ANNUAL REPORT
2016

Presented to the Membership
January 27, 2017

OREGON HOSPICE & PALLIATIVE CARE ASSOCIATION

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History, Status, Mission, Description, Vision and Goals

History

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

In 2016, 53 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 & Palliative Care 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 & Palliative Care 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 & Palliative Care Association’s services include public and professional education, advocacy, research, consultation, accreditation and leadership.

Vision

The Oregon Hospice & Palliative Care 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 & Palliative Care Association’s mission.
Chair’s Report

Susan Mulligan, Board Chair

First and foremost, thank you to all of the OHPCA members for your continued support and provision of Hospice and Palliative Care to patients and families throughout Oregon. Your involvement continues to assist with the education, clarification, and creativity to provide the very important care to patients facing a life limiting illness while balancing regulatory and financial hurdles. More Oregonians receive quality hospice and palliative care each year because of your dedication, focus and caring. Thanks to all of you, Oregon continues to be a leader in the hospice industry in the country.

2016 was a busy year with many changes. CEO Barb Hansen continued to represent Oregon at local and national meetings and conferences. She traveled the state learning about your programs, needs and identified how OHPCA could be of assistance.

- In February the Board discussed and voted to add Palliative Care to our mission and title, as well as two new Palliative Care Board positions.
- Barb, Meg and the Board continued to identify ways to provide quality cost efficient services. In March we made the decision to close the physical office and developed strategies to provide the same services while being good steward of resources.
- We offered two Regional trainings, the Spring Intensive Regulatory Conference and the fall Professional Practices Exchange (PPE).
- We continued to develop/strengthen our working relationship with the Washington State Hospice & Palliative Care Organization Board of Directors.
- We have continued to review and update our bylaws and identify areas that may need clarification and additions.
- The staff and Board continue to regularly respond to requests for information from the public and members of our Association.
- Members of the Board of Directors are identifying additional ways to further support OHPCA to sustain this important resource.
- Financially 2016 ended positively, which will enable us to continue to invest in our mission.

Like you are the hospice champions in your community, the Oregon Hospice & Palliative Care 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 Committee and subcommittees.

- We continue to be a resource to other state organizations regarding Physician Assisted Death policies and practice.
- For more than 20 years we have served on the Oregon POLST Task Force.
- We actively participate in research to benefit end of life care.
- The Oregon Hospice & Palliative Care Association 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.

As my term of office ends I want to recognize and thank the Oregon Hospice & Palliative Care Association staff for their dedication and work. Much is accomplished with few employees. We are grateful for Barb Hansen, Meg McCauley, Linda Downey, Denis Carnaby and Larlyn Fitzpatrick for their dedication to you, to our association and to Hospice and Palliative Care. I want to express how much I appreciate the support of Barb, Meg and my fellow Board members this past year in the role of Chair. I am extremely fortunate to be associated with this organization and all of you. I will continue my support as I complete my term this next year. I am pleased to pass the baton to Jane Brandes who will be the 2017 Board Chair. Again, thank you. You are all appreciated!

Sue Mulligan
Treasurer's Report

Pam Matthews, Treasurer

I am pleased to present the 2016 Treasurer’s Report. Not only does the Oregon Hospice & Palliative Care Association continue to work to support excellent hospice and palliative care for Oregonians, the organization is financially sound.

The Oregon Hospice & Palliative Care Association was again the recipient of several large as well as many other smaller donations during 2016. The impact of those generous gifts will allow us to support the hospice and palliative care programs in Oregon which serve patients and families all over the state.

The Statement of Position demonstrates the Oregon Hospice & Palliative Care Association has sufficient cash and investment reserves to fund ongoing operations. Our 2016 Total Liabilities and Equity totaled $579,501, a 5.6% improvement over 2015.

The Statement of Activities also demonstrates that the Oregon Hospice & Palliative Care Association continues to monitor expenses with 2016 expenses of $352,934, almost 14% less than budgeted. Our 2016 expenses reflect the savings we achieved by vacating and subleasing our former office space in downtown Portland in March.

With bequests, donations and effective oversight, we completed the year with net assets of $35,707, when we had originally budgeted an expected loss of ($59,407) for the year.

The Proposed 2017 Budget is realistic. In general, we have budgeted revenue consistent with 2016 actuals as well as anticipated 2017 events. We are working with sponsors and exhibitors in the hopes of being able to sponsor more regional trainings around the state in 2017. Our 2017 budget continues to include the revenue stream from our Services Agreement with the Washington State Hospice & Palliative Care Organization (WSHPCO). This contracted amount has increased for 2017. Revenue also reflects continued donations. Expenses reflect a modest increase in FTE in salaries, wages, benefits and contractor hours. As you will see, our 2017 budget reflects a net income of $5,338. Our plan is to work hard to achieve and maintain a balanced budget going forward.

