ANNUAL REPORT
2014

Presented to the Membership
January 23, 2015

Improving quality of life

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History, Status, Mission, Description, Vision and Goals

History

The Oregon Hospice Association has served terminally ill Oregonians and their families since its incorporation in 1985. The agency came into being with the merger of two distinct hospice organizations, the Oregon Council of Hospices and the Hospice Assistance Program, each established in the late 1970's.

Status

The Oregon Hospice Association is a state-wide, 501(c)(3), public benefit membership organization.

In 2014, 55 hospices were licensed to provide supportive, palliative health care services. In addition to licensed hospices, 4 Oregon prisons provide end-of-life care services to inmates in their facilities.

Mission

The Oregon Hospice Association is a state-wide public benefit organization helping to ensure Oregonians have access to high quality hospice and palliative care as they near the end of life.

Description

The Oregon Hospice Association is committed to improving the quality of life for Oregonians at the end of life and supporting the hospice and palliative care agencies that provide care. The Oregon Hospice Association’s services include public and professional education, advocacy, research, consultation, accreditation and leadership.

Vision

The Oregon Hospice Association’s vision is that Oregonians will be able to face the end of their lives knowing that there is a compassionate, stable, sustaining system of care to provide them with safety, comfort and assistance with the goal of assuring that their deaths will be the best possible ending.

Goals

Network

- Build a strong cooperative network of providers and other resources at state, national and international levels.
- Provide a steady flow of information and communication among existing and developing hospice and palliative care providers.
Research

- Coordinate and promote research to improve the care of terminally-ill Oregonians and their families.
- Participate in the collection of end of life data.

Education

- Provide education to promote a clear understanding of hospice and palliative care to the public and to stakeholder groups including academic institutions, businesses and other entities.
- Provide information and respond to requests about end-of-life choices.
- Provide professional education to hospice and palliative care providers and other practitioners of medicine.
- Encourage the completion of Physician Orders for Life-Sustaining Treatment (POLST) forms for all hospice and palliative care patients at the time of admission.
- Offer consultation services to hospice and palliative care agencies and to programs developing end of life care.
- Provide bereavement education and support for children and families through the Me, Too partnership.

Quality Assurance

- Participate in the development and implementation of standards of care at the end of life.
- Keep all providers of hospice services aware of new developments in standards;
- Provide technical assistance to programs to meet requirements of standards and to comply with regulations.
- Provide accreditation services for hospice programs.

Advocacy

- Advocate for high quality hospice and palliative care at the local, regional, national and international levels, including regulatory agencies, legislative bodies, community leaders and other stakeholders.
- Monitor, respond and provide input into health care legislation and regulation relevant to hospice and palliative care at all levels of government.

Fiscal Health

- Sustain financial soundness to support the Oregon Hospice Association’s mission.
Board of Directors Report

Gwen Dayton, Board Chair

It is my pleasure to present the 2014 Chair’s Report for the Oregon Hospice Association. I have very much enjoyed my year in this role and am fortunate to be associated with this fine organization. I especially appreciate your support and service to the dying and their families. More Oregonians receive quality hospice and palliative care each year because of your dedication, focus and caring.

As DJ’s report will detail, 2014 was challenging. The regulatory changes alone were staggering in both their number and their impact on hospices. Moreover, we have apparently entered an era where end-of-life care is not exempt from negative publicity.

Like you are the hospice champions in your community, the Oregon Hospice Association is your champion here in Oregon and in the nation. We are your advocate in Salem and in the nation’s capitol. We are your voice on the National Hospice & Palliative Care Organization’s Council of States and the Regulatory and Ethics Committee where we serve as Chair of the subcommittee to review and amend the 1994 Physician Assisted Suicide Policy. We serve on the Oregon POLST Taskforce – and have for more than 20 years. We actively participate in research to benefit end of life care.

The Oregon Hospice Association also continues to be a source of stellar professional education, member-requested accreditation and consultation services, and a partnership to serve children and families in grief. In 2014, we embarked on a new endeavor. The Washington State Hospice & Palliative Care Organization and the Oregon Hospice Association reached agreement for us to provide leadership to the WSHPCO. This is a significant undertaking for us. We believe the partnership will benefit hospice and palliative care in both of our states.

I want to recognize the Oregon Hospice Association staff for their work. So much is accomplished with so little FTE. We are grateful for Deborah Jaques, Meg McCauley, Linda Downey, Denis Carnaby and Larlyn Fitzpatrick for their dedication to you and to our agency.

I want to close with a thought relevant to our work from an unusual source. Grant Teaff, the head football coach for Baylor University said, “...they won’t care what you know, until they know that you care...” We are caring and compassionate people and organizations. The Oregon Hospice Association cares about you and the work you do in your communities. That caring, coupled with our experience, exceptional skills, dedication and belief that what we do matters will continue to stand us in good stead as we move through 2015.

Again, thank you for your continued support. I am delighted to pass the baton to Richard Skyba who will be the Board Chair in 2015. Thank you.

