

# NewsLine

The quarterly membership publication of the National Hospice and Palliative Care Organization | **Winter 2017**

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Organization



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Strategic planning for the year 2020 and beyond is well underway. In 2018 and 2019, NHPCO will take measurable steps to create a future that will provide a seamless delivery model from diagnosis to bereavement – the ultimate goal of providing the right care at the right time. This envisioned future unifies hospice and palliative care providers, as well as the payment stream, under one umbrella.

In realizing this vision, NHPCO has developed the following strategic priorities:

### STRATEGIC PRIORITIES

-  Continue to assure access to **high quality** hospice care to a broad cross-section of patients and families.
-  Broaden the spectrum of services to foster a **seamless continuum** of care for seriously ill patients and families.
-  Develop a campaign to demonstrate the **value** of hospice and palliative care services.
-  Expand **access to data** and analytics to support the efforts of the hospice and palliative care community.
-  Foster an environment of **collaboration** with other entities focused on serving patients and families.
-  Explore **innovative membership** models to better meet the needs of the hospice and palliative care community and NHPCO.
-  Expand non-dues **revenue** sources for NHPCO.



**MISSION**

To lead and mobilize social change for improved care at the end of life.



**VISION**

A world where individuals and families facing serious illness, death, and grief will experience the best that humankind can offer.



**VALUES**

NHPCO believes in:

- Service: Engaging Customers
- Respect: Honoring Others
- Excellence: Exceeding Expectations
- Collaboration: Fostering Partnerships
- Stewardship: Managing Resources

## Message **From Edo**

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As the year comes to a close, many of us will enjoy time with loved ones. Others will find quiet time away from the office to reflect and recharge. Still others – including many of our care providers – will spend this time caring for patients and families. All of us will welcome the New Year and I hope we are able to do this with a sense of gratitude for the work we do and the lives we touch.

As I reflect upon this past year, I am particularly grateful of the opportunity to serve as your president and CEO. These are important times for all health care providers and I see a wealth of promise as we work collaboratively to build solutions to America's challenges that we know so well as the leading providers of care for patients and families with serious and life-limiting illness.

Two weeks ago, I participated on a panel for the National Academies Roundtable on Quality Care for People with Serious Illness. I was able to talk about the importance of person-centered, family-oriented interdisciplinary care that has been a hallmark of hospice, and I stressed the knowledge that we as a provider community have to share with the broader health care system. The National Academies event was followed by a speaking opportunity at the BRG Healthcare Leadership Conference. Hosted in Washington, DC, this conference is designed expressly for top executives from healthcare, financial, private equity, and policy arenas. It afforded another valuable opportunity for our organization and our community to contribute to the dialogue about care issues facing society and where solutions might be found. Given our collective experience of providing interdisciplinary, person-centered care, we must be at the table for conversations about providing the most appropriate, high-quality care to those with or at risk of serious illness.

As the year comes to a close, I would like to thank each one of you who have done so much to support NHPCO throughout this busy year. I invite you to look over the list of representative accomplishments from this past year that you'll find on page 20. I also invite you to review NHPCO's Strategic Priorities (page 4) that will guide our work together.

On behalf of our dedicated board member, our staff and our affiliate organizations, I wish you a peaceful holiday season and a happy New Year!



Edo Banach, JD  
President and CEO



Edo Banach on the panel at the National Academies Roundtable.

# HOSPICE LESSONS LEARNED:

Surviving the 2017 Hurricanes  
and Wildfires

By Jennifer Kennedy, MA, BSN, RN, CHC  
and Ted Kennedy

Three major hurricanes in the East and devastating wildfires in the West in August through October 2017 were the lead up to Medicare healthcare providers of all types testing their recently crafted emergency preparedness plans. Hospice providers were not spared in these disasters and many of them implemented their newly minted emergency plans only months before the compliance implementation date of the emergency preparedness final rule for Medicare and Medicaid Programs

[\(Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers](#)

(CMS-3178-F)). NHPCO was able to speak with some hospice providers post disaster to hear about their experience and lessons learned.

The Centers for Medicare and Medicaid Services (CMS) developed specific emergency preparedness regulations to establish national emergency preparedness requirements for Medicare and Medicaid participating providers and suppliers to ensure that they adequately plan for both natural and man-made disasters, and coordinate with federal, state, tribal, territorial, regional, and local emergency preparedness systems. Hospice providers were expected to show



compliance with the new emergency preparedness Condition of Participation (CoP) for emergency preparedness (§418.113) by November 15, 2017.

The CoP for hospice providers contains four main standards that specify requirements for the hospice to develop: an emergency plan, specific policies and procedures for emergency preparedness, a communication plan, and a program

for preparedness training and testing that is based on the emergency plan. There are also specific requirements in the CoP for

hospices that have their own inpatient facility or are part of an integrated healthcare system.

### Disaster Events

Hurricane Harvey made landfall along the Texas gulf coast on August 25 as a Category Four hurricane. The storm moved inland and hovered over Southeast Texas for days causing historic flooding. On the heels of Harvey, Hurricane Irma hit Florida on September 10 as a Category Five hurricane bringing high winds and life-threatening storm surges. At its strongest, the storm's wind speeds hovered around 185 mph, with gusts of more than 215 mph. Irma made its way to Georgia as a tropical storm on September 11 generating tropical storm-force winds and flash foods.

**NHPCO would like to thank the hospice providers from Florida and Georgia that took the time to share their disaster experience and valuable insight about lessons learned.**

### Florida Hospices

- Chapters Hospice
- Hospice of Health First Inc
- Suncoast Hospice
- Avow Hospice
- Gulfside Hospice and Pasco Palliative Care, Inc
- Tidewell Hospice

### Georgia Hospice

- LHC Group - GAv



Less than a week later, Category Five Hurricane Maria devastated Puerto Rico with flooding and destruction of its recently damaged electrical grid from hurricane Irma.

As hurricane recovery was underway in the East, multiple wildfires broke out in California in late Summer and early Fall causing large scale damage to land and homes, and causing thousands of people to evacuate from their homes and community. Hospice providers in Texas, Florida, Georgia, Puerto Rico, and California implemented their emergency preparedness programs

before, during and after all of these disaster events to keep their patients safe and ensure continuation of hospice services to the best of their ability.

### **Lessons Learned**

NHPCO was able to speak with 10 hospice providers from Florida and Georgia post Irma and several additional providers from California after the wildfires about their disaster experience and lessons learned. No matter the disaster type, all providers agreed that pre-disaster planning was critical in preparing for what was to come.

As part of their disaster preparedness practices, providers in Florida completed disaster assessments and preparation plans with each patient as they are admitted to service. They determine what the patient and family's plan would be if a disaster affected their community and educate them about the hospice provider's emergency plan. It is important to know if patients and families plan to shelter in place or evacuate. If they plan to evacuate, providers need to know where the patient is going and if the hospice needs to make travel or temporary inpatient facility arrangements.

There are many moving parts happening when a disaster is approaching and pre-planning as much as possible can reduce a significant amount of stress for both the hospice provider and their patients. Coordination of services, supplies, staff, medications, and everything else that may be needed pre and post disaster requires a detail oriented approach, out of the box thinking, and diligent follow up. For example, one Florida provider shared that they coordinated the provision of tire repair for their staff post disaster. Hurricanes cause debris on roads and debris causes flat tires. Staff members who were able to visit patients after Irma experienced tire issues because of debris, but they had access to tire repair because of this hospice provider's out of the box thinking, planning, and coordination.





As each disaster approached, providers kept in constant communication with their county emergency management agency (EMA) and with their patients. It was important to confirm that hospice plans were integrated into the county's emergency plans and hospice patient needs were recognized. An example of this coordination included working with the county EMA related to provision of designated care areas in shelters that was suited to the unique needs of hospice patients. Field staff reconfirmed each patient's plan and reinforced messages related to mandatory evacuation and safety. Providers took proactive measures to ensure that they could support all of their patients so they stopped admitting patients a week before Irma made landfall, they arranged travel contracts for patients that were leaving the area, and pre-registered patients for placement in special needs shelters who were unable to travel or wanted to stay in the area.

One Florida provider closed and evacuated their inpatient unit because it was in Irma's predicated path and at high risk. They never closed their inpatient facility before, but with a plan, they were able to successfully relocate every patient to a safe temporary facility with no issues. Luckily, their inpatient unit sustained very little damage and they were able to move back once power was restored.

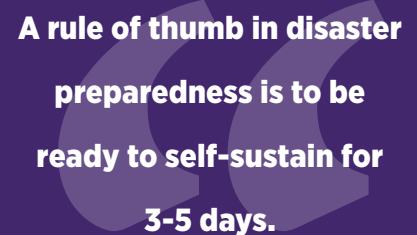
All providers agreed that having a well-developed and rehearsed emergency plan was essential to them being prepared, but even the best planning cannot mitigate all problems, particularly post disaster. It is difficult to know the extent of damage after an incident and the long term ramifications when developing a plan proactively. Florida providers prepared for everything that their past experience taught them, but no one was prepared for such long term power outages, fuel shortages, and patients and staff not being able to return to their homes for an extended period or not at all.

A rule of thumb in disaster preparedness is to be ready to self-sustain for 3-5 days. However, this recent string of disasters has left providers and patients without power and sometimes re-supply for weeks. Some providers in Florida and Puerto Rico are essentially starting from scratch related to their census because their patients evacuated and cannot return to their homes, or their staff has been reduced for similar reasons.

### **Pearls of Wisdom**

Providers from Florida shared insight with NHPKO about actions that helped them prepare for the disaster and observations that will update their emergency preparedness plans for the future.

- Provide real cash advances to staff before a disaster event. ATM machines and credit card processors will not work during power outages post disaster and cash may be the only currency accepted to buy gas, food, and supplies.



**A rule of thumb in disaster preparedness is to be ready to self-sustain for 3-5 days.**

- Take care of your staff. Give them time before the storm to take care of their family and make arrangements.
- Plan for the potential support of staff and families who may lose their home. One hospice provider coordinated shelter, clothing, childcare, meals, and laundry help for several staff members and their families who lost everything during Irma.
- Coordinate with the state and local emergency management agency to discuss staging areas for supplies, fuel, generators, and charging stations. Homecare providers in Florida were using their cars to charge their cell phones because of extended power outages.
- Think out of the box to solve problems. One Florida provider asked Verizon to ship 50 charged cell phones for staff pre-disaster to ensure they had cell phone communication ability as long as possible. Another provider used Zello, a Walkie-Talkie app that works via Internet, to communicate with staff when cell phone service was down.
- Communicate with providers outside of your service area pre-disaster to discuss care and placement of patients as needed.

- ▶ Arrange travel contracts with hospice providers to maintain hospice service
- ▶ Develop memorandums of understanding with temporary facilities for inpatient care

## Resources

NHPCO developed an emergency preparedness resource guide and other resources in 2017 to help hospice providers with compliance requirements. This resource will be updated in early 2018. The U.S. Department of Health & Human Services, Assistant Secretary for Preparedness and Response (ASPR), also developed a healthcare emergency preparedness information gateway website called [Technical Resources, Assistance Center, and Information Exchange](#) (TRACIE) to meet the needs of healthcare coalitions, healthcare providers, healthcare providers, emergency managers, public health practitioners, and others working in disaster medicine, healthcare system preparedness, and public health emergency preparedness. Access NHPCO resources and link to TRACIE from our [Emergency Preparedness webpage](#).

Development, testing, and maintenance of an emergency plan is now a CoP for hospice programs. It would benefit providers to treat their plan as not just a regulatory requirement but as a roadmap to guide them through pre and post disaster action.

**Jennifer Kennedy**, MA, BSB, RN, CHC, is Senior Director of Regulatory and Quality for NHPCO and has been with the organization since 2006. She has more than 30 years of experience as a leader and nurse in diverse healthcare settings and has worked in hospice and palliative care for the last 18+ years.

**Ted Kennedy** is a Senior Emergency Management Specialist with U.S. Department of Health and Human Services in the Operations Division of the Office of Emergency Management, under the Office of the Assistant Secretary for Preparedness and Response. He has served in various positions in the Operations Division since 2006 including an assignment for over a year as the Division Director.

