Center for Hospice Care
choices to make the most of life

Board of Directors Meeting

501 Comfort Place, Conference Room A, Mishawaka
February 17, 2021
7:15 a.m.

BOARD BRIEFING BOOK

Table of Contents

Center for Hospice Care
choices to make the most of life

CHAPTER ONE

AGENDA

Center for Hospice Care

BOARD OF DIRECTORS MEETING
Administrative and Foundation Offices
Via Zoom
The board meeting begins at 7:15 AM, but you may begin logging in anytime after 7 AM.

Zoom Link Below

https://cfhcare.zoom.us/j/98460979568?pwd=eXBnWVBJakhWdnd5TWFkR3h6QVVWUT09

Meeting ID: 984 6097 9568
Passcode: 326062

February 17, 2021
7:15 a.m.

A G E N D A

1. **Call Meeting to Order and Roll Call** – Jennifer Ewing (3 minutes)

2. **Welcome New Board Members and Introductions** – *(information)* Jennifer Ewing (5 minutes)

3. **Election of Kurt Janowsky as 2021 CHC Treasurer** *(action)* – Jennifer Ewing (2 minutes)

4. **Consent Agenda** – Jennifer Ewing (7 minutes)
   A. Approval of November 18, 2020 Board Meeting Minutes *(action)*
   B. Patient Care Policies *(action)* – Included in your board packet. Angie Fox available to answer questions.
   C. QI Committee Report *(information)*

5. **President's Report** *(information)* - Mark Murray (15 minutes)

6. **Finance Committee** *(action)* – Kurt Janowsky (10 minutes)
   A. December 2020 Year End Pre-Audited Financial Statements

7. **Hospice Foundation Update** *(information)* – Wendell Walsh (10 minutes)

8. **Board Education** *(information)* **–** "2020: The Year in Review" – Mark Murray (10 Minutes)

9. **Chair's Report** – Jennifer Ewing
   A. Board of Directors Bi- Annual Self-Evaluation Results 2020 (3 minutes)
   B. (Staff Members Mark, Karl, Mike, Craig, Lance, Angie all exit the Zoom call)
   C. Executive Committee Recommendation on Renewal of President/CEO Employment Agreement *(action)*- (6 minutes)

D. (Becky Kizer notifies the President / CEO only to rejoin the CHC Board call for discussion of the Employment Agreement) -- (3 minutes)

10. **Adjournment** – Jennifer Ewing *(action)* -- (1 minute)
(Five-minute break until HF/GPIC board meetings. Becky Kizer notifies the staff of the Hospice Foundation / GPIC that the next board meeting will commence in five minutes via the same Zoom call.)

Next CHC Board meeting May 19, 2021

# # #

1-800-HOSPICE ♦ cfhcare.org

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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
November 18, 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:	Angie Fox, Craig Harrell, Karl Holderman, Lance Mayberry, Mark Murray, Mike Wargo, 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 08/19/20 meeting as presented. The motion was accepted unanimously.	W. Walsh motioned M. Wobbe seconded
3. Policies	• Patient Care Policies and Exposure Control Plan – CADD Pump is a continuous ambulatory delivery device for pain medications. It is programmed by the pharmacist to match the order from the doctor. The Interdisciplinary Team (IDT) policy defines what an IDT is and when and IDT meeting is required. The team reviews the plan of care for the patient and makes sure all disciplines agree with any changes. • A motion was made to accept the policies as presented. The motion was accepted unanimously.	W. Walsh motioned M. Wobbe seconded
4. President's Report	• Lance Mayberry, the new Vice-President/COO and Angie Fox, the new Director of Nursing, were introduced. • The ADC for August was 445, September 437, and October 429. We switched to MatrixCare, a new electronic medical record program, so we think the 429 for October is correct, which would be a 3% increase from a year ago. The break even for the budget is 398.October admissions may have been 165. From November 1st to 16th we have had 83 admissions and are on pace for a great November. Last week we had tremendous referral activity, especially late in the week. Usually we receive two or three referrals a day, but it has been heavy for one and a half weeks. We have added more staff in the past couple weeks and are in the process of hiring admission nurses. They are in orientation so there is a gap. As of today, we are scheduling	

Topic	Discussion	Action
	admissions through Saturday and triaging those referrals based on the needs of the patient. We have also seen an influx of referrals from other hospices because they are short-staffed. We received four referrals from one hospital in 2½ hours. The admission process takes about three hours. We are being honest with referral sources about our time frames and give them options. The conversion rate of referral to admission is 74%, and best practices say 70% is very good. • The Raclin House occupancy percentage will look different from here on in due to a 71% increase in available beds, so the prior year comparisons are no longer realistic. • We went live with MatrixCare on 10/01. The transition went much smoother than when we went live with Cerner ten years ago. Cerner said they would no longer support their product at the end of 2020, so at the end of last year we started looking for a new EMR. When we started with Cerner, we could not bill for four months, whereas we have already billed with MatrixCare. Staffs now have iPads instead of laptops. The program is Cloud based. We have identified employees to be power users to train the rest of staff. Staff is adjusting very well to the changes. MatrixCare has a lot more options than Cerner, so we are looking at reports for the things we need to know such as admissions, discharges, census, etc. Home Health is in 60-day episodes, so we have to run reports in both Cerner and MatrixCare for those patients until 12/01/20, so there is a potential for some miscounts to take place. As of 12/01/20, all patients should be in MatrixCare. • COVID – We have experienced staffing challenges as has everybody in health care. During 11/01-11/11 we had 30 employees out because they either tested positive, were waiting for test results, or were in quarantine because of potential exposure. So, we are understaffed while census is growing. Staff has done an exceptional job making sure patients get the care they need. COVID has taken up an incredible amount of time for everybody. • We are doing extensive recruitment efforts. We have done sign on bonus for nurses and aides, rehires, and have offered a referral bonus for any staff that can send a nurse or aide to us with parameters on how long that person stays. We have provided enhanced COVID pay since March for staff that sees COVID patients. The CNAs received an increase in pay two months early. A recruitment media campaign is in development. The best advocates for recruitment are current employees that	

Topic	Discussion	Action
	have been here long term. We are recording videos with them and will take segments of those and use them in our advertising campaign. • MADS was closed 11/10 and is scheduled to reopen 11/23 because a client and staff member tested positive. We called the St. Joseph County Health Department and they said the facility had to shut down for 14 days. • We received $1.4M in HHS stimulus funds in April. We received delays and ongoing clarifications from HHS and recently they decided fundraising losses could not be counted. With the assistance of The Rybar Group, we applied for the fourth tranche on 11/06. Rybar thinks there may be an HHS settlement after the first of the year of overages. Indiana gave us $40,000 for the closing of MADS when they closed all adult day care services in the state for a month. We continue to work with Rybar to stay on top of expenses we have incurred. ECFs are requiring COVID testing of any staff going into their facilities two times a week, so we are counting that expense. Right now, the $1.4M is on the balance sheet. As we get closer to year end, we will work with Kruggel Lawton for best practices on moving those funds to the income statement. • Board Self-Evaluation Survey – You will receive the survey in the mail. Please return in the self-addressed stamped envelope by the end of the year. The survey is done every other year and the aggregate results will be reported at the February board meeting. This is an evaluation of the board, not the programming of CHC, administration, or anything like that. It is to evaluate the board's opinions regarding its effectiveness and any suggestions to ensure opportunities to be more effective in the future. • Mock survey – Staff does these surveys using the actual surveyor's tool to see if everything is in place. A surveyor can come at any time. We did a walk through this week too at Raclin for Life Safety Code. A new clinical staff educator is starting in December and will play a big role in mock surveys as well.	
5. Finance Committee	• 2021 Flex Spending Account Limit – This is pre-tax money employees can have withheld to use for IRS-approved medical expenses. We set the limit at $2,000 on an annual basis and propose to continue that limit into 2021. • 2020 Retirement Plan Audit – The IRS requires these plans be audited. We have a 403b which is the retirement plan for nonprofits. We have $9M in assets under	

Topic	Discussion	Action
	management in the plan. The auditors had one small finding that has already been addressed with our provider Principal Group. • YTD October 2020 Financial Statements – One issue we have run into when we switched EMRs is gathering YTD information by combining two different files and lists. We will be going through this as we get closer to year-end, so it is accurate. YTD operating revenue is just under $20M and we budgeted to be just over $20M, so it is down slightly. Given the current census and revenue mix and increase in rates as of 10/01/20, we will probably make up that budget deficit. Total revenue was $19.6M, just under budget. Total expenses were $18.3M and the budget was $19.8M. Overall net gain $1.3M and the budget was $1.4M. Net without beneficial interest was $1.8M and the budget was $901,000. • 2021 Budget – We are projecting to serve 2,136 patients, a 1% increase over 2020. This year we project a YTD ADC of 430 and we budgeted for 425. In 2021 we are looking at an ADC of 438, about a 1.5% increase. Based on those figures and census mix, we are budgeting operating revenue of $25.7M compared to $23.8M this year, and budgeting total revenue of $27.5M. We didn't add a lot of new items to the budget. Basically, it is a lot of status quo. We did one shift in costs for software maintenance. The new EMR is cloud based. Previously we purchased the software and captured the expenses in depreciation over several years. MatrixCare is a fee for service, so we will have a monthly user fee. We are budgeting total expenses of $24.9M expenses, a net gain of $2.6M, and net without beneficial interest of $1.1M. The beneficial interest is the Hospice Foundation budget. One thing you won't see next year that you did see this year is we won't have a capital campaign going on. Next year we will have a fundraising initiative for MADS, so we budgeted revenue for that project. We budgeted a 5% growth in investments. We budgeted expenses due to COVID. The staff recruiting incentives will not have much effect on the budget. We are working with our HR Manager and she is talking to other HR managers to see what they are doing. • A motion was made to accept the 2021 Flex Spending Account Limit, the 2019 Retirement Plan Audit, the YTD October 2020 Financial Statements, and the 2021 Budget as presented. The motion was accepted unanimously.	A. Mauro motioned K. Janowsky seconded

Topic	Discussion	Action
6. Hospice Foundation Update	• Over the course of the last several months we have continued to be fully functional. We just shifted in the way we are delivering information and services. Historically the capital campaign, bequests, and campaign funding are a big source of revenue. One thing you will see this year and across the country is a dip in annual giving. In 2021 we will be focusing on our annual giving across program lines. We have identified five fundraising priorities in no particular order: (1) Annual Giving; (2) CHC Charity Care through the Sr. Carmel Helping Hands fund; (3) GPIC funding for GPIC and PCAU initiatives; (4) Center for Education and Advance Care Planning, and Honoring Choices Indiana-North Central; (5) Milton Adult Day Services and remodel of the Roseland facility. • The Annual Appeal will come out shortly. Its theme is "Now more than ever" your support is needed. We are also doing a video that will be delivered on social media and our website. • This year we were forced to move to virtual stewardship events. The Elkhart Gardens of Remembrance and Renewal, the annual Memorial Services, and the Veterans Tribute were done virtually. Senator Todd Young provided a video to incorporate into the veteran event. We are still planning to hold the 2021 Helping Hands Dinner in-person on 05/05/21. We had a great meeting with co-hair Jen Ewing and have concluded that we will need to do some rebranding. We will look at it again in the late February/early March timeframe to decide if we should go with an in-person event in May or postpone it to the fall. • GPIC continues to do a lot of things and is working on international fundraising. We are currently doing our annual giving with two targeted appeals. One is specific for PCAU and one for GPIC. We have provided support for response to COVID. Road to Hope continues to do well. 56 children are on the program. They continue to be monitored and visited. We continue to have interns for PCAU partners working on various programs. The palliative care nurse education program is currently on hold because of COVID. The mHealth project continues. We have 37 GPIC partners. We continue to work on education funding and research projects. Bluegrass Care Navigators and APCA are collaborating with GPIC on a palliative care leadership project. • The Center for Education and Collaborative Partnerships is working on a mapping project and a virtual IU Talk. We continue to work with the IU School of Medicine	

Topic	Discussion	Action
	and the Vera Z. Dwyer Fellowship in hospice and palliative medicine program. Elleah Tooker is involved in the NHPCO "My Hospice" project. We continue to be very actively involved in community education. Everything is digital. We are working on diversifying our funding sources and recently received $10,000 for our Honoring Choices program from a local foundation. We are actively seeking other funding sources for these initiatives. • The Roseland remodel project and floor plan was reviewed. This is a project in conjunction with MADS, REAL Services, and Alzheimer's and Dementia Services. The Institute for Excellence in Memory Care will be housed in the Roseland facility. We are working with Helman Sechrist and DJ Construction on this project.	
7. Nominations	• The slate of new board members was presented for Jeff Bernel, Kevin Murphy, and Brian Huber, MD. A motion was made to accept the slate of nominations as presented. The motion was accepted unanimously.	K. Janowsky motioned M. Wobbe seconded
8. Chairman's Report	• The following board members were recognized for completing their terms on the board – Jesse Hsieh, Jennifer Houin, Amy Kuhar Mauro, Ann Firth, and Suzie Weirick. Mary Newbold was also recognized for completing her term as Board Chair. She will become Immediate Past Chair and Jennifer Ewing will become the new chair effective 01/01/21. • Board Self-Evaluation Survey – Reminder to complete the survey and return it by 12/31/20. • President/CEO Contract – Mark Murray's contract is up for renewal in 2021. Please provide any feedback you wish to provide to Mary N. by the end of the year.	
Adjournment	• The meeting adjourned at 8:25 a.m.	Next meeting 02/17

Prepared by Becky Kizer for approval by the Board of Directors on February 17, 2021.

_____ _____

Secretary Becky Kizer, Recording Secretary

Center for Hospice Care

DO NOT RESUSCITATE ORDER

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

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

PROCEDURE:

1. At admission ~~if applicable~~, the ~~RN~~admission staff will initiate conversation with the patient, their designated health care representative, or significant family members regarding ~~current~~ DNR status. ~~If the patient has verbally or in a previous doctor's order designated their advance directives, and then enter the DNR order on the plan of care for the physician to sign.~~

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

3. If the patient already has an Indiana POST form ~~DNR~~, photograph a copy for the EMR. ~~obtain a copy for our records. If none is available or the patient has not signed a DNR, provide an Out of Hospital Do Not Resuscitate Order~~

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

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

6. Complete and obtain signature on the Indiana POST form if the patient, their designated health care representative, or significant family members wish to sign. ~~The signed form will be given to the QA Department. The white copy will be marked for physician signature. Upon return, the white original copy will be scanned into the patient's chart.~~

7. Using the iPad, photograph a copy of the signed Indiana POST form and upload to clinical documents.

8. The patient/primary caregiver must be educated to keep the yellow copy, in the handbook, available in the event should it be needed.

9. QA will send the Indiana POST form to the primary physician for signature.

Effective Date: 02/94	Revised Date: 01/20~~04/18~~	Board Approved: 05/16/18
Reviewed Date: 07/19		Signature Date: 05/16/18

Center for Hospice Care

INPATIENT UNIT ~~COVID-19~~PANDEMIC VISITOR RESTRICTIONS

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

PURPOSE: To ensure limited exposure from outside visitors into the Inpatient Unit (IPU) during any~~the COVID-19~~ pandemic.

POLICY: The exposure from outside visitors during ~~the COVID-19~~ any pandemic will be limited through enforcing visitor restrictions according to local and/or CDC guidelines.

PROCEDURE:

1. ~~GIP, Routine, or Respite patients will be allowed two visitors in the patient's room. The visitors may exchange out every two hours on the even hour (8am, 10am, etc.)~~ Administration may alter normal visitation guidelines during a pandemic according to CDC or local guidelines.

2. Visitors must be screened daily before entrance to the IPU according to CDC or IDH guidelines.
   - Any visitor that answers Yes to any of the COVID-19 screening questions will not be allowed to visit.

3. Visitors must remain in the patient's room and use the bathroom in the patient's room.
   - Visitors will be instructed to use the call light for questions rather than coming to the nursing station.

4. Visitors must follow all CDC recommended guidelines regarding the use of PPE. ~~Palliative extubations and actively dying patients will be allowed a maximum of two immediate family visitors at a time in the patient's room. No rotation of visitors. Visitors must also follow #2 and #3 above.~~

5. Changes in visitor restrictions will be handled on a case by case basis by the IPU Manager and the ADON/DON. Changes in visitor restrictions will be based on CDC guidelines and administrative team direction.

Effective Date: 04/20	Revised Date: 01/21~~12/20~~	Board Approved: 06/17/20
Reviewed Date:		Signature Date: 06/17/20

REGULATION: 42 CFR 418.54 – Initial and Comprehensive Assessment of the Patient
42 CFR 418.110 – Hospices that provide inpatient care directly

PURPOSE: To provide a standard of care for all patients being admitted to Inpatient Unit (IPU).

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

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

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

NEW ADMIT TO INPATIENT UNIT

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

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

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

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

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

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

~~(d)~~(b) Special consideration such as isolation precautions, safety concerns, or infestations – If a patient has been treated for C-Diff and continues to have loose stools, the patient will be placed in isolation upon admission. If the patient has finished treatment and has formed stool for 24 hours, isolation is no longer required.

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

~~(f) Hospital contact person and phone number.~~

5. The Admission Nurse/Representative will:
   - Obtain signatures on consents prior to transportation of the patient to IPU.
   - Consents will be photographed and placed in Clinical Documents on MatrixCare ~~either handed to the IPU staff or~~ and uploaded to the patient's Outlook folder.
   - ~~The Admission Nurse will complete the TB and Communicable Disease screen. If the PA is done by an Admission Representative, either the Admission Coordinator or an admission nurse will complete the TB and Communicable Disease Screen.~~ If an admission nurse assesses the patient for the IPU, they will complete the TB Questionnaire before arrival to the IPU. If an Admission Representative gets approval for a patient to go to the IPU, the IPU nurse will complete the TB Questionnaire upon arrival.
   - ~~The admission nurse will complete and lock the LCD and attach it to the Pre-admission contact in MatrixCare.~~ The IPU admitting nurse will complete the LCD in MatrixCare.
   - ~~The admission nurse or Admission Coordinator will complete the Certificate of Terminal Illness (COTI)~~. The admitting nurse will complete the Plan of Care in MatrixCare and add the CHC physicians that gave the verbal order to admit during the IDT.

6. A communicate message will be sent for new admissions from home/ECF/ hospital to the IPU.
   - Billing
   - Care Team

ECF TRANSFER TO INPATIENT UNIT

1. CHC will coordinate with an ECF DON/Executive Director the transfer of one of the ECF Hospice patients to the Inpatient Unit for an Inpatient Level of Care change.

2. CHC social worker will notify the facility social worker of when the transfer will occur and arrange transportation to the IPU after discussion with the IPU nurse.

3. The case manager/visit nurse (CM/VN) notifies the facility nursing staff when the transfer will occur~~,~~ and initiates the completion of the TB Questionnaire~~and Communicable Disease Screen~~. The CM/VN will photograph and add to clinical documents in MatrixCare -before arrival. If the patient is a facility patient, the CM/VN will~~, and~~ obtain~~s~~ a copy of facility MAR (medication administration record).