Pam Matthews
### Statement of Position as of December 31, 2016

<table>
<thead>
<tr>
<th>ASSETS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents</td>
<td>473,504</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>1,292</td>
</tr>
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<td>Other Assets</td>
<td>1,920</td>
</tr>
<tr>
<td>Investments - Long Term</td>
<td>102,785</td>
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<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$ 579,501</td>
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</table>

<table>
<thead>
<tr>
<th>LIABILITIES &amp; EQUITY</th>
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<tbody>
<tr>
<td>Accounts Payable</td>
<td>1,617</td>
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<tr>
<td>Accrued Payroll and Related Liabilities</td>
<td>32,720</td>
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<tr>
<td>Accrued Rent</td>
<td>(3,599)</td>
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<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>$ 30,738</td>
</tr>
</tbody>
</table>

| NET ASSETS                | $ 548,763|

| **TOTAL LIABILITIES AND NET ASSETS** | $ 579,501 |
Statement of Activities as of December 31, 2016

**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>119,631</td>
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<tr>
<td>4200</td>
<td>Conferences/Meetings</td>
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<tr>
<td>4300</td>
<td>Services</td>
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<td>4400</td>
<td>Membership</td>
<td>81,974</td>
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<td>4390</td>
<td>WSHPCO - Services</td>
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<tr>
<td>4800</td>
<td>Investment Income</td>
<td>165</td>
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<tr>
<td>4990</td>
<td>Other Revenue</td>
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</tr>
<tr>
<td><strong>Total Support and Revenue</strong></td>
<td></td>
<td><strong>$ 388,640</strong></td>
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**Direct Operating Expenses**

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<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>5000</td>
<td>Salaries and Wages</td>
<td>241,865</td>
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<tr>
<td>6005</td>
<td>Awards</td>
<td>95</td>
</tr>
<tr>
<td>6007</td>
<td>Credit Card Charges</td>
<td>2,185</td>
</tr>
<tr>
<td>6010</td>
<td>Bank Charges/Checks</td>
<td>447</td>
</tr>
<tr>
<td>6015</td>
<td>Board Expenses</td>
<td>(123)</td>
</tr>
<tr>
<td>6022</td>
<td>Conferences</td>
<td>978</td>
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<tr>
<td>6025</td>
<td>Dues and Memberships</td>
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<tr>
<td>6030</td>
<td>Library/Education</td>
<td>250</td>
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<td>6045</td>
<td>Meeting Expenses</td>
<td>45,116</td>
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<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>
<td>5,133</td>
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<td>6100</td>
<td>Professional Services</td>
<td>18,507</td>
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<td>6200</td>
<td>Travel Expenses</td>
<td>4,778</td>
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<td><strong>Total Expense</strong></td>
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**Overhead Expenses**

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<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>7000</td>
<td>Audit Expenses (tax accountants)</td>
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<td>7010</td>
<td>Insurance</td>
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<tr>
<td>7020</td>
<td>Occupancy Expenses</td>
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<td>7060</td>
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<tr>
<td>7070</td>
<td>Telephone</td>
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<td><strong>Total Expense</strong></td>
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<td><strong>$ 28,705</strong></td>
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**Total Expense**

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<thead>
<tr>
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<th>Description</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td><strong>$ 352,933</strong></td>
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**Change in Net Assets**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>$ 35,707</strong></td>
</tr>
</tbody>
</table>
# 2017 Proposed Budget

## 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>95,500</td>
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<tr>
<td>4200</td>
<td>Conferences/Meetings</td>
<td>84,300</td>
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<tr>
<td>4300</td>
<td>Services</td>
<td>20,000</td>
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<tr>
<td>4390</td>
<td>WSHPCO - Services</td>
<td>109,000</td>
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<tr>
<td>4400</td>
<td>Membership</td>
<td>82,000</td>
</tr>
<tr>
<td>4800</td>
<td>Investment Income</td>
<td>165</td>
</tr>
<tr>
<td>4900</td>
<td>Sales Revenue</td>
<td>2,000</td>
</tr>
<tr>
<td>4990</td>
<td>Other Revenue</td>
<td>400</td>
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**Total Support and Revenue**  
$393,365

