Making a Difference

Our response to the changing landscape of healthcare
Objectives:

• Provide the history of the organization
• Provide an overview of each program including design, accomplishments, and challenges
• What is the future of hospice and palliative care?
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1986</td>
<td>TOUCH Volunteer Program Started</td>
</tr>
<tr>
<td>1992</td>
<td>1st Patient Hospice Touch</td>
</tr>
<tr>
<td>1993</td>
<td>Medicare Hospice Certification</td>
</tr>
<tr>
<td>1997</td>
<td>Mauston Office Mile Bluff</td>
</tr>
<tr>
<td>1998</td>
<td>Serenity House Opens</td>
</tr>
<tr>
<td>2005</td>
<td>1st Hospice Advisory Board Meeting</td>
</tr>
<tr>
<td>2006</td>
<td>Adams Office Opens</td>
</tr>
<tr>
<td>2007</td>
<td>Life Choices Palliative Care</td>
</tr>
<tr>
<td>2011</td>
<td>New Hospice Facility Opens</td>
</tr>
<tr>
<td>2011</td>
<td>Electronic Medical Records</td>
</tr>
</tbody>
</table>
TOUCH

Tomah’s Open Unified Caring Hands

TOUCH was a hospice volunteer organization started in Tomah in 1986 and was incorporated into Tomah Memorial’s Hospice Touch program in 1992.
Ellen Carmichael of TOUCH
FIRST VOLUNTEER CLASS
1986
Hospice Touch was established in 1992 in response to the need to professionalize hospice services in the community.

Hospice Touch is a program that provides services for the terminally ill (prognosis of 6 months or less) who are no longer seeking cure of their disease. Hospice services focus on promoting comfort and identifying and achieving goals of care.

A Federal Rural Health Outreach grant was applied for and received in 1991. The grant was renewed for a second year and third year.

The premise for the grant was the formation of a consortium with home health agencies and Hospice Touch to cooperatively provide care until Hospice Medicare Certification was obtained.
Hospice As a Philosophy of Care

- Hospice is a **philosophy of care** that is based on the value that when quantity of life is limited, quality of life should be encouraged and supported. Hospice is not a place. Hospice care can be provided anywhere a person may live.

Admission Criteria

- Requires a physician’s diagnosis of terminal illness with a life expectancy of 6 months or less.
- Hospice Medical Director must certify the patient as terminally ill for an initial 90 day certification period and monitor appropriateness for hospice services.
- Patient and family accept the hospice philosophy and care desire comfort care—not cure.
Hospice Interdisciplinary Team Members may include

- Primary physician
- Hospice Medical Director
- Spiritual Services
- Nursing—RN’s, LPN’s NA’s
- Social Work
- Grief/Bereavement
- Trained Volunteers
- Massage Therapy
- Other therapies: PT, OT, ST
Hospice Services Provided

Patients and families choose what they want

• Visits from the hospice team: Nursing staff, Social Worker, Chaplain, Volunteers, Massage Therapist
• Team provides expert symptom management, education, and teaching and support; emphasizes patient safety and confident caregiving.
• Dietary counseling, PT, OT and ST as needed.
• Medications for symptom control and comfort.
• Medical equipment and supplies
• 24-hour RN availability—On Call
• Bereavement/grief support for a year after the death.
Hospice Interdisciplinary Care
Location of Care

• Care is usually provided in the home or Assisted Living or CBRF with planned scheduled visits.

• Continuous home care can be provided for emergencies or transfer to hospice inpatient care with contracted hospitals if needed for periods of crisis or symptom management.

• Short-term respite care in contracted hospitals if family members or caregivers need a break from caregiving in.
Hospice Touch Service Area

[Diagram showing service areas for various regions such as Jackson, Monroe, Sauk, Adams, and others]
From one employee to two in 1992
Hospice Offices Moves
Eight times
## Hospice Patient Days