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**NHPCO developed an emergency preparedness resource guide and other resources in 2017...**

## LAS VEGAS TRAGEDY: LESSONS FROM ONE HOSPICE PROVIDER

by Jon Radulovic, NHPCO Vice President, Communications

NHPCO staff had the opportunity to speak with Kim Anderson, Infinity Hospice Care's Vice President of Business Development, and her colleague Tracy Sundberg, RN, Executive Director, regarding ways that their organization responded following the October shooting in Las Vegas. They hope that by sharing their experience, they might give other organizations some things to consider in crafting emergency response plans and community relationships.

Communities often lean on the support and expertise that hospice can offer when tragedies involving loss of life occur. There are countless stories of hospice bereavement counselors going above and beyond their everyday job duties in times of need – from rushing to a school after a car accident that claimed a young life, to offering grief support to a local business that experienced the unexpected loss of a beloved colleague, to opening its doors for grief support groups that are developed in response to a community's unique needs.

On October 1, 2017, worldwide attention turned to Las Vegas following the tragic shooting at an outdoor music festival where 58 people died and 546 people were injured. The entire Las Vegas community was affected by the scale of this tragedy – and several hospice programs in the area have provided counseling and other forms of support. Examples of the response activities include Nathan Adelson Hospice setting up a hotline for community partners to call for support; Community Hospice & Palliative Care and Hoffmann Hospice Home both offering grief support sessions and community presentations following the tragedy. Infinity Hospice Care sent credentialed staff to UMC Trauma Center the night of the shooting and are involved in the grief counseling center established by Clark County.

### October 1

News quickly spread throughout the city that there had been a shooting that involved possible deaths and significant injuries. As first responders and city





services went into action, many community provider organizations began to track the activity. As the extent of the tragedy became apparent, staff at Infinity Hospice Care took action.

### **Accounting for Staff and Patients**

At 5:30am, the organization's emergency response phone tree was activated to contact all staff and ensure that all patients were accounted for. By 9:00am, 120 staff and all patients & families had been contacted. Fortunately, no one working for or being cared for at the hospice was killed or severely injured, yet almost everyone knew someone who was affected by the shooting.

The organization's emergency phone tree had been put into place in preparation of the new Condition of Participation (that went into effect on November 15, 2017). At the time it was being developed, staff thought it was a lot of work for something that might not ever be used. However, it was used – sooner than anyone could have imagined – and it worked just as it had been designed.

### **Staff Support at UMC Trauma Center**

Once staff and families were accounted for, and the scope of the shooting became clear, hospice staff wanted to step up and make their skills available. University Medical Center is the only LEVEL I trauma center in Nevada. A number of clinical professionals at Infinity Hospice are credentialed to work at UMC. Many of them responded to offer support. As it turned out, serving food to the UMC medical professionals who were in disaster response mode was one of the critical needs at that time. Ensuring that these professionals had nourishment as they responded to the growing number of shooting victims was not a job that could be delegated to any volunteer – staff from Infinity were more than willing to do what they could to keep the medical personnel functioning as effectively as possible.

### **An Important Skill Set**

Hospice and palliative care professionals are trained at dealing with issues surrounding death, dying, and loss – while this is obvious to those in the field, there are some outside of the community unfamiliar with the skills of the interdisciplinary team. Professionals in our

field know how to listen, to coordinate, and to refer, all in response to the individual needs of the person being cared for. These are abilities that are valued in times of emergency response. As part of their response, Infinity Hospice made sure that they were included on a list of service providers developed by the City Crisis Management Team.

The site of the tragedy was one familiar to everyone. The number of people traumatized by this shooting was extensive. What has become apparent in the weeks and months following the shooting are the wide range of individuals in need of support. Many who were present at the tragedy but did not sustain physical injuries were unsure if their needs warranted support, particularly given the scale of the situation. Many without physical injuries felt that they should not use resources that might be needed for the severely injured.

Hospice staff volunteering through coordinated efforts of the Red Cross created an intake form that nurses and social workers used to assess the needs of those seeking assistance. A 24/7 counseling call line was set up. Active listening, an innate skill for hospice professionals, was essential during this period and allowed for the quick identification of needs and necessary referrals.

### **The Extend of Trauma**

As one would expect, hospices have stepped up to provide counseling support to the community and in the short time since the shooting they have served many traumatized individuals. The impact on people's lives has varied greatly. For example, many of those working at the outdoor music venue were contract employees, so with the closure of that entertainment space, they have lost their employment and means of supporting their families. Many of those same employees do not have access to EAP or human resource departments to help them deal with the trauma of that night. Hospices are meeting these needs and more. Weekly support groups have been established and will continue as long as they are needed.

Some of the professionals who responded to the scene and have taken advantage of counseling services and support

that the hospice has made available include 911 operators, night staff at funeral homes who were overwhelmed on October 1, and even Red Cross volunteers who were not fully trained yet were called into service due to the magnitude of the tragedy.

### A Safe Place

The offices of Infinity Hospice became a center of support for those on staff who stepped up to serve. The atmosphere in the city could be described as chaotic at best, and it was necessary to have a place where hospice staff could find a safe place to talk about what they were experiencing, find food and necessary sustenance, and know there was a place where they could get centered and grounded.

### Leadership Support

Support to the community and to the Infinity staff came right from the top. Mary Bertram, president, Darren Bertram, CEO, and Brian Bertram, vice president made sure that the organization's commitment was clear and strongly affirmed. A core value of the organization is "making a difference in the lives of others." This is not just about hospice patients, but all people. The opportunity to engage with the community in many ways reflects this core value.

Team members were not obligated to volunteer in the response efforts, yet 90 percent of the licensed staff at Infinity Hospice stepped forward to address the needs of the community. And staff time dedicated to response

efforts were done and continue to be done during the employee's scheduled work time. No one was expected to donate their free time to response efforts.

### Lessons for the Future

The team from Infinity Hospice has been able to take some time to assess their response and they offered some thoughts about steps they are considering as they build on their emergency response plan:

- They will take advantage of critical incident training courses available online for staff.
- They will look at what would be required to be a possible emergency triage site for the community for a future large-scale public emergency.
- They hope to be an official designated blood donation center in times of emergency.
- They are strengthening communication and relationships with local emergency responders, the city's crisis management program, and other service providers so coordination of efforts can happen as seamlessly as possible in times of need.

One of the most powerful examples of the value of their response efforts has been the knowledge that many traumatized citizens of Las Vegas have learned that they are not alone and that caring and compassionate support is available to help them cope with this life-changing event.

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R to L: Tracy Sundberg (R) and Kim Anderson (L) of Infinity Hospice Care with Clark County Sheriff Joseph Lombardo at the Night of Healing event co-sponsored by Infinity.



Dee Williams NCCA, LCPC of Infinity Hospice Care lead a team to support the 911 operators that were on duty the night of October 1.

# Facts and Figures:

## Hospice Care in America



*Highlights from the new report released by NHPCO*



**NHPCO Facts and Figures: Hospice Care in America provides an annual overview of hospice care delivery. This overview provides specific information on:**

- Hospice patient characteristics
- Location and level of care
- Medicare hospice spending
- Hospice provider characteristics
- Volunteer and bereavement services

In order to ensure this annual report is as accurate and useful as possible to the field, NHPCO's research team is using a new methodology for creating the report and CMS data is the primary data source, specifically, CMS hospice claims data included in the hospice standard analytical file Limited Data Set.

The Hospice Cost Reports, also available from CMS, provided supplemental information. The NHPCO National Data Set is the data source for the Volunteer and Bereavement statistics. The MedPAC March 2017 Report to Congress is the data source for discharges and transfers. This is a significant change from the methodology used in previous editions of NHPCO's facts and figures report.

The new report is officially the "2016 Edition" that contains 2015 data. Early next year, NHPCO will release the "2017 Edition" that will reflect 2016 data.

What follows are representative statistics and graphs from the report.

## **WHO RECEIVES HOSPICE CARE**

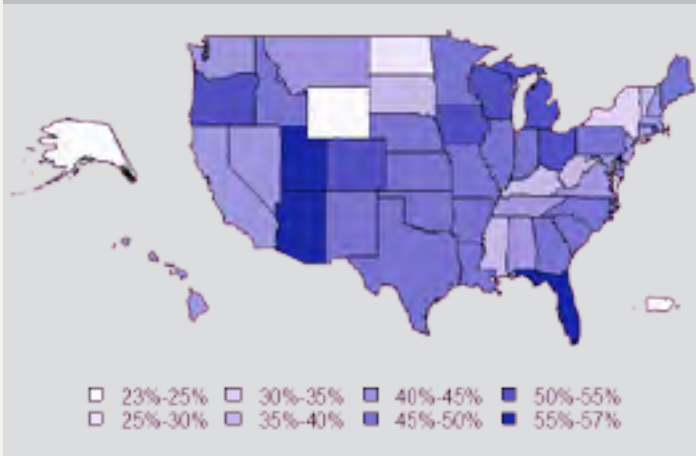
### **How many Medicare beneficiaries received hospice care in 2015?**

1,381,182 Medicare beneficiaries were enrolled in hospice care for one day or more in 2015. This includes patients who:

- Died while enrolled in hospice
- Were enrolled in hospice in 2014 and continued to receive care in 2015
- Left hospice care alive during 2015 (live discharges)

**NHPCO's research team is using a new methodology for creating the report and CMS data is the primary data source...**

**FIGURE 2. GEOGRAPHIC VARIATION IN THE PROPORTION OF MEDICARE DECEDENTS WHO DIED WHILE RECEIVING HOSPICE CARE IN 2015**



## What proportion of Medicare decedents were served by hospice in 2015?

Of all Medicare decedents in 2015, 46% received one day or more of hospice care and were enrolled in hospice at the time of death.

As illustrated in Figure 2, the proportion of Medicare decedents enrolled in hospice at the time of death varied across states from a low of 24% to a high of 57%.

## Principal Diagnosis

The principal hospice diagnosis is the diagnosis that has been determined to be the most contributory to the patient’s terminal prognosis. In 2015 more Medicare hospice patients had a principal diagnosis of cancer than any other disease.

## HOW MUCH CARE IS RECEIVED?

### Days of Care\*

In 2015 hospice patients received a total of 96,052,577 days of care paid for by Medicare.

In 2015, on average, patients with a principal diagnosis of dementia received the largest number of days of care.

### Length of Service\*

The average length of service (ALOS) for Medicare patients enrolled in hospice in 2015 was 69.5 days. The median length of service (MLOS) was 23 days.

A larger proportion of Medicare patients (28.2%) were enrolled in hospice a total of seven days or fewer compared to all other length of service categories.

In 2015 close to 30% of patients were enrolled in hospice for 7 days or less.

**TABLE 3. PERCENTAGE OF PATIENTS BY PRINCIPAL DIAGNOSIS**

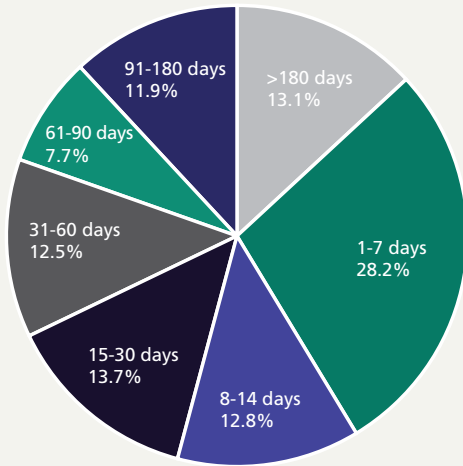
Principal Diagnosis	Percentage
Cancer	27.7 %
Cardiac and Circulatory	19.3 %
Dementia	16.5 %
Respiratory	10.9 %
Stroke	8.8 %
Other	16.7 %

**TABLE 4. DAYS OF CARE BY PRINCIPAL DIAGNOSIS**

Principal Diagnosis	Mean # Days of Care	Median # Days of Care
Cancer	47 days	19 days
Cardiac and Circulatory	76 days	28 days
Dementia	105 days	56 days
Respiratory	69 days	19 days
Stroke	77 days	20 days
Other	61 days	16 days

\*These values are computed using only days of care that occurred in 2015. Days of care in 2014 and/or 2016 are not included for patients who received care in those years as well. Days of care have been combined for patients who had multiple episodes of care in 2015.