CURRENT PATIENT TRANSFER TO INPATIENT UNIT

1. Follow the Inpatient Unit Direct Transfer Flow Sheet.

ARRIVAL AT INPATIENT UNIT

1. After the pre-admission has been completed and the IDT determines the level of care appropriate for IPU admission, the IDT will review the patient's needs and begin to develop a plan of care. Once the IDT agrees to transfer the patient to IPU, the IPU Nurse will do the following:
   a) Obtain and review the patient's chart.
   b) Facilitate DME delivery to IPU.
   c) Call the hospital RN caring for the patient to obtain report.
   d) Phone the Medical Director/Hospice Physician or Nurse Practitioner to enter orders into MatrixCare for patient.~~obtain orders for IPU.~~
   e) Fax new medication ~~orders~~profile with facesheet to IPU contracted pharmacy and request medication releases from the Emergency Drug Kit (EDK).
   f) After the DME and medication releases have been received, the IPU Nurse will call the hospital/facility contact person to have them set up transportation.
   ~~g) Complete the new patient checklist, which includes steps for admitting patients in MatrixCare.~~

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

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

Attachment Inpatient Unit Direct Transfer Flow Sheet

Center for Hospice Care
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CHAPTER THREE

PRESIDENT'S REPORT

Center for Hospice Care
President / CEO Report

February 17, 2021

(Report posted to Secure Board Website on February 11, 2021)

This meeting takes place exclusively on Zoom with no in-person option on Wednesday, February 17, 2021. **Zoom call-in and/or computer connect information will be sent in a separate email.** The Hospice Foundation and GPIC Board meetings will follow exclusively via Zoom with the same connection information after a very short break.

CENSUS

The weekend after Thanksgiving 2020 we had 22 deaths which was a significant census loss and has been difficult to make up particularly with the "normal" deaths right after the holidays. We usually start slowly in Q1 and build throughout the year. January 2021 average daily census (ADC) was 396. The inpatient unit census has been slow and choppy and likely still related to the pandemic and fears of going to a facility. January Raclin House ADC was 5 with 38% occupancy (based on 12 beds) and Elkhart was 3 with 44% occupancy (at 7 beds). We have seen a census decline in Elkhart and LaPorte Counties. LaPorte's ADC in January was 9 compared to 2020 year-to-date (YTD) of 17. Likewise, Elkhart's ADC was 85 compared to 2020's YTD of 107. But again, we start out slowly at the beginning of the year. 2020 Census data will be covered in the "Year in Review Education" section.

MONTHLY AVERAGE DAILY CENSUS BY OFFICE AND INPATIENT UNITS

	2021 Jan	**2020** Feb	**2020** Mar	**2020** Apr	**2020** May	**2020** June	**2020** July	**2020** Aug	**2020** Sept	**2020** Oct	**2020** Nov	**2020** Dec
Mish:	214	226	217	221	220	223	224	228	224	219	232	214
Ply:	80	70	70	73	76	75	76	81	82	77	77	76
Elk:	85	113	115	114	106	106	107	109	104	103	101	90
Lap:	9	17	15	16	17	18	19	21	20	18	16	12
RH:	5	5	5	2	3	4	4	4	4	6	5	5
EH:	3	5	4	4	2	3	3	3	3	4	4	2
Total:	396	436	426	431	423	428	433	445	437	423	435	399

* Due to going LIVE with a new EMR on 10/1/20, some census information normally included in this report is not being included and has not been verified for accuracy as we continue to work out report writing capabilities for these metrics.

PATIENTS IN FACILITIES

Due to going LIVE with a new EMR on 10/1/20, census information for facilities has not been verified for accuracy at the time of this writing as we continue to work out report writing capabilities for this metric.

FINANCES

Karl Holderman, CFO, reports the year-to-date December 2020 financials will be presented and voted on at the Finance Committee meeting to be held via Zoom on Friday, February 12, 2021 and then posted to the secure board website later that morning. For informational purposes, the un-approved November 2020 YTD Financials are presented below. The first board meeting of the year covers prior YTD unaudited financials only. The first quarter and April 2021 financials will be presented at the May 2021 board meeting.

On 11/30/20, at the HF, intermediate investments totaled $5,016,529. Long term investments totaled $25,267,779. The combined total assets of all organizations (CHC/HF/GPIC), on November 30, 2020 totaled $73,413,223 an increase of $6,589,479 from November 2019. Year-to-date investments as of 11/30/20 showed a gain of $3,149,571.

From a year-to-date budget standpoint at 11/30/20, CHC alone was under budget on operating revenue by $419,972, and under budget on operating expenses by $2,005,302.

Year to Date November 2020 Unapproved Financials

November 2020 Year to Date Summary	Center for Hospice Care	Hospice Foundation	GPIC	Combined
CHC Operating Income	22,006,534			22,006,534
MADS Revenue	168,638			168,638
Development Income		876,883		876,883
Partnership Grants			328,417	328,417
Investment Income (Net)		3,149,571		3,149,571
Interest & Other	71,682	141,597	65,077	278,356
Beneficial Interest in Affiliate	1,483,508	(20,345)		
Total Revenue	**23,730,362**	**4,147,706**	**393,494**	26,808,399
Total Expenses	**19,807,370**	**2,664,198**	**413,839**	22,885,407
Net Gain	**3,922,992**	**1,483,508**	**(20,345)**	3,922,992
Net w/o Beneficial Interest	*2,439,484*	*1,503,853*		
Net w/o Investments				*773,421*

CHC VP/COO UPDATE

Lance Mayberry, MBA, CHC VP/COO reports…

Even with the rapidly changing government guidance and new processes and procedures due to COVID-19, CHC saw several team members step up to be healthcare heroes, allowing us to become a better organization. Since our previous board meeting three months ago, CHC has been able to move forward with continuous improvement projects to enhance our care delivery model.

- We have developed new Triage protocols to enhance the customer experience.
- We have obtained accreditation from the National Institute for Jewish Hospice.
- CHC has executed system wide contract with Beacon Health System. And we are in the process of developing collaborative protocols for Elkhart General Hospital (Alternative Payment Models, ER Diversion, and General Inpatient)
- We contracted and initiated CHAP accreditation process for full accreditation in 2021 for Home Health and Hospice. The Community Health Accreditation (CHAP) program is a national, independent, not-for-profit accrediting body for community-based health care organizations. CHAP is the oldest national, community-based accrediting body with more than 9,000 agencies currently accredited nationwide.
- We re-engineered our supply system to include the integration of our EMR system and our McKesson supplier. In 2021, we will see the new process benefits as evidenced by reduced supply cost, labor hours, and mileage expense.
- To help with staffing, we have partnered with Elkhart Area Career Center's CNA program.
- A new internal Palliative Committee has been established in line with our 2021 goals. Through small group meetings, we are working on a community-based palliative needs assessment.
- We are working on Pediatric Palliative Partnerships that includes Indiana First Step; Riley Children's Hospital, Beacon Children's Hospital. And now with our own pediatrician on staff we expect this to partnerships to flourish. Dr. Matt Misner's addition has allowed us to align our Medical Team with the care team to promote patient continuity, week over week education, and enhanced quality outcomes.

CHC DIRECTOR OF NURSING UPDATE

Angie Fox, CHPN BSN RN. CHC DON, reports…

The Nursing Goals for 2021 have been established and the Nursing Goals for 2020 have all been met and many are ongoing.

MatrixCare (EMR) went live on 10/01/2020. 90% implementation of EMR is completed. We continue to work on leveraging all tools and resources available in the EMR to drive clinical outcomes.

Certification in hospice and Palliative Nursing (CHPN, CHPNA, ACHPN and CHPPN) update: CHC has 15 RN's with their CHPN, two of those RN's are dual certified as they obtained their

CHPPN certification in addition to the CHPN certification. Four aides have obtained their CHPNA and two NP's with their ACHPN. This is an examination which confirms the knowledge base to care for terminally ill patients. This certificate is awarded by the Advanced Expert Care by the Hospice & Palliative Nurses Credentialing Center. We currently have one RN scheduled to take the exam in March 2021. Today, CHC has ten percent of all CHPNs in the entire state of Indiana.

Staff Certification of Dementia Care program continues. CHC currently has 38 employees that have attended and received their certification. The next class will be in April 2021.

A Mock Survey in the Raclin IPU was conducted in December 2020, areas were identified for improvement, and the RN Staff Educator and IPU manager are providing staff with continued education for survey preparedness.

CHC secured COVID-19 rapid testing kits for clinical staff utilization which has been a great benefit for admittance into nursing homes and assisted living facilities, some of which are requiring RNs to have two negative tests per week. The facilities are not paying for the expense of the testing they are demanding.

CHC was one of the first community-based programs to partner with Walgreen's pharmacy for a vaccination clinic at the Mishawaka Campus which was open to all CHC staff in all offices. On January 18, 2021 55 CHC employees received their first step COVID-19 vaccine. The next clinic will be held on February 15, 2021 and to date 150 participants are signed up to receive either the first or second vaccine. Several staff already received the vaccine at another venue. This second clinic is also available to CHC volunteers providing reassurance to our patients and families that the volunteer services they request are available and that our patient care volunteers have been vaccinated. There is no charge to any individual for the vaccine, but Walgreens is accepting insurance information and billing insurance companies.

The Indiana Physician Order for Scope of Treatment (POST) form has been implemented for CHC patients. The Indiana POST form is a standardized form containing medical orders by a treating physician, APN or PA based on a patient's preferences for end-of-life care. The form is recognized across the healthcare continuum.

We are currently monitoring 21 documentation areas at the individual nursing level. Monitoring Medicare Conditions of Participation for compliance for both routine patients encounters and changes in level of care for both palliative and hospice programs. 100% audit of Level of Care Changes. 30% audit of routine documentation and Patient changes to Plan of Care.

Establish QAPI program to reflect the structure and practices via the new Quality Connections which was debuted by NHPCO a couple weeks ago. Initial focus will be on triage calls, increasing CAHPS scores, and emergency patient visits. The in-house Health Information Management committee has made 2021 goals to archive, update and organize resources on the staff website to ensure materials are easily accessible and more intuitive in organization. The New Staff Orientation Committee is working to complete a robust staff orientation program utilizing TalentLMS which will be available to all staff on the staff intranet.

HOSPICE FOUNDATION VP / COO UPDATE

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

Fund Raising Comparative Summary

Through December 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)

	2017	2018	2019	2020
January	46,552.99	37,015.96	62,707.48	79,642.06
February	199,939.17	93,912.90	113,771.80	222,116.20
March	282,326.61	220,485.17	369,862.26	95,882.74
April	431,871.55	310,093.61	565,568.94	414,128.88
May	574,854.27	505,075.65	663,483.70	565,824.55
June	1,066,118.11	633,102.69	850,496.19	608,907.96
July	1,277,609.56	767,397.15	918,451.53	676,956.69
August	1,346,219.26	868,232.25	1,018,532.22	818,805.78
September	1,466,460.27	994,301.35	1,122,498.94	901,877.85
October	1,593,668.39	1,074,820.86	1,778,379.29	984,590.41
November	2,443,869.12	1,173,928.93	1,841,457.95	1,036,179.10
December	2,730,551.86	1,635,368.33	2,946,889.74	1,719,702.83

Year-to-Date Monthly Revenue

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

	2017	2018	2019	2020
January	31,552.99	37,015.96	51,082.36	52,550.56
February	35,125.58	56,896.94	45,621.02	140,985.12
March	79,387.44	113,969.42	254,547.16	70,044.19
April	149,569.94	87,978.18	194,857.93	118,092.10
May	142,982.72	182,601.92	97,864.76	149,945.67
June	146,200.17	46,947.92	69,026.39	42,369.40
July	61,505.45	64,243.53	67,591.20	42,034.72
August	63,593.03	61,803.98	54,739.37	40,023.54
September	120,261.01	117,984.73	68,812.68	71,574.73
October	127,208.12	79,852.69	50,019.27	68,718.24
November	75,809.56	94,053.07	57,214.65	51,099.68
December	286,687.74	191,211.72	225,547.36	398,935.27
Total	**1,319,883.75**	**1,134,560.06**	**1,236,924.15**	**1,246,373.20**

Fund Raising Initiatives

Based upon previously reported strategic planning sessions, action plans are underway with regard to HF's Tier 1 fundraising priorities.

Milton Adult Day Services (Roseland facility Rehab) has been moving along with Zoom calls with current donors and cultivation calls with prospective major gift donors are underway. Grant applications for major gifts are being submitted. Top tier donor prospects are being identified, cultivated, and solicited.

Response to our 2020 Annual Appeal, "Now More Than Ever" through 1/31/21 totals $107,487.56. This appeal focused on our need for support to assist in caring for all patients seeking CHC's care regarding of their ability to pay at a time when all of HF's fundraising events were cancelled in 2020 due to the COVID-19 pandemic. The response continues to exceed our expectations.

Planned Giving

Estate gifts since the last report totaled $395,932. Some of these gifts were in process for many months. We continue to field requests from financial advisors and attorneys about planned giving options and bequests from their clients.

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 pandemic's impact on events, we made the decision in mid-July to carry over this year's Helping Hands Award Dinner from its previously postponed date of September 30, 2020 to May 5, 2021. HF staff is in consultation with the dinner co-chairs once again about the viability of moving forward with plans for May 5, 2021. Due to the ongoing COVID-19 gathering restrictions and physical distancing, we plan to conduct this year's Elkhart Campus Gardens of Remembrance and Renewal Memorial Dedication Ceremony virtually in June 2021 on a date to be determined.

Health System/Professional Education Collaborations

We continue to collaborate virtually with our community partners to develop better, more robust end-of-life educational opportunities. Cyndy Searfoss, Director of Education and Collaborative Partnerships, continues to present virtually and in-person with Dr. Bunmi Okanlami, the Endowed Bicentennial Chair of Palliative Care at the Vera Z. Dwyer College of Health Sciences, on palliative care, end-of-life planning/conversations, and hospice care. We are also working closely with Dr. Okanlami to develop a minor in palliative care that would make it possible for IU South Bend students majoring in health sciences, social work, and psychology to add this as a minor.

Family medicine residents from Saint Joseph Regional Medical Center continue to rotate through CHC as they do their four-week geriatric rotations. We will have two IU School of Medicine students here in February and March to complete their hospice and palliative care rotations. Another IU School of Medicine collaboration is facilitating a virtual version of IU Talk for the Saint Joseph residency program on February 10. Eighteen residents will attend the afternoon-long session. We anticipate offering this on a yearly basis to both local family medicine residency

programs. These rotations and workshops continue to be an opportunity to recruit fellows for the Vera Z. Dwyer Fellowship in Hospice and Palliative Medicine.

We have renewed our Hospice Foundation of America membership and CE accreditations for the upcoming year. CEACP is working with CHC departments to determine which webinars are needed. COVID-19 safety measures are in place to allow employees to watch these in person for CE credits.

Outreach to Legislators

NHPCO's grassroots campaign, MyHospice, has continued to grow as Elleah Tooker, who serves as our ambassador, has prioritized email outreach to continue developing relationships with our legislators. COVID-19 and hospice priorities are at the top of the list during this time, and our objective is to ensure that Indiana's legislators are aware of those issues as they meet to discuss current bills. Thanks to the efforts of MyHospice, the Rural Access to Hospice Act was passed. The network continues to push for the prioritization of other hospice-related bills.

Community Education

The Center for Education & Advance Care Planning (CEACP) offers a variety of events to organizations in our community to introduce – and expand – end-of-life conversations. As we continue our transition to a virtual platform due to COVID-19, virtual panel discussions are being presented via Facebook Live. The first in this series of panel discussions for 2021 was held on January 28th with Tim Yoder from Yoder-Culp Funeral Homes. This was featured on the Center for Education & Advance Care Planning Facebook page. This program discussed advance care directives as well as what to expect when planning for funerals. CEACP's goal is to offer information from all professionals whose work focuses on end-of-life issues; this was our first virtual experience with a funeral planner. CEACP has two more scheduled for this quarter, February 4th with Holly Farmer to discuss bereavement and March 11th with Steve Chupp, Honoring Choices Indiana – North Central, and Dr. Mark Sandock to discuss advance care directives in detail. Expanding the list of trusted advisors is underway, including outreach to past panelists as well as others such as clergy, healthcare educators, and primary care physicians.

Social media has become our primary outreach method during the pandemic. Working with the foundation's communications department, CEACP has continued its online presence, particularly on Facebook. To engage viewers, questions and true or false statements have been posted to encourage participation on our page. We have also included book recommendations and links to our updated resource page on our website. This page now includes podcasts, books, social media links and movies to provide information on end-of-life topics, particularly conversations. We encourage you to visit this page at: https://educate4endoflife.org/resources/ If you're on Facebook, be sure to visit and like: https://www.facebook.com/CenterForEducationAndAdvanceCarePlanning

Honoring Choices Indiana® – North Central

As the new year arrived, we began a flurry of activities that we intend will ultimately lead to more advance care planning conversations. Presentations continue to be the primary way we are educating the community of the need for advance directives. During January, Steve Chupp, the Honoring Choices Indiana – North Central coordinator, completed five community presentations,

three of which were delivered to service clubs, as well as Advocacy Links, and the University of Notre Dame's St. Joseph Valley Alumni Club. An on-going focus of the advisory council continues to be sustainability. We are preparing to submit a major grant requests to St. Joseph Health System and to the Community Foundation of Elkhart County. Steve is in the initial stages of collaborating with Honoring Choices-MN to establish several state-wide advance care planning hotlines, including Indiana. HC-MN is applying for major funding ($100,000 per state per year for two years) from the Robert Woods Johnson Foundation. Training and supporting certified facilitators allow HCI-NC to assure that we have the resources in our community to complete advance directives. Our next facilitator refresher is February 22nd to connect and provide support/resources for our 44 certified facilitators. In addition, Steve will become a certified First Steps instructor in March and is planning a virtual First Steps facilitator training March 24 & 25 to accommodate the backlog of interested participants. The advisory council of HCI-NC would like us to express their gratitude to the Hospice Foundation board for the continued support and in-kind contributions that make our community impact possible.

Palliative Care Association of Uganda (PCAU)

Since the start of the COVID-19 pandemic, PCAU has played a key role in not only ensuring the continuity of essential palliative care services in Uganda, but also elevating palliative care into the national COVID-19 response. PCAU is also offering support and training to health care workers, grants to hospices for essential PPE supplies and psychosocial and educational support to child caregivers. They are doing an incredible amount of work and the financial and technical support of CHC has been invaluable. Much of Africa is facing a second wave of COVID-19 and vaccines are not yet on the horizon there. The Government of Uganda has been very focused on national elections and politics. It is likely that PCAU will continue to be impacted by and focused on the pandemic in the coming year. PCAU is likely going to hold its biennial conference virtually in the latter half of this year. As a result, we anticipate that any exchange visit will be conducted virtually as well.

Schools have remained closed to in-person learning since March 2020. PCAU has stayed in touch with each of the 56 children on our Road to Hope (RTH) program and continues to ensure their basic needs are being met and they are staying safe and healthy. With support from CHC and the $25,000 grant we received, they are providing food relief, home schooling support, psychosocial support, and health care. We are anxiously awaiting direction from the government on the next steps for schools to reopen (or not). This uncertainty is difficult on the children and PCAU as they plan to support them, but their primary focus is keeping the children focused on learning and staying well.

Notre Dame graduate and former intern, Ainur Kagarmanova, continues to work with GPIC staff member Lacey Ahern and PCAU to bring her analysis of the mHealth project to publication. Notre Dame junior, Kat Kostolansky, continues to work on a project basis with us as an intern, mostly focused on the Road to Hope program. Right now, she is helping us develop content for the PCAU partnership and RTH websites.