### Hospice Patient Data by Fiscal Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-01</td>
<td>4033</td>
</tr>
<tr>
<td>2001-02</td>
<td>4581</td>
</tr>
<tr>
<td>2002-03</td>
<td>6659</td>
</tr>
<tr>
<td>2003-04</td>
<td>7119</td>
</tr>
<tr>
<td>2004-05</td>
<td>8962</td>
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<td>2005-06</td>
<td>10,021</td>
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<tr>
<td>2006-07</td>
<td>9186</td>
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<tr>
<td>2007-08</td>
<td>11,591</td>
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<tr>
<td>2008-09</td>
<td>13,713</td>
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<td>2009-10</td>
<td>11,626</td>
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<td>2010-11</td>
<td>11,917</td>
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<tr>
<td>2011-12</td>
<td>9,905</td>
</tr>
<tr>
<td>2012-13</td>
<td>10,761</td>
</tr>
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</table>

### Hospice Patient Total Days by Fiscal Year

![Graph showing hospice patient days by fiscal year](image)
## Hospice Patients Served & LOS

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients Served</th>
<th>LOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-01</td>
<td>111</td>
<td>36</td>
</tr>
<tr>
<td>2001-02</td>
<td>111</td>
<td>41</td>
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<tr>
<td>2002-03</td>
<td>144</td>
<td>46</td>
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<tr>
<td>2003-04</td>
<td>148</td>
<td>48</td>
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<tr>
<td>2004-05</td>
<td>188</td>
<td>48</td>
</tr>
<tr>
<td>2005-06</td>
<td>169</td>
<td>58</td>
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<tr>
<td>2006-07</td>
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<td>55</td>
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<tr>
<td>2007-08</td>
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<td>78</td>
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<tr>
<td>2008-09</td>
<td>195</td>
<td>69</td>
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<tr>
<td>2009-10</td>
<td>186</td>
<td>61</td>
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<tr>
<td>2010-11</td>
<td>188</td>
<td>63</td>
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<tr>
<td>2011-12</td>
<td>198</td>
<td>50</td>
</tr>
<tr>
<td>2012-13</td>
<td>220</td>
<td>49</td>
</tr>
</tbody>
</table>
### Three Offices

<table>
<thead>
<tr>
<th>Year</th>
<th>Location</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>Tomah</td>
<td>Monroe</td>
</tr>
<tr>
<td></td>
<td>Office/Serenity House</td>
<td></td>
</tr>
<tr>
<td>1997</td>
<td>Mauston</td>
<td>Juneau</td>
</tr>
<tr>
<td></td>
<td>(in Mile Bluff Medical Center)</td>
<td>Adams</td>
</tr>
<tr>
<td>2006</td>
<td>Adams</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friendship</td>
<td></td>
</tr>
</tbody>
</table>
Serenity House, a four bed hospice residence was opened in **1998** as an option for hospice patients who they could no longer stay home.

Tomah Memorial purchased a home across the street from the hospital and it was remodeled with four bedrooms, dining room, living room, and kitchen and Hospice offices.

Much of the materials and labor were donated and volunteered.
Serenity House

First Patient Admitted August of 1998
Making Cookies
Bonding with Izzy
Rose Berry, Hospice Volunteer
Advisory Board Meets Quarterly Since 2005

- Formed to give input into our programs from the main three counties we serve: Adams, Juneau, Monroe

- Rotate meetings in Tomah, Mauston and Adams.

- Meets quarterly to assess needs and evaluate our programs.

- Helps us make friends and be a part of the communities we serve.

- Three subcommittees: Plans and Priorities, Public Relations, and Fundraising
Life Choices Palliative Care was established in **2007** with a Federal Rural Health Outreach grant.

- Life Choices Palliative Care is a health care service that focuses on assisting patients to live as fully as possible while facing a serious or life-threatening illness. These services can be provided at any stage of the disease and whether or not the patient is seeking curative therapy. Services focus on promoting comfort and achieving goals of care.
Palliative Care Planning

Angie Fuller APNP was the first staff member hired in 2008.

Dr. Jim Deming, Hospice and Palliative Care Medical Director, played a major role in planning.
It’s a Journey

Premise
• 12-2007  $40,000 grant to start program cooperatively with Mile Bluff Medical Center in Mauston.
• 1-2008  Hired Part-time NP and ads out for Clinical SW.

Learned
• Need to start somewhere and get it right before you expand.
• Part Time NP doesn’t stretch far; neither does $40,000.
• Clinical SW is not what we needed.
Hang on; it can be a wild ride

Premise
• 6-2008 Tomah Memorial hospital would do the billing for NP visits; private pay RN, SW, NA, Chaplain.
• Use the same forms as hospice, modified.

