



# **Hospice and Palliative Care of Westchester**

## **ANNUAL REPORT**

2014

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## **Organizational Overview:**

Hospice & Palliative Care of Westchester had another extraordinary year in many areas: patient care, quality outcomes, financial management, information technology, enhancement of the Pediatric Program, community relations, fundraising and employee commitment.

## **Clinical Operations:**

The focus of all activities has been centered on improving programs for patients and families. The census did not meet budget primarily due to a decrease in referrals from some Nursing Home providers as well as the full year impact of sequestration and the change in the reimbursement methodology for medications. A new contract with Glen Island was secured and we have seen some growth from Andrus and United Hebrew.

The first nursing home roundtable was held with our partner facilities with our clinical staff serving as group leaders. It was a very productive exchange. They recommended developing an educational program for residents and families which resulted in our facility video.

An enhanced relationship with a large acute care provider continued to evolve. Internal restructuring and additional resources were added to support this initiative. Ongoing meetings occurred monthly to facilitate discussion and learning. Educational offerings were provided. At the close of the year much had been gained.

The receiving of late referrals for HPCW as well as for providers nationally remains a challenge. Education is needed on many fronts but most particularly with physicians. We have partnered with the Westchester County Medical Society and have presented to their Board of Directors. A CME credited program is being planned for May. Additionally, significant outreach activities in the community and in other health care venues have been conducted. Of note is the collaboration with the new Memorial Sloan Kettering site in West Harrison which is beginning to generate referrals.

The Centers for Medicare and Medicaid Services (CMS) adopted a regulatory change to paying for medications utilized by Hospice patients. In the past Hospice was responsible to pay for all medications related to the **terminal diagnosis**. All other medications the patients received could be billed to their Medicare Part D or the drug benefit under their commercial product. CMS now requires that Hospice assumes the cost for all medications related to the **terminal condition**. This change significantly broadens our responsibility for medication costs. The implementation of this new regulation for our organization required many resources including updating our

formulary and billing codes and revising all of our SNF contracts to include sections related to the new law. The negative cost impact was significant.

The provision of home health aide services to our patients has become an obstacle. Changes in the industry including compensation under new Medicaid managed care programs and adhering to the new wage parity laws has translated to a shortage of HHAs in Westchester County. Our vendor contractors are having difficulties meeting our needs. As a result we have hired an additional home health aide to support our patients primarily in the northern part of the county which is very difficult to service. We will assess the impact as we move ahead.

Clinical staff cared for more patients with increased complex clinical needs as evidenced by pain and symptom management issues. The staff continues to enhance their own knowledge through educational initiatives and Dr. Fialk will begin a series of lectures in January 2015 on symptom management.

Our internal Ethics Committee continued to offer staff the opportunity to discuss difficult issues in an open environment facilitated by a Medical ethicist. A patient's family also accessed the Ethics Committee this year.

A new relationship was established with the College of New Rochelle. RN students who are pursuing their BSN will be doing a clinical rotation which will begin in the first semester 2015.

The volunteer program has experienced growth and the previous consolidation of leadership roles has been very beneficial.

