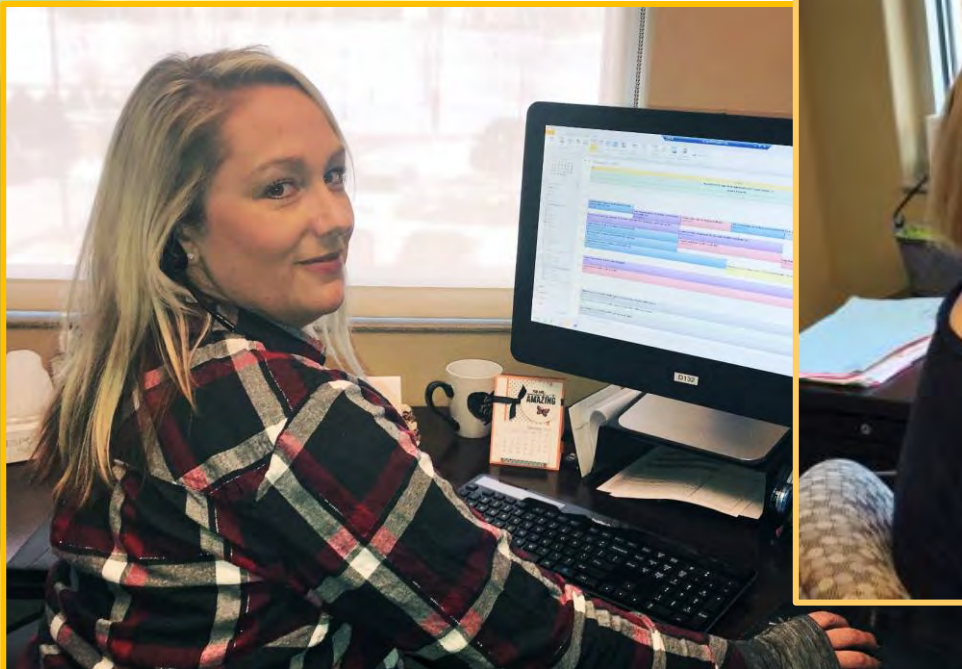


# Marketing & Access Overview

-Roles & Responsibilities

## Referral Specialists

- \* Admission Representatives (4)
- \* Referral Specialist (4)

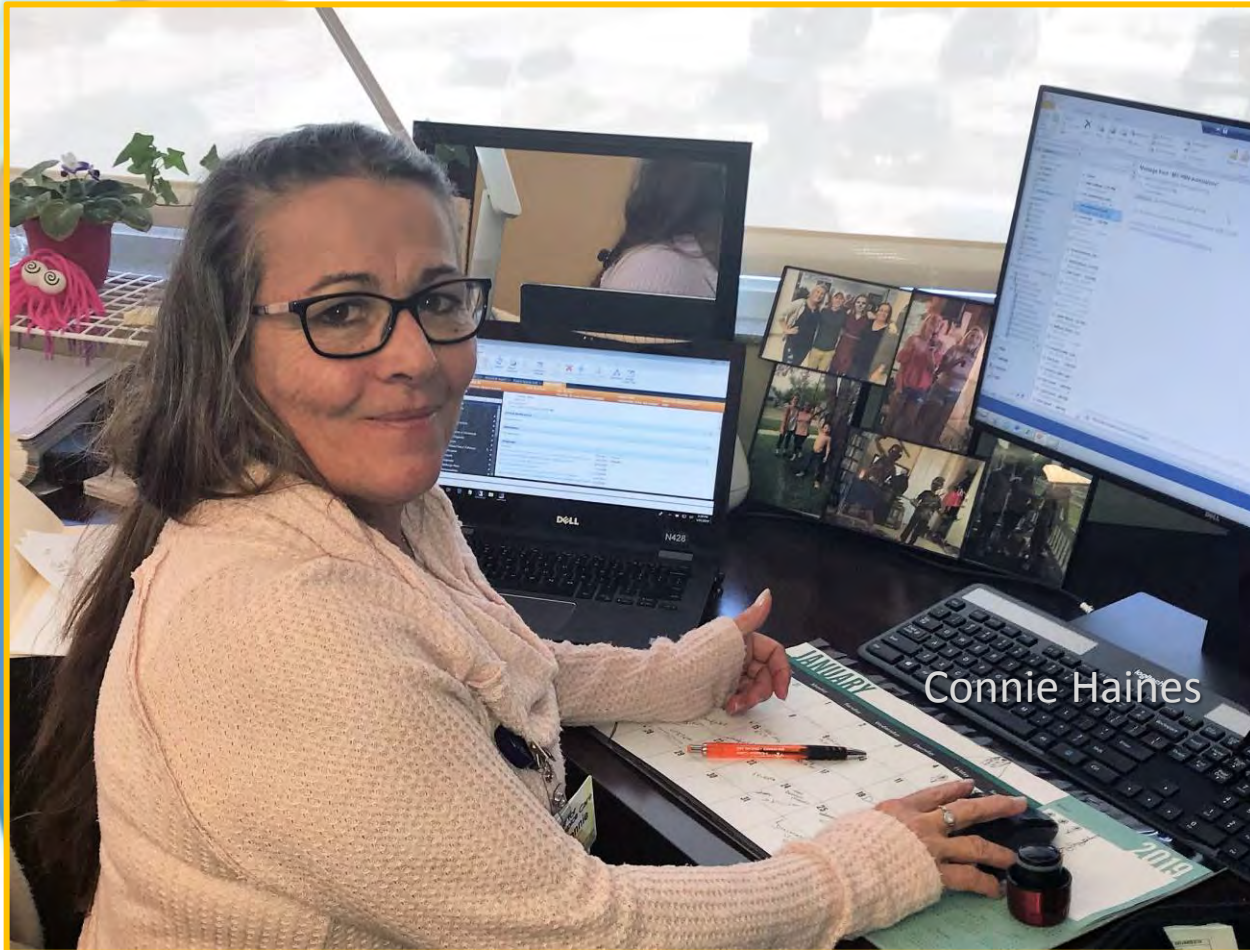


 Center for  
Hospice Care

choices to make the most of life™

# Marketing & Access Overview

-Roles & Responsibilities



## Admissions RN Coordinator

### Roles & Responsibilities

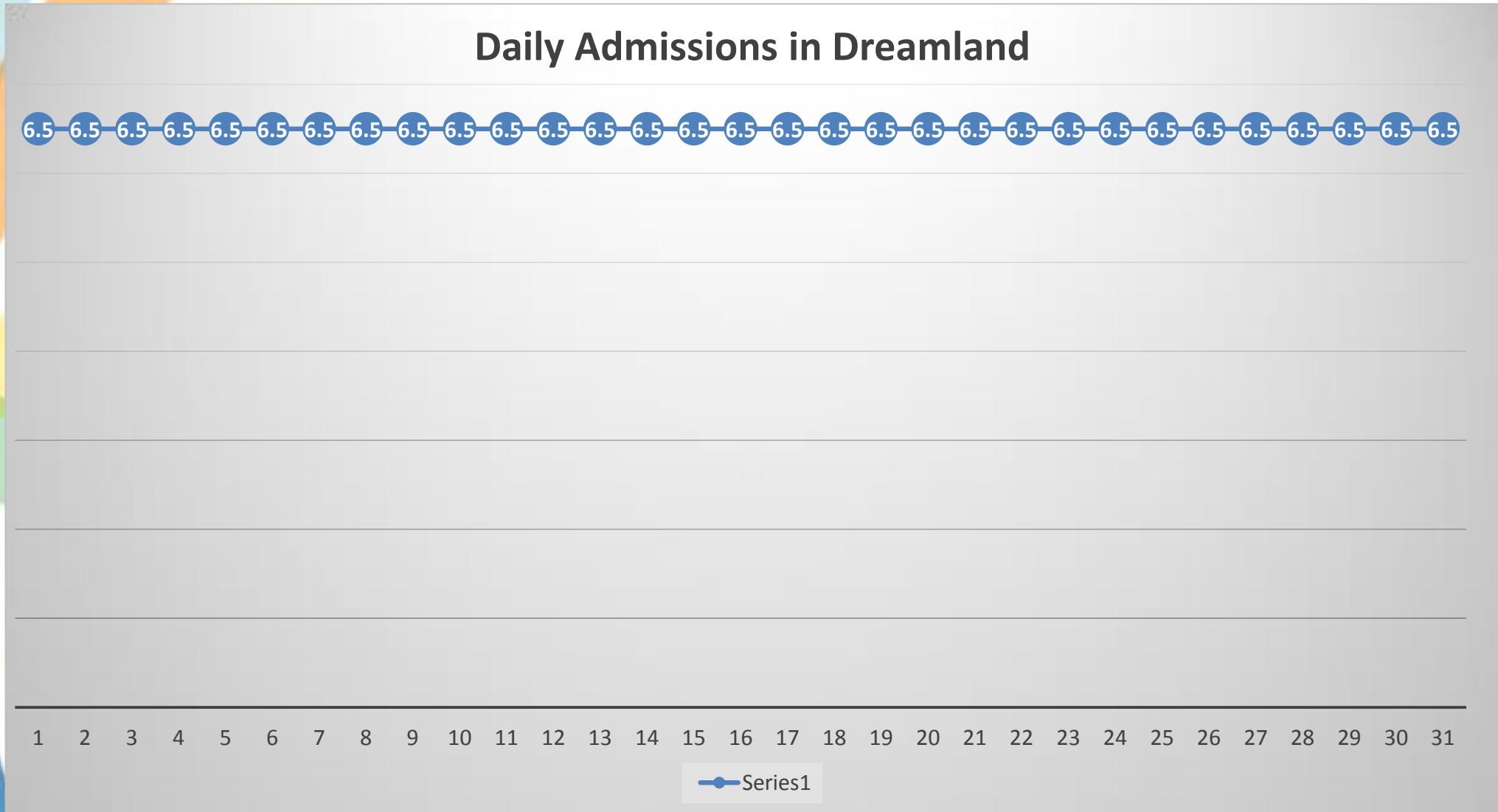
- \* Admission Nurses (8)
- \* Ensures staff is following admitting guidelines
- \* Obtaining appropriate documentation
- \* Completes admissions process