**FIGURE 3. PROPORTION OF PATIENTS BY DAYS OF CARE IN 2015**



**TABLE 5. DAYS OF CARE CATEGORIES BY PERCENTAGE OF PATIENTS**

Total Days of Care	Percentage of Patients
1 – 7	28.2 %
8 – 14	12.8 %
15 – 30	13.7 %
31 – 60	12.5 %
61 – 90	7.7 %
91 – 180	11.9 %
> 180	13.1 %

*\*These values are computed using only days of care that occurred in 2015. Days of care in 2014 and/or 2016 are not included for patients who received care in those years as well. Days of care have been combined for patients who had multiple episodes of care in 2015.*

**A larger proportion of Medicare patients (28.2%) were enrolled in hospice a total of seven days or fewer compared to all other length of service categories.**

## Deaths

In 2015 1,007,753 Medicare beneficiaries died while enrolled in hospice care. Close to half of the deaths occurred in a home and almost a third in nursing facilities.

**TABLE 6. LOCATION OF DEATHS**

Location of Death	Percentage
Home	44.4 %
Nursing Facility*	32.3 %
Hospice Inpatient Facility	15.0 %
Acute Care Hospital	7.6 %
Other	0.6 %

*\* Includes skilled nursing facilities, nursing facilities, assisted living facilities, and RHC days in a hospice inpatient facility.*



**TABLE 7. DISCHARGES BY TYPE OF DISCHARGE**

Type of Discharge	Percentage
Deaths	83.3 %
<b>Live Discharges - Patient Initiated</b>	
Transfers (change in hospice provider)	2.1 %
Revocations	6.3 %
<b>Live Discharges - Hospice Initiated</b>	
No longer terminally ill	6.9 %
Moved out of service area	1.0 %
Discharged for cause	0.3 %

**TABLE 8. LEVEL OF CARE BY PERCENTAGE OF DAYS OF CARE**

Level of Care	Percentage of Days of Care
Routine Home Care (RHC)	97.8 %
Continuous Home Care (CHC)	0.3 %
Inpatient Respite Care (IRC)	0.3 %
General Inpatient Care (GIP)	1.6 %

**TABLE 9. LOCATION OF CARE BY PERCENTAGE OF DAYS OF CARE**

Location	Percentage of Days of Care
Home	56.0 %
Nursing Facility*	41.3 %
Hospice Inpatient Facility	1.3 %
Acute Care Hospital	0.5 %
Other	0.9 %

\* Includes skilled nursing facilities, nursing facilities, assisted living facilities, and RHC days in a hospice inpatient facility.

## Discharges and Transfers

In 2015, live discharges comprised 16.7% of all discharged Medicare patients.

## Level of Care

In 2015 the vast majority of days of care were at the Routine Homecare (RHC) level.

## Location of Care

In 2015 most of days of care were provided at a private residence.

## Location of RHC

55.8% of RHC days of care occurred in a private residence, 40.9% in a nursing facility and 1.1% in a hospice inpatient facility, an acute care hospital, or an unspecified location.

## WHO PROVIDES CARE?

### How many hospices were in operation in 2015?

In 2015, 4,199 hospices were paid by CMS to provide care under the Medicare hospice benefit.

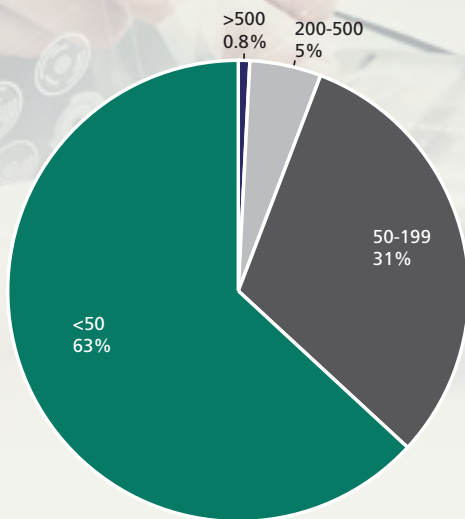
## Hospice Type

In 2015 the majority of hospices were independent organizations. The others were provider-based.

**TABLE 14. HOSPICE PROVIDER TYPE**

Provider Type	Percentage
Freestanding	72.2 %
Hospital	14.2 %
Home Health Agency	12.9 %
Nursing Home	0.6 %

FIGURE 4. AVERAGE DAILY CENSUS



## Hospice Size

One indicator of hospice size is average daily census (ADC) or the number of patients cared for by a hospice on average each day.

In 2015 the mean ADC was 63. And, the majority of hospices had an ADC of less than 50 patients.

## Tax Status

62.8% of active Medicare Provider Numbers were assigned to hospice providers with for-profit tax status and 31.9% with not-for-profit status. Government-owned hospice providers comprised 5.2%.

**DOWNLOAD THE COMPLETE EDITION OF FACTS AND FIGURES: HOSPICE CARE IN AMERICA.**

## Hospice Medical Director



Baystate Health, a Truven® Award-winning healthcare system and home of the University of Massachusetts Medical School-Baystate, is searching for an experienced physician to lead Baystate Health's Home Health and Hospice team as the **Hospice Medical Director**.

### The opportunity features:

- A flexible four-day workweek and full-time benefits (.8 FTE)
- Ability to lead an experienced team of palliative care providers dedicated to quality hospice care
- Ability to participate in direct clinical practice
- Ability to lead education models for community physicians as well as for the Home Health and Hospice team

The Hospice Medical Director has overall responsibility for the medical direction and management of the hospice program, its staff, volunteers, and patients to ensure the highest-quality standards of care for patients and families. The medical director will also serve as a resource to educate practicing physicians and others engaged in healthcare services regarding the hospice program.

The ideal candidate has five years of experience in a palliative care setting and is board certified in either palliative care or internal medicine, with prior palliative care experience. Candidates who are certified as a hospice medical director will take priority. Collaborative candidates who are driven by quality, safety, patient satisfaction, and value are desired.

Patient-centered care is at the core of Baystate Health's culture. We are committed to hiring clinicians who value a culture of compassion and appreciate diversity—while delivering a higher state of caring.



**Baystate Health**



University of Massachusetts  
**UMASS** Medical School

For more information, please visit  
[www.choosebaystatehealth.org/hospice/nhcpo](http://www.choosebaystatehealth.org/hospice/nhcpo)

Or contact Pam Snyder, Senior Director, Physician Recruitment  
413-794-2623 | [Pamela.snyder@Baystatehealth.org](mailto:Pamela.snyder@Baystatehealth.org)

*Together we deliver a higher state of caring.®*

Baystate Health is an Equal Opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, marital status, national origin, ancestry, age, genetic information, disability, or protected veteran status.



# **STRATEGIC ACCOMPLISHMENTS DURING 2017**

***Newsline* shares some of the ways in which NHPCO leadership and staff have supported the membership and the entire from January to October 2017.**

## REGULATORY, QUALITY, AND RESEARCH

- NHPCO leadership and staff continued to monitor, analyze, and comment on new, changing, and proposed regulations that affect end-of-life care and kept members abreast of pertinent issues of importance to the field. Members were kept up to date on breaking news and critical issues via 12 Regulatory Alerts and four Quality Alerts going out between January and October 2017. Summaries of critical regulatory information and hot topics were published weekly in *NewsBriefs*, and provided in a monthly format through Regulatory Round-Ups posted online.
- More than 2,690 members received individualized support from the Health Policy Team via phone and email by October of this year, reinforcing the value of this benefit only available to current NHPCO members.
- Preconference offerings and regulatory concurrent sessions were offered at NHPCO's Management and Leadership Conference in April, the Interdisciplinary Conference in the fall, and in the Regulatory & Quality track of monthly Webinars. Members enjoy discounted registration rates for all NHPCO events onsite or online.
- Wrote new regulatory and compliance guides specifically for hospice providers that included: Emergency Preparedness for Hospice Providers, General Inpatient FAQs, Guides on Continuous Home Care, General Inpatient Care, Inpatient Respite Care, and more. Members will find these free resources online in the [Regulatory and Compliance Center](#).
- Released the [Regulatory Podcast series](#) that explores specific regulatory and policy topics in a twice-a-month podcast that has garnered more than 40,000 downloads.
- Continued collaborative work with state organizations through NHPCO's Council of States, with monthly conference calls with the COS steering committee to help keep our community up to date on critical issues.
- Issued the re-envisioned edition of NHPCO's report, [Facts and Figures: Hospice Care in America](#) that utilizes CMS data as primary data source.

## ADVOCACY

- NHPCO and HAN's 2017 Advocacy Intensive brought nearly 240 hospice advocates from 120-plus hospices, representing 43 states, to Capitol Hill in July for a day of education and training and a day of Congressional visits. With the theme, "Be Their Voice!" members of the Interdisciplinary team shared stories of care at the bedside with congressional leaders and staff.

**With the theme, "Be Their Voice!" members of the Interdisciplinary team shared stories of care at the bedside with congressional leaders and staff.**



- Working collaboratively with the Council of States, hosted “Advocacy at MLC” that took attendees of the 2017 Management and Leadership Conference to Capitol Hill to advocate in support of NHPCO’s legislative agenda months before the summer Intensive.
- [Supported legislation](#) such as the Patient Choice and Quality Care Act and the Rural Access to Hospice Act.
- Continued to serve as the respected voice of hospice and palliative care beyond the halls of Congress with federal regulators – most notably CMS where we spoke on behalf of the hospice community on such important issues as requirements surrounding the Notice of Election and Notice of Termination/Revocation, with successful agreement for additional reasons for exceptions and electronic filing of the NOE in January 2018, Part D clarifications, ongoing dialogue on the role of the attending physician, the FY2018 Hospice Wage Index Final Rule, to name a few.

## PROFESSIONAL EDUCATION

- Brought national recognized thought-leaders and content experts to deliver plenary presentations and keynotes at our national conferences that included Anne Lamott, Dale Larsen, Congressman Tom Reed, Eugene Robinson, Nick Tassler, and Jake Wood.
- Presented the 2017 Virtual Conference, *Aligning Practice with Evidence*, in collaboration with American Academy of Hospice and Palliative Medicine and the Hospice and Palliative Nurses Association.
- Created the Hospice Aides Webinar Series specifically for hospice aides and CNAs that was hosted on three Wednesdays in November.
- NHPCO’s Webinar Series included an Interdisciplinary track and a Regulatory and Quality

track offering monthly webinars on hot topics and issues relevant to the field; additional special topic Webinars were added during the year. The topics for the 2018 [Webinar Series](#) are available online.

- Added 17 new courses to [NHPCO’s E-Online](#) (E-OL) which makes cost-effective, online learning available 24/7 to hospice and palliative care professionals. This includes five online courses made available through NHPCO’s collaboration with MJHS Institute for Innovation in Palliative Care; these courses provide continuing education credit provided through NHPCO accreditation providers.
- Expanded NHPCO’s joint providership relationships with national organizations, academic institutions, and providers.
- NHPCO was reviewed by the Accreditation Council for Continuing Medical Education and was awarded Accreditation with Commendation for six years as a provider of CME.

## PALLIATIVE CARE

- Expanded the [Palliative Care Resource Series](#) to include 36 issue briefs and 22 companion PowerPoint presentations on topics relevant to community-based palliative care and written by leading experts in the field. Some of the resources added this year include:
  - *Finding Calm in the Storm: A Palliative Care Approach to Navigating the Family Meeting*
  - *Differentiating Myths from Suitable Approaches to Medication Management in Home-Based Palliative Care*
  - *When a Patient Asks you to Pray: Advice for the Palliative Care Professional*
  - *Integrating Mindfulness into Palliative Care: Caring for Ourselves*

- *Cannabis Use in Palliative Care: History, Legality and Implications for Practice*
- *Reflections on Conducting a Spiritual Assessment: An Interdisciplinary Approach for Palliative Care Professionals*
- Added a series of Pediatric Palliative Care issue briefs to the Palliative Care Resource Series that includes:
  - *Consideration for Complex Pediatric Palliative Care Discharges*
  - *‘Who You Gonna Call?’ Men with Duchenne Muscular Dystrophy Discuss End-of-life Planning*
  - *Songs of the Dying: The Case for Music Therapy in Pediatric Palliative and Hospice Care*
  - *Nonpharmacological Pain Management for Children*
  - *Sibling Grief*
  - *Pediatric Pain Management Strategies*
  - *Communicating with a Child Experiencing The Death of a Loved One: Developmental Considerations*
- Collaborated with MJHS Institute for Innovation in Palliative Care on a monthly inter-professional webinar series.
- Hosted the preconference seminars “Community-Based Palliative Care: Getting Started” and “Community-Based Palliative Care: Making It Work.” A palliative care session track was included as part of NHPCO’s 2017 conferences.