## Direct Operating Expenses

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>5000</td>
<td>Salaries and Related Expenses</td>
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<tr>
<td>5500</td>
<td>Payroll Fees</td>
<td>1,800</td>
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<tr>
<td>6005</td>
<td>Awards</td>
<td>95</td>
</tr>
<tr>
<td>6007</td>
<td>Credit Card Charges</td>
<td>2,300</td>
</tr>
<tr>
<td>6010</td>
<td>Bank Charges/Checks</td>
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</tr>
<tr>
<td>6015</td>
<td>Board Expenses</td>
<td>2,250</td>
</tr>
<tr>
<td>6022</td>
<td>Conferences</td>
<td>1,000</td>
</tr>
<tr>
<td>6025</td>
<td>Dues and Memberships</td>
<td>1,510</td>
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<tr>
<td>6030</td>
<td>Library/Education</td>
<td>250</td>
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<tr>
<td>6045</td>
<td>Meeting Expenses</td>
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<tr>
<td>6075</td>
<td>Operating/Program Supplies</td>
<td>3,000</td>
</tr>
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<td>6080</td>
<td>Postage/Delivery (Direct)</td>
<td>1,300</td>
</tr>
<tr>
<td>6090</td>
<td>Printed Materials</td>
<td>5,000</td>
</tr>
<tr>
<td>6100</td>
<td>Professional Services</td>
<td>18,500</td>
</tr>
<tr>
<td>6200</td>
<td>Travel Expenses</td>
<td>5,000</td>
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**Total Direct Operating Expenses**  
$369,127

## Overhead Expenses

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>7000</td>
<td>Audit Expenses</td>
<td>5,000</td>
</tr>
<tr>
<td>7010</td>
<td>Insurance</td>
<td>1,500</td>
</tr>
<tr>
<td>7020</td>
<td>Occupancy Expenses</td>
<td>1,800</td>
</tr>
<tr>
<td>7040</td>
<td>Office Expense</td>
<td>1,500</td>
</tr>
<tr>
<td>7060</td>
<td>Photocopy Expense</td>
<td>4,500</td>
</tr>
<tr>
<td>7070</td>
<td>Telephone</td>
<td>4,600</td>
</tr>
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**Total Overhead Expenses**  
$18,900

**Total Expense**  
$388,027

## Change in Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in Net Assets</td>
<td>$5,338</td>
</tr>
</tbody>
</table>
2016 was another year of change for the Oregon Hospice Association and for the hospice industry, as well. In February, the Oregon Hospice Association Board of Directors voted to add “Palliative Care” to both our name and our mission. We added two new positions to our board to represent Palliative Care providers. We were very pleased to welcome Dr. Laura Mavity, Clinical Director, Advanced Illness Management/Palliative Care at St. Charles Health System in Bend and Jason Malcom from Palliative Care Services at the Portland VA Medical Center to serve in these two new board positions.

Another change for the Oregon Hospice & Palliative Care Association (OHPCA) was our move last March out of our office in downtown Portland, where we had been for 19 years. We determined that since much of our communication with the public as well as with members of our association took place by email or telephone, we could save resources by working from a “virtual” office. We gave away books and furniture to hospices all over the Portland area and now lease a secure, climate-controlled storage unit to store our OHPCA equipment and “archives”.

For the past several CEO reports in the Annual Report, we have noted that CMS regulatory changes have continued at a more rapid rate than in prior years. Hospices were still adjusting to implementing the changes required by the 2016 “Final Rule” when we learned about more proposed changes for 2017. At the end of July, the 2017 “Hospice Wage Index Final Rule” was issued. This rule provided an analysis of hospice utilization trends, gave a small increase in the hospice per diem rates, adjusted the hospice cap year, added two new required quality measures and gave information about the plans for “Hospice Compare”, the public reporting about Hospice quality measures. Information was also provided about the future planned “standardized patient assessment tool”. Some of the 2017 rule went into effect on January 1; other changes take effect April 1 and later this year.

In December, the Oregon Hospice & Palliative Care Association’s agreement to provide leadership services to the Washington State Hospice & Palliative Care Organization finished its second full year of the management agreement with WSHPCO. My report (after eighteen months in my role) remains: “So far, so good!” We continue to believe that our ability to increase our voice in both states, to leverage the experience of what each association does best, and to find ways to work collaboratively and efficiently will benefit people with life-limiting illnesses in Oregon and Washington. Our two boards and staff continue to work together. There are shared interests, values, energy and certainly shared mission. We even encourage presenters at one state’s annual conference to consider presenting at the annual conference! We look forward to working with the Washington board and the hospice and palliative care programs again in 2017.