Despite the interruption of the training programs for the Advanced Diploma in Palliative Care Nursing (ADPCN) students, PCAU continued to support students as they worked back in their home districts by visiting them and providing support supervision trainings. This fits with the main

objective of the ADPCN program to provide palliative care support in districts throughout the country. PCAU expects a new class of students to be admitted this year.

PCAU continues to work with the Ministry of Health (MOH) on the integration of data collection into the national data collection (District Health Information System 2). Trainings have begun in the districts for the new palliative care registers. While the pandemic has caused some delays, there has been good progress on better palliative care data collection in Uganda.

Facilities

Mike continues to work closely with Helman Sechrist Architecture, Jones Petrie Rafiniski, DJ Construction, Office Interiors and VISTA AV Integration on the remodeling project of our Roseland facility. Once completed, the facility will house CHC's Milton Village Adult Day Center as well as Alzheimer's & Dementia Services of Northern Indiana's Caregiver Resource Center and Institute for Excellence in Memory Care. Interior demolition has begun. Office furnishings that will be reused, once we move Milton Adult Day and the Institute for Excellence in Memory Care into the building, have been stored in a new storage structure that's been installed on the property. Excess furnishings were donated to a number of local non-profit organizations, including The History Museum, Studebaker National Museum, Boys & Girls Clubs of St. Joseph County, South Bend Civic Theatre, La Casa de Amistad, Ryan's Place, and Imani Unidad.

Plymouth Office

We are developing plans to refresh our existing Plymouth office and beginning to explore options for any future expansion or a move.

GLOBAL PARTNERS IN CARE UPDATE

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

COVID-19 Pandemic Response

From March – October, we directed our Disaster Response Funds (DRF) funds to COVID-19 response for our partners. In total, GPIC and GPIC partners sent over $50,000 to palliative care organizations in Africa – including African Palliative Care Association (APCA) and national associations – for COVID-19 response efforts. While we have seen some partners disengage more because of the pandemic, most (US and international) have actually been more engaged with us. We have spent time providing resources and information to partners and exploring new collaborations and opportunities to support them. We have had discussion with APCA on establishing a joint COVID-19 response fund to support resiliency of hospices and national associations and organizations during this pandemic. Nearly every other activity has been touched or directed by the pandemic in some way and will likely continue to do so in 2021.

Current Partnerships

We continue supporting our 37 partnerships. Much of our focus has been maintaining these existing partnerships and supporting engagement between partners. Because of the pandemic, the

majority of our support centered around COVID-19 and fundraising support. This past year saw several partnerships grow, many remain status quo, and several with little or no engagement. We fear that a couple of these partnerships may end. While we understand this has been a tough year for many US hospices, we are still hoping to save these partnerships. The two US organizations we are most worried about are The Community Hospice (New York) and Hospice of Siouxland (Iowa). We are currently collecting responses on our Annual Partnership Survey, and we asked some additional questions about the impact of COVID-19 on the partnership and how GPIC might better assist organizations in their partnerships. We expect some of our specific activities for 2021 to be directed by information from the survey.

Potential Partnerships

We are reworking our recruitment strategy to reach more interested US (and possibly UK, Canada, Australia) partners. We have ten international organizations (from Africa, Nepal, and Armenia) who have applied for partnership and are highlighted on our website. We have two US organizations we are cultivating as potential partners: Cornerstone Hospice and Comfort Homesake.

We are working with NHPCO to maximize recruitment opportunities in their Leadership and Advocacy Conference (LAC) which will be held virtually at the end of March. We had a great meeting with them earlier this month to discuss other ways in which they might help us recruit more US hospice and palliative care organizations.

Global Partnership Award

2019 award: Caring Circle in Michigan and Our Lady's Hospice in Kenya. Due to the pandemic, we presented this award virtually late in 2020. Here is the link to the video: 2019 Global Partnership Award Virtual Presentation - YouTube

2020 award: We are back on our normal timeline and are currently receiving applications for the award. We expect to be able to highlight the award winners from both 2019 and 2020 at the NHPCO LAC and are working on details with NHPCO.

Research and Education

Given the shutdown and varying approaches to reopening of educational programs throughout the year, no scholarships were awarded in 2020 African Palliative Care Education Scholarship Fund for Nurses and Social Workers. Funds allocated for 2020 scholarships have rolled over for scholarships in 2021. We are currently working with APCA on soliciting applications for this year. We had intended to grow our scholarship funds in 2020. We were not able to do as much as planned but did receive some new donations toward the scholarships. We raised several thousand dollars for the funds in an end-of-the year appeal and will build on this success as we seek to sustain these scholarships. We will be meeting with APCA and the Bluegrass Care Navigators philanthropy team to strategize together how we might launch a joint fundraising campaign to grow the fund since there is such a high demand for training.

Interns

John Couri, a student at the University of Notre Dame, continues to work with us as an office intern (virtually for the most part) but is also developing a research project around pediatric palliative care for his senior honors thesis. We are working on this with Palliative Care Support Trust in Malawi. We are also exploring other engagement from students at various universities for short-term virtual projects or possibly in the research projects mentioned below.

Global Collaboration

Late last year, the Global Partnership Award Task Force expressed a desire to honor and acknowledge the incredible contribution palliative care workers make to improving the quality of living (and dying), especially in light of their tremendous work during the COVID-19 pandemic. The primary goal of this effort is to simply say, 'thank you.' In doing so, we can help increase awareness of palliative care and elevate our programs and partnerships. The WHO has designated 2021 the year of health and care workers, which provides a good platform on which to build.

Together with APCA, we are working on a webinar series to build the communications capacity of palliative care organizations, with a focus on online engagement. In December, we hosted a beginner's webinar for strengthening an organization's online presence. This was very well attended and received positive feedback. We are planning an additional 3-4 webinars and the next one, which will focus exclusively on national association support, will be held on February 23rd.

Palliative Care Leadership Project

This collaboration between APCA, Bluegrass Care Navigators (BCN) and GPIC has been valuable for all involved. We are holding monthly meetings to systematically discuss APCA's strategic plan. This involves structured coaching from BCN to help APCA stay on track with their strategic goals and identify challenges and strategies to address them. Several new ideas and helpful connections have resulted from these interactions.

Collaboration with the American Academy of Hospice and Palliative Medicine

Feedback collected from those organizations to which we provided a one-year AAHPM membership showed that most participants valued the membership. They found value in accessing publications, COVID-19 updates and connections made with colleagues online. Several participants shared some AAHPM learning materials with others in their organization. Many noted that they have not taken full advantage of the membership given how busy and difficult the past year has been because of the pandemic. Several participants asked for help connecting with a mentor. The AAHPM mentorship program is one of the benefits we expected to be of help to our members. We did not proactively pursue this in the past year and plan to do so in 2021. We intend to extend the memberships for one more year as it is low cost and high impact for our partners. It is a simple value-added program we can bring to our partners and collaborators, and by continuing to cultivate the relationship with AAHPM, we anticipate seeing some additional opportunities grow between our organizations.

Collaboration with Feed the Hungry

We are working on a larger project proposal with Feed the Hungry (FTH) and Palliative Care Support Trust (PCST) in Malawi to enhance palliative care support for a group for guardians and caregivers of children with disabilities. We piloted the distribution of the Mana Packs™ from FTH and received positive feedback from all participants. In addition to receiving some food aid to combat malnutrition, the group of caregivers and PCST also requested investments in sustainability of food supply. FTH has programs in sustainable farming as well that will be included in the project.

Advisory Council Memberships

At the end of 2020, four members rolled off the council after the end of their term(s):
- Stacy Orloff, Empath Health (2 terms)
- Cathy Hamel, Gilchrist (2 terms)
- Robin Fiorelli, VITAS (2 terms)
- Faith Mwangi-Powell, Girls Not Brides/Former APCA founder (1 term)

Two new members have been added and joined our first call of 2021 in January:
- Andre Wagner, Chair of APCA Board of Directors (will serve as APCA's representative on the council)
- Edo Banach, President/CEO of NHPCO

With a desire to deepen our engagement in Nepal, we are reaching out to Dr. Bishnu Paudel, President of the Nepalese Association of Palliative Care, to ask him to join the Advisory Council. We will have two additional members ending terms in December 2021 and hope to continue to grow our representation of international representation on the council. This is our Advisory Council:

Advisory Council Contact List

	Name	Primary Affiliation	Email
1	Edo Banach, JD	President and CEO of the National Hospice and Palliative Care Organization	ebanach@nhpco.org
2	Bob Clarke, BS	CEO, Furst Group, NuBrick Partners and Salveson Stetson Group	bclarke@furstgroup.com
3	Jim Cleary, MD	Director of the Walther Supportive Oncology Program at Indiana University School of Medicine	jfcleary@iu.edu
4	Stephen Connor, PhD	Executive Director of the Worldwide Hospice and Palliative Care Alliance	sconnor@thewhpca.org
5	Liz Gwyther, MD	Associate Professor, University of Cape Town, School of Family Medicine	Liz.Gwyther@uct.ac.za
6	Fatia Kiyange, MA	Deputy Executive Director, Center for Health, Human Rights and Development (CEHURD)	fatiakiyange@yahoo.co.uk
7	Sharon Lutz, BSN	Executive Director of Hospice of the North Coast	slutz@hospicenorthcoast.org

8	Dan Maison, MD	National Medical Director at Seasons Hospice and Palliative Care	dlmaison@yahoo.com
9	John Mastrojohn, MBA	Chief Innovation Officer, Hospice of the Western Reserve	jmastrojohn@hospicewr.org
10	Andre Wagner, MA	Board Chair of African Palliative Care Association	andre.wagner@mweb.co.za
11	Lori Williams, RN	National Vice President of Hospice Clinical Practice and Quality at Amedisys	lori.williams2@amedisys.com
12	*Bishnu Paudel, MD*	*President, Nepalese Association of Palliative Care*	***To be invited*

COMMUNICATIONS, MARKETING, AND ACCESS

Craig Harrell, Director of Marketing and Access, reports on marketing and access activities for November 2020 – January 2021…

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. The COVID-19 spike in cases in the fall once again limited the ability of the liaisons to enter facilities. They have continued to reach out via phone and email. When COVID cases drop, things hopefully will begin to open once again.

We continue to work on converting from our Customer Relations Management software to Referral Connect which is a product of MatrixCare, our new EMR that went LIVE on 10/1/20. We have been having weekly meetings to create users, determine access, and transfer data bases. Soon we will begin staff training. This software will provide us with 'real time data' that integrates with Matrix, our patient software. Parts of it will also be used to track professional and personal relationships that our Hospice Foundation has with referral sources.

Access

Certainly, the impact of the pandemic has had a tremendous effect on our referrals. In 2020 our overall referrals dropped by 5.83%. Both hospitals and facilities dropped in overall percentages where access was most limited. At the same time, our referrals from physicians as well as family/friends increased. This focus by our Liaisons contributed to admissions increasing by 1.83% in 2020. Since the beginning of the year our Admissions Department has been able to increase our conversion rate to an outstanding 74.83%, which is an agency record. During the same time, the percentage of our referrals that was individuals seeking "Information Only" was reduced by 80% to a mere .01%. Our departmental slogan is "Every Person, Every Time", and they have done an outstanding job of finding a way to help patients and families somewhere in our continuum of care.

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

Website

We continue to fine-tune our new website focusing on what makes Center for Hospice Care different than other agencies. Recently we added two new pages. Our Medical Team that highlights our physicians and Nurse Practitioners, and our Certified Hospice and Palliative Care Nurses (CHPN) and Nursing Assistants. Currently, CHC has ten percent of all CHPNs in the entire state of Indiana. We will be adding Dr. Matt Misner and issuing his press release as soon as his portrait comes back from our photographer.

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 80,615 people for the period of November 2020 – January 2021 and had 7,881 reactions, comments, and shares. Our leading post was on January 25th, "It's going to be okay in the end…". It reached 7,400 people and generated 998 reactions, comments, and shares. The second most viewed posting was on January 29th: "Our Plymouth office held a quick retirement party for Dr. Jon Kubley…". It reached 4,299 people and generated 492 reactions, comments, and shares. CHC currently have 4,763 Facebook followers.

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

Digital Overview

Beginning in December we diverted a majority portion of our digital campaign to staff recruitment. The digital campaign focuses on delivering our ad to the proper audience at the proper time. For the above months it generated 58 telephone calls. As competition for digital visibility increases, the cost per click also increases. In 2021 we've allocated additional funds to offset this factor and continue our high online visibility. Google industry benchmarks show an average click-through rate in the Health & Medical field of 3.27 % and we continue to be very high at 10.16% -- more than 3 times or 300% above the benchmark.

POLICIES ON THE AGENDA FOR APPROVAL

There are three revised policies on the Agenda to reflect standard practice, changes to Indiana law, to clean up language, and bring references to our new EMR up to date. Angie Fox, DON will be available to answer questions.

CHC IN CMS CPI LONG LENGTH OF STAY AUDIT

As you may remember, like many hospice programs across the country, including those members of the National Hospice Executive Roundtable, CHC received notification in a letter dated 1/17/2020 that we were part of a long length of stay Medicare hospice audit. The CMS contracted vendor requested thousands of pages of documentation on ten patients who were all admitted or on census in 2017. These account for 303 months of patient claims. A claim is generated monthly reflecting

the patient's per diem charges for that month. The total dollar amount of these claims totaled over $1.2MM. This is a very large national audit of individual programs. Upon being notified that we would be part of this review, we contacted Meg Pekarski, Hospice Law Attorney at Husch Blackwell, LLP, to represent us in this matter and we have engaged her and her team. She is a nationally recognized hospice attorney who has been doing this for 20 years. She is one of the best and most respected in the nation on situations such as these and is being used by numerous NHERT members. Meg indicated last year that this contractor is generating reports for individual programs after examining the materials that all have a 97% to 100% error rate. Some were being told everything they sent is wrong. This is not an audit where sampling methodology is used and then extrapolated into a larger take back by applying the error rate to a universe of claims. There are numerous appeals processes and an eventual appeal before an Administrative Law Judge where hospices frequently win if they can get that far. Getting that far could take several years. Our first letter from contractor was dated January 17, 2020. Our most recent letter was dated January 22, 2021 claiming an error rate of 94% resulting in "overpayment" of $1,152,097. Upon receipt of our results letter, we had another call with Meg who said the error rate is what she is seeing in other audits. Eventually we will receive a demand letter from our fiscal intermediary Palmetto, GBA explaining their plans to recoup the funds. We can allow them to do that now and get several months to prepare for the appeals processes or begin objecting immediately and start the clock on paying 9-11% interest on the funds for anything we may lose in the future. By allowing them to recoup now, we don't pay interest, get more time, and for anything we win Medicare will pay us interest on what they took, albeit a much lower interest rate. We are planning on allowing them to recoup now and pay the funds back later with interest. Meg also stated on our most recent call that her firm had recovered $55MM for her clients in this audit in the past few weeks. She also has a client who had $44MM recoupment that was now down to just $40,000 following appeals. We will continue to keep you posted on this.

$1.4 MILLION HHS STIMULUS FUNDING UPDATE

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 regularly 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 $1.4MM funding received by $276,432. We have applied for the third trounce of funds. The HHS portal where we are to transmit our expenses has been delayed and just a few weeks ago it was only open for Medicare providers to register. We continue to track expenses and expect the overage to grow. On a fortunate note, HHS finally reversed their "instructions" on COVID-19 expenses and decided that lost fundraising revenues ***can*** be counted, meaning our special events losses, like the 2020 Helping Hands Dinner, will be able to be included in our calculations. Calculations are based upon the prior year and the 2019 comparisons and the 2019 dinner was the largest in our history.

2020 ANNUAL GOALS FINAL RESULTS

Included in your packet is a copy of the final status for the 76 individual goals for 2020. Final status is broken down into four categories: "Met" means that the goal was achieved; "In Process" means the goal was started, but not yet completed during calendar year 2020 and likely carried over to 2021; "Not Doing" means after evaluating the goal we decided that for whatever reason we were not going to do the project; and "Not Met" means that we simply didn't get to that goal at all or external factors made the goal unrealistic during the calendar year. Results for 2020 are as follows:

Total Number of Published Goals = 76

Met = 44 (59%)
In Process = 23 (30%)
Not Met = 3 (4%)
Not Doing = 6 (8%)

Remarkably, while much of the year was spent daily on dealing with a pandemic, for 2020, 80% of the 76 individual goals were either completed or were in the process of being completed at the end of the year. We are delighted to answer specific questions on any of the goals and their status at the end of the year. As always, each year, all annual goals are tied to the overarching goals of the Strategic Plan and the Annual Goals Final Status Report is shared with the board at the first meeting of the year within this report. The full 2020 Goals report with details is attached to this President's Report.

2021 GOALS

Included in your packet are the 2021 Goals for Center for Hospice Care, Hospice Foundation, and Global Partners in Care. Like we have done every year for the past 21 years, we have placed individual goals under the traditional headings which match the four overarching goals of the Strategic Plan. The four overarching goals are: Enhance Patient Care; Position for Future Growth; Maintain Economic Strength; and Continue Building Brand Identification. Annual Goal development begins at the Coordinator level of management and they work their way up through Directors and eventually to the Administrative Team for final approval. We always commence with ideas and concepts from what line staff and middle management staff believes we should accomplish as a leading hospice organization which allows us to improve and enhance our agency and the care we deliver. For 2021, we have 74 individual goals. The full 2021 Goals report with details is attached to this President's Report.

2020 VOLUNTEER STATISTICS

Due to their absence in activity for the majority of the year it's not surprising the volunteer numbers are considerably down for 2020. Since the beginning of the Medicare hospice benefit in the mid-1980s, CMS has required volunteers to participate in direct patient care and hospice programming. This must be recorded, a dollar amount applied, and reported as a savings to the hospice on an annual basis. However, for most of 2020 CMS dropped this requirement on a temporary basis. The numbers of 2020 compared to 2019 are below:

	2020	2019
Total Hours	6,091	15,711
Total Miles Driven	14,281	46,281
Total Dollar Savings	$171,521	$418,498

2020 BEREAVEMENT STATISTICS

The Bereavement Department operated remotely from 3/24/20 to 7/3/20. We experienced 1,532 hospice deaths and identified 1,642 bereaved (compared to 2019, 1,499 and 1,618 respectively. A total of 3,055 clients used bereavement services with 33% being from the community with no prior hospice experience, an all-time record, compared to 24% in 2019. The Bereavement Dept. sent 13,234 mailings, had 4,685 counseling sessions (compared to 4,582 in 2019), and made 35 community presentations (compared to 58 in 2019). The After Images Art Counseling program had 491 sessions – some virtual or via text and cell phone (compared to 529 in 2019). In a revised Camp Evergreen held here at the Mishawaka Campus we had eight youth, 3 guardians, five staff, and 13 volunteers (compared to 134 participants in 2019 when it was held at an actual camp). The Virtual Memorial Service had 140 views, but we do not know how many people were watching per connection.

CONFLICT OF INTEREST POLICY STATEMENT

You will be asked to sign a conflict of interest policy statement for 2021. This is the same statement used in previous years. It is signed each year by every member of the board of directors to meet the requirements of our annual audit and answer specific questions on the IRS Form 990, the nonprofit "tax" return. The document is included as an attachment to this report for you to review prior to Wednesday's meeting. We will be mailing hard copies with an SASE for return to CHC.