## CONSUMER ENGAGEMENT AND ACCESS

- In recognition of the 10th anniversary of National Healthcare Decisions Day, NHPCO and Hospice Action Network hosted a Capitol Hill briefing on advance care planning that featured a new video, [“The Gift of Advance Care Planning.”](#) that aims to educate and inspire people to have vital conversations before faced with a crisis.
- Released new videos on the value of music therapy ([“Mr. Gregg: The Life of the Party”](#)) and the benefits of palliative care ([“Palliative Care” video](#)) as part of Moments of Life: Made Possible by Hospice, NHPCO’s award-winning consumer engagement website that has welcomed more than 130,000 website visitors in the past three years.
- NHPCO’s [CaringInfo.org](#) – a website offering free information on hospice and palliative care, advance care planning, grief, coping with pain, and related

**Expanded the Palliative  
Care Resource  
Series to include 36  
issue briefs and 22  
companion PowerPoint  
presentations...**

topic areas had nearly 319,000 visitors between January and October 2017, with 143,231 downloads of free, state-specific advance directive forms.

- [NHPCO's Find a Provider](#) online tool is available on multiple websites and helps visitors find an NHPCO member hospice or palliative care program in any area of the country was utilized by 27,792 website visitors between January and October.
- Now entering its 8th year, the [We Honor Veterans](#) program has grown to include the commitment of over 4,500 hospice and community-based healthcare partners as well as 99 Hospice-Veteran Partnerships.
- *We Honor Veterans* was awarded continued support through a new Veterans Health Administration Contract totaling \$991,500 over 3 years.
- Published the Children's Project on Palliative/Hospice Services (ChiPPS) e-journal, available free-of-charge to all who are interested in supporting young people and their families. Visit [www.nhpc.org/pediatrics](http://www.nhpc.org/pediatrics) for the e-journal archive, other pediatric resources, and details about ChiPPS.

## PHILANTHROPY

- Through NHPCO's fundraising affiliate, the [National Hospice Foundation](#) distributed over \$33,000 in Disaster Relief to State Members affected by the hurricanes in Texas and Florida.
- Through the [Lighthouse of Hope Fund](#), lighthouseofhopefund NHF awarded over \$46,000 to 51 hospice patients to have a special final experience, from traveling to visit loved ones to attending a home game for their favorite team.

## COMMUNICATIONS, OPERATIONS, AND ADMINISTRATION

- Engaged with media at the national and local levels working with such media outlets as the *Associated Press*, *USA Today*, *New York Times*, *Washington Post*,

*Philadelphia Enquirer*, *Dallas Morning News*, *Bloomberg*, *Forbes*, *Kaiser Health News*, *Kiplinger's*, *NPR*, *Politico*, *CQ Roll Call* and numerous local newspapers. NHPCO's leadership continues to be a major source of end-of-life information for industry reporters, including those writing for *Modern Healthcare*, *Inside CMS*, *Home Health Line*, and *Eli's*.

- NHPCO social media (Facebook, Twitter, Linked-In, Instagram and Pinterest) continues to grow in viewership, engaging both members and the general public. Early in 2017, we reached 40,000 followers on Facebook and 10,000 on Twitter. These media vehicles have been a valuable tool for education and creating interest in NHPCO assets including the Moments of Life campaign.
- The [NHPCO website](#) continues to play a vital role as a member tool and educational resource. A snapshot of NHPCO website activity from January to September includes 494,900 unique website visitors with 1,724,221 total page views.
- Unveiled the permanent exhibit at NHPCO offices, "Hospice: A Historical Perspective," which documents the development of hospice over the past four decades.
- Posted blogs from President and CEO Edo Banach; the most popular "[All Other Ground is Sinking Sand](#)" reached more than 7,700 readers in the first month it was posted.
- Maintained a strong member retention rate of 90 percent during a period with increasing mergers and acquisitions among member organizations and competition within the association field.
- To date there have been 9,314 chat registrations from member organizations – representing an unknown number of total participants – for 81 chats offered by NCHPP. These chats are archived in the NCHPP Section e-communities of [My.NHPCO.org](http://My.NHPCO.org).

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## NEED CRITICAL COMPETITIVE DATA?

**LOOK NO FURTHER...** The annual **State Hospice Profile™** contains comprehensive hospice market characteristics for each county based on Medicare data from 2002-2016, providing critical information to learn more about the competitive environment of your state.

Produced by HealthPivots and available exclusively through NHPCO Marketplace, each 2016 **State Hospice Profile™** provides vital county level information on each of the leading providers. Full-colored charts and graphs provide analysis information of the last fifteen years of Medicare claims data.

Examples of the valuable information included in the **State Hospice Profile™**

- Estimated Medicare Cap usage
- Major hospice providers in the county
- Comparative hospice penetration data/market share trends
- Average Length of Stay
- Distribution of hospice census

As an added bonus, each **State Hospice Profile™** also contains a National and Statewide Profile of hospice care based upon Medicare claims data going back to 2002, as well as county level National and State penetration maps. View an example of a **State Hospice Profile** at [healthpivots.com/stateprofile](http://healthpivots.com/stateprofile)



**State Hospice Profiles™** are individually priced based upon the number of counties in each state. Please call 1-800-646-6460 for pricing details and to order. Profiles are available for all 50 States, the District of Columbia, and Puerto Rico.





The  
*Other Side*  
of the Conversation

By Christopher M. Thompson, MD, HMDC

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# A physician connects his personal and professional caregiver roles

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**A**s palliative care providers, we spend our careers talking about end-of-life care and helping families make difficult choices about life and death. Have you ever been on the other side of the conversation, answering questions and making decisions for your own loved ones? I have cared for thousands of patients at the end of life, but recently I've been on the other side of that conversation — twice.

My first conversation began with “Momma,” my wife’s 91-year-old paternal grandmother. Her decline started with a kidney stone, which then led to urinary tract infections and tremendous pain. Momma made the decision to have lithotripsy. During the procedure, she had respiratory distress and required intubation. Her heart was not strong enough to tolerate this “routine” procedure. She developed right-sided heart failure and pulmonary edema. Doctors were able to extubate her; however, she continued to have more respiratory distress. She was not doing well. They placed her on Bi-pap but she did not tolerate this. She was in the hospital, agitated, dyspneic, and did not want to be re-intubated.

So now what? Our family had to begin those difficult discussions. Do we continue to push aggressive care? Momma told the family she was tired and ready to die. It was hard for our family to acknowledge what this meant even knowing her wishes. Added to that, it was two weeks before Christmas and my family lived six hours away from Momma. We decided my wife and our three-year-old daughter would travel to Georgia while I stayed home to work. I wanted my wife to be there for the conversation in person and to see her grandmother, as I knew this might be her final days on earth. After discussing options, the family agreed to inpatient hospice care.

I was too involved with work and like many times before chose work over family. My wife was at Momma’s bedside for less than 24 hours when she called me telling me that Momma was asking for me, “The Doctor.” I pulled myself away from work in the middle of the day and headed to Georgia.

I was now being asked medical questions as well as “what about Christmas?”, “what do we tell the

**I have cared for thousands of patients at the end of life, but recently I've been on the other side of that conversation - twice.**



Betsy Bryan, "Momma"



great-grandchildren?”, and “is this the right thing to do?” I did not have answers. I had memories and emotions for this woman I loved; I did not want to think, “Momma is dying.”

All the signs were there; it was her time to die. The family began the journey with Momma. I have worked in three different inpatient hospice facilities. It’s easier for me to study the staff, their workflow, their EMR, their census, their medical director – this is what I know. My wife reminded me that this time, I was there for Momma and our family. I was not “The Doctor” now; I was family.

Staff managed Momma’s symptoms quickly and she had two good days talking and

interacting. We had made the right choice, albeit not an easy one. Long days and nights at the hospice home wear a family down. Hospice staff participate in these experiences daily. We think how hard it must be for the patients and families. When you are on the other side, you feel the sorrow and you learn a lot about the value of hospice care.

Momma died peacefully four days later. We returned home to North Carolina, only to receive a phone call that “Granny” was in the hospital. Granny was my wife’s 78-year-old maternal grandmother. She had Alzheimer’s disease, had fallen at home, and had developed altered mental status. She was not eating, she had a UTI, and a CT

scan showed a small hemorrhage in the frontal lobe. Granny was agitated, not eating, and declining. So now what?

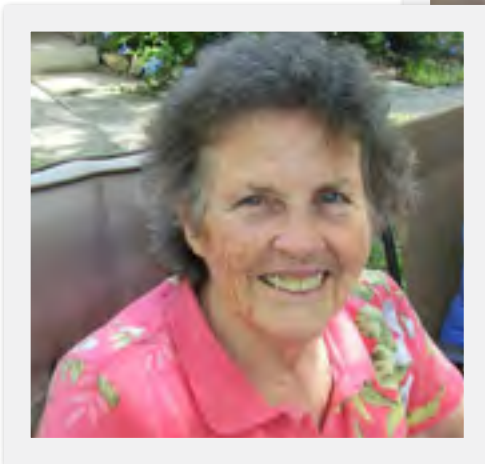
Just three weeks earlier we had lost Momma. Now our family was deciding on inpatient hospice for Granny.

My wife, daughter, and I packed the car and headed for Florida. I took the time from work, but I was still on call and was on the phone, giving orders the entire trip. Once again, it was easier for me to do my work as a hospice physician than confront what I had no control over. We were losing

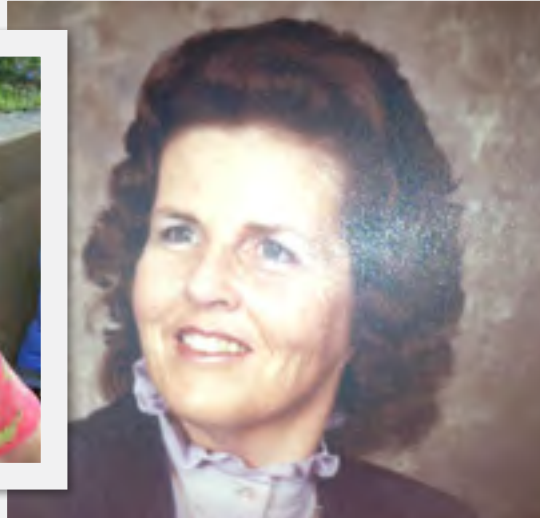
both our grandmothers within three weeks.

As we arrived in the middle of the night, we received a call letting us know Granny died. She had declined quickly. That was truly a blessing. After all the heartbreak and tears, we went to Granny’s house and celebrated her life. This is what she would have wanted.

Those two experiences remind me how hard end-of-life conversations are for families. We as palliative care providers need to remember it is different when there are memories and emotions involved. No matter how informed our families are, these decisions are not easy. And, it’s hard being on the other side. We



Phyllis Johns, "Granny"



are no longer medical professionals, we are family. All our medical training leaves our mind and we become an emotional basket case. We find it hard to think straight or make rational decisions. It's difficult living with the decisions and through those choices.

I'm 40 years old, my parents are approaching retirement, and my grandparents are dying. I have friends who are struggling with acute and chronic illnesses. All of this has made me a better hospice and palliative care physician and I'm glad I can reflect on my training and life experiences to help my patients and families. I make the conversations personal and emotional. I have more empathy during family meetings. I think this adds a new dimension to the work I do, the work I'm proud to do. These two experiences brought our family closer together and I'm grateful I could help in the decision-making process. My family saw firsthand how our jobs as hospice and palliative care providers are intensely emotional. We all need to realize the impact we have on the families we care for, how a well-trained hospice and palliative care staff can have an impact on a family.

