Center for Hospice Care
choices to make the most of life

Board of Directors Meeting

501 Comfort Place, Conference Room A, Mishawaka
August 19, 2020
7:15 a.m.

BOARD BRIEFING BOOK

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CHAPTER ONE

AGENDA

Center for Hospice Care

BOARD OF DIRECTORS MEETING
Administrative and Foundation Offices
501 Comfort Place, Room A, Mishawaka IN
August 19, 2020
7:15 a.m.

A G E N D A

1. **Welcome –** Mary Newbold (3 Minutes)

2. **Consent Agenda** – Mary Newbold (10 minutes)
   A. Approval of June 17, 2020 Board Meeting Minutes *(action)*
   B. Patient Care Policies *(action)* – Included in your board packet. Sue Morgan available to answer questions.
   C. Pres/CEO policy section concerning appointment of an Interim Pres/CEO (*action*) -- Mary Newbold, Board Chair available to answer questions

3. **President's Report** *(information)* - Mark Murray (20 minutes)

4. **Finance Committee** *(action)* – Mark Wobbe (10 minutes)
   A. Year to Date July 2020 Financial Statements

5. **Hospice Foundation Update** *(information)* – Wendell Walsh (15 minutes)

6. **Board Education** *(information)* **– "**Challenges of Providing Hospice and Palliative Care during the COVID-19 Pandemic" -- Karissa Misner, DO, MPT, CHC Chief Medical Officer (13 minutes)

7. **Chair's Report** – Mary Newbold (4 minutes)

Next meeting August 19, 2020

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Center for Hospice Care
choices to make the most of life

CHAPTER TWO

CONSENT AGENDA

Center for Hospice Care
Board of Directors Meeting Minutes
June 17, 2020

Members Present:	Amy Kuhar Mauro, Andy Murray, Jennifer Ewing, Jennifer Houin, Jesse Hsieh, Kurt Janowsky, Mark Wobbe, Mary Newbold, Wendell Walsh
Absent:	Ann Firth, Roland Chamblee, Suzie Weirick
CHC Staff:	Mark Murray, Craig Harrell, Karl Holderman, Mike Wargo, Sue Morgan, Becky Kizer

Topic	Discussion	Action
1. Call to Order	• The meeting was called to order at 7:15 a.m.	
2. Minutes	• A motion was made to accept the minutes of the 02/19/2020 meeting as presented. The motion was accepted unanimously.	A. Mauro motioned J. Houin seconded
3. Policies	• New and revised policies, including those in relation to COVID-19, were in the board packet. We are doing well in obtaining the supplies and PPE we need for staff. Inventory is done daily at each office. Initially we had trouble getting supplies, but we are in good shape now and actually distributed extra cloth masks to staff as needed. • Page 20, COVID-19 Protocol for Positive or Presumptively Positive Patients – Typo on page 21 under 11 – should read "follow" not following. We asked for nurses from each office to volunteer to be on the COVID-19 Response Team and individuals volunteered. They will go anywhere in our service area, and they will also do admissions of new patients with COVID-19. Staff morale is high, and a lot of teamwork has occurred. The administrative team has done great job communicating with staff. We also made it easier financially for our employees that were not getting their full hours. • Page 27, Inpatient Unit – Omnicell, 1 – Typo – It should read "dose" not does. Omnicell is a machine that houses medications in the IPU. There is a compartment for each medication, and it can only be accessed through a thumb print or code to take out medications. The pharmacist determines what goes into the machine. The medications are counted off site as well as here.	

Topic	Discussion	Action
	• A motion was made to accept the new and revised policies with the above corrections as presented. The motion was accepted unanimously.	A. Mauro motioned J. Houin seconded
4. Human Resources Manual	• The revised policies for the 2020-2022 Human Resources Policies Manual were in the board packet. A motion was made to accept the revisions to the Human Resources Policies Manual as presented. The motion was accepted unanimously.	A. Mauro motioned J. Houin seconded
5. QI Committee Report	• Six weeks ago, five patients tested positive and two died of COVID-19. Over the past six weeks, two patients were admitted with COVID-19 and later died. One patient had two previous negative tests and a third test came back positive after the patient was admitted. The patient probably died from cancer, not COVID-19. Another patient came to us and we were aware of their diagnosis. Today we have one positive COVID-19 patient at a local nursing facility and one patient at home. Both are beyond the 14-day quarantine period, but we continue to follow all safety protocols. • Our policies have been effective in how we are treating patients and families. The biggest issue was families not wanting us in the home. We have not been allowed into many extended care facilities. We have had to use telehealth. We continue to work with that and make sure staff is getting into homes to do what they need to do for the patient and still follow Medicare rules. ISDH said nurses don't have to do the 14-day aide supervisory visits, but we have decided to continue to do them.	
6. President's Report	• April year-to-date average daily census (ADC) was 431. We are actually doing better than the same time last year. The YTD ADC through April is up 5% with breakeven budget at 398. Many NHERT members have seen their admissions decrease, some up to 25% particularly in Florida. General Inpatient level of care and census in inpatient units is decreasing across the country. Some NHERT members are down 20-30% because of people not wanting to go to facilities or anywhere. Our IPU days have also decreased, but not to those extents. YTD through April our referrals were down 14%. Part of that is not as many patients were in the hospitals and doctor offices were closed. The admissions department has done a great job converting referrals into admissions—75% YTD conversion rate, the highest ever. Occupancy at both IPUs is down. Nursing home census has been down and very challenging, especially when facilities won't let our staff in. We are doing telehealth using Zoom and Skype with our Extended Care Facility	

Topic	Discussion	Action
	patients. Facilities are very slowly allowing us back in and mostly RNs only. Volunteers are not making any visits yet. • Dave Haley, VP/COO, retired 06/02/20. We advertised for his position and received many resumes from around the country. Mark M. has not had time to go through them in detail or set up interviews. When he became CEO, he waited nearly nine years before replacing his former VP position. We are not in a hurry to replace the VP/COO. Sue M. will be retiring as DON later this year. She has agreed to say on until the new EMR goes live if needed. We are advertising for DON and have been getting some good responses. Hopefully, we will get a new DON hired and have the opportunity for them to work with Sue M. for orientation and onboarding. • The new EMR will be Brightree/Matrix. The go live is scheduled for 10/01/20. All staff will be trained on the EMR. We will be purchasing some new equipment because this is a Cloud-based EMR, and we will predominantly use iPads in the field for point of care technology which we believe will be regarded favorably by the clinical staff. • CMS Audits – We have heard nothing from the long length of stay audit that we submitted in January. We were released from the GIP audit because our error rate was below the threshold. • COVID-19 – Compared to NHERT members, we are in much better shape. Denver had 35 COVID-19 patients early on. Pikes Peak's IPU is on one floor of a hospital, and the two floors above them were only for COVID-19 patients. Three of their staff members tested positive and the health department said that was an outbreak and that got into the newspapers. Dayton had three staff in the hospital with COVID-19. They are partially self-insured like CHC and hit their stop gap in less than 72 hours for each staff member. 80% of Mark M.'s and many administrator's time has been related to the pandemic. There is not a lot of strategic initiatives being completed at this time due to competing priorities dealing with the challenges of the pandemic. • Throughout COVID-19 we have not had any staff furlough or staff layoffs. All employees have been paid. No employees tested positive that we know of for COVID-19. We have put many educational efforts and expectations into effect with sanitation, hand washing, safety plans, etc.	

Topic	Discussion	Action
	• MADS closed 05/01 when the Indiana Department of Aging closed all adult day care facilities in the state. At that time, the governor didn't require adult day cares to be closed, but then it was changed for 5/1 and MADS was closed from 05/01 to 05/31. They are open now and are averaging 7-10 clients. Last year they averaged 16-17. • We received $1.4M in HHS Stimulus money that we didn't ask or apply for. CMS Administrator Seema Verma said during a White House press conference that no strings were attached to the money and providers could use it as they saw fit. But then we received a ten-page report on what we could not do with the money and we have to prove the money was used for COVID-19. We contacted a CPA firm in Benton, MI recommend by Kruggel Lawton. They do nothing but specialize in Medicare providers getting paid appropriately. They think we can probably keep the $1.4M and brought up numerous things we had not thought of that would apply. One of the biggest things they looked at was lost revenue. For example, our IPU census is down and referrals were down through the end of April. They looked at referrals through April 2019 and the difference and converted the number of patients we lost out on times the reimbursement rate and came up with an estimate for lost revenue. We have calculated staff time yet. The administrative team met daily at the peak of the pandemic, and Mark M. had weekly calls with NHERT to share what each member is doing. • Raclin House is still not open. We had a very tardy Life Safety Code inspection. There were a few minor issues that needed to be corrected. We submitted our plan of correction and ISDH was supposed to get back to us within ten business days, which was up last Thursday. ISDH is now saying we need a health facility survey under Medicare Hospice regulations for hospices that provide inpatient care directly, which we have never had before Then on top of it, CMS has a moratorium on these surveys at this time. Currently CMS has told ISDH they need to survey every nursing home in Indiana by 07/31 or their stimulus money will be taken away. The consultants have also calculated the loss of revenue going from seven beds to 12 beds since Raclin House is still not open due to these delays. By the end of June, everyone that works in a nursing home, including contract employees like CHC clinicians must be tested for COVID-19 • The annual volunteer recognition luncheon is postponed indefinitely and there is no date set at this time.	

Topic	Discussion	Action
7. Finance Committee	• 2019 Audit – The auditors from Kruggel Lawton attended the May Finance Committee meeting via Zoom. They had a favorable opinion of the audit and there were no changes made in the numbers Karl H. reported for 12/31/19 year ending. The only major action, which is not new, is a recommendation for CHC's payroll system to be more robust. The new EMR will factor into this. There were also some accounting standards changes. As a combined audit, the "Due to Affiliates" are internal transactions to our three separate entities: CHC, the Hospice Foundation, and GPIC. As these entities interact with each other, there are transactions between them that gets accumulated. We purchased a many fixed assets over the course of 2019 with the new building and Raclin House coming online. Kruggel Lawton had to track, monitor, and account for all the fixed assets. One of the auditors' challenges was cyphering through the invoices from our furnishings vendor Office Interiors. For example, an invoice for a table is broken down into parts—legs, tabletop, etc. Kruggel Lawton had to perform a great deal of extra work on that and they did it wonderfully. There was much work with the restricted net assets with the capital campaign. • YTD April 2020 Financial Statements – YTD patients served was 1,008, compared to 974 a year ago, and budgeted 997. YTD April ADC was 431 compared to 399 a year ago and budgeted 413. Total YTD operating revenue $7.9M and we budgeted for $7.8M. Total revenue was $5.7M and budget was $8.1M. Total expenses $7.4M and budgeted was $7.8M. The net gain including beneficial interest in affiliates was a loss of $1.7M, most of which is reflected in stock market losses in the Hospice Foundation. Without beneficial interest in affiliates the net gain was $589,000 and the budget was $156,000, so we are $432,000 ahead of budget. We are little behind in investments than where we were a year ago. IPU occupancy is down and GIP days are down 110 days compared to same time a year ago. • A motion was made to accept the 2019 Audit and YTD April 2020 Financial Statements as presented. The motion was accepted unanimously.	J. Ewing motioned M. Wobbe seconded
8. Hospice Foundation Update	• The Hospice Foundation staff have had nine weeks of Zoom meetings and working remotely every day. Overall, this has worked pretty well. Staff returned to the office a couple weeks ago. The last event before COVID-19 was in Florida.	

Topic	Discussion	Action
	We held two Circle of Caring receptions and came back with $125,000. We also spent time with some of our donors and it went very well. • The Annual Appeal ran through 04/30. The goal was to raise $100,000 and we raised $100,655. The Friends of Hospice campaign dropped in May around Memorial Day. This appeal is focusing on our Pet Peace of Mind program. This campaign will run for six months. • Third party events – Dale Coddington whose daughter was a CHC patient, wanted to raise money for our bereavement program. His goal was to raise $25,000 by a coast to coast bike ride. So far, he has raised $23,504. • We continue to work with our campaign consultant Dan Reagan on what we will be doing in a post-campaign world. We identified six areas of focus for the next three to five years: (1) Annual Giving, (2) Endowment, (3) Annual Planning, (4) GPIC, (5) Planned Giving, and (6) New Donor Acquisition. We are looking at new ways to approach these areas and what we have already established. We are working on social media strategies, geofencing, and a variety of things. We are testing this with the Friends of Hospice campaign by doing targeted direct mail, geofencing, and targeted social medial around certain addresses. • In 1995 we had a capital campaign for the Roseland property and many donor plaques were placed on different doors in that building. We came up with a way to honor that legacy with a sign in the Mishawaka lobby that will be similar to the donor wall. It will be a tribute to recognize the people that gave to that campaign at that time. • The Center for Education and Advance Care Planning continues to work with various health systems in the area and offer CEU seminars. We have been working with educating legislators through NHPCO's "My Hospice" initiatives. We are continuing education via Zoom through Forever Learning Institute. The "Introduction to Hospice" course we present at Notre Dame was done entirely online this year. 61 students participated. The last "Death by Chocolate" event was held on 02/25 and we are looking at ways to do it virtually. • Honoring Choices Indiana-North Central – The program coordinator, Sr. Eileen Wrobleski, retired and we hired Steve Chupp to replace her. A Zoom board meeting was held 05/10 on a Saturday and 20 people participated. We also launched a new website.	

Topic	Discussion	Action
	• Mishawaka Campus – The new maintenance building is nearly completed. We are working on the landscaping around the campus entrance on Comfort Place. • MADS – Jeff Helman and Brad Sechrist have done a remarkable job with their plans for the remodel of the Sunnybrook property. • The PCAU exchange visit has been canceled. We are providing funding for them for their response to COVID-19. We provided Zoom licenses and funding to work with the Ugandan government to provide PPE for palliative care workers. We are also doing a lot of marketing, networking, and hosting various Zoom meetings with GPIC partners. We found places for all of the 57 Road to Hope children. • Notre Dame interns are doing their projects virtually instead of traveling to Uganda. The advanced diploma in palliative care nursing is on hold. GPIC is involved in a variety of things. We published "20 Years of Global Impact" a 2019 Annual Report. We provided support for APCA. Partners around the country have stepped up as well. Through the COVID-19 Disaster Response Fund, we were able to use $10,000 from that fund to support our partners to purchase PPE, extended supplies of medicines and nutritional support, as well as operational support. It also helped us with communication with our international partners because we gave them Zoom licenses. We are also working with AAHPM for a collaborative effort to bring international partners under our umbrella, so they have access to AAHPM's resources. The APCA Education Scholarship Fund for nurses and social is on hold right now. We continue to work on leadership projects with our interns. • The 2020 Helping Hands Award dinner has been moved to 09/30. We are seeing more events being canceled even if they have been rescheduled to the fall. This is something we will need to have conversations about. Wellfield Botanic Gardens is continuing with their outdoor summer music series. We have sponsored this event the past several years.	
9. Board Education	• Craig H., Director of Marketing and Access, reviewed CHC's marketing trends through the years and increase in competition over the past 14 years. The statistics are based on Medicare claims only through 12/2019. We had a steady increase in admissions until 2014. We went up slightly last year. We care for over 2,000 patients in 2019. In 2005 CHC served 1,203 patients in five counties. Our main competition was Harbor Light, Southern Care, and Goshen Hospice. In 2019 there	

Topic	Discussion	Action
	were seven new hospices since 2005. Part of that is due to the increase in our service area, so there is new competition. Our top three competitors in 2019 were Dunes Hospice, Heartland, VNA. One reason we are looking at a 14-year standpoint, is because when we started, there was no competition. Now we have 31 competitors within our service area. In 2019, CHC ranked #2 in Indiana in total patients cared for and for-profit Heartland was #1. They are in 11 counties with offices in Indianapolis, Marion, Ft. Wayne and South Bend. We are in nine counties. By annualized numbers of patients served, we are still the largest not-for-profit hospice in Indiana. • A couple of factors go into the number of patient days – number of patients we serve but also the average length of stay. We have been able to maintain or increase the ALOS in those 14 years, which helps us maintain our patient days. The biggest expense is at the time of admission and time of death. The longer we can spread out the middle time is better for our patients/families. In 2010-2011 we had about 72% of SJRMC's market share and now it is 48.5%. Memorial was 70.2% and is now 52.1% and EGH is very similar. Many of the other hospices survive on what we are not taking in as our patients. The majority of our patients live in St. Joseph, Elkhart, or Marshall counties. We are focusing our marketing on the larger counties because we reach more patients and get a higher return on our investment in those counties because that is where the population is and where most of our patients come from. • We continue to promote our differences and uniqueness, and that we are not-for-profit, and community based. We never turn anyone away due to an inability to pay. We focus on longer length of stay illnesses and physicians. We continue to market to end users, not just doctors and hospitals. Patients/families profit from earlier referrals. If they make the phone call, they tend to be in our program longer and benefit from having us in early. We emphasize families can make that call themselves. • We continue to work with the hospitals to become their PPO. We just hired an admission representative that will be dedicated to one hospital. She will work with them in their time frame and do rounds with them. We encourage peer to peer marketing as well.	
Adjournment	• The meeting adjourned at 8:30 a.m.	Next meeting 08/19

Prepared by Becky Kizer for approval by the Board of Directors on 08/19/2020.

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Jennifer Houin, Secretary Becky Kizer, Recording Secretary

REGULATION: 42 CFR Part 418.52 – Patient's Rights

PURPOSE: To provide a mechanism for communication with patients who possess communications barriers.

POLICY:

1. Sensory Impaired patients are covered in the policy entitled, "Sensory Impaired Patients" in the Patient Care Policies.

2. When other communication barriers exist, such as limited English proficiency, patients with expressive aphasia, and patients with limited formal education, Agency utilizes the following mechanisms:

3. For patients with limited English proficiency, use a staff person or volunteer who speaks the primary language.

4. ~~If unable to get Memorial, c~~Call Language Line Services (1-800-874-9426), which provides over-the-phone interpretation from English to 140 languages, 7 days a week, 24 hours a day. For emergencies dial 1-800-523-1786.
   - Provide Client ID #: 221113
   - Identify language needed.
   - All employee-issued phones have access to translation services.
   - Send email to DON of patient's name, date of call, and phone number used.