Learned
• Credentialing is a lengthy process. (3mos)
• Billing is complicated, very frequent meetings with billers to get it incorporated into hospital system.
• People do not want to pay for SW or Chaplain visits.
• No one, including insurance programs, knows what palliative care really is.
• Need for tools to explain and solicit referrals.
More lessons learned

Premise
• Palliative care should incorporate well with the current hospice team, ie hospice is palliative care.

Learned
• Very complicated patients; heavy-duty symptom management.
• Much wider focus and goals of care
• 12-2008 Another SW hired.
• 3-2009 RN Palliative Care Coordinator position.
• 9-2009 Full time NP hired.
Our Life Choices Palliative Care is provided by a team. Our team is made up of Nurse practitioners, RN's, LPN's, Nursing Assistants, Social Workers, Chaplains, and Volunteers. Our members who may make home visits, telephone calls or be on call include:

- Angie, Nurse Practitioner
- Michelle, Nurse Practitioner
- Wendy, RN, Coordinator
- Sheila, LPN
- Kristine, Social Worker
- Elizabeth, Social Worker
- Kari, Social Worker
- Barb, Social Worker
- Dani, Volunteer Coordinator
- Deb, Spiritual Care Coordinator
- Rev. Ed, Chaplain

TomahHospital.org
## Palliative Care Patients

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients Served</th>
<th>Referred to Hospice</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-08</td>
<td>37</td>
<td>12</td>
</tr>
<tr>
<td>2008-09</td>
<td>72</td>
<td>17</td>
</tr>
<tr>
<td>2009-10</td>
<td>99</td>
<td>31</td>
</tr>
<tr>
<td>2010-11</td>
<td>139</td>
<td>37</td>
</tr>
<tr>
<td>2011-12</td>
<td>169</td>
<td>35</td>
</tr>
<tr>
<td>2012-13</td>
<td>186</td>
<td>50</td>
</tr>
</tbody>
</table>

### Palliative Care Patients by Fiscal Year

![Graph showing the increase in palliative care patients and those referred to hospice over fiscal years 2007-2008 to 2012-2013.](image-url)
Endowment Fund started 2008

• Donations placed into an investment account.

• Fifty percent of the income may be used as needed to provide continued operating income to Hospice Touch.

• Fifty percent will remain permanently left in the account, building on the endowment.

• Donations for year 10-1-2012 to 9-30-2013 were $55,000.
Capital Campaign 2010

• A 20% increase in days of care provided at Serenity House

• An occupancy rate of over 92%

• A growing waiting list that consistently has 12 people waiting for services.

• Of the 1350 days of care provided in 2009, 60% were provided to Monroe County, 30% to Juneau County, and 10% to Adams County residents.
Groundbreaking
2011 New Facility Opens

- A Hospice residential facility with the capacity to care for 8 residents,
- Hospice Touch home care offices
- Life choices palliative care offices
- Life choices palliative care clinic
Hospice Touch 10-11-13

Current Patients:
- Monroe County = 16
- Juneau County = 12
- Adams County = 6
- Serenity House Patients = 8

Staff:
- Hospice Director
- Hospice Coordinator
- RN - Case Managers - 7
- SW -3
- LPN -5
- HHA - 10
- Spiritual Care Coordinator
- Chaplain
- Volunteer Coordinator
- Massage Therapist
- Cook
- Office Lead
- Office Assistant
Hospice Care is provided by a team. Our Hospice team is made up of RN's, LPN's, Nursing Assistants, Social Workers, Chaplains, Massage Therapist and Volunteers. Here are our Hospice members who may make home visits or are on call.