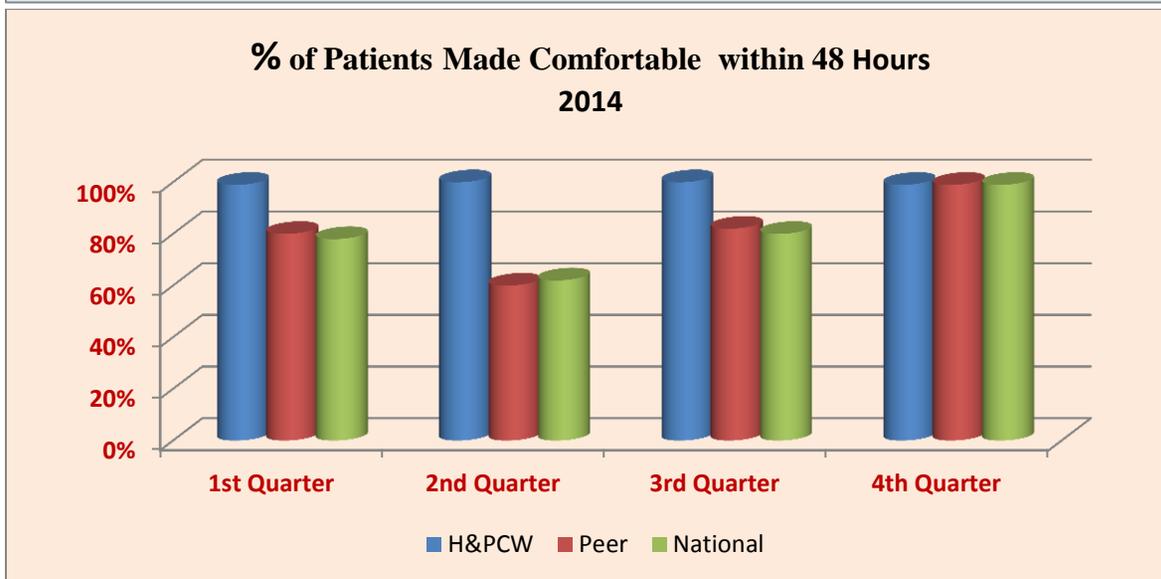
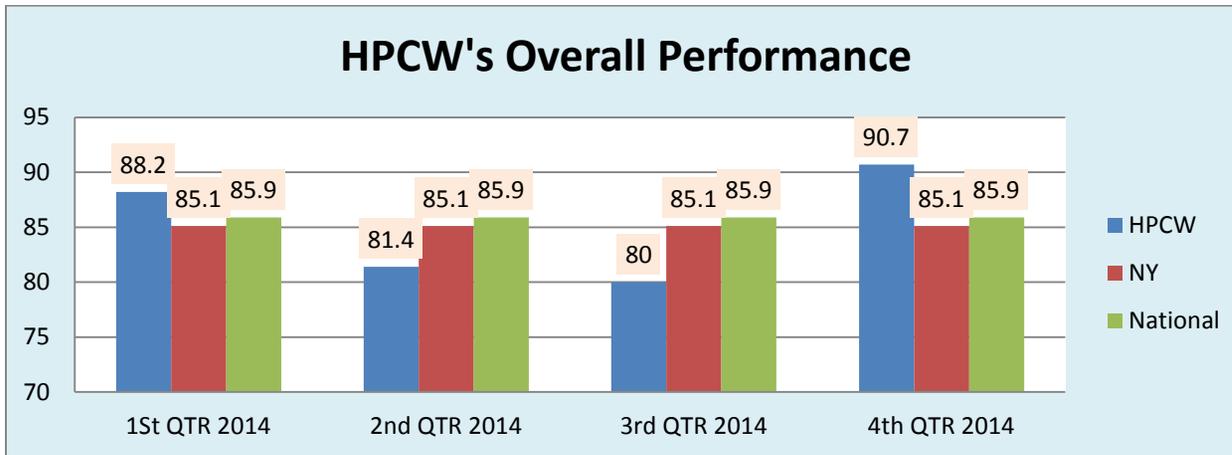
The Bereavement program continues to expand with additional offerings. Community sessions have also been included particularly in some Skilled Nursing Facilities who have asked for our assistance when a long term resident dies. The new family bereavement program has been formulated and will begin in January 2105. (See Pediatric section).

The Butterfly Memorial event was held in June at the Wainwright House. Two sessions were necessary to accommodate the large number of attendees. It was a very special day for families and staff.