5. Use Memorial Hospital Language Resource Services. The information is on the AAA Common Drive under "Translation Services." The Agency has an agreement when deemed appropriate for a situation.

6. If no telephone is available in the home setting and telephone translation services are necessary, the Agency employee shall use the cellular telephone supplied by the Agency for these services.

7. The use of family members and/or significant others for translation purposes should be used only when there is no other resource available.

8. The Agency will maintain brochures for patients with limited English proficiency in languages for which translation is available.

9. For patients with expressive aphasia or patients with limited formal education, the Agency shall use appropriate family members or its contracted speech therapist.

PURPOSE: To reduce the risk of further spreading the COVID-19 virus among CHC patients and staff.

POLICY: To ensure CHC Volunteers complete COVID-19 screening prior to making visits to CHC patients during the COVID-19 crisis to ensure they are free of any symptoms of the illness. This effort is intended to deter the spread of the virus.

PROCEDURE: Steps for conducting the CHC COVID-19 Volunteer Screening:

1. Copy the COVID-19 Volunteer Screening form onto green copy paper. The form can be found on the V-Drive in the forms file.

2. On the day of a scheduled volunteer visit to a patient home, the volunteer coordinator in an effort to confirm the visit, shall contact the volunteer and remind him/her of the COVID-19 safety training. This will include the use an N95 mask and storage of same in a paper bag provided by CHC. In addition, the volunteer coordinator will complete a COVID-19 screening form with the volunteer. This shall be completed by the volunteer coordinator or designee. This questionnaire shall be completed by each CHC volunteer prior to **every** visit the volunteer makes to a CHC patient. If at any time a volunteer does not wish to complete the screening or fails to provide answers to the screening questions, they will not be permitted to visit the CHC patient.

3. As an introduction to the screening process, the following explanation will provide volunteers with the reasoning behind conducting the COVID-19 screening process:
   a) Prior to determining whether or not a volunteer should be permitted to provide services to a CHC patient, we will do our best to ensure that the home and all of its residents are COVID-19 free. We are conducting this COVID-19 screening to reassure the patient, their family and the CHC staff that you will not knowingly visit a home if you are experiencing any symptoms or demonstrating any risk factors for COVID-19.
   b) The volunteer coordinator will also screen the family. If yes is said, please notify the Patient Care Coordinator and the volunteer coordinator.

4. During this phone call, the CHC staff shall question the volunteer to assure that they do not knowingly have the COVID-19 virus.

5. If any answers to the above questions are yes, the volunteer is not permitted to visit the patient.

Signature:  President/CEO

6. If it is determined that a volunteer cannot see the patient, the volunteer coordinator will contact the patient/family immediately to cancel the visit.

7. The completed COVID-19 screening questionnaire shall be kept in a separate file for ninety (90) days.

Effective Date: 08/20	Revised Date:	Board Approved:
Reviewed Date:		Signature Date:

Signature: President/CEO

PURPOSE: To reduce the risk of further spreading the COVID-19 virus in Long Term Care Facilities (LTCFs).

POLICY: Center for Hospice Care (CHC) will test all staff that provide services in Long Term Care Facilities in order to meet current Indiana State Department of Health (ISDH) guidelines.

PROCEDURE: In response to the directive from CMS, Indiana will require COVID-19 testing of all skilled nursing home staff to identify the prevalence of asymptomatic staff in these facilities. For this testing effort in June 2020 to be an effective indicator for future decision-making, it is imperative that all skilled nursing facilities and all staff within those facilities, including other contract workers/vendors, participate in this testing. Therefore, ISDH is mandating participation in this COVID-19 testing during the month of June.

CHC will provide testing for staff that provide patient care in LTCFs.

1. The testing site will be determined by CHC and staff will be notified of the date of their test.

2. Physicians Urgent Care will perform the test with results sent to Human Resources.

3. CHC staff will be tested in the following order:
   a) Case Managers in ECFs
   b) Visit Nurses
   c) Medical Staff
   d) Emergency Visit Nurses
   e) Hospice Aides
   f) Social Workers
   g) Chaplains
   h) Bereavement Staff

4. CHC staff will be instructed to keep a copy of their results with them to show upon request when entering a LTCF.

5. CHC will maintain a copy in the employee health file.

Effective Date: 06/20	Revised Date:	Board Approved:
Reviewed Date:		Signature Date:

PURPOSE: To identify coverage of items and services under the Hospice Medicare Benefit (HMB) and Medicaid Hospice Benefit (MHB) program.

POLICY: Persons who elect HMB or MHB will have the following benefits covered by the Agency which are related to the terminal illness:

- Routine home care visits by the interdisciplinary team as determined in the plan of care.
- Visits by RNs and Hospice Aide/CNAs.
- Visits by social workers.
- Visits by spiritual or other counselors.
- Visits by volunteers.
- Contact/visits by bereavement services.
- Provision of physical, occupational, and speech language pathology services.
- Dietary counseling.
- Inpatient care at either Inpatient Unit or a contracted facility or Respite care.
- Medications and Durable Medical Equipment that are palliative and related to the symptoms of the terminal illness as per the plan of care.
- Outpatient diagnostic procedures with **prior** authorization.
- Supplies such as, but not limited to, underpads, diapers, catheter supplies, ostomy supplies.
- Nutritional supplements for feeding tubes if related to the terminal diagnosis and prior approved by the IDT Team.

Other needs will be reviewed by the IDT Team on an individual, case-by-case basis.

Services not covered:

- Drugs not related to symptom management of terminal diagnosis
- Any services not specifically defined in the plan of care
- Illness or injury not related to symptom management of terminal diagnosis
- Any service without prior authorization of Agency

Anytime the patient or family acts on their own to pursue treatment, medications, or supplies, they will be responsible for expenses incurred.

Any non-covered items will be listed on the "Notice of Hospice Non-Covered Items, Services, and Drugs" form, education reviewed, and a copy will be provided to the patient or caregiver after signature obtained.

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

PURPOSE: To ensure quality, safe prescribing, dispensing, and ordering of patient medications.

POLICY: Medications may only be administered that have been ordered by the patient's physician or Medical Director/Hospice Physician.

PROCEDURES:

1. Both telephone and written orders for medications are documented in the patient's medical record and include:
   - Date of the order
   - Time of the order
   - Name of medication
   - Dose
   - Route
   - Frequency
   - Purpose (if PRN and/or antibiotic)
2. Telephone orders for medications may only be accepted by a registered nurse or a licensed practical nurse under the direction of the registered nurse. The registered nurse will read back and verify every telephone/verbal order given by the physician by repeating the patient's name, and the name, dosage, route, and time of the medication to the ordering physician.
3. A copy of telephone orders is sent to the ordering physician for return with signature and included in the patient's medical record.
4. Orders for medications are documented in the patient's current medication profile.
   - ~~All medications will be marked as non-covered in the EMR.~~ Any non-covered medications will require a "Notice of Non-Covered Items, Services, and Drugs" form. Education will be reviewed and a copy will be provided to the patient or caregiver after signature obtained.
5. The registered nurse contacts the pharmacy to fulfill the order.
6. No change may be made to the medication dosage or route without a physician's order.
7. A physician's order is needed to discontinue medications.

REGULATION: 42 CFR 418.106(a) – Managing Drugs and Biologicals

PURPOSE: The hospice must ensure that the interdisciplinary team confers with individuals with education and training in drug management to ensure that drugs and biologicals meet each patient's individual needs.

PROCEDURE: **Initial Medication Review and Profiling**

1. At the initial nursing visit the Admission Nurse will review all current medications and biologics the patient is taking.

2. The Admission Nurse will review this list for accuracy, repeated therapies, and any other relevant considerations related to medication therapy meeting the patient's individualized needs.

3. This review will include all prescription and over-the-counter medications, dose, frequency, and route of administration.

4. All medications will be reviewed at time of admission with the physician to reconcile, update, or remove medications. Medication coverage will be reviewed with the physician.
   (a) ~~—~~Any non-covered items will require a "Notice of Non-Covered Items, Services, and Drugs" form. Education will be reviewed and a copy will be provided to the patient or caregiver after signature obtained.

~~3.~~5. All current and valid medications will then be profiled into the patient's electronic medical record (EMR) for electronic interfacing with our pharmacy management agency.

Ongoing Medication Review and Profiling

1. Medications and biologics can be reviewed and updated by hospice physicians and nurse practitioners at the time of admission, ~~weekly~~ interdisciplinary team (IDT) every 14 days, Inpatient Unit initial IDT, and other times as needed.

2. During these reviews the hospice physician or nurse practitioner will review for: (1) relatedness to the terminal prognosis; (2) efficacy of the medication regimen; (3) duplicate therapy and any other relative considerations related to medications meeting the patient's individualized needs.

3. Case Managers and visit nurses can review medications ordered and profiled in the EMR with patients or family members at any of the following times: (1) Care Plan review and updating; (2) during comprehensive assessments; (3) prior to recertification of hospice services.
   (a) Any non-covered items will require a "Notice of Non-Covered Items, Services, and Drugs" form. Education will be reviewed and a copy will be provided to the patient or caregiver after signature obtained.

4. During medication profile reviews completed by nurses, they will be reviewing efficacy, appropriateness, relatedness to terminal illness, and any side effects of medication therapy and any other relative considerations related to medications meeting the patient's individualized needs.

5. The medication profile review will be documented in the EMR and updates are to be made in the medication profile for electronic interfacing with our pharmacy management agency.

PURPOSE: To ensure appropriate admission to hospice services.

SCOPE OF PRACTICE: Registered Nurse.

POLICY: Patients admitted to hospice services will be certified by their attending physician to have a limited life expectancy of six months or less if the disease follows its normal course.

PROCEDURE: Obtain completed patient folder.

Review the Pre-admission consents to verify completion.

Complete LCD. Review clinical data at time of referral to verify that patient is appropriate for services.

The plan of care must be established by the Interdisciplinary Team (IDT), attending physician, and the Medical Director/Hospice Physician prior to providing care.

Coordinate with the patient/primary caregiver (PCG) to plan a visit.

Contact patient/primary caregiver to set appointment to complete the initial assessment and all other necessary information.

- Respond to any questions that may have arisen since pre-admission
- Review information and literature given at the pre-admission and discuss agency services

Complete an initial Nursing Assessment.

- Verify all needed equipment has been delivered and no further needs.
- Education on hospice services, medications and DME.

Make any necessary referrals.

Contact physician's office after initial nursing visit is completed to include:

- Relay admission status
- Verify any needed medication changes
- Review service coverages and document in the "Notice of Hospice Non-Covered Items, Services, and Drugs" form. Provide a copy to the patient or caregiver after education provided and signature obtained.
- Review plan of care
- Document any changes made and/or contact with physician

Signature: President/CEO

2. Medicaid Hospice Benefit (MHB)
   - Patient/PCG need to sign Medicaid Election form if not already completed.
   - RN needs to complete the Nursing section of the Medicaid Plan of Care and complete Word document to determine medically predictable life expectancy. RN needs to forward complete packet to the Billing Department.

Support services will contact the patient/family within 48 hours of admission to offer services and to develop the Psychosocial and Spiritual plan of care
- Psychosocial and spiritual care assessments will be completed and placed in the patient folder within one week
- The visit(s) will be documented

Leave the Family/Facility Handbook in the patient's home and inform the patient and family to keep all Agency-related information in it.

Email admission information to the appropriate admit team and triage.

Consents to be Signed at Admission

	Hospice Medicare	Hospice Medicaid	Hospice Commercial (includes VA)	Replacement Programs	Hospice Self-Pay
General Consent and Release of Information	X	X	X	X	X
Notice of Election of Hospice Benefit	X		X	X	X
Notice of Hospice Non-Covered Items, Services and Drugs	X	X	X	X	X
Medicaid Hospice Election		X		X	X
Commercial Insurance Verification			X	X	
Fee Assessment Worksheet			X	X	

POLICY:

CMS is waiving the requirement that hospices are required to use volunteers during COVID-19.

Volunteers may begin making visits as desired by volunteers and clients. This will only be approved on a case by case basis and will need to be approved at an IDT meeting regarding the need for volunteers in the home or any other setting.

Volunteers are unable to see patients in Extended Care Facilities due to their restrictions of additional staff in their buildings and the requirement for COVID-19 testing.

PROCEDURE:

1. At each IDT, the Patient Care Coordinator (PCC) will be responsible to integrate the need for a volunteer in the home when the patient's name is presented.

2. If there is an established need for a volunteer, it will be entered on the volunteer log by the PCC. This includes:
   - Name
   - Date of request.
   - Reason for request.
   - Social worker will call the patient to verify need for volunteer.
   - Social worker will complete the volunteer request form in ~~Cerner~~ the EMR for the volunteer coordinator.
   - The volunteer coordinator will make arrangements with the volunteer.
   - The volunteer coordinator will e-mail the PCC to inform them that the request has been filled and the date.
   - At the next IDT, the PCC will give an update of the volunteer request and complete the volunteer log.

3. Prior to a volunteer being with a patient, the following must occur:
   - Complete education and competency on PPE, hand washing, issued an N-95 mask, instructions on social and physical distancing for the patient and family.
   - No direct physical care such as haircuts or massages may be given by CHC volunteers.

4. If the volunteer coordinator receives a call from a family requesting a volunteer, it will be referred to the PCC.

Center for Hospice Care

TRANSFER OF A HOSPICE PATIENT

Section: Patient Care Policies Category: Hospice Page: 1 of 1

REGULATION: 42 CFR 418.104(e) – Clinical Record; Discharge or transfer of care

PURPOSE: To provide for continuity of care for patients transferring to or from our Agency. This will apply for Hospice Medicare Benefit (HMB) patients, and Medicaid Hospice Benefit (MHB) patients who have Medicare/Medicaid in the state of Indiana.

PROCEDURE:

1. An IDT meeting will be held to coordinate patient care when transferring to or from another hospice.

2. Case manager will contact his/her PCC regarding request to transfer hospices.
   - PCC will review information from case manager to make sure everything is completed.
   - PCC to follow up with family, if it is a care issue, to see if CHC can meet their needs before transfer.

3. Determine the patient's present insurance coverage. If they are HMB, determine if the hospice they are transferring to is certified to provide the Hospice Medicare Benefit. This also applies to MHB if the patient has Indiana Medicaid and transferring within the state of Indiana.

4. Contact and provide the transferring hospice the following:
   - Transfer/Discharge Summary
   - Patient Profile
   - Medication Profile
   - Certification of Terminal Illness
   - Copy of Advance Directives (if applicable)
   - Plan of Care

5. The patient will be informed of financial implications. If the patient is not enrolled in either the Medicare/Medicaid systems, it will be considered a discharge from the Agency.

6. The Discharge Summary would be completed as usual and sent to the physician.

7. Documentation in the IDT note must include:
   - Reason for the transfer or discharge
   - The name and phone number of the receiving hospice

8. Document transfer or discharge in the admissions/discharge section of the computer.

Effective Date: 07/99	Revised Date: 06/2006/16	Board Approved: 10/19/16
Reviewed Date: 07/19		Signature Date: 10/19/16

Signature: President/CEO

POLICY CONCERNING THE POSITION OF
PRESIDENT/CEO OF ~~THE CORPORATION~~
THE CENTER FOR HOSPICE CARE (AND ALL AFFILIATES)

Hiring/Termination

The Executive Committee of the Board of Directors shall have responsibility and make recommendations with regard to hiring and termination of the president. The full Board of Directors (Board) shall have final determination.

Terms of Service

Terms of employment are to be contained in a mutually agreed to contract, which shall be negotiated by the Executive Committee. The length of the contract shall be for a period of not less than three (3) years.

Evaluation of the President

The Executive Committee, led by the Chairperson of the Executive Committee, shall conduct reviews of the President's performance. There shall be two levels of review: standard and comprehensive.

A comprehensive review will be conducted in the final year of the President's contract. The comprehensive review will include elements of the standard review and also focus on the mission, core values, goals attained/future goals, and the overall status and progress of the agency over the last three years, as well as plans for the next three years. The tool used for the comprehensive evaluation shall be based upon the Assessment of the Chief Executive, published by the *National Center for Nonprofit Boards.*

Ninety (90) days prior to the regularly scheduled Board of Directors meeting immediately preceding the President's anniversary date, the Chairperson of the Executive Committee will present the President with the said evaluation tool. The President will complete the self-assessment portion of the evaluation tool.

Sixty (60) days prior to the regularly scheduled Board of Directors meeting immediately preceding the President's anniversary date, the President will deliver the completed self-assessment tool to the Chairperson of the Executive Committee, along with material normally included with a standard review. After reviewing the self-assessment, the Executive Committee will then complete their portion of the evaluation tool. The Executive Committee may meet to discuss their evaluation during this time.

At least thirty (30) days prior to the regularly scheduled Board of Directors meeting immediately preceding the President's anniversary date, the Chairperson of the Executive Committee will present the President with the completed Executive Committee evaluation. If the Executive Committee has decided to recommend extending the President's contract for another three (3) year term, negotiations will begin for contract renewal. Negotiations will be conducted between the President and the Chairperson of the Executive Committee (on behalf of the Executive Committee).

Two (2) weeks prior to the regularly scheduled Board of Directors meeting immediately preceding the President's anniversary date, contract negotiations are to be completed. Terms of the contract and the President's compensation and benefit package are to remain confidential between the President and the Executive Committee.

At the regularly scheduled Board of Directors meeting immediately preceding the President's anniversary date, the Chairperson of the Executive Committee will present a brief summary of the President's review to the Board, along with a recommendation that the President be retained for an additional three (3) years. The renewal must receive Board approval. If the Board approves, the Chairperson of the Board of Directors shall have the sole authority to execute a contract for employment.

In other years, at least thirty (30) days prior to his/her anniversary date, the President shall present to the Executive Committee a written review of accomplishments, goals met, goals not met, and goals for the upcoming year from the preceding anniversary date to the present. The Executive Committee may meet and discuss this report and make recommendations, which shall be forwarded to the President by the Chairperson prior to his/her anniversary date.