Bobbi
RN, Coordinator

Peggy
Registered Nurse

Bonnie
Registered Nurse

Emily
Registered Nurse

Valeria
Registered Nurse

Patti
Registered Nurse

Susan
Registered Nurse

Heidi
Registered Nurse

Jo Marie
Registered Nurse

Julene
Licensed Practical Nurse

Deni
Volunteer Coordinator

Sonnie
Certified Nursing Assistant

Jennifer
Certified Nursing Assistant

Deb
Spiritual Care Coordinator

Rev. Ed
Chaplain

Elizabeth
Social Worker

Kari
Social Worker

Barb
Social Worker

Heidi
Massage Therapist

TomahHospital.org
2012-13 Patient Data

Hospice Days    10,761
Patients Served  220
Admissions      199
Hospice Admission by Age
10/1/2012-9/30/2013

### Age Count

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>5</td>
</tr>
<tr>
<td>50</td>
<td>15</td>
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<td>60</td>
<td>39</td>
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<td>70</td>
<td>45</td>
</tr>
<tr>
<td>80</td>
<td>64</td>
</tr>
<tr>
<td>90</td>
<td>29</td>
</tr>
<tr>
<td>100</td>
<td>2</td>
</tr>
</tbody>
</table>

**Total Admissions:** 199

### Summary by Age

- **40:** 2.5%
- **50:** 7.5%
- **60:** 19.6%
- **70:** 22.6%
- **80:** 32.2%
- **90:** 14.6%
- **100:** 1.0%

**Total:** 100.0%
Hospice Referral Sources
10-1-2012 to 9-30-2013

Summary by Referral Source

- CBRF: 0.5%
- Clinic: 16.1%
- Community Resource: 0.5%
- Emergency Room: 0.5%
- Family Member: 7.5%
- Friend: 0.5%
- Hospice: 1.5%
- Hospital: 38.2%
- Nursing Home: 0.5%
- Other: 0.5%
- Palliative Care: 22.1%
- Physician: 9.0%
- Self Referral: 1.5%
- Transfer From Another Hospice: 0.5%
- Unknown: 0.5%

Total: 100.0%
Hospice Counties Served
10-1-2012 to 9-30-2013

Admission Demographics
"Division Is Equal To Hospice Touch"
10/1/2012 to 9/30/2013

Summary by County

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;Undefined&gt;</td>
<td>1.0%</td>
</tr>
<tr>
<td>Adams</td>
<td>18.1%</td>
</tr>
<tr>
<td>Columbia</td>
<td>0.5%</td>
</tr>
<tr>
<td>Juneau</td>
<td>32.2%</td>
</tr>
<tr>
<td>Monroe</td>
<td>47.2%</td>
</tr>
<tr>
<td>Sauk</td>
<td>0.5%</td>
</tr>
<tr>
<td>Vernon</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

Total: 100.0%
Hospice Diagnosis Summary
10-1-2012 to 9-30-2013

Admission Demographics
"Division Is Equal To Hospice Touch"
10/1/2012 to 9/30/2013

Summary by Body System

- Circulatory System: 14.6%
- Genitourinary System: 2.0%
- Injury & Poisoning: 0.5%
- Mental Disorders: 4.0%
- Neoplasms: 51.8%
- Nervous System & Sense Organs: 3.0%
- Respiratory System: 11.1%
- Symptoms & Ill-Defined Conditions: 13.1%

Total: 100.0%
Hospice Regulatory Issues

- Data collection for quality reporting continues—pain control measure (pain controlled in 48 hours) and one structural measure
- Report location of care, number of staff visits for each discipline in 15 min. increments on the bill
- Physician narrative documenting hospice eligibility on admit and with each recertification
- Physician or NP face-to-face encounter before each recertification after the first 180 days and reported to Medical Director for narrative to be written
- Sequestration 2% cuts in Medicare Reimbursement
- Phase out of the wage index budget neutrality adjustment factor continues; phase out complete in FY 2016
Bereavement Services

Grief Group

A Journey Through Grief

Join Hospice Touch for a special 8 week series designed to provide practical tools, education and emotional support.

Mondays (Sept. 30 - Nov. 18)
3 p.m. - 4:30 p.m. OR
5:00 p.m. - 5:30 p.m.