Gwen Dayton
Treasurer’s Report

Sue Mulligan, Treasurer

I am pleased to present the 2014 Treasurer’s Report. Not only does the Oregon Hospice Association continue to support excellent hospice and palliative care to Oregonians, the Oregon Hospice Association is financially sound.

The Oregon Hospice Association was the benefactor for several estates during 2014. The impact of those generous gifts allowed us to make both program and reserve changes.

The Statement of Position demonstrates the Oregon Hospice Association has sufficient cash and investment reserves to fund ongoing operations. Our 2014 Total Liabilities and Equity totaled $349,184, a 17% improvement over 2014.

The Statement of Activities also demonstrates that the Oregon Hospice Association continues to tightly monitor expenses with 2014 expenses of $259,921, about 3% less than budget.

With bequests and effective oversight, we completed the year with net assets of $28,306 on a budget of $4,450.

The Proposed 2015 Budget is realistic. In general, we have budgeted revenue consistent with 2014 actuals and anticipated 2015 events. 2015 includes a new revenue stream from our Services Agreement with the Washington State Hospice & Palliative Care Organization (WSHPCO). Revenue also reflects a bequest. Expenses reflect an increase in FTE in salaries, wages and benefits and contractor hours. Expenses also include anticipated expenses from a leadership change. As you will see, a net income of $54,205 is projected in 2015.

Thank you.

Sue Mulligan
Statement of Position as of December 31, 2014

<table>
<thead>
<tr>
<th>ASSETS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents</td>
<td>$253,589</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>$11,314</td>
</tr>
<tr>
<td>Other Assets</td>
<td>$(18,332)</td>
</tr>
<tr>
<td>Equipment (net)</td>
<td>$-</td>
</tr>
<tr>
<td>Investments - Long Term</td>
<td>$102,613</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$349,184</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES &amp; EQUITY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$17,368</td>
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<tr>
<td>Accrued Payroll and Related Liabilities</td>
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<td>Accrued Rent</td>
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<td><strong>TOTAL LIABILITIES</strong></td>
<td>$38,676</td>
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</table>

| NET ASSETS                   | $310,508 |
| TOTAL LIABILITIES AND NET ASSETS | $349,184 |
## Statement of Activities as of December 31, 2014

### Support and Revenue

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>4000</td>
<td>Contributions</td>
<td>$117,017</td>
</tr>
<tr>
<td>4200</td>
<td>Conferences/Meetings</td>
<td>68,132</td>
</tr>
<tr>
<td>4300</td>
<td>Services</td>
<td>10,016</td>
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<tr>
<td>4400</td>
<td>Membership</td>
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<td>4700</td>
<td>Special Events</td>
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<td>4800</td>
<td>Investment Income</td>
<td>176</td>
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<tr>
<td>4900</td>
<td>Sales Revenue</td>
<td>(669)</td>
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<tr>
<td>4990</td>
<td>Other Revenue</td>
<td>3,979</td>
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**Total Support and Revenue**: $288,227

### Direct Operating Expenses

<table>
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<tr>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
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<tr>
<td>5000</td>
<td>Salaries and Wages</td>
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<tr>
<td>5100</td>
<td>Payroll Taxes</td>
<td>8,708</td>
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<tr>
<td>5200</td>
<td>Workers Comp</td>
<td>131</td>
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<tr>
<td>5300</td>
<td>Employee Benefits</td>
<td>12,057</td>
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<tr>
<td>5500</td>
<td>Payroll Fees</td>
<td>1,419</td>
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<tr>
<td>6005</td>
<td>Awards</td>
<td>90</td>
</tr>
<tr>
<td>6010</td>
<td>Bank Charges/Checks</td>
<td>699</td>
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<tr>
<td>6015</td>
<td>Board Expenses</td>
<td>62</td>
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<tr>
<td>6007</td>
<td>Credit Card Charges</td>
<td>1,045</td>
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<td>6022</td>
<td>Conferences</td>
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<tr>
<td>6030</td>
<td>Dues and Memberships</td>
<td>720</td>
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<td>6035</td>
<td>Library/Education</td>
<td>1,077</td>
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<td>6045</td>
<td>Meeting Expenses</td>
<td>26,552</td>
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<tr>
<td>6075</td>
<td>Operating/Program Supplies</td>
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<td>6080</td>
<td>Postage/Delivery (Direct)</td>
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<td>6090</td>
<td>Printed Materials</td>
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<tr>
<td>6100</td>
<td>Professional Services</td>
<td>14,555</td>
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<td>Travel Expenses</td>
<td>12,988</td>
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<td>6900</td>
<td>Miscellaneous Expense</td>
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**Total Overhead Expenses**: $41,294

### Overhead Expenses

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**Total Overhead Expenses**: $41,294

**Total Expense**: $259,921

### Change in Net Assets

<table>
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<tbody>
<tr>
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## 2015 Proposed Budget