During our trip home from Florida, my wife looked at me and asked, "How do you do this day after day? I am proud of you and now understand your job even more and how rewarding it must be."

**Christopher M. Thompson, MD, HMDC**, assisted in developing the palliative medicine programs at two hospitals prior to joining Transitions LifeCare as Medical Director for Transitions Kids, Transitions LifeCare's pediatric hospice program. Dr. Thompson is board certified in Family Medicine. After completing his Fellowship, Dr. Thompson became board certified in Hospice and Palliative Medicine with the added qualification of Hospice Medical Director Certification.

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**No matter how informed  
our families are, these  
decisions are not easy.**





# Qualifying For Social Security Disability **WHILE IN HOSPICE CARE**

By Deanna Power

Social Security  
Disability Claim

The information given in this application form is true and correct and  
my/our credit responsibility. You are authorized to obtain any in-  
formation from any sources to which you may apply and each such source  
is authorized to disclose, in response to my request, information on my loaning account as you consider  
appropriate and all claims in damages or otherwise, whether or not the relat-

Totals  
Income  
Expenses

Income  
Income Source  
Income less e  
Medical and tra  
Household exp  
Stocks and b  
Other

If an individual is receiving hospice care, they might be eligible for Social Security benefits. The Social Security Administration (SSA) offers monthly resources for people in need who will be out of work for at least 12 months, or have a condition that's terminal. Anyone in hospice care will automatically meet these technical requirements, meaning they and their eligible family members could receive financial aid that can be used for medical bills, hospice care expenses not covered, rent or a mortgage, groceries, car payments, or any other daily living needs.

## Medically Qualifying for Social Security Benefits

The SSA uses its own medical guide known as the [Blue Book](#) to determine if a person's condition is "disabling" enough to qualify. If a condition prevents him/her from earning \$1,170 per month in 2017 (\$1,180 in 2018), they will qualify.

There are many conditions listed in the Blue Book that often require hospice care. Some qualifying conditions include, but are certainly not limited to:

- Advanced cancer
- ALS
- Early-onset Alzheimer's disease
- Heart failure
- Liver disease
- Stroke

Each condition will have different qualification criteria. For example, an ALS diagnosis always qualifies. On the other hand, women with [breast cancer](#) will need to have

cancer that has spread to distant organs or to the collar bone/sternum to qualify. The entire Blue Book is available online, so patients can review the resource with their doctors to determine where they qualify. Keep in mind that nearly every patient in hospice care will have a condition that's "severe" enough to qualify.

## Age and Disability Benefits

The vast majority of people qualify for Social Security Disability Insurance, or [SSDI](#). These benefits are only available to adults who have worked throughout life but have not reached their "[full retirement age](#)." This means that if they are already receiving Social Security retirement benefits, they cannot qualify for additional disability benefits on top of the retirement payments.

If they have been diagnosed with a serious illness and recently entered hospice care between the ages of 62 and 64, it's always advisable to apply for SSDI benefits before applying for early retirement. The person's monthly SSDI payments will be locked into what they would have earned after retiring on time, meaning SSDI payments are always higher than early retirement benefits.

## Parties Eligible for Additional Assistance

If an individual qualifies for SSDI benefits, their family could receive additional assistance as well. These are known as "[auxiliary benefits](#)." Dependents who can receive auxiliary benefits include:

**If an individual qualifies for SSDI benefits, their family could receive additional assistance as well.**



- A spouse age 62+
- A child\* under age 18
- A spouse of any age caring for a child under age 16

\*A child includes biological, adopted, or step children. Additional children in the person's care will not be eligible for benefits unless they've been legally adopted, or both of their biological parents are disabled or deceased.

Dependents will receive up to 50% of the monthly SSDI benefits each, but the household maximum cannot exceed 180% of your SSDI entitlement. For example, if a person has three minor children and receive \$2,000 in SSDI benefits per month, all of the children would be eligible for auxiliary benefits. Because the household cap would come into play, the maximum payment would be \$3,600.

## In the Event of Death

A person's family will be protected when they die. Dependents can receive survivors' benefits in the event of the patient's death. Eligible parties are similar to those who can receive auxiliary benefits:

- A spouse age 60+
- A child under age 18
- A spouse of any age caring for a child under age 16
- Dependent parents—parents can receive additional aid if they're responsible for more than 50% of their daily living needs

Family members who qualify for survivors' benefits will be eligible for up to 75% of the person's monthly entitlement—a large increase from auxiliary benefits.

## Starting Your Application

The easiest way to apply is [online on the SSA's website](#). Applicants will not need to physically mail in any

medical information, as the SSA will gather it on their behalf. It'll be important to list every hospital where a patient has received treatment to ensure the SSA can collect the necessary medical records.

Individuals can also apply in person at the [closest Social Security office](#). There are more than 1,300 SSA offices located across the country. To apply in person, applicants should schedule an appointment by calling the SSA toll free at 1-800-772-1213.

It typically takes three to five months to hear back from the SSA, but many people in hospice care will be approved quicker. The SSA flags conditions that are "clearly disabling" for expedited review, meaning a person under hospice care could be approved in as little as 10 days.

## Helpful Links:

The SSA's Blue Book: <https://www.ssa.gov/disability/professionals/bluebook/>

Qualifying with breast cancer: <https://www.disability-benefits-help.org/disabling-conditions/breast-cancer>

More information on SSDI: <https://www.ssa.gov/disability/>

Calculate your full retirement age: <https://www.ssa.gov/planners/retire/1943.html>

Auxiliary benefits: <https://www.disability-benefits-help.org/glossary/auxiliary-benefits>

Planning for survivors' benefits: <https://www.ssa.gov/planners/survivors/ifyou5.html>

Apply online: <https://secure.ssa.gov/iClaim/dib>

SSA offices across the country: <https://www.disability-benefits-help.org/social-security-disability-locations>

**Deanna Power** is the Director of Outreach for Disability Benefits Help. She specializes in helping applicants determine if they medically qualify for Social Security disability benefits. If you have any questions on the content of this article or how to qualify in general, she can be reached at [drp@ssd-help.org](mailto:drp@ssd-help.org)

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# 2018 WEBINAR SERIES



Don't forget to plan for the **2018 NHPCO Webinar Series** as you finalize your budget and education calendar.

Addressing the most timely Regulatory, Quality and Interdisciplinary topics in the field today, don't miss this opportunity for additional savings on one of the best ways to bring high quality education to your team. CE/CME credit is available. **Buy a Webinar package now and save over \$450.**

Visit our website for more information on package deals. [www.nhpc.org/webinars](http://www.nhpc.org/webinars)

## INTERDISCIPLINARY TOPICS

### JANUARY 11

Innovations in Community-Based Palliative Care

### FEBRUARY 8

Comprehensive Assessment and Plan of Care

### MARCH 8

Creative Approaches in Bereavement

### APRIL 12

Advances in Telemedicine

### MAY 10

Cultivating Emotional Intelligence

### JUNE 14

Community-Based Palliative Care: Non-Cancer Patients

### JULY 12

Advanced Pain Management

### AUGUST 9

Managing Mental Illness

### SEPTEMBER 13

Medical Marijuana

### OCTOBER 11

Assessment of Spiritual Suffering

### NOVEMBER 15

Terminal Prognosis and Trajectory

### DECEMBER 13

Lessons Learned in Community-Based Palliative Care

## QUALITY & REGULATORY TOPICS

### JANUARY 23

New Rules for Nursing Homes

### FEBRUARY 27

Hot Topics

### MARCH 27

Hospice Compare

### APRIL 17

HQRP and Hospice Practice

### MAY 22

Ethical Marketing Practices

### JUNE 26

Referral and Admission Processes

### JULY 24

Beyond Routine Home Care

### AUGUST 28

Hot Topics

### SEPTEMBER 25

Avoiding Survey Deficiencies

### OCTOBER 23

Compliance Risk Areas

### NOVEMBER 27

Engage Staff with Quality Data

### DECEMBER 18

Documentation





## New Videos Shine a Light on Moments of Life

Two new videos have been added to NHPCO's *Moments of Life: Made Possible by Hospice* website.

### Gift of Music Therapy



Released as a prelude to National Hospice and Palliative Care Month, the video, [“Mr. Gregg: the Life of the Party.”](#) follows Robert Gregg, a Seasons Hospice and Palliative Care patient, suffering from memory loss and agitation due to advanced illness. Music therapy has helped restore some of the lighter and more cheerful aspects of Mr. Gregg’s personality and has been a positive addition to his care.

Music therapy was introduced into Mr. Gregg’s care after a hospice aide realized he was responding positively to the songs she would sing to him. Sara Harris, Board Certified Music Therapist at Seasons Hospice and Palliative Care, was brought in to Mr. Gregg’s home to provide music therapy sessions. She offers a reassuring tempo that allows Mr. Gregg to adjust his breathing to sustain both happiness and peace.

“Music bridges a gap between their reality and our reality,” says Harris. “And for families who may have not seen their loved ones speak or sing or anything the past few years, it’s just absolutely priceless.”

“As a musician, I believe in the power of music to transcend words and connect people,” says NHPCO President and CEO Edo Banach. “Music therapists help provide physical and emotional peace to patients and families at the end of life.”

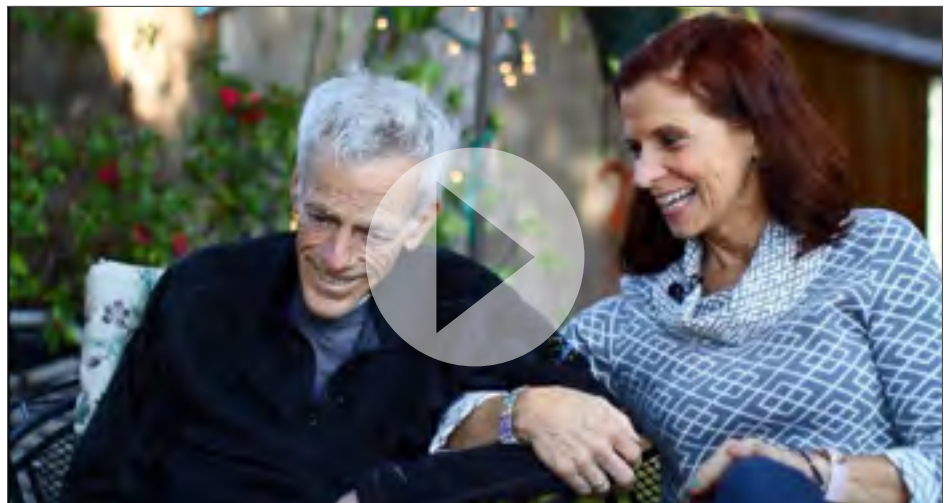
### Value of Palliative Care

The new video [“Michael’s Palliative Care Journey”](#) helps people better understand what palliative care is and how it can benefit patients and their families. Michael Sampair received palliative care services from The Elizabeth Hospice for almost two years – about five years after being diagnosed with stage

four bone cancer. Before starting palliative care, Michael’s quality of life was extremely impaired and he was struggling both physically and mentally.

The Elizabeth Hospice Chief Medical Officer, George Delgado, MD, FAAFP, HMDC, was Michael’s palliative care physician. He was able to manage Michael’s pain and symptoms, allowing him to feel comfortable.

“I came and added, I think, a critical piece of the puzzle and that was really solving the problem of getting his pain under better control,” says Dr. Delgado. “Because as you know, when patients don’t have pain under control, it’s hard for them to really enjoy life and to live life to the fullest and he was really finding he had a lot of life still to live but he wasn’t able to enjoy it or to be fulfilled because of the pain.”



## Moments of Life

[Moments of Life: Made Possible by Hospice](#) is a public awareness campaign launched by NHPCO in 2014. The campaign features stories from hospices and palliative care programs across the United States of patients and families experiencing hospice and palliative care first hand. Moments of Life was created to help people understand that hospice and palliative care help patients and family caregivers live as fully as possible despite serious and life-limiting illness. Visit [MomentsOfLife.org](#) and share the videos and resources with those in your community who are looking to better understand all that hospice and palliative care.