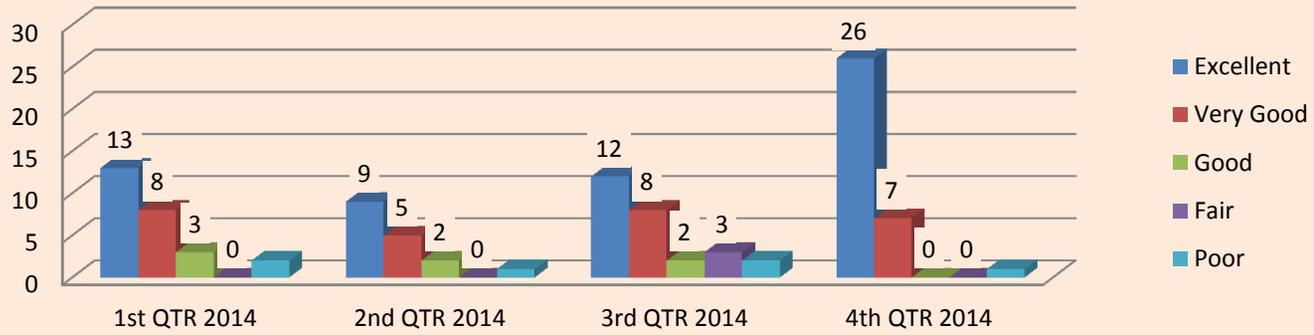
The Information Technology upgrades and further maximization of our system have provided meaningful data to effectively manage internal operations and quality measures.

**Performance Improvement Program:**

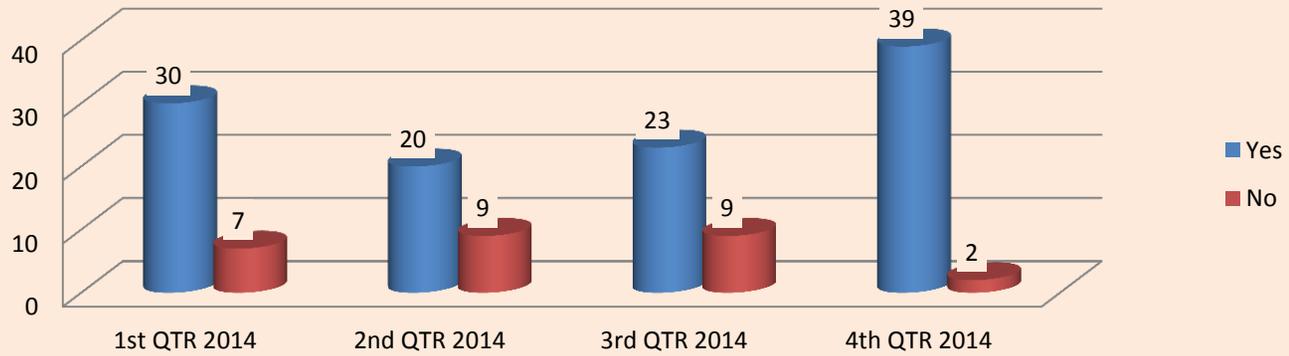
The program continued to evolve during 2014. Emphasis was placed on the following: Management of Pain; Response to weekend and evening calls; what to expect at time of death; and Bowel regime implemented within one day of an opioid order