NHERT MEETS VIRTUALLY JANUARY 4 AND 5

Rather than meeting in Miami, FL as we usually do the first full week of January, the National Hospice Executive Roundtable (NHERT) met via Zoom on January 4 and 5. One of the more interesting discussions had to do with mortality data:

- Causes of death (and vs. COVID)
- Place of death (and vs. COVID)
- Overall mortality growth trend: pre-COVID
- COVID 19 deaths/ "excess deaths" in 2020/21
- Discussion/ "projections": COVID/excess death impact on hospice providers/end of life care
- Historical data exists for annual mortality by cause and place of death, enabling reasonable projections for future hospice potential

- While cause of death is quite consistent around the country, place of death varies considerably (driven by the combination of hospice inpatient availability/use and the availability/use of long-term care facilities – these factors impact hospital/home deaths)
- Data for mortality in assisted living/board and care is challenging and presents projection problems (it is possible to make extrapolations using health pivots hospice market share by setting reports, but laborious and "imputed" vs. empirical)
- COVID deaths are impacting seniors at very nearly identical rates as historical overall deaths
- COVID deaths are occurring in slightly "different" places than historically the case
- Impact: limiting projections to the end of Q1 2021, it appears that nationally the 13-month impact of COVID (February 2020 through March 2021) could be to "pull forward" 20-25% of one years' worth of >65 hospice patients. This cohort does appear to be at least modestly and perhaps more than modestly representing patients in "facilities" (LTC and ALF). Of course, we don't actually know how many of our historically hospital discharged patients were residents of LTC/ALF until the hospital episode after which we cared for them – and some of "that" may not be happening now. Finally, the impact will be felt most in local markets with flat/declining deaths and high death service ratios – the market trend is "working against you" vs. increasing deaths/low death service ratios. This may be "offset" by less than usual influenza deaths in 2021
  Additional "pull through" from "recovered" COVID patients with significant co-morbidity causing premature mortality (in essence, kicking the can down the road to 2022 for full pull through impact).

The NHERT now is comprised of the CEOs form the following 13 programs:

Care Synergy (The Denver Hospice, Pikes Peak Hospice and Palliative Care, Colorado Visiting Nurse Association, and Pathways), Denver, CO.
Empath Health (Suncoast Hospice, et. al), Clearwater, FL
Ohio's Hospice (Ohio's Hospice of Dayton, Ohio's Hospice at United Church Homes, Ohio's Hospice of Miami County, Ohio's Community Mercy Hospice, Ohio's Hospice of Butler and Warren Counties, Hospice of Central Ohio, Ohio's Hospice of Fayette County, Ohio's Hospice LifeCare, Ohio's Hospice Loving Care, and Community Care Hospice), Dayton, OH.
Bluegrass Care Navigators, Lexington, KY
Hospice of Northwestern Ohio, Toledo, OH
Arkansas Hospice, North Little Rock, AR
Delaware Hospice, Wilmington, DE
Transitions LifeCare, Raleigh, NC
Catholic Hospice, Miami Lakes/Fort Lauderdale, FL
Tidewell Hospice, Sarasota, FL
Hospice of Washington County, Hagerstown, MD
Hospice of East Texas, Tyler, TX
Center for Hospice Care, Mishawaka, IN

2020 BOARD OF DIRECTORS SELF-EVALUATION

Every other year, at the last meeting prior to the seating of new officers and board members, we take an opportunity to complete a Board of Directors Self-Evaluation. After the 11/18/20 Zoom

board meeting, we mailed hard copies of the bi-annual Board of Directors Self Evaluation along with a postage page return envelope. We asked in writing and at the meeting that all board members would remember that this is a Board Self-Evaluation requesting opinions regarding the operations of the Board of Directors itself. This is not an evaluation of Center for Hospice Care as an organization, its programming, or its staff. We indicated at the meeting that aggregate results would be included in the February 2021 board meeting packet. They are enclosed as an attachment to this report.

MedPAC CALLS FOR NO MEDICARE HOSPICE REIMURSEMENT INCREASE FOR FEDERALY FISCAL YEAR 2022 (BEGINS 10/1/22)

The Medicare Payment Advisory Commission (MedPAC), a bipartisan advisory entity to Congress on the funding of Medicare programs, met in January to finalize payment and policy recommendations that will be incorporated into its formal report to Congress next month. MedPAC approved the following recommendations for FY2022: Congress should eliminate the update to the 2021 Medicare base payment rates for hospice, and, Congress should wage-adjust and reduce the hospice aggregate cap by 20%. These recommendations are estimated to decrease spending relative to current law between $750 million and $2 billion over one year and $5 billion to $10 billion over five years. As with all MedPAC recommendations, Congress may enact them or not. MedPac recommendations always require legislative action by the Congress in order to be enacted.

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" sections which are open to all board members.

BOARD EDUCATION SECTION

The Board Education section will be the traditional "2020: The Year in Review."

OUT AND ABOUT

In a couple weeks, I will be at my one-year anniversary of the last time I flew anywhere. There have been no "out" and very little "about" in about a year.

The NHERT met via Zoom on January 4 and 5.

A New CHC Board Member Orientation was held on January 29th via Zoom.

I attended the IHPCO Board of Directors meeting via Zoom on February 4th.

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

Karl Holderman's monthly dashboard summaries.

Volunteer Newsletter for December 2020, and January February 2021.

Board Committee Opportunity Sheet.

For review, the Conflict of Interest Policy. You will be mailed a hard copy.

Copy of final status report for the 2020 Goals

Copy of the 2021 Goals

Copy of the Minutes from the 11/17/20 CHC Quality Assurance Committee

Copy of the Minutes from the 12/18/20 internal Medicare Compliance Committee

LaPorte County Life article about the CHC Mishawaka Campus

Hospice News article, "Top Hospice Worries 2021: Accessing Facility-Bound Patients, Staffing"

Article from Valpo Life about our blood drive entitled, "Center for Hospice Care Gives Back During Heart Month."

Results of 2020 Board Self-Evaluation

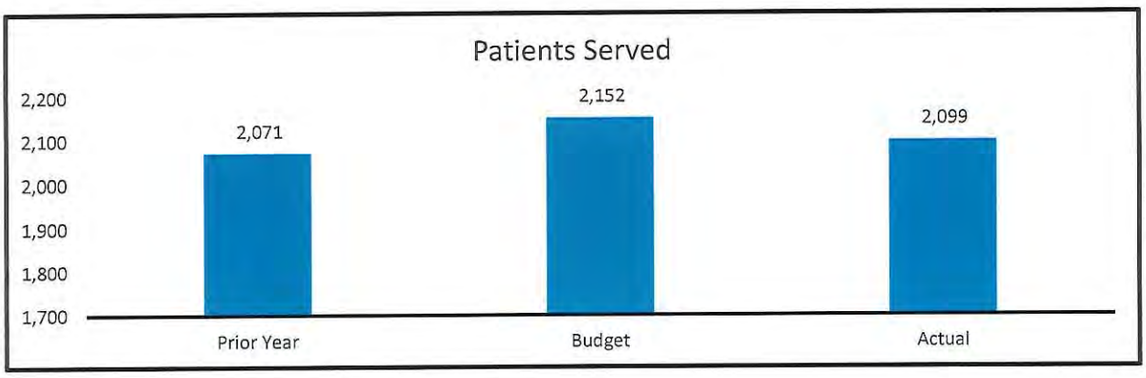
NEXT REGULAR BOARD MEETING

Our next regular Board Meeting will be **Wednesday, May 19, 2021 at 7:15 AM**. We will decide well in advance if it will be Zoom only, an in-person meeting with a Zoom option, or something else. In the meantime, if you have any questions, concerns, suggestions or comments, please contact me directly at 574-243-3117 or email mmurray@cfhcare.org .

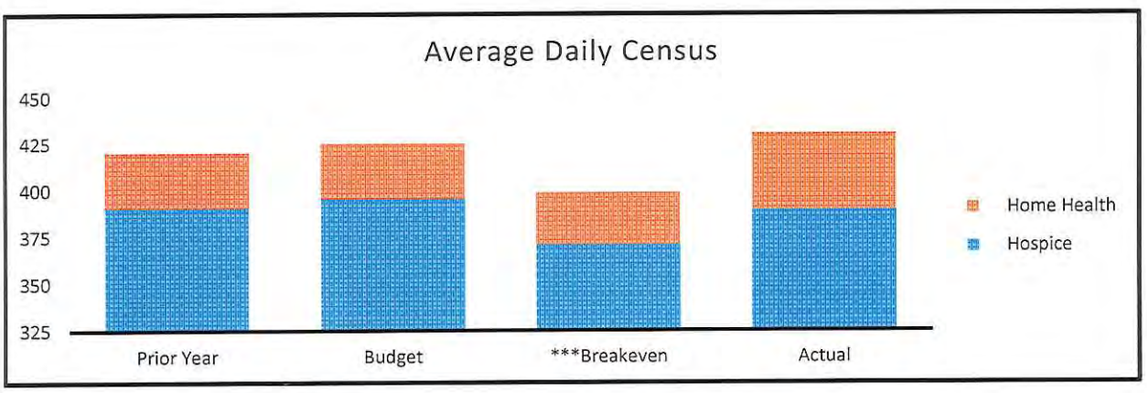
# # #

Center for Hospice Care
December 31, 2020

	Prior Year	Budget	Actual
Patients Served	**2,071**	**2,152**	**2,099**

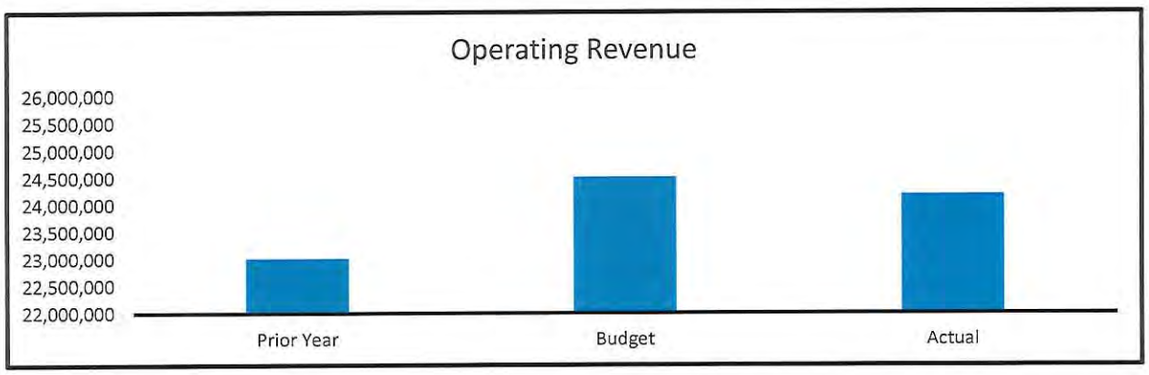


Average Daily Census	**Prior Year**	**Budget**	*****Breakeven**	**Actual**
Hospice	390.71	395.50	370.80	389.66
Home Health	29.72	29.50	27.66	40.84
Total Average Daily Census	**420.43**	**425.00**	**398.46**	**430.50**

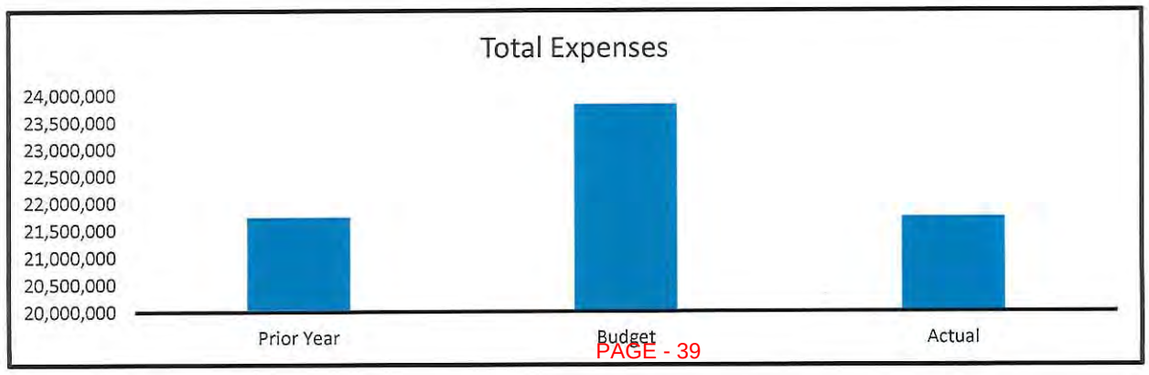


**** Budgeted Breakeven*

	Prior Year	Budget	Actual
Operating Revenue	**23,013,918**	**24,515,238**	**24,187,444**



	Prior Year	Budget	Actual
Total Expenses	**21,733,780**	**23,826,715**	**21,738,687**



December 2020
Volunteer Newsletter

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

Alabama neighborhood starts Christmas early for a terminally sick girl in her final weeks

By Lauren Kent, CNN

When neighbors found out that 7-year-old Ally Cheek's health was declining and she might not live through the holidays, they decided to start Christmas early in Vestavia Hills, Alabama.

Her neighborhood banded together in early November to light up their homes so Ally and her family could celebrate Christmas together one more time.

Ally has a rare genetic mutation, called HECW2, which creates special developmental needs that have been getting progressively worse. It is so rare there are only about 50 diagnosed patients in the world. One of those patients was her twin sister, Bailey Grace, who passed away last year.

The girls' mother, Morgan Cheek, said the Christmas lights have been a source of literal light in a dark time.

"For me, in seven and a half years of twins with medically fragile needs, and burying my first child, and then starting hospice with my second daughter shortly after ... I think having that reminder from so many people that the light does always shine in the darkness has just been such a beautiful reminder for us as a family," Cheek told CNN.

Cheek said the flurry of early decorating came about after she told a neighbor that Ally was continuing to decline but wanted to see the Christmas lights one more time.

"I think we're actually going to put up our Christmas lights this week, so don't judge us if you see our lights up," she remembers saying.

Just an hour later, the neighbor came back to say that several more families on their street loop also wanted to put up lights early. Others in their close-knit community started asking if they could follow suit, and soon the entire neighborhood was filled with Christmas joy in November -- with many houses putting Ally's name in lights.

After photos of the twinkling neighborhood and the hashtag #lightingtheloopforally went viral, other neighborhoods across the country chimed in with their own early Christmas cheer in honor of the Cheek family.

Continued on page 6

Inside this issue:

Welcome to the Team

Michele Orban
Referral Specialist

Jayla Zundel
Admission Nurse

Birthdays

12/1
Angela Lewellen
12/1
Barbara Zimlich
12/2
Sarah Nerenberg
12/2
Richard Schweizer
12/5
Leslie Eid
12/6
Al Levy
12/7
Pamela Garrett
12/9
Blanche Sailor
12/11
Mary Kay Ferry
12/14
Norah Ray
12/15
Andrea DeSonia
12/16
Norma Diedrich
12/24
Richard Keen
12/25
Carolyn Bennett
12/25
Catherine Bly
12/30
Carole Moats

Happy & Healthy Holidays

As we wrap up 2020, our entire volunteer department wants to wish each of you a safe, happy and healthy holiday season. May you know how valued you are to Center for Hospice Care and our patients and families.

Elisabeth Kubler-Ross said, “The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss, and have found their way out of the depths. These persons have an appreciation, a sensitivity, and an understanding of life that fills them with compassion, gentleness, and a deep loving concern. Beautiful people do not just happen.”

Happy holidays to all you beautiful people!

Volunteer Spotlight
Carolyn Peterson, Mishawaka

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

I assist Michele with one of her bereavement groups. I have done this for three years. I also assist with crafts in the bereavement department and have done this for two years.

Why did you decide to volunteer with CHC?

I found hospice was a life saver for me after my husband died so I wanted to give back. Also, my husband was part of Michele and Dave's counseling training at IUSB.

Tell us a little bit about your family.

I have four children and eight grandchildren. Unfortunately, none live nearby as they are located in Connecticut, Texas, and California.

Where are you originally from?

I am from Champaign, Illinois. Vince and I moved to South Bend in 1969 intending to stay only 2-3 years. We liked the area and both found jobs that we loved. Vince was a professor of education and counseling, and I taught at Washington High School.

What do you like doing in your spare time?

I like writing and photography. I am an avid follower of politics.

What is your favorite food?

My favorite food is lobster. I like almost all seafood. Pizza is a close second.

Do you have a favorite quote?

As a teacher, I liked this one.

"Tell me and I forget. Teach me and I remember. Involve me and I learn." *Benjamin Franklin*

Do you have a favorite book or movie?

As a teenager, I loved both the book and the movie *Gone with the Wind.* I was intrigued by the action and the romance.

"Sharon has been a reliable volunteer, always willing to share her journey when it is appropriate."

Michele Guldberg, Bereavement Counselor

Frostbite & Hypothermia

Frostbite is a severe reaction to cold exposure that can permanently damage its victims. A loss of feeling and a white or pale appearance in fingers, toes, or nose and ear lobes are symptoms of frostbite. Hypothermia is a condition brought on when the body temperature drops to less than 90 degrees Fahrenheit. Symptoms of hypothermia include uncontrollable shivering, slow speech, memory lapses, frequent stumbling, drowsiness, and exhaustion.

If frostbite or hypothermia is suspected, begin warming the person slowly and seek immediate medical assistance. Warm the person's trunk first. Use your own body heat to help. Arms and legs should be warmed last because stimulation of the limbs can drive blood toward the heart and lead to heart failure. Put person in dry clothing and wrap their entire body in a blanket.

Never give a frostbite or hypothermia victim something with caffeine in it (like coffee or tea) or alcohol. Caffeine, a stimulant, can cause the heart to beat faster and hasten the effects the cold has on the body. Alcohol, a depressant, can slow the heart and also hasten the ill effects of cold body temperatures.

Winter Driving Tips

Following is a suggested list of items to keep in your car during winter driving:

- Flashlights with extra batteries
- First aid kit with pocket knife, scissors
- Necessary medications
- Several blankets or a sleeping bag
- Plastic bags (for sanitation)
- Matches in waterproof container
- Extra set of mittens, socks, cap
- Sack of sand for generating traction under wheels
- Shovel, small tools, booster cables, windshield scraper
- Flares or reflective triangle
- Dried fruit, nuts, high-energy bars, hard candy, bottled water

If trapped in a car during a blizzard

Stay in the car. Do not leave the car to search for assistance unless help is visible within 100 yards. You may become disoriented and lost in blowing and drifting snow.

Display a trouble sign. Hang a brightly colored cloth on the radio antenna and raise the hood.

Occasionally run engine to keep warm. Turn on the car's engine for about 10 minutes each hour. Run the heater when the car is running. Also, turn on the car's dome light when the car is running.

Beware of carbon monoxide poisoning. Keep the exhaust pipe clear of snow, and open a downwind window slightly for ventilation.

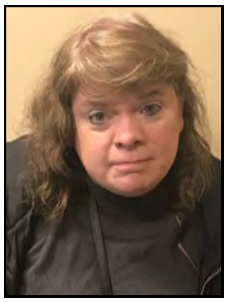
Watch for signs of frostbite and hypothermia. Do minor exercises to keep up circulation. Clap hands and move arms and legs occasionally. Try not to stay in one position for too long. If more than one person is in the car, take turns sleeping. For warmth, huddle together. Use newspapers, maps, and even the removable car mats for added insulation.