choices to make the most of life™



# Marketing & Access Overview

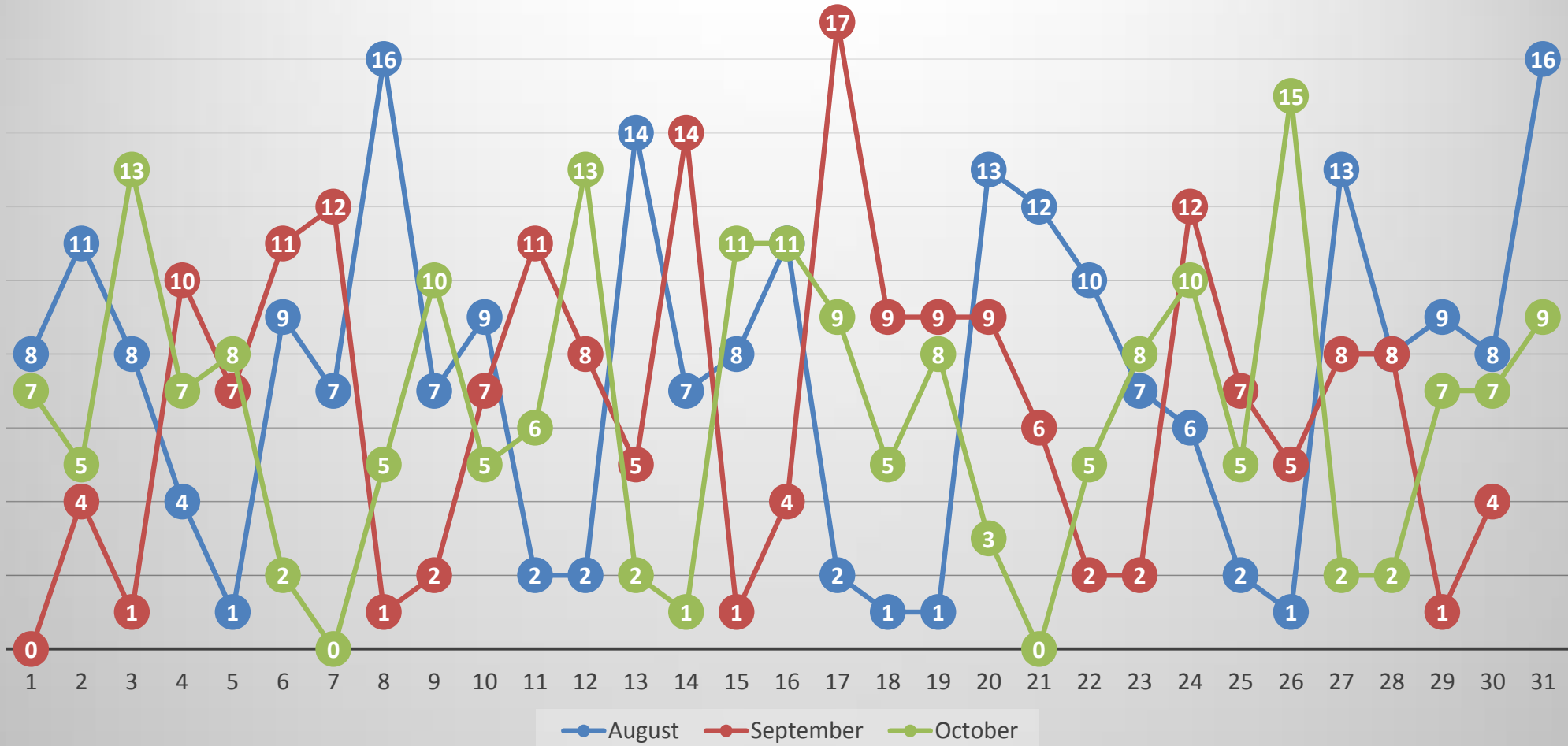


Care

choices to make the most of life™

# Marketing & Access Overview

## Daily Referrals in Reality

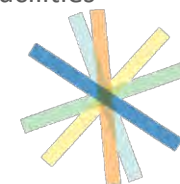
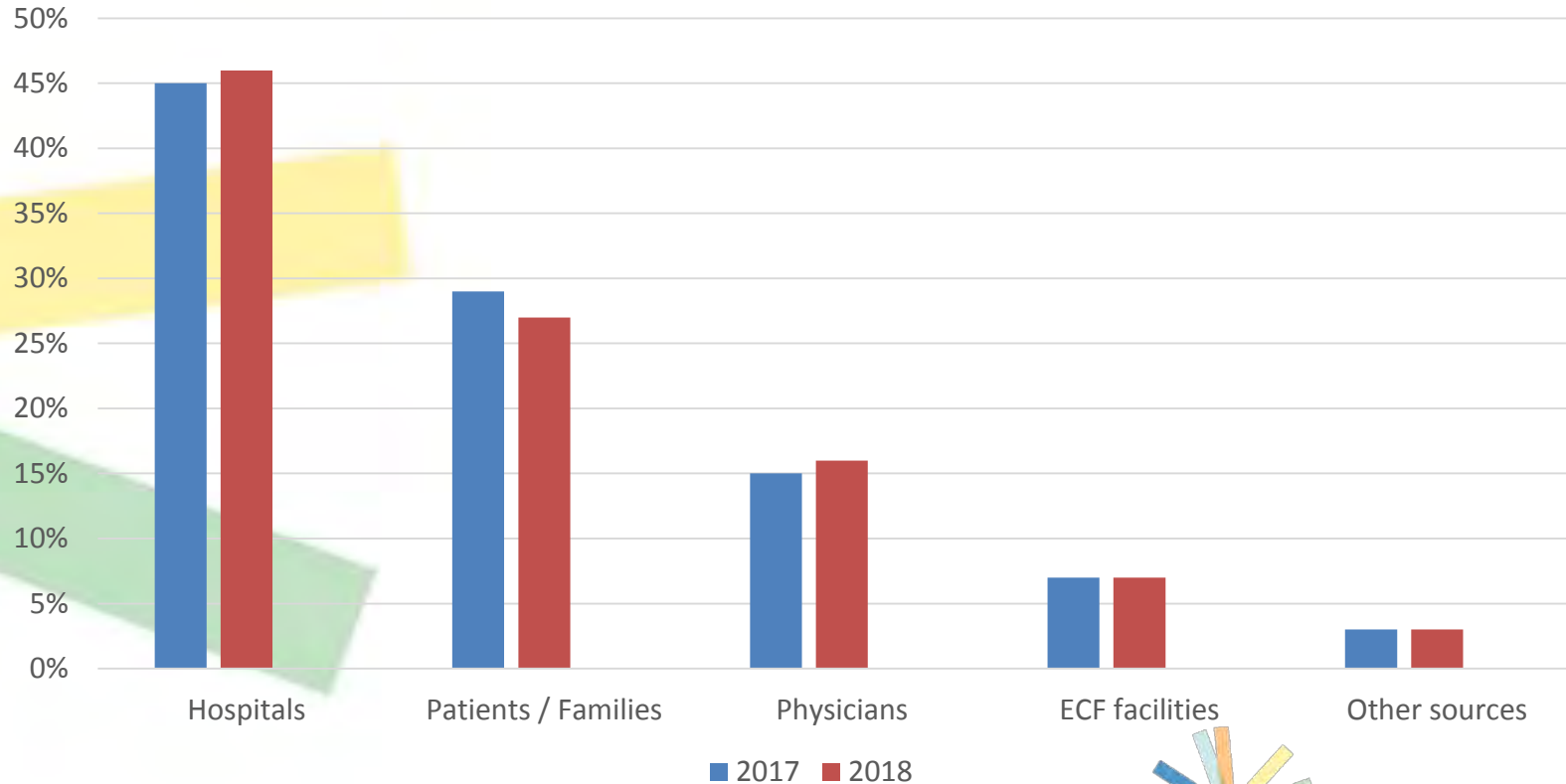




