

# ANNUAL REPORT

# 2017

Presented to the Membership  
September 24, 2018

**OREGON HOSPICE &  
PALLIATIVE CARE  
ASSOCIATION**



Post Office Box 592

Marylhurst, Oregon 97036

Tel 503.228.2104

Website [www.oregonhospice.org](http://www.oregonhospice.org)

## Table of Contents

History, Status, Mission, Description, Vision and Goals .....	3
Chair’s Report .....	5
Treasurer’s Report .....	10
Statement of Position as of December 31, 2016.....	11
Statement of Activities as of December 31, 2016 .....	12
2017 Proposed Budget .....	13
CEO’s Report.....	14
Accreditation and Hospice Consultation Services .....	24
Professional Education Report .....	26
Professional Education Events .....	28
Association Management Director's Report .....	31
Me, Too Report.....	32
Oregon Hospice Directory .....	33
Board of Directors, Hospice Providers’ Council, OHPCA Staff.....	34

# 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

### Jane Brandes, Board Chair

It has been my honor and pleasure to have served as the chair of the OHPCA for the last two years. I want to thank my fellow board members, the dedicated staff of OHPCA and you the OHPCA membership for your support throughout my tenure.

In September of 2017 we held the annual OHPCA business meeting with the fall Professional Practices Exchange rather than in January. We are pleased that this change has greatly increased membership participation which was our intention. The annual meeting is an important opportunity for the membership to elect new board members as well as be informed of the operational and financial status of the organization. It was decided by the board to continue this practice of combining these two important events annually in the fall.

In January of 2018 the OHPCA board met for a retreat to develop a strategic plan. We took the opportunity to take a deep dive into where the organization started and where we could build from. We evaluated the needs of our Hospice and Palliative Care community to identify where we need to grow. It was a very productive day and I hope provided strategies and initiatives to help guide the organization into the future.

Accomplishments towards our goals for 2017 and into 2018 have been:

#### **Building a Network:**

- Outreach to Palliative Care Programs - added Palliative Care providers to Board Membership
- Initiate monthly Regulatory/QAPI networking meeting

#### **Research:**

- Supported call for information as request by OSU researcher
- Participated in the National Academies of Science workshop identifying areas for future research related to death with dignity
- Met with Australian and Canadian delegations to share information regarding how Hospice and Palliative Care programs may function when death with dignity is a legal option.

#### **Education:**

- Public presentation by OHPCA CEO upon request
- Sponsor and promote NHPCO webinars
- 2017 Regional trainings by CEO on Regulatory/Compliance issues and by Total Triage staff on customer service/CAHPs
- Continued participation in the POLST coalition
- Spring Intensive Regulatory Conference
- Professional Practice Exchange
- Initiate bi-monthly Volunteer Coordinator networking meetings

#### **Quality:**

- Monthly Regulatory/QAPI call with regulatory updates
- Sponsor and promote national webinars regarding compliance and quality

**Advocacy:**

- 2018 Contract with Gallant Policy Advisors – state legislative lobbying support
- Initiation of Public Policy committee

**Resource Development:**

- Increased fund development strategies with Connect PDX and Zen Project

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 voice and representative on the National Hospice & Palliative Care Organization's Council of States and the Regulatory Committee and other subcommittees. We are your advocate in Salem and in the nation's capital. OHPCA and the Board look forward to continuing to serve you and promote the services of Hospice and Palliative Care in Oregon.

*Jane Brandes*

## OHPCA Strategic Plan – Developed 2/9/18 Board Retreat

Strategic Pillars	Aligned Goals	Supporting Initiatives/Tactics	Resources	Year	What Success Looks Like
<b>Network</b>	To build and facilitate a strong cooperative network of providers and other existing resources at the state, national and international level.	<ol style="list-style-type: none"> <li>1. Continue with PPE + networking meetings &amp; reception, Spring Intensive, Webinars, Monthly, Quarterly calls, HPC, HNN</li> <li>2. List serve addition                             <ul style="list-style-type: none"> <li>○ Physician specific</li> <li>○ Palliative care</li> </ul> </li> <li>3. Have reception/Open House after board meetings, invite others (former board members, other providers)</li> <li>4. Broadening outreach to other providers—for-profit programs, new programs (review current directory, identify these providers, invite them personally to HPC meetings)</li> </ol>	1.-3. Staff & Board 5. HPC Chair	<ol style="list-style-type: none"> <li>1. Continue</li> <li>2. 2018</li> <li>3. 2018</li> <li>4. 2019</li> </ol>	Increased membership; have 8 new provider members and more participation in OHPCA
	To provide a steady flow of relevant information and communication among existing and evolving hospice and palliative care groups.				
<b>Research</b>	To promote research to improve the care of terminally-ill Oregonians and their families.	<ol style="list-style-type: none"> <li>1. Participate in research as approached</li> <li>2. Alignment with JJ Furuno, Hospice Analytics</li> <li>3. Membership data shared with NHPCO</li> </ol>	Staff & Board	Ongoing	<ol style="list-style-type: none"> <li>1-3. 100% participation</li> <li>1. Appropriate requests</li> </ol>
	To participate in the collection of data on end of life care on a national basis.				

Strategic Pillars	Aligned Goals	Supporting Initiatives/Tactics	Resources	Year	What Success Looks Like
<b>Education</b>	To encourage the completion of POLST forms for all hospice and palliative care patients at the time of admission or enrollment.	5. Member of POLST coalition on QI/Education subcommittees 6. Reaching out to diverse communities, identify underserved communities 7. Making ourselves available to speak about hospice/palliative care 8. Explore opportunities for other speaking engagements 9. Develop Regional Speakers Bureau	Staff & Board	1. Ongoing 2. 2019 3. 2018 5. 2018 6. 2018	4. Increased POLST submission rates for hospice; 50% in spring 2019 5. currently, gather data on utilization – benchmark 2018 4. Identify 5 new community outreach groups 5. have 5 names on speakers bureau by 2019
	To promote a clear understanding of the hospice and palliative care philosophy and services for health care professionals and the community at large.				
	To respond to requests for and to initiate the provision of information about hospice and palliative care.				
	To promote hospice and palliative care services in underserved populations.				
	To offer regulatory guidance and survey preparedness to hospice and palliative care programs.				
	To establish OPHCA as a leadership organization in the realm of end-of-life education.				
<b>Quality Assurance</b>	To keep all member providers of hospice & palliative care services aware of new developments in standards.	1. Webinars 2. Monthly meeting 3. Spring intensive 4. HNN 5. PPE 6. Member survey 7. Inform public about Hospice Compare/link on directory tab	Staff, Board, Contracted Vendors	2018-2020	7. 35% survey response
	To provide education and support for programs to remain compliant with standards and quality measures.				

Strategic Pillars	Aligned Goals	Supporting Initiatives/Tactics	Resources	Year	What Success Looks Like
<b>Advocacy</b>	To maintain a position of advocacy for highest quality of hospice & palliative care.	10. Being a website resource 11. Hill Day in Oregon 12. Evaluate need for lobbyist	Staff & Board	2. Hill Day 2019	2. Hill Day success measured by participation; goal is 5 programs participating
	To monitor, respond and provide input into health care legislation and regulation relevant to hospice & palliative care.				
<b>Resource Development</b>	To provide adequate funding for maintenance and growth of the organization.	6. Increase fundraising 7. Longer contractual agreement with WA 8. Develop broader board base, including finance & fundraising backgrounds	Staff & Board	Ongoing	6. 2 FR events for 2018; identify 1 new event for 2019 7. Ask WA about increasing the contract length for 2019 and beyond

## Treasurer's Report

### Jad Hamdan, Treasurer

I am pleased to present the 2017 Treasurer's Report and to report on the 2018 YTD Financials for the OHPCA. 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 2017 and 2018. In April of this year we were notified regarding an award for \$50,435.52 from the Walter G. and Marija C. Kuzman Fund of Oregon Community Foundation. In August of this year, the OHPCA also received a check for \$15,000 from the proceeds of Lovejoy Hospice, as this former program closed out its accounts. 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 2017 Total Liabilities and Equity totaled \$706,469, a 21.8% improvement over 2016.

