



IHO Update

Bi-weekly News for Hospice Professionals in Iowa

March 2, 2007

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2007 Iowa Hospice Organization Education Opportunities

- March 7 Deadline to Register for IHO Legislative Day**

Just a few days left to register for IHO's annual Legislative Day on Wednesday, March 14, in Des Moines. So far, we have around a dozen hospice professionals that have signed up, so register today and join in this important grassroots event that allows **YOUR** voice to be heard by **YOUR** legislators. All hospice professionals are encouraged to attend.

Participants are encouraged to attend an issue briefing at 10:30 am at the Iowa Hospice Organization Offices at 100 E. Grand Avenue where a light lunch will be served. Attendees will then go as a group to the Capitol from 11:30 am – 1 pm.

For more information and to register, please see the IHO Legislative Day flier attached to this week's *IHO Update*. You may also visit www.iowahospice.org.

- The Hospice Journey:
As Experienced by Veterans and Patients with Mental Illness**

Register today to attend this year's IHO special topics conference on April 12 at the West Des Moines Marriott. New this year, the business meeting that would normally take place at this meeting will now take place at the Fall Conference in October.

Deb Grassman, a nurse practitioner at Bay Pines VA in St. Petersburg, Florida and a nationally-recognized speaker on veterans and end-of-life will explore successful suffering including the process of forgiveness and the use of therapeutic letter writing. Deb will

continue her presentation with information on the value of effective end-of-life dialogue and providing prognoses to patients so end-of-life strategies can be developed.

The afternoon session will touch on patient depression and palliative care. James Thorpe, Psy.D., clinical psychologist, will distinguish between grief and clinical depression in the dying, list factors involved in the diagnosis of clinical depression and identify the roles of the caregiver in providing quality care to depressed patients with life-threatening illnesses.

To register, see the brochure enclosed with this week's *IHO Update*. Registration deadline is April 5.

- **2007 Social Work Peer Group Conference:
Registration Deadline Approaching**

The agenda is set for this year's Social Work Peer Group Conference March 23 at Mary Greeley Medical Center in Ames.

Joy Sutter, MA, ACSW, LCSW, MBA, NHA, vice president of operations in a continuing care retirement community in Lansdale, PA will facilitate the meeting. In her current role, Joy oversees all the clinical operations for a large retirement community with three levels of care and a variety of programs and services offered to residents. She brings more than 15 years of experience in hospice and palliative care.

The morning session will focus on, "A Quality Partnership," which will help participants identify the qualities of an effective partnership between the nursing facility and the local hospice program and define tools and strategies used with the hospice nursing facility patient.

"Emotional Intelligence – How the Practitioner Can Survive the Long Haul," will comprise the afternoon session as Joy will identify a conceptual definition for Emotional Intelligence (EI) and help the practitioner's define their own role in EI. Triggers from within that indicate the need for further EI exploration will also be presented.

To register see the brochure enclosed with this week's *IHO Update* or visit www.iowahospice.org. Registration deadline is March 16.

- **Mark Your Calendar for the Hospice Manager Development Program**

June 4 and 5, 2007 marks the dates NHPCO's Hospice Manager Development Program (MDP) will take place at the IHO Education Center in Des Moines.

The Hospice MDP helps managers develop the skills they need to meet the challenges they face in managing programs, systems and people. This is a two-day course that will include

five “modules” of the Hospice MDP. Four of the modules are Level 1 including: Roles and Skills of the Middle Manager; Situational Leadership and Leadership Style; Decision Making and Critical Thinking; and Interviewing, Feedback, Coaching and Evaluation Skills. One of the modules is a Level 2: Managing With an Eye to Finances.

The cost to attend this conference is normally \$395 to IHO members. With the help of a Wellmark Foundation grant, each hospice wanting to attend will receive a \$100 stipend for one participant to attend from their hospice.

Mark your calendars now and watch for registration information soon.

IHO/QAPI Snapshot Program – Join the Momentum!

Is your agency ready for the proposed QAPI Condition of Participation? Is your hospice participating in the NHPCO Quality Partners initiative? IHO is offering members an opportunity to get started on these emerging expectations through the IHO/OCS QAPI Snapshot Benchmarking Program. The program will provide quarterly and annual benchmarking with performance measures that can be compared nationally, as well as statewide.

- The quarterly reports will enable agencies to track key performance indicators throughout the year – a 360° view that is required by QAPI. **The first set of reports will be delivered in April.**
- The annual report, summarizing the year’s performance, demonstrates meaningful improvement (another QAPI requirement) and facilitates strategic decision-making and operating goal-setting.
- The one-page graphic summary will be supplemented with a report interpretation guide explaining all indicators and their relevance to surveys and reports will be accessible online through a secure OCS Web site, linked directly to the IHO Web site.
- OCS will provide email and telephone support to agencies looking to capture and report data, interpret benchmark reports, and generally enhance their performance measurement capabilities and QAPI preparation.