# Marketing & Access Overview

-Referral calls from Family, Self and Others

2017 / 2018 Referral Sources



Center for  
Hospice Care

choices to make the most of life™

# Marketing & Access Overview

## Roles & Responsibilities

### \* Professional Community Liaison (4)

- Manage referral sources (doctors, hospital DC planners, ECF partners)
- Educate our community (speaking engagements, health fairs, community involvement)



# Marketing & Access Overview

-Social Media



Center for  
Hospice Care

1-800-HOSPICE

Within our nine-county service area



@Center4Hospice



Center4Hospice



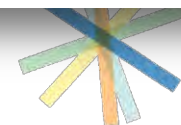
@Center4Hospice



Center4Hospice



Center4Hospice



Center for  
Hospice Care

choices to make the most of life™



# Marketing & Access Overview

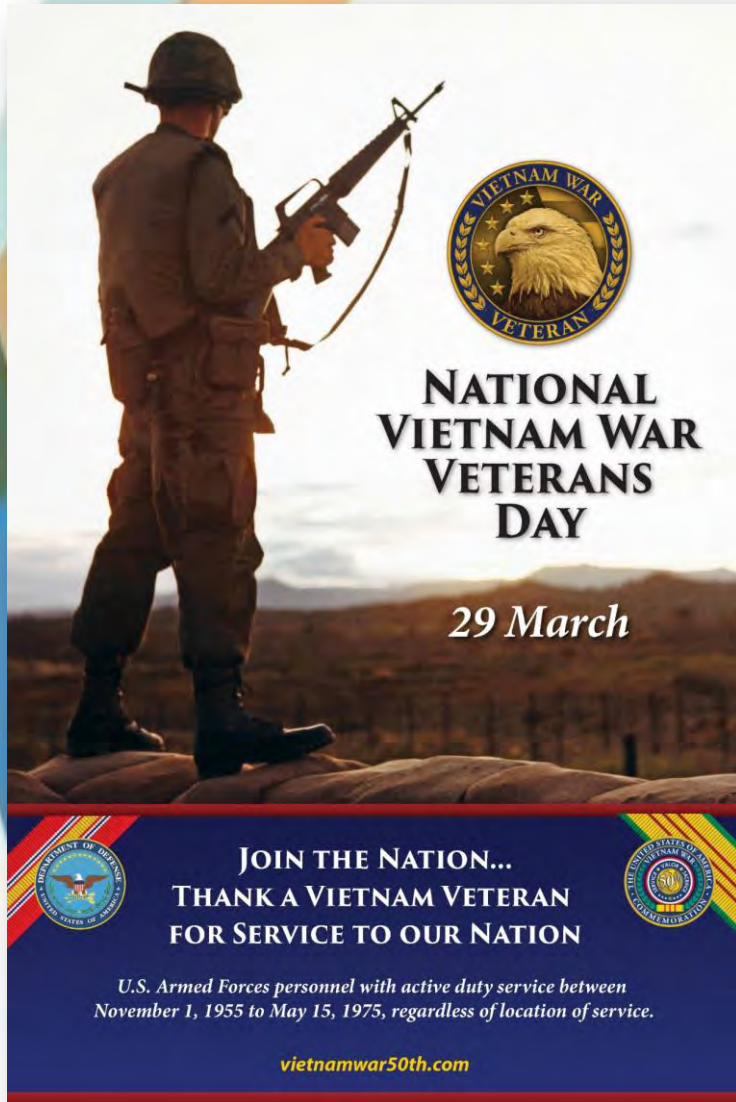
-We Honor Veterans





# Marketing & Access Overview

-Vietnam War Commemorative Partner



**NATIONAL  
VIETNAM WAR  
VETERANS  
DAY**

*29 March*

**JOIN THE NATION...  
THANK A VIETNAM VETERAN  
FOR SERVICE TO OUR NATION**

*U.S. Armed Forces personnel with active duty service between  
November 1, 1955 to May 15, 1975, regardless of location of service.*

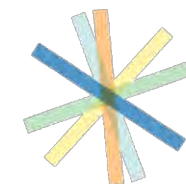
[vietnamwar50th.com](http://vietnamwar50th.com)



Vietnam Veteran Lapel Pin (Front)



Vietnam Veteran Lapel Pin (Back)



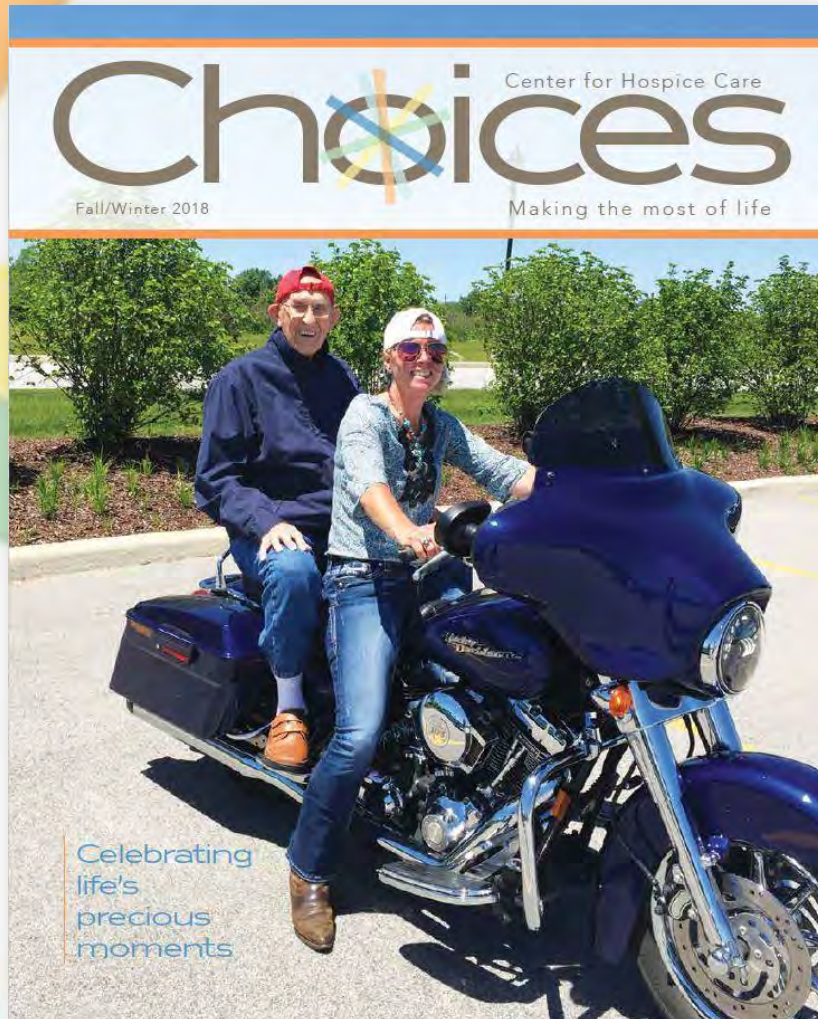
Center for  
Hospice Care

choices to make the most of life™



# Marketing & Access Overview

## CHOICES (biannual)



hospice & physician team newsletter  
(quarterly)




# Marketing & Access Overview

hospice and palliative care




Center for Hospice Care  
choices to make the most of life™

center for palliative care




Center for Hospice Care  
choices to make the most of life™

volunteer



Center for Hospice Care  
choices to make the most of life™

dementia care program



Center for Hospice Care  
choices to make the most of life™

grief services  
for those who grieve the death of a loved one




Center for Hospice Care  
choices to make the most of life™

complementary comfort care



Center for Hospice Care  
choices to make the most of life™

social work



Center for Hospice Care  
choices to make the most of life™

perinatal hospice and palliative care




Center for Hospice Care  
choices to make the most of life™

spiritual care



Center for Hospice Care  
choices to make the most of life™

HeartWize




HeartWize is designed to offer patients with advanced heart disease an option for optimal management of their care. When patients with maximally treated heart disease would like to avoid further re-hospitalizations and are not candidates for further surgical procedures, the HeartWize program can assist the physician, patient and family to manage symptoms of heart disease at home.