### Support and Revenue

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<th>Code</th>
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<th>Amount</th>
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<tr>
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<tr>
<td>4200</td>
<td>Conferences/Meetings</td>
<td>68,805</td>
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<td>4300</td>
<td>Services</td>
<td>12,000</td>
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<tr>
<td>4390</td>
<td>WSHPCO - Services</td>
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<tr>
<td>4400</td>
<td>Membership</td>
<td>79,500</td>
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<tr>
<td>4800</td>
<td>Investment Income</td>
<td>170</td>
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<tr>
<td>4990</td>
<td>Other Revenue</td>
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<tr>
<td></td>
<td><strong>Total Support and Revenue</strong></td>
<td><strong>422,583</strong></td>
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### Direct Operating Expenses

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<tbody>
<tr>
<td>5000</td>
<td>Salaries and Related Expenses</td>
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<td>5500</td>
<td>Payroll Fees</td>
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<tr>
<td>6005</td>
<td>Awards</td>
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<tr>
<td>6010</td>
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</tr>
<tr>
<td>6015</td>
<td>Board Expenses</td>
<td>600</td>
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<tr>
<td>6007</td>
<td>Credit Card Charges</td>
<td>1,200</td>
</tr>
<tr>
<td>6022</td>
<td>Conferences</td>
<td>3,000</td>
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<tr>
<td>6025</td>
<td>Dues and Memberships</td>
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<td>6030</td>
<td>Library/Education</td>
<td>1,100</td>
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<td>6035</td>
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<td>6045</td>
<td>Meeting Expenses</td>
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<tr>
<td>6075</td>
<td>Operating/Program Supplies</td>
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<td>6080</td>
<td>Postage/Delivery (Direct)</td>
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<tr>
<td>6090</td>
<td>Printed Materials</td>
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<tr>
<td>6100</td>
<td>Professional Services</td>
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<td>6200</td>
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<tr>
<td>6900</td>
<td>Miscellaneous Expense</td>
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<td><strong>Total Direct Operating Expenses</strong></td>
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### Overhead Expenses

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<tr>
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<tr>
<td>7005</td>
<td>Depreciation Expense</td>
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<tr>
<td>7010</td>
<td>Insurance</td>
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<td>7020</td>
<td>Occupancy Expenses</td>
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<tr>
<td>7050</td>
<td>Postage/Delivery</td>
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</tr>
<tr>
<td>7060</td>
<td>Photocopy Expense</td>
<td>3,000</td>
</tr>
<tr>
<td>7070</td>
<td>Telephone</td>
<td>3,900</td>
</tr>
<tr>
<td>7090</td>
<td>Miscellaneous</td>
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<tr>
<td></td>
<td><strong>Total Overhead Expenses</strong></td>
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</table>

### Change in Net Assets

- **Total Expense** 368,378
- **Change in Net Assets** $ 54,205
CEO’s Report

Deborah Whiting Jaques, CEO

A colleague cheerfully wished me a “Happy New Year” last week. Although it was only January 14, and still officially the new year, I must tell you, I was over it. So much has happened in this “new year” already and 2014 was filled with challenges and change. I feel very fortunate that I get to do work that fills my soul – even if it wears me out. What did we learn in 2014 and what can we look forward to in this “new” year?

We had more regulatory changes last year than in any year in the past; 15 significant changes. Moreover, media attention was also at an all-time high. Our work was scrutinized by the Washington Post and the Huffington Post most notably. While in years past our experience may have been that we are on the side of angels, we were sullied in the press in 2014.

One of the exciting opportunities in 2014 was the Oregon Hospice Association’s agreement to provide leadership services to the Washington State Hospice & Palliative Care Organization (WSHPCO). We believe that our ability to increase our voice in both states, to leverage the experience of what each of the association does best, and to find ways to work collaboratively and efficiently will benefit people with life-limiting illness in Oregon and Washington. Our two boards and our staffs met last week in Seattle. There are shared values, energy and certainly shared mission. We look forward to working with the Washington board and the hospice and palliative care programs in 2015.

Another landmark happening in 2014, was the creation and implementation of the new and improved Oregon Hospice Association website. The new website allows us to do association management tasks and ensure our website is up to date and functional for you and the public.

Included in the Annual Report you will also find the Education, Me, Too, Resource and Accreditation and Hospice Consultation Services Reports. Please review Meg, and Denis and Linda’s reports for the significant work they accomplish in support of our members and the public.

In addition to the information in the Education Report, I would like to recognize the 2014 honors bestowed by the Oregon Hospice Association at our Professional Practices Exchange in Bend. Barb Hansen, Manager of Hospice and Home Health at Samaritan Evergreen received The Elizabeth Wessinger Award. I don’t think I’ve ever seen someone so surprised to see their entire family materialize at the Awards Dinner! As always, we named the Hospice Dream Team. This year’s recipients included:

- **Hospice Physician**: Shawn Foley, MD, Benton Hospice Service in Corvallis
- **Hospice Nurse**: Georgia Young, RN, PeaceHealth Peace Harbor Hospice in Florence
- **Hospice Aide**: Yana Kindrachuck, CAN, Housecall Providers in Portland
- **Hospice Volunteer**: Roberta Forbes, Legacy Hospice in Portland
- **Volunteer Coordinator**: Jennifer Johnson, Willamette Valley Hospice in Salem
- **Bereavement Coordinator**: Eileen Grover, LCSW, Partners in Care in Bend
- **Hospice Social Worker**: Christina Kucera, MSW, Providence Hospice in Portland