Online Resources

Go to www.iowahospice.org, and click on the Data Tab to access the following:

- ***Downloadable survey.*** You may download a PDF version of the online annual survey in order to prepare your systems and staff for data submission.
- ***Online survey and report access.*** 2005 and 2006 annual surveys are available now, and the quarterly surveys will be available before the end of the year.
- ***QAPI Snapshot Order Form.*** Download an order form, complete it and fax it to OCS.

Special IHO Member Pricing

IHO has worked with OCS to bring IHO members this entire program for **\$500** annually per reporting location.

Join Now!

If you are just getting started with data submission, QAPI Snapshot will help you build your systems and capabilities so that you are well-prepared when the new CoPs are final. **If you have any questions, call 603-795-4802 or email QAPI@ocsys.com.**

IHO Members Already Signed Up

Alegent Health Homecare	Omaha
Calhoun County Department of Health	Rockwell City
Cass County Memorial Hospital Home Care	Atlantic
Great River Home Health and Hospice	West Burlington
Hamilton County Public Health and Hospice	Webster City
Hospice of Dubuque	Dubuque
Hospice of Jasper County	Newton
Hospice of Mercy	Cedar Rapids
Hospice of Northwest Iowa	Spencer
Hospice of Pella	Pella
Hospice of the Heartland	Algona
Hospice of Siouxland	Sioux City
Hospice of Washington County	Washington
Iowa City Hospice, Inc.	Iowa City
Iowa Hospice - Johnston	Johnston
Lee County Health Department	Fort Madison
Mahaska Hospice	Oskaloosa
Mercy Home Care & Hospice - Clinton	Clinton
Mercy Hospice	Des Moines
Mercy Hospice - Centerville	Centerville
Myrtue Memorial Hospital Home Health	Harlan
Pocahontas Community Hospital Hospice	Pocahontas
Stewart Memorial Community Hospice	Lake City
St. Luke's Hospice	Cedar Rapids
Trinity Hospice	Fort Dodge
Unity HealthCare Home Care and Hospice	Muscatine

March CMS Home Health, Hospice & DME Open Door Forum

Date: March 14, 2007

Start Time: 2 p.m. EDT

Conference Leaders: Winnie Pizzano/Nancy O'Connor/Natalie Highsmith

To participate by phone: Dial 1-800-837-1935 & Reference Conference ID: 9400956 (persons participating by phone do not need to RSVP). Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 711 or 1-800-855-2880 and for Internet Relay services click here

<http://www.consumer.att.com/relay/which/index.html> . A Relay Communications Assistant will help.

To participate in person, you must RSVP. Please send your reply to HOMEHEALTH_HOSPICE_DMEODF-L@cms.hhs.gov by 2 p.m. EDT, March 12. Include the words "Home Health" in the subject line of your message, and send your name, organization or representation and phone number. Please arrive no later than 1:30 pm. EDT. Upon entrance to the building you will be required to show government-issued identification to Security officers and you may be subject to a baggage search. The address is Hubert H. Humphrey Bldg., 200 Independence Avenue S.W., Washington, D.C. 20201
Map & Directions: <http://www.hhs.gov/about/hhhmap.html>

To participate in ENCORE: Dial 1-800-642-1687; Conference ID# 9400956
ENCORE is an audio recording of this call that can be accessed by dialing the number above and entering the conference ID above, beginning two hours after the conference has ended. The recording will expire after three business days.

For Forum Schedule updates, Listserv registration and Frequently Asked Questions please visit our Web site at www.cms.hhs.gov/OpenDoorForums.

Wellmark Foundation Mini-Grant Seeking Applicants

The Wellmark Foundation is issuing a Request for Proposals for its mini-grant program. This process is developed to allow applicants to complete necessary groundwork and steps to support either time or resource-limited pilot work, serve as a catalyst for a larger effort that could build from small funding amounts or build community ability to plan and implement programs to address pressing health issues.

Project applications submitted in the mini-grant competition must demonstrate a logical connection to one or more of The Wellmark Foundation priority areas for funding including: depression, diabetes, end-of-life care and health literacy.

For more information and to apply, see the Mini-Grant Request for Proposal and Mini-Grant Scoring Tools form enclosed with this week's issue of the *IHO Update*.

Hospice and Nursing Home/Assisted Living Relationships: Choosing the Right Partners

The article below was submitted by Mary Michal, JD, Reinhart Boerner Van Deuren s.c., Wisconsin, who will be providing IHO Update readers with periodic articles regarding updates on hospice compliance issues.

As with any contractual relationship, hospices and long term care facilities should be selective when choosing parties to contract with. It is critical that a hospice feels confident that each nursing or assisted living facility that the hospice contracts with is going to live up to its responsibilities under the agreement and provide a high level of services, as the hospice retains professional management responsibility for all services provided to its patients.

In turn, long term care facilities must also be confident that the hospice provider will fulfill all of its obligations to patients and the facility under the agreement. Long term care facilities may want to be proactive in seeking out hospices that will provide high quality services to residents, rather than waiting to be approached by a hospice. Increasingly, facility residents are demanding hospice services, and residents are not likely to differentiate between services provided by the facility and those provided by a hospice that it contracts with. The poor performance by the hospice will reflect poorly on the facility. In addition, an uninvolved or unresponsive hospice places the facility at greater risk for survey citations and family complaints to the state survey agency.