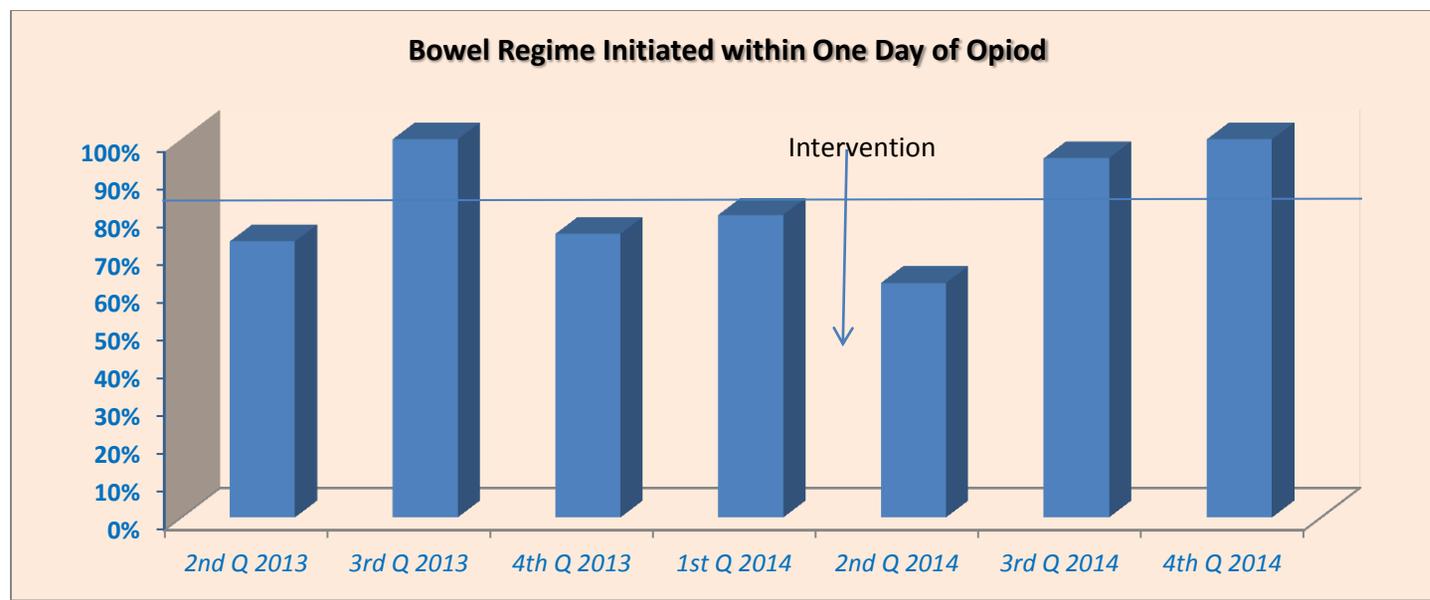


**Team Response to Evenings/Weekends**



**Family Received Information on Dying Process**





During 2014 our reporting for the family satisfaction surveys was broken out by patient venue. Trends were identified in this process which allowed us to target our corrective actions leading to improvement as demonstrated in the included charts.

Inclusion of staff on the internal quality committee brought an important dimension to our program and an understanding by staff of the indicators measured and the perceptions by families. Furthermore, information sharing with the clinical teams provided a forum for input to develop the corrective actions.

The Center for Medicare and Medicaid Services (CMS) has restructured many of the data elements that are reported to them based on patient information and staff performance.

The changes now require more extensive information on patient's pain, how difficulty with breathing is managed and care of patients on opioids. It also changed how the clinical staff documents their time for interventions with patients and families. This required us to modify our documentation systems in conjunction with All Scripts and change how the staff codes their interventions. The time frames for reporting have also been modified requiring more frequent submission of this extensive data.

The second change is in the family satisfaction surveys. Currently we use a survey from the national organization (NHPCO), distribute them, have them returned to us and then submit the aggregate data to the national reporting body. Effective January 1<sup>st</sup> 2015 CMS has mandated the use of a standardized survey called the Consumer Assessment of Healthcare Providers and Systems (CAHPS).

No reports were made to the compliance hot line in 2014 nor were there any complaints filed with any external organizations including the NYSDOH. There was a change in the Medicare intermediary form IPRO to Livanta. No external appeals were filed by patients or families during 2014.

The quality program continues to serve as a focus of our activities. We are confident we are well positioned for 2015.

### **Pediatric Program:**

Our Pediatric program, *Comfort Crew*, is entering its third year. During the past year our program has developed successfully. The following has been accomplished:

- Continued provision of care to children, although census lower than budgeted.
- Questionnaire sent to all parents whose children were cared for on program.  
A parent's advisory group to be established based on the information yielded from the questionnaire.
- Continued outreach to ten organizations.
- Development of new literature.
- Sponsored a "Day of Pediatric Palliative Care Education" with nationally recognized speakers presenting to Comfort Crew clinical team and our community partners. (Approximately 70+ people in attendance).
- New partnership with the Westchester Medical Society.
- Article published in the Westchester Business Journal highlighting the program.