In addition to the regulatory mayhem of 2014, our industry continued to change in the nation and here in Oregon.
2013 Demographics & Hospice Utilization

<table>
<thead>
<tr>
<th></th>
<th>Oregon</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>3,830,065</td>
<td>316,022,508</td>
</tr>
<tr>
<td>Total Deaths</td>
<td>82,520</td>
<td>2,520,702</td>
</tr>
<tr>
<td>Medicare Beneficiaries</td>
<td>734,877</td>
<td>53,888,457</td>
</tr>
<tr>
<td>Medicare Beneficiary Deaths</td>
<td>27,836</td>
<td>2,081,847</td>
</tr>
<tr>
<td>Medicare Beneficiary Admissions</td>
<td>19,968</td>
<td>1,304,994</td>
</tr>
<tr>
<td></td>
<td>70% of Medicare deaths</td>
<td>63% of Medicare deaths</td>
</tr>
<tr>
<td>Medicare Hospice Beneficiary Deaths</td>
<td>14,827</td>
<td>948,017</td>
</tr>
<tr>
<td></td>
<td>53.3% of Medicare deaths</td>
<td>45.4% of Medicare deaths</td>
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<tr>
<td>Medicare Hospice Total Days of Care</td>
<td>1,312,213 Days</td>
<td>91,044,459 Days</td>
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<tr>
<td>Medicare Hospice Mean Days / Beneficiary</td>
<td>58 Days</td>
<td>70 Days</td>
</tr>
<tr>
<td>Medicare Hospice Median Days / Beneficiary</td>
<td>24 Days</td>
<td>24 Days</td>
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<tr>
<td>Medicare Hospice Total Payments</td>
<td>$161,544,793</td>
<td>$16,917,921,218</td>
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<tr>
<td>Medicare Hospice Mean Payment / Beneficiary</td>
<td>$9,890</td>
<td>$11,444</td>
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</table>

2013 Hospice Utilization by State
(Medicare Hospice Deaths / Total Medicare Deaths)
2013 Hospice Utilization by County – Oregon
(Medicare Hospice Deaths / Total Medicare Deaths)

2012 Hospice Utilization
State 9-Year Trends

Note: Hospice Utilization= Medicare Hospice Deaths / Total Medicare Deaths.
Hospice Respects Patient Preferences

Increasing attention to the quality of end-of-life care for seriously ill, dying adults has included evaluation of the site of death, place of care, and health care transitions with an important concern being whether these patterns of care, especially receipt of aggressive care, is consistent with patient preferences and improved quality of life.

Barriers to Hospice

Choices involving .... aspects of end-of-life care, such as for hospice care, are complex decisions that involve patients, their families, and their physicians. However, as elegantly stated by Levine using the metaphor of “Goldilocks and the Three Bears,” the current dilemma that involves the timing of hospice referral is whether it is too late, too early, or just right.


The Empirical Value of Hospice

- Hospice reduced Medicare costs by an average of $2,309 per hospice patient and brought quality care to patients and families.
  - Duke University Study, Social Science & Medicine (October 2007)

- Medicare beneficiaries on hospice care lived on average 29 days longer than similar patients who were not on hospice.
  - Journal of Pain and Symptom Management (March 2007)

- Patients with advanced cancer who talked with physicians about their end-of-life wishes had significantly lower healthcare costs in the last week of life including:
  - Reduced utilization of aggressive care
  - Fewer admission to the ICU,
  - More peaceful deaths.
  - Archives of Internal Medicine (March 2009)
The Empirical Value of Hospice

In this sample of Medicare fee-for-service beneficiaries with poor-prognosis cancer, those receiving hospice care versus the control group had significantly lower rates of:

- Hospitalization,
- Intensive care unit admission,
- Invasive procedures at the end of life, and
- Significantly lower total costs during the last year of life.


The Empirical Value of Hospice

- Patients who received hospice care versus matched control patients not receiving hospice had:
  - Lower rate of hospitalizations (42% vs 65%)
  - Intensive care admissions (15% vs 36%)
  - Invasive procedures (27% vs 51%)
  - 75% of non-hospice patients in this study died in hospitals or nursing homes, compared to 14% of hospice patients

Hospice Reduces Costs

- Lower total expenditure in last year of life
  $9,000 per patient on hospice
  ($62,819 vs $71,517)


Institute of Medicine – Dying in America

- 90% of Americans believed it was important to have end-of-life care discussions with their families, yet less than 30 percent had done so.

- American health care system is poorly equipped to care for patients at the end of life.

- Make palliative care more prevalent and available to all patients.
I wish we could promise 2015 will be less impactful to our programs. But, I think we will continue in a cycle of change. Health care in general is in the throes of change; our work is not exempt.