In 2016 the OHPCA further improved our website. The latest improvements have made it easier for patients and family members to locate hospices in cities, towns and counties across Oregon. It is easier to navigate around the site and connect with information and resources that you need. We continue to regularly receive requests for information via the “Contact Us” link on the website.

Included in the Annual Report you will also find the Education, Me, Too, Resource and Accreditation and Hospice Consultation Reports. Please review reports from Meg McCauley, Denis Carnaby and Linda Downey 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 2016 honors bestowed by the Oregon Hospice & Palliative Care Association at our Professional Practices Exchange in Redmond last September. Elizabeth Peters, RN, Weekend Supervisor at Willamette Valley Hospice, received The Elizabeth Wessinger Award, recognizing her many years of dedication to providing high quality patient and family care, excellent customer service, peer mentoring and advocacy. As has come to be a tradition at the Dream Team dinner, Elizabeth’s two sons hid in the kitchen and were able to surprise her at the last minute with their attendance at the event.

As always, we named the Hospice Dream Team. This year’s recipients included (and we had two folks selected this year in the “Support and Other Staff” category):

Nurse: Lorie Roeser Peace Harbor Hospice
Social Worker: Nancy Smith Benton Hospice Services
Hospice Aide: Nancy Allen Peace Harbor Hospice
Volunteer: Mary Lou Perris Samaritan Evergreen Hospice
Support and Other Staff: Melissa Allen Benton Hospice Services
Support and Other Staff: Andree Briggs Providence Hospice Services

In addition to the regulatory challenges of 2016, our industry continued to change in the nation and here in Oregon. Here are some slides which provide some “snapshots” about how Oregon compares to the rest of the country and to Washington state for 2015, the most recent year for which data is available:
2015 Hospice Utilization
(Medicare Hospice Deaths / Total Medicare Deaths)

OR #8: 52.1%
National: 46.6%
WA #37: 42.5%

2015 Hospice Utilization x County – OR
(Medicare Hospice Deaths / Total Medicare Deaths)
2015 Medicare Hospice
Percentage of Days x LOS

Oregon
- 90-179 days, 13%
- 30-89 days, 25%
- 8-29 days, 27%
- < 7 days, 27%
- 180+ days, 9%

National
- 90-179 days, 12%
- 30-89 days, 22%
- 8-29 days, 25%
- < 7 days, 29%
- 180+ days, 12%

2015 Medicare Hospice Beneficiaries
Top Five ICD-9 PRIMARY Diagnoses (out of 19 categories)
### The Top Ten Principal Hospice Diagnoses, FY 2015

<table>
<thead>
<tr>
<th></th>
<th>Diagnosis</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>331.0 Alzheimer's disease</td>
<td>196,705</td>
<td>13%</td>
</tr>
<tr>
<td>2</td>
<td>428.0 Congestive heart failure, unspecified</td>
<td>115,111</td>
<td>8%</td>
</tr>
<tr>
<td>3</td>
<td>162.9 Lung Cancer</td>
<td>88,404</td>
<td>6%</td>
</tr>
<tr>
<td>4</td>
<td>496 COPD</td>
<td>80,655</td>
<td>6%</td>
</tr>
<tr>
<td>5</td>
<td>331.2 Senile degeneration of brain</td>
<td>46,843</td>
<td>3%</td>
</tr>
<tr>
<td>6</td>
<td>332.0 Parkinson’s Disease</td>
<td>34,957</td>
<td>2%</td>
</tr>
<tr>
<td>7</td>
<td>429.9 Heart disease, unspecified</td>
<td>31,906</td>
<td>2%</td>
</tr>
<tr>
<td>8</td>
<td>436 CVA/Stroke</td>
<td>29,172</td>
<td>2%</td>
</tr>
<tr>
<td>9</td>
<td>437.0 Cerebral atherosclerosis</td>
<td>26,887</td>
<td>2%</td>
</tr>
<tr>
<td>10</td>
<td>174.9 Breast Cancer</td>
<td>23,969</td>
<td>2%</td>
</tr>
</tbody>
</table>

Source: Medicare Program; FY 2017 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements, page 29

### 2015 Medicare Hospice Beneficiaries Levels of Care (days)

![Graph showing levels of care for Medicare hospice beneficiaries in 2015](https://www.HospiceAnalytics.com)
2017 will be another challenging year for our programs and for all who work in end-of-life care. Perhaps more so now than ever before it can be said that health care is undergoing change. Hospice and Palliative Care will undoubtedly undergo change as well. We have not yet been informed if changes made in hospice payment methodology last year have resulted in more visits made in the last few days of our patients’ lives. This year those visits will also become part of our mandatory quality reporting in hospice.