The bond that is formed and the care provided by our team continue post death for families through our Bereavement program. Comfort Crew is convinced that Family Bereavement Support Groups are the best model for normalizing death/loss/grief and supporting children and their families as they incorporate this experience in their unfolding lives.

This year, the Family Bereavement Support Group services were developed. We feel called to provide family services according to the 25-year-old successful model of the Dougy Center of Portland, OR. There should be as many as 300 children within easy reach of our facility eligible with their families for our services. Extensive volunteer training occurred with 12 volunteers and outreach to schools, community groups, other providers and churches to name a few were all encompassing. It is expected that the first session will be held in January 2015.

The ongoing need to financially support the program continues. In 2014 over \$100,000 was raised through grants and private donations.

### **Finance/Budget:**

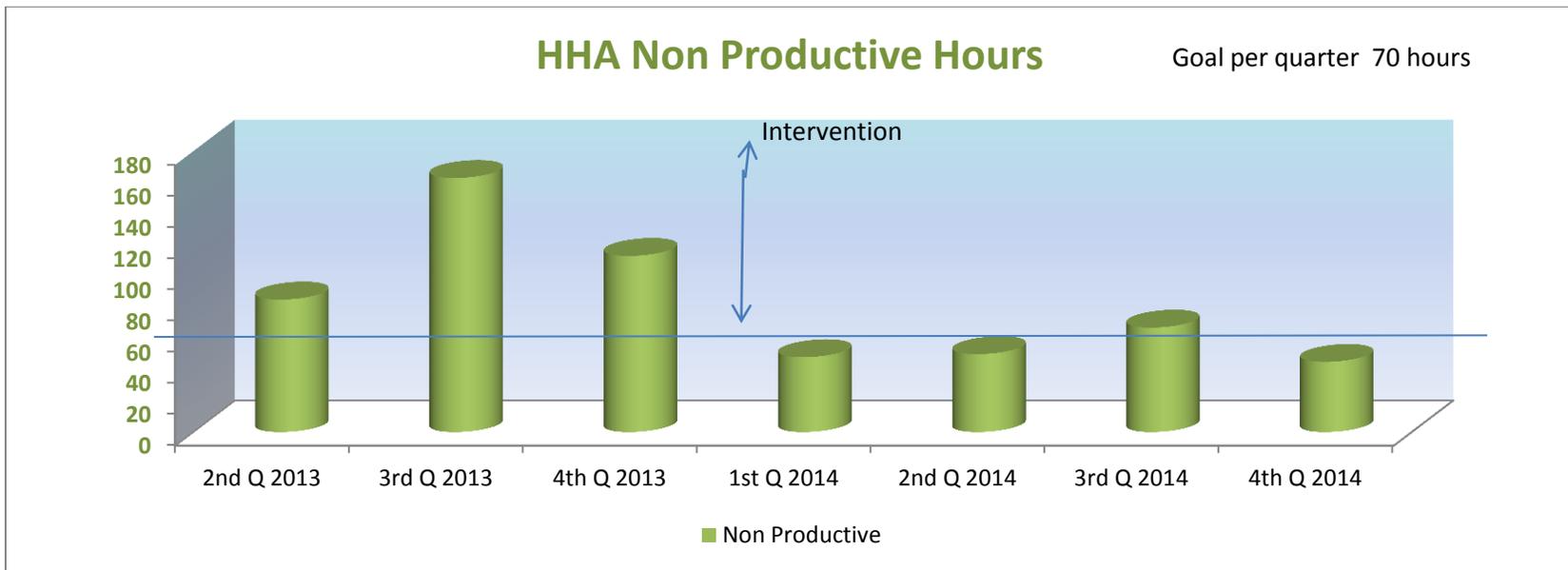
The Finance Department enjoyed an exceptional year. No recommendations were made as a result of the external audit for the second consecutive year. Additionally, there was a separate audit of the Caregiver/Complimentary Care program by the donor's attorney and accountant. No recommendations were identified from that audit.

The insurance verification process for all referrals was reviewed through our internal restructuring of the referral process. It was determined to be thorough and timely. The follow up on all accounts was extraordinary and resulted in the lowest write off dollars in years.