I just finished reading Dr. Atul Gawande’s new book, “Being Mortal – Medicine and What Matters in the End”. I want to end my comments with Gawande’s inspiring words. In one of my favorite chapters entitled “Courage”, Gawande says:

...our most cruel failure in how we treat the sick and the aged is the failure to recognize that they have priorities beyond merely being safe and living longer; that the chance to shape one’s story is essential to sustaining meaning in life; that we have the opportunity to refashion our institutions; our culture, and our conversations in ways that transform the possibilities for the last chapters of everyone’s lives....

This is the time for us to strongly advocate for the kind of care Gawande describes and that we have provided for more than 35 years. Care we are experts in providing. Care that makes real impact on real people at the end of life. We need to push forward with data, with experience and with our trademark passion to advocate for the dying, their loved ones and those with life-limiting illness. This is what we do. This is our mission. The Oregon Hospice Association will be here as your partner as we soldier on.

[Signature]
Accreditation and Hospice Consultation Services

Denis Carnaby, Hospice Consultant
Linda Downey, RN, MSHA, Hospice Consultant

The Oregon Hospice Association's Accreditation and Consultation Services continue to provide accreditation surveys, technical assistance and more in-depth consultation services to hospices providing care in Oregon.

The Oregon Hospice Association works closely with the other OHA – the Oregon Health Authority. The Oregon Health Authority’s Health Care Regulation & Quality Improvement (HCRQI) group experienced significant turnover in 2014 which meant their concentration was on complaint surveys. The Oregon Hospice Association is authorized as an accrediting body by the Oregon Health Authority. Our surveys fulfill the state licensure survey requirement. Once a hospice has achieved accreditation from the Oregon Hospice Association, the HCRQI group is notified. In addition to fulfilling the licensure survey requirement, an Oregon Hospice Association accreditation survey can be a valuable process to identify strengths and weaknesses in an agency's overall quality of care and operations. An Oregon Hospice Association accreditation survey is performed by professionals who have direct hospice experience. Being able to schedule a survey at your convenience is an added benefit. Detailed information about Oregon Hospice Association Accreditation is included at our website, www.oregonhospice.org.

With the implementation of the Impact Act in April 2015, Oregon hospices can anticipate Medicare surveys every three years. There will likely be a rush on the part of the Oregon Health Authority during 2015 as they work to get caught up. We also won’t be surprised if there is a phase-in period. Oregon hospices may want to use the Oregon Hospice Association to provide mock surveys in preparation for an Oregon Health Authority survey. Mock surveys can also be tailored to your organization and budget.

Technical assistance continues to be utilized by many hospices. If you have a question that can be answered via a short email, you can direct those to either Denis or Linda. More in-depth assistance such as advice about a specific issue, chart reviews, policy assistance or a review/opinion about a program can be provided under our consultation services. We can discuss your issue and give you a cost and time estimate.

It continues to be a pleasure to serve the members of the Oregon Hospice Association.

Thank you.

Denis Carnaby and Linda Downey
Education is one of the key elements included in the Oregon Hospice Association’s goals. The goals for education include:

- Provide education to promote a clear understanding of hospice and palliative care to the public and to stakeholder groups including academic institutions, businesses and other entities.
- Provide information and respond to requests about end-of-life choices.
- Provide professional education to hospice and palliative care providers and other practitioners of medicine.
- Encourage the completion of Physician Orders for Life-Sustaining Treatment (POLST) forms for all hospice and palliative care patients at the time of admission.
- Offer consultation services to hospice and palliative care agencies and to programs developing end of life care.
- Provide bereavement education and support for children and families through the Me, Too partnership.

The Oregon Hospice Association strives to present training that meets the ever-changing and comprehensive needs of hospice members. A summary of the 2014 professional education is included.

The 2014 Professional Practice Exchange was attended by over 150 hospice professionals, exhibitors and sponsors who gathered in Bend to network, learn, and inspire us in our work. Our faculty was stellar from start to finish as evidenced by your comments and evaluations. Don Schumacher, PsyD, President & CEO of the National Hospice & Palliative Care Organization opened the conference on video with his View from Washington. Because you asked, we were able to convince Dr. Janet Bull, the Chief Medical Officer at Four Seasons Hospice and Assistant professor at Duke University Medical Center to return to Oregon. Dr. Bull’s two sessions, “Navigation the White Water Rapids and the Future of Health Care” and “Hospice Diagnosis Challenges: Case Studies to Assist you in Your Hospice Practice” were just what we needed to hear. Dr. Dean Sharpe, Program Facilitator at the Sacred Art of Living Center in Bend, addressed compassion burnout and brought us techniques for self-care based on science. Other excellent faculty, many from our member hospices, as well as colleagues JJ Furuno, Brie Noble, and Kathy Perko from OHSU and Dr. Mary Mihalyo from DeltaCareRX filled clinical and leadership tracks and brought discipline-specific training to our attendees.

The Awards Dinner was especially fun this year. To set the tone for the evening, attendees donned hats and boas and posed in the Photo Booth. Wessinger Award winner, Barb Hansen was truly surprised to be honoured. The Dream Team selection was as heart-warming as always. What a wonderful evening!