Avoid overexertion. Cold weather puts an added strain on the heart. Unaccustomed exercise such as shoveling snow or pushing a car can bring on a heart attack or make other medical conditions worse. Be aware of symptoms of dehydration.

Welcome New Volunteers

Help us welcome these new volunteers who finished their training this month. Please introduce yourself to these volunteers as they begin their service with CHC.

John Bolstetter
Mishawaka



Julie Driggers
Elkhart

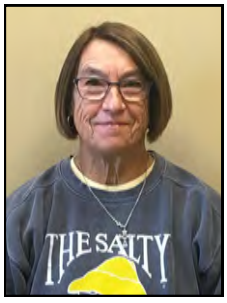
David Foster
Mishawaka

Susan Guljas
Mishawaka

Richard Kerby
Mishawaka

Ronda Losee
Elkhart

Amanda Parkinson
Mishawaka



Chris Pucalik
Elkhart

Richard Puterbaugh
Mishawaka

Thank you…

for your willingness to make a difference!

Comments from our Families

- The hospice team was amazing. Their care, commitment and kindness were awesome! Dad appreciated them all so much including the emergency "PM nurses" when he had his anxiety/breathing challenges. Thank you all so much for making dad's final days as comfortable as possible.

- Our parish priest visited, but I believe we spoke to the chaplain a couple times and he was very kind and caring. God bless all of the members of your organization. There is no doubt that the emotional and spiritual help is so important and all of your nurses were very kind and caring and that's so important in these situations. Thank you so much.

- CHC's Esther's House in Elkhart has a tremendous staff. They allowed me to spend all the time I needed with my husband before he passed. It is a wonderful, comforting place to spend your last hours. Thank you.

Continued from page 1

"The next thing I know, I've got Christmas wreaths coming in from Italy and Spain and Peru and Switzerland," Cheek told CNN, adding that families of all faiths have shown them support by decorating.

The Christmas spirit also made it to actress Kristen Bell (she portrayed Princess Anna in "Frozen," one of Ally's favorite musical movies) who lit up her tree with a heart for Ally.

"I am thinking of you, and hoping that you are cozy and happy and in your parents' arms," Bell said in a video message to the 7-year-old girl. Ally's mom said she recognized Bell's voice from the songs in the film.

One neighbor lent the Cheek family their golf cart, so they can ride around her street to see all the lights even as her condition weakens.

"For some reason, music and lights are two things that she continues to be able to enjoy. We have been able to wrap Ally up in like a billion blankets, and get (her brother) in the back and just ride around and listen to Christmas music while Ally gets to see the lights," said Cheek.

Because of her rare genetic condition, Ally and her sister were never able to walk or speak. Despite suffering from the seizures and food digestion issues that come with Ally's terminal variant of HECW2, her mom said she is able to interact through waves and hugs, and she can speak with her eyes.

Ally also has a gift for spreading joy with her singing -- and seeing the early Christmas cheer has prompted her to sing loud for all to hear.

"It's not the most in tune singing ever, so you can hear it probably from your house," Cheek said. "I think it's such a sweet gift for the people who have chosen to put up their lights, because you know when Ally is coming by."

Grief at the holidays

Cheek has written two books about her family's story, grief, and the loss of a child. She said being able to help others deal with grief has given her a mission in hard times and given her a way to honor her daughters lives.

"I mean, I laugh and cry within a two-minute span," Cheek said. "I've learned to be able to mourn and rejoice ... You have to be able to embrace both in this life."

November is hospice care month, and the National Hospice and Palliative Care Organization (NHPCO) has a wealth of online resources for the families of those in hospice care who are dealing with grief and loss, especially surrounding the holiday season.

"Holidays are those times of the year that often bring thoughts of families being together and joy and celebration, but when someone has lost a loved one, the feelings of loss can sometimes be emphasized when the holidays come around, even if the loss goes back a while," said NHPCO spokesman Jon Radulovic.

"One of the best things you can do if you have a friend who might be suffering the loss of a loved one is to be willing to lend an ear and listen to them," he added. "Sometimes people think that if I don't mention it, they won't feel bad, but generally it's OK to touch base and be honest and direct with loved ones."

Pandemic casts a larger shadow of grief'

This year, hospice care workers and end-of-life facilities are facing even more difficulties due to the coronavirus pandemic.

"COVID does complicate everything a little bit this year because there's a larger shadow of grief that has been cast globally, which I think people are just starting to come to terms with," Radulovic said.

The NHPCO said in a 2020 report that 1.5 million Americans who are on Medicare were enrolled in hospice care for one day or more in 2018, according to the most recent data available.

The organization notes that reliable statistics for children who receive palliative care and hospice care are hard to determine based on current data. The NHPCO estimates that hospice patients under 35 years old made up only 0.8% of those served in 2013 -- the most recent year for which data is available.

Cheek said being the parents of children with special needs or children in hospice care makes life both more complicated and more simple.

"It's more complicated because obviously there's added appointments and medications and routines and fears and all those things, but it's less complicated because you start to find joy in the things that really matter," Cheek said.

She added that the gift of the early Christmas lights for Ally has been incredibly joyful for both the givers and the receivers.

"Our neighbors will tell you it's been a gift for them too," Cheek said. "Really at the end of the day, Christmas is about God being with us and in our hearts, and these are the things that we really appreciate the most."

https://www.cnn.com/2020/11/22/us/neighborhood-christmas-lights-hospice-patient-trnd/index.html

January 2021
Volunteer Newsletter

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

100 Things to do in 2021!

Happy New Year! If we weren't already good at curbing our boredom, 2020 definitely exercised those skills. While many of us slowed down, stayed home and quarantined, learning to entertain ourselves again became a necessity. As we look forward to a new year with new hope and possibilities, it is quite likely we will still need to utilize these self-entertaining skills for a bit longer. This isn't a bad thing. Learning this balance to life can create more peace and joy. However, if you're running out of ideas, we've decided to help by giving you this list!
https://www.usatoday.com/story/life/health-wellness/2020/03/16/coronavirus-quarantine-100-things-do-while-trapped-inside/5054632002/

1. Complete a puzzle: The more pieces the better! Feeling extra saucy? Take on a Rubik's Cube. More of a word person? Crossword puzzle!

2. Start a journal or blog. Sure, it can be about the coronavirus, but it could also be about a specific interest from chess to cheese.

3. If it won't bother your neighbors: Dust off that old instrument and practice.

4. Text all your exes just in case you have one more thing you wanted to get off your chest.

5. Write poetry. Perhaps you can craft a haiku for Mother's Day, or something without a specific structure. Just try it!

6. Watch all the really long movies you've avoided until now.

7. Download Duolingo, or a similar app, and teach yourself a foreign language.

8. Finally read *Infinite Jest*, *Les Miserables* or even *The Stand*. Go all in and read *Ulysses*. You got this.

9. Meditate. Try lying down with your eyes closed, palms up and while focusing on your breath. Or spend 20 minutes sitting crosslegged and repeat a soothing word to yourself in your head. (The latter is more like transcendental meditation.)

10. Face masks, moisturizer, oh my! Treat yourself to a 10-step skin care routine you don't have time for during a normal work week.

11. Look at pictures of puppies.

12. Put together the most attractive charcuterie board possible, but you can only use foods you already have in your fridge and cupboard.

Continued on page 2

Inside this issue:

Welcome to the Team

Olivia Clem
Social Worker

Amber Doland
Clinical Staff Educator

Candace Funkhouser
Raclin House CNA

Amanda Metzger
Admission RN

Dr. Matt Misner
Hospice Physician

Lori Perrin
Admission RN

Jennifer Spencer
Raclin House CNA

Amanda Szura
Social Worker

Birthdays

1/5
Lisa Melin

1/5
Norm Woolet

1/6
Doug Jaques

1/7
Lynn Blessing

1/8
Kathy Walsh

1/11
Darlene Nolen

1/15
Tom Wruble

1/17
Pam Weinland

1/21
Dave Ricchiute

1/22
Linda McFarland

1/23
Jonathan Couri

1/24
Frieda Cultice

1/27
Chrystal Snow-Schmatz

1/29
Sharon Jennings

1/29
Barb Reasor

1/30
Tyler McGehee

1/31
Bill Blum

100 Things to do in 2021

13. Take note from *Tangled* star Rapunzel, who has an entire song about how she's spent her days alone in a castle. Activities included in her ditty: Ventriloquy, candle-making, papier-mâché and adding a new painting to her gallery.

14. Write actual letters to family and friends. After that? Write thank-you notes to service people who you remember went out of their way for you.

15. Learn calligraphy. YouTube can help.

16. Finally read the rules to those long and intense board games you've never played with the family. Encourage the family to play.

17. Put on a soap opera. Mute the sound. Create your own dialogue.

18. Have a space in your home where all of the Tupperware goes? Organize it and actually match lids to containers.

19. Try on all your clothes and determine whether they "spark joy" á la Marie Kondo.

20. Better yet, go through this process with your junk drawer and supply shelves.

21. Have a roommate meeting about how to be more considerate of one other, especially while you will likely be spending more time together. Bring baked goods.

22. Bake those goods.

23. Watch the films that won Oscars for best picture.

24. Watch films that won Independent Spirit Awards for best picture.

25. Watch films that critics say *should* have won those aforementioned awards.

26. Read all the New Yorker issues piled on your desk.

27. Will Tom Hanks into recovery from coronavirus by watching every Tom Hanks movie chronologically.

28. Knit or crochet.

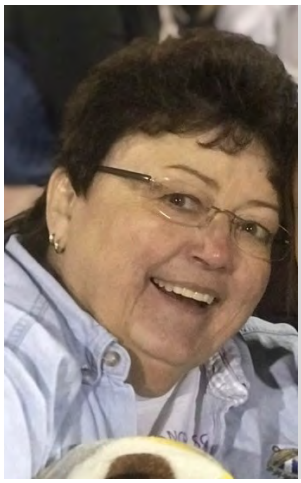
29. Use Skype, FaceTime, Google Hangouts or Marco Polo to video chat with your long-distance friends.

30. Try out at-home aerobics or yoga videos. Consider downloading a fitness app with curated workout playlists.

Continued on page 5

Volunteer Spotlight

Sandy Houghton, Plymouth



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

I primarily volunteer in the bereavement department out of the Plymouth office . I have been doing this for approximately two and a half years. I do the follow up support calls to family members that have lost loved ones. I also assist with reminder calls for all of our monthly bereavement groups, such as Ladies Good Grief Tea, Resilience Group, Men's Breakfast, Rebuilding Group and the Living with Loss Groups. I attend and assist Ramona Lichtenbarger whenever possible.

Why did you decide to volunteer with CHC?

Before my early retirement to care for my husband, my 35-year career was in the medical field. I was very familiar with several hospice providers, including Center for Hospice Care. I always felt that Center for Hospice Care gave the most compassionate, ethical and professional care of any hospice provider that I had worked with or referred to. I guess you could say I am partial.

Tell us a little bit about your family.

As far as family goes, mine is a little complicated. I am not a stranger to grief! Unfortunately, my mother died at age 36. A few years later, my father was killed in a vehicular accident at the age of 40. I am the oldest of 5 children, and as a result of my parents early deaths, I raised my four siblings, two brothers and two sisters. I also have two daughters and three grandchildren!

Where are you originally from?

I was born and raised in Marshall County.

What do you like doing in your spare time?

I really enjoy scrapbooking. I started out with compiling five ancestry albums and wanted to preserve family photos dating back from the 1890's up to the 1950's.

My one daughter and both granddaughters have taken up this hobby as well. Together we all enjoy sharing and documenting our family's history, special events and every day events.

"Sandy has been a volunteer with CHC for a few years now. She knows her community well and has been an active part of the Plymouth area. We are so fortunate to have her on our volunteer team."

Kristiana Donahue, Volunteer Recruitment and Training Coordinator

Social Media

Social media are Internet based tools used for sharing and discussing information.

Online social networking is the act of using Internet based tools to share and discuss information.

Common social media websites:

Blogs

Facebook

LinkedIn

Twitter

YouTube

Volunteers & Social Media

The purpose of this policy is to define appropriate usage of online social networking tools for CHC employees and volunteers authorized to post on behalf of CHC.

Volunteers who use online social networking tools (e.g., Facebook, Twitter, LinkedIn, blogs, podcasts) personally or professionally must not share confidential information on social networking websites and must comply with all CHC privacy policies.

CHC will use social media as a means to communicate relevant information to the public and will have authorized personnel managing CHC's social media accounts.

Procedure for Volunteers:

- Volunteer Internet postings should not disclose any information that is confidential or proprietary such as financial information, volume information such as the daily census, etc.
- Volunteers must maintain patient privacy on social networking websites and adhere to all CHC HIPAA policies.
- Volunteers are not permitted to use online social networking websites on work time unless they are authorized to do so.
- Volunteers should write in first person and make it clear that they are speaking for themselves and not on behalf of CHC.
- When volunteers comment on anything related to CHC, they should clearly identify themselves and their roles.
- Volunteers with a blog should include a disclaimer stating that the views are their own and not those of CHC. Volunteers may use this example: "The views expressed on this [blog; website] are my own and do not reflect the views of my employer."
- When volunteers find a comment they make on a social networking website pertaining to CHC to be incorrect, they should acknowledge and correct it in a timely fashion.
- Volunteers are advised to use common sense (e.g., be respectful, use appropriate language, etc.) with online social networking. Volunteers should be aware that the public can view their social networking websites and it is important to adhere to all of CHC privacy policies when posting on these websites.
- Any violators of this policy will be subject to disciplinary action according to CHC policy.

100 Things to do in 2021

31. Look at yourself in the mirror. Attempt a self portrait with pencil and paper.

32. Take a bubble bath (bonus: Add a glass of wine).

33. Make a classic cocktail, from negronis to Manhattans and aperol spritzes. Don't forget the garnish.

34. Coloring books: They're not just for kids.

35. Take time to reflect: What have you accomplished in the last year? What goals are you setting for yourself in the next year?

36. Write a short story or get started on that novel.

37. Actually try to reproduce something you see on Pinterest. Probably fail. Try again.

38. Clear out the family room and camp indoors with all blankets, popcorn and scary movies.

39. Finally get around to fixing that broken door knob and loose tile or cleaning scuffed up walls.

40. Acquire a foam roller and treat yourself to some physical therapy.

41. Pretend you're 13 years old and fold a square piece of paper into a fortune teller you put your thumbs and pointer fingers into. Proceed to tell fortunes.

42. Learn how to braid (fishtail, French, etc.) via YouTube tutorial.

43. Throw out all your too-old makeup and products. (Tip: most liquid products have a small symbol on them noting expirations, usually six months to a year. This includes sunscreen!)

44. Interview your grandparents (over the phone, of course) and save the audio. Can you create an audio story or book with that file?

45. Go through your camera roll, pick your favorite pics from the past year and make a photo book or order framed versions online.

46. Go on a health kick and learn how to cook new recipes with ingredients you may not be using already, from miso to tahini.

47. Create a Google document of shows or movies you're watching and share it among family and friends.

48. Make a list of things for which you are grateful.

49. Have your own wine tasting of whatever bottles you have at home. Make up stories about the journey of the grapes to your mouth.

50. Work on your financial planning, such as exploring whether to refinance your loan or ways to save more money.

51. Perfect grandma's Bolognese recipe.

52. Make coffee, but this time study how many beans you use, which types, how hot the water is, how long it brews and whether any of that makes a difference.

53. Buy gift cards from your favorite local businesses to help keep them in business while we quarantine.

54. Watch *Frozen 2*, which went up early on Disney Plus. Another new movie on the streaming service: *Stargirl*.

55. Write a book with your family. Pick a character and each member writes a chapter about their adventures. Read aloud to each other.

56. No March Madness? Have a Scrabble tournament. Or Bananagrams. Pictionary, anyone?

57. Get into baking with *The Great British Baking Show*, but your technical challenge is baking something with the ingredients you have on hand (that you didn't already use in the charcuterie board).

58. Indoor scavenger hunt.

Continued on page 6

Comments from our Families

- My husband received exceptional care. The hospice nurse was extraordinary. I will remember her forever—caring, highly competent, couldn't have been better. After hours emergency services rescued us twice—what a great service. Supplies, equipment and meds arrived seamlessly.

- Wonderful people helped us. Our nurse, our bath aide, the social worker were very helpful before and after mom died. Chaplain set up a priest visit for last rites for mom. So kind of him, too.

- The hospice team was amazing. Their care, commitment and kindness were awesome! Dad appreciated them all so much including the emergency "PM nurses" when he had his anxiety/breathing challenges. Thank you all so much for making dad's final days as comfortable as possible.

Continued from page 5

59. Alternate reading the *Harry Potter* series with your kids and cap each one off with the movie.

60. Dye your hair a new color. No one else needs to see it if you don't like it.

61. Read Robert Jordan's 14-book *Wheel of Time* series before it streams on Amazon starring Rosamund Pike.

62. Write a play starring your loved ones. Perform it via a video call app.

63. Go viral in the good way by making a quarantine-themed TikTok.

64. Rearrange your sock drawer. Really.

65. Stop procrastinating and do your income taxes.

66. Make lists of all the museums, sporting events and concerts you want to visit when they finally reopen.

67. Get into comics with digital subscriptions on your tablet, like Marvel Unlimited.

68. Rearrange your furniture to make it seem like your home is a totally different space.

69. Practice shuffling playing cards like a Poker dealer. Be ready for employment opportunities once all casinos open back up.

70. Organize your spice rack alphabetically or get crazy and do it by cuisine.

71. Teach your dog to shake. Hand sanitizer optional.

72. Memorize the periodic table. You never know when that will come in handy.

73. Order and put together some IKEA furniture. Time yourself.

74. Get a free trial of a streaming service and binge-watch as much as you can before it expires.

75. Apply for a new job. You have remote work experience now.

76. Learn a new style of dance via YouTube, from bellydancing to breaking.

77. Update or write your will and organize your affairs. Yes, it sounds melodramatic and morbid but let's face it: This is a task many of us avoid because we never have the time. Now we do.

78.The parades have been canceled but you can still make corned beef and cabbage for St. Patrick's Day.

79. Bring out the Legos. Build your house inside of your house.

80. Watch the *Star Wars* movies in this and only this order: Rogue One-IV-V-II-III-Solo-VI-VII-VIII-IX.

81. Two words: Coronavirus beard! Grow it, moisturize it, comb it, love it.

82. Learn the words to *Tung Twista*. Get them so ingrained in your brain that you can rap them as fast as Twista can. Impress everyone.

83. Been meaning to get some new glasses? Try on new frames virtually on sites like GlassesUSA.com.

84. Attempt things with your non-dominant hand, from writing to brushing your teeth. Prepare to be frustrated.

85. How many words per minute can you type? See if you can get speedier by taking a typing course.

86. Prepare to verbally duel a bully who wants to discuss the evolution of the market economy in the Southern colonies, by memorizing Matt Damon's *Good Will Hunting* speech.

87. Learn origami. Make cranes for your loved ones.

88. Stretch. Work on your flexibility. It's possible to get the splits back, right?

89. Try to speak in pig Latin. Or, "ig-pay, atin-Lay."

90. Talk to your plants. How are they doing? Make sure they are getting the amount of sunlight they should be. Check their soil. Water if necessary.