The Statement of Activities also demonstrates that the Oregon Hospice & Palliative Care Association continues to monitor expenses with 2017 expenses of \$380,174, 2% less than budgeted. Our 2017 expenses continued to reflect the savings we achieved by vacating and subleasing our former office space in downtown Portland in March of 2016.

With bequests, donations and effective oversight, we completed 2017 with net assets of \$121,015, when we had originally budgeted an expected net asset of \$5,338 for the year.

The Budget approved for 2018 is realistic. In general, we have budgeted revenue consistent with 2017 actuals as well as anticipated 2018 events. We worked with a sponsor to be able to offer a number of regional trainings around the state in 2017. We have provided several regional trainings in 2018 as well.

Our 2018 budget continues to include the revenue stream from our Services Agreement with the Washington State Hospice & Palliative Care Organization (WSHPCO). This contracted amount was increased in 2017 and again for 2018. Revenue also reflects continued donations. Expenses reflect salaries, wages, benefits and contractor hours. As you will see, our 2018 budget reflects a projected net loss of \$(9,324). Through August 31st, our "Year to date" net assets are: \$82,482. It is our hope to achieve a positive balance by the end of 2018. Our plan is to work hard to achieve and maintain a balanced budget going forward.

*Jad Hamdan*

## Statement of Position as of December 31, 2017

### ASSETS

Cash and Cash Equivalents	399,428
Accounts Receivable	3,954
Other Assets	-
Investments - Long Term	303,087

**TOTAL ASSETS** **\$706,469**

### LIABILITIES & EQUITY

Accounts Payable	6,994
Accrued Payroll and Related Liabilities	29,681

**TOTAL LIABILITIES** **\$ 36,675**

**NET ASSETS** **\$ 669,794**

**TOTAL LIABILITIES AND NET ASSETS** **\$ 706,469**

## Statement of Activities as of December 31, 2017

<b>Support and Revenue</b>		
4000 · Contributions		213,156
4200 · Conferences/Meetings		80,505
4300 · Services		3,912
4400 · Membership		94,452
4390 · WSHPCO – Services		108,000
4800 · Investment Income		604
4990 · Sales Revenue		164
4990 · Other Revenue		396
Total Support and Revenue		\$ 501,189
<b>Direct Operating Expenses</b>		
5000 · Salaries and Related Expenses		258,406
6005 · Awards		190
6007 · Credit Card Charges		2,901
6010 · Bank Charges/Checks		320
6015 - Board Expenses		51
6022 - Conferences		1,830
6025 · Dues and Memberships		1,720
6030 · Library/Education		1,908
6035 · License, Fees, Permits, Taxes		405
6045 · Meeting Expenses		48,904
6075- Operating/Program Supplies		5,137
6080 - Postage/Delivery (Direct)		1,401
6090 · Printed Materials		4,011
6100 · Professional Services		17,574
6200 · Travel Expenses		10,826
6900 - Miscellaneous Expense		150
		\$ 355,734
<b>Overhead Expenses</b>		
7000 - Audit Expenses (tax accountants)		3,300
7010 · Insurance		847
7020 · Occupancy Expenses		7,105
7040 · Office Expense		3,816
7050 · Postage/Delivery		31
7060 · Photocopy Expense		5,463
7070 · Telephone		3,878
Total Overhead Expenses		\$ 24,440
Total Expense		\$ 380,174
<b>Change in Net Assets</b>		<b>\$ 121,015</b>

## 2018 Proposed Budget

### Support and Revenue

4000 · Contributions	95,500
4200 · Conferences/Meetings	84,300
4300 · Services	4,000
4390 - WSHPCO - Services	114,000
4400 · Membership	95,000
4800 · Investment Income	500
4900 · Sales Revenue	200
4990 · Other Revenue	200
Total Support and Revenue	<u>\$ 393,700</u>

### Direct Operating Expenses

5000 · Salaries and Related Expenses	277,583
5500 · Payroll Fees	1,800
6005 · Awards	190
6007 · Credit Card Charges	3,000
6010 · Bank Charges/Checks	500
6015 · Board Expenses	2,250
6022 · Conferences	1,000
6025 · Dues and Memberships	2,255
6030 · Library/Education	2,000
6035 · License, Fees, Permits, Taxes	500
6045 · Meeting Expenses	57,000
6075 · Operating/Program Supplies	5,300
6080 · Postage/Delivery (Direct)	1,340
6090 · Printed Materials	4,200
6100 · Professional Services	20,110
6200 · Travel Expenses	10,500
Total Direct Operating Expenses	<u>\$ 389,528</u>

### Overhead Expenses

7000 · Audit Expenses	5,000
7010 · Insurance	2,546
7020 · Occupancy Expenses	600
7040 · Office Expense	1,500
7070 · Telephone	3,850
Total Overhead Expenses	<u>\$ 13,496</u>

Total Expense	<u>\$ 403,024</u>
---------------	-------------------

### Change in Net Assets

<u>\$ (9,324)</u>
-------------------

## CEO's Report

### Barb Hansen, CEO

This report will cover all of 2017 as well as part of 2018. In Sept. of 2017 the OHPA changed the date of our Annual Business Meeting to take place during our annual fall conference, the "Professional Practices Exchange". Our Board of Directors felt that we could facilitate more members being able to attend the Annual Meeting if it were held in conjunction with the fall conference, instead of during January in Portland. Because of this date change, this "CEO Report" will cover a longer time frame than usual.

For hospice and palliative-care providers, many challenges remain virtually static from year to year. Regulatory changes, quality reporting, short lengths of stay, staffing challenges and billing issues continue much the same as in past years. What is different in the past couple of years is an increased focus on regulatory and compliance issues, more than perhaps ever before noted by hospice providers.

Both 2017 and the first part of 2018 have continued to be busy in the hospice and palliative care field. As has been mentioned in past reports, CMS (the Center for Medicare and Medicaid Services) continues to issue annual new regulations for Hospices to follow. The FY2018 Final Hospice Wage Index Rule came out in August 2017. This Final Rule provided hospices with a 1% payment increase and included a discussion on the source of clinical information to determine hospice eligibility, a discussion about priority areas for future quality measures, more details on the development of a Hospice Evaluation and Assessment Reporting Tool (HEART), and updates on the implementation of Hospice Compare in August 2017. Hospice Quality data has been shown on the "Hospice Compare" website since August of 2017 (Link: <https://www.medicare.gov/hospicecompare/>). The goal of Hospice Compare is to help consumers compare hospice providers on their performance and assist consumers in making decisions that are right for them. The Hospice Compare site initially contained a number of demographic errors which were resolved over the first 6 to 9 months of operation. Whether or not Hospice Compare truly is helping consumers make decisions about their choice of hospice program remains to be seen.

The FY2019 Hospice Wage Index Final Rule, issued on August 1<sup>st</sup>, 2018, provides hospices with a 1.8% payment increase. **Additional regulatory language was provided in the 2019 Final Rule, due to the Bipartisan Budget Act of 2018.** This act amended the Social Security Act, effective January 1, 2019, to allow physician assistants to be recognized as attending physicians for Medicare hospice beneficiaries, in addition to physicians and nurse practitioners. This is the first major change in the definition of "attending physician" since 2003, when Nurse Practitioners were added. (Link to the FY2019 Hospice Wage Index Final Rule: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice/Hospice-Regulations-and-Notices-Items/CMS-1692-F.html>).