The Oregon Hospice Association in partnership with Dignity Memorial, Providence Hospice, Legacy Hospice and Kaiser Permanente Continuing Care Services sponsored a site for the 2014 Hospice Foundation of America’s Living with Grief Program. This year’s theme was Helping Adolescents Cope with Loss. We have found a home for this event at Providence Willamette Falls Community Center. Thank you, Providence! Also, we thank our partners for their ongoing support which enables us to provide this education annually at no charge for attendees.

Based on input from hospices, the Oregon Hospice Association again partnered with the Washington State Hospice & Palliative Care Organization to host a two-day spring intensive “Spring Intensive: Regulatory Update”. The two-day conference featured nationally known expert and NHPCO Vice President Compliance & Regulatory Leadership Judi Lund Person, MPH who provided detailed regulatory status. Anne Koepsell, RN, BSN, MHA, CLNC and WSHPCO Executive Director discussed how to document eligibility. Finally, Carol Spence, RN, MSN,
Ph.D., presented on Mandatory Quality Reporting. You told us this conference met your needs and you want us to continue providing this kind of training here in the Northwest. We will!

Hospices’ needs are routinely discussed at both the Hospice Providers Council and the Hospice & Palliative Medicine Providers’ Forum. These groups meet and identify educational needs, strategies, and technical issues which arise in the course of providing hospice care. The Education Committee takes the identified needs to create events for each year. The 2014 Education Committee members included:

Molly Acree, RN  
_Mercy Hospice (Roseburg) and Oregon Hospice Association Board of Directors_  
Linda Downey, RN, MSHA  
_Oregon Hospice Association_  
Barbara Farmer, RN, CHPCA  
_Willamette Valley Hospice_  
Barb Hansen, RN, MA, CWON  
_Samaritan Evergreen Hospice_  
Pam Matthews, RN, BSN, CHCE  
_Willamette Valley Hospice and Oregon Hospice Association Board of Directors_  
Gail M. Mueller, RN  
_Legacy Hospice (Portland)_  
Susan Mulligan, RN, BSN  
_Kaiser Permanente – Continuing Care Services and Oregon Hospice Association Board of Directors_  
Robyn Tatom  
_Partners in Care; Hospice Providers’ Council Chair and Oregon Hospice Association Board of Directors_  

We are grateful for the experience and commitment from these dedicated hospice leaders.

In addition to professional education, the Oregon Hospice Association provides public education to community members like Trinity Episcopal Cathedral and academic entities like Portland State University and Portland Community College. We are also a source of education for people who call us with a specific, real-time need for personal help with an end-of-life issue. We are happy to be a place in a busy world where there is time to listen, empathize, and problem solve.

The Oregon Hospice Association has been a member of the Oregon POLST Taskforce since its convening over twenty years ago. We continue to work with stakeholder groups from around the state to ensure that Oregonians’ end of life wishes are known and respected.

Education deliverables fulfilled by the Me, Too and the Accreditation and Consultation programs are included in the Me, Too and Accreditation and Consultation Reports.

The Oregon Hospice Association will continue to offer a wide range of educational services that are available, accessible and affordable to hospices serving Oregonians. We are grateful to all of you who contributed in the planning, execution or attendance at our educational offerings.

[Signature]

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# Professional Education Events

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<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Location</th>
<th>Hours</th>
<th>Attendance</th>
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<tbody>
<tr>
<td>10/28-30</td>
<td>Professional Practices Exchange&lt;br&gt; Hospice Providers’ Council&lt;br&gt; Hospice &amp; Palliative Medicine Providers’ Forum&lt;br&gt; Bereavement Coordinators’ Coalition&lt;br&gt; Volunteer Coordinators’ Consortium</td>
<td>The Riverhouse, Bend</td>
<td>14 CE</td>
<td>150</td>
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<td>7/19</td>
<td>Hospice Providers’ Council</td>
<td>Samaritan Lincoln Memorial Hospice, Lincoln City</td>
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<td>4/18</td>
<td>Hospice Foundation of America Living with Grief Program: “Helping Adolescents Cope with Loss”</td>
<td>Providence Willamette Falls Community Education Center, Oregon City</td>
<td>CE via HFA</td>
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<td>4/2</td>
<td>Hospice Providers Council&lt;br&gt; Hospice Billers Forum</td>
<td>Willamette Valley Hospice, Salem</td>
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<tr>
<td>3/18-19</td>
<td>“Spring Intensive: Regulatory Update”&lt;br&gt; (In partnership with the Washington State Hospice &amp; Palliative Care Organization)</td>
<td>The Heathman Lodge, Vancouver, WA</td>
<td>12 CE</td>
<td>125</td>
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<tr>
<td>1/25</td>
<td>Annual Meeting&lt;br&gt; Hospice Providers’ Council</td>
<td>Oregon Hospice Association, Portland</td>
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The Oregon Hospice Association also provided 23 Webinars during 2014. These webinars are archived and remain available to our members. The Webinars included:

Jan 7  Developing "Take-Charge" Managers
Jan 21  Basics of Effective Compliance Programs
Feb 4  Preparing for ICD-10: How to Avoid Mistakes & Painful Consequences
Feb 18  Hospice & the 2014 OIG Work Plan: History Repeats Itself
Mar 5  Choosing a "Good" Death: Legal Issues Surrounding Palliative Care Programs & the Impact of the Affordable Care Act
Mar 18  When the Circle of Service is Unbroken: Creating a Culture & Building the Team That Delivers on the Promise
Apr 10  Managing Client Expectations
Apr 24  Hospice & Home Care Employment Law Hot Topics: Background Checks, Social Media & Overtime
May 13  Best Practices in Physician Relations: National Benchmarking Survey Results for Referral Development
May 29  Improve Your Bottom Line: Change the Way You Think About Volunteers
Jul 10  “I’m Sorry to Hear That…” Proven Service Recovery Techniques
Jul 24  Hospice & Palliative Care: Essentials of Information Security & Privacy
Aug 7  Technology as a Key Component of Growth & Sustainability
Aug 28  Finances, Benchmark & Profitability for Clinical Managers: What Are They & Why Should I Care?
Sep 11  Palliative Care Smart Growth Strategies
Sep 17  Part D & Hospice: Having the Conversation
Sep 25  Managing with Metrics: Integrating Clinical & Financial Information for Successful Hospice Operations
Oct 9  Hospice Inpatient Levels of Care & Continuous Home Care: How to Meet Patient Need without Breaking the Rules
Nov 6  Yes, You Can Soothe, Smooth & Improve Difficult People
Nov 13  What Keeps Your CEO Awake at Night? Find a Cure!
Dec 4  Continued Survey Readiness: Through the Eyes of a Surveyor
Dec 11  Troubleshooting the HIS
Resource Development Report

Meg McCauley, Resource Development Director

The Oregon Hospice Association saw an increase in general contributions in 2014. An unexpected gift from the Kuzman Fund of The Oregon Community Foundation increased the Oregon Hospice Association’s budgeted contributions by $45,000. Additional significant gifts throughout the year included:

- $3,600 from the Hospice Assistance Fund of The Oregon Community Foundation
- $1,700 from Veris Industries, as a result of participation in a health/charity fair in summer
- $3,600 from local restaurant Por Que No; representing proceeds from their annual “Day of the Dead” dinner in fall

The Oregon Hospice Association is a recipient of funding from the Community Health Charities employer/employee campaign:

- $6,260 was distributed to OHA through the annual campaign

The Oregon Hospice Association also receives funding through independent Employer/Employee Matching Gifts campaigns throughout the year:

- $140 from Wells Fargo
- $1,700 from Give with Liberty
- $936 from Moda Health
- $210 from Kaiser Permanente

In 2014 the Oregon Hospice Association launched its new website (www.oregonhospice.org), with many new interactive and user-friendly features. Critical to the Oregon Hospice Association is the ability to post important information in a timely manner and distribute it quickly to those who need it. The newly designed website is managed and maintained in-house so it can be updated immediately. There are new features making it easier to make secure donations online and register and pay for conferences and other events. Many new individuals and businesses have come to the Oregon Hospice Association website for information and left after making a donation and or joining the membership! We hope to refine this area of the website to continue to build an active donor and member base, better communicating with those who need us. Our thanks to Common Good Communication for helping us design and implement a product we can utilize to our fullest potential.

Annual fundraising campaigns the Oregon Hospice Association participates in include the Portland Marathon in fall and Light Up a Life in winter. In 2014, a net total of $6,645 was raised during the Portland Marathon event. 2014 marked the OHA’s 18th year of participation in this fun and family-friendly event. After careful consideration and evaluation of the agency’s participation in this event, however, 2014 also marked the last year of the OHA’s participation as an official charity. Limited OHA staff availability, increased charity participation and charity responsibilities, and timing of the event has made it difficult for the Oregon Hospice Association to successfully participate at the level it would like and reach the fund and friend-raising goals it once reached.

We will continue to honor the memory and vision of former Oregon Hospice Association board member Bernie Reed, who made it possible for the agency to become one of the charities of the Portland Marathon back in 1996. Even though he died in 2000, his legacy lives on. The Oregon Hospice Association thanks contributors for supporting the campaign so long, and to Tim Bergmann for his time designing materials and posting memorials to this web page over the years. Thanks also to Moda Health for their printing and mailing services.
The Oregon Hospice Association’s annual Light Up a Life campaign also saw an increase in contributions in 2014. 250 contributors raised a net total of $17,447 for the Oregon Hospice Association in support of this winter holiday direct mail campaign. Again, we thank Tim Bergmann for his time designing the campaign mailing materials and Moda Health for their printing and mailing services.
Me, Too Report

Meg McCauley, Program Director

Me, Too is co-sponsored by Legacy Hospice Services, the Oregon Hospice Association and Providence Portland Hospice Programs and provides grief support services to children and families. Groups alternated between east- and west-side locations (Providence Portland Hospice and Legacy Meridian Park Health Education Center, respectively).