91. Deep condition your hair and put paraffin wax on your hands. Enjoy your soft hair and nails.

92. Consider donating money to food banks to help families struggling to get meals.

93. Write a song. If you want to make it about your time inside and put it to the tune of *My Sharona* and replace "Sharona" with "Corona," do what you have to do.

94. Study the art of beatboxing.

95. Try moving in super-slow motion. It's OK to laugh at regular speed.

96. You know how there are dozens of ways to wear a scarf, but you only wear it the one way? Learn the other ways.

97. Learn Old English words. Pepper them into your conversation. Wherefore not?

98. Try on a new shade of lipstick. See how long it takes your partner to notice it.

99. Take deep breaths, in through your nose and out through your mouth.

100. Sleep. Get lots of it.

February 2021
Volunteer Newsletter

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

Purim: Friday, February 26, 2021

Center for Hospice Care is accredited with the National Institute for Jewish Hospice. This makes us the first hospice in Indiana with this accreditation. How wonderful for our patients and families!

An important part of the process is educating our CHC community on Jewish holidays and customs so that we might provide the best end of life care that is patient/family focused.

Jewish Holidays

Judaism is an old and wise religion, and is superbly sensitive to the needs of the dying as it is to the living. Holiday traditions can be a source of great comfort and solace to a dying person, evoking childhood memories and conveying a sense of continuity in a time filled with fear of the unknown. The observance of holiday traditions often yields unexpected benefits as one begins to feel closer to the Almighty, and indeed closer to one's people. Many Jewish holidays have special foods associated with them as well. A smell or a small taste may awaken pleasant associations for the patient.

The Bible/Torah declares, "And he shall live by them," meaning that Jews live by the commandments G-d has commanded them to perform. Holiday observances enable people to live meaningful, G-d-oriented lives. But no life should be compromised, no limb endangered, and no terminally ill patient even made uncomfortable in order to fulfill these observances. In other words, no celebration should be carried out contrary to a physician's advice. Religious practice should be performed to further an individual's needs, not to fulfill a religious obligation, and they should conform to the patient's physical and psychological well-being, remaining within his or her interest and attention span.

There is a wide variety of Jewish practices. This ranges from those that are very traditional and strictly follow all religious observances, to those who have mostly cultural connections and follow few religious observances, and includes a wide variety in between. We are presenting the traditional observances to give you the most information, which then need to be tailored to each individual family's Jewish lifestyle.

Purim: Minor Holiday

Purim is on Friday, February 26, 2021. The Fast of Esther is on Thursday, February 25, 2021.

Purim, a frolicking holiday, also known as the Feast of Lots, commemorates the salvation of the Jewish people from an attempted genocide in the times of the Persian Empire. King Xerxes (Achashverosh) allowed his Prime Minister, the evil Haman, to do to the Jews as he wished. His wish was genocide. Planned months in advance,

Continued on page 6

Inside this issue:

Welcome to the Team

Jessica DeMont
HIM Support Specialist

Casey Finch
Social Worker

Corrine Robinson
Raclin Housekeeper

Janet Ultreras
Triage Nurse

Birthdays

2/6
Pat Langfeldt
2/10
Earl Metzler
2/11
Ronda Losee
2/13
Janet Gruwell
2/13
Carl Mayfield
2/13
Joyce Metzler-Smith
2/15
Marlane Huber
2/15
Ann Hughes
2/15
Heidi Payton
2/19
Rick Kerby
2/20
Bob Evans
2/20
Anila Mondabaugh
2/21
Kathleen Bowlby
2/21
Mary Jane Lawson
2/23
Larry Brucker
2/23
Martha Lewellen
2/24
Liz Kreskai

Fun February Facts

1. February is Hot Breakfast Month and National Pet Dental Health Month in the United States.
2. This month is named after the purification ritual Februa, which was a sort of early Roman spring cleaning festival.
3. Valentine's Day was first celebrated around the year 500.
4. February is Return Shopping Carts to the Supermarket Month!
5. The chance of being born on Feb. 29 (this date only occurs on a Leap Year) is 1 in 1,461.
6. In the 1500s, February was known as "Feverell."
7. February has been Black History month for over 40 years.
8. February is the only month that can go by without a full moon. The last time there was no full moon in the month was 1999, and the next time will be in 2037!

Volunteer Spotlight

Phyllis Hong, Mishawaka

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

Currently I am a bereavement caller. I call bereavement clients each month of the year following the death of their loved one. I have volunteered in other areas of hospice such as the inpatient care unit and patient homes, for about 18 years.

Why did you decide to volunteer with CHC?

The year before I retired I wanted to make a plan for what I would like to do in retirement. I had heard so much about Center for Hospice Care, I looked into volunteering. I wanted to do something to give back to the community.

What is your favorite quote?

What you put into the hearts of others comes back into your own.

What is your favorite movie?

My favorite movie is *Forrest Gump*.

Tell us a bit about your family.

I have a younger brother. We are the last living in our family. I was born in St. Joseph Hospital and retired from there 66 years later. I have 2 daughters. Both work in the health care field. My oldest daughter is an admission nurse for Heartland Hospice in Ft. Wayne. My youngest daughter is an MA Nurse Assistant for Beacon Medical. I have a grandchild my daughter adopted when he was 10 months old and is now 23. He has multiple handicaps but is dearly loved. I also have 3 grown granddaughters and 2 great-grandchildren, ages 7 months and 7 years old.

Favorite book and why.

I do like to read non-fiction books or biographies about people. The most important book I own is my Bible. Every day I pray and or read some scriptures that sets the tone for the day.

What talent or hobbies do you enjoy?

I have no real talents. I do love people and have always been ready to give a helping hand or lend an ear. I have a heart for the less fortunate and give as I am able for the cause.

"Phyllis makes volunteering look easy! She's a dedicated bereavement caller who supports dozens of bereaved clients each year. You might also find her in patient homes giving caregivers much needed respite time or lonely patients companionship. Phyllis is a joy to work with."

Debra Mayfield, Mishawaka Volunteer Coordinator

Mark Your Calendar

Mishawaka Annual Skills Validation Day

Tuesday, March 23, 2021

Appointments made between 9:00am-3:00pm

Mishawaka Campus

501 Comfort Place

To schedule your appointment, contact Kristiana Donahue at donahuek@cfhcare.org or call at 574-286-1198.

Volunteer Updates

Hands On Care Reinstated

We are very pleased to announce that we have been given the "green light" to go back to utilizing our volunteers for hands on care. During COVID-19 we had to scale back our volunteer roles to keep our entire CHC community safe (staff, families, patients and volunteers). Our commitment to continue safe practices (i.e. utilizing standard precautions, wearing masks, etc.) doesn't change; however, for volunteers who want to return to roles that may include hands on care (i.e. inpatient care unit and home visits) may do so as of April 1, 2021.

Please be in communication with your volunteer coordinator. We need to identify which volunteers want to return to this role.

Level III Training

We will be resuming Level III training (volunteer training on personal care skills) for new volunteers. There are some volunteers who may have completed training in 2020 and weren't offered Level III due to our pause in providing hands on care. If you are a volunteer who wants to complete Level III training and have never done so, please contact Kristiana Donahue, Volunteer Recruitment and Training Coordinator.

Annual Skills Validation 2021

For volunteers who have trained to do hands on care (Level III), annual skills validation is required. 2020 didn't allow us to finish skills validation for many/most of our volunteers. We plan to get back on track this year and have scheduled dates for the year.

We plan to have 4 options available for volunteers to schedule their annual skills validation. We plan to do 2 in Mishawaka, and 1 each in Plymouth and Elkhart. Keep your eyes open for those dates.

We welcome Amber Doland who is our new Clinical Staff Educator. Amber comes to us with a lot of experience training CNAs and nurses. She will be doing the skills validations for us.

For those who need to complete an annual skills validation, Kristiana Donahue will send an email with details. Skills validation will run the same way we did it pre-COVID.

- You will schedule a time slot by contacting Kristiana Donahue.
- Kristiana will send an email with links to videos that will help refresh you on the skills that you will be validated on.
- Show up to skills validation at your scheduled time and complete skills validation with Amber Doland.

Our first scheduled Annual Skills Validation Day is on March 23, 2021 from 9:00am to 3:00pm.

If you have any questions regarding scheduling your appointment, please contact Kristiana Donahue at donahuek@cfhcare.org

Decreased Appetite

One of the most misunderstood and difficult things for families to deal with is a patient's lack of appetite or in many cases, no appetite. We've chosen to address this change at length, because it is so stressful for families.

As changes begin to take place within the patient's body, the hunger and need for food lessens greatly. Nothing tastes good, cravings come and go, liquids are frequently preferred to solids. This does not mean that eating should not be encouraged, but the patient's limitations and choices should be respected. The following suggestions may be helpful:

- Honor the patient's request for certain types of food and do not be discouraged if they only eat a small portion.
- Serve food in small portions on small plates so as not to overwhelm the patient.
- Frequent small meals and snacks may be tolerated better than the traditional "three meals a day."
- Concentrate on food or liquids higher in calories if less is being eaten.
- Monitor the patient's eating routine to determine if there is a particular time of day when eating is best.
- Serve food in a comfortable and relaxing atmosphere.

As an illness and weakness progress, eating usually decreases. The body begins to shut down the functions of eating and digestion to conserve energy. This is not an uncomfortable process. Forcing a patient to eat may cause physical discomfort and distress. This may be evident through signs of the patient coughing, choking, nausea, or vomiting. Notify the hospice nurse to discuss these concerns and for further instructions.

It will also become evident in the last stages of a patient's illness that the need for fluids also decreases. We continue to stress that this is part of the natural process of dying. As fluids lessen, there may actually be relief from some uncomfortable physical symptoms. There will be:

- Less fluid in the throat and lungs to reduce coughing and congestion
- Decreased stomach fluids that may reduce episodes of vomiting
- Less need for urination
- Swelling may decrease, lessening feelings of pressure and tightness

When fluids are reduced, the concentration of natural chemical elements in the body changes. This can reduce sensation in the central nervous system, and the patient may feel less distress.

A patient's comfort and dignity will always be our priority. We will consult and work with the physician and family to meet the patient's needs. Staff is always available to talk with the family about their feelings, especially regarding difficult issues.

Comments from our Families

- My first contact with hospice for my husband was at Memorial. This was difficult but they were so caring. All of the personnel who answered the phone or those that came to our home were caring, compassionate, super people. My family cannot say enough good things about this hospice. This is my second experience with the same hospice. They cared for my mother also and we had the same kind and caring experience.

- My husband took a drastic turn for the worse. He was only in Hospice care five days. The oncologist and nurse were shocked he died so quickly. We were very satisfied with Hospice for the brief time they helped us.

- We were more than happy with hospice and don't know how we could have managed without it. Our nurse was wonderful. Thank you for all you do.

Continued from page 1

letters were sent to officials in all 127 countries of the empire, to ready themselves to strike at all the Jews—men, women and children. It was to be a surprise attack on the same day across the entire empire. Since the murderers would be able to loot and keep the spoils, there would be no shortage of evil volunteers.

The "Megillah," the biblical Book of Esther, describes how Queen Esther, who was secretly Jewish, together with her uncle Mordechai, the leader of the Jews, wrested victory from Haman. After a series of events, including Mordechai saving the King's life from an assassination attempt, Queen Esther takes her life in her hands and approaches the King. After two private parties of just Queen Esther, the King and Haman, Queen Esther dramatically reveals that Haman is plotting genocide against her people.

The King hangs Haman, appoints Mordechai as the Prime Minister and gives permission to the Jews to defend themselves. The Jews immediately destroy their enemies and send Haman's sons to the gallows, precisely reversing the intentions of Haman to hang Mordechai and kill the Jews.

The holiday of Purim was then instituted to celebrate their salvation, and the lesson learned; that G-d, even behind-the-scenes and without miracles, will always save the Jewish people.

The Fast of Esther, held before the Purim holiday, commemorates the prayers, supplications and fasts that the Jews of that time did to be delivered from their enemies. The fast starts from the morning of the day and goes until nightfall.

Observances

- The Megillah, the Book of Esther handwritten on a scroll, is publicly read in a synagogue on the night of Purim (Thursday night, February 25) and again in the morning (Friday, February 26). When Haman's name is mentioned, people spin "graggers"-noisemakers, to drown out the memory of this wicked person.

- During the day of Purim, a festive meal is held to celebrate the holiday. It traditionally includes wine. Many communities have a community parade and party, complete with food, music, costumes, plays, dancing and all sorts of fun.
- During the day of Purim, a package of food is sent to one's friends symbolizing the unity of the Jewish people. It often includes "Hamantashen," triangular pastries (some say that was the shape of Haman's hat) filled with poppy seeds, prunes, or other sweets.
- During the day of Purim, charity is given to poor people to enable them to joyously celebrate the holiday.
- Children often dress up in costumes to add fun and revelry to the day.

Hospice Concerns & Issues

- There are many communities where volunteers are available to come to people's homes and give a private reading of the Megillah. A local rabbi or synagogue can often help provide this service.
- Of course, any food at the festive meal would have to be appropriate to the patient, but even joining such a meal can provide satisfaction and joy.
- Sending Mishloach Manot (the food package) might be beyond the patient's ability, but receiving them (often gaily decorated) would surely bring a smile, and renew the feeling of belonging.
- Charity, thinking of others, is something that could be beneficial and brings self-worth and power to the patient.
- Having children come in their costumes would add positive energy and a festive spirit to the patient.
- Fasting on the Fast of Esther is not permitted for one who is even minimally sick.

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.

Center for Hospice Care

Conflict of Interest Policy

Article 1

Purpose

The purpose of the conflict of interest policy is to protect the Center for Hospice Care's (CHC) interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of CHC or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state or federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Article II

Definitions

1. Interested Person – Any director, principal, officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.

2. Financial Interest – A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:
   a. An ownership or investment interest in any entity with which CHC has a transaction or arrangement,
   b. A compensation arrangement with CHC or with any entity or individual with which CHC has a transaction or arrangement, or
   c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which CHC is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest in not necessarily a conflict of interest. Under Article III, Section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

Article III

Procedures

1. Duty to Disclose – In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction and arrangement.

2. Determining Whether a Conflict of Interest Exists – After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

3. Procedures for Addressing the Conflict of Interest –
    a. An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
    b. The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
    c. After exercising due diligence, the governing board or committee shall determine whether CHC can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
    d. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in CHC's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

4. Violations of the Conflicts of Interest Policy
    a. If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
    b. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Article IV
Records of Proceedings

1. Records of Proceedings – The minutes of the governing board and all committees with board delegated powers shall contain:
    a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
    b. The names of the persons who were present for discussions and votes relating to the transaction or arrangements, the content of the discussion, including any alternatives to proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Article V
Compensation

1. A voting member of the governing board who receives compensation, directly or indirectly, from CHC for services is precluded from voting on matters pertaining to the member's compensation.

2. A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from CHC for services is precluded from voting on matters pertaining to that member's compensation.
3. No voting member of the governing board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from CHC, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

Article VI

Annual Statements

1. Annual Statements – Each director, principal officer and member of a committee with governing board delegated powers shall annually sign a statement which affirms such person:
   a. Has received a copy of the conflicts of interest policy,
   b. Has read and understands the policy,
   c. Has agreed to comply with the policy, and
   d. Understands CHC is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempted purposes.

Article VII

Periodic Reviews

1. Periodic Reviews – To ensure CHC operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:
   a. Whether compensation arrangements and benefits are reasonable, based on competent survey information and the result of arm's length bargaining.
   b. Whether partnerships, joint ventures, and arrangements with management organizations conform to CHC's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

Article VIII

Use of Outside Experts

1. Use of Outside Experts – When conducting the periodic reviews as provided for in Article VII, CHC may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews are conducted.

_____ _____

Signature **Date**

_____

Print Name

2010

Center for Hospice Care

Goals for Calendar Year 2020

Updated 02/10/21

Goal A: Enhance Patient Care

Category	Status	Goal
Administration	Not Met	1. Review all commercial insurance plans for current rates, assignability, and discounts.
	Not Met	2. Review all job descriptions to insure they are accurate for current practices, particularly as the organization has grown and added new entities with overlapping staff.
	Met	3. Branding and marketing home health as Palliative Care.
	In Process	4. 24/7 QA monitoring and correction of errors.
	Met	5. Successful move from South Bend IPU and opening of Raclin House.
	In Process	6. Significantly more frequent PR on everything we do.
	Met	7. Begin the expansion of Milton Adult Day Services at the Sunnybrook property.
Admissions	In Process	1. Ensure 100% of admission nurses complete Pediatric ELNEC.
	Met	2. Have 75% of Admission RNs complete or are working to complete CHPN.
	Met	3. Create and implement an expedited process for admitting GIP patients from hospitals to our Inpatient Units.
	Met	4. Increase conversion rate to 72%.
	Not Doing	5. Increase census in long-term care facilities by 8%.
Volunteers	Met	1. Launch Pet Peace of Mind.
	In Process	2. Recruitment, training, and placement of La Porte area volunteers.
	Met	3. Create targeted orientation classes for online module: veterans, hairdressers, pet visitor, etc.
	Met	4. Develop a minimum of one training option for current volunteers for online module.
	In Process	5. Recruitment of volunteers in rural areas.
	Not Doing	6. Explore group project ideas for outside volunteers.
Nursing	Met	1. Maintain or increase all CAHPS scores to 90% or above.
	Met	2. Collaborate with the Alzheimer's Association to offer a Dementia certification program to the RNs, LPNs, and CNAs.
	Met	3. Establish criteria for staff to attend educational programs through criteria-based selection process in addition to NHPCO webinars.

Goals for Calendar Year 2020

Updated 02/10/21

Category	Status	Goal
	Met	4. Develop an ongoing program for the IPU to maintain current competencies and skill sets.
	Met	5. Identify strategies and tools to improve and streamline the IDT process throughout the agency.
Bereavement	Met	1. Investigate ways to improve emotional support after death for primary caregivers and collaborate with social work and chaplaincy to address CAHPS survey results in that area.
	Met	2. Review bereavement patient care policies to confirm, and update where appropriate, that the policies reflect the current procedures for addressing bereavement needs while the patient is alive and post death.
	Met	3. Continue to improve bereavement counseling support for Veterans by having current bereavement counselors complete Tier Three Star Behavioral Health Providers Training and have any newly hired bereavement counselors complete Tier One and Tier Two as trainings are available.
Social Work	Met	1. Investigate ways to improve emotional support after death for primary caregivers and collaborate with bereavement and chaplaincy to address CAHPS survey results in that area.
	Met	2. Work with bereavement on the review of bereavement patient care policies to confirm, and update where appropriate, that the policies reflect the current procedures for addressing bereavement needs while the patient is alive.
	Met	3. Review current social work care plans in Cerner and update where appropriate.
	Not Doing	4. Have social workers attend the first level of Star Behavioral Training in relationship to working with veterans and mental health as trainings are available.
Chaplains	In Process	1. Investigate ways to improve emotional support after death for primary caregivers and collaborate with social work and bereavement to address CAHPS survey results in that area.
	In Process	2. Explore ways to increase local faith communities' awareness and utilization of CHC resources.
	Not Doing	3. Review, update, and educate on the spiritual screening section of the CHC Hospice Admission Outline and CHC Comprehensive Admission Outline.
	Met	4. Use Spiritual Care Week (last full week in October 2020) as a time to educate staff on spirituality and spiritual care in fun, interactive, and thought-provoking ways.
Medical Staff	Not Met	1. Establish a professional relationship with Dr. John Mulder's Hospice and Palliative Care Fellowship Program in Grand Rapids, Michigan to begin Fellow training rotation at CHC.
	In Process	2. Facilitate relationships with local hospital physicians and inpatient care teams to increase referrals to our IPUs.
	Met	3. Restructure face-to-face visits to improve physician productivity.
	Met	4. Assist in recruitment of an H&PM physician to be responsible for developing the Center for Palliative Care.