We know—even without seeing the financial or quality reports—that palliative care and hospice continue to make a difference in the lives of patients and their families. We all have a passion for caring for people at the end of life, because it is work that does make a difference. The Oregon Hospice & Palliative Care Association has a mission to assist you in doing this important work. We continue to look forward to working with you as we move forward in these challenging times.

Barbara Johnson, MA, RN
Accreditation and Hospice Consultation Services

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

The Oregon Hospice & Palliative Care 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 & Palliative Care Association (OHPCA) works closely with the Oregon Health Authority. The Oregon Hospice & Palliative Care Association is authorized as an accrediting body by the Oregon Health Authority and our surveys fulfill the state licensure survey requirement. Once a hospice has achieved accreditation from the OHPCA, the HCRQI group is notified. In addition to fulfilling the licensure survey requirement, an Oregon Hospice & Palliative Care Association accreditation survey can be a valuable process to identify strengths and weaknesses in an agency's overall quality of care and operations. An OHPCA 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 & Palliative Care Association accreditation is included at our website, www.oregonhospice.org.

With the implementation of the Impact Act in April of 2015, Oregon hospices can expect Medicare surveys to occur every three years. Conducting surveys continues to be a challenge for the Oregon Health Authority although a few have been conducted. The Health Authority has also contracted with a national company to conduct surveys on their behalf. Oregon hospices may want to use the Oregon Hospice & Palliative Care Association to provide mock surveys in preparation for a federal Medicare survey. Mock surveys can also be individually tailored to your organization, to focus on the areas where you have questions or concerns. We can also tailor our services to meet your budget requirements. We can direct you to several hospices that have successfully passed federal surveys after an OHPCA mock survey.

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.

As many of you are aware Denis has provided technical assistance to Oregon hospices for many years and was instrumental in the startup of many hospices throughout the state. Linda has been a resource to many hospices in her role as a hospice executive, freely sharing policies and ideas as well as doing accreditation surveys. Both Denis and Linda have decided to end their involvement as technical consultants at the end of 2017. We are in constant awe of what hospice staff does on a daily basis and how very creative they are. We will miss you all but hospice will always be a part of us.

Denis Carnaby and Linda Downey
Professional Education Report

Barb Hansen, CEO

Education is one of the key elements included in the Oregon Hospice & Palliative Care 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 & Palliative Care Association strives to present trainings that meet the ever-changing and comprehensive needs of hospice members. A summary of the 2016 professional education is included.

In 2016 the OHPCA partnered with Origins Pharmacy Solutions to offer two regional trainings, one in Grants Pass and one in Vancouver, WA. Both events were well attended. It is our goal to offer more regional training events around the state in the future.

The 2016 Professional Practice Exchange was attended by 135 hospice professionals, exhibitors and sponsors who gathered in Redmond to network, learn, and inspire us in our work. Our faculty was stellar from start to finish as evidenced by your comments and evaluations. When our Keynote speaker had to cancel at the last minute, we were fortunate to have two of our other presenters willing to fill in and revamp their presentation to “step it up” to being Keynote-worthy! Many thanks to Dr. Heather Mikes and Nurse Practitioner Tamara Scott from the Legacy Health Palliative Medicine Service for their excellent presentation “High-Quality Palliative Care: How Caring for the Learning Disabled Can Teach & Renew Our Practice.” The evaluation comments proved how applicable their presentation was for serving all patients, not just those patients who are “learning disabled”. We also had an excellent plenary session on the second morning: “A Multicultural Framework” presented by Susan Hedlund, MSW, LCSW, from OHSU and Victoria Nguyen, MAIS, from Kaiser Permanente in Portland. The 2016 PPE had so many excellent breakout sessions that several attendee evaluations had this request: “Can you repeat some of the breakout sessions? There were too many good ones happening at the same time!”