**The goals of HeartWize are to:**


- Improve quality of life and help the patient accomplish important goals.
- Increase the ability of the patient to cope with the illness.
- Increase family caregiver confidence and coping.
- Closely monitor and manage symptoms to reduce episodes of crisis.
- Reduce hospital admissions and Emergency Room visits.

HeartWize helps patients meet these goals through:

- Regularly scheduled visits by staff with specialized training in cardiac evaluation and symptom management.
- A cardiac medication kit placed in the home.
- Specialized protocols and treatment pathways designed for end-stage cardiac disease.
- Patient education materials specifically designed for end-stage cardiac patients.
- Use of emotional, spiritual, and complementary approaches to care as appropriate.



For more information about the HeartWize program call Center for Hospice Care. 1-800-HOSPICE (467-7423) www.cfcare.org



Center for Hospice Care  
choices to make the most of life™

BreatheEasy



The BreatheEasy program is designed to offer patients with chronic obstructive pulmonary disease (COPD) an option for optimal management of their care. When patients with maximally treated COPD would like to avoid further re-hospitalizations and are no candidates for further lung cell procedures, the BreatheEasy program can assist the physician, patient and family to manage symptoms of COPD at home.

**The goals of the BreatheEasy program are to:**

- Improve the quality of life and help the patient accomplish important goals.
- Increase the ability of the patient to cope with the illness.
- Increase family caregiver confidence and coping.
- Closely monitor and manage symptoms to reduce episodes of crisis.
- Reduce hospital admissions and Emergency Room visits.
- Reduce emergency overnight home calls to physician.

The BreatheEasy program helps patients meet these goals through:

- Regularly scheduled visits by staff with specialized training in COPD evaluation and symptom management.
- A COPD medication kit placed in the home.
- Specialized protocols and treatment pathways designed for end-stage COPD.
- Patient education materials specifically designed for end-stage COPD patients.
- Use of emotional, spiritual, and complementary approaches to care as appropriate.

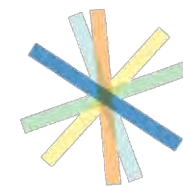


For more information about the BreatheEasy program call Center for Hospice Care. 1-800-HOSPICE (467-7423) cfcare.org



Center for Hospice Care  
choices to make the most of life™

## Agency Collateral



Center for Hospice Care

choices to make the most of life™



# Marketing & Access Overview

-Television Commercials – 3



Center for  
Hospice Care

choices to make the most of life

**38** years  
experience

1-800-HOSPICE  
cfhcare.org

have you ever been asked

what kind of care  
do YOU want today?

call 1-800-HOSPICE

Milton Adult Day Services 30



Milton Adult Day Services  
miltonads.org 574-232-2666  
922 E. Colfax, South Bend




Center for  
Hospice Care

choices to make the most of life™

# Marketing & Access Overview

-Digital Campaign

REMEMBER  
you're entitled to choose  
the hospice program  
YOU want.



Center for Hospice Care  
What kind of care  
do YOU want today?




 Center for Hospice Care  
choices to make the most of life™  
what kind of care  
do YOU want today?  
1-800-HOSPICE  
CFHCare.org

REMEMBER  
you're entitled to choose  
the hospice program  
YOU want.



Center for Hospice Care  
What kind of care  
do YOU want today?

- Hospice
- Home Care
- Palliative Care
- Grief Counseling
- Community Education



 Center for Hospice Care  
choices to make the most of life™

# Marketing & Access Overview

Thank you  
&  
Welcome to CHC!