Compensation of the President

The President's salary and benefit package shall be reviewed annually, in conjunction with the review process. At least thirty (30) days prior to the regularly scheduled Board of Directors meeting immediately preceding the President's anniversary date, negotiations for any changes to the compensation and benefit package will begin. Negotiations will be conducted between the President and the Chairperson of the Executive Committee (on behalf of the Executive Committee). The Executive Committee shall have sole authority to determine the President's compensation and benefit package. Two weeks prior to the regularly scheduled Board of Directors meeting immediately preceding the President's anniversary date, salary negotiations are to be completed. The President shall receive written notification from the Chairperson of the Executive Committee as to the amount and/or type of his/her annual compensation. Terms of any agreed to compensation are to remain confidential between the President and the Executive Committee.

Elements of the Contract

The employment contract should include, but not be limited to, at least the following elements to spell out the rights, obligations, and expectations of the corporation and the President. A general description of the duties of the President; Noncompetition clause; Nondisclosure of Confidential Information clause; Period of employment; description of how the Compensation and Benefit package shall be reviewed and implemented; Compensation during Illness; Vacation; Continuation of benefits during illness; Termination of employment; Termination without cause by the corporation; Termination without cause by President; Termination with cause by the corporation; Rights subsequent to acquisition of control; Assignability by the corporation; Assignability by the President; and laws governing the contract agreement.

Replacement of the President

If the President resigns or the Board does not renew the President's contract, the terms of the current contract will automatically be executed. The Executive Committee shall ~~must~~ immediately appoint an interim president/CEO at terms mutually agreed upon by both parties if all the following conditions are met:~~.~~

1. The person is a current employee of Center for Hospice Care (and any affiliates);
2. The person is willing to be appointed; and
3. The person is, in the sole judgement of the Executive Committee, capable of fulfilling all duties as interim president/CEO.

~~–~~The Executive Committee will act as the Search Committee for replacing the President. The search process shall be under the direction of the Executive Committee. The Search Committee will review potential candidates and make a selection. Once a selection is made, the selected candidate (Designee) will negotiate with the Chairman of the Executive Committee (on behalf of the Executive Committee) the compensation and benefit package, as well as other terms of his/her contract. The Executive Committee shall have sole authority to determine the terms of the Designee's contract and annual compensation and benefit package. Once negotiations are completed, the Executive Committee shall make a recommendation to the Board for approval of the Designee's appointment as President/CEO. If the Board approves the selection, the Chairperson of the Board of Directors shall have the sole authority to execute a contract for employment.

Center for Hospice Care
choices to make the most of life

CHAPTER THREE

PRESIDENT'S REPORT

Center for Hospice Care
President / CEO Report
August 19, 2020
(*Report posted to Secure Board Website on August 13, 2020)*

This meeting takes place in-person in Conference Rooms A and B for physical distancing purposes at the Mishawaka Campus at 7:15 AM on **Wednesday, August 19, 2020**. **We are encouraging in-person attendance, but we are continuing the option of attendance via Zoom. Zoom call-in and/or computer connect information will be sent in a separate email.** The Hospice Foundation and GPIC Board meetings will follow in the same rooms and via Zoom after a very short break.

CENSUS

Despite COVID-19, our census has continued to recover over the past few months. Year-to-date (YTD) referrals at July 31 are down just 1% now, but the YTD 2020 conversation rate – turning a referral into an admission – is up to an all-time high of 76%, up six points from same time last year, meaning we are doing very well with the referrals we are getting. YTD the IPU's have suffered the most from the pandemic where census has been very choppy, lengths of stay very short due to late referrals and patients/families waiting until it is nearly too late to be transported. The South Bend IPU in July had an average length of stay for the 37 patients it cared for below 3.5 days, one of the lowest, if not the lowest, in memory. Average Daily Census continues to be strong, running 3.5% above last year. Our YTD ADC on July 31 was 430, 4% above same time in 2019. Admissions of new patients has been very high. Daily census hit 451 on August 7th for the first time above 450 since February 5th. Some of us believe our increase in census may not be sustainable because it may be related to people not receiving and/or avoiding medical treatment several months ago due to the pandemic, closed practices, fear, etc.

July 2020	**Current Month**	**Year to Date**	**Prior Year to Date**	**Percent Change**
Patients Served	523	1,417	1,390	1.94%
Original Admissions	149	998	1,022	-2.35%
ADC Hospice	391.68	390.46	383.75	1.75%
ADC Home Health	41.45	39.28	31.34	25.34%
ADC CHC Total	433.13	429.74	415.09	3.53%

CHC HOSPICE INPATIENT UNITS

July 2020	**Current Month**	**Year to Date**	**Prior Year to Date**	**Percent Change**
SB House Pts Served	37	200	211	-5.21%
SB House ALOS	3.41	4.05	5.00	-19.00%
SB House Occupancy	58.06%	54.26%	71.16%	-23.75%
Elk House Pts Served	17	161	182	-11.54%
Elk House ALOS	4.82	4.48	5.15	-13.01%
Elk House Occupancy	37.79%	48.42%	63.14%	-23.31%

MONTHLY AVERAGE DAILY CENSUS BY OFFICE AND INPATIENT UNITS

	2020 Jan	**2020** Feb	**2020** Mar	**2020** Apr	**2020** May	**2020** June	**2020** July	**2020** Aug	**2020** Sept	**2020** Oct	**2019** Nov	**2019** Dec
S.B.:	220	226	217	221	220	223	224				230	225
Ply:	70	70	70	73	76	75	76				65	71
Elk:	120	113	115	114	106	106	107				107	114
Lap:	14	17	15	16	17	18	19				13	12
SBH:	4	5	5	2	3	4	4				6	5
EKH:	4	5	4	4	2	3	3				4	4
Total:	431	436	426	431	423	428	433				424	432

PATIENTS IN FACILITIES

Of the 523 patients served in July 2020, 149 resided in facilities. The average daily census of patients served in nursing homes, assisted living facilities and group homes in July 2020 was 132 and YTD thru July it was 135. To illustrate the decline since the pandemic, the ADC in January 2020 for facilities was 142, although we do now see an upward trend.

FINANCES

Karl Holderman, CFO, reports the year-to-date July 2020 financials will be presented and voted on at the Finance Committee meeting to be held on Friday, August 14th and then posted to the secure board website. For informational purposes, the un-approved June YTD Financials are presented below.

On 6/30/20, at the HF, intermediate investments totaled $4,968,710. Long term investments totaled $22,001,171. The combined total assets of all organizations, including GPIC, on June 30, 2020 totaled $69,087,697, an increase of $7,822,629 from June 2019. Year-to-date investments as of 6/30/20 showed a loss of -$164,856 compared to a loss of -$1,692,765 on April 30, 2020.

From a year-to-date budget standpoint at 6/30/20, CHC alone was under budget on operating revenue by $335,631, and under budget on operating expenses by $686,764.

Year to Date June 2020 Financials

June 2019 Year to Date Summary	Center for Hospice Care	Hospice Foundation	GPIC	Combined
CHC Operating Income	11,112,036			**11,112,036**
MADS Revenue	178,016			**178,016**
Development Income		1,276,390		**1,276,390**
Partnership Grants			209,372	**209,372**
Investment Income (Net)		2,633,953		**2,633,953**
Interest & Other	15,111	33,769	22,560	**71,440**
Beneficial Interest in Affiliate	2,397,621	(12,748)		
Total Revenue	**13,702,784**	**3,931,364**	**231,932**	**15,481,207**
Total Expenses	**9,931,372**	**1,533,743**	**244,680**	**11,709,795**
Net Gain	**3,771,412**	**2,397,621**	**(12,748)**	**3,771,412**
Net w/o Beneficial Interest	*1,373,791*	*2,410,369*		
Net w/o Investments				***1,137,459***

NEW CHC VP/COO TO BEGIN SEPTEMBER 14

I am pleased to announce that Lance Mayberry, MBA, will be joining us at CHC as the new VP/COO on Monday September 14. He follows Dave Haley who retired after 14 years on June 2nd. He comes to CHC from Bayada, a post-acute care provider of home health, hospice, habilitation, physician services and pediatrics in 23 states and eight countries with 360 offices and 28,000 employees. Lance was the Director of Hospice Growth and Experience for all Bayada hospice offices in DE, NC, NH, NJ, PA, and VT. Prior to that he was Divisional Director of Business Development – Hospice for HCR ManorCare Heartland Hospice for IN, MD, OH, PA, and VA. He has been Regional Director of Development for Assisted Living Concepts in Ohio, and Executive Director of an Emeritus Senior Living facility also in Ohio. He is very familiar with CHC and our community as he frequently visited the local Heartland office here. He is moving here from the Columbus, OH area. CHC received more than 170 applications for this position.

DIRECTOR OF NURSING UPDATE

Sue Morgan, DON, reports…

For RNs during June, July, and August there was an educational focus from our Patient Survey, emphasizing the areas we wanted to demonstrate improvement within our patient satisfaction scores. Education was held on: Training the Family to Care for Their Family Member; Communication; Respect; and Help for Pain and Symptom Management. By focusing on these areas, we predict an increase in our overall scores on Press-Ganey family / survivor satisfaction surveys.

Additional Education programs included:
- Self Learning Packet: Stress Relief
- Self Learning Packet: Guided Self Imagery.
- Review of Wound Care Basics and Negative Pressure Wound VAC
- Education in the Care of a Patient with End of Life Symptom Management

Certified Nursing Assistant (CNA) Education included:
- Emergency Preparedness
- Pain and Discomfort
- Recognizing Pain and Discomfort
- Creating a Safe Environment
- Nutrition at End of Life and Oral Care

Presently we have 14 RN's with their Certified Hospice and Palliative Nurse certifications and four CNA's with their CHPNA. This is an examination which confirms their knowledge in the specialty of caring for terminally ill patients. These certifications are awarded by the Hospice & Palliative Nurses Credentialing Center. A requirement for nurses to maintain their certification is to develop and present a lecture. During 2020 at the Nurses Meetings an RN with her/his certification will be asked to develop objectives, content, and the presentation. Examinations have not been offered since March 2020.

A program for Certification of Dementia Care will be offered in August and October for all clinical staff. Our goal is to have 50 clinical staff certified in Dementia Care by 12/2020.

Wound Documentation: Each nurse's medical record entry is reviewed and includes 7 criteria for compliance with documentation and wound measuring. This occurs concurrently at the interdisciplinary team every 14-day review. Compliance with policy over the last three months was: April 97%, May 99%, and June 98%.

A Pediatric QAPI (Quality Assessment Performance Improvement) Team has been in place since October 2019. The goal of the Team was to follow the flow of a pediatric patient from the referral until after death. The team has completed the review of processes to improve the continuity of care. There is a designated Pediatric Team for any patient from perinatal until 20 years of age. The final implementation of this project will occur September 1, 2020. This will be another value added for CHC and set us apart from other hospice programs since we will have a bone fide and trained pediatric program. Many hospices do not take anyone under the age of 18. During the first six months of this year, CHC has had more pediatric patients than in all last year.

HOSPICE FOUNDATION VP / COO UPDATE

Mike Wargo, VP/COO, for our two separate 501(c)3 organizations, Hospice Foundation (HF), and Global Partners in Care (GPIC) presents this update for informational purposes to the CHC Board…

Fund Raising Comparative Summary

Through July 2020, the Development Department recorded the following calendar year cash gifts as compared with the same period during the previous three years:

Year to Date Total Revenue (Cumulative)

	2016	2017	2018	2019	2020
January	65,460.71	46,552.99	37,015.96	62,707.48	79,642.06
February	101,643.17	199,939.17	93,912.90	113,771.80	222,116.20
March	178,212.01	282,326.61	220,485.17	369,862.26	295,882.74
April	341,637.10	431,871.55	310,093.61	565,568.94	414,128.88
May	579,888.08	574,854.27	505,075.65	663,483.70	565,824.55
June	710,175.32	1,066,118.11	633,102.69	850,496.19	608,907.96
July	1,072,579.84	1,277,609.56	767,397.15	918,451.53	676,956.69
August	1,205,050.76	1,346,219.26	868,232.25	1,018,532.22	
September	1,297.009.78	1,466,460.27	994,301.35	1,122,498.94	
October	1,421,110.26	1,593,668.39	1,074,820.86	1,778,379.29	
November	1,494,702.09	2,443,869.12	1,173,928.93	1,841,457.95	
December	2,018,630.54	2,730,551.86	1,635,368.33	2,946,889.74	

Year-to-Date Monthly Revenue
(less major campaigns, bequests, and significant one-time major gifts)

	2016	2017	2018	2019	2020
January	52,156.98	31,552.99	37,015.96	51,082.36	52,550.56
February	36,182.46	35,125.58	56,896.94	45,621.02	140,985.12
March	73,667.84	79,387.44	113,969.42	254,547.16	70,044.19
April	163,425.09	149,569.94	87,978.18	194,857.93	118,092.10
May	93,318.98	142,982.72	182,601.92	97,864.76	149,945.67
June	127,315.24	146,200.17	46,947.92	69,026.39	42,369.40
July	52,394.52	61,505.45	64,243.53	67,591.20	42,034.72
August	97,470.92	63,593.03	61,803.98	54,739.37	
September	92,459.02	120,261.01	117,984.73	68,812.68	
October	71,323.54	127,208.12	79,852.69	50,019.27	
November	66,490.16	75,809.56	94,053.07	57,214.65	
December	138,328.11	286,687.74	191,211.72	225,547.36	
Total	**1,064,532.86**	**1,319,883.75**	**1,134,560.06**	**1,236,924.15**	**616,021.76**

Strategic Planning/Fund Raising Initiatives Beyond the Crossroads Campaign

Hospice Foundation's post-campaign planning meetings, coordinated by our fundraising consultant, Dan Reagan, are focused on developing action plans and specific tasks to achieve the six core goals described below in greater detail. Our work with Dan recently generated a planning document that guides CHC/HF's fundraising efforts over the next 3+ years as follows:

1) Expand unrestricted giving through existing annual giving programs while identifying and evaluating new programs to bolster this area.
2) Endow key mission support programs (e.g. Camp Evergreen, After Images, We Honor Veterans, etc.)
3) Establish a process of yearly fundraising priority setting.
4) Determine, and then pursue, a realistic base of support for GPIC.
5) Establish, announce, and immediately begin to promote a planned giving society – name to be determined.
6) Work towards the identification, education, cultivation, and eventual solicitation of the next generation of hospice donors.

COVID-19 related restrictions continue to adjust our focus on the core goal implementation outlined above. As we have transitioned back into working at HF offices, we have been focusing on targeted donor communication by using technology like Zoom calls and email newsletters, or when appropriate, making telephone calls and sending letters and handwritten notes. We are working with Federated Digital Services (FDS) to target online messaging to donors as we tap into digital fundraising options to accomplish core goals #1, #2, and #6.

Annual Giving

Response to our 2020 Friends of Hospice appeal through 7/31/20 totals $16,578.67. This appeal is focused on Pet Peace of Mind. Unrestricted annual giving to HF from 1/1/20 through 7/31/20 totals $80,644.16.

Special Events & Projects

The 15th Lube-A-Thon took place on July 31 at Tom's Car Care. It was one of the most successful Lube-A-Thons in the history of the event with a total of 126 oil changes and car washes. Special pandemic-related distancing provisions were put in place. Despite the pandemic and an extensive road construction project in front of the facility, the level of participation was outstanding.

Signature Event Changes due to COVID-19

Based upon guidance from the CDC and Indiana State Department of Health regarding mass gatherings and an assessment on the pandemics impact, we made the decision in mid-July to carry over the 36th Helping Hands Award Dinner from September 30, 2020 to May 5, 2021.

As we considered the ongoing COVID-19 gathering restrictions, we also postponed this year's Elkhart Campus Gardens of Remembrance and Renewal Memorial Dedication Ceremony, originally scheduled for June 2, 2020. We are presently developing options that would enable to

conduct and present both the Elkhart Memorial Dedication event and our annual Veteran Tribute Ceremony virtually.

Palliative Care Association of Uganda General Update

As the COVID-19 pandemic continues, PCAU's role in creating awareness of and advocating for palliative care grows. While some of their usual activities continue to be scaled down, PCAU has taken a significant leadership role in ensuring those in need still receive palliative care during the lockdown. They continue their important advocacy work in collaboration with the Ministry of Health and other palliative care stakeholders. Using the Zoom license provided by Global Partners in Care, PCAU continues to host regular webinars with palliative care stakeholders in Uganda to share updates, best practices and hold collective discussions during this pandemic. The leadership and coordination from PCAU have been impressive and appreciated by their colleagues. One of PCAU's key objectives for 2020 is to establish a research agenda. PCAU is in the final stages of establishing a Memorandum of Understanding with the Department of Public Health at Uganda Christian University to help support research. We are presently working with PCAU in concert with the University of Notre Dame to host two virtual workshops to develop this research agenda with input from key stakeholders.

Road to Hope (RTH)

Schools remain closed and there is no indication yet when they will open this year. An estimated 15 million children are currently staying home – including the 56 children on our Road to Hope (RTH) program. This comes with its own risks as children lose focus on school and can become inactive or distracted with home activities. For vulnerable children there can be serious concerns of domestic violence, sexual abuse, and early pregnancy. Hunger is a major issue. Many of the RTH children come from very impoverished households and their biggest struggle during the COVID-19 lockdown is access to food. PCAU is continuing to work with the families and other partners to find ways to help them access at least one meal a day while at home and remain focused on learning.

The Ministry of Education and Sports is trying to keep children engaged with their studies through radio and television tutoring sessions. They are also publishing home-schooling packages targeted at each class level in the national newspapers. As you can imagine, these may not be entirely effective strategies. PCAU is also creating ways to engage the children further. They are planning an essay competition for the older children – using the opportunity to raise awareness and advocate for palliative care. A local media personality has agreed to judge and publicize the winning essay. PCAU is also getting the children books to read and assessing the possibility of engaging tutors in the communities where the children live. We are working with PCAU to ensure they have some flexible funding to respond to these changing needs during the pandemic.

PCAU Interns

Ainur Kagarmanova, a Master of Science in Global Health student from the University of Notre Dame, recently completed her capstone project on assessing the status of palliative care in Uganda by analyzing data from the mHealth project along with other national data on morphine and palliative care services. She and Lacey are working with PCAU to bring this work to publication.

Notre Dame senior Kat Kostolansky continues to work with us on the Road to Hope program. During the summer of 2019, Kat worked closely with the PCAU team to develop frameworks, documentation, and tracking of the children in the program. She is continuing to help us build organization and structure for the program as well as researching grants to support it.