The Final Rule also finalizes changes to the Hospice Quality Reporting Program (Hospice QRP), but this year no new Hospice Quality Measures were mandated. This was welcome news. The 2019 Final rule explained how CMS would make more efficient use of Hospice Compare data in the Hospice Quality Reporting Program. In addition, the Final Rule offered information about CMS "Meaningful Measures" initiative is intended to provide a framework for quality measurement and improvement work at CMS.

As mentioned earlier, "Compliance" is a huge buzzword in the health care arena nowadays and Hospice and Palliative-Care providers are not being left out of the discussion. Hospices are being bombarded with information and reports about compliance issues. Many hospices across the country

and in the northwest, including some in the Oregon, have undergone audits conducted by Medicare contractors as well as by staff from the Office of the Inspector General. In July of 2018 the Office of the Inspector issued a special report entitled: “Vulnerabilities in the Medicare Hospice Program Affect Quality Care and Program Integrity: An OIG Portfolio” (Link: <https://oig.hhs.gov/oei/reports/oei-02-16-00570.asp>) As the OIG summarized this report: “The portfolio synthesizes OIG's body of work on the Medicare hospice benefit.”

In Oregon, our hospices are “vulnerable” because our hospice providers do not consistently provide all four levels of hospice care. We are especially lacking in the provision of the “Continuous Home Care” level of hospice care. We are also “vulnerable” in the provision of visits in the last week of life. In a report issued in December of 2015, Oregon was recognized as being one of the five states with the highest percentage of patients who received no visits in last 2 days of life. The addition of a financial incentive in the form of the Medicare Service Intensity Add-On Payment in 2016 has not greatly impacted the provision of visits in the last few days of a patient’s life. It begs the question: are terminally-ill Oregonians or caregivers deferring the offer of hospice visits in the last week of life? Or are hospice providers not offering visits as frequently as may be needed during that challenging time?

Although we would perhaps like to believe that all the “bad hospice care and questionable hospice practices” occur in *other* parts of the country, the OHPCA regularly hears from consumers and from hospice and palliative-care providers with questions and concerns about compliance issues. Family members sometimes ask what services and medications should be provided by their hospice or why their loved one is not being visited more frequently by hospice staff. Hospice providers inquire about the perceived aggressive marketing practices of other providers as well as about the apparent “preferred provider” arrangements some long-term care facilities may appear to have with a specific hospice.

The OHPCA fulfills an important role in this challenging realm of compliance. Although our Association has no regulatory oversight responsibilities, (i.e. we are not the “hospice police”), we *can* be a clearinghouse for airing complaints and concerns. We can provide regulatory guidance and reference information for what the regulations say, where to find them and how and to whom a complaint may be submitted. It is of vital importance for us to continue to provide education—both to providers and to consumers--about regulatory, compliance, coverage and payment issues.

The OHPCA also hears from consumers who are interested in understanding how someone might qualify for “Palliative-Care services”. Inquiries are made about what the services entail, how to access the services and how the services are covered. The availability of palliative care varies greatly across the state, from inpatient consultation services to outpatient clinics and/or home-based programs to no services at all.

One of our goals is to improve access to and coverage for palliative care. We are working with the state, with national organizations and more locally with regional coalitions to network and explore options for improving access to “non-hospice palliative care”. Earlier this year I was named to be a member of the statewide “Palliative Care and Quality of Life Interdisciplinary Advisory Council”, which operates under the Oregon Health Authority. The OHPCA is also a member of the newly-formed Oregon Coalition for Serious Illness, created under the auspices of the Cambia Health Foundation. We look forward to participating in activities to support improved access to serious illness/palliative care.

In August of 2018 the OHPCA signed an agreement with Gallant Policy Advisors, an Oregon consulting firm, which provides government relations services for clients. We have created a “Public Policy

Committee” and are looking forward to working together to better define what should be covered under the umbrella term “Palliative Care Services” and to explore options for coverage of these services under the Oregon Health Plan.

We continue to look for opportunities to improve networking and the exchange of information among our providers and with the public. We continue to work to improve the information available on our website: [www.oregonhospice.org](http://www.oregonhospice.org). We have begun several networking groups which meet regularly via conference call and the computer-based “Go-to-Meeting” application. We anticipate beginning several more networking groups over the next year.

Our organization continues to have a management agreement to run the Washington State Hospice and Palliative Care Organization. This agreement began in 2015 and it continues to be mutually beneficial to both states’ Hospice and Palliative Care organizations and providers. We have taken advantage of the opportunity to share speakers for both state conferences and continue to co-sponsor the annual Spring Intensive Regulatory Conference.

In addition to the information in the Education Report, I would like to recognize the 2017 honors bestowed by the Oregon Hospice & Palliative Care Association at our Professional Practices Exchange in Redmond last September. The Elizabeth Wessinger Award was given to Jennifer Traeger, LCSW, from the Providence Portland Hospice team. Jennifer was given this prestigious award in recognition of her leadership, her mentorship of colleagues, her passion for improving children’s bereavement services in hospice and her dedication to enhancing end-of-life care in our state.

The 2017 Hospice Dream Team recipients included:

- Physician: Dr. Stephen Kerner, Peace Health Peace Harbor Hospice
- Nurse: Janine Carranza, Benton Hospice Service
- Social Worker: Anne Hovland, Samaritan Evergreen Hospice
- Hospice Aide - 2 awards: Amanda Bryan, Peace Health Peace Harbor Hospice and James McGaha, Care Partners Hospice
- Volunteer: Curt Seelinger, Benton Hospice Service
- Chaplain: Sam Aylor, HouseCall Providers

In addition to the regulatory and compliance challenges of 2017, 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 2016, the most recent year for which data is available in measures of hospice utilization (with thanks to Cordt Kassner and Hospice Analytics for providing many of the slides below.)

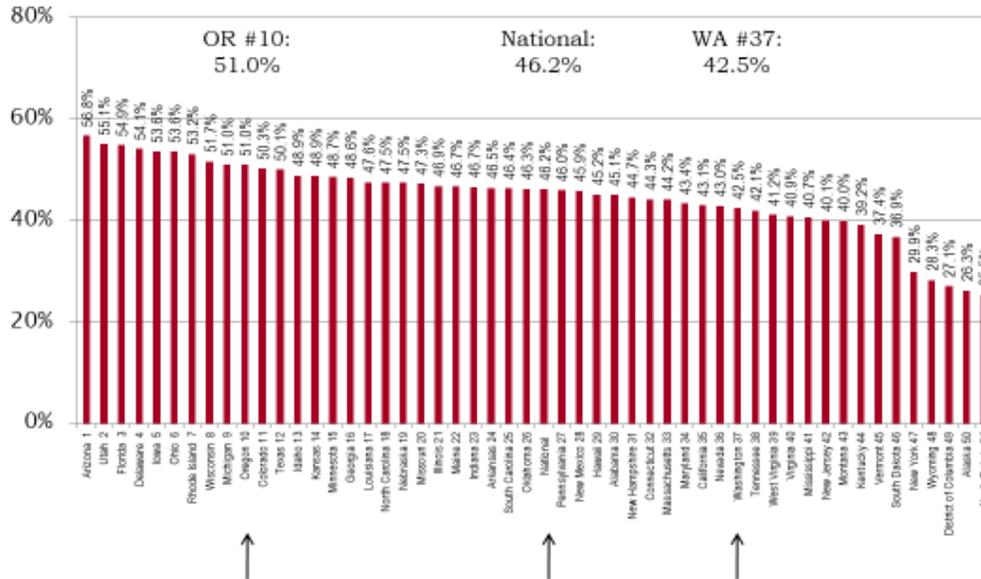
I have also included information from the “Pepper Resources” website (link: [www.pepperresources.com](http://www.pepperresources.com)). As stated on their website: “PEPPER provides provider-specific Medicare data statistics for discharges/services vulnerable to improper payments. PEPPER can support a program or facility’s compliance efforts by identifying where it is an outlier for these risk areas.” The Pepper Resources data is updated quarterly; the provider-level report is accessible to every hospice in the country. Oregon typically has a Pepper Report retrieval rate of about 70%, which means that 30% of hospices in the state are *not* reviewing their results. Knowledge can be a powerful tool in any compliance plan and benchmarking information is always useful for implementing quality improvement activities. It remains one of our goals to work with all hospices in the state to increase our average retrieval rate.