Center for  
Hospice Care

choices to make the most of life

New Board Member Orientation

February 5, 2019



**2 Organizations | 1 Mission**  
***“To improve the quality of living”***





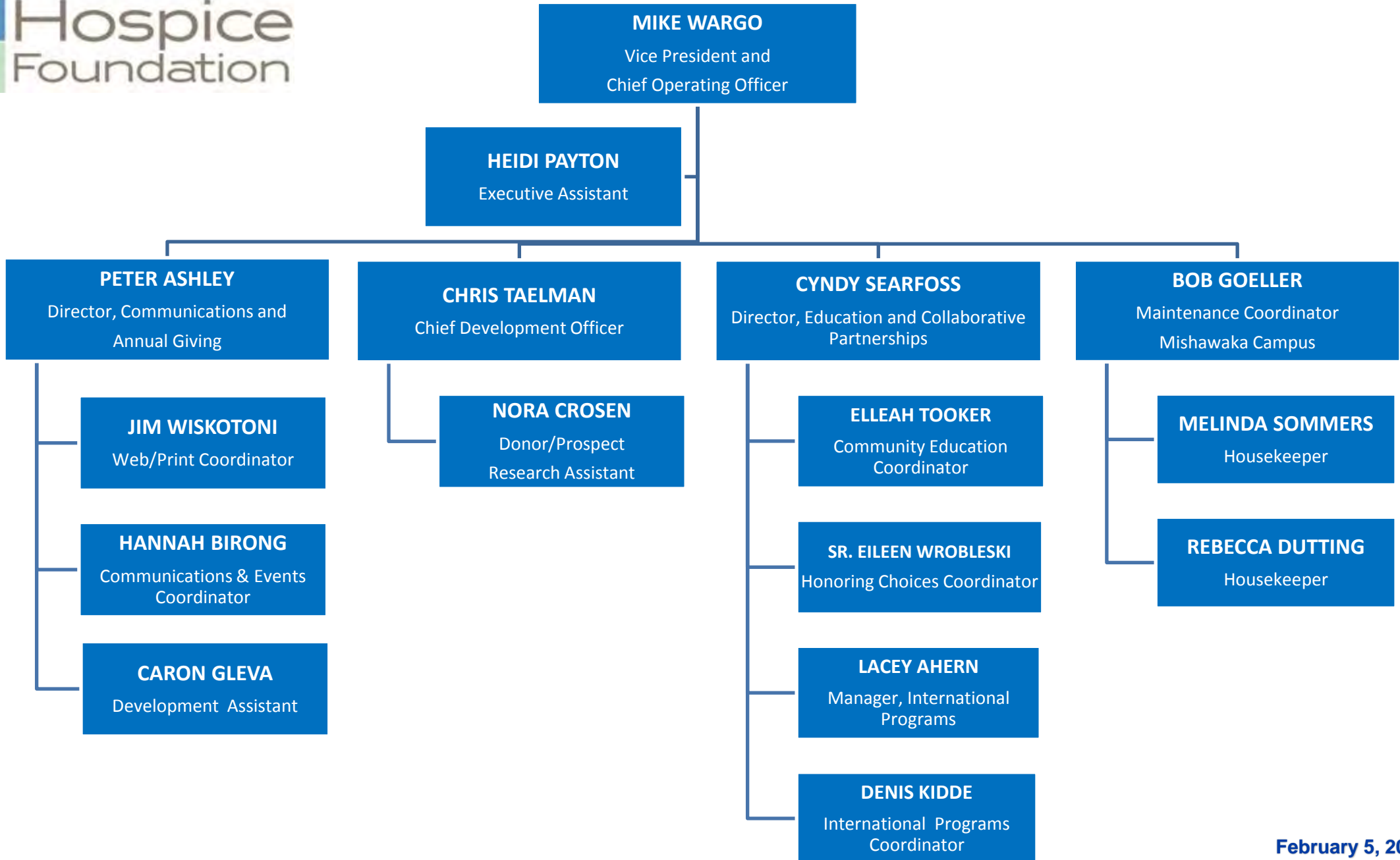
FUNDRAISING

STEWARDSHIP



COLLABORATION

EDUCATION





# Hospice Foundation Team



**Mark Murray**  
President/CEO  
574.243.3100



**Mike Wargo**  
Chief Operating Officer  
574.243.2059



**Karl Holderman**  
Chief Financial Officer  
574.243.3116



**Caron Gleva**  
Development Clerk  
574.243.2057



**Denis Kidde**  
International Programs  
Coordinator  
574.277.4860



**Heidi Payton**  
Executive Assistant  
574.367.2446



**Cyndy Searfoss**  
Director of Education &  
Collaborative Partnerships  
574.277.4203



**Lacey Ahern**  
Program Director  
574.367.2455



**Peter Ashley**  
Director of Communications &  
Annual Giving  
574.367.2457



**Hannah Birong Nichols**  
Communications & Events  
Coordinator  
574.243.3119



**Nora Crosen**  
Development Assistant  
574.243.2056



**Chris Taelman**  
Chief Development Officer  
574.243.3713



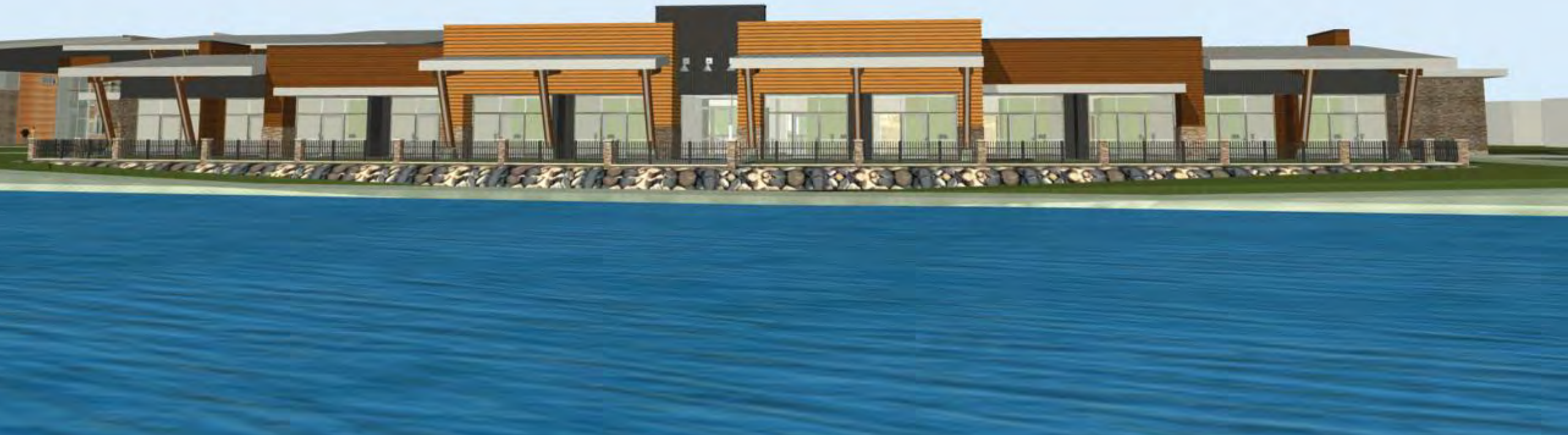
**Elleah Tooker**  
Community Education  
Coordinator  
574.243.4028



**Jim Wiskotoni**  
Web/Print Coordinator  
574.277.4205



# Cornerstones for Living: THE CROSSROADS CAMPAIGN



# Current Fundraising Activities

## Annual Fund Raising/Appeals

- Annual Appeal
- Friends of Hospice
- Memorial Giving

## Special Events

- Helping Hands Dinner
- Bike Michiana for Hospice
- Walk/Run for Hospice
- Okuyamba Fest
- 3<sup>rd</sup> Party Events