## Two Premiere Events Combine

As palliative care and hospice leaders and managers, it's important to recognize that 2018 will continue to be a pivotal time for the future of hospice and palliative care, as well as healthcare in general. Health policy will continue to dominate the Congressional calendar in 2018 as legislators grapple with health reform, regulators with mandates to innovate and to integrate quality metrics, and providers strive to maximize available resources – all with the goal of providing the highest quality care possible. It is critical that NHPCO members and partners be active participants in charting our own course, and NHPCO has made a change to the annual Management and Leadership Conference to facilitate this goal.

In 2018, two premiere events are coming together. The Management and Leadership Conference will be held in conjunction with the

Advocacy Intensive, April 23-25 in Washington, DC.

During the first two days, hospice and palliative care leaders will take advantage of educational offerings focused on timely topics and new approaches to successful leadership and program management. On Wednesday, the focus shifts to policy, starting off with learning at the Washington Hilton Hotel and moving in the afternoon to Capitol Hill for participants to meet their legislators. The three days will be capped off with a Congressional Reception on the Hill.

[Online registration is available now.](#)



**It is critical that NHPCO members and partners be active participants in charting our own course...a**

## Palliative Care and Hospice Organizations Collaborate to Advance the Field

**The National Coalition for Hospice and Palliative Care: Working together to coordinate, communicate, and collaborate on advocacy, quality, and beyond.**

### **What is the Coalition? Why is it Important?**

If you have attended a hospice or palliative care conference in the last few years, it is likely that you have heard the proverb, “If you want to go fast, go alone. If you want to go farther, go together.” The National Coalition for Hospice and Palliative Care (also referred to as the Coalition) is a critical mechanism for ensuring that the field goes far.

Originally established by four organizations in 2002 to create a foundation for defining quality palliative care, i.e., National Consensus Project, Clinical Practice Guidelines for Quality Palliative Care, the Coalition is now comprised of nine national organizations representing clinicians from the full interdisciplinary team (physicians, nurses, social workers, chaplains, and physician assistants), researchers, and hospice and palliative care programs. The Coalition’s goals focus on four

essential elements, the “Four C’s”: **Cooperation, Communication, Coordination, and Collaboration.**

These nine hospice and palliative care organizations work independently to improve quality of life for seriously ill patients by addressing the needs of their constituencies in areas such as education, advocacy, quality improvement, research, etc. While each has been incredibly effective on its own, the field as a whole faces many challenges:

- Rapid evolution of health care and health policy in the U.S.;
- Rapid increase in the number of people who would benefit from palliative care and/or hospice services;
- Rapid proliferation of new interventions/initiatives designed to address the high-need, high-cost populations (some with the patient and family in mind, some with cost savings in mind), creating much “noise” around the right way to care for these patients;
- Continued misconceptions about what hospice and palliative care can offer and who is eligible for these services; and
- Limited resources in our small field.

Using the Four C’s, the Coalition helps the field proactively address these challenges by convening representatives monthly from each organization to strategize on key public policy challenges; improve communication to avoid duplication of effort where possible; and share intellectual resources. We work together to respond to legislative and regulatory opportunities, and are structured to nimbly respond to significant opportunities and threats (e.g., the recent misrepresentation of palliative care by a U.S. Senator). However, the most important function of the Coalition is to initiate and strengthen relationships across the field.

As a result of the Coalition, members often feel more comfortable reaching out to each other individually as needed to clarify an issue, brainstorm ideas, and collaborate on new initiatives. By finding natural opportunities to work together, we strengthen each other and increase our impact – both within the field and to external audiences.

Visit the [Coalition website](#) to learn more and stay up to date on ongoing activities.

# New Online Certificate Program in Advance Care Planning

**New program developed in cooperation with NHPCO is designed to train healthcare professionals on talking to patients about end-of-life care decisions.**

Sarah Lawrence College's Graduate & Professional Studies program has launched a course to train physicians and healthcare professionals in discussing end-of-life care preferences. [Advance Care Planning for Primary Care Practitioners](#) is an online non-credit, self-paced, 4-hour CME, CEU certificate in Advance Care Planning for practitioners and practices that receive Medicare B reimbursement.

"Advance Care Planning for Primary Care Practitioners not only provides physicians with the expertise to talk to their patients about planning for end of life, but with the tools they need to bill under Medicare," said Rebecca O. Johnson, MSCED, MFA, Program Director, End-of-Life Care Program, Sarah Lawrence College Graduate & Professional Studies.

A 2016 survey commissioned by The John A. Hartford Foundation, Cambia Health Foundation, and California HealthCare Foundation found that while 99 percent of physicians agreed that discussing Advance Care Planning was important, only 71 percent said they felt equipped to do so. And only a small fraction of these physicians - about 15 percent - said they have billed for these services under Medicare in the last year.

Created in cooperation with the National Hospice and Palliative Care Organization, the college's End-of-Life Care program aims to educate healthcare providers on how best to advise their patients how to plan for the end of life.

The courses address the following topics;

- How to conduct quality of life conversations and develop a process for assessment of patients' wishes and goals.
- Understanding your legal and ethical obligations to patients in Advance Care Planning
- Instruction in accessing and completing ACP forms.

The courses offer CME or CEs. Healthcare providers interested in learning more about the certificate program can visit the [Sarah Lawrence website](#).



**Created in cooperation with the National Hospice and Palliative Care Organization, the college's End-of-Life Care program aims to educate healthcare providers.**



## Meet Zinnia Harrison



Zinnia Ng Harrison joined NHPCO in September 2017 as Vice President of Innovation and Access. Among her areas of responsibility at NHPCO, she will work to design and develop sustainable innovations to modernize end-of-life care.

With 15 years of health program and policy experience, Zinnia began her federal career in 2002 at the Health Resource and Service Administration's Bureau of Primary Health Care overseeing approximately 25 federally qualified health centers, Rural Health Clinics, and supported the Radiation Exposure Screening and Education Program.

She served in the Centers for Medicare & Medicaid Services, Center for Medicare, Chronic Care Policy Group and contributed to a diverse portfolio of payment policy issues related to institutional post-acute care settings, home health, and hospice. She also served as a Special Assistant for the Chronic Care Policy Group. In late 2015, she joined the Center for Medicare and Medicaid Innovation as the Director of Division of Health Care Payment Models.

Zinnia has a Bachelor of Arts in Psychology and Ethnic Studies from Mills College and a Masters in Health Science from the Johns Hopkins Bloomberg School of Public Health.

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## Successful Outreach in November

During November's National Hospice and Palliative Care Month, efforts to raise awareness and share positive messages throughout the month were successful. NHPCO would like to share a quick summary of some of the organizational efforts in November. Highlights include:

- Issued a hospice and palliative care month proclamation for the community.
- Put out a press release on November 1 encouraging people to learn more about hospice and palliative care.
- [Published an op-ed](#) by Edo Banach on the importance of policy makers supporting hospice in the noted DC media outlet, *The Hill*, on November 3.
- Coordinated the annual Social Media Day on Friday, November 3 that generated hundreds of positive messages with thousands of impressions.
- Two Audio News Releases went out via talk radio stations during the first two weeks of November. One was focused on hospice awareness and the second was about the unique Pet Peace of Mind program.
- Veterans Day outreach was a focus in the days leading up to November 11.
- A Video explaining the value of palliative care was released with key messages about community-based palliative care.
- [A Radio News Tour](#) featuring Edo Banach that touched on a number of key messages including the value of hospice, the importance of advance care planning, and the work hospices do to support those grieving during the holidays, went out before Thanksgiving.

A reminder that a number of [outreach materials](#) are available to members that can be used all year long, not just during November's National Hospice and Palliative Care Month.



**A reminder that a  
number of outreach  
materials are available  
to members that can be  
used all year long...**

## We Honor Veterans in 2017



### WE HONOR VETERANS

*Caring Professionals on a Mission to Serve.*

*We Honor Veterans* is a national program in collaboration with the Department of Veterans Affairs with a simple goal – to care for and honor those who have served when they reach the end of life. By recognizing the unique needs of America’s Veterans and their families, community providers in partnership with VA staff learn how to accompany and guide them through their life stories toward a more peaceful ending.

Now entering its eight year, the program has grown to include the commitment of over 4,500 hospice and community-based healthcare partners as well as 99 Hospice-Veteran Partnerships. Below are some highlights from 2017:

- Partner engagement activities included a [quarterly newsletter](#), the latest news on Twitter [@WeHonorVeterans](#), and quarterly networking calls featuring guest speakers, WHV updates, as well guidance from Dr. Scott Shreve from The Department of Veterans Affairs.
- Resources available at no cost to partners and VA staff included the [No Veteran Dies Alone Volunteer Trainer Resource Manual](#), the updated [End-of-Life Nursing Education Consortium \(ELNEC\) - For Veterans Curriculum](#), and HFA’s Improving Care for Veterans.
- Guided partners to access VA resources such as Education in Palliative End-of-life Care (EPEC) Modules on the [VHA TRAIN website](#), mobile apps for providers, and fact sheets for outreach and to improve transition across settings.

- Offered resources to help partners implement a [Veteran-to-Veteran volunteer program](#). Veteran volunteers and patients are able to connect over a shared military background and experience.
- The evening of September 19, partners came together at NHPCO’s 2017 Interdisciplinary Conference in San Diego. A special appreciation event was held to celebrate individuals, partners, VA staff, and organizations that join forces to provide quality care and discuss the impact that these coalitions have on Veterans, family members, and the communities they serve.

### Alaska Veterans Honored by Providence Hospice



Elizabeth Hubbard, USAF pins Ross A. Brame, US Army Veteran.

Providence Hospice, a Level II We Honor Veterans Partner, honored 15 Alaska Veterans living at Providence Horizon House, an assisted living home in Anchorage, AK. Providence Hospice and Horizon House are both part of Providence St. Joseph Health, a leading parent organization in health care offering a comprehensive range of services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington. One in 10 Alaskans are Veterans.





Senator Lisa Murkowski thanks Robin Hull, Navy and Army Veteran

Active duty servicemen and women from Joint Base Elmendorf Richardson, near Anchorage Alaska volunteered to help with pinning; Taylor Moller, AIC USAF, Marshall Goodwin, PFC US Army, Jorge Guittierrez, SSgt US Army, and Elizabeth Hubbard, SSgt USAF.

Staff and residents at Horizon House were joined by Providence staff and volunteers to watch as Providence Home Health Chaplain Steve Lambert, Lt. Col. US Army Reserves, lead the active duty volunteers in the “We Honor Veterans” pinning ceremony. Grant Schultz from Congressman Young’s office, Sharon Jackson from Senator Sullivan’s office also attended. U.S. Senator Lisa Murkowski attended the event in person helping with the group pinning ceremony and visited Horizon House Veterans who could not attend the ceremony.

Horizon House Director Theresa Gleason and Providence Hospice Director Pat Dooley thanked everyone for attending and spoke of our commitment to serving those who have served us through their military service. Funding for We Honor Veterans activities are made possible through generous community donations to Providence Hospice/Providence Alaska Foundation.

**Senator Lisa Murkowski  
attended the event in  
person helping with the  
group pinning ceremony...**



NHPCO's



## Category: **Photography**

**Impactful Relationships:**

The Interactions of Hospice and Palliative Care

*Creative Arts Contest*



*First Place*

### **"Glenn Rocks"**

Submitted by Liz Koping,  
Director of Marketing &  
Communications  
Agrace Hospice & Palliative  
Care, Madison, WI



*Second Place*

### **"Let's Just Make Art Together"**

Submitted by Anne Williams and Lucy Cobos  
Care Dimensions, Danvers, MA



*Honorable Mention*

### **"James Cook and Jennifer Aniston Poster"**

Submitted by Daphne Massaro  
Ohio Living Home Health & Hospice,  
Fairlawn, OH

NHPCO's



## Category: Poetry

### Impactful Relationships:

#### The Interactions of Hospice and Palliative Care

## Creative Arts Contest



First Place

### "Initial Visit"

Submitted by Bette  
Birnbaum Hospice  
of the East Bay,  
Pleasant Hill, CA

The nurse says,  
I will walk with you  
through a land you do not yet know.  
I will ease your pain  
and help you breathe easy.  
I will bind up your wounds  
and be for you and the ones you love  
a source of truth and succor,  
a fount of compassion and confidence.