## 2016 Demographics & Hospice Utilization

	Oregon	Washington	National
Population	4,093,465	7,288,000	323,105,049
Total Deaths (2015; 2016 MA)	35,778	54,769	2,624,325
Medicare Beneficiaries	820,323	1,295,589	58,437,242
Medicare Beneficiary Deaths	29,316	44,791	2,187,468
Medicare Hospice Beneficiary Admissions	19,814 68% of Medicare deaths	25,616 57% of Medicare deaths	1,402,100 64.1% of Medicare deaths
Medicare Hospice Beneficiary Deaths	14,952 <b>51.0% of Medicare deaths</b>	19,055 <b>42.5% of Medicare deaths</b>	1,010,180 <b>46.2% of Medicare deaths</b>
Medicare Hospice Total Days of Care	1,199,976 Days	1,545,448 Days	97,989,867 Days
Medicare Hospice Mean Days / Beneficiary	61 Days	60 Days	70 Days
Medicare Hospice Median Days / Beneficiary	25 Days	24 Days	24 Days
Medicare Hospice Total Payments	\$217,113,867	\$286,353,001	\$16,335,796,030
Medicare Hospice Mean Payment / Beneficiary	\$10,961	\$11,184	\$11,655

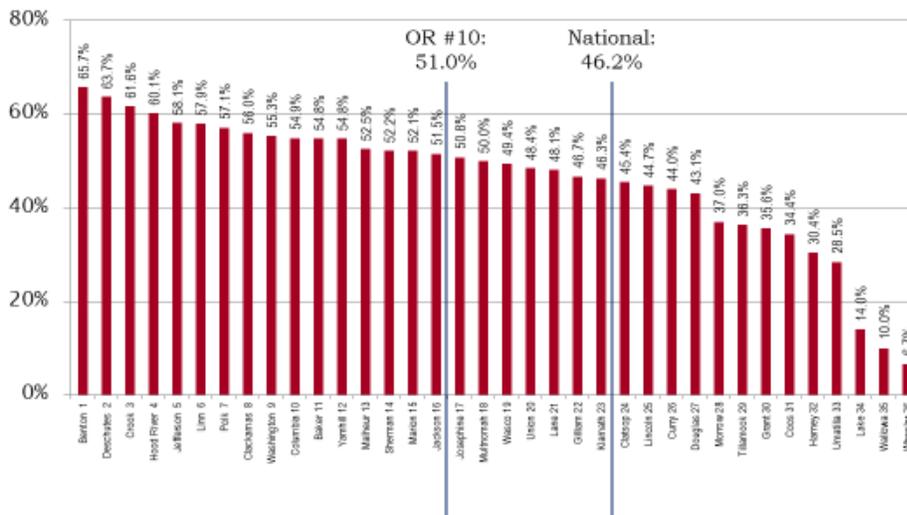
\* Note: 2016 Medicare from new Quarterly Files; 2015-past information from Medicare Annual Files. The Quarterly Files are available more quickly, but are slightly less complete than the Annual Files. Therefore, when comparing 2016 to 2015 information, some differences (~5%) may be attributable to using the new files.

## 2016 Hospice Utilization (Medicare Hospice Deaths / Total Medicare Deaths)



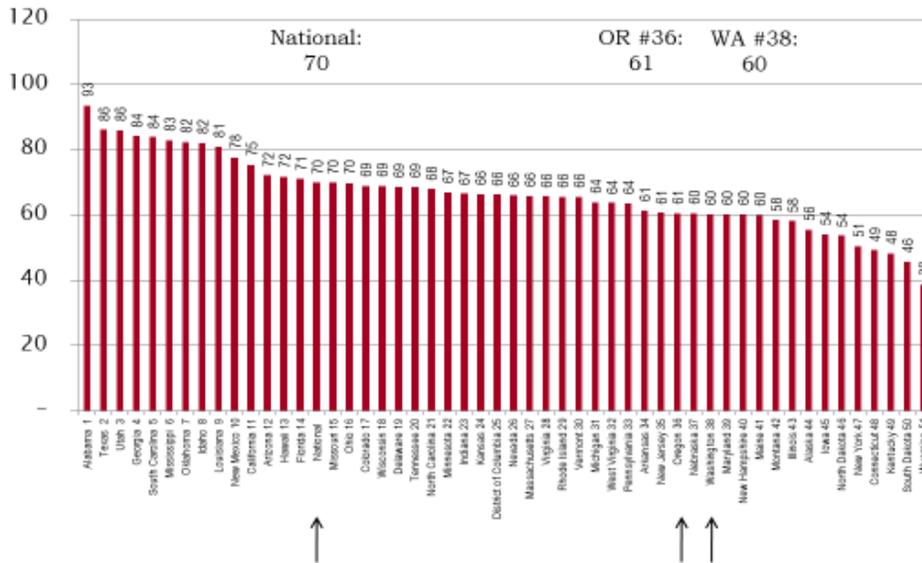
www.HospiceAnalytics.com 10

## 2016 Hospice Utilization x County – OR (Medicare Hospice Deaths / Total Medicare Deaths)



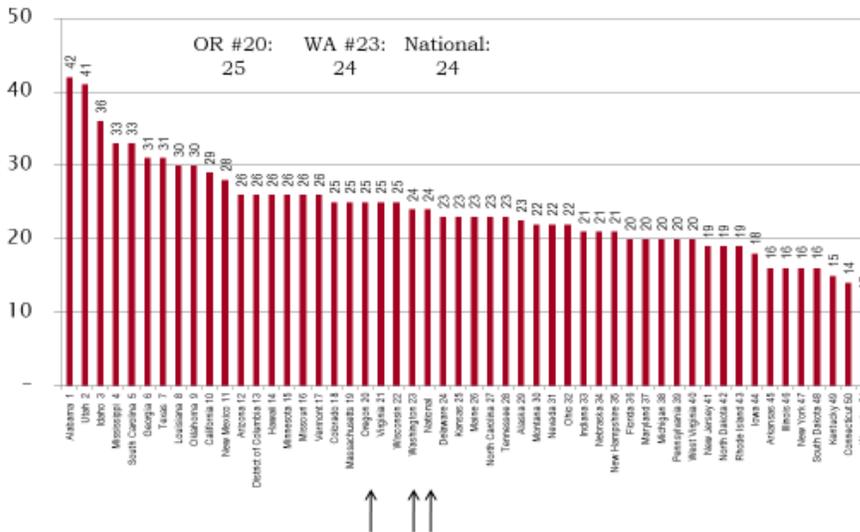
www.HospiceAnalytics.com 12

## 2016 Medicare Hospice Mean Days of Care / Beneficiary



www.HospiceAnalytics.com 23

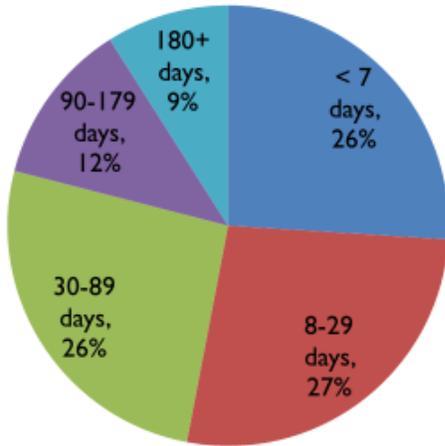
## 2016 Medicare Hospice Median Days of Care / Beneficiary