Hospice / Palliative Care Office
601 Straw Street, Tomah

Our 2013 Program
Your Unwanted Journey – Honoring your story
Opening to the Presence of Your Loss
Dispelling Your Misconceptions about Grief
Exploring Your Feelings of Loss
Recognizing You Are Not Crazy
Understanding the Six Needs of Mourning
Nurturing Yourself and Reaching Out for Help
Seeking Reconciliation, Not Resolution

*To register, call Hospice Touch at (608) 374-0250 by Sept. 20

Memorial Service
Love Light Service
## Palliative Care Patients

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients Served</th>
<th>Referred to Hospice</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-08</td>
<td>37</td>
<td>12</td>
</tr>
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<td>2011-12</td>
<td>169</td>
<td>35</td>
</tr>
<tr>
<td>2012-13</td>
<td>186</td>
<td>50</td>
</tr>
</tbody>
</table>

### Palliative Care Patients by Fiscal Year

- **Patients Served**
- **Referred to Hospice**

![Graph showing the increase in palliative care patients from 2007-08 to 2012-13](image_url)
Palliative Care Data
10-1-2012 to 9-30-2013

- Consults and visits: 925
- Admissions to Life Choices: 103
- Patients admitted to Hospice: 50
- Deaths: 20
- Patients Served: 186
A Palliative Care Patient’s Story...
What is We Honor Veterans (WHV)?

- National awareness and action campaign
- Developed by National Hospice and Palliative Care Organization (NHPCO)
- In collaboration with Department of Veterans Affairs (VA)
- Encourage partnerships between community hospices, state hospice organizations and VA facilities
Our common goal:

- Providing the best possible care for Veterans in the best possible manner and setting.

  While…..

- Honoring Veterans’ preferences
Why WHV?

- Approximately 680,000 Veterans die in the US every year: 25% of all deaths!
- A vast majority of Veterans are not enrolled in VA and may not be aware of end-of-life services and benefits available to them
- Community hospices can join in better serving and honoring our nation’s Veterans and be listed on the We Honor Veterans website
HONORING VETERANS
“Ms./Mr. Veteran, thank you for your service to our nation. Thank you for the sacrifices you made and your willingness to serve our country. You endured hardships and were willing to risk your life to maintain our freedom. On behalf of Hospice Touch please accept our thanks and gratitude. When you see this pin, know that your service to the nation is deeply appreciated. We thank you.
Hospice Challenges

• Primary diagnosis on claims—cannot use “Debility” or “Adult Failure to Thrive” as the primary diagnosis.
• If Hospice agency does not accept responsibility for all medications, treatments or diagnoses, the Medical Director must indicate why the medication, treatment or diagnosis is unrelated to the terminal condition.
• Data reporting on claims in 2014: visit data for patients on General Inpatient(discipline, #, 15 min increments), visits on date of death, injectable and non-injectable drugs; and infusion pumps
• Seven new quality measures in 2014 with completion and submission of a standardized Hospice Item Set on admit and discharge.
• Eventual Hospice Experience of Care Survey will be mandatory.
Proposed Payment Reform

• Possible higher payments at the beginning and end of a hospice stay and lower in the middle portion.
• Possible tiered approach, with payment tiers based on length of stay.
• Possible short-stay add-on.
• Site of service adjustment for hospice patients in nursing homes.
• Increased scrutiny of the terminal diagnosis and relatedness

CMS quotes the COPs in stating the following: “It is our general view that...hospice are required to provide virtually all the care that is needed by terminally ill patients. Therefore, unless there is clear evidence that a condition is unrelated to the terminal prognosis, all services would be considered related. It is also the responsibility of the hospice physician to document why a patient’s medical needs would be unrelated to the terminal prognosis.”
Palliative Care Program
Goals and Concerns

• **Goals**
  - Streamline care—call program allows for more consult availability
  - Incorporate Transition Care Nurse into program (grant written)
  - Revamp order set for improved communication for referrals
  - POLST honored in the counties we serve

• **Concerns**
  - Payment issues for reimbursement of support staff—RNs, SWs
  - Roles of care—PC versus Primary Care still not distinct for patients
  - Survival of program is always an underlying concern
Program Goals

• Increase program efficiencies and contain costs to allow for programs—Hospice, Palliative Care, and Serenity House-- to continue to provide services.
• Fundraisers if needed to sustain program viability.
• We Honor Veterans Leven Four achieved.
• Hospice Contracts in Nursing Homes
• Caregiver Support Groups
• Feasibility study regarding hospice facility in Mauston/Adams.
Although the world is full of suffering, it is also full of the overcoming of it.

Helen Keller

*Optimism* 1903