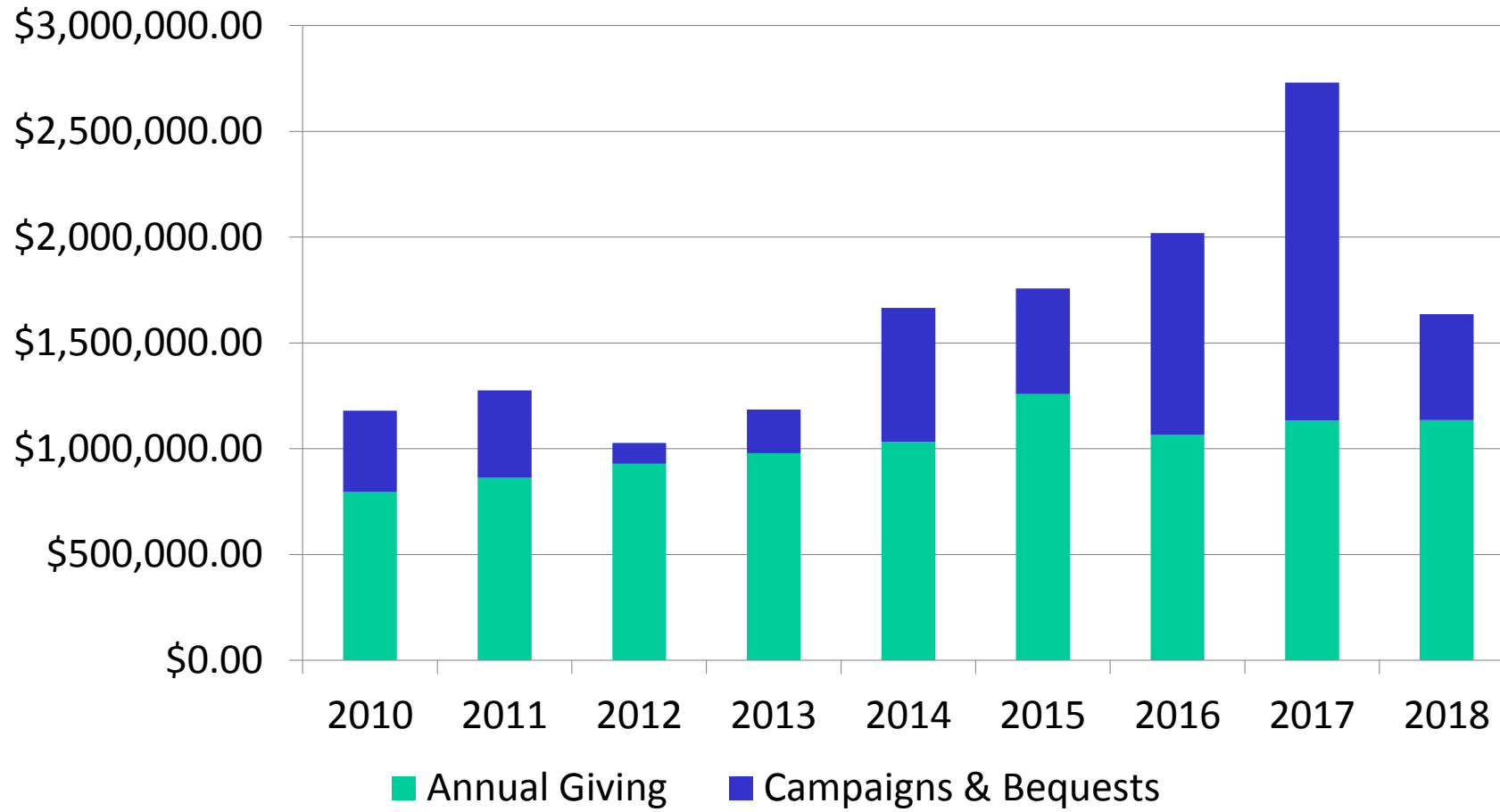
## Employee Giving

- We Believe
- Uganda Impact Fund
- Road to Hope

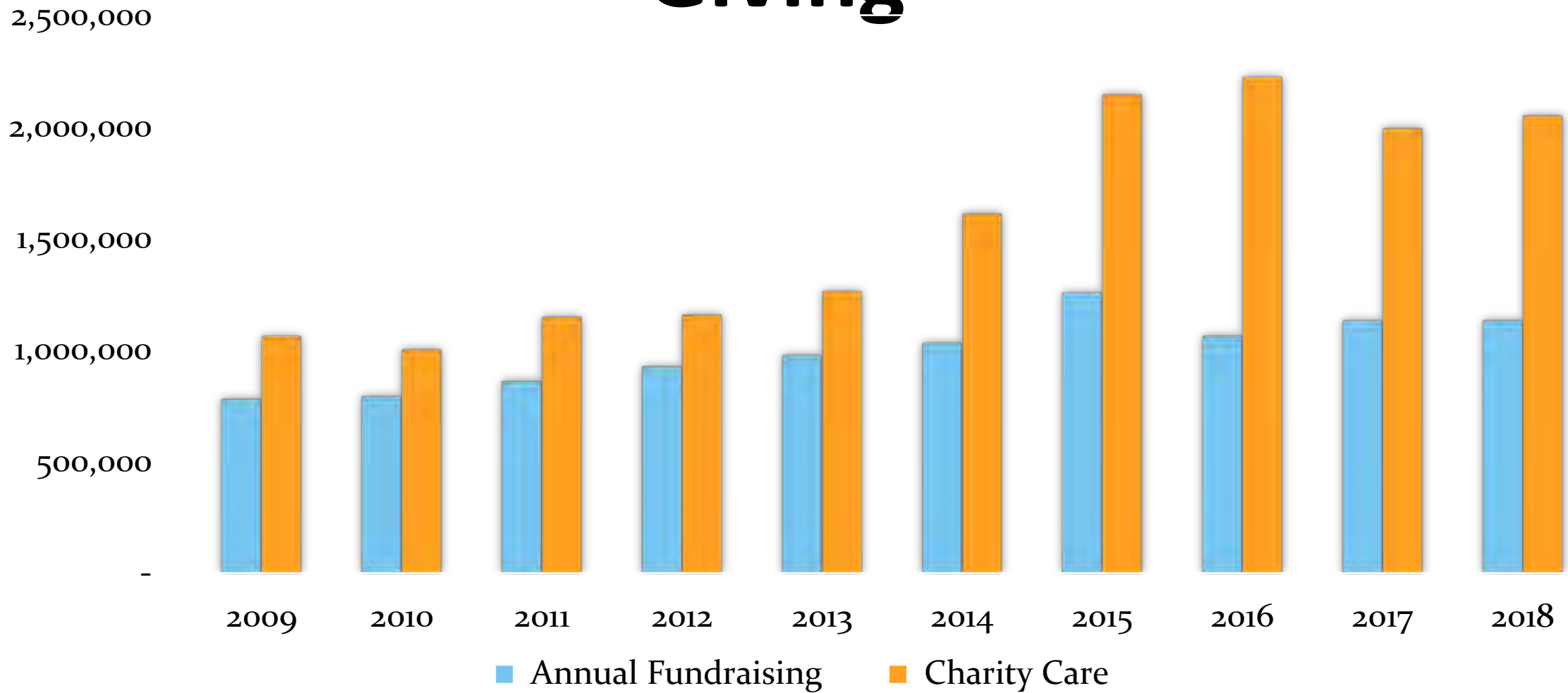
## Planned Giving

- Bequests/Estate Gifts
- \$10 Million 5-Year Comprehensive Campaign
  - Capital Goal: \$5MM
    - Raclin House
    - Clinical Staff Building
  - Endowment Goal: \$2MM
    - Life Transition Center
    - Hospice & Palliative Care Fellowship
    - Underserved Communities Outreach
    - “After Images” Art Counseling
    - Camp Evergreen
    - We Honor Veterans
    - Pediatric Hospice Program
    - Caregiver Training Center
    - Annual/Programmatic (\$3MM)
  - Programmatic/Annual Giving: \$3MM

# Fundraising Last 9 Years



# Value of Charity Care Relative to Annual Giving\*



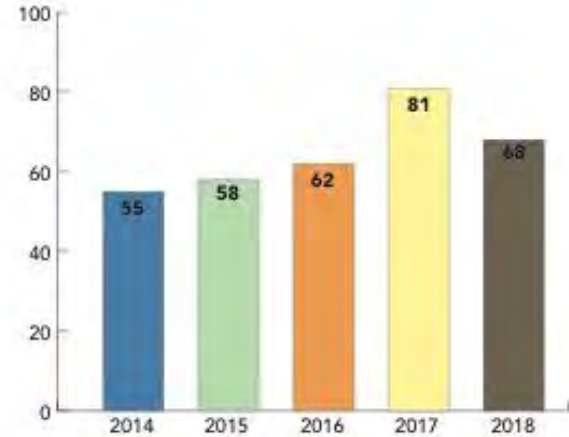
\* Charity care is defined as value of discounted and unreimbursed patient care, bereavement services and bereavement programs. Annual fundraising is defined as total revenue received less campaign, endowment, estate and major one-time gifts.