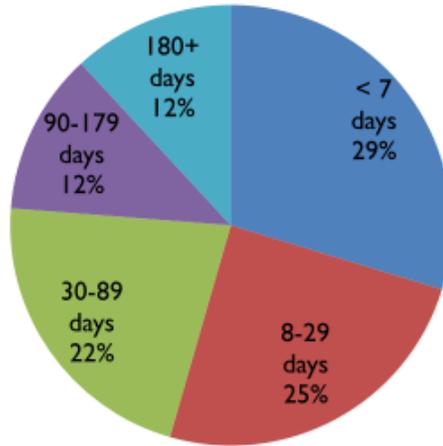
www.HospiceAnalytics.com 26

## 2016 Medicare Hospice Percentage of Days x LOS

**Oregon**



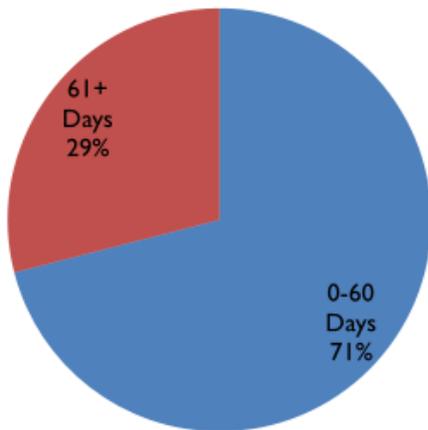
**National**



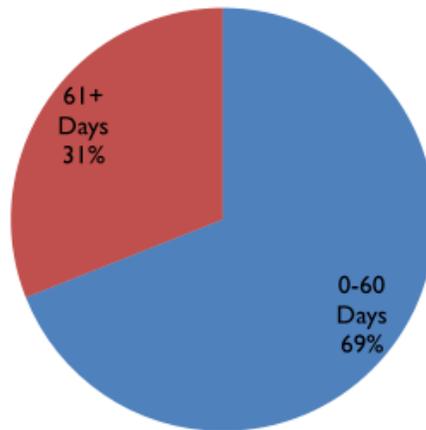
www.HospiceAnalytics.com 33

## 2016 Medicare Hospice Percentage of Days x LOS

**Oregon**



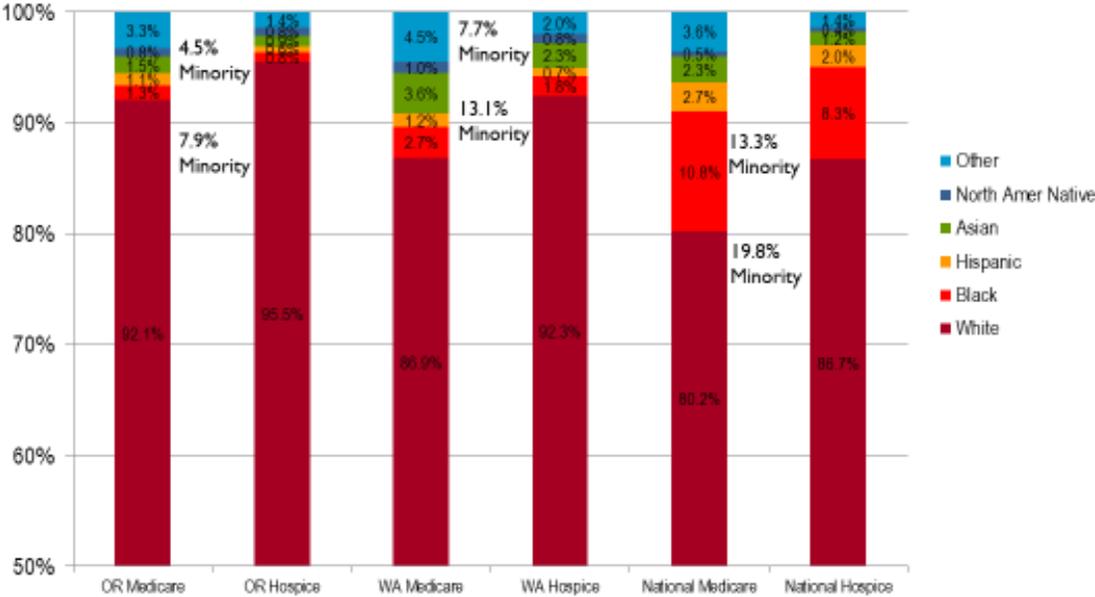
**National**



www.HospiceAnalytics.com 37

# 2016 Medicare Hospice Beneficiaries

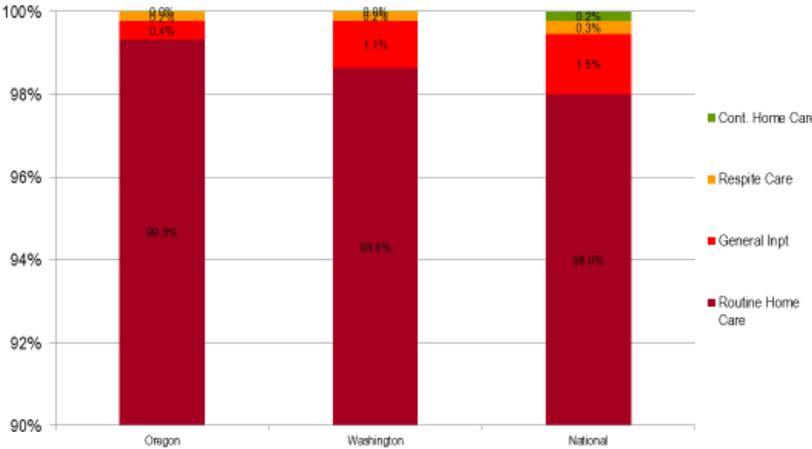
## Race: Medicare Beneficiaries vs. Hospice Admissions



▶ Comparing Medicare to Medicare Hospice minority percentages. Minorities are underserved in hospice. [www.HospiceAnalytics.com](http://www.HospiceAnalytics.com) 45