Category	Status	Goal
	Met	5. Minimize the backlog of COTIs.
	In Process	6. Work with the IU Palliative Care Chair, Dr. Olubumni Okanlami, to improve regional Palliative Care.
	Met	7. Enhance documentation on IPU patients to comply with Medicare regulations for justification of IPU stays and for billing purposes.
	Met	8. NPs and physicians to begin billing for IPU Evaluation and Management of patient care.

Goal B: Position for Future Growth

Category	Status	Goal
Facilities	Met	1. Design and begin construction on new Milton facility.
	Met	2. Design and build new maintenance building.
	Met	3. Complete Ernestine M. Raclin House and successfully relocate Roseland staff.
	Met	4. Complete Mishawaka Campus landscaping and grounds projects.
Global Partners in Care	Met	1. Launch PCL training with APCA and Bluegrass Care Navigators.
	Met	2. Establish a program to support existing unpartnered national associations in Sub-Saharan Africa.
	In Process	3. Complete process of re-domesticating GPIC from New York to Indiana.
PCAU	Not Doing	1. Host biennial exchange visit.
	In Process	2. Devise a strategy for Road to Hope Fund's long-term sustainability.
	In Process	3. Revise Road to Hope Fund website.
	In Process	4. Help equip new PCAU leader with capacity building and sustainability resources in three areas: leadership training and support; fundraising and sustainability training/consultation; and, research development.
Education	In Process	1. Develop branded recruiting materials to market the Vera Z. Dwyer Fellowship to area physicians.
	In Process	2. Develop a medical student internship program with IUSM-SB.
	In Process	3. Leverage the Leighton Foundation challenge grant for palliative care to support CHC's palliative care priorities.
	Met	4. Develop a marketing and community engagement plan to promote our professional and community education programs.

Category	Status	Goal
	In Process	5. Create a focused marketing program to more effectively promote IU Talk to area residency programs.
	Met	6. Design and launch Honoring Choices Indiana – North Central website.

Goal C: Maintain Economic Strength

Category	Status	Goal
Fund Raising and Stewardship	Met	1. Kamm Society Rollout *(renamed "Cornerstone Society")*
	Met	2. Complete development and begin implementation of a post-campaign fundraising plan.
	In Process	3. Pursue HC Foundation of LaPorte County opportunities.
	In Process	4. Complete Milton Adult Day Care fundraising initiative.
	Not Doing	5. Hire Annual Giving Coordinator.
	Met	6. Hire Grant Writer.
	In Process	7. Establish a CHC/HF online store with items available for pickup at Mishawaka Campus Main Building.

Goal D: Continue Building Brand Identification

Category	Status	Goal
HF Communications	In Process	1. Complete Hospice Foundation branding documents.
	Met	2. Develop revised social media strategy.
	In Process	3. Develop a comprehensive PR and communications plan for HF.
	Met	4. Streamline mailing list management processes and clearly define roles and responsibilities.
CHC Marketing	Met	1. Create collateral material for the Pediatric Palliative Care program.
	Met	2. Create new commercials for broadcast, digital, and radio.
	Met	3. Update Milton Adult Day Services website with branding of other CHC websites.
	Met	4. Create virtual tours of Esther's House and Raclin House.
	In Process	5. Create promotional and marketing materials for Private Pay Room and Board in the IPUs.
	Met	6. Explore ways to promote our Center for Palliative Care.

Center for Hospice Care

Goals for Calendar Year 2021

Updated 02/10/21

Goal A: Enhance Patient Care

Category	Status	Goal
Administration		1. Become certified with The National Institute for Jewish Hospice. 2. Develop the next three-year Strategic Plan for 2022-2024. 3. Begin to develop a specific DEI plan for staff. 4. Obtain CHAP Certification. 5. Evaluate and create a case model for telehealth. 6. Review all commercial insurance plans for current rates, assignability, and discounts. 7. Implement Partners in Care. 8. Enhance current palliative care model (outpatient and home). 9. Refresh Plymouth office.
Admissions		1. Admission nurses to complete certification for Dementia Care offered by the Institute for Excellence in Memory Care. 2. Increase census in long-term care facilities by 8%. 3. Increase same or next day referral to admission to 55%. 4. Attain 50% of Admission Nurses completion of Pediatric ELNEC. 5. Attain 50% of Admission Nurses completion or are working to complete CHPN.
Volunteers		1. Pet Peace of Mind – Recruiting and training volunteers for the program to expand to all service areas. 2. Recruitment, training, and placement of La Porte area volunteers. 3. To have all Volunteer Coordinators attend Dementia training at CHC. 4. Recruitment of volunteers with specialized skills such as hairdressers, musicians, etc. 5. Recruitment of volunteers in rural areas. 6. Identify volunteer needs for MADS. 7. Implement processes to recruit, train, and place MADS volunteers.

Goals for Calendar Year 2021

Updated 02/10/21

Category	Status	Goal
Nursing		1. Develop QA reporting system to continuously monitor the high-risk areas outlined in the Compliance Handbook. (Hospice risk areas – 30; Home Health risk areas – 21) 2. Increase audit tool compliance over 4th Quarter 2020 by 30%. 3. Create a falls prevention program. 4. Develop customer communication training. 5. Create employee appreciation program for department. 6. Enroll and participate in NHPCO Quality Connections Program.
Bereavement		1. Increase the number of measurements above the National Average benchmark by 5% on the NHPCO Evaluation of Grief Support Services semi-annual report. (a) January-June 2021 goal 13 (b) July-December 2021 goal 15 2. Collaborate with NHERT bereavement departments. 3. Create employee appreciation program for department.
Social Work		1. Increase enhanced services hours over 2020 by 20%. 2. Design and roll out training to enhance the integration of Social Work team into Palliative Care, BreatheEazy, HeartWize, and Dementia Care programs. 3. Create employee appreciation program for department. 4. Have social workers attend the first level of Star Behavioral Training in relationship to working with veterans and mental health as training are available. 5. Evaluate hospice and palliative care certification programs for social workers.
Chaplains		1. Acquire National Institute for Jewish Hospice accreditation. 2. Increase spiritual care provided to enhanced services patients to daily contacts. 3. Complete 12 hospice related presentations to faith communities in our service area. 4. Create employee appreciation program for department. 5. Implement a spiritual screening admissions checklist in the EMR with daily result reporting to the spiritual team.
Medical Team		1. Develop and implement Medical Team Model.

Category	Status	Goal
		2. Institute Indiana POST form. 3. Enhance and establish admission review and admit process. 4. Develop medication education program – interventions and deprescribing. 5. Facilitate relationship with local hospital physicians and inpatient care teams to increase IPU utilization. 6. Develop quarterly education lectures for medical and clinical teams. 7. Enhance and develop pediatric program protocols.

Goal B: Position for Future Growth

Category	Status	Goal
Facilities		1. Transform Roseland offices into Milton Adult Day and Center for Excellence in Memory Care. 2. Explore facility expansion opportunities in Plymouth. 3. Begin the process of securing a therapy dog for the Ernestine M. Raclin House.
Global Partners in Care		1. Complete process of re-domesticating GPIC from New York to Indiana. 2. Develop and implement a national association communications strategy with APCA. 3. Apply for at least five (5) grants. 4. Develop a multi-year strategic plan (2022-2025).
PCAU		1. Complete launch of RTH and PCAU Partnership website. 2. Support PCAU staff development to enhance sustainability (leadership, fundraising and sustainability, and research development). 3. Develop new framework of communication for RTH sponsors to improve stewardship.
Education		1. Develop branded recruiting materials to market the Vera Z. Dwyer Fellowship to area physicians. 2. Develop a medical student internship program with IUSM-SB. 3. Leverage the Leighton Foundation challenge grant for palliative care to support CHC's palliative care priorities. 4. Create a focused marketing program to more effectively promote IU Talk to area residency programs.

Category	Status	Goal
Honoring Choices Indiana-NC		1. Increase the number of advance directives completed by HCI-NC facilitators by 50%. 2. Develop quarterly education programming for facilitators, advisory board members, and stakeholders.

Goal C: Maintain Economic Strength

Category	Status	Goal
Fund Raising and Stewardship		1. Develop Cornerstone Society marketing and collateral materials. 2. Pursue HC Foundation of LaPorte County opportunities. 3. Complete Milton Adult Day Care fundraising initiatives. 4. Establish a CHC/HF online store with items available for pickup at Mishawaka Campus Main Building. 5. Develop plan to identify, educate, cultivate, and solicit Next Generation Donors.

Goal D: Continue Building Brand Identification

Category	Status	Goal
HF Communications		1. Complete Hospice Foundation branding documents. 2. Develop a comprehensive PR and communications plan for HF. 3. Develop "Cornerstone Conversations" video series to promote fundraising, planned giving, and educational initiatives.
CHC Marketing		1. Implement Referral Connect as the CRM in order to establish liaison admission goals. 2. Create new commercials for broadcast, digital, and radio. 3. Create a Social Media calendar to be shared between Hospice Foundation and CHC entities. 4. Creation of three virtual presentations that can be offered to the community and professional referral sources. 5. Development of video or audio podcast highlighting services, disciplines, and staff of CHC and affiliates. 6. Creation of anticipatory marketing strategy for Milton Adult Day Services' new location.

Center for Hospice Care
QI Committee Meeting Minutes
November 17, 2020

Members Present:	Angie Fox, Bonnie Gerber, Carol Walker, Carolyn Burke, Craig Harrell, Deb Daus, Holly Farmer, Jennifer Ewing, Karissa Misner, Kim Geese, Lance Mayberry, Larry Rice, Mark Murray, Natalie Barnes, Becky Kizer
Absent:	Tammy Huyvaert

Topic	Discussion	Action
1. Call to Order	• The meeting was called to order at 8:00 a.m.	
2. Minutes	• A motion was made to accept the minutes of the 08/25/20 meeting. The motion was accepted unanimously.	C. Harrell motioned C. Walker seconded
3. HQRP	• Hospice CoPs 418.58(b) states the hospice must use quality indicator data, including patient care and other relevant data in the design of its program. The interpretive guidelines list 14 areas. We have addressed 12 of the areas. This year we are focusing on patient rights and next year will look at administrative services. • Hospice Compare website allows anyone to see how we compare with our competitors. The website has not been updated. The current data covers 2017-2019. We did education at the nurses' meetings on communication, training to care, help for pain and symptoms, and respect. It will take about six months before the data is processed and we can see how the education has affected our patient care. Training to Care – We reinforced with staff spending time to review the patient family handbook with the patient/family. Help with pain and symptoms – We should be constantly training and reviewing pain and symptoms with families and use the patient/family handbook as a tool. Communication – We reinforced calling the main contact after every visit to give an update if that is what they would like to happen. Respect – Staff were educated on telling the patient/family what they will be doing before they do it. We identified that our care plans are very nursing centric—where is the patient's voice in it? Admissions has been educated on asking the patient/family what they would like to see from our services. What goals do they have in our care? • Press Ganey is very helpful in getting us more recent scores. Our score for help with symptoms improved from last year.	

Topic	Discussion	Action
4. Hospice Performance Improvement	• HeartWize and BreatheEazy – In August, one HeartWize patient sought care outside hospice philosophy and one sought rehabilitation for weakness and falls. In September, two patients sought care outside hospice philosophy. BreatheEazy – In July, three patients sought curative treatment and in September, one patient went to the hospital in severe respiratory distress. We are looking to see if visits were made before and after the hospitalization to see if could have been prevented it or the patient could be brought to the IPU. • Dementia – We have begun education with clinical staff through the Institute for Excellence in Memory Care to become certified in providing dementia care. • Triage – Tammy H. is tracking the call volume and calls by hour of day so we can see what patients are calling about and get an understanding of their needs and whether something could have been addressed during a visit that would have prevented the need for the call. Calls are most often about med/supply refills, when is the nurse/aide coming, admission calls, and care calls. We can break the calls down further to specific case managers and aides and see what we can put in place to reduce these calls. A plan was put into place in the third quarter. We look at calls per hour of day to make sure we have the right amount of staffing in the triage department to field these calls. Sometimes a higher call volume just means families are comfortable in reaching out. We always tell them to not hesitate to call if they need anything. • Patient Rights – We look at different areas each quarter, so we have a comprehensive view of our services. For this quarter we worked on the new CMS requirement for Notice of Election (NOE) changes. CMS added another form – Notification of Noncovered Services, Items and Drugs. This started 10/01/20 and at this time are at 96.7% compliance. The forms begin at admission. It makes clear the diagnosis related to the terminal illness and related conditions that hospice is responsible to cover, diagnosis unrelated, and non-covered services determined by the hospice as not related. In September, 75% of patients said they wanted a copy of the form. In October we had 155 admissions, 149 of which had Medicare. Of those 149, 144 forms were obtained. We are reviewing those areas for patterns on why the other five forms were not obtained and will educate staff on the use of this form so we can be compliant.	
5. Hospice Quality Indicators	• IPU Updates – In the second quarter we started tracking documentation by medical staff in the IPUs. This documentation is built into MatrixCare. The medical staff is doing a great job with documentation. From July to September we had 114 IPU patients. Of	

Topic	Discussion	Action
	those, 88 had documentation and 26 were not visited. We looked at why they did not receive a visit and 25 had died within 24 hours and one was a weekend stay. • Support Services – The chaplains and social workers continue to monitor 100% of admissions to make sure assessments have been completed within the first five days. Social workers were not where we wanted them to be, so we continue that monitoring. Chaplains continue to do peer reviews. We increased efforts for enhanced care visits near the end of life especially with social workers making daily contacts. On average there are three or four enhanced services patients every day. Chaplains also make daily contacts or visits to make sure we are providing all we can for those patients. Social workers are continuing to monitor respite stays documentation and if the IPUs are full, that they are documenting other options available to the patient/family. • Bereavement – We are focusing on the results of the EGSS (Evaluation of Grief Support Services) surveys. We were below the national average in 2/3rds to 3/4ths of the categories. Holly F. will be reviewing the *Reflections* mailings to make sure they are still relevant and the best they can be. She looks at individual surveys and written responses to see if there is anything we can identify where improvements can be made. Holly F. will see what other hospices are doing to make sure we are not missing something. The first mailing reassures bereaved what they are going through is common. The first *Reflections* goes out a month after the person died and the EGSS survey is filled out 13 months after the death, so we are wondering if there is a way we can reiterate that reassurance again in the final mailing. One challenge with the EGSS surveys compared to the CAHPS surveys is that we cannot identify who filled out the survey so we can follow up with them. We are also sending surveys to individuals and family clients—both hospice and community bereaved. We have started to get that information back and overall, the responses have been positive. That data will be shared at the next meeting. • Live discharges – There are two types of live discharges—patient initiated like revocations and transfers, and agency initiated—no longer meets criteria, for cause, or leaves service area. The most common is left service area because the patient went to a hospital where we don't have a contract. Last year our revocation rate was above the national average. We did a lot of work reviewing scheduled procedures to see if it was something we could provide such as pleurx instead of the patient revocating. Our revocation rate improved in 2020 and was below the 2018 national average.	

Topic	Discussion	Action
6. Home Health QAPI Program	• Home Health Compare/CAHPS – There were no updates on the Compare website and CAHPS reports. We will report on this at the next meeting. • Patient Safety – During warmer weather falls tend to go up. We have had fewer falls this year probably due to COVID restrictions. Adverse events – In July we had one incident where a patient slid off the toilet. In September we had five events, two from the same patient, due to advanced diseases. One patient event was due to non-compliance.	
7. MatrixCare	• We transitioned to a new EMR this year. Clinical training took place between 07/17 and 10/29 including iPad training. Over 400 patient charts were prepared for data entry. Over 25 employees helped enter data six days a week for three weeks. Staff did a great job. • MatrixCare offers some things that we didn't have in Cerner. The COTI is now electronic instead of on paper. The system helps facilitate measuring patient changes. It requires timely completion of patient visits. It has the ability to report frequencies of falls and hospitalizations. It includes task lists to maintain and monitor various compliance areas. We have the ability to pull reports to assess PRN visit utilization, identify patients in our specialty programs, monitors Veterans at the time of admission, and requests a signature for visits.	
8. Annual Review	• At the February meeting we will review the fourth quarter and annual review of 2020. This will include review of recerts, wound monitoring, supervisory visits, GIP level of care, patient safety, medication management, and an update on the Home Health CAHPS surveys. Let Natalie B. know if anything else you would like to see in next quarter.	
Adjournment	• The meeting adjourned at 8:55 a.m.	Next meeting 02/23

Center for Hospice Care
Compliance Committee Meeting Minutes
December 18, 2020

Members Present:	Angie Fox, Craig Harrell, Karissa Misner, Karl Holderman, Lance Mayberry, Mark Murray, Natalie Barnes, Becky Kizer

Topic	Discussion	Action
1. Call to Order	• The meeting was called to order at 1:00 p.m.	
2. Role of Compliance Committee	• The CHC Compliance Committee was set up several years ago. Having a compliance committee and compliance plans in place would help mitigate any penalties should we be investigated by the OIG. The OIG risk areas have not changed much over the years. We have had the fundamental elements of an effective compliance program already in place in place for years.	
3. OIG Reviews	• Right now, in its current Work Plan, the OIG's point of emphasis is billing/claims and patient safety. They are zeroing in on abuse and neglect—physical and/or sexual. Going through the renewal process for our liability insurance this year, there was a big point of emphasis on sexual abuse and molestation, so it is not just an OIG topic. They had to search for an insurance carrier that would cover us, and the premiums are unbelievable. Abuse also includes misappropriation of property or funds. When it comes to assessments of behavior, it is usually very obvious some type of abuse is taking place, especially sexual abuse of Alzheimer's patients. We have not seen any issues here. We have policies on sexual abuse and molestation, but they are not in the compliance plans. We will look at that as we go forward into 2021 as a topic and make those policies part of the compliance plans. • In October 2019, we had two surveyors investigating four complaints and we received a condition level deficiency. That survey is several pages and is available on the IDH website under consumer reports for anyone who wants to read it. CMS is talking about making the Medicare Compare website have access to all the state survey results for individual hospice agencies. CAHPS and JCAHO are trying to fight that because their surveys are proprietary. There were two a scathing OIG report on hospices in July 2019. A lot of the information in it was very old, up to eleven years old. There is a bill in the House and a mirror version in the Senate that also includes civil monetary penalties for hospices. Hospices are the only provider under Medicare that does not have civil	