Me, Too held 2 groups throughout 2014, a late winter group at Legacy Meridian Park Health Education Center and a fall group at Providence Portland Hospice. Between 5-15 families receive support at each 8-week session. Adequate and appropriate space for holding groups is an ongoing issue; the Me, Too Operations Committee is pleased to report that west side groups will be back at Portland First Church of the Nazarene in Southwest Portland!

Also in 2014:
- Training manuals were updated and revitalized;
- 4 new outstanding volunteers successfully completed Me, Too Volunteer Training;
- Children’s Grief Awareness Day in November was observed; one teen in group was so inspired by the day that she created shirts for her family and friends to raise awareness at school and her parents’ places of work.
- 5 bags of stuffed animals for the Me, Too program were donated by the Legacy Stuffed Animal Drive;
- Group supplies have been streamlined so that mobile transport between groups can be done easily and quickly.

Legacy Hospice and Providence Portland Hospice continued their financial sponsorship and clinician support, and the Oregon Hospice Association provided administrative coordination of Me, Too throughout the year.

In addition to the granting and sponsoring agencies and Legacy Meridian Park CHEC, thanks are also extended to Governing Board and Operations Committee members Gail Mueller, Jane Brandes, Deborah Whiting Jaques, Jennifer Traeger, Jacquelyn Love and Petya Pohlschneider and to the professional and volunteer facilitators for their time and commitment to this important program.

Meg McCauley
Oregon's Hospice Directory

- Samaritan Evergreen Hospice in Albany
- ACH Hospice & Palliative Care Services in Ashland
- Lower Columbia Hospice in Astoria
- Heart 'n Home Hospice & Palliative Care, LLC in Baker City, Bend, Fruitland (ID), LaGrande, LaPine
- Gentiva Hospice in Beaverton & Salem
- Providence St. Vincent Hospice & Palliative Care in Beaverton, Hood River, Portland, The Dalles
- Partners in Care in Bend
- St. Charles Hospice in Bend, Madras, Prineville
- Coastal Home Health/Hospice in Brookings, Gold Beach, Port Orford
- Harney County Hospice in Burns
- Bristol Hospice in Clackamas
- Pacific Home Health & Hospice in Coos Bay, Springfield
- South Coast Hospice in Coos Bay
- Benton Hospice Service, Inc. in Corvallis
- Cascade Health Solutions: Hospice in Eugene
- Hospice of Sacred Heart in Eugene
- Signature Hospice in Eugene, Keizer, Tigard
- Peace Health Peace Harbor Hospice in Florence
- Lovejoy Hospice in Grants Pass
- Pioneer Memorial Home Health & Hospice in Heppner
- Vange John Memorial Hospice in Hermiston
- Care Partners in Hillsboro
- Heart of Hospice in Hood River, The Dalles
- Blue Mountain Hospice in John Day
- High Desert Hospice in Klamath Falls
- Klamath Hospice in Klamath Falls
- Grande Ronde Hospital Home Care Services in LaGrande
- Lakeview Home Health & Hospice in Lakeview
- Samaritan North Lincoln Hospice in Lincoln City
- Community Home Health & Hospice in Longview, Vancouver (WA)
- Legacy Hospice in McMinnville, Portland
- Asante Hospice in Medford
- Providence Hospice in Medford
- Legacy Hospice in Meridian (ID)
- Encompass Home Health & Hospice in Nampa
- Samaritan Pacific Hospice in Newport
- XL Hospice in Payette (ID)
- St. Anthony Hospital Hospice in Pendleton
- Adventist Health Hospice in Portland, Tillamook
- Comfort Hospice in Portland
- Hospice Care of the Northwest in Portland, Salem
- Housecall Providers in Portland
- Kaiser Hospice & Palliative Care in Portland
- Legacy Hopewell House Hospice in Portland
- Portland VA Medical Center Community Health Office in Portland
- Pinnacle Hospice in Portland
- Seasons Hospice in Portland
- Serenity Palliative Care & Hospice in Portland
- Hospice of Redmond in Redmond
- Amedisys Hospice in Roseburg
- Mercy Hospice in Roseburg
- Willamette Valley Hospice in Salem
- Mt. Hood Hospice in Sandy
- PeaceHealth Hospice Southwest in Vancouver
- Jonathan M. Wainwright Memorial VA Medical Center in Walla Walla
- Walla Walla Community Hospice in Walla Walla

End of Life Care – Correctional Institutions:

- Eastern Oregon Correctional Institution in Pendleton
- Oregon State Penitentiary Hospice Program in Salem
- Two Rivers Correctional Institution in Umatilla
- Coffee Creek Correctional Facility in Wilsonville
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Molly Acree, RN, CHPCA, Mercy Hospice, Roseburg
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Hospice Providers’ Council

Robyn Tatom, Partners in Care, Bend (Chair)
Jeanette Schacher, Lower Columbia Hospice, Astoria (Co-Chair)

Oregon Hospice Association Staff

Deborah Whiting Jaques, CEO
Meg McCauley, Resource Development Director, and Me, Too Program Director
Denis Carnaby, Hospice Consultant
Linda Downey, RN, MSHA, Hospice Consultant
Larlyn Fitzpatrick, Bookkeeper