The hospice aide says,  
I will be for you  
like a mother eagle guarding her nest.  
When you hunger,  
I will provide food.  
When you thirst,  
I will provide drink.  
I will dignify you,  
smoothing your hair,  
softening your skin,  
and anointing you with fragrant oil.

The social worker says,  
I will protect you as you journey  
and keep you safe from all harm.  
I will be for you  
a sentry at your head and a guard at your tail,  
With a strong hand and an outstretched arm  
I will remove all obstacles in your way  
and lift your precious beloveds  
whenever they fall.

The chaplain says,  
I will be an ear for your prayers  
and a cradle for your comfort.  
I will be with you  
in the valley of deepest darkness,  
a friend in green pastures and beside still waters.  
I will share your overflowing cup  
and together,  
we will sip of your  
deepest sorrows and greatest joys.

The patient says,  
Hineini,  
Here I am,  
the beggar at the gate,  
lame, mute,  
my soiled rags  
frayed and flapping in the hot wind.  
With fear and trembling  
I commit myself into your hands.

Teach me to number my days and shape a heart  
of wisdom  
as you read me like a sacred scroll,  
lauding and praising  
glorifying and exalting  
my Name.

### Second Place

#### "Rosemary"

Author: Gary Blackmore, Submitted  
by Dale Willis, Hospice Compassus,  
Columbia, MO

### Honorable Mention

#### "Fingerprints in Time"

Submitted by Bethany Fopma, Aseracare  
Hospice, Sioux Falls, SD

NHPCO's



## Category: **Blog**

### Impactful Relationships:

## The Interactions of Hospice and Palliative Care

### Creative Arts Contest



First Place

### "Old Blue Eyes"

Submitted by  
Fred Grewe  
Providence Home  
Health and Hospice,  
Medford, OR

As I sat weeping next to Sam's just deceased body, what I missed most was the playful glint behind those beautiful blue Irish eyes. They truly were the window to his kind and gentle soul.

He had been a strapping young lad from Wisconsin camping in the Grand Tetons when Nancy and her family arrived for their vacation. Sam and Nancy hit it off straight away and, in fact, Sam followed Nancy's family back to Utah. He simply showed up on her doorstep and never left. That was sixty-seven years ago and part of the story Alzheimer's had erased from Sam's memory bank.

Also gone was a lifetime of working for the forestry service, raising two loving sons, untold hours fishing, and traveling the country with Nancy in their little camper. Bedbound for the last several years of his life, as his body ever-so-slowly diminished so did a lifetime of memories and even an awareness of who he was.

What did not diminish, however, was that playful kindness in those deep blue eyes. Always present to the moment, Sam loved to laugh and tease. After months of visits and simple conversations Sam could vaguely remember my face but not who I was or why I was there. Most of the time I simply told Sam his own life story. It all started naturally enough. On one of my first visits, those blue eyes looked like a deer's caught by headlights as Sam told me he couldn't remember who he was or why he was still here. So I just started to remind him. As I told him his own life story, those blue eyes began to water and relax. When I told him he was a good man and had lived a good life he smiled. That mischievous Irish grin captured my heart.

Over the months Sam taught me so much about living in the present moment. That's all we really have anyway. With him, the present was all there was. He taught me how lost we can get when we forget who we are, when we forget our story—and how important it is to have good friends and loved ones to remind us. He also taught me about emotional investing. Because of the love he had deposited into others throughout his ninety-plus years of living, he earned great dividends and was able to benefit from those investments when it was needed. His memory bank may have been depleted, but his emotional and relational accounts continued to thrive.

The night before he died, Nancy and their daughter-in-law Joyce were up caring for him and got no sleep. The next afternoon, Nancy had just lain down to get some rest in the next room. She told me she really didn't sleep—she called it being in a "twilight zone"—when she saw a golden luminous ball suddenly appear on the door of the bedroom. She was thinking, "Is that Sam's spirit?" when Lynn came in to tell her that Sam had just passed away.

Was that luminous golden ball that manifested on Nancy's bedroom door Sam's spirit as she believes? Was it the divine spark that animated the playful glint behind his beautiful blue eyes? I don't know. But what I do know is that my own life has been incredibly enriched by simply spending hours with a good man, basking in the glow of his love with and for Nancy, and having the distinct privilege of re-telling this kind man with the beautiful blue eyes the story he actually lived.

### Second Place

### "I Am Definitely the Fortunate One"

by Jan Phillips, Hospice of Dubuque,  
Dubuque, IA

### Honorable Mention

### "Tulips of Love"

by Anne Chida, Unity Hospice of Greater  
St. Louis, St. Louis, MO

**DOWNLOAD THE COMPLETE  
2017 CREATIVE ARTS CONTEST PDF.**

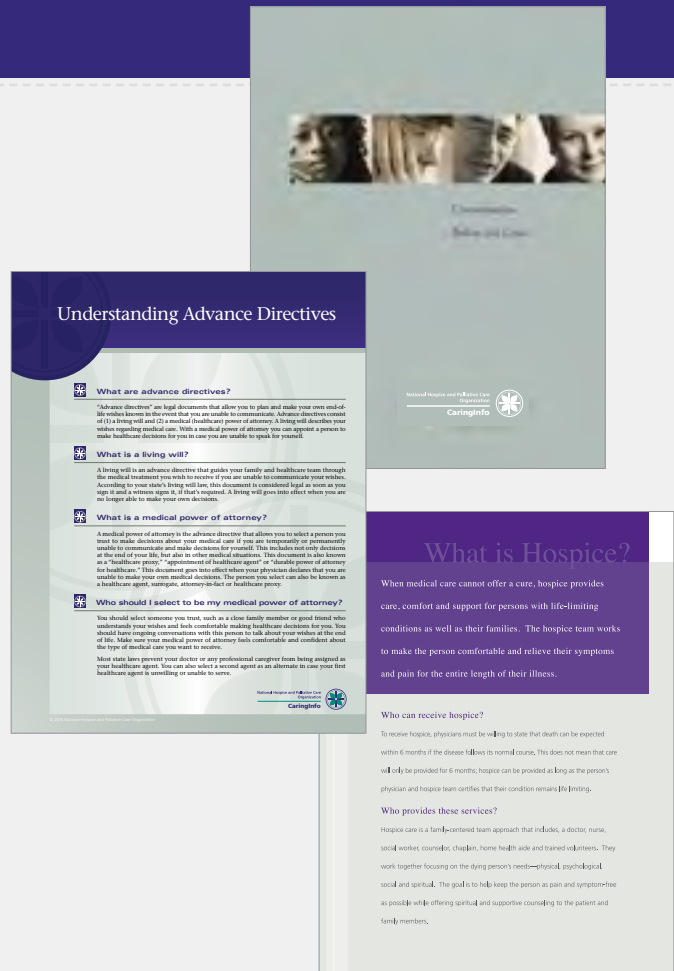


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OPTION	NHPCO MEMBER	NON-MEMBER
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Up to 5 states	\$1,250	\$1,750
Up to 10 states	\$2,000	\$3,000
Up to 25 states	\$4,500	\$6,000
All states	\$7,500	\$10,000



## **New President of Pikes Peak Hospice & Palliative Care**



**Gloria Brooks**

Gloria A. Brooks, MPA, FACHE, has been named the new president of Pikes Peak Hospice & Palliative Care and the president and CEO of Pikes Peak Hospice Foundation. Both appointments were effective on May 22, 2017. Brooks succeeds Martha M. Barton, who led the two organizations for 30 years before announcing her retirement in January.

Brooks comes to Pikes Peak Hospice & Palliative Care from the Hospice of Michigan, where she served as vice president and chief strategy officer. She led the creation of a joint strategic plan for Hospice of Michigan and the newly affiliated Arbor Hospice. She also led new business development opportunities for Hospice of Michigan's palliative care service line. Brooks' career also includes leadership positions with Arbor Hospice and the Visiting Nurse Association of Southeast Michigan.

## **TRU Community Care names new CEO**



**Michael McHale**

Michael McHale is the new president and CEO of TRU Community Care, TRU Hospice of Northern Colorado, and TRU PACE (Program of All-inclusive Care for the Elderly); he began this role in September 2017. Most recently, McHale was charged with integrating Rainbow Hospice and Palliative Care into the Presence Health System – the largest Catholic health system in the state of Illinois.

McHale has dedicated his professional career to health care with more than 17 years of management, marketing and customer service experience within the hospice and long-term care industry. As a board member of NHPCO, he is committed to improving quality of care, regulatory oversight and patient and family satisfaction in hospice, palliative medicine and PACE.

## **Chapters Health System Picks New President/CEO**



**Andrew Molosky**

Chapters Health System and its affiliates (Good Shepherd Hospice, HPH Hospice and LifePath Hospice) announced Andrew Molosky, MBA, CHPCA, as the new president and CEO, effective December 11, 2017. Molosky succeeded Kathy L. Fernandez.

Molosky has served in senior leadership positions in the post-acute areas of hospice, home care and community-based services for the last 16 years. Most recently, he served as president/CEO of UnityPoint at Home, which is the ambulatory enterprise of UnityPoint Health. Prior to joining UnityPoint, Molosky held regional leadership positions with Seasons Hospice and Palliative Care, Amedisys Hospice and Palliative Care, and Odyssey Healthcare.

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## Vice President of Philanthropy at HopeHealth



Pauline Neves

HopeHealth, in Massachusetts, is pleased to announce the promotion of Pauline Neves, CFRE, to vice president of philanthropy. Neves has been with HopeHealth since 2004, serving as director of philanthropy for the last five years. She was an essential member of the leadership team during two mergers, and served as a member of the organization-wide rebranding task force.

An involved member of the philanthropy professional community, Pauline currently serves as president of the board of the Philanthropy Partners of the Cape & Islands.

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## Four National Palliative Care Advanced Practice Registered Nurse Externship Sites Selected

Four national palliative care externship sites have been selected as part of the newly created Palliative Care APRN Externship, according to the program's director Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN. The four sites are: Duke University Hospital and Health System Palliative Care (Durham, NC), Johns Hopkins Hospital Palliative Care Service (Baltimore, MD), Metropolitan Jewish Health System Palliative Care Institute (New York, NY), and University of Minnesota Palliative Care Service (Minneapolis, MN). The Medical University of South Carolina will serve as the clinical leadership site. These locations all expect to begin offering courses in 2018. For more information and to obtain an application, contact Constance Dahlin at [cdahlin3@gmail.com](mailto:cdahlin3@gmail.com).





### Transitions LifeCare Names Building after Long-time Supporter



Campaign tri-chairs Dr. Billy Dunlap, Brenda C. Gibson, and Thad Woodard in front of the community services center.

At an event on September 6, thought to be simply a ribbon-cutting for Transitions LifeCare's ten new inpatient rooms, Brenda C. Gibson, one of the three capital campaign chairs responsible for the \$6.1 million expansion project, was surprised as it was revealed another building on campus has been renamed the Brenda C. Gibson Education and Community Services Center.