Advanced Diploma in Palliative Care Nursing (ADPCN)

Because interviews for the next cohort of ADPCN students continues to be on hold, we are working with PCAU to determine how some of the funding budgeted for this program could be reallocated to support this program. Even through some activities have been suspended, tutors are continuing to provide support to currently enrolled students (virtually). PCAU would like to focus more attention on raising awareness of the need for these trainees and palliative care in general in districts with no palliative care accredited facilities. This will help with publicity of the program to attract new trainees and help support graduates that are now offering palliative care in their facilities.

mHealth Project

PCAU continues to work with the Ministry of Health (MOH) on the integration of data collection into the national District Health Information System 2 (DHIS2). Indicators have been approved by the MOH and the Ona system that currently collects data is being connected to the DHIS2. The new palliative care registers will be printed and tested this month in a select number of districts and facilities. This will include training and support to ensure quality palliative care data is collected. While the pandemic has caused some delays, there has been good progress on better palliative care data collection in Uganda.

Education & Collaborative Partnerships

The Center for Education & Advance Care Planning has been functioning as a community hub for end-of-life planning and education. One of the challenges of our work has been tracking and coordinating our outreach with other departments of CHC and our collaborators. As a result, we have begun mapping our organization's community network through Google Maps. Our prototype has points of contact separated into organizations, trusted advisors, and colleges/universities. These resources are then mapped onto the page and details are added in to show who the main CHC/HF/CEACP contact is, where the organization is located and other pertinent details. Eventually, this will allow us to have a visual representation of our connections in the community and serve as a central repository for their contact information. This will help us to execute an effective, sustainable outreach program as well as develop priorities for outreach throughout the organization.

Health System/Professional Education Collaborations

As you can imagine, how we collaborate with our community partners in professional education has changed dramatically in the past five months. While our collaborations look different, they continue to be fruitful. One of the most notable of these was a Facebook live conversation with Dr. Bunmi Okanlami, the Endowed Bicentennial Chair of Palliative Care at the Vera Z. Dwyer College of Health Sciences/IU South Bend. The nearly hour-long discussion covered a wide range of hospice and palliative care topics. It can be found on IU South Bend's Facebook page

(https://www.facebook.com/IUSouthBend) and scrolling down to July 9th. As of early August, the video had 2,000 views and had been shared 20 times.

We will once again be working with the family medicine residency programs at Memorial and Saint Joseph Hospitals to provide hospice and palliative care rotations for their residents. In addition, we will have two Health Services Management residents from Memorial Hospital. The first, Dr. Kimberly Azleton, completed her rotation in July. In addition to engaging with our clinical staff, Dr Azelton met with Lacey Ahern, Steve Chupp, Craig Harrell, Karl Holderman and Mike Wargo to learn more about the back-office aspects of our work. She also spoke with some of our community collaborators, including Dr. Bunmi Okanlami, Dr. Dominic Vachon, and Dr. Mark Sandock.

Outreach to Legislators

NHPCO's grassroots campaign, MyHospice, continues to grow as Elleah Tooker, community education coordinator, has shifted to email outreach to develop relationships with our legislators. The primary points of discussion have been COVID-19 and hospice priorities. Our priority is to ensure that Indiana's legislators are aware of those issues as they meet to discuss current bills relating to hospice and palliative care. Elleah was able to arrange a Zoom meeting with Jaymi Light, the health policy director for Senator Todd Young on June 30th. NHPCO CEO Edo Banach, Hospice Action Network (HAN) staff, and CHC staff were part of the call as well. This virtual discussion focused on the Rural Access to Hospice Act as well as how COVID-19 has impacted CHC staff this year. In addition to maintaining contact with all our legislators, Elleah will work to arrange a meeting with Senator Young in the future.

Community Education

As we move our community education online due to COVID-19, virtual panel discussions are being organized via Facebook Live. The first virtual panel discussion was held on July 28th and was featured on the Center for Education & Advance Care Planning Facebook page. Elleah served as the moderator and host for the mini panel of Joel Dendiu of the Law Firm of Schindler, Olson, Currey & Dendiu and Craig Harrell of CHC. Two more FB live discussions are being scheduled for August and will be promoted via Facebook advertising and cross-page promotion. We are continuing to explore ways to provide community education via social media and amplify hospice/palliative care/advance care planning messaging by sharing foundation and CHC messages (and vice versa).

We are contacting area colleges and universities to offer ready-to-deploy end-of-life class and course materials. We are collaborating with Honoring Choices, particularly in engaging nursing departments. The objective is to work with nursing students to engage in end-of-life planning discussions then having certified facilitators assist them in completing their advance care directives. Honoring Choices Indiana – North Central has also moved to promoting advance care planning digitally. The new website went live in June and features information on the importance of having advance directives in place during the COVID-19 pandemic. Steve Chupp, Honoring Choices coordinator, and Dr. Mark Sandock, chair of the organization's advisory council, have given a series of online presentations to extended care facility staff members to explain how advance directives work and promote the use of HCI-NC's certified facilitators do help complete the directives via Zoom or FaceTime. Steve is also working with current and former HCI-NC advisory board members to create refresher courses for certified facilitators.

Roseland Remodel

Jeff Helman and Brad Sechrist have completed the initial floorplan to transform the Roseland facility into the new home for Milton Adult Day Services. We now have 3-D schematic design renderings and DJ Construction is working on firmer budget numbers, which we anticipate having in hand within the next few weeks.

Maintenance Building

Construction of the new maintenance building located on our land located at the corner of Pine Street and Comfort Place is complete and is now fully operational.

GLOBAL PARTNERS IN CARE UPDATE

For informational purposes for the CHC board, GPIC presents this update…

GPIC Response to the COVID-19 Pandemic

In total, GPIC and GPIC partners have sent nearly $50,000 to partners in Africa for COVID-19 response efforts. Since March, through its Disaster Relief Fund, we have sent COVID-19 response grants to 20 partners totaling just over $33,000. This includes $10,000 in GPIC matching funds. We know this has helped partners meet immediate needs related to their ability to continue providing necessary services to their patients. They have used the funds to purchase PPE, extended supplies of medicines and nutritional support (to help their patients through countrywide lockdowns) and some operational support as many of our partners lost much of their income during lockdowns. Many of our US partners have been supportive of our COVID-19 response efforts. For some, it has helped improve their perceived value of GPIC. These partners have stepped up and we have seen engagement from some who were not very involved before the pandemic. It has, in some way, served as a rallying cry for our partners to be more in touch with each other. Our relationships with our international partners have deepened and many of them have expressed gratitude for our solidarity during this difficult time. They are sharing stories and challenges along with good wishes for our well-being in the US. With the $4,000 grant for COVID-19 public health communication from GPIC, the African Palliative Care Association (APCA) was able to disseminate materials through Ministries of Health and palliative care leaders across the continent. Materials, translated into many different languages, included fliers (advisories and infographics) as well as audio jingles for radio broadcast and webinars. We are in discussion with APCA on establishing a COVID-19 response fund, based at APCA, to support resiliency of national associations and organizations during this pandemic. This could be structured like our joint scholarship fund.

Current Partnerships

We still have 37 partnerships and are continuing to support them as much as possible right now. Most of our engagement has centered around COVID-19 support. We have restarted country calls (i.e. Tanzania, Malawi) for US partners to share and brainstorm ideas of how to best connect with their partners right now. The GPIC Advisory Council reinforced the idea that we need to focus on retention of current partners during this time. We are reconnecting with the international organizations who have submitted applications for partnership over the past two years and creating

short profiles/stories on each to begin sharing that it will put a "face" to the organization and may draw interest of potential partners.

Research and Education

We are in discussion with APCA to support collecting and mapping palliative care research that has been done across the continent into a central repository for easy access. APCA has recently completed a comprehensive literature review on research in Africa and found over 20,000 articles. Their next step is to categorize and make them publicly available through an online portal. This will help identify gaps and direct future research in palliative care. We have enlisted the help of Mat Sisk from the University of Notre Dame who currently is part of a palliative care mHealth project in Uganda with PCAU. This project is in the early stages.

Interns

We currently have three GPIC interns working for us (all remotely):

- Dr. Onyekachukwu Erobu (Onyeka), MD is in the Master of Public Policy program at Oxford. Onyeka is working with APCA (remotely) on best practices for national palliative care policy development. It will also now include review of whether national palliative care policies include the role of palliative care during fatal viral infections/epidemics.

- John Couri is a junior at the University of Notre Dame working towards a BS in biological sciences and is in the Glynn Family Honors Program. John is researching the importance of nutritional support in palliative care programs and initially was to be placed in Malawi with Palliative Care Support Trust. In addition to this research, he is working as a general GPIC support intern for the summer.

- Jacob Fry is a recent University of Notre Dame graduate who has worked with us for the past year and is continuing on for the next few months to support our work on various projects and initiatives as he determines his next steps. We are happy to have him continue as he has been very helpful.

Global Collaboration

In April, we provided a one-year membership to American Academy of Hospice and Palliative Medicine (AAHPM) to selected GPIC members and collaborators. GPIC is acting as a central umbrella organization for these 31 memberships and is working with the AAHPM membership director to help maximize the benefit to our members. In August, we will survey participants for the first time to see if and how they are using membership.

Palliative Care Leadership Project - Bluegrass Care Navigators and APCA

After a few discussions, the partners have agreed to move forward with a concrete one-year engagement that will focus on supporting APCA's new strategic plan. This will involve structured coaching and support from Bluegrass to help APCA stay on track with their strategic plan goals, identify challenges and strategies to address these, and help the organization establish itself as a center of palliative care leadership. The expectation is this initial project between the organizations

will build a better foundation of partnership and collaboration that will help support the development of a larger leadership project.

COMMUNICATIONS, MARKETING, AND ACCESS

Craig Harrell, Director of Marketing and Access, reports on marketing and access activities for April – June, 2020…

Referral, Professional, & Community Outreach

Our Professional Community Liaisons continue to contact doctor's offices, clinics, hospitals, group homes and extended care facilities to build relationships and generate referrals. Although the COVID-19 pandemic continues to limit the ability of the liaisons entering many facilities, they continued to reach out via phone and email. In May through July of 2020 our four Professional Relations Liaisons completed 1,153 contacts to current and potential referral sources within our service area. They accomplished 375, 406, and 372 visits in May through July, respectively. Most of the extended care facilities continue to discourage visitors. However, more ECFs each day are agreeing to meet outside while maintaining social distancing and masking.

Access

Certainly, the impact of the pandemic has had a tremendous effect on our referrals, and to a lesser extent our admissions. However, during the period of May-July of 2020, the hospital and ECF referrals have steadily increased over the previous three months which occurred at the height of the pandemic. In the case of ECFs, they have increased over the same period as last year. Since the beginning of the year our Admissions Department has been able to increase our conversion rate to an outstanding all-time record high of 76.08%, which has helped to maintain our monthly average daily census (ADC) of 423, 428 and 433 May-July respectively.

We continue to find ways to streamline our admissions process. We recently hired a former social worker as our newest Admissions Representative. This person has had extensive hospital experience and will be dedicated to one of our local hospitals for most of her workday. She will participate in rounds as well as be readily available to meet with families at a moment's notice, while at the same time be building relationships with the hospital staff. If this trial is successful, we hope to replicate it at other area hospitals.

The percentage of non-admits due to "Death Before Admission" (DBA) has remained the same as last year.

Website

We continue to fine-tune our new website that was recently launched. Its simplification has helped the visitors find the resources they need to decide to contact us for assistance. Like every aspect of our organization, the usage and visits were down considerably for the time-period of May-July. Thankfully, it has not seemed to affect our admissions.

Social Media

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 100,713 people for the period of May-June and had 11,242 reactions, comments, and shares. Our leading post was on May 29th, Soldier helps the sick with her furry companion. It reached 8,134 people and generated 1,517 reactions, comments, and shares. The second most viewed posting was on June 29th: Hats off to the heroes at SBPD. It displayed one of our Hats off to You Heroes sign in front of the South Bend Police Department. It reached 5,976 people and generated 630 reactions, comments, and shares. CHC currently have 4,553 Facebook followers.

CHC continues to have social media presence on Twitter, Instagram, YouTube, and LinkedIn as well.

Digital Overview

The following digital report represents activity from May-July 2020. The digital campaign focuses on delivering our ad to the proper audience at the proper time. For the months of May - July it generated 79 telephone calls. Google industry benchmarks show an average click-through rate in the Health & Medical field of 3.79 % and we continue to be high at 8.57%.

POLICIES ON THE AGENDA FOR APPROVAL

There are six revised patient care policies on the agenda for approval. The revisions are very minor, and some have to do with regulatory changes CMS is making to the Medicare Hospice election statement beginning on October 1, 2020. There are two new policies, one regarding the protocol for volunteers to return to the residential home setting and COVID-19, and, one regarding COVID-19 testing for staff.

There is also a revision to the policy concerning the President/CEO. One is the title of the policy and the other pertains to the appointment by the Executive Committee of an Interim Pres/CEO should something happen to the current Pres/CEO.

CHC CONTINUES TO RESPOND TO COVID-19

The Administrative Team continues to stay current on issues related to COVID-19 and are proactive in our responses to mandates and information and mandates supplied by local and state government. This includes review of policies and procedures, patient staffing, employee safety, supplies, environmental factors, telehealth, admission information, communications, and updates from our contact sources. The most recent CHC and affiliates Back on Track Plan was distributed on 7/31/2020 following Governor Holcomb's latest statewide mask mandate.

The following were initiated and continue based on resources and available needs:

- Communication via e-mails and letters to families, patient's, extended care facilities, employees, and board members.
- Tracking and trending exposures related to COVID-19 for employees and patients.
- Daily reminders related to COVID-19 on our staff intranet web site.
- A dedicated COVID-19 Response Team of nurses that volunteered to specifically care for patients with COVID-19.
- Education of personal protective equipment was reviewed with all direct patient care providers and volunteers.
- Social Workers and Chaplains have resumed visiting patients in the home.
- Some Extended Care Facilities (ECF) continues to limit CHC nurse visits. The Indiana State Department of Health has mandated recently that any healthcare worker entering a nursing home had to be tested for COVID-19. This included CHC RNs. We facilitated the testing for our clinical staff who may be assigned to patients in the nursing home.
- Interdisciplinary Team Meetings have resumed with all disciplines attending by staggered times, larger conference rooms, and maintaining social distancing.
- Telehealth practices, including Zoom and Facetime, for patients in extended care facilities and assisted living facilities continue to assure our assessment and follow up of patients.
- Triage continues to screen all patients prior to a nurse completing an emergency or death visit.
- The CHC Medical Director continues to personally review any potential COVID-19 patients being admitted.
- We continue to monitor supplies daily. Currently we have ample supplies in stock.
- Volunteers are returning to the home for visits with a set of restrictions and additional training required.
- Employees have returned to work, practicing social distancing and masks, following local and state mandates.
- Communication of signs and symptoms related to COVID-19 continues to be communicated to all employees.

MILTON ADULT DAY SERVICES RECEIVES STATE MEDICAID FUNDS TO HELP OFFSET THE MANDATORY CLOSURES

The Indiana Division of Aging closed all adult day services business in the state on April 2nd. They announced they would not pay for any Medicaid Wavier clients and encouraged adult day providers to go into "home care" to provide services. An impossible suggestion. MADS was closed on 4/2. Governor Holcomb's "Back on Track Indiana: Stage 2 May 4th – 21st indicated that all adult day services would be closed at least until May 31st. MADS reopened on June 1st. Census at MADS has been running about half what it was prior to the closure. We are getting a COVID related grant from the State of Indiana. This is a grant through the Indiana Division on Aging for Adult Day Services Providers who have been impacted by COVID 19. This is a grant the state has provided for Adult Day Services to claim expenses they incurred during the months of April, May, June, and July since they were closed during part of if not all that time. The State took eight months of our total Medicaid Waiver expenditures to calculate dollars claimed then divided that by eight for a monthly total. With this grant they are allowing us to claim 75% of the monthly total. For Milton Adult Day Services, we would be able to claim up to $9,919.66 per month for April, May, June, and July of 2020. This is not a loan and does not need to be paid back. These funds are to help offset the cost while we were closed or not operating at full capacity. When filing a claim, we will deduct

any waiver billing we had for services on each claim form for each month. We will then receive the difference payable by the Grant. It should total $39,678.64

$1.4 MILLION IN HHS STIMULUS FUNDING UPDATE

As you recall from our last meeting, we have engaged The Rybar Group to assist us with the necessary documentation to be able to keep the HHS Stimulus funds of nearly $1.4MM received without asking on April 10, 2020 related to COVID-19 expenses. Rybar is an accounting firm in Michigan that was recommended to us by Kruggel Lawton through their common alliance with BDO. Their practice is ensuring Medicare providers are paid appropriately and stay out of trouble with the False Claims Act, Medicare audit prevention, etc. Karl and I have been meeting with them by phone every other Friday as we have been collecting expenses and accounting for a variety of COVID-19 expenses and passing them along to Rybar. Currently, the calculation indicates that lost revenues and additional expenses incurred by CHC due to COVID-19 exceed the $1.4MM funding received by $276,432. There is some speculation by Rybar that there may be a "settle up" in the future for providers whose expenses exceeded their stimulus grants, just as it will be for providers whose stimulus grant was more than their expenses and who will be required to return the funding. We continue to track expenses and expect the overage to grow.

CHC CHOOSES NEW ELECTRONIC MEDICAL RECORD SOFTWARE

As you may remember, we were informed by Cerner in October 2019 that they would be abandoning their HomeWorks/RoadNotes product on 12/31/20 and no longer providing support. Cerner has been CHC'S EMR since November 2010. We began seeking a new EMR vendor and started scheduling demos last November. We looked at four major vendors and each demo lasted about five to six hours, starting with in-person demos in November until the pandemic caused them to move entirely to virtual demos. We followed up with each of them and called back one vendor for another look and then decided. We chose MatrixCare (formerly Brightree) as our new EMR vendor. This was also the company that Cerner recommended last year. Earlier this year, MatrixCare's Home Health and Hospice EMR solution earned Best in KLAS honors, receiving a top-ranked score of 87.1 in this year's "Best in KLAS: Software & Services" report. The software offering surpassed the average for home health and hospice EMR vendors by more than 6 points. Best in KLAS winners are determined annually through extensive surveys and interviews with healthcare providers on the efficiency and quality of health IT products. KLAS research methodology rates and ranks vendors according to their ability to meet certain current and future expectations. Training on the new software has continued these past several months and the reviews we are receiving from our clinical and accounting staff is near universally positive. We are still planning a Go LIVE date of October 1.