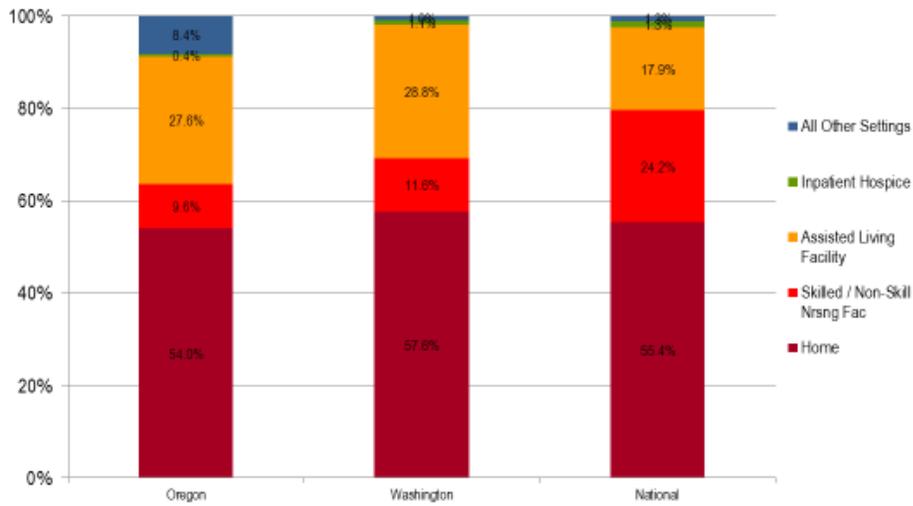
# 2016 Medicare Hospice Beneficiaries

## Levels of Care (days)



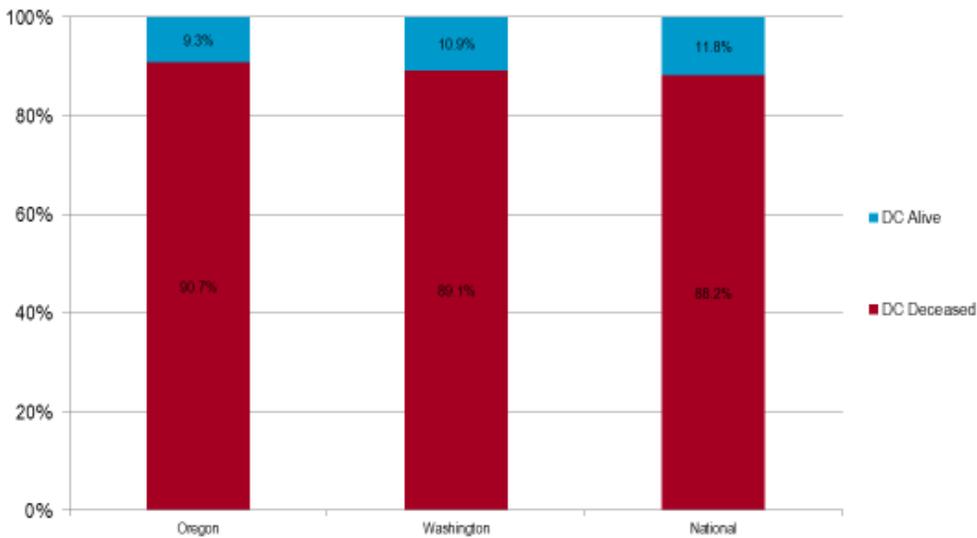
▶ [www.HospiceAnalytics.com](http://www.HospiceAnalytics.com) 47

## 2016 Medicare Hospice Beneficiaries Locations of Care (days)



www.HospiceAnalytics.com 49

## 2016 Medicare Hospice Beneficiaries Status at Discharge



www.HospiceAnalytics.com 43

Hospice Q4FY17 Report State-Level Top Terminal Diagnoses

Oregon 51 Hospices



Decedents for most recent four quarters ending Q4 FY 2017

In Descending Order by Total Decedents Source: Medicare PPS Claims

Terminal Clinical Classification System (CCS) Diagnosis Category	Total Decedents for Category	Proportion of Decedents for Category	State Average Length of Stay for Category
Cancer	4,707	29.7%	49.8
Circulatory or heart disease	2,726	17.2%	66.0
Dementia	2,633	16.6%	72.2
Stroke	1,620	10.2%	61.7
Respiratory disease	1,473	9.3%	67.9
<b>Top Terminal CCS Category</b>	<b>13,159</b>	<b>83.1%</b>	<b>61.1</b>
<b>All CCS Categories</b>	<b>15,839</b>		<b>58.8</b>

Hospice Q4FY17 Report State-Level Live Discharges by Type

Oregon 51 Hospices



Live Discharges by Type, Three Fiscal Years

In Descending Order by Total Episodes Source: Medicare PPS Claims

Type of Live Discharge	Total Episodes	Proportion of Live Discharge Episodes	State Average Length of Stay
No longer terminally ill	3,681	61.9%	159.1
Revocation	1,405	23.6%	82.5
Beneficiary transfer	538	9.0%	79.4
Moved out of service area	235	4.0%	69.9
Discharged for cause	89	1.5%	125.7
<b>All Live Discharges</b>	<b>5,948</b>	<b>11.4%*</b>	<b>129.8</b>

As I have stated before, we know—even without seeing the financial, quality or OIG compliance 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 Jones, MA, Ed, CWA*

## Accreditation and Hospice Consultation Services

**Denis Carnaby, Hospice Consultant**

**Linda Downey, RN, MSHA, Hospice Consultant**

### **A History of Hospice Accreditation Services Offered by the Oregon Hospice Association/Oregon Hospice and Palliative Care Association**

It was recognized early in Oregon that hospice should aspire to high quality and a standardized approach with standards being established by the Oregon Hospice Association as hospice began. The first hospice to be accredited was Mt Hood Hospice in 1983. By the end of 1987, fourteen hospices had been accredited (twelve of which continue to operate).

Various state laws defining hospice have evolved over the years. A law requiring either OHA accreditation or Joint Commission Accreditation or Medicare certification to call oneself a hospice became effective in January of 1988 with a one year implementation phase. Clearly, all hospices in Oregon could not afford Joint Commission or were not interested due to size or structure. A more formal process for OHA accreditation was required.

A Meyer Memorial Trust grant was obtained, along with the services of a VISTA volunteer, to help the Oregon Hospice Association finalize the standards and process for accreditation. A two-year project was launched in August 1988 with Paulette Olson as project director. The goal was to help existing hospices obtain accreditation (not necessarily just OHA accreditation) or certification. The OHA also sought to provide support for developing hospices to meet standards and to obtain some form of accreditation or Medicare certification. During this era, some hospices chose not to seek Medicare certification. Hence, it was important to have options to ensure some form of standardization of the quality of services existed. By the end of the project in August 1990, twenty-one programs in Oregon had obtained OHA accreditation, fifteen had obtained JCAHO accreditation, and sixteen obtained Medicare certification, with two programs pending either OHA or Medicare surveys. This was a vast improvement from 1988 when there were 22 programs without any accreditation. At the end of the project in August 1990, there were only 4 programs without accreditation.

The two-year accreditation process was in place since that time with a core group of ten to fourteen hospices who consistently sought and renewed their accreditation. With this biennial schedule, the OHA completed five to seven surveys a year. Traditionally, developing hospices requested OHA technical assistance and accreditation as preparation for their initial Medicare survey.

Effective January 2008, the hospice laws were again changed to require Medicare certification **and** either Joint Commission or OHA accreditation. Not unexpectedly, the volume of OHA accreditation surveys increased to more than fourteen surveys annually during 2007 and through 2009.

Hospice laws changed again in 2010 requiring state licensure. Hospices could obtain deemed national accreditation and avoid a state Medicare and state licensure survey. The state law did allow an OHA accreditation survey to serve as a substitute for a state licensure survey but did not allow an OHA Survey to take the place of a Medicare certification survey. The impact of this law: it immediately reduced the number of OHA accreditation surveys being requested. Those seeking accreditation tended to be more mid to small-sized hospices who were either a community-based non-profit

organization and/or based in a rural area. It was decided to change the accreditation effective period to three years to match other accreditation and the state survey timelines. Some hospices chose to have mock surveys instead, to help prepare them for state or CMS surveys or for surveys to be done by other accreditation organizations.

A total of 200 surveys have been conducted by the technical assistance team of OHA (now OHPCA) from 1983 to 2018. The most consistent person on that team has been Denis Carnaby who not only did surveys but provided technical assistance to newly-formed hospices across the state. Various nurses have assisted Denis over the years in the completion of accreditation and mock surveys.

The OHA accreditation process has evolved over the past three decades, as has hospice in Oregon. Given the retirement of both Denis Carnaby and Linda Downey as technical consultants and because the number of requests for this service has diminished over the past several years, the accreditation service is being discontinued as of September 1, 2018. The Oregon Health Authority has been notified of this change.

### *Denis Carnaby and Linda Downey*

#### CEO Note:

It really feels like the “end of an era” with the retirements of Linda Downey and Denis Carnaby and the closure of the “Accreditation and Technical Assistance” part of the OHPCA. Linda and Denis have literally decades of knowledge and experience in hospice in Oregon! The “institutional memory” they have gleaned over the past three decades--about hospice programs, changes at the Oregon Health Authority, CMS Hospice standards, the quirks and areas of emphasis by different state surveyors, etc.--will all be retiring with them. Linda Downey and Denis Carnaby have served Oregon’s hospices in one capacity or another for over 30 years. They have served with grace, humor and distinction. As much as we hate to see Linda and Denis go, we do wish them a very happy retirement!

