

**MINUTES OF THE HOSPICE OF AMADOR & CALAVERAS**  
**BOARD OF DIRECTORS**

March 28, 2017

HOAC Business Office Conference Room

5:30 p.m. – 6:00 p.m.

<p><b>PRESENT: BOARD MEMBERS:</b>  Danelle Dix, President  Wayne Garibaldi, Vice President  Lori Halvorson  Anne Platt  Ariane Debien, <b>Executive Director</b></p> <p><b>ABSENT:</b>  Jude Redkey  Toni Linde</p>	<p><b>PRESENT: STAFF MEMBERS:</b>  Dave Carlton, <b>Thrift Store Manager</b>  Renee Davis, <b>Volunteer Coordinator</b>  Karen Mason, <b>Recorder</b></p> <p><b>ABSENT:</b></p> <p><b>GUESTS:</b>  None</p>
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**The meeting was called to order at 5:35**

**1. Approval of Minutes**

MOTION # 01-03/28/17: That the Board accepts the Minutes of the meeting of February 21,2017 with correction, Ciro was spelled incorrectly.

Moved: Anne  
Seconded: Lori  
**CARRIED**

**2. Directors Report – Ariane**

- Recommended by-laws to vote
- Discussion of Ad-hoc meeting, more work to do on benchmarking non-profit coalition meeting last Friday.in regards to Peter Benjamin, started from current view of reimbursement first 4 hours, the last hour how the market will affect hospice, major contracts with big players, not an issue for us, but for large agencies. I will attend the second meeting. He will provide a webinar for us for training. Survey that Ariane will participate in. Opportunity for shared services, rescinded we do not have enough census to combine. Pushing all the hospices merging for one large company. To form a new company. Renee: it felt like it was for hospital administrators, A consulting pitch. Danelle: very similar to pitch he was feeding us. dynamic and knowledgeable but very opinionated. Renee: thought it was good networking.
- Schedule another Ad-hoc meeting.
- Palliative care: approached by MT to start researching a palliative care program, they are in the process of applying for a grant that would start a program but not sustain it, and CMS is not currently reimbursing for palliative care. Several years ago CMS did offer the Medicare choice model, 2 phases Jan 2016, the second 2018. From Dan’s prior input her through that we would cap at a census of 50 for both counties but with creating a palliative care program it could double our census with longer length of stay. With palliative care people get the chance to know us sooner and feel more comfortable with transitioning to hospice earlier. Sheila: patients with terminal diagnosis. Fields: comfort management is what is talking about. Anne: you would use all disciplines. Does Sutter medical have that? Fields you would be certified. Even with Grant, it’s not something that is funded, so more work to be done. Anne: it is hospital based care, hospital would have to help fund. Lori, how is it funded? Ariane: through donations. After CMS’s pilot program in 2020 they may or may not establish funding at that time, there is no

guarantee. If funded the theory is to lower end of life cost. Anne: next year we are looking at it. Not just inpatient palliative support system, we are one of the only Sutter not to have it. Sheila: it would be nice to have some discussions with them.

- Sheila and Ariane will attend the NHPCO conference.
- General updates – Margaret Pyles, Danelle and I met with her, she will be here next meeting.
- Dan fields would like to know how all this works, asks for more information regarding hospice board.
- Financials: From the numbers Karen provides, I have done trending in a new format. Good news. We sold West Point house for \$150K.
- SIA Revenue – For current hospice reimbursement, the first 2 periods higher scale, then it goes down, that in the last 7 days of life more services are needed, so it goes up for that. Promote additional services, offering more per unit 15 minutes \$12.07 extra. Up to a total of 4 hours per day. Roll out with staff on Thursday. To identify how determined last 7 days of life. RN daily, Social Worker for pain and funeral. Additional \$193 per day, \$1400 per week. Refer to graph. Use per diems to capture that. Sheila: tend to active dying we automatically offer visits daily, recognize so death is not unexpected, getting staff cued in to what they are looking for. No sure way for 7-day window, Danelle: if we do it for 8 days, we don't get the extra? Sheila: we are hoping to make it into a science as best we can. Danelle: Great for the family. Sheila some families will refuse. Do the right things for right reasons and we will benefit. Fields: if you do not have enough 8-10 day, you are probably not doing enough. Danelle: on chart, you have dollars, but days would be helpful. Sheila: HIS- it is part of that so we will be able to pull reports after April 1<sup>st</sup>. from Carol we can get this.
- Overtime: Rolled out new policy, in graph up some due to Renee taking on 2 positions. We have taken on Community Liaison - Wendy, Renee will orient, then be volunteer coordinator.
- Wayne: income bumped up does that include donation. Did we budget for the donation? Census raising, is it that or the donation? It's misleading because the financials need to show if it is an estate gift. Moving forward, pull out estate gifts. We get the information from financials, with income. Keep thrift store in, because it is level. Dave and Arian's radio ads were great.
- For purpose of trending if we could no longer provide the old graph, and use the trending.
- Anne: Do we have a budgeted LOS? No. Wayne: LOS is critical. Sheila always talking about ADC, LOS will also help that increase LOS, palliative care piece will help that if you look at 6 months they can still be living their lives, working etc. it will offer ways to capture that criteria. Documentation as far as education what Medicare is looking for. LCD goes through each diagnosis. We review that. And continue to educate the physicians. Doctors are there to cure, not to assist with death so education and re-educating is needed. 90-100 is goal, right now we are at 40.9. Fields: Are we going to discuss that it seems like an important piece. Ariane: New liaison will help with that.