RACLIN HOUSE UPDATE

Raclin House is still not open, and we have no idea when the survey we need from the Indiana State Department of Health (ISDH) will take place. The survey type we need according to the bureaucrats have been suspended nationally by the Centers for Medicare and Medicaid Services (CMS). We did eventually receive an approved Life Safety Code Survey from the ISDH. The ISDH began saying months ago we needed to have a "health facilities" survey to see if we meet the

regulations at 42 CFR 484.110- Hospices that Provide Inpatient Care Directly. This was completely new to us. We did not have such a survey when we opened South Bend in 1996 and no such survey has ever been performed at the Elkhart IPU since it opened eleven years ago. Further, ISDH has been saying since May they cannot do such a survey because CMS has a ban on such surveys due to COVID-19 and no such surveys will be permitted until CMS lifts the ban. I have contacted authorities at ISDH to inquire about this "health facilities" survey and whether we have to have patients on hand for the survey to be performed, particularly since we have an approved Life Safety Code survey which we were originally told was all that we needed. I began emailing ISDH numerous times in mid-May and finally began getting return emails late on August 7th. During such a "health facilities" survey, according to the regulations, they are expected to be checking IPU patient plans of care, staffing, etc. If there are no patients, I cannot understand how this can be inspected. I have inquired about this with no answers. This makes no sense. On August 10th I received directions that we could probably have patients, weren't supposed to, but it happens, and if we did, we could not bill Medicare or Medicaid for any services provided until after our health facilities survey and CMS approved the facility. Retroactive billing following approval is not an option.

Directly from the www.cms.gov website: *Beginning March 4, 2020, CMS is suspending non-emergency survey inspections across the country, allowing inspectors to turn their focus on the most serious health and safety threats like infectious diseases and abuse. This shift in approach will also allow inspectors to focus on addressing the spread of the coronavirus disease 2019 (COVID-19). In response to the Coronavirus threat (COVID-19), The Centers for Medicare & Medicaid Services is urging State Survey Agencies (SAs) and Accrediting Organizations (AOs), as well as healthcare facilities, to maintain compliance with current CMS requirements and safety standards, specifically infection control procedures. Medicare/Medicaid certified providers and suppliers are strongly urged to monitor the COVID-19 CDC website as well as their State public health website and follow recommended guidelines and acceptable standards of practice.*

NEW FEDERAL FISCAL YEAR 2021 MEDICARE HOSPICE RATES RELEASED AND GO INTO EFECT ON OCTOBER 1, 2020

On Friday, July 31, the Federal Register posted the FY2021 Hospice Wage Index and Payment Rate Update Final Rule on the public inspection page. It was published in the Federal Register on August 4, 2020. Key elements include:

-- A rate increase of 2.4% for FY 2021, effective October 1, 2020. Note that this is slightly lower than the rate increase of 2.6% in the proposed rule
-- Adjustments in Core Based Statistical Area (CBSA) designations, following the guidance published by OMB in 2018. This may result in higher or lower wage index values, based on the new designation.
-- Counties with a decrease in the wage index values will have a maximum of 5% reduction for FY 2021 but will see the full reduction in FY 2022.
-- There will be NO delay in the implementation of the changes to the election statement and addition of the election statement addendum. These new requirements will be effective for hospice admissions on or after October 1, 2020. This requires some revisions in policies on this board agenda.

Medicare hospice reimbursement is set on CBSA wage index and non-wage component under a formula that hundreds of different reimbursement scenarios depending upon where the patient / program resides in the U.S. and whether it's an urban CBSA or comes under the rural "state rate."

While the pool of funding is static, the amounts distributed across the country vary widely with some programs gaining more than the set percent increase and some losing year over year. For FY2021, CHC is gaining in some of its most patient populated areas. In fact, even though the overall national increase in the pool is 2.4%, we are gaining over 5% in some areas for the first time that I can remember since the late 1990s. For example, the FY2021 hospice routine home care per diem rates will increase 5.45% for St. Joseph County and 5.70% for Elkhart County. LaPorte County will increase 2.18% for routine level of care -- below the national average – and all other counties are in the "state" rural rate and will increase 2.72%, slightly above the national average. This should have a positive effect on revenue for the third quarter of 2020 and we hope to have an estimated amount of what that will be by Wednesday's board meeting.

TWENTY-FIVE PERCENT OF THE NATIONAL HOSPICE EXECUTIVE ROUNDTABLE HAVE ANNOUNCED THEIR RETIREMENTS

A quarter of the CEOs in the National Hospice Executive Roundtable (NHERT – a group where I have been a member since 2009) have announced their retirements in just the last few months. I believe the challenges of the pandemic, increased regulations, and staff issues are taking its toll. One CEO who had told us at our last in-person meeting in January that she planned on working at least five more years and then sent us all an email on 6/30 stating "I'm retiring and today is my last day!" This is a wonderful time to own a search firm.

VIRTUAL ANNUAL REPORT AND VOLUNTEER RECOGNITION RECORDED ON AUGUST 11

Due to COVID-19, we are having a virtual Annual Report and Volunteer Recognition. The April event was postponed, but as time has gone on, we believe there is no way it will take place in-person during this calendar year. The virtual event was recorded on Tuesday, August 11th from 12:50 PM to 2:30 PM and included the presentation of the 2020 John E. Kruger, MD Hospice Caring Award to CHC Volunteer, Sylvia Ford. My thanks to CHC Board Vice Chair, Jen Ewing, for participating. I presented a 2019 update of CHC highlights and Mike Wargo presented an update of Hospice Foundation. Virtual pins were presented to 5, 10, 15, and 20-year volunteers. They were all recognized, although not in-person. All five volunteer coordinators participated. Each segment was recorded separately, and physical distancing was evident throughout the digital "taping" of the event. There will be a great deal of editing required, but the plan is to send each volunteer a Panera gift card for lunch on their own at their convenience (since the luncheon could not be held and because Panera is readily available throughout our service area) along with an invitation to watch the recognition on our social media pages (also at their convenience). We are currently talking about a similar mechanism allowing us to have a virtual Elkhart Gardens of Renewal and Remembrance Dedication event to dedicate benches, trees, and bricks, etc., and, our annual Veteran's Memorial event to dedicate plaques, bricks, etc. Because it will be virtual, we could possibly have this ready ahead of time and debut the "event" online on Veteran's Day itself, Wednesday, November 11th.

2019: THE YEAR IN REVIEW

2019: The Year in Review should be at the printer at the time of our board meeting. Like every year, it is a review of the highlights of CHC, HF, GPIC, and MADS and will be distributed as a stewardship piece to the members of the Circle of Caring. Production was later than normal this year due to many competing priorities of time needed to write it, starting a search for two Administrator positions and conducting interviews, installing a new EMR, and many days and hours dealing with COVID-19 policies, procedures, and countless various other related issues. Across several fronts and through many different areas, 2019 was one of the most successful years in CHC history. I believe that will be abundantly evident in this publication.

BOARD COMMITTEE SERVICE OPPORTUNITIES

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. Also, please note the "Specialty Committees" section which is open to all board members.

BOARD EDUCATION SECTION

The board education section will feature Karissa Misner, DO, MPT, CHC's Chief Medical Officer and Medical Director for Hospice under the CMS definition. She will be discussing, "Challenges of Providing Hospice and Palliative Care during the COVID-19 Pandemic." Questions and Answers will be welcomed.

OUT AND ABOUT

I have continued to meet with the National Hospice Executive Roundtable CEOs regarding COVID-19 and other issues in our respective programs, gaining insights and best practices.

I attended an Indiana Hospice and Palliative Care Organization (IHPCO) Board Meeting via Zoom on August 6th and did not miss the roundtrip drive to Indianapolis.

Several staff participated in the virtual conference, "Hitting the Target with Medicare" presented by IHPCO and featuring representatives from our fiscal intermediary Palmetto GBA on Tuesday from 9A-10:30AM and 10:45A – 12:15 PM.

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

Becky Kizer's Census Charts

Karl Holderman's Monthly dashboard summaries.

CHC Volunteer Newsletters for June, July, and August

Board Committee Opportunity Sheet

Article, "Center for Hospice Care and Hospice Foundation hosts annual Lube-a-Thon"

Article, "Center for Hospice Care expands 'We Honor Veterans' program"

HARD COPY BOARD ITEMS TO BE DISTRIBUTED AT THE MEETING

Year-to-date July 2020 CHC Financials.

Common Abbreviations (always handed out at board meetings)

Perinatal Palliative Care Brochure

NEXT REGULAR BOARD MEETING

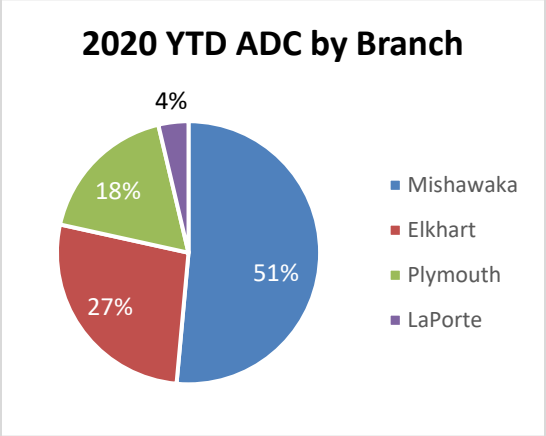
Our next regular Board Meeting will be **Wednesday, November 18, 2020 at 7:15 AM** in Conference Room A (possible B as well), first floor at the Mishawaka Campus, 501 Comfort Place, Mishawaka, IN 46545. In the meantime, if you have any questions, concerns, suggestions or comments, please contact me directly at 574-243-3117 or email mmurray@cfhcare.org .

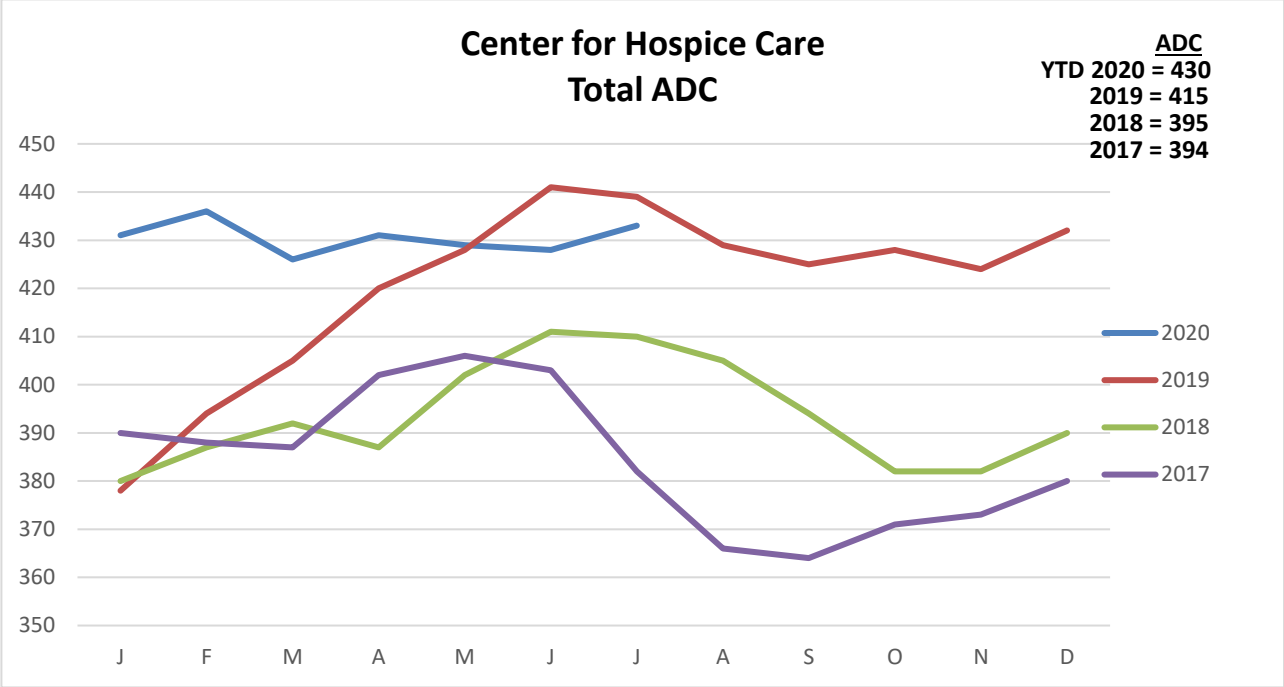
# # #

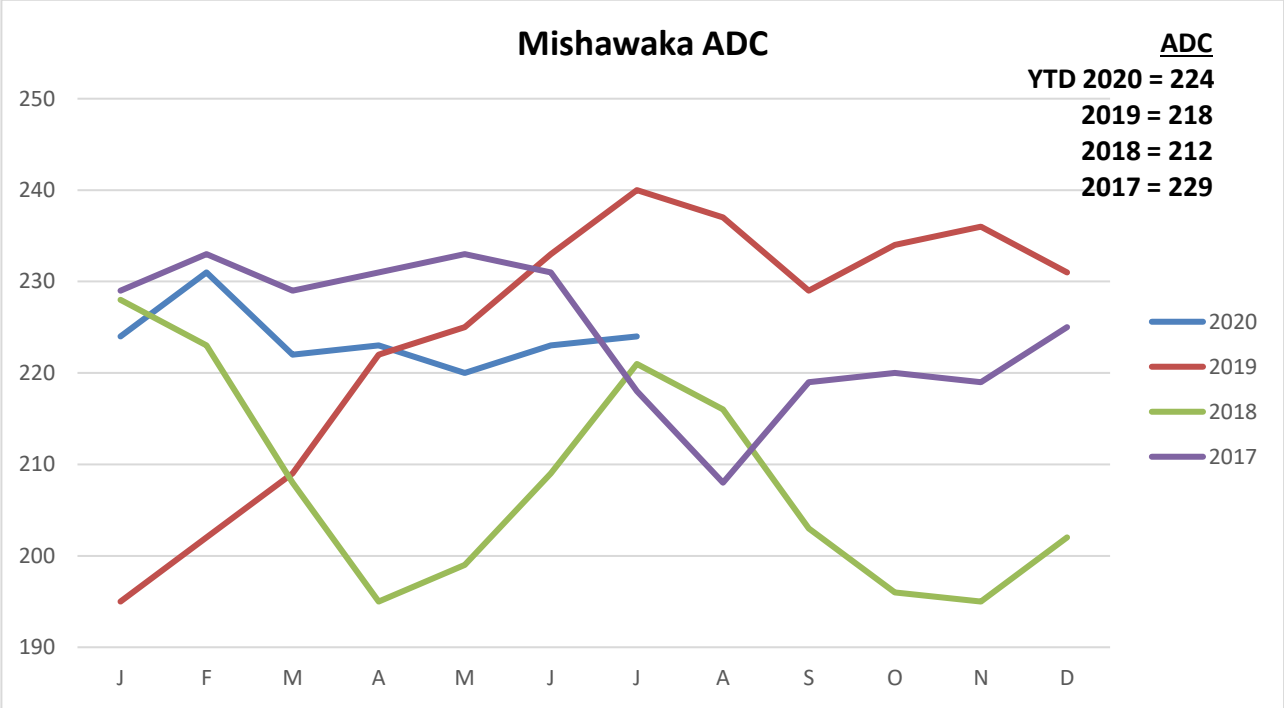
2020 YTD Average Daily Census (ADC)

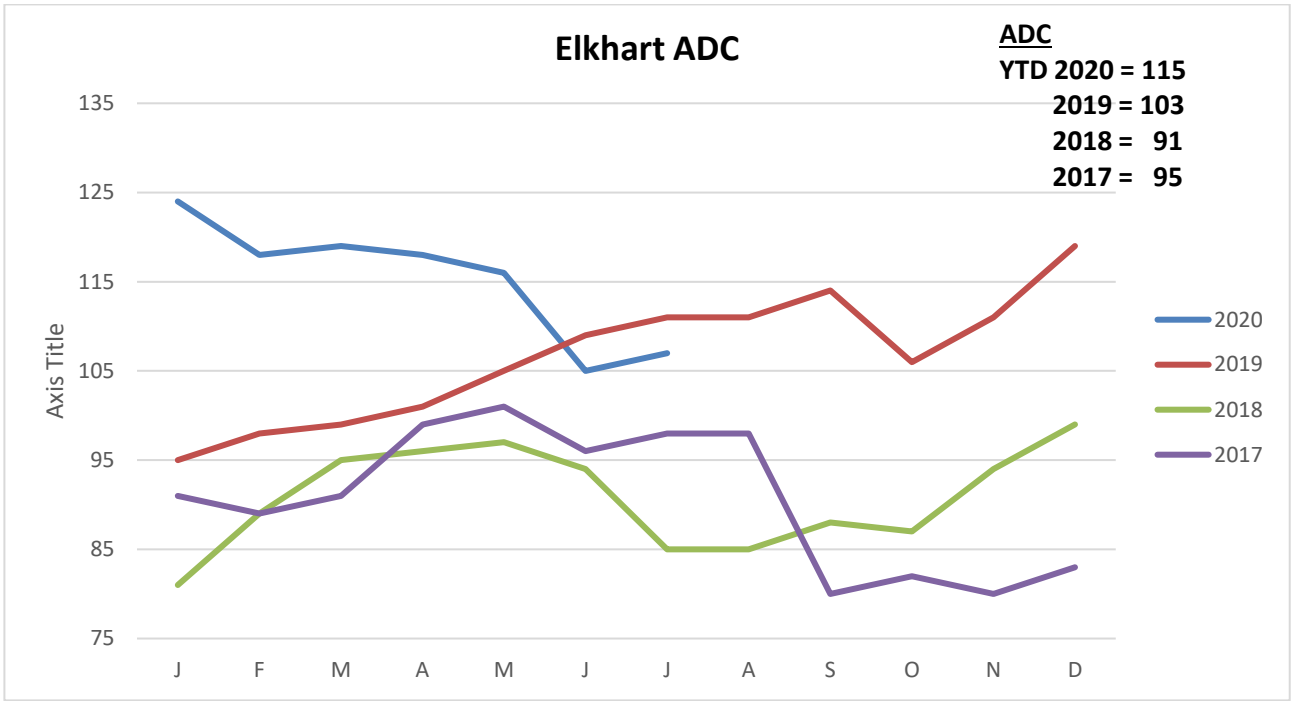
(includes Inpatient Units and Home Health)