There are several ways that a hospice or long term care facility can informally review another entity's fitness to become a contractual partner:

1. Review Hospice or Facility Staffing Levels and Turnover

- Nursing homes are required by law to post daily information regarding their staffing levels (e.g., the number of licensed and unlicensed staff per resident). Some states may also maintain statistics on staff turnover.
- In the assisted living setting, the majority of care is often provided by unlicensed staff. Hospices should evaluate whether the assisted living facility has on-site licensed nursing staff and, if so, how often nurses work and the level of oversight they provide.
- Long term care facilities should determine the hospice patient census and staffing levels of the hospice and (if available) information on staff retention. NHPCO puts out guidelines on recommended hospice staffing ratios based on the hospice patient census. If you are an NHPCO member, you can access this at www.nhpc.org under "Technical Resources".

2. Hospices should Review the Acuity of Facility Patient Population

- When entering into relationships with assisted living facilities, it is important for hospices to remember that the overall acuity level of assisted living residents is increasing. Ask whether the training and expertise of staff often has grown at the same rate as the facility's acuity level. It is also important to ensure that state regulations permit bed-bound patients to reside in the type of facility that the hospice is contracting with.

3. Review Hospice or Facility Survey History

- Nursing homes, hospices and most assisted living facilities are surveyed by the government for compliance with applicable regulatory requirements. These results typically need to be posted in the facility. For nursing homes, survey information can also be found on the "Nursing Home Compare" website at <http://www.medicare.gov/NHCompare/Home.asp>. Assisted living and hospice survey information is often available through the state licensing authority.

4. Determine Hospice or Facility's Reputation

- Physicians, other hospices or long term care facilities and hospital personnel can all be good sources of information regarding the hospice or long term care facility's performance. These sources may also have experiences related to the responsiveness of the hospice staff to a patient or facility concern.
- One complaint sometimes raised by nursing facilities related to their relationship with hospice is the perception that the hospice does not provide meaningful services to residents of the nursing facility. The OIG has raised similar concerns (see the discussion of the 2007 OIG Work Plan in section 1 of this toolkit). Ask questions about the hospice—how responsive are staff to nursing facility patient needs? Will the hospice provide support to the facility if issues, including survey citations, arise related to hospice patients residing in the facility?

5. Determine Hospice or Facility Insurance Coverage

- It has become increasingly difficult for nursing facilities to obtain sufficient insurance coverage due to the scarcity of insurance companies writing policies for nursing facilities. In addition, assisted living facilities and hospices are often run by small, private operators who are not financially able to acquire sufficient insurance coverage. If the hospice or long term care facility determines that the other party is underinsured or has no insurance, it becomes a business decision whether to contract with that party. If a dispute arises, the party with adequate insurance might be considered the "deep pocket"—an uncomfortable position. Hospices and long term care facilities should consult with their own insurance carrier as contractual discussions proceed if the other party lacks adequate insurance coverage.
- We understand that long term care providers are sometimes hesitant to enter into contractual relationships with hospices. However, the reality is that consumers are increasingly demanding hospice care, and nursing facilities and assisted living facilities will need to make such care available as hospice continues to gain popularity. Some providers have found that relationships with a hospice or long term care facility can be difficult to manage, with the relationship sometimes deteriorating into an "us versus them" mentality between the two providers.
- A productive, mutually beneficial relationship between a hospice and long term care facility is possible, but it takes considerable work on the part of both parties. We suggest that you look at the written agreement developed between the providers as the building block upon which a successful relationship is based. Clear roles and responsibilities of each party described in a written agreement can reduce disputes between the parties. In our experience, a number of factors beyond a good written agreement can also contribute to meaningful facility/hospice collaborations. These factors include:
 - Mutual respect between the providers
 - Sharing of information and knowledge of the other provider's business

- Support for the collaboration at the leadership level of each provider
- High level of hospice staff presence in the facility
- Staff training for each provider's discipline
- Timely response on the part of both providers
- Coordination in care planning between the parties

Excerpted from "Hospice and Nursing Home/Assisted Living Contracting Toolkit," published by Reinhart Boerner Van Deuren s.c., March 2007.

Hospice of Central Iowa – Institute Features Geriatric Patient Conference

Hospice of Central Iowa – Institute will present Honor and Respect: Caring for the Geriatric Patient at End of Life on March 22 at Des Moines University. This conference is designed to explore the unique challenges present when end-of-life care providers serve the geriatric patient. Please see the brochure enclosed with this week's IHO Update for further information and to register.

Enclosures

IHO Legislative Day brochure
IHO Special Topics Conference brochure
Social Work Peer Group Conference brochure
Wellmark Mini Grant RFP
Wellmark Mini Grant Scoring Tool
Hospice of Central Iowa – Institute Conference brochure
Patient Centered Management Article (not referenced in newsletter)