**3. Introduction to Dr. Dan Fields. Confidentiality agreement was signed. Has been a fan of hospice, his mother was on hospice until July 2016.**

**4. Clinical Update – Sheila**

- Average daily census in March was, 33.6
- Refer to report. New clinical supervisor 3 days a week and then she will be an NP and go to 5 days/wk. Her heart is in hospice so she is excited. Great asset to company. When she comes on board utilizing her degree, we may be able to do that with face to face visits young and energetic. Anne: would she be able to admit? No, it would have to be MD to sign the order. Fields VF would be her supervisor? Yes, VF CTI.

- Share that we have accepted and admitted every patient that has come to us. Since before Dan left.
- We had said that we are fully staffed, we had hired a RN that did not work out. We are in a good place.
- One of the changes we made, RN QAPI with our new clinical supervisor, this nurse will take on QAPI and be a case manager. All is going very well and I am excited about the team
- Net smart upgrade will be turned on April 1<sup>st</sup>. Benchmarking will be open to public 5-star system in summer. Last week we had a week of training on Netsmart. Good basis now to utilize the system better. Excited about rolling those things out. It will help with productivity.
- Anne: no referrals from Kaiser? Wendy will be going to the referral sources to make the contacts.

MOTION # 02-03/28/17: That the Board accepts amendment of the Bi-laws

Moved: Wayne  
 Seconded: Anne  
 CARRIED

MOTION # 03-03/28/17: That the Board accepts Dr. Dan Fields as new Board Member

Moved: Wayne  
 Seconded: Anne  
 CARRIED

### 5. Thrift Update - Dave

- Jackson store has been down, due to weather and traffic. Danelle: likes angels camp store better. Fields says economy is better, people don't need thrift store as much. Extra personnel are great, thank you Ariane.
- 45 percent in Jackson is holding strong. Angels camp is truly at 18 percent. Years ago, 25 percent was considered great.
- Angels camp store - Awning is up in front of the building, job option is to take them down and patch holes. We need to do this. Ariane: what amount is pre-approved before board has to approve? Danelle option are asking for a recommendation? Dave and I looked at both options, to cut it down and no one wants to do the repair. It's awkward. Anne recommends we replace them. Lori agrees and Danelle. Wayne said \$5000 one time, investing in thrift and is not one of the problems for sustainability if you are going to do it do it right.
- Point of sale system. Showing picture, much better data and is going to make us informed. Volunteers are thrilled and given plenty of training and are offering to cashier. It's going to be a great thing. Slide for credit cards? yes. Messages can be added.
- At ledger building old Kansan metal awnings expensive but lasts forever. Framing is already up for us so we can utilize that. 30-year material rubberized fabric. Fields – why not ask the ledger to do ours while they are doing theirs? Ledger still owes us work, Wayne: we asked to wait for new Tennent/owner to decide what they want. Cirol did not remember us being there with Dan. Wayne failed to follow up and it is taking longer than it should. Danelle should we approve up to a certain amount?

MOTION # 04-03/28/17: That the Board approves \$7000 for awnings.

Moved: Anne

Seconded: Wayne

CARRIED

- Need to talk to board about Dan's gift. Closed session.

**6. Adjournment**

MOTION # 05-03/28/17: There being no further business the meeting was adjourned at approximately pm.

Moved: Danelle

Seconded: Lori

CARRIED

Closed Session was held following adjournment.

NOTES APPROVED BY:

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[Name]