The Oregon Hospice & Palliative Care Association in partnership with Dignity Memorial, Providence Hospice, Legacy Hospice and Kaiser Permanente Continuing Care Services sponsored a site for the 2016 Hospice Foundation of America’s annual Living with Grief Program, “Managing Conflict/Finding Meaning – Supporting Families At Life’s End”. 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 & Palliative Care Association again partnered with the Washington State Hospice & Palliative Care Organization to host a two-day “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. We also had Cordt Kassner from Hospice Analytics present one day, sharing his wisdom about how hospices can use and understand data to impact their quality metrics as well as to be able to analyze unfolding developments in healthcare and end-of-life care. You have told us this conference meets your needs for regulatory information 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 2016 Education Committee members included:

- **Molly Acree, RN, Mercy Hospice, Roseburg and Oregon Hospice & Palliative Care Association Board of Directors**
- **Kelly Beard, MBA, Benton Hospice Service, Corvallis**
- **Jane Brandes, MSN, RN, Providence Hospice Services, Portland and Oregon Hospice & Palliative Care Association Board of Directors**
- **Barb Farmer, RN, Willamette Valley Hospice, Salem**
- **Jessica Fishman, MSW, LCSW Providence Hospice Services, Portland**
- **Pam Matthews, RN, BSN, CHCE Willamette Valley Hospice Salem and Oregon Hospice & Palliative Care Association Board of Directors**
- **Jeanette Schacher, P.T., D.P.T., Lower Columbia Hospice, Astoria**

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

In addition to professional education, the Oregon Hospice & Palliative Care Association provides public education to community members and colleagues from within Oregon, across the country and even from Canada last year! 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 & Palliative Care Association has been a member of the Oregon POLST Task Force 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.

The Oregon Hospice & Palliative Care 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.

Barbara Haugen, MA, RN
<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Location</th>
<th>Hours</th>
<th>Attendance</th>
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<tr>
<td>9/25-26</td>
<td><strong>Professional Practices Exchange</strong></td>
<td>Eagle Crest Resort, Redmond</td>
<td>8.5 CE</td>
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<td>9/25-26</td>
<td>Hospice Providers’ Council</td>
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<tr>
<td>9/25-26</td>
<td>Hospice &amp; Palliative Medicine Providers’ Forum</td>
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<td>9/25-26</td>
<td>Bereavement Coordinators’ Coalition</td>
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<tr>
<td>9/25-26</td>
<td>Social Workers Forum</td>
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<td>9/25-26</td>
<td>Spiritual Care Coordinators Gathering</td>
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<td>9/25-26</td>
<td>Volunteer Coordinators Consortium</td>
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<td>9/15</td>
<td>Hospice &amp; Palliative Care Regional Training</td>
<td>Lovejoy Hospice, Grants Pass</td>
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<td>Willamette Valley Hospice, Salem</td>
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<td>4/13</td>
<td>Hospice Foundation of America Living with Grief Program: “Managing Conflict—Finding Meaning: Supporting Families at Life’s End”</td>
<td>Providence Willamette Falls Community Education Center, Oregon City</td>
<td>CE via HFA</td>
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<td>4/11-12</td>
<td>“Spring Intensive: Regulatory Update” (In partnership with the Washington State Hospice &amp; Palliative Care Organization)</td>
<td>The Heathman Lodge, Vancouver, WA</td>
<td>11 CE</td>
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<td>1/29</td>
<td>Hospice Providers’ Council</td>
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<td>1/29</td>
<td>Annual Membership Meeting</td>
<td>Oregon Hospice &amp; Palliative Care Association, Portland</td>
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The Oregon Hospice & Palliative Care Association also provided several Webinars during 2016 (archived):