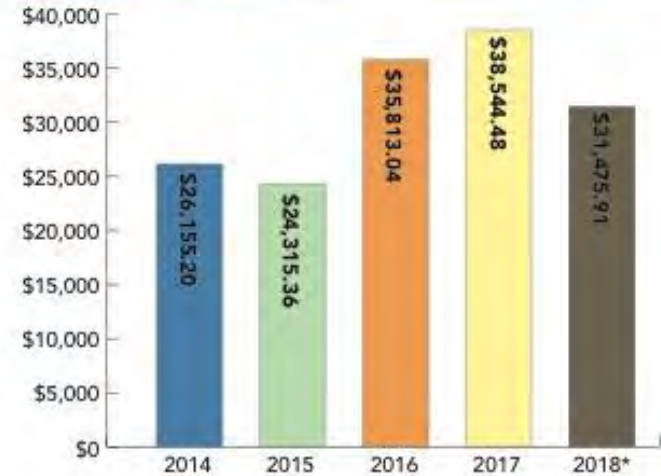


# EMPLOYEE GIVING HISTORY

### Employee Giving Participants

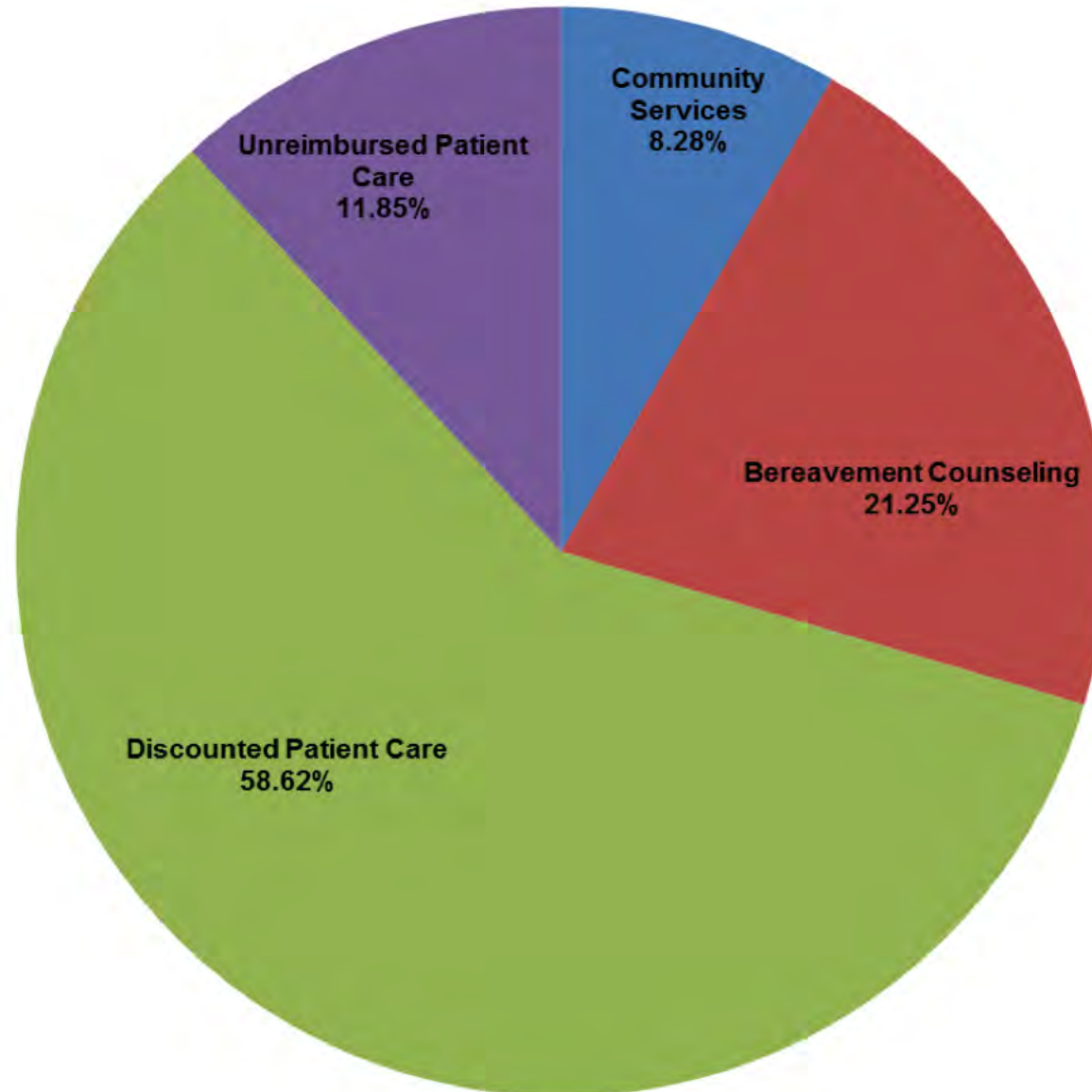


### Aggregate Giving by Employees



\* 2018 financial numbers represent money donated by payroll deduction through 11/2/18.

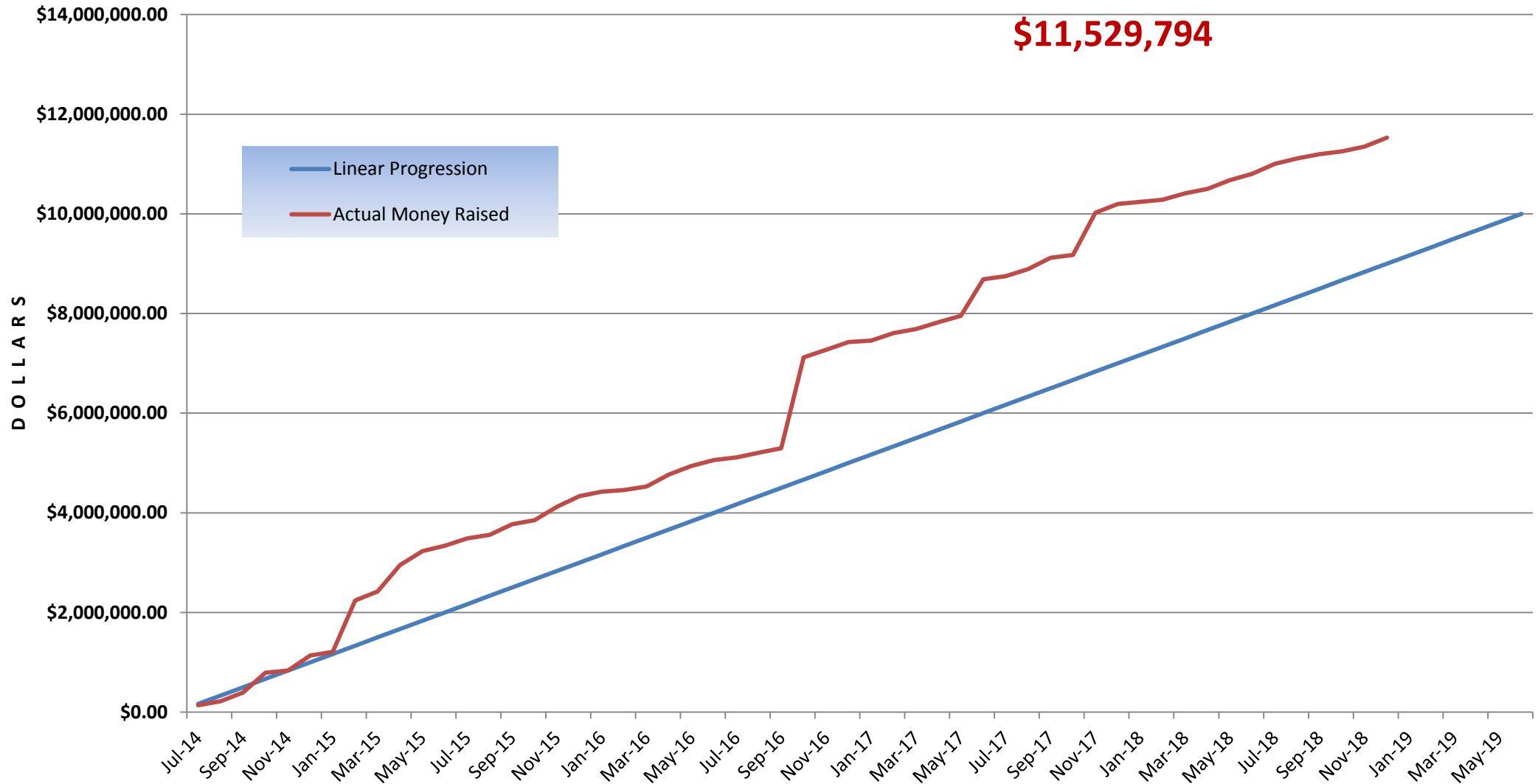
# Areas of CHC Support







# Cornerstones for Living: THE CROSSROADS CAMPAIGN



# Underfunded Priorities

*Campaign officially ends 6/30/2019*

## Capital: Inpatient Facility

- Ernestine M. Raclin House
- \$800,000 Remaining

## Endowment: Fellowship

- Vera Z. Dwyer Dwyer Fellowship in Hospice & Palliative Medicine
- \$550,000 Remaining







Community Education



Professional Education



Student Learning

## How Should a Life's Journey End?

The Center for Education & Advance Care Planning offers comprehensive end-of-life planning and education resources. Whether you're a [medical professional](#), a [trusted adviser](#), or want to learn how to start discussions about end-of-life and/or advance care planning, we're here to help.



Honoring Choices®  
INDIANA – NORTH CENTRAL





## *Improving Access to Palliative Care Worldwide*





THE HOSPICE FOUNDATION PRESENTS A FILM BY TED MANDELL AND MIKE WARGO

Deep in the villages of Uganda

# okuyamba



## Life. Death. Hope.

FEATURING ROSE KIYANUKA ANNE MERRIMAN FAITH MIWANGA-POWELL CARLA SIMMONS JACINTO AMANDUA ELISE AYERS  
DIRECTED BY TED MANDELL AND MIKE WARGO PRODUCED BY MIKE WARGO EXECUTIVE PRODUCERS MARK MURRAY AND KARL HOLDERMAN  
ASSISTANT DIRECTORS JACOB GRISWOLD AND MICHELLE CARLISLE LEE EDITED BY TED MANDELL IN ASSOCIATION WITH THE HOSPICE FOUNDATION  
[WWW.OKUYAMBA.COM](http://WWW.OKUYAMBA.COM)