*Barbara Horan, MA, RN*

## Professional Education Report

### Barb Hansen, CEO

Education has always been one of the key elements included in the Oregon Hospice & Palliative Care Association's goals and that has continued over the past year and a half.

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 2017 professional education is included.

In 2017 the OHPCA partnered with Total Triage to offer regional trainings all over the state. The trainings focused on content applicable to "frontline" hospice staff and featured an hour of content on improving customer service and another hour on compliance issues. The regional trainings offered nursing and social work continuing education credits and were well attended. It is our goal to continue to offer regional training events around the state in the future.

The 2017 Professional Practice Exchange was attended by 130 hospice professionals, exhibitors and sponsors who gathered in Redmond to network, learn, and inspire us in our work. Our faculty was once again stellar from start to finish as evidenced by your comments and evaluations. Keynote Speaker Miguel Valenciano gave a talk entitled "Building Cultural Agility and Mitigating Biases by Training the Mind to Pay Attention to What's Really Going On" and it was a truly wonderful presentation! We also had an excellent plenary session on the second morning when Hospice Volunteer and Humorist Donna Oiland shared anecdotes from her life, her work at the Lions Eye Bank and her experiences as a Hospice Volunteer in her session "The Power of Story". The 2017 PPE had so many excellent breakout sessions that several attendee evaluations had this request that we once again heard comments about how difficult it was to choose which breakout session to attend!

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 2017 Hospice Foundation of America's annual Living with Grief Program, "When Grief Is Complicated", held at Souther Auditorium, Providence St. Vincent Hospital. 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*” in April of 2017 and again in March of 2018. The two-day conference featured nationally known expert and NHPCO Vice President for Regulatory and Compliance Judi Lund Person, MPH. We also had Corrinne Ball from National Government Services present one day in 2017, and two presenters from Weatherbee Resources, Lynn Stange and Colleen O’Keefe present one day for our 2018 conference. Because not many hospice staff from the Northwest can make it back to Washington, D.C. to hear her speak, Judi Lund Person from NHPCO is already scheduled for our conference in March of 2019! 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.

In November of 2017 the OHPCA co-sponsored the “All City Palliative Care” Talk for the first time. The “All City” talks are a series of monthly presentations given in the Portland area to Palliative Care and Hospice providers. We invited Dr. Mimi Pattison from Franciscan Hospice and Palliative Care in Washington to give a presentation entitled: “Finding Strength Every Day”. In her presentation Dr. Pattison focused on the importance of experiencing gratitude as a strategy for self-care. The presentation was both very well attended and very well received. We plan to continue to co-sponsor an “All City” talk each year.

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 and Australia last year! We participated in a two-day program sponsored by the National Academy of Science in Washington, D.C. in February. The 2-day conference was called: “Physician-Assisted Death: Scanning the Landscape and Potential Approaches— A Workshop”. We shared the experience of Oregon’s hospice programs have had in the past 20 years since Death with Dignity became legal. 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 Coalition (formerly “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 Horan, MA, RN*

## Professional Education Events

<b>REGIONAL TRAININGS “ROAD TRIP” – 2 CE hours/session</b>		
<b>5/10/17</b>	11a-1p	<b>Providence Willamette Falls Community Center – Oregon City</b> 519 15th St. - Oregon City, OR 97045
<b>5/10/17</b>	2:30-4:30p	<b>Providence Willamette Falls Community Center – Oregon City</b> 519 15th St. - Oregon City, OR 97045
<b>5/11/17</b>	11:30-1:30p	<b>Bristol Hospice – Clackamas</b> 10365 SE Sunnyside Rd. #340 - Clackamas, OR 97015
<b>5/11/17</b>	2:30-4:30p	<b>Kindred Hospice – Lake Oswego</b> 4500 Kruse Way, Suite 100 - Lake Oswego, OR 97035
<b>5/15/17</b>	8:30-10:30a	<b>Samaritan North Lincoln Hospice – Lincoln City</b> 3011 NE 28th St. - Lincoln City, OR 97367
<b>5/15/17</b>	3-5p	<b>Care Partners - Hillsboro</b> 1600 NW Compton Dr Suite 130 - Hillsboro OR 97006
<b>5/16/17</b>	8:30-10:30a	<b>Samaritan Evergreen Hospice - Albany</b> 4600 Evergreen Place SE - Albany, OR 97322
<b>5/16/17</b>	11:30a-1:30p	<b>Benton Hospice Service Annex - Corvallis</b> 2314 NW Kings Blvd., Suite B - Corvallis OR 97330
<b>5/16/17</b>	3-5p	<b>Cascade Health Solutions, Pete Moore Hospice House - Eugene</b> 4010 County Farm Road - Eugene, OR 97408-7619
<b>5/17/17</b>	8:30-10:30a	<b>Asante Hospice - Medford</b> 2960 Doctors Park Dr. - Medford, OR 97504
<b>5/17/17</b>	3-5p	<b>Providence Hospice - Medford</b> 2033 Commerce Drive, Medford, OR 97503
<b>5/18/17</b>	8:30-10:30a	<b>High Desert Hospice – Klamath Falls</b> 2210 Shallock Avenue - Klamath Falls, OR 97601-4290
<b>5/18/17</b>	3-5p	<b>St. Charles Hospice, St. Charles Hospital Conference Room D - Bend</b> 2500 NE Neff Road - Bend, OR 97701
<b>5/19/17</b>	9-11a	<b>Hospice of Redmond Community Room - Redmond</b> 732 Southwest 23rd Street - Redmond, OR 97756
<b>5/23/17</b>	8:30-10:30a	<b>St. Anthony Hospital Hospice - Pendleton</b> 2801 St. Anthony Way - Pendleton, OR 97801
<b>5/24/17</b>	8:30-10:30a	<b>Willamette Valley Hospice - Salem</b> 1015 3rd St NW - Salem, OR 97304

## Professional Education Events - Additional 2017

<b>Date</b>	<b>Title</b>	<b>Location</b>	<b>Hours</b>	<b>Attendance</b>
9/25-26	<b>Professional Practices Exchange</b>	Eagle Crest Resort, Redmond	10.5 CE	135
5/16	<b>Hospice Foundation of America Living with Grief Program: “When Grief Is Complicated”</b>	Providence St. Vincent Souther Auditorium, Portland	CE via HFA	125
4/10-11	<b>“Spring Intensive: Regulatory Update” (In partnership with WSHPCO)</b>	The Heathman Lodge, Vancouver, WA	11 CE	105