1/7/2016 Hot Topics in Hospice, RAC, ZPIC & MIC Audits & Appeals
1/14/2016 Medicare Part D & Hospice: Where Are We Now?
1/21/2016 The Assisted Living Facility/Hospice Relationship: Establishing & Maintaining a Successful Partnership
1/28/2016 Keeping Our Promises! Getting Beyond Medical Model/Problem-Focused Care
2/4/2016 Compliance Series: Top Compliance Issues Impacting Hospices
2/11/2016 Productivity Series: Managing for Productivity
2/18/2016 Clarifying the Confusion: Hospice Billing FAQs
2/25/2016 Productivity Series: The Shape of the Visit™
3/3/2016 Compliance Series: Compliance for the Hospice Nurse & Aide
3/10/2016 Productivity Series: Documentation: An Integral Part of the Visit
3/24/2016 HIPAA Compliance: What Every Hospice Needs to Know About Electronic & Paper-Based Protected Health Information (PHI)
4/7/2016 White Collar Exemptions & the Companionship Services Exemption: Where are We Now?
4/14/2016 Compliance Series: Compliance for Hospice Social Workers & Chaplains
4/12/2016 ICD-10 Six Months Later: Challenges Faced & the Road Forward, How Are We Doing
4/28/2016 “Good Death” – Legal Issues Surrounding Palliative Care Programs & Impact of Affordable Care Act
5/5/2016 Writing & Implementing Effective Electronic & HR Policies & Procedures: Email, Social Media, Mobile Device, Retention & Other Workplace Policies
5/12/2016 Compliance Series: Compliance for Hospice Bereavement Staff
6/2/2016 OSHA’s New Guidance on Workplace Violence: Are You Ready?
6/9/2016 Hot Topics in Hospice Regulatory Matters
6/23/2016 Compliance Series: Compliance for Hospice Volunteer Staff
7/7/2016 Case Management Within Hospices
7/14/2016 Electronic Compliance eRules, Tools, Policies & Best Practices for Email, Internet, Mobile & Social Media Compliance
7/28/2016 The 7 Elements of an Effective Compliance Plan
8/4/2016 Federal Medicare Recertification: Survey Readiness: Before, During & After
8/11/2016 So What Went Wrong? Top Hospice Survey Deficiencies & How to Avoid Them
8/25/2016 Social Workers & Chaplains Series: Beyond Emotional Support: We Are the Counselors!
9/15/2016 Hospice Billing Series: Part 2: Details of Medicare Claims Processing
9/22/2016 Social Workers & Chaplains Series: Stepping Up as Leaders in Ensuring High-Level Interdisciplinary Psychosocial-Spiritual Care
10/6/2016 Working with the Challenging Volunteer: Coaching, Redirecting & Terminating
10/18/2016 QAPI & HQRP: Differences & Similarities
11/3/2016 Mistakes Happen! Cultivating Skills Necessary for Recovery
11/10/2016 Targeted Risk Areas for Hospices & Compliance Strategies
12/6/2016 Competency Programs for Hospices
12/8/2016 Marketing in a World that is Consolidating: Why Data is Your Best Tool!
Director of Association Management Report

Meg McCauley, Director – Association Management

In addition to overseeing Oregon Hospice & Palliative Care Association fundraising, Meg continues to manage day to day operations of the Oregon Hospice & Palliative Care Association; managing the organization’s website, editing and distributing the weekly Hospice News Network and working on development and planning of all OHPCA meetings, events and conferences.

Fundraising Update

The Oregon Hospice & Palliative Care Association saw an increase in general contributions in 2016. There were a number of Employee/Employer Matching Gift contributions, and special gifts and donations throughout the year included:

- $52,405 from the Kuzman Fund of The Oregon Community Foundation
- $9,769 from the H. & L. Kropitzer Trust
- $8,610 through Community Health Charities
- $5,789 from Essential Education Webinar Network, a webinar education company the OHPCA partners with for hospice employee education
- $5,000 from the Kenny Estate
- $3,250 from the Cambia Health Fund of The Oregon Community Foundation
- $3,567 from the Hospice Assistance Fund of The Oregon Community Foundation
- $3,000 from a fundraising event hosted by OHPCA Board Member Jad Hamdan

The Oregon Hospice & Palliative Care Association’s annual Light Up a Life campaign, sponsored again by Moda Health, raised a net total of $15,161 for the Oregon Hospice & Palliative Care Association in support of this winter holiday direct mail campaign, with 190 individuals contributing. Again, we thank Tim Bergmann for his time designing the campaign mailing materials and Clean Copy for their printing and mailing services.

In 2016 we added Palliative Care to our name and launched a “new and improved” website (www.oregonhospice.org), with many new interactive and user-friendly features. Our thanks to Common Good Communication for helping us design and implement a product we can utilize to our fullest potential.
Me, Too Report

Meg McCauley, Program Director

Me, Too is an 8-week grief support program for children and families, co-sponsored by Legacy Hospice Services, the Oregon Hospice & Palliative Care Association and Providence Portland Hospice Programs. Groups alternated between east- and west-side locations (Providence Portland Hospice and Portland First Church of the Nazarene Center, respectively).

Me, Too held 2 groups in 2016, a late winter group at Portland First Church of the Nazarene and a fall group at Providence Portland Hospice. Between 5-15 families receive support at each 8-week session.

A new group of volunteers were trained in fall; there were many highly qualified professionals who successfully completed an exceptional training program led by Me, Too clinical coordinators Petya Pohlschneider (Legacy Hospice) and Jacquelyn Love (Providence Portland Hospice). Jacquelyn Love moved out of state in October and we welcomed Monica Andrews as the new clinical coordinator representing Providence.

