2016-17 Annual Report

Respectfully Submitted by Kara U. Travis, President & CEO
December 28, 2017

A heartfelt welcome to Mountain Valley Hospice (MVH) and the Nancy Dowd Hospice House (NDHH). Initially I planned to write a different letter for patients, staff, and board members. However, we are all here for the same reasons:

Quality of Life. Collaborative team care. Appreciation for diversity of thought. Value-based leadership. Compassionate, respectful interactions. Listening beyond the words to truly understand each other.

These are just a few elements of the shared vision at MVH.

If you are joining us as a patient or family member, we are committed to making you feel at home, alleviating as much anxiety and discomfort as possible. We are here to carry out your wishes to the best of our ability, as professional caregivers with your best interest at the center of our daily work. Please partake of our many specialized services and experts, including licensed social workers, bereavement counsellors, registered & licensed practical nurses, chaplaincy, massage and aroma therapists, and more. You may even see an occasional pet therapist visiting our campus.

If you are joining MVH as a new or returning team member, we are committed to providing you with the resources, education, and guidance to be successful in your role. Hospice care is a calling but can also be mentally, emotionally, and spiritually demanding. We will remind you to take care of yourself as you share this unique journey with our patients and their families.

If you are serving MVH as a new board member, you are the most valued of volunteers. Our interdisciplinary team pledges to keep you informed and engaged. We are committed to tapping into your talents, while providing opportunities that best meet your interests and skills.

During my first visit to campus, I told the team I could think of no more humbling experience as a leader than to work alongside and support the mission of the unique caregivers at MVH. I continue to feel that way today. Going to work each day feels a bit like coming home. I hope you will feel the same.

Respectfully,

Kara Ulasewicz Travis
President & CEO

Transition & Transformation: 24 Months in Review

Since the last annual report was completed and submitted in 2016, reflecting on data and accomplishments from 2015, the administrative team at Mountain Valley Hospice (MVH) experienced 100% turnover. MVH also experienced a change in the Board Chairman role.

Given that none of the leaders involved in the 2016 business and financial results currently remain on the team, we will share data captured in 2016 but will focus our narrative on the successful transition to, and transformation of, a new senior leadership team and board officers.

MVH's Mission, Vision, and Values have not changed since outlined in the previous annual report. However, it's time they did. Following the Standards of Conduct and behavioral guidelines from the National Hospice & Palliative Care Organization (NHPCO), MVH continues to provide unfettered access to end-of-life care, as well as counselling and other related support services for patients and families. MVH nurtures community partnerships with medical practices, hospitals, nursing homes, and not-for-profit agencies like Office for the Aging, who assist with education and identification of prospective patients or families in need of support.

The MVH board of trustees, in collaboration with senior staff, will begin a strategic planning initiative in January 2018 to reinvent the business model, including Mission and Vision. In order to remain financially solvent and competitive in a rapidly changing, fickle industry, MVH must identify the gap in community service needs and strategize the solution for meeting those needs. The solution must provide for a funding source, as well as increase patient census both in the field and in the Nancy Dowd Hospice House (NDHH).

The accomplishments in 2016 and 2017 laid the foundation that makes strategic work possible. Through emotional and psychological turbulence, the MVH staff and board of trustees charted a new course toward the acquisition of a Chief Financial Officer in 4Q16 and a President/Chief Executive Officer in 2Q17. During a market review of industry compensation, the Director of Nursing was promoted to Chief Clinical Officer, a role she informally filled the prior six months.

During an interim period of two months when the organization was without a President/CEO and the role was temporarily filled by the Board Chairman, the Department of Health arrived at MVH for their three-year survey. The team rallied, addressing questions and concerns in the moment and ultimately passing inspection without any conditional findings. Though stressful and intense, the survey process left the team well educated about policy and procedure as they relate to practice. Tightening up documentation and improvement of care coordination with Skilled Nursing Facilities (SNFs) provided renewed focus for the Quality Performance Improvement (QAPI) team and the Interdisciplinary Team (IDT).

In keeping with additional Department of Health requirements, MVH embarked on Emergency Preparedness planning with the rest of New York State home health and hospice agencies to comply with the November 15, 2017 deadline. A diverse team of MVH front line staff and leaders met with representatives from each county's Emergency Management Office in the MVH service area. The MVH team also met with local law enforcement agencies. Though required to participate in a number of table top exercises across the service area, MVH also tested its draft policy during several actual events on campus, including a gas leak leading to evacuation, a rooftop fire, and a weather-related emergency.