Topic	Discussion	Action
	penalties. Better education for surveyors is also in the bill. Many appear to have received no training on the hospice regulations. When the surveyors were here in October 2019, we were constantly explaining the differences between hospice and home health to them because they didn't understand.	
4. Hospice Compliance Network	• We are a member of the Hospice Compliance Network. One of their resources available to us is monthly webinars. Karl H. will share the access code with the committee, and it can be shared with anyone to participate in these webinars.	
5. 2021 Committee Objectives	• We usually present something compliance related at staff meetings at least once a year. Going into 2021, we need to look at an education topic and the means or mode of delivering it. We could look at using Talent LMS to create an education piece for staff. We would be able to track who views it and takes a post-test. We should also be doing some type of compliance training in new employee orientation. Angie F. will follow up with Cyndy S. for the orientation committee to look at implementing some type of information on compliance. Right now, coordinators are submitting content for each department and an overview for all new employees and then we can add more discipline-specific information.	
6. General Discussion	• Lance M. and Natalie B. looked at the compliance plans and the way they are laid out as far as beginning each plan with a risk area. MatrixCare does offer a compliance program. We could look at it or develop our own reporting system and take the opportunity to leverage technology. QA reviewed the high-risk areas and put some of them in their 2021 goals. QA is already monitoring some of these areas and developing tools for staff that might need additional education. • The OIG is looking at payments that are made outside of the Medicare Hospice Benefit like Medicare D where the expenses should have been covered by the hospice. We have some processes in place to deal with that. We have been audited by auditors working for pharmacy management companies particularly in nursing homes when sometimes they think we should have paid for a medication. A lot of times they are wrong. Nursing homes don't have the correct information. Patients are also going to the ER for something related to the hospice primary diagnosis without letting us know. Within the ancient Medicare software an ER won't even know in the Medicare system that the patient is on hospice unless the patient tells them. • We are working closely with Optum to make sure they are looking at noncovered items. We will use that tool throughout the year in QA. It comes down to communication. We	

Topic	Discussion	Action
	have had several changes this year that require a lot of education. The new NOE continues to be an education piece, especially after admission because we only have three days to get that signed. We have found how to do it in MatrixCare, but it is not a simple process. •	
7. Meeting Frequency	• We would like to meet at least biannually and discuss matters that are a point of emphasis from the OIG. We will plan to meet in the spring and fall. We have compliance plans for hospice and home health. Some things overlap, but they are also very different. In the meantime, if you have any issues or questions come up, contact Karl H.	
Adjournment	• The meeting adjourned at 1:33 p.m.	Next meeting TBD

Center for Hospice Care Mishawaka Campus

By: Center for Hospice Care Last Updated: December 7, 2020

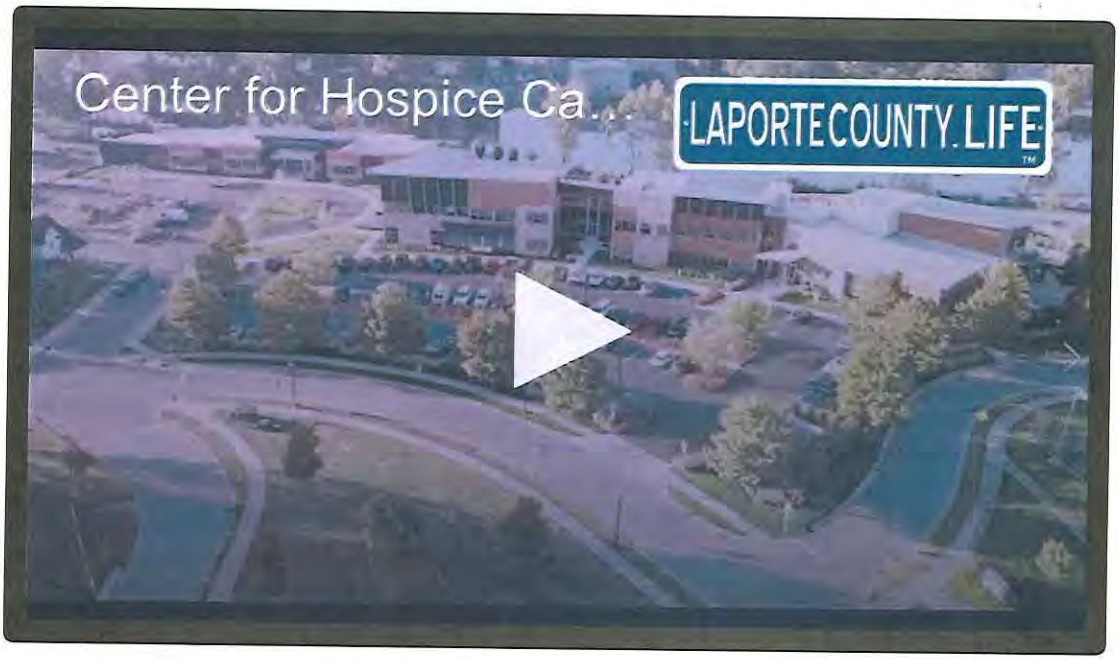
The compelling story of Center for Hospice Care (CHC) has been unfolding for over forty years. Today, most of society recognizes the need for compassionate, person-centered, end-of-life care. However, in 1978 it was a new and unique concept of a few visionaries. Little did those early dedicated volunteers who founded Hospice of St. Joseph County realize that it would grow to become Center for Hospice Care and would have the impact of serving over 40,000 patients and families over 40 years. But one thing has remained consistent, CHC serviced their first patient in 1980 with the mission to improve the quality of living for those on their services and in their community and it is still their mission today.

Center for Hospice Care is proud to announce the completion of their independently owned Mishawaka Campus. This state-of-the-art facility has been in the making for over ten years. The campus includes an administrative building, Hospice Foundation, Life Transition Center, a patient care staff building, The Center for Palliative Care, the Ernestine M. Raclin House, a guest house and a fitness court. Most of the buildings are riverfront with peace and serenity emanating from the St. Joseph River. The Mishawaka Riverwalk extends alongside the campus and is a welcoming beacon to enjoy the beauty. "Obviously looking at a beautiful view does something to the brain, it reduces stress, it can ease both physical and emotional pain and it just has a profound impact on our well-being," says Sarah Youngs, Community Relations Liaison. "Mike Wargo and the planning committee outlined every inch of this campus. They had the community, patients and families in mind every step of the way."

After finishing the Elkhart campus in 2007, CHC executive team began creating a three-year strategic plan. It was in these meetings that the vision arose for a much-needed implementation of a brick-and-mortar area that would be both beneficial to CHC and the growing need in the community for expansion of services. CHC had been leasing three separate buildings to be able to accommodate their staffing needs at the time. It had always been their vision to be the premiere hospice and palliative care organization for all end-of-life issues and with stewardship being one of CHC's core values, it was important to look intently at the amount of money being spent on leases. The executive team decided that it was time to invest that money into something CHC would independently own, maintain and would allow growth in parallel with the demands of hospice care in their expanding service area.

Mike Wargo explains, "We sat down and geographically looked at where CHC patients were coming from and Mishawaka seemed to be the epicenter." With stewardship and innovation at the forefront of this new project, they decided to reach out to the Mayor at the time, Jeff Rea, and the city planner at the time, Ken Prince, who met with CHC's planning committee and the process began. The Hospice Foundation's Chief Operating Officer, Mike Wargo, took the project under his belt as he had extensive experience in planning and development. Over the next year, they collaboratively researched many viable renovation options in Mishawaka as well as empty properties where they could envision building. When the group narrowed their prospects to the last four promising zones, they knew they needed to make a decision that would best fit CHC's mission and vision. That was the beginning of

turning the riverfront into something spectacular now known as Center for Hospice Care's Mishawaka Campus.



In 2010, CHC decided to start acquiring properties on the waterfront of St. Joseph River in Mishawaka. "It took a couple years, but everything just fell into place," explained Mike Wargo. "The city owned some of the land. There was also the Moose Lodge on the property along with some residential homes.

We just started going door to door and meeting with people about our prospective plans and hoped people would be on board with it." Center for Hospice Care ended up helping the Moose Lodge find an alternate location suited to their needs and it was only a matter of time before the homes in the area were ready and willing to sell. CHC had each property appraised and purchased them at fair market value. After all was said and done, CHC started to build their vision in 2011 starting with the guest house that was remodeled to house Physicians going through the IU School of Medicine Hospice and Palliative Fellowship Program. At the same time the administrative building was constructed. This 'Stage 1" was completed in 2013 and created the platform for the next step.

Hospice Foundation initiated a fundraising campaign called Cornerstones for Living: The Crossroads Campaign in 2014 which would prove to be revolutionary. "There were two major goals to achieve. The first, to create a warm and welcoming campus that brings together services in one location and facilitates care of the highest order while reducing annual expenditures. The second goal would be ensuring sustainable sources of funding that would provide essential and emerging programs over the long term," explained Chris Taelman, Chief Development Officer for Hospice Foundation. "These goals provided guidance for the establishment of specific

campaign financial goals prior to a quiet launch of the Crossroads Campaign in July 2014. Lead campaign gifts secured in the early months helped make way for the launch of the public phase of the campaign which was announced during a press conference on March 16, 2017." The campaign raised five million in capital for further construction on the campus which included the patient care staff building and the Ernestine M. Raclin House. Cornerstones for Living: The Crossroads Campaign came to a successful conclusion in 2019 with contributions and pledges totaling just over $14 million – thanks to many generous donors, supporters and volunteers. "The Crossroads Campaign's impact extends far beyond the construction of new facilities. It is helping us expand support programs needed for patients' family members and loved ones, promote community education and partnerships for better quality end-of-life care, and meet the costs of providing charity care. The campaign was grounded in CHC's promise made to the community over 40 years ago: no person eligible for hospice services would be turned away due to an inability to pay," said Mark Murray, President/CEO of CHC and the Hospice Foundation.

The unparalleled Mishawaka Campus may be officially complete, but the story of Center for Hospice Care is still unfolding. The continuing dedication and adoration that CHC has for its community will never cease. Be on the look out for more transformational ventures in the near future.

CENTER FOR HOSPICE CARE GIVES BACK DURING HEART MONTH

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

By: Center for Hospice Care
Last Updated: February 8, 2021

In honor of Heart Month, Center for Hospice care is hosting a mobile blood drive for their employees and families on February 9th from 10:00 am to 3:00 pm at their Mishawaka Campus in their Ernestine M. Raclin House parking lot. With almost 40 individuals signed up to give blood, they are looking forward to seeing the impact this has in their community and for their community partners and hospitals. Camille Kocsis, Professional Relations Liaison with Center for Hospice Care states, "It was important for us to bring awareness to Heart Month and we are always looking at ways to give back. By our employees and families wanting to give back and give blood, we are able to help facilitate the ability for patients to receive blood products when they need them. Thank you to the South Bend Medical Foundation for helping us make this happen!"

Center for Hospice Care is a community based, not-for-profit organization, improving the quality of living through hospice, home health, grief counseling, and community education. Put simply, our mission is "to improve the quality of living" for those in our community through our support of Center for Hospice Care, an organization that helps patients and their loved ones experience the best possible quality of living even as they face end of life.

CENTER FOR HOSPICE CARE
501 Comfort Place
Mishawaka, IN 46545
Visit Profile

DATA

Top Hospice Worries 2021: Accessing Facility-Bound Patients, Staffing

By **Jim Parker** | February 8, 2021

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Regaining regular access to hospice patients in nursing homes, assisted living or other facilities is a top concern for providers, along with ongoing staffing shortages that pre-date the pandemic, according.to organization leaders who responded to Hospice News 2021 Outlook Survey.

greatest challenges facing the hospice industry this year, growth opportunities for settings outside the home, and drivers of technology adoption among hospice operators.

Respondents indicated that the patient-access issue gave them the most sleepless nights in 2020 and into the new year. Nearly 45% of those surveyed cited this as a top COVID-related concern.

"Reduced access to any facility means fewer patients and shorter lengths of stay for hospice providers," Catherine Dehlin, regional vice president of operations and sales for Three Oaks Hospice, told Hospice News. "Not only have facilities reduced our access to their residents, they have also reduced our access to facility staff, making it increasingly difficult to educate them on early identification of hospice appropriate residents."

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2021: Accessing Facility-Bound Pat[illegible]s, Staffing

Febru[illegible], 2021

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Pat[illegible]s With Poor Heal[illegible] Literacy Less Lik[illegible]o Elect Hospice

February 2, 2021

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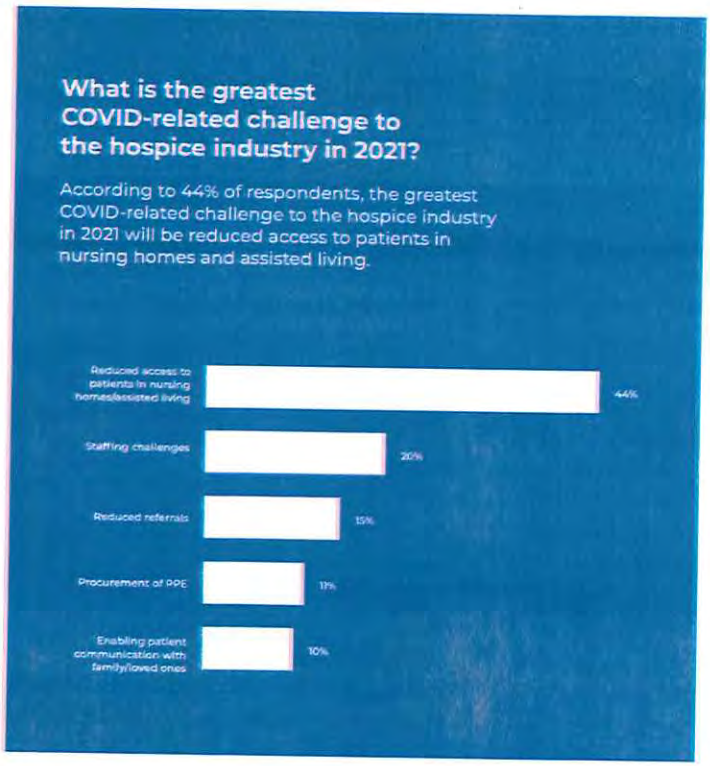
DATA

Home-Based Patients Report Higher Satisfaction with End-of-Life Care

January 25, 2021

interdisciplinary teams or volunteers. Social workers, chaplains, aides and volunteers have been doing their best to serve patients virtually, which remains a challenging endeavor, Dehlin said.



Outside of COVID, staffing remains a top industrywide concern. Hospices are already struggling to fill their ranks.The United States has 13.35 hospice and palliative care specialists for every 100,000 adults 65 and older, according to an April 2018 study. The research estimated that by 2040 the patient population will need 10,640 to 24,000 specialists; supply is expected to range between 8,100 and 19,000.

Hospice and palliative care providers also experience shortages in non-physician disciplines, including chaplains, nurses, and social workers. As far back as 2008, the U.S. Centers for Medicare & Medicaid Service (CMS) began allowing hospice providers to use contracted nursing staff because not enough nurses were available to fill permanent positions.

The aging baby boomer population is both a challenge and an opportunity for hospice. Hospice utilization is rising; a record 51% of Medicare decedents received hospice care during 2019, according to the Medicare Payment Advisory Commission. However, many hospice staff members are also approaching retirement, with nearly half of the total nursing workforce expected to retire within the next decade.

Hospices face unique recruitment challenges, particularly because medical, nursing, and social work students receive very little exposure to hospice or palliative care during their training. A 2018 study concluded that most students in clinical disciplines do not feel prepared to provide family care at the end of life.

The pandemic has exacerbated many of these issues, as staff are experiencing unprecedented levels of stress, burnout and trauma in the workplace. Many companies are seeing higher rates of turnover as the outbreak rages on.

"COVID-19 reinforced the importance of investing in our employees, focusing intently on talent retention and acquisition, and adopting new work-related perks and policies that embody an "employee-first" workplace," Nick Westfall, CEO of VITAS Healthcare, a subsidiary of Chemed Corp. (NYSE: CHE). "We must continue to ask our

Companies featured in this article:

Chemed Corp., Homecare Homebase, Hospice News, Three Oaks Hospice, VITAS Healthcare

Jim Parker

Jim Parker is a subculture of one. Swashbuckling feats of high adventure bring a joyful tear to his salty eye. A Chicago-based journalist who has covered health care and public policy since 2000, his personal interests include fire performance, the culinary arts, literature, and general geekery.

Center for Hospice Care

BOARD OF DIRECTORS SELF-EVALUATION

2020 Survey Results

5 = Very Good 4 = Good 3 = Average 2 = Fair 1 = Poor

7 out of 12 people responded. Number of Responses for each rating is listed in the box along with Average Score.

#	Question	Very Good	Good	Average	Fair	Avg. Score 2020	Avg. Score 2018	Avg. Score 2016
1	Board has full and common understanding of the roles and responsibilities of a Board.	3	4			**4.4**	**4.3**	**4.7**
2	Board members understand the organization's mission and its products / programs.	5	2			**4.7**	**4.7**	**4.8**
3	Structural pattern is clear (Board, officers, committees, administrative team, staff).	6	1			**4.9**	**4.5**	**4.7**
4	Board has clear goals and actions resulting from relevant and realistic strategic planning.	1	5	1		**4.0**	**3.9**	**4.2**
5	Board attends to policy-related decisions, which effectively guide operational activities of staff.	5	1	1		**4.6**	**4.7**	**4.7**
6	Board receives regular reports on finances, budgets, products, program performance, and other important matters.	6	1			**4.9**	**5.0**	**5.0**
7	Board effectively represents the organization to the community.	3	3	1		**4.3**	**4.1**	**4.7**
8	Board meetings facilitate focus and progress on important organizational matters.	3	2	2		**4.1**	**4.7**	**4.7**
9	Board regularly monitors and evaluates progress toward strategic goals and products / program performance.	1	4	2		**3.9**	**4.4**	**4.4**
10	Each member of the Board feels involved and interested in the Board's work.	1	4	1	**1**	**3.7**	**4.0**	**4.2**
11	All necessary skills, stakeholders, and diversity are represented on the Board.	2	4	1		**4.1**	**4.1**	**4.2**

Ratings by percent of responses:

Rating	2020	2018	2016
Very Good	47%	58%	65%
Good	40%	33%	28%
Average	12%	8%	6%
Fair	1%	1%	1%

Participation Rate

2020	58%
2018	77%
2016	69%

Please list three to five points on which you believe the Board should focus its attention in the next year. Be as specific as possible in identifying these points.

1. Continue to work hard through the COVID-19 pandemic. I think the staff has done a fabulous job handling this crisis and will continue to do so.
2. Developing strong leadership with a future plan for strong executive committee.
3. Encourage more board members to sit on committees and when we can, encourage board attendance at as many of our community activities we host (when applicable and possible).
4. Community outreach of services, despite COVID issue. We are still here to help you.
5. Assessment of the success and/or issues with GPIC.
6. I am new to the board; only 4 meetings in. I would like meeting to have some strategic focus. Seems like mostly hearing reports.
7. Where do we want to be in five years? Is the board, leadership team, and staff all pulling towards that goal?
8. What does the staff need from the board? How can we help?
9. How can we partner with healthcare, rather than compete for nurses, which we clearly do.

How would you improve the Board's effectiveness?

1. I think the Board could be more effective if every member familiarized him or herself with the board packet before the meeting. This should lead to more discussion during meetings.
2. Open dialogue with Board as a group to see what others have on their mind, etc.
3. Board retreat—when we can safely gather together—not on Zoom.
4. Get us involved in strategic planning. Preach advocacy.

Please identify any Board-level performance gaps and recommended solutions.

1. Attendance at meetings could be higher. I think once we can meet in person that will help.