Center for Hospice Care Hospice Foundation

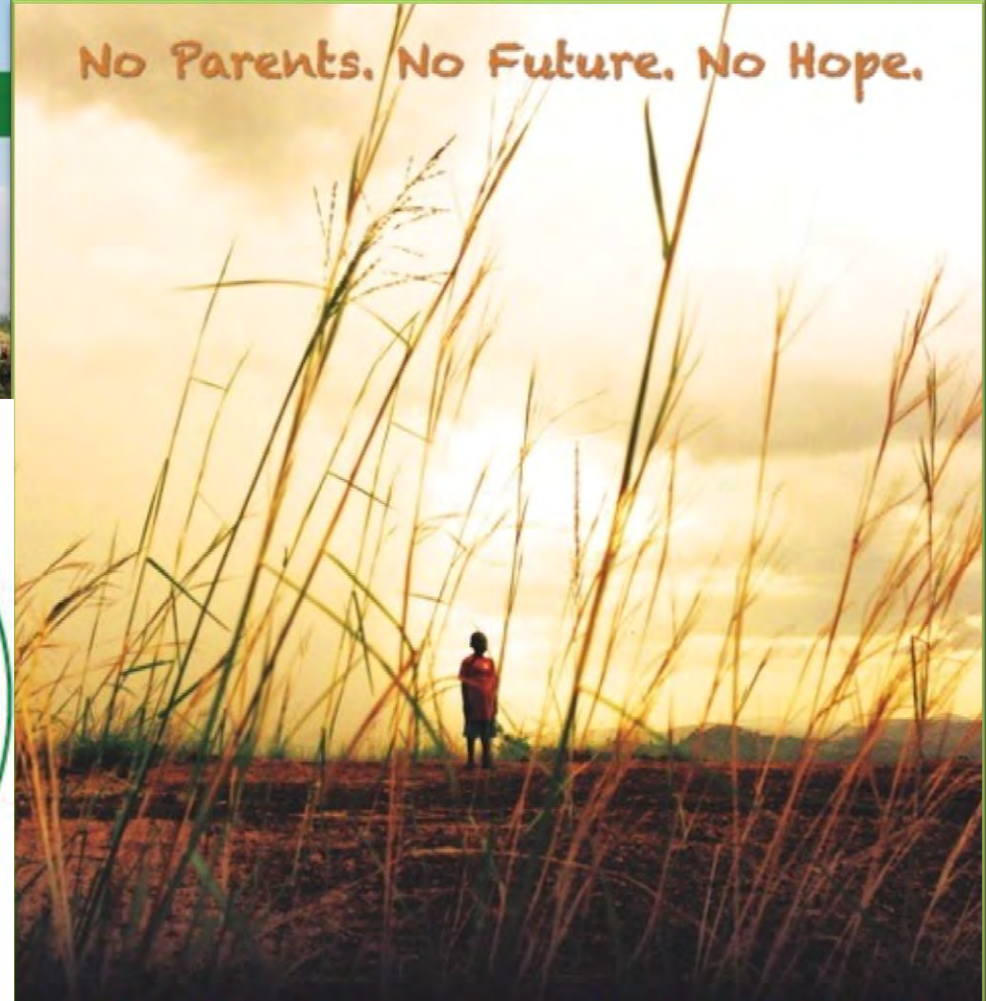
PCAU PARTNERSHIP REPORT  
2016 UPDATE



Center for Hospice Care Hospice Foundation

PCAU 5-YEAR PARTNERSHIP REPORT

# No Parents. No Future. No Hope.



# ROAD TO HOPE

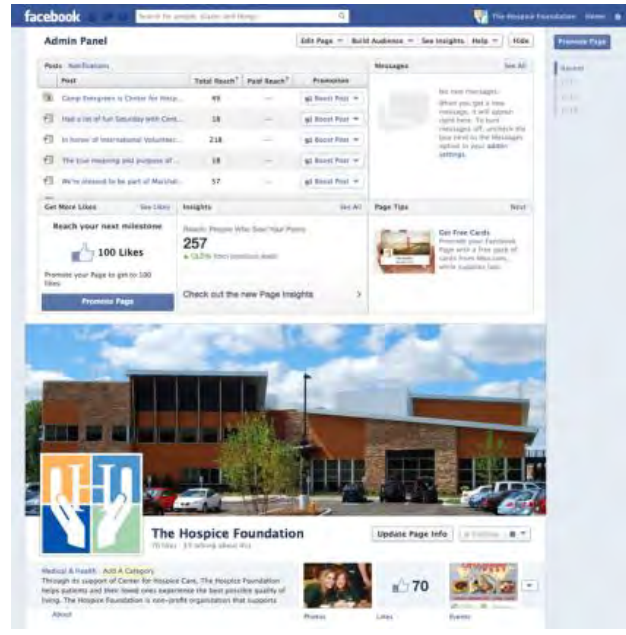
WRITTEN BY TORREY DEVITTO DIRECTED BY MIKE WARGO PRODUCTION DESIGNER TIMOTHY WOLFEER COSTUME DESIGNER CINDY SEAFFOSS EXECUTIVE PRODUCERS MIKE WARGO MARK MURRAY AND KARL HOLDERMAN  
CASTING GEORGE V. CHRISTINA SHADRACK AND DAVID TAPUS COSTUME DESIGNER ROSE KIMANUKA JULLI MUGOMWAN BOIT EXECUTIVE PRODUCERS DR. CHRISTINE ONDOA DR. JACINTO AMANDUA  
EXECUTIVE PRODUCERS COLLIN ERKER AND MARTY FLAVIN EXECUTIVE PRODUCERS STEPHEN A. TEBEL CAS PRODUCED BY MARVIN CURTIS AND THOMAS LIMBERT EDITED BY TED MANDELL EXECUTIVE PRODUCERS JONATHAN LAPOINTE  
PRODUCED BY HOSPICE FOUNDATION IN ASSOCIATION WITH WOLFEER PRODUCTIONS [WWW.ROADTOHOPEFILM.COM](http://WWW.ROADTOHOPEFILM.COM)







# Hospice Foundation on



## on the Web





ENTRY FEATURE

PARK ENTRANCE

COMFORT PLACE

CAMPUS ENTRANCE

RESIDENTIAL DEVELOPMENT

PARKING LOT-98 SPACES

MAIN BUILDING

SEAT WALL WITH SCULPTURE NODE

WATER FOUNTAIN

PATIENT CARE STAFF PHASE 2 (2 STORY)

PINE STREET

VETERANS MEMORIAL

ERNESTINE M. RACLIN HOUSE PHASE 3

GUEST HOUSE

MADISON STREET

PALLIATIVE CARE CENTER

CEDAR STREET

RIVERWALK-12' WIDE







Center for  
Hospice Care

choices to make the most of life

New Board Member Orientation

February 5, 2019

Copyrighted Material

THE  
IMPERFECT  
BOARD  
MEMBER

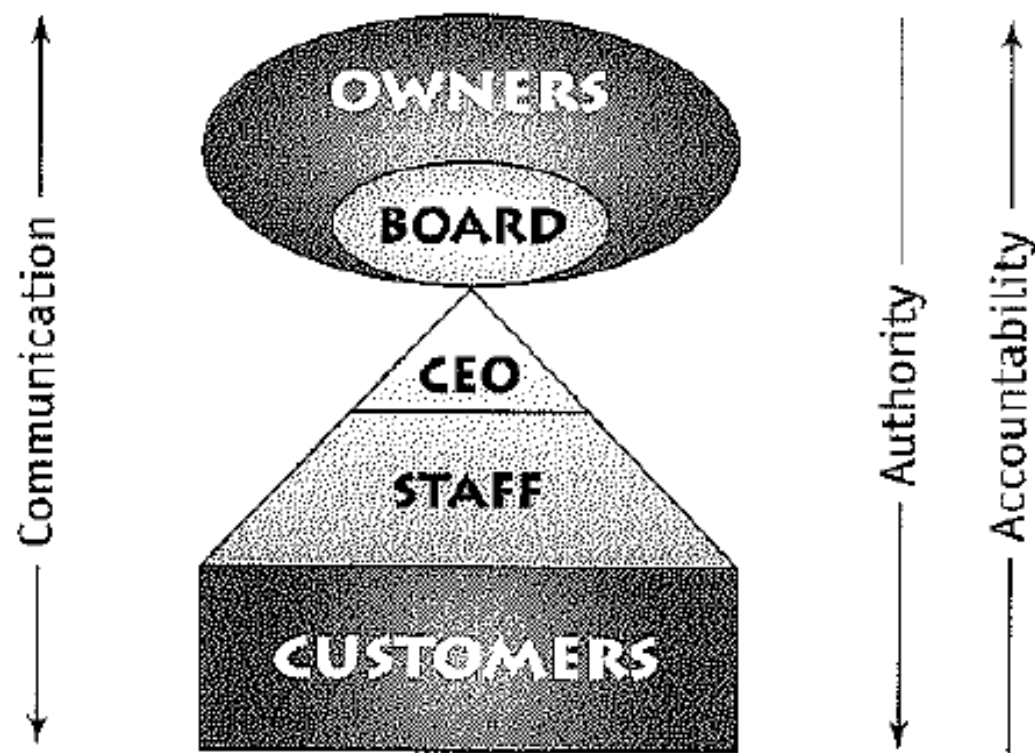
—♦—  
DISCOVERING  
*the*  
SEVEN DISCIPLINES  
*of*  
GOVERNANCE  
EXCELLENCE



JIM BROWN  
FOREWORD *by* PATRICK LENCIONI

Copyrighted Material





The Secret Formula for Organizational Effectiveness is a trademark of Strive! Inc.





# Center for Hospice Care

choices to make the most of life

New Board Member Orientation  
February 5, 2019