In response to a society continually escalating in violence and instability, MVH invested in several security measures, as a result of a generous unrestricted financial gift. To better protect staff and patients, MVH installed exterior cameras, a panic button at the NDHH nurses' station, and provided lanyards to all NDHH staff with direct dial to 9-1-1. The leadership team also provided mandatory de-escalation training for all staff.

As mentioned above as one of the outcomes of the DOH survey, MVH's QAPI team reinvigorated its efforts to streamline a plan that is both user friendly and reflective of the team's patient care goals. Under new leadership, the QAPI team re-engaged with the board of trustees to add two MDs to its membership, as well as encourage participation from the MVH Medical Director. The new QAPI leader is being mentored by a 20-year Quality Improvement veteran at a neighboring hospice.

While a sophisticated approach to benchmarking will come with the 2018 strategic planning process, MVH reported their relationship with Multi-View, Inc. (MVI) in the 2015 annual report. During the transition in senior leadership, it became obvious that financial reports provided by MVI to MVH were inaccurate. MVH submitted data to MVI to be configured into benchmarking reports for use with staffing models, purchasing, and census analysis. The reports MVH received from MVI did not accurately reflect the data originally submitted. Furthermore, the new administration was concerned by MVI philosophies related to team building and morale. References that encourage unhealthy internal competition, as well as poor quality training materials, led the senior leadership team to withdraw from MVI membership. This netted the organization a significant cost savings as an ancillary benefit.

While MVH presented a commitment to the Delivery System Reform Incentive Payment Program (DSRIP) in its 2015 annual report, a gap in participation ensued during the transition between leadership teams. MVH has subsequently re-engaged with both Performing Partnership Systems (PPS's) as a community-based organization with a voice at the table and a vested interest in holistic health care in our rural New York State communities. MVH will continue to position itself as a community resource for other healthcare partners, as well as patients and families.

While the Department of Health visit prompted a closer look at clinical policies and procedures, another similarly intense transformative undertaking is the review of all Human Resources practices and documents. The work began with a transition to a new

payroll company and a new human resource consulting firm. Both transitions saved the organization money in man hours, while also preventing liability and additional legal expenses. In addition to the above-mentioned market review and adjustment that positively impacted a majority of staff, the new administration also overhauled the benefits package to shift to a new provider and offer more competitive cost-savings options while retaining quality. The administration is also crosswalking all existing policies with the Employee Handbook and Human Resources practices. An example of this crosswalk is the Compliance Program, which did not directly reference the Human Resources policy and procedure for progressive disciplinary action or the process for conducting a confidential investigation into employee performance.

Before reporting our 2016 statistics as shared with the Department of Health, one last area of transition and transformation involves the relationship with MVH's donors and fundraisers. The attrition and churn in the administrative suite led to a gap in communication and relationship building with individual philanthropists, executors of grants and trusts, and local businesses and sponsors. MVH currently does not send an annual appeal to patient families or previous financial supporters. The MVH Foundation board of trustees was largely inactive in 2017 because of the organizational turmoil. Some sponsorships and commitments went unfulfilled. The good news is that damage control is in place to repair and rebuild relationships between community supporters of MVH and the new leadership team. Board members have actively engaged to make introductions and provide historical detail. The Foundation Board has reconvened in support of MVH's transition and transformation. We look forward to an integrated marketing communication plan to appropriately highlight MVH's 30th anniversary of business in 2018, as well as reconnect with new and prior donors who embody MVH's mission, vision, and values.

Transition & Transformation: 2016 Statistical Perspective

Following please find the 2016 statistics reported in December 2017 on the New York State Department of Health Cost and Utilization form:

Patient Census as of 1/1/16	35
Patient Census as of 12/31/16	35
Total 2016 Admissions	266
2016 Unduplicated Patients Served	295
2016 Discharges	270
2016 Bereavement Cases	1,459
2016 AIDS Patients Served	0
Total 2016 Fulton County Patients	200
• Under 65 Non-Cancer Diagnosis	6
• Under 65 Cancer Diagnosis	20
• Over 65 Non-Cancer Diagnosis	104
• Over 65 Cancer Diagnosis	70
Total 2016 Montgomery County Patients	79
• Under 65 Non-Cancer Diagnosis	3
• Under 65 Cancer Diagnosis	5
• Over 65 Non-Cancer Diagnosis	47
• Over 65 Cancer Diagnosis	24
Total 2016 Saratoga County Patients	8
• Under 65 Non-Cancer Diagnosis	0
• Under 65 Cancer Diagnosis	1
• Over 65 Non-Cancer Diagnosis	4
• Over 65 Cancer Diagnosis	3
Total 2016 Hamilton County Patients	6
• Under 65 Non-Cancer Diagnosis	0
• Under 65 Cancer Diagnosis	0
• Over 65 Non-Cancer Diagnosis	1
• Over 65 Cancer Diagnosis	5

We also served one patient each in Warren and Herkimer Counties in 2016 who were both under 65 with a cancer diagnosis.

2016 Medicare Home Care Days	12,277
2016 Medicare Continuous Care Days	0
2016 Medicare Inpatient Days	93
2016 Medicare Respite Days	5
2016 Total Medicare Days	12,375
2016 Medicaid Home Care Days	150
2016 Medicaid Continuous Care Days	0
2016 Medicaid Inpatient Care Days	30
2016 Medicaid Respite Days	0
2016 Total Medicaid Days	180
2016 Blue Cross Home Care Days	70

We had no Continuous Care, Inpatient, or Respite days in 2016 with Blue Cross.

2016 Other Insurance Home Care Days	981
2016 Other Insurance Inpatient Care Days	16

We had no Other Insurance Continuous Care or Respite days in 2016.

2016 Total Other Insurance Care Days	997

We had no Self-Pay or Charity Care days in 2016.

2016 Total Continuous Care Days	0
2016 Total Home Care Days	13,478
2016 Total Inpatient Care Days	139
2016 Total Respite Days	5
2016 Total Overall Care Days	13,622
2016 Average Length of Stay for Discharged Patients	52

2016 Median Length of Stay for Discharged Patients		6
2016 Discharges 0-7 Days Length of Stay		102
2016 Discharges 8-31 Days Length of Stay		81
2016 Discharges 32-90 Days Length of Stay		52
2016 Discharges 91-180 Days Length of Stay		19
2016 Discharges 180+ Days Length of Stay		16
2016 Patient Deaths at Home		126
2016 General Inpatient Deaths		31
2016 Inpatient Respite Deaths		0
2016 Nursing Home Patient Deaths		18
2016 NDHH Patient Deaths		67
2016 Discharges by Revocation		12
2016 Live Discharges Refused Services		28
2016 Live Discharges Seeking Curative Treatment		11
2016 Live Discharges Not Recertified		15
2016 Live Discharges Transfer to Another Hospice		0
2016 Live Discharges Moved Out of Area		1
2016 Live Discharges Other		1
2016 Total Live Discharges	56	
2016 Admissions by Primary Payor Medicare		232
2016 Admissions by Primary Payor Medicaid		2
2016 Admissions by Primary Payor Blue Cross		3
2016 Admissions by Primary Payor Other Insurance		29

We had no 2016 admissions by primary payors Self-Pay or Charity.

2016 Total Medicare Reimbursement	$1,818,495
2016 Total Medicaid Reimbursement	$308,895
2016 Total Blue Cross Reimbursement	$9,055
2016 Total Self-Pay Reimbursement	$230,111
2016 Total Reimbursement by Other Insurance	$323,076
2016 Total Overall Reimbursement	$2,689,722
2016 Other Revenue Received	$555,490
2016 Total Revenue Received	$3,245,212
2016 Program Expenditures for Home Care	$1,811,608
2016 Program Expenditures for Inpatient Services	$32,508
2016 Program Expenditures for NDHH Care	$603,869
2016 Program Expenditures for Fundraising, Education & Public Awareness	$158,988
2016 Program Expenditures for Overhead	$549,344
2016 Total Program Expenditures	$3,156,317
2016 Nursing Home Patients Served	29
2016 Nursing Home Patient Days	1,445
2016 NDHH Patients Served	76
2016 NDHH Patient Days	2,421
2016 Volunteers	31
2016 Volunteer Hours	1,734
2016 Patient Care Hours by Paid or Contracted Staff	43,307
2016 Cost Savings from Volunteers	$23,411