## **OHPCA Webinar Series - Essential Webinar Network Partner:**

- 1/1/18: Working with People from Different Cultures & with Different Beliefs
- 1/5/2017: How HIPAA Impacts Email & Text Messaging: Communicating with & About Patients in Compliance with HIPAA
- 1/12/2017: Preparing for CAP Reporting & Managing Liabilities
- 1/19/2017: Emergency & Disaster Preparedness Final Rule Update: Hospice & Home Health & Mini Drill
- 1/26/2017: Hospice 101: The Basics for New Staff
- 2/2/2017: Hospice Manager Series: First, Do No Harm! Critical Thinking for Managers
- 2/9/2017: Hospice Enforcement Trends: Recent Decisions, Opinions & Other Guidance for the Increasing Scrutiny on Hospice
- 2/16/2017: PEPPER Series: Adding PEPPER to Your Hospice Compliance Spice Rack
- 2/23/2017: Hospice Manager Series: The Difficult Personality: Ours, Those We Supervise, Patients & Families
- 3/2/2017: PEPPER Series: Adding Salt to Your PEPPER: Spicing Up Day-to-Day Compliance
- 3/9/2017: HIS Update
- 3/14/2017: The New Hospice 101: Preparing for & Responding to Hospice Audits
- 3/16/2017: Hospice Manager Series: Coaching & Guidance: Ensuring Everyone Knows Where They Are Headed & How to Get There
- 3/23/2017: Board Fiduciary Duty of Care & Individual Liability
- 3/30/2017: Hospice Manager Series: Pull Your Weight! Maximizing the Role of Everyone on the Team
- 4/4/2017: 2017 ICD-10 Coding: Revisions, Updates & Challenges
- 4/6/2017: Hospice Compliance: Is It Documented?
- 4/13/2017: Compliance Investigations: How to Prevent the Response from Making Things Worse
- 4/20/2017: Frontline Supervisor Series: Exploring the Role of the Frontline Supervisor
- 4/27/2017: Focus on Volunteers: Multi-Generational Perspectives, Programming & Services
- 5/4/2017: Frontline Supervisor Series: Developing Staff & Managing Performance
- 5/9/2017: Recruiting & Hiring the Perfect "Fit"
- 5/11/2017: Hot Topics in Hospice Regulatory Matters
- 5/16/2017: Communicating in a Crisis: How to Protect Your Reputation & Brand
- 5/18/2017: Competencies for the Heart of Hospice Care
- 5/25/2017: Compliance Series: Part 1: Preparing for the Project: What We Need to Know for Success
- 6/1/2017: Post-Acute Care Series: Post-Acute Care & Integration for Hospice & Home Care
- 6/8/2017: Compliance Series: Part 2: Down to Work: Constructing the Framework
- 6/15/2017: Post-Acute Care Series: Value-Based Post-Acute Care Service for Hospice & Home Care: Key Strategic Considerations
- 6/22/2017: Compliance Series: Part 3: Conducting Individualized Risk Assessments & Establishing Audits & Monitors
- 6/29/2017: Managing Your Costs & Finding Efficiencies to Remain Relevant
- 7/11/2017: Project Management for Starting a Palliative Care Program

- 7/13/2017: Compliance Series: Part 4: The Final Touches: The Annual Review, the Link Between Performance & Compliance & Staying Current
- 7/20/2017: Monitoring Employees' Work-Related & Personal Social Media: Why? How? Is It Legal & Ethical?
- 7/25/2017: Hospice & Nursing Home Partnerships: Balancing Regulation with Quality
- 7/27/2017: Taking Counseling to the Next Level: Applying Techniques/Interventions to Challenging Situations
- 8/3/2017: Hospice Billing Series: Part 1: Eligibility Requirements & Notice of Election
- 8/10/2017: Participation in Bundled Payment Initiatives
- 8/17/2017: Hospice Billing Series: Part 2: Details of Medicare Claims Processing
- 8/22/2017: Security & Data Loss Prevention: How to Prepare for Ransomware & Other Cyber Attacks
- 8/24/2017: The Dos & Don'ts of Managed Care Contracting
- 8/31/2017: Hospice Billing Series: Part 3: Face-to-Face, Hospice CAP, Palliative Care & HIS Requirements
- 9/1/2017: Common Hospice Diseases & Conditions: An Overview for Hospice Volunteers
- 9/5/2017: Pain & Symptom Management: The Hospice Volunteer Perspective
- 9/6/2017: Volunteering with Patients Who Have Alzheimer's Disease & Dementia
- 9/7/2017: GIP – Guidelines & Utilization Review
- 9/13/2017: Universal Precautions & Hand Washing for Volunteers
- 9/14/2017: Survey Series: Assessing Your Regulatory Compliance Through Survey Readiness
- 9/19/2017: CMS Public Use Files for Hospice: What They Tell Us & How to Use Them
- 9/21/2017: Serving the Under-Served in Your Community
- 9/28/2017: Survey Series: Conducting a Mock Survey to Assess Compliance
- 10/5/2017: A Whole New World: Defining the Role of Hospice Care in a Transforming Health Care System
- 10/12/2017: Survey Series: Top Five Survey Deficiencies & How to Avoid Them
- 10/19/2017: HIPAA Compliance: What Every Hospice & Home Care Provider Needs to Know About Electronic Protected Health Information (ePHI) & Paper-Based Medical Records
- 10/26/2017: Healthcare Due Diligence in Mergers & Acquisitions: The Who, What, Why & When
- 11/2/2017: Continuous Home Care Guidelines & Utilization Review
- 11/9/2017: Marketing: Compliant Practices for Hospice & Home Health
- 11/16/2017: Improving CAHPS Hospice Survey Scores
- 12/5/2017: Hospice Quality – Comprehensive Assessment Tool, Public Reporting & Star Rating
- 12/7/2017: Honoring Veteran Program Partnerships

## 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 2017. There were a number of Employee/Employer Matching Gift contributions, and special gifts and donations throughout the year included:

- \$101,430 from the Gwendolyn Hemphill Estate
- \$51,245 from the Kuzman Fund of The Oregon Community Foundation
- \$7,000 from Community Health Charities
- \$3,912 from Essential Education Webinar Network, our webinar education company the OHPCA partners with for hospice employee education
- \$3,554 from the Hospice Assistance Fund of The Oregon Community Foundation
- \$1,376 from the Silent Auction held at the 2017 Professional Practices Exchange
- \$1,374 from the Boeing Employees Community Fund

The Oregon Hospice & Palliative Care Association's annual Light Up a Life campaign, sponsored again by Moda Health, raised a net total of \$21,000 for the Oregon Hospice & Palliative Care Association in support of this winter holiday direct mail campaign, with 186 individuals contributing. Again, we thank *Tim Bergmann* for his time designing the campaign mailing materials and *Alpha Graphics* for their printing and mailing services.



## 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 2017, a spring group at Portland First Church of the Nazarene and a fall group at Providence Portland Hospice. Between 7-12 families receive support at each 8-week session. The Me, Too program is very impactful to the families in attendance; this testament was shared by the mother of an 8 year old who attended group after the death of her good friend. A few months after group, the girl's mother reached out to Me, Too clinical coordinators, thanking them for the strength and compassion they helped develop and provided this story as an example of the impact:

*"Last week I went to visit my friend whose mom had died. When I came home, [name] and I were talking. She asked how my friend was doing. That alone floored me a bit - just how wise to know and understand that my friend would be struggling. But then she asked me to tell my friend, 'I know you feel sad but you are not alone.'"*

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. We welcomed Carrie Kilpatrick-White, our new clinical coordinator from Providence Hospice to Me, Too in 2017. Petya Pohlschneider continues to serve as clinical coordinator representing partner agency Legacy Hospice.

In addition to the sponsoring agencies and Portland First Church of the Nazarene, thanks are also extended to Me, Too Governing Board and Operations Committee members *Gail Mueller, Christiana Curtis, Jane Brandes, Barb Hansen, Carrie Kilpatrick-White* and *Petya Pohlschneider*. Professional facilitators assisting with groups in 2017 included Wendy Tucker, Sally Giles, Paula Backas & Marianne Kabur, and the program is also supported by a long-standing group of seasoned volunteer facilitators. We thank both our professional and volunteer facilitators for their time and commitment to this important program. Finally, a very special thank you to the Pohlschneider family, whose support provided meals for families during 2017 groups.



## Oregon's Hospice Directory

- Samaritan Evergreen Hospice & Hospice House in Albany
- 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
- Lumina 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 in Medford
- 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
- Comfort Hospice & Palliative Care in Portland
- Connected 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**

- Pat Berry, PhD, RN, ACNPN, FPCN, FAAN, OHSU Hartford Center for Gerontological Nursing Excellence, Portland
- Jane Brandes, RN, MSN, Providence Hospice, Portland
- Keri Culhane, RN, BSN, MBA, Coastal Home Health & Hospice, Brookings
- 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**

- Lisa Hurley, Partners in Care, Bend (Chair)
- Emma Ward, Seasons Hospice & Palliative Care, Portland (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, Financial Controller