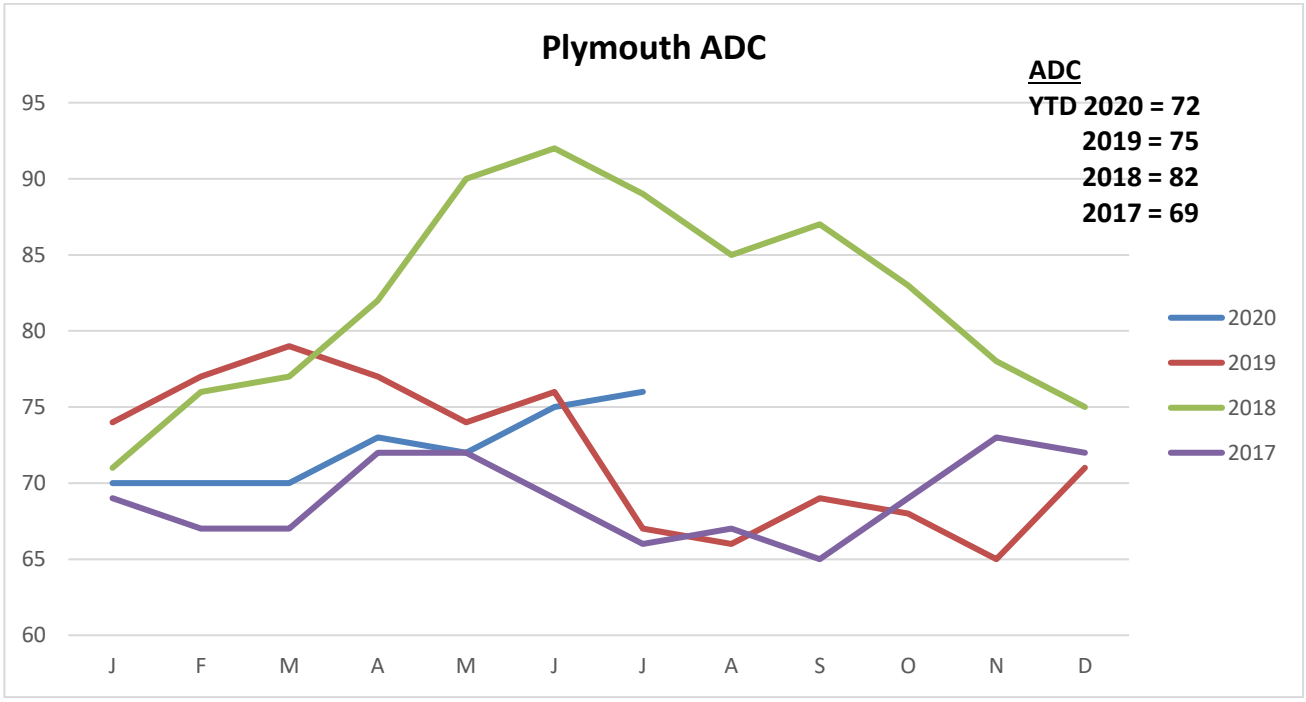
	All	Mishawaka	Elkhart	Plymouth	LaPorte
J	431	224	124	70	14
F	436	231	118	70	17
M	426	222	119	70	15
A	431	223	118	73	16
M	429	220	116	72	15
J	429	221	112	72	16
J	429	221	111	73	16
A					
S					
O					
N					
D					
2020 YTD Totals	3011	1562	818	500	109
2020 YTD ADC	**430**	**223**	**117**	**71**	**16**
2019 YTD ADC	415	218	103	75	20
YTD Change 2019 to 2020	15	5	14	-4	-4
YTD % Change 2019 to 2020	**3.6%**	**2.3%**	**13.6%**	**-5.3%**	**-20%**

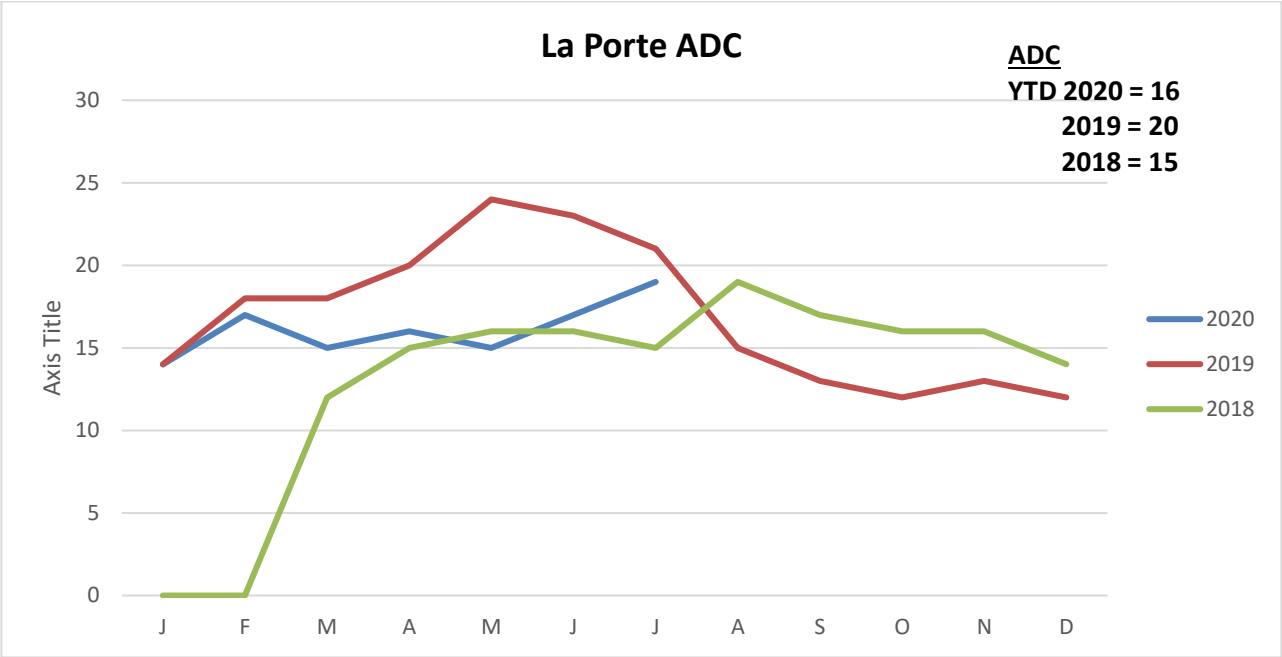



Center for Hospice Care
Total ADC
ADC
YTD 2020 = 430
2019 = 415
2018 = 395
2017 = 394
450
440
430
420
410
400
390
380
370
360
350
J F M A M J J A S O N D
2020
2019
2018
2017


Mishawaka ADC
ADC
YTD 2020 = 224
2019 = 218
2018 = 212
2017 = 229
250
240
230
220
210
200
190
J F M A M J J A S O N D
2020
2019
2018
2017

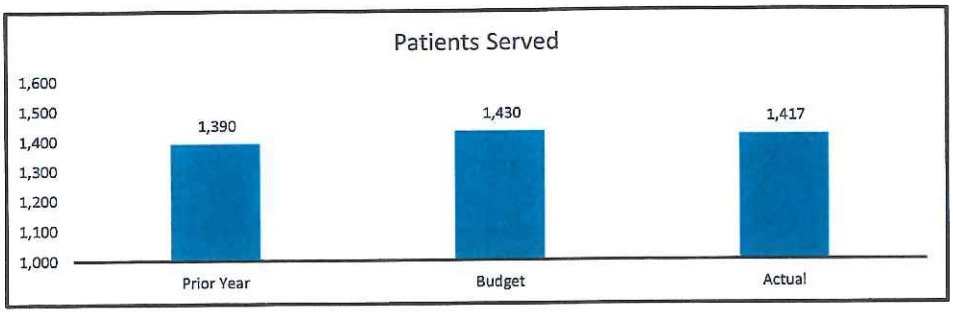

Elkhart ADC
ADC
YTD 2020 = 115
2019 = 103
2018 = 91
2017 = 95
Axis Title
135
125
115
105
95
85
75
J F M A M J J A S O N D
2020
2019
2018
2017


Plymouth ADC
ADC
YTD 2020 = 72
2019 = 75
2018 = 82
2017 = 69
95
90
85
80
75
70
65
60
J F M A M J J A S O N D
2020
2019
2018
2017

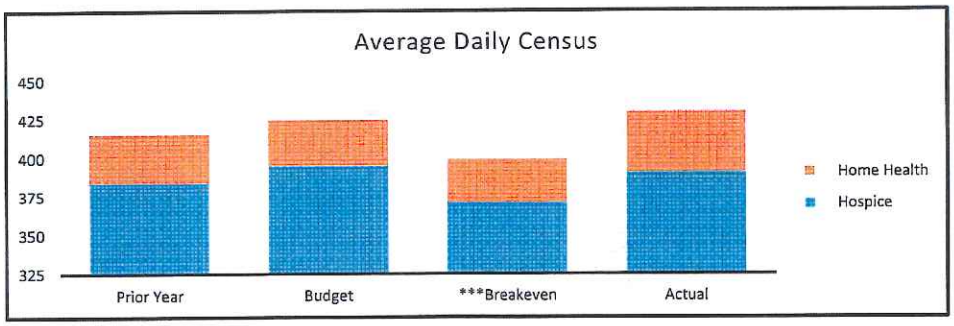

La Porte ADC
ADC
YTD 2020 = 16
2019 = 20
2018 = 15
Axis Title
30
25
20
15
10
5
0
J
F
M
A
M
J
J
A
S
O
N
D
2020
2019
2018

Center for Hospice Care
July 31, 2020

	Prior Year	Budget	Actual
Patients Served	**1,390**	**1,430**	**1,417**

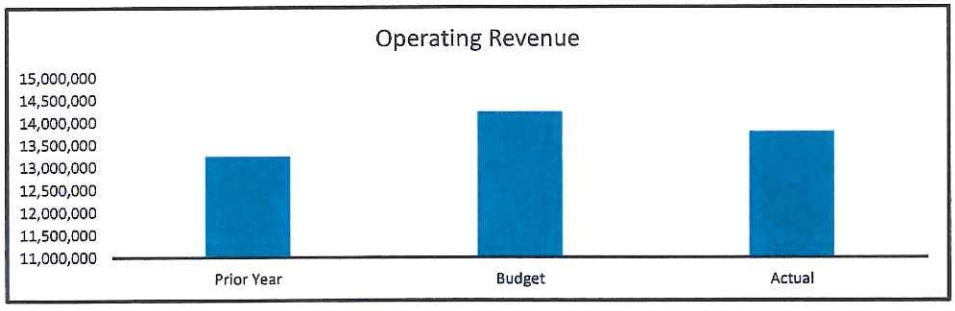


Average Daily Census	**Prior Year**	**Budget**	*****Breakeven**	**Actual**
Hospice	383.75	394.66	370.80	390.46
Home Health	31.34	29.44	27.66	39.28
Total Average Daily Census	**415.09**	**424.10**	**398.46**	**429.74**

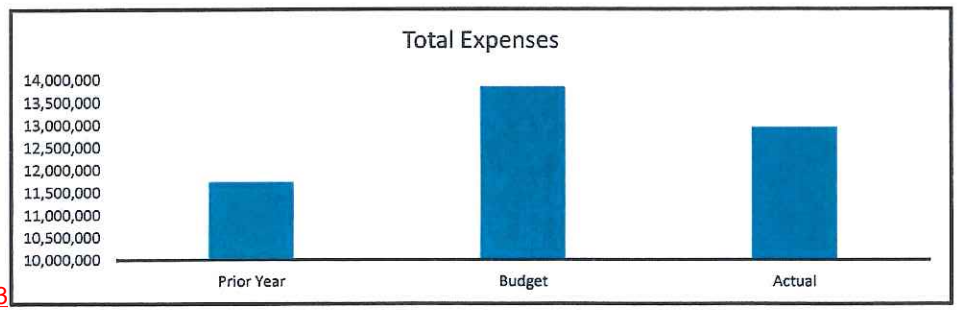


**** Budgeted Breakeven*

	Prior Year	Budget	Actual
Operating Revenue	**13,239,218**	**14,236,702**	**13,788,972**



	Prior Year	Budget	Actual
Total Expenses	**11,734,134**	**13,851,541**	**12,951,457**



June 2020
Volunteer Newsletter

Center for Hospice Care

choices to make the most of life™

For My Father

Donald Hart, 11/26/28-4/22/20

By: Steve Hart

Steve's father was served by Center for Hospice Care at the end of his life. This is his tribute to his father and great insight for us all.

This is the story of a son and his father on a journey, an end of life journey as it turns out.

It didn't start that way, but we don't always end up where we think we're going. We have been on our journey for a little over a year now and in that time, we have walked down some small hills and climbed up what seems, a few more mountains. Like all walks, we may turn left or right, but most of the time we follow the path that others have traveled before us.

If you're lucky, as I have been and if you're listening as you walk, you will hear stories and share some memories, memories locked away for a lifetime, like pieces of treasure, safe until such time that it feels right to share them with others.

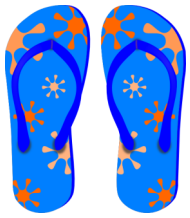
As we started our journey, I was sure I could

walk however far it might be, but as we walked and climbed I began to question my resolve and wasn't sure I could actually make it to the end alongside him. But as fathers and sons will do, he pushed me when I needed pushing and I pulled him when he needed pulling. In doing so, we have almost reached the end of our journey. Whatever strength we had we left on the path to get this far.

Now, lying on his bed, resting from our journey, the strongest man I know is now so fragile, so vulnerable. He needs me now like no one has ever needed me before. There is an intimacy now. A bond forged of blood and tears and a lifetime of memories that I will carry in my heart forever.

Sitting in my father's bedroom, the afternoon sun is coming thru the window shade filling the room with a warm glow. It feels good, safe, inviting. Outside his window, with a Master's brush, nature is painting the colors of the season. It's spring! A time when all things old are reborn to live again. Outside the window I can hear birds

Continued on page 5



Inside this issue:

START where YOU ARE.

USE what YOU HAVE.

DO what YOU CAN.

Birthdays

6/2
Sandy Houghton

6/2
Carol MacLean

6/3
Marilyn Kay

6/4
Mary Reber

6/6
Linda Benwell

6/7
Larry Milanese

6/7
Vera Tiani

6/8
Grace Munene

6/9
Sandra Ringenberg

6/10
David Laux

6/12
Jean Verteramo

6/16
Marlene Ogorek

6/17
Connie Nyerges

6/19
Kate Crane

6/27
Cara Lewellen

Bereavement Time Sheet

We wanted to share a quick reminder regarding bereavement support. While not required, we definitely encourage our volunteers to provide bereavement support after the death of a patient. For volunteers who are visiting patients, you may want to attend the visitation or funeral of the patient. Attending these events can count towards your volunteer hours and is considered bereavement support. While long-term relationships with family members of deceased patients is a breach of boundaries, attending the funeral is a wonderful way to usher in grief for the family and bring closure for you as well. Please remember to complete a time sheet. See the example below.

DOD:_____

Center for Hospice Care

BEREAVEMENT CONTACT & TIME SHEET

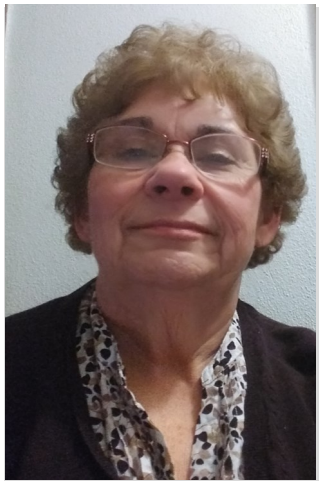
Bereaved Name: _____
Deceased Name: Mildred Brown
Volunteer/Staff Name: Susie Sunshine

Time Codes:	VRVG - Bereavement Group	VBPC - Bereavement Phone Call	VBN - Bereavement Letter/Note
	VLBV - Bereavement Visit	VLFV - Funeral Home	

Date	Time Spent (minutes)	Time Code	Mileage	Activity Type Number**
12-22-18	95	VLFV	22	

Volunteer Spotlight

Linda Meeks, Mishawaka



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

I have been volunteering at Hospice for 4-5 years in the bereavement department being a co-facilitator with the supports groups Resilience or Rebuilding Your Life. I also help in the crafting program.

Why do you volunteer with CHC?

I volunteer as a way of giving back. I found the support groups so helpful following the death of my husband that when I was asked to help, it didn't take me long to think about helping out the way I had been helped.

Tell us a little bit about your family.

I have two sons and a daughter. I have 5 grandchildren between the ages 1 and 16 and two step grandchildren still in Malawi. I have not met them yet. I watch the year old granddaughter five days a week. She keeps me very busy.

What do you like to do in your spare time?

In my spare time I am a Girl Scout leader. I belong to two chapters of the Red Hat Society. I do my physical therapy in a warm water pool, and enjoy scrapbooking, making crafts and baking.

What is your favorite music and why?

My favorite music is country because of the way it usually tells a story and the 60's as that was the time period of my youth and the memories it brings back.

"Linda is a wonderful volunteer who helps with our bereavement groups. She has been a great asset to our agency and we appreciate all that she does."

Michele Guldberg, Bereavement Counselor

thank you!

Comments from Our Families

- Just a special thank you for your love and support during my mother's illness and death. We only had your service a few days, but it was very worthwhile.
- I just want to say that you have a wonderful organization. Through my husband's illness and death you were most helpful. We could not have handled the situation without you.
- We feel we had the best people helping us to cope with what was happening to our beloved husband and father. Couldn't find the right words to say except thank you so much for the care.
- My wife's nurse was excellent. Always called about when she was coming to the house and very well informed.

June In-Service

Due to COVID-19, this year's June In-Service will not be held in person.
We will be offering two options to complete your mandatory annual in-service:

1. Mailed Packet
Your in-service packets will be mailed in June. Volunteers must read the material and complete and return the enclosed quizzes.