The Me, Too Governing Board and Operations Committee had their annual meeting in October. On the agenda included increasing facilitator stipends, discussing and editing the Agency Operating Agreement, adding a Group Coordinator position to help the clinical coordinators with sessions and long term goals for the program.

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

In addition to the sponsoring agencies and Portland First Church of the Nazarene, thanks are also extended to Governing Board and Operations Committee members Gail Mueller, Christiana Curtis, Jane Brandes, Barb Hansen, Jennifer Traeger, Jacquelyn Love, Monica Andrews and Petya Pohlschneider and to the professional and volunteer facilitators for their time and commitment to this important program.
Oregon’s Hospice Directory

- Samaritan Evergreen Hospice & Hospice House in Albany
- Asante Ashland Community Home Health & Hospice in Ashland
- Lower Columbia Hospice in Astoria
- Heart ‘n Home Hospice & Palliative Care, LLC in Baker City, Bend, Fruitland, LaGrande, LaPine
- Coastal Home Health & Hospice in Bandon, Brookings, Gold Beach
- Partners in Care in Bend
- St. Charles Hospice in Bend, Madras, Prineville
- Harney County Hospice in Burns
- Bristol Hospice - Oregon LLC 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 in Eugene
- Hospice of Sacred Heart in Eugene
- Signature Hospice in Central Point, Eugene, Tigard
- PeaceHealth 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
- Providence Hospice of The Gorge 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 Hospice in LaGrande
- Gentiva/Kindred Hospice in Lake Oswego, Salem
- Lakeview Home Health & Hospice in Lakeview
- Samaritan North Lincoln Hospice in Lincoln City
- Community Home Health & Hospice in Longview, WA, Vancouver WA
- Legacy Hospice Services in McMinnville, Portland
- Asante Hospice
- Providence Hospice Medford
- Legacy Hospice in Meridian, ID
- Encompass Home Health & Hospice in Nampa, ID
- Samaritan Pacific Hospice in Newport
- Northwest Hospice, DBA XL Hospice, Inc. in Payette, ID
- Hospice of St. Anthony Hospital in Pendleton
- Adventist Health Hospice in Portland, Tillamook
- Comfort Hospice & Palliative Care in Portland
- Hospice Care of the Northwest in Portland, Salem
- Housecall Providers in Portland
- Kaiser Hospice & Palliative Care in Portland
- Portland VA Medical Center Community Health Office in Portland
- Providence Hospice in Portland
- Seasons Hospice & Palliative Care of Oregon, LLC in Portland
- Hospice of Redmond in Redmond
- Amedisys Hospice of Roseburg in Roseburg
- Mercy Hospice in Roseburg
- Serenity Palliative Care & Hospice in Salem, Tigard
- Willamette Valley Hospice in Salem
- Mt. Hood Hospice in Sandy
- PeaceHealth Hospice Southwest
- Jonathan M. Wainwright Memorial VA Medical Center in Walla Walla, WA
- Walla Walla Community Hospice in Walla Walla, WA

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
Board of Directors

- Molly Acree, RN, CHPCA, Mercy Hospice, Roseburg
- Pat Berry, PhD, RN, ACNP, FPCN, FAAN, OHSU Hartford Center for Gerontological Nursing Excellence, Portland
- Jane Brandes, RN, MSN, Providence Hospice, Portland
- Nicole Elovitz, MBA, Director of Marketing, Cambia Health Solutions, Portland
- Jad Hamdan, Northwest Funding Group, Portland
- Carol Kast, LCSW, Portland
- Jeff Lear, MD, Samaritan Evergreen Hospice, Albany
- Jason Malcom, LCSW, Department of Veterans Affairs, Portland
- Pam Matthews, RN, BSN, CHCE, Willamette Valley Hospice, Salem
- Laura Mavity, MD, St. Charles Health System, Bend
- Susan Mulligan, RN, BSN, Portland
- Rev. Canon Raggs Ragan, Trinity Episcopal Cathedral, Portland
- Margaret Thornburg, Senior Director, Claims, Customer Service & Configuration, Moda Health, Portland

Hospice Providers’ Council

- Kelly Beard, Benton Hospice Service, Corvallis (Chair)
- Deneen Silva, Lovejoy Hospice, Grants Pass (co-Chair)

Oregon Hospice & Palliative Care Association Staff

- Barb Hansen, MA, RN, CWON, CEO
- Meg McCauley, Director – Association Management
- Denis Carnaby, Hospice Consultant
- Linda Downey, RN, MSHA, Hospice Consultant
- Larlyn Fitzpatrick, Bookkeeper