The AR days were 45 and the AP days were 61.

The average daily census of 103.6 did not meet budget due primarily to a decline in referrals from a large skilled nursing facility. The length of stay was 69.8 days which was above budget. The sequester which began in 2103 had a full year impact at the cost of approximately \$12,000 per month. The Medicare changes discussed previously related to the payment for medications had a negative impact of approximately \$150,000. Despite all efforts undertaken by management and staff in educating patients, families and physicians to relieve the medication burden much still needs to be done. The issue is national in scope and one which we will continue to confront. The result was a loss from operations.

The cost containment initiatives started in 2013 continued in 2014 particularly related to the monitoring of productivity of our employed home health aides as demonstrated below:



The reimbursement outlook remains unfriendly and all operational efficiencies seem to have been realized. Through our aggressive Strategic Planning process it became clear that other cost savings opportunities or revenue enhancements needed to be identified. Two such initiatives were identified:

1. Evaluate current space and rent paid to determine the potential for cost savings
2. Evaluate the ability to enhance revenue through additional development activities.

The Board of Directors endorsed both initiatives and two sub –committees were formed.

The Facilities Committee engaged the services of Cushman & Wakefield to undertake a review of the rental market. A series of spaces were identified and visited by the internal management committee. The spaces were narrowed to two plus the existing. Through a series of negotiations new space at 1025 Westchester Avenue was identified as the preferred. Extensive contract talks continued and in January 2015 the new ten year lease was signed. It is anticipated to save \$40,000 per year over the life of the contract.

The Strategic Fundraising Committee issued RFPs to five companies requesting their response to conduct a development audit and make recommendations for the future to raise an additional \$300,000 per year in 2016. Three RFPs were selected for follow up. All companies were interviewed and Plan A was chosen. Their work will commence in January 2015.

The portfolio performance through Key Bank has been positive. Their ongoing dialogue with the Finance & Investment Committee has been meaningful and productive.

The liability from The Worker's Compensation trust fund claim that had been ongoing for four years was resolved resulting in decreased liability.

### **Human Resources:**

HPCW has an exceptional employee and volunteer base dedicated to our mission. A challenge to any small business is to remain competitive and retain those individuals. Our turnover rate was 1.8%.

We adopted the new Aetna health care plan for our employees after much research and discussions with our intermediary Meridian Benefits. Our previous Oxford plan was not offered. The plan required significant restructuring of the \$5,000 deductible. Communication to staff was key and staff appreciated the structuring of the program whereby Hospice pays the first half of the deductible.

Our contracted complementary care staff were converted to per diem employees to comply with a recommendation from our 2013 audit by Withum, Smith and Brown. Two massage therapists chose not to convert. The complementary care staff meet the IRS definition of employee. The change occurred with the payroll beginning Oct 5<sup>th</sup> 2014..

The Retirement Plan Committee conducted a thorough review of our current retirement options, interviewed two other providers and recommended changing from Principal to Lincoln. The Human Resource Committee concurred. The conversion was planned to take place in the first quarter 2015. Late in the conversion process certain fees were identified that would need to be paid to Principal that had not been previously disclosed. Based on these findings the Retirement Plan Committee agreed to stop the transition and remain with the current plan. Options for moving ahead will be discussed in the 2ndquarter 2015.

Presentations on other benefits that are available to the employees were held at staff meetings. These include: AFLAC, Credit Union, Employee Assistance Program, Retirement Plan options, etc.

Other highlights include:

- 3% across the board adjustment in July. Individual letters sent to all employees.
- Two events were held to honor employees. The first in April recognized each employee discipline, i.e. Social Worker, Nurse, Office support staff. In November, we honored all employees and recognized those who achieved special milestones for years of service and for educational achievements. They were well attended and well received.
- Updating many HR policies
- Updating all job descriptions
- Restructuring of some office roles to be more streamlined and efficient
- Transitioned to new mandatory education modules through Learning Harbor.
- Employee health service offered one day per week.