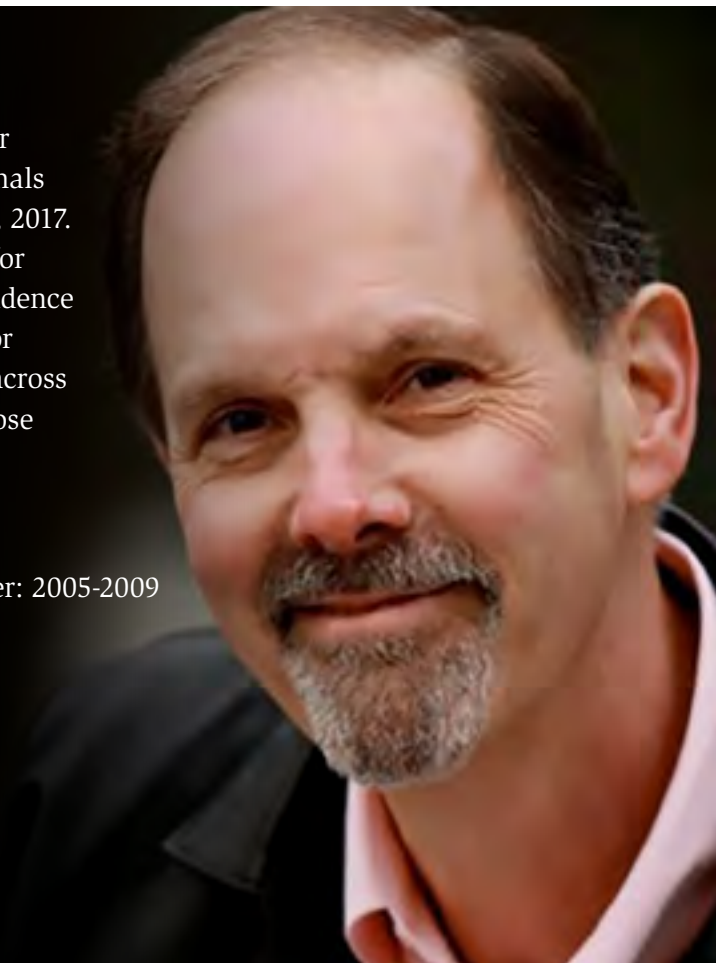
"During the ribbon cutting ceremony to celebrate the expansion of the William M. Dunlap Center for Caring, the 'Hospice Home,' I'm thankful we have also honored Brenda C. Gibson in recognition of her 20 years of volunteerism, service, and support for the mission of hospice," said Transitions LifeCare's CEO John Thoma.

### In Memory of Rex Allen

Rex Allen, former NHPKO Board of Directors member and former Chair of the National Council of Hospice and Palliative Professionals (NCHPP), died unexpectedly at home on Saturday, November 25, 2017. Rex, who had worked in the field of loss, grief and hospice care for nearly 25 years, was nearing retirement after 18 years with Providence Hospice in the Seattle, WA area. Rex was a dedicated advocate for bereavement professionals and interdisciplinary team members across the country. He was a wise, gentle, kind and creative person whose legacy will live on in many lives he influenced.

Rex's service through NHPKO included:

- NCHPP Bereavement Professional Steering Committee Member: 2005-2009
- NCHPP Bereavement Professional Section Leader : 2009-2013
- NCHPP Vice-chair: 2011-2013
- NCHPP Chair: 2014-2016
- NHPKO Board of Directors: 2014-2016
- NHPKO Governance Committee: 2014-2015
- NCHPP Immediate Past Chair: 2017



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National Hospice and Palliative Care  
Organization



## State Conferences for 2018

Members of the Council of States offer a range of valuable conferences and educational offerings throughout the year. Here are some dates for 2018 that providers will be interested in. Visit the organization website for further details – some of which may not be available until later in the year.

### Arizona Hospice & Palliative Care Organization

AHPCO Annual Conference  
June 28 2018

### California Hospice and Palliative Care Association

2018 Conference and Exhibition  
Presented with the California Association for Health Services at Home  
May 22-24, 2018  
Monterey, CA

### The Carolinas Center

Applying Creativity to Designing an End of Life Message  
January 24-25, 2018, Greensboro, NC

Advanced Illness Management (AIM) Summit  
March 20-21, 2018, Chapel Hill, NC

42nd Annual Hospice & Palliative Care Conference  
September 10-12, 2018, Charlotte, NC

### Connecticut Association for Healthcare at Home

Florence Wald Hospice Conference  
May 4, 2018

### Georgia Hospice and Palliative Care Organization

2018 Annual Conference  
Preconference session on February 7, 2018  
Main Conference on February 8-9, 2018  
UGA Center, Athens, GA

### Missouri Hospice & Palliative Care Association

Midwest Regional Conference on Palliative and End of Life Care  
October 7-9, 2018  
Harrah's North Kansas City Casino and Hotel,  
Kansas City, MO

### Nebraska Hospice and Palliative Care Association

2018 Annual Conference, "Living a Good Life...at the End of Life"  
March 20-21, 2018  
Embassy Suites Hotel, Lincoln, NE

### Home Care & Hospice Association of New Jersey

Annual Conference 2018  
June 6-8, 2018  
Atlantic City, NJ

### LeadingAge Ohio

Hospice Clinical Conference  
May 8-9, 2018  
Columbus, OH

2018 Annual Conference  
August 28-30, 2018  
Columbus, OH

### Hospice and Palliative Care Association of New York State

HPCANYS Annual Conference.  
April 10-11, 2018



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### **Oregon Hospice and Palliative Care Association**

Annual OHPCA Professional Practices Exchange  
September 23-25, 2018  
Eagle Crest Resort, Redmond, OR

### **OHPCA and WSHPCO offering jointly**

Annual Spring Intensive Regulatory Conference  
March 19-20, 2018  
Heathman Lodge, Vancouver, WA

### **Pennsylvania Hospice and Palliative Care Network**

2018 Annual Conference, “Embracing the Continuum: The Patient, The Family and The Team”  
April 8-10, 2018  
Sheraton Harrisburg/Hershey, Harrisburg, PA

### **Pennsylvania Homecare Association**

2018 Annual Conference  
April 26-28, 2018  
Omni William Penn Hotel, Pittsburgh, PA

### **South Dakota Association of Healthcare Organizations**

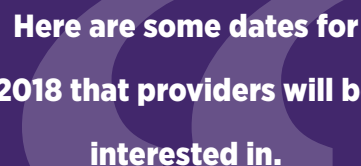
19th Annual Continuing Care Conference  
April 25 and 26, 2018

Rural Health Leaders Conference  
June 13-14, 2018

92nd Annual Convention  
September 19-21, 2018

### **Washington State Hospice and Palliative Care Organization**

Annual WSHPCO Fall Conference  
October 29-30, 2018  
Campbell’s Resort, Chelan, WA



**Here are some dates for  
2018 that providers will be  
interested in.**

## News From **National Hospice Foundation**

### **Ride For 3 Reasons Continues Support for Hospice**

**The cross-country bike ride raised over \$41,000 for NHF**

From February to April 2017, Jan Gierlach rode his bicycle 3,300 miles across the country, beginning in San Diego and ending in St. Augustine, Florida. His journey continued the legacy of Bob Lee's Ride For 3 Reasons, a fundraiser for the three causes of cancer, ALS, and hospice. [READ MORE...](#)

### **NHF Year-End Appeal is Underway**

The programs of the National Hospice Foundation support the work to improve care for all – young and old, all races, LGBTQ, Veterans, wealthy, low-income, insured and non-insured. These programs are utilized by providers, healthcare professionals, and consumers with one common goal: providing the best possible care to all who need it.

This year, NHF is asking for your help to strengthen programs like these to meet the needs of those we serve. [READ MORE...](#)



### **NHF Disaster Relief Fund Assists with Hurricane Recovery**

**\$33,000 Provided to Hospices and Staff in Texas and Florida**

August and September brought several strong hurricanes to the U.S., leaving paths of destruction across multiple states and territories. The scope of these natural disasters was overwhelming. Yet hospice and palliative care professionals



continued to care for patients and families despite flooding, blocked roads, power outages, property damage, and even personal loss.

Larry Farrow, Executive Director of the Texas & New Mexico Hospice Organization, reached out to the hospices that were in the path of the Hurricane Harvey after the storm made landfall. While most hospices were able to cover the majority of their losses with insurance, the same couldn't be said for many staff members. Requests for assistance quickly exceeded the available resources.

Paul Ledford, Executive Director of the Florida Hospice & Palliative Care Organization, told a similar story. They received about 250 requests for financial assistance from staff members of hospice organizations who lived in the path of Hurricane Irma and were struggling to rebuild.

[READ MORE...](#)



S A V E T H E D A T E

# Gala

2018 NATIONAL HOSPICE

HONORING THE INNOVATORS OF HOSPICE

**TUESDAY, APRIL 24, 2018**

WASHINGTON HILTON - WASHINGTON, DC

**6:30PM - 11:00PM**

COCKTAIL RECEPTION, AUCTION, ENTERTAINMENT AND DANCING

To be an event sponsor, purchase tickets or donate auction items, please  
call (703) 647-5167, email [jnguyen@nationalhospicefoundation.org](mailto:jnguyen@nationalhospicefoundation.org)  
or visit [www.nationalhospicefoundation.org/gala](http://www.nationalhospicefoundation.org/gala).

National Hospice and Palliative Care  
Organization





### **We Honor Veterans Recognition Event a Success!**



*The event featured a robust panel discussion. Pictured are NHPCO Chief Operating Officer John Mastrojohn, The Elizabeth Hospice Media Relations & Veterans Specialist Lisa Marcolongo, Decedent Affairs Coordinator at VA San Diego Healthcare System and Air Force Veteran Alfonso Miranda, Veteran-to-Veteran volunteer 1st Lt. Kimberly Colby, and NHPCO Access Manager Katherine Kemp.*

The evening of September 19th was an opportunity for partners to come together at NHPCO's Interdisciplinary Conference in San Diego. A special appreciation event was held to celebrate what can happen when individuals, partners, VA staff, and organizations join forces to provide quality care and services. Partners were able to meet organizations that have the ability to strengthen their own community partnerships and non-WHV partners were able to see the impact that these coalitions have on Veterans, family members, and the communities they serve. [Read more...](#)

**Find us on Twitter!**



@WeHonorVeterans

### **The Power of a Volunteer Coordinator**

By: Cynthia Robotham, Beacon Hospice (an Amedisys Company)

Earlier this year, two exceptional Volunteer Coordinators, Erin Hassell and Deena Riess with the Fall River Care Center in Massachusetts, listened to hospice patient Carol's final and heartfelt request to "give back to our soldiers overseas as a thank you for protecting our country."

Erin and Deena were filled with resolve and propelled by Carol's final wish. Together they reached out to other Amedisys Care Centers and through social media to request donations for toiletries, snacks, socks, books, and other items for troops.

Erin and Deena were able to collect 32 boxes of various items and mail them to our servicemen and women overseas. [Read more...](#)

### **We Honor Veterans Community Partner Honors WWI Hero**

Chapel Hill Funeral Home, a We Honor Veterans Community Partner, held a special centennial celebration to honor WWI hero Sergeant Alexander Louis Arch in Osceola, Indiana. The event also marked the centennial of the United States' entry into World War I.

Sergeant Arch was reportedly the first American to fire an artillery shot to strike at the enemy in World War I and is a Purple Heart recipient. Several generations of the Arch family have served in the military and were present at the event.

[Read more...](#)



**WE HONOR VETERANS**



## Interested in starting a pet care program for your patients?

Pet Peace of Mind offers a turnkey program for nonprofit hospices that covers all aspects of pet care for your patients.



MAKE A SPECIAL MOMENT POSSIBLE FOR YOUR PATIENT



National Hospice  
Foundation

LIGHTHOUSE OF HOPE FUND

**PROVIDING  
MEANINGFUL  
AND MEMORABLE  
MOMENTS**

FOR THOSE LIVING WITH A LIFE-LIMITING ILLNESS.

[www.nationalhospicefoundation.org/lighthouseofhopefund](http://www.nationalhospicefoundation.org/lighthouseofhopefund)

### The Lighthouse of Hope Fund is available to patients

- ❖ Who request special wishes and experiences (ex. flying people in to visit, special events like fishing trips or special dinners, opportunities to spend time with family and friends in a memorable way, etc.)
- ❖ Who are cared for by one of NHPCO's provider members
- ❖ Who have a life expectancy of one year or less
- ❖ Who have no other means to fund the specific request

### Selection Criteria

The hospice provider must submit a completed Lighthouse of Hope Fund Application

# Links to Some Helpful Online Resources

## Quality and Regulatory

- Quality Reporting Requirements
- QAPI Resources
- Regulatory Center Home Page
- Fraud and Abuse
- Past Regulatory Alerts and Roundups
- Staffing Guidelines
- Standards of Practice
- State-specific Resources
- Survey Readiness

## Professional Education

- Education Home Page
- Webinar Schedule
- Upcoming Conferences
- End-of-Life Online
- Pediatric Palliative Care
- Palliative Care Resources

## Outreach

- Outreach Materials
- Social Media Resources
- NHPCO's CaringInfo

## Publications

- Weekly NewsBriefs
- NewsLine
- ChiPPS E-Journal

## Affiliate Publications

- Giving Matters



National Hospice and Palliative Care Organization



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