2. Online Training
For those of you who have opted for the online training, an email will be sent to you the first week of June. The email will give you all login information required to get started. You will have 30 days to complete the in-service material. Once completed with the online training, you will receive a confirmation e-mail. All quizzes are done online.

Annual TB Testing

Save the dates

Annual TB testing will take place at each of our offices: Mishawaka, Elkhart, Plymouth and LaPorte on the following dates:

August 3, 4 and 5, 2020

With TB readings done on:

August 5, 6 and 7, 2020

Please save the dates and look for more details in upcoming communications.

Camp Evergreen Update!

In the face of the uncertainties presented by the coronavirus outbreak and a commitment to support the safety of our community, we have rescheduled the Camp Evergreen Weekend to

Friday, August 21st – Sunday, August 23rd.

Email evergreen@cfhcare.org for more information about being a camp volunteer.

COVID-19 & Volunteering

We are anxious to get our volunteers engaged with patients again; however, at this time, there is no definitive date when this will happen. Please stay tuned for more information and keep in touch with your volunteer coordinators.

Continued from page 1

singing, lawns being mowed, people doing the things that people do. It's a world moving on, leaving him behind. The only sound in the room is the sound of breathing: fast, slow, hard, soft, but always there. Even though things are as they should be, it makes me sad. Sad for me, for him and for all whose lives he has touched in one way or another. As I walk around his house and sit in his room, I see things for the first time. They've always been here, I've even seen them before. Now they seem significant somehow: a company pen from an old job from long ago, an item in the junk drawer, his coffee mug, his razor, a paper or a picture stuffed in a cabinet drawer long ago. They are just things, but they are his things. Things he saved for whatever reason. They were significant, or not, to him and I guess now for me.

I sit here waiting, wanting him to move on. It seems strange, yet natural somehow. He has done all he can do in this life and there is nothing left for him here. There is silence, except for his breathing. There is nothing left to be said that needs saying, except "I love you dad, I'm here for you and you are not alone." Yet somehow it doesn't seem to be enough, but I suppose it never does.

I see things for the first time. They've always been here, I've even seen them before. Now they seem significant, somehow.

Our journey together ended today. The room is silent now. He has finally moved on without me. Everything is as it should be. While I am very sad, I am happy for him, as I told him I would be. His pain and suffering has been laid at the foot of the cross. He has been made whole again. He can now see the colors of spring outside his window as clearly as I. After all it is spring, the season when all things old are reborn to live again.

Along the way we have met some very special people, people that I now believe were sent to us by God. There is no other explanation. They are his living angels on earth. Always knowing what we needed before we knew ourselves.

I have been witness to compassion for others on a level that could only have come from above. I am both humbled and honored that my father allowed me to walk beside him on his journey. I will miss him and think of him often and he will be a part of everything I do until the day that we are together again.
Your loving son,
Steve

Comments from Our Families

- Our family had CHC for mother for 22 months and this recent experience with our father for 2 1/2 months. Both experiences were positive and so helpful. Dad's illness was sudden and terminal, but all his needs were met immediately. His use of pain meds was only the last four or five days of his life for comfort. Everyone listened to us. Answered our questions. Kept us informed each step of the way. I always tell people what a blessing hospice was for both of my parents. The follow up has also been comforting.

- I would like to say the Hospice nurses were very compassionate in caring for my husband. We were very comfortable with them and appreciated them very much. Our regular nurse attended the visitation of my husband, it was very much appreciated. We thought they were all just great people. Thank you all.

July 2020
Volunteer Newsletter

Center for Hospice Care

choices to make the most of life™

Care During COVID-19

Providing palliative care in Uganda

The Palliative Care Association of Uganda (PCAU) has been partnered with the Center for Hospice Care and Hospice Foundation since 2008. Our colleagues at PCAU are working at the national level to ensure that hospice and palliative care organizations across the country are prepared and supported during this pandemic. PCAU is also a part of the national COVID-19 Case Management Committee which is planning for the potential surge in cases, and they are helping train ICU nurses in basic palliative care to help them manage and support COVID-19 patients and their families. The country has 55 ICU beds.

Uganda registered its first COVID-19 case on March 22, 2020, at which point the country had already outlined a number of proactive measures the government would take to deter the spread of the disease throughout the country. Uganda has been on lockdown since late March, with public gatherings suspended, curfews and stay at home orders in place, all border entry points closed, and all schools closed indefinitely.

To date, some aspects of the lockdown are being lifted, but most of these measures will continue through July 2020. The wearing of masks is emphasized, and the government has committed to providing masks to its citizens. As of June 25, Uganda has registered 833 cases and zero deaths. They have a strict contact tracing and isolation protocol in place to contain the spread of COVID-19.

Continued on page 6

Inside this issue:

Welcome to the Team

Megan Bahbah
Admission Representative

Ivana Noble
Admission RN

Birthdays

7/2
Casey Kasper
7/6
Daniel Shuppert
7/7
Loukia Verhage
7/12
Jeanne Steiner
7/14
Theresa Gross
7/15
Carolyn Peterson
7/18
Kathy Davis
7/21
Darlene Trapp
7/26
Sandra Maichen
7/28
Paul Alwine
7/28
Vicki Boules
7/30
Gene DeMorrow
7/30
Nettie Russell

Blankets for Hospice Update

It has been about five years since we started the ongoing Blankets for Hospice opportunity. It started out as a means to consistently provide Camp Evergreen campers with blankets. The response was overwhelming.
Within the first year we more than met the goal and we quickly saw the community respond.

Since that time, we have received many donations from individuals and groups alike. We've had National Honor Societies, Girl Scout troops, church youth groups, St. Pius' 7th grade religion class (for 3 consecutive years), college and university students, CHC staff and CHC volunteers all meet the need in ways we never anticipated. With this amount of response, we were able to start our hospitality opportunity in 2017 providing blankets to our newly admitted patients.
We are so grateful for this outpouring of care. Our current situation is—we've run out of space! While we love receiving blankets for our patients, we are going to have to hold for the time being. We are also using this time to develop a process that will help us ensure the utmost health and safety of our patients and families. We realize that now is a good time to solidify a process that will make sure any outside donation is safe for our patients. We will keep you updated with new details!

Volunteer Spotlight
Cindy Kilgore, Mishawaka

What volunteer work do you do with CHC? How long have you been a volunteer with CHC?
I was a volunteer for about 5 years in the '90s. Then I started back up when I retired a little over 4 years ago.

Why do you volunteer with CHC?
Although I needed to step away from volunteering in the '90s, I've always had tremendous admiration for the work hospice does. I knew that, when I retired, I needed to find ways to continue to be useful in the community and I was immediately drawn back to CHC. In the interim, my Mom died in 2008 at our home and CHC was enormously helpful to us. In addition to my previous hospice volunteer experience, in my 31-year career as a police officer I have witnessed death and birth. I came to understand both to be sacred times. I describe it as the closest one comes to the portal of the mystery of life. I feel it's a great honor to be able to in any way assist patients and families in their struggle and journey.

Where would you like to go most in the world and why?
This changes as I'm able to check dream trips off my bucket list. Currently, aside from two already planned trips to National Parks this year (Glacier and Yellowstone), I am longing to go to Lake Louise in Banff, Canada, and west from there to Vancouver. To me, there's nothing more soul-satisfying and rejuvenating than being in an area of outstanding natural beauty. As the years tick by, I feel more urgency to see and hike as much of it as I can.

What is your favorite quote?
Easy, "The best way to find yourself is to lose yourself in the service of others," Mahatma Gandhi. I think this most succinctly explains why we are all associated with caring for hospice patients.

What is your favorite book?
Hard to pinpoint, but one of them is *Unbroken,* by Laura Hillenbrand. It's a visceral read about heroism, grit, and triumph over deadly and torturous circumstances. But for lighter entertainment, I love anything by novelist Elin Hildebrand whose books are set in Nantucket.

What is your favorite band/ music?
This changes, too. Currently I'm obsessed with the soundtrack of "Hamilton." For a long time, I was a huge fan of Manhattan Transfer. I loved their tight, 4-part vocals. For several years I sang in a band that fashioned itself in their style; 4-part vocals, mostly Swing era.

Tell us a bit about your family.
I grew up in South Bend with 4 brothers; one of whom is intellectually disabled, one now lives with his husband in California, and one of whom took his life 15 years ago. They've all taught me a lot. When I married my husband Rick 16 years ago I brought into my life 3 grown children, and subsequently 5 grandchildren.

"If you want something done, ask Cindy! She is compassionate, dependable, efficient and fearless. Cindy loves serving others and improving lives at CHC."

Debra Mayfield, Mishawaka Volunteer Coordinator

Online Courses

We have had some volunteers take advantage of our online courses. These are meant to refresh skills and enrich your volunteer experience.

At this time, the following topics are ready for you:

- Changes at the End of Life
- Grief
- Hand Washing and PPE
- Empathy
- Dementia

If interested, please contact Kristiana Donahue at donahuek@cfhcare.org or (574) 286-1198.

Level 2 Plus Annual Validation

This is a great time to complete your Level 2 Plus annual validation as it is available online. It is easy to complete and takes less than an hour. Many of you have completed it already; however, if you still need to do so, please contact Kristiana Donahue.

June In-Service

Please remember to complete your mandatory June In-Service by July 10, 2020. We thank you for being flexible with us as we had to provide alternate ways of offering our annual training. As a reminder, here are the ways in which you can complete the In-Service:

1. Mailed Packet

We have compiled all the training information into a packet. Volunteers must read the material and complete and return the enclosed quizzes.

2. Online Training

We are offering the in-service material in an online training format.

Annual TB Testing

If you volunteer directly with patients or volunteer at a building with an inpatient unit, you are required to have an annual TB test or complete a TB questionnaire if you've had a prior positive TB test result. TB tests will be given in each office on August 3, 4 or 5, 2020. More details will be coming to you as the August 3rd date approaches.

If you have any questions, please call or email us!

Elkhart:
Marlane Huber,
574-970-0401 or
huberm@cfhcare.org

La Porte:
Krista MacLennan,
574-208-0811 or
maclennank@cfhcare.org

Plymouth:
Kim Morrison,
574-243-2411 or
morrisonk@cfhcare.org

South Bend:
Debra Mayfield,
574-243-3127 or
mayfieldd@cfhcare.org

Resuming Volunteer Services

We'd venture to say most everyone would love to return to our pre-coronavirus "normal" as soon as possible. However, our reality is that we still need to be diligent to protect the health and safety of our patients, their families and our staff and volunteers. Cases are still increasing in many of the counties we serve; therefore, we need to do all we can for the health and safety of all.

The nursing department and the volunteer department will be meeting this week to develop protocol for resuming volunteer services. Your volunteer coordinators will be updating their volunteers as plans unfold.

Social Media Reminders

Q: How do I protect my privacy on social media?

A: Most social networking websites offer a variety of privacy settings so you can control who sees the information on your account. You can personalize your settings by going to the setting control on your social networking website and adjusting your settings to your personal comfort level.

Q: How do I determine how to set my privacy settings?

A: Some people may be comfortable having all of their information available for the entire online world to see, while others may only be comfortable sharing information with close family and friends.

It is up to you to decide how private you would like to be when using these websites. Please make sure to check your privacy settings on your social networking websites to make sure they are set in a manner in which you feel is appropriate for your personal level of comfort.

Please note: No matter how you set your privacy settings, it is always inappropriate to share confidential or proprietary information on social networking websites and you must always abide by the Center for Hospice Care Social Media Engagement Policy.

Q: What do I do if a patient or patient's family member contacts me on Facebook?

A: You should redirect anyone that contacts you through a social networking site regarding professional issues to Center for Hospice Care.

Q: Is it okay to share an important lesson that I learned from a patient on my blog?

A: You may share lessons you have learned on your blog as long as they do not violate HIPAA. You should never mention a patient by name, share detailed information about a case, or share pictures or videos of patients.

Q: Is it possible for others to break into my social media accounts? Am I at risk?

A: Yes, *phishing* is when someone posing as a trustworthy source steals sensitive information such as user names, passwords, and credit card information. Anyone who has a social networking website is at risk of being phished. To avoid getting phished you should not reply to e-mails requesting personal or financial information, be cautious when clicking on links or downloading files from e-mails, and use anti-virus software.

Q: Who do I contact if I have questions about social media?

A: Although many social media websites are for personal use, the information on them can often overlap into your professional life. Contact the Director of Marketing and Access if you find yourself in an uncomfortable situation related to your job on a social networking website.

Comments from Our Families

- My daughter passed away about 10 hours after arriving at hospice house. Although our stay was short, the staff made sure my daughter didn't experience any pain and was able to pass peacefully. I'm forever grateful for that.

- Hospice was a great help. My dad was extremely agitated and combative. Hospice was able to calm him down so he could transition and die in peace. We will be forever grateful.

- I would highly recommend my mother's main hospice caregiver to any patient/family. Not only was she a great health provider, but became a good friend of my mother's. My mother loved her.

- She was an exemplary hospice nurse and explained everything to me without me even asking. She knew exactly when I needed a hug or time alone and always had comforting words. She made the final days with mom the best it could've been.

Continued from page 1

Through these unprecedented times, CHC/HF immediately stepped in to support PCAU in securing funds to purchase internet and cell phone communication bundles to be used by PCAU staff to stay connected while working from home. Each PCAU staff member is equipped with a donated laptop from CHC. Additional funds raised from CHC/HF have helped support PCAU's COVID-19 emergency response efforts. As a national association, PCAU worked hard to ensure their member hospice and palliative care organizations across the country were prepared for and supported during this pandemic. They have directed these funds toward: public health messaging, securing PPE for hospice and palliative care providers, supporting our Road to Hope children while schools are closed, and so much more.

Global Partners in Care, the organization that enabled this partnership, provided PCAU with a Zoom license to further enable communication among PCAU staff and members during the lockdown. With this license, PCAU has been hosting a weekly online discussion with palliative care stakeholders in Uganda to share updates, best practices and hold collective discussions during this pandemic. The leadership and coordination from PCAU have been impressive and appreciated by their colleagues.

Road to Hope program

At word of schools shutting down in March, PCAU mobilized quickly to coordinate the safe return home of children on the Road to Hope (RTH) program. With the help of families, guardians and the regional palliative care nurses who support our children, all 56 children currently enrolled on the program were safely returned to their families and guardians throughout Uganda.

According to Lydia Nakawuki, RTH Program Officer at PCAU, "We are glad to report that all children both in day and boarding schools were able to go back home safely. In the different discussions with the guardians, we managed to talk to them about coronavirus and also share the safety measures that have been put out by the World Health Organization and the Ministry of Health so that they keep the children safe during this period."

Schools remain closed and the Ministry of Education and Sports is keeping children engaged with their studies through radio and television broadcast tutoring sessions. They are also publishing home-schooling packages for each class level in the national newspapers. Many families still struggle with availability of electricity and affording the newspapers, so PCAU is in touch with all guardians to help ensure the RTH children get these newspapers and other reading materials. PCAU and the regional palliative care nurses are continuing to check in on the RTH children and their families to ensure they have the support needed right now. Many of these children come from very impoverished households and their biggest struggle during the COVID-19 lockdown is access to food. Like many children in the US, families rely on children receiving nutritious meals from school. PCAU is continuing to work with the families and other partners to find ways to help them access at least one meal a day while at home.

> Like many children in the US, families in Uganda rely on children receiving nutritious meals from school.

The regional palliative care nurses (along with support from other staff, drivers and volunteers) who support the RTH children are amazing. These are the very people who first identified many of our RTH children in the community and then worked with PCAU to enroll them on the RTH program. In addition to their nursing duties, these palliative care nurses regularly help PCAU monitor the progress and well-being of the children. They work with PCAU in coordinating a child's return to-and-from school, they provide medical and psycho-social support for the children, and they are an essential member of the social support team for the children. During the COVID-19 lockdown, these palliative care nurses are crucial to staying connected with the RTH children!

The Road to Hope program is a collaborative program of CHC/HF and PCAU. This program aims to help orphaned and deprived child caregivers in Uganda receive the educational and support resources necessarily to be productive young adults – thus improving these child caregivers' quality of living. The program provides not only school fees and associated costs for the children, but also provides life skills development and other social support. For more details about Road to Hope program, child sponsorship or COVID-19 support for the program, please contact Denis Kidde, International Programs Coordinator at kidded@cfhcare.org or (574) 273-2754.

August 2020
Volunteer Newsletter

Center for Hospice Care

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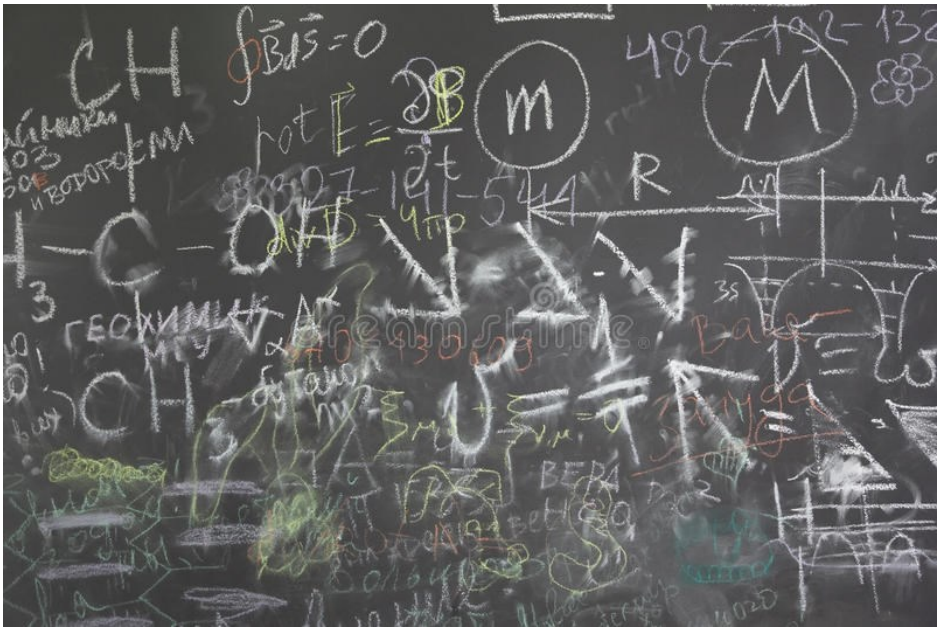
(Almost) Everything I Needed to Know I Learned at CHC



By Cindy Proffitt, CHC Volunteer

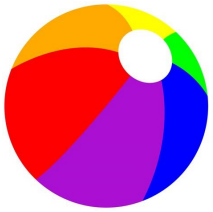
"Life is a balance of holding on and letting go." Rumi

March 31st was the day my mom left her earthly body. That day also marked the end of the two months I lived with and provided personal care for mom at the end of her life.

It's true: everything I needed to know to care for her physical needs and, to a large extent, my family's emotional needs, I learned in CHC volunteer patient care training and from the dedicated healthcare professionals at the South Bend Inpatient Care Unit (IPU). Victoria Stanford in particular stands out as my guardian angel.

Being the only trained hospice care volunteer in my family, the preparation was invaluable to my family. I was also able to forge relationships with the local hospice providing medical supplies and a visiting nurse and social worker weekly in my parents' home. Through getting to know another hospice, I learned how outstanding CHC is in the country.

Continued on page 6



Inside this issue:

Welcome to the Team

Teresa Messenger
Elkhart IPU RN

Autumn Pate
South Bend IPU RN

Meghan Taylor
South Bend IPU RN

Birthdays

8/1	8/20	8/26
John Guyse	Diane Hogsett	Lana Zeltwanger
8/10	8/20	8/30
Kathy Schlegelmilch	Ruth Yoder	Paul Piller
8/11	8/22	8/31
Linda Meeks	Doris Shea	John Dendiu
8/11	8/23	8/31
Don Neely	Tracey Eagleton	Ginny Russell
8/12	8/23	
Sarah Klinedinst	Kassidy Ekdahl	
8/14	8/23	
David Simons	Patricia Osborne	
8/19	8/25	
Stacy Pynaert	Sister Carmel Marie Sallows	

Resuming Volunteer Services

The volunteer department along with our Director of Nursing have met and developed a plan to begin making patient home visits. As with any plan, at this time, it is subject to change, given any updates regarding COVID-19.

We also understand that while some volunteers are able to return to active volunteering with CHC, some may not be able to. Please know that we encourage everyone to make decisions that are in the best interest of their own health. We want to keep everyone healthy and safe.

New protocol for home visits:

- Each request for volunteer home visits must be approved on a case by case basis at an IDT meeting. Once a volunteer is contacted by the volunteer coordinator, this process will have already been completed.
- Prior to the volunteer making the patient home visit, they must complete a short education course regarding competency on personal protective equipment (including a CHC-issued N-95 mask), hand washing and social distancing.
- Volunteers will need to social distance during visits. This will mean that hand holding, personal care, feeding or any other close contact activity will not be allowed at this time. Social distancing of at least 6 feet apart must be practiced during patient visits.
- Volunteers must wear CHC-issued N-95 masks during visits. These masks may be reused at visits. No sharing of masks is allowed.

Please feel free to reach out to your volunteer coordinator if you have additional questions. Please let them know if you plan on resuming your volunteer services at this time.

Volunteer Spotlight
Karen McCormick, Plymouth

What volunteer work do you do with CHC? How long have you been a volunteer with CHC?
I have been with CHC for 2 years helping in the Plymouth office.

Why do you volunteer with CHC?
When my uncle was dying we needed help since I lived 2 hours away and had three little ones. After his death one son was having a hard time and I reached out to CHC. The hospice team helped me with many resources and support for him.

Tell us a little bit about your family.
We were all born and raised in this area. I have two teenage boys of which we home-school and I have a step-daughter who attends Ball State University.

What do you do in your spare time?
Our family started a Fraser Fir tree farm 4 years ago and I enjoy vegetable gardening every year. I guess you could say I like to play in the dirt!

What talents/hobbies do you enjoy?
I love to cook and bake, add to that...I'm a nutrition nut! My family always asks me what ingredients are in things… I've been known to make spinach brownies!

What are your favorite books?
John Maxwell books– his leadership skills, his passion to encourage people and to add value to their lives… it's addictive. He makes you want to strive to be a better person.

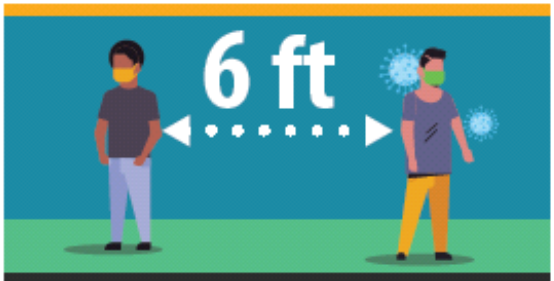
"Karen became a volunteer here in Plymouth two years ago, and she has been a HUGE asset to our volunteer team! Her help with data entry gives me more time to concentrate on helping our CHC patients. We appreciate her time and dedication!"

Kim Morrison, Plymouth Volunteer Coordinator

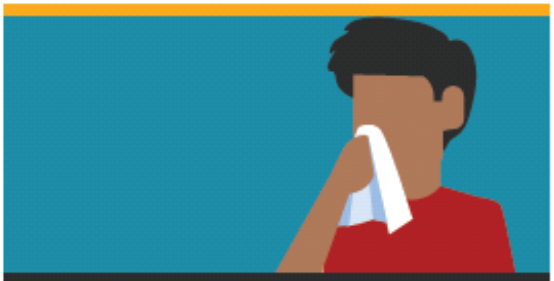
"NEVER DOUBT THAT A SMALL GROUP OF THOUGHTFUL, COMMITTED CITIZENS CAN CHANGE THE WORLD; INDEED, IT'S THE ONLY THING THAT EVER HAS."
-MARGARET MEAD

Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.

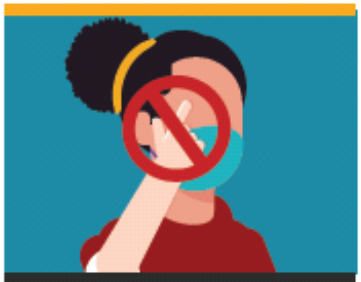


Stay at least 6 feet (about 2 arms' length) from other people.



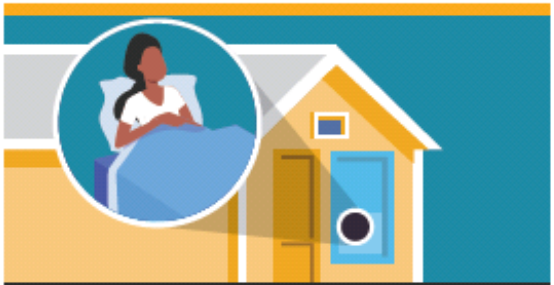
Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands.

When in public, wear a cloth face covering over your nose and mouth.



Do not touch your eyes, nose, and mouth.

Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.

Wash your hands often with soap and water for at least 20 seconds.

CDC

cdc.gov/coronavirus

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Helpful Hints for Dementia Patients

Get Comfortable

Make sure your patient is comfortable, situated and relaxed. Eliminate distractions such as:

- Objects within reach. Your patient may be tempted to fidget with them.
- Noise from a radio or television or from other people talking nearby. It may be difficult for your patient to isolate sounds, instead hearing a jumbled stream of words. You want them to focus on you.
- Mirrors or large windows that might present confusing reflections.

Reflection of you

Dementia patients are very astute observers of your expressions and attitudes. They will often mirror your emotions, matching your smile with one of their own, or punctuate your laughter with a chuckle. Likewise, your patient may react negatively to signs of impatience or frustration. Your patient depends on you for reassurance that all is well, so smile, smile, smile!

Don't keep score

Create an atmosphere where there is no such thing as failure. Activities done with your patient are meant to make you and your patient feel good. If your patient gives you a wrong answer, you can still say "Yes, that is right!" or “Good Job!” Your patient was engaged and may have known the answer, but was unable to verbalize it correctly at that moment. Remember, the goal is participation and fun, not accuracy.

Attention grabbers

Try to get your patient's full attention when doing an activity. Rather than sit side by side, sit at a 45 degree to a 90 degree angle. Your patient will be better able to focus on you and see the nonverbal cues in your gestures and expressions.

If your patient's attention wanders, precede questions with your patient's name. For example, "John, did you know that Chicago is known as the Windy City?” If you are still having trouble, gently take your patient's hand in your own and say something like:

- "I’d like to hear more about you."
- "Tell me more about..."

“Those with dementia are still people and they still have stories and they still have character and they are all individuals and they are all unique. And they just need to be interacted with on a human level.” -Carey Mulligan

Comments from Our Families

- We were grateful for our hospice team. Our nurse was outstanding. We went through this journey with dignity and grace with our team always by our side and always on call. God bless you all.
- This hospice team worked well together and made my husband’s last days much more pleasant than if he had been in the hospital or nursing home.
- On behalf of my family and myself, I’d like to say thank you for all you did for my dad. He was very comfortable and happy until he passed. I greatly appreciated all of your care for him and help for us.
- First experience with hospice. Amazing help through the most challenging times. Continually amazed at the thoughtfulness and compassion shown to complete strangers.

Continued from page 1

Yet, as an IPU volunteer, there were several things I didn't fully appreciate before providing in-home care for my mom. First, it took a substantial devotion to protect my parents' rights to have a voice in their care; I could see my mom's steady decline yet she needed to walk until she could no longer do so, sit in a chair until she couldn't, and self-catheter until she couldn't any longer.

Second, battles over healthcare with loved ones rely on trust, a common goal, and reassurance of their doing their best despite the final outcome. Along the journey, I realized that the guiding principles for my family's decisions needed to be allowing mom to make her own healthcare decisions while at the same time protecting my father and sibling from personal injury exercising those wishes. These guiding principles made navigating challenges and disagreements a bit less treacherous.

I was also amazed and inspired by my mother's will to live. As a three-time cancer survivor, she had stared the disease down and won more often than she lost. She valued routine and beauty, washing and rolling her hair in curlers into the last week of her life. Her will to live often gave breath to solutions for problems related to her care.

I had to let go so that she in turn could let go.

After we found solutions to care challenges and our hospice partners had medical equipment and supplies delivered to the house within hours of our requests, I found myself frustrated when mom's health began to decline faster than our solutions could be implemented. This began to take its toll on me emotionally, leaving a vacuum of defeat and disappointment. Our successful solutions became short-lived as mom's end of life neared.

A Type 2 diabetic, mom insisted on checking her blood sugar every two hours, day and night, even after she had stopped following her diabetic meal plans. She needed to hold onto something familiar that would somehow distill down to a number the unfamiliar path on which she found herself.

I was reminded that:

"Life is a balance of holding on and letting go" (Rumi). She was holding onto the familiar -- hair rollers and blood test strips to know she was alive. I was holding onto problems or potential solutions to also feel a sense of control, and I wasn't letting go of the belief that I could save her life in a manner in which she wanted to live. I had to let go so that she in turn could let go.

There's a reason why home healthcare aids and IPUs exist -- to meet the full family's needs at end of life, and in letting go of our caretaker roles so that we, as family members, may also be cared for while we embrace the next phase of our own lives and savor the treasured last joint-created memories with our loved one.

During the 30-year battle, mom witnessed her share of funerals, but also weddings and grandchildren born and achieving adulthood.

Hers was a life -- and death -- well-lived.

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.

Milton Adult Day Services Advisory Committee
The MADS Advisory Committee shall consist of appointees by the Chair of the Board of Directors and include caregiver and community representation. It shall have the responsibility to review the scope of services, quality of services, policies and procedures, service reports, evaluation findings, public relations/information materials, marketing/fundraising activities, and grant opportunities. The committee meets twice a year.

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.

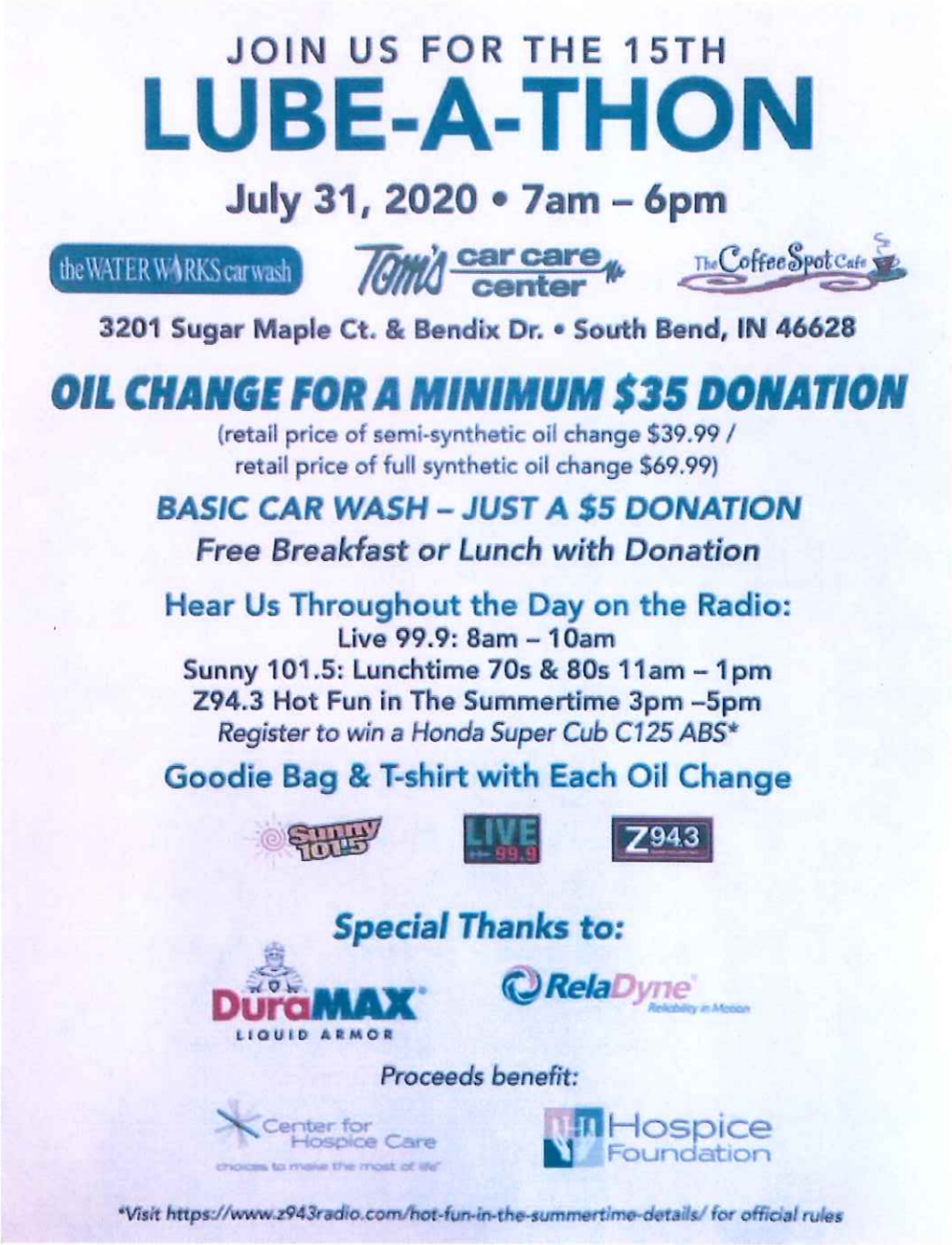
Personnel Committee
The Personnel Committee shall consist of the Executive Committee and other appointees by the Chair of the Board of Directors, and be chaired by the Chair of the Board of Directors. This committee shall concern itself with the review and recommendations for approval of the Personnel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

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, and the Walk/Bike for Hospice Committee.

VALPO.LIFE

Center for Hospice Care and Hospice Foundation hosts annual Lube-a-Thon

By: Center for Hospice Care Last Updated: July 16, 2020



Save the date! The Hospice Foundation and Tom's Car Care Center & Water Works are hosting the 15th Lube-a-Thon again this year! Make sure you grab your mask and come out and see us on July 31st!

VALPO.LIFE

Center for Hospice Care expands "We Honor Veterans" program

By: Center for Hospice Care Last Updated: July 16, 2020

Center for Hospice Care (CHC) is proud to be part of the "We Honor Veterans" program, a collaboration between the Department of Veterans Affairs and the National Hospice and Palliative Care Organization. Its purpose is to raise awareness among veterans of the end-of-life services and benefits available to them. CHC is also proud to be an official Vietnam War Commemorative Partner with the Department
of Defense.

WE HONOR VETERANS

A key component of these programs is to ensure that all veterans are welcomed home and properly thanked for their service and sacrifice.

"One out of four dying Americans today is a veteran," noted Mark Murray, CHC president/CEO. "Our goal is to address their end-of-life needs, to serve them as they have served us."

Center for Hospice Care has achieved the Level 5 designation, in the "We Honor Veterans" partner program. As a Level 5 partner, we integrate veteran-specific content into our staff and volunteer orientation and education. Center for Hospice Care is one of only 25 such programs in the nation. Eleven of those programs were Pilot partners and 14 have met the qualifications since it was announced in February 2019.

CHC recently participated in several events that provided special opportunities to thank our veterans and honor them for their service. In September of 2019, two versions of the traveling Vietnam Memorial Wall were on display – one in Plymouth and another in South Bend. In both locations, CHC staffed a special "We Honor Veterans" tent. CHC staff presented dozens of veterans with commemorative pins authorized by the Department of Defense. Many veterans were moved to tears and expressed their gratitude for the overdue recognition.

In September, CHC participated in a "Military Stand-Down" at the South Bend International Airport. The stand-down is an event that brings together veterans services organizations and provides support and information for veterans, many of whom are homeless. Another "Military Stand-Down" took place in Warsaw in November, and CHC was again there to support our veterans.

In addition to being a lead sponsor, CHC also participated in the local "Wreaths Across America" event on December 14. On that day, nearly 1.8 million veterans' wreaths were placed in total across the country – 253,000 of them at Arlington National Cemetery. Veteran and Hospice Foundation Chief Operating Officer Mike Wargo represented the United States Air Force during the local ceremony. It was held at Mishawaka's Fairview Cemetery, where wreaths were laid on the graves of hundreds of our country's fallen heroes.

"I'm incredibly proud of our 'We Honor Veterans' program," said Murray. "Being in a position to thank, honor and support veterans and their families is truly a privilege."