

#59

COMPLETE

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Q1 Name of your organization.

Hospice Austin

Q2 Grant #

20150044

Q3 Grant Period

March 1, 2015-February 29, 2016

Q4 Location of your organization

City	Austin
State	Texas

Q5 Name and Title of person completing evaluation.

Hollis Chacona, Development Coordinator

Q6 Phone Number:

512-342-4752

Q7 Email address.

hchacona@hospiceaustin.org

Page 2: Key Outcomes and Results

Q8 Total number of clients served through this grant funding:

593

Q9 Describe the project's key outcomes and results based on the goals and objectives. Use the following format: State the Goal: State Objective 1: Describe the Activities, Results and Outcomes for Objective 1: State Objective 2 (if applicable): Describe the Activities, Results and Outcomes for Objective 2: State Objective 3 (if applicable): Describe the Activities, Results and Outcomes for Objective 3:

The ultimate goal for the project is to ensure that 100% of the medically eligible patients who need end-of-life care services have access to them. The S.L. Gimbel grant played a significant role in our ability to achieve that goal. These grant funds were used to underwrite unreimbursed care for charity care patients and for Medicare patients whose care was not completely funded due to sequestration reimbursement cuts. A recent comparison of Texas non-profit hospices showed that Hospice Austin delivered more days of charity care than any other hospice. Few hospices in the country, for-profit or non-profit, meet 100% of the need for uncompensated hospice care in their communities and Hospice Austin has accomplished that, thanks to this project.

Our service quality goal is to achieve top box ratings ("excellent", "always", "never", etc.) from 85% of the patient and family survey respondents in these areas: 1) Provide Coordination of End-of-Life Care; 2) Symptom Control; 3) Attend to Family Needs. We received top box scores of 82.1% for Symptom Control, 91.2% for Attend to Family Needs and 85.7% for Patient Care Coordination. We fell slightly short of our goal of for symptom control, but we know that all of our goals are quite high for top box scores. We are satisfied with those scores, but we will continue to strive for excellence in all areas of care.

Q10 Please describe any challenges/obstacles the organization encountered (if any) in attaining goals & objectives.

The Affordable Care Act greatly accelerated change for the entire healthcare field. Hospice Austin, like all other healthcare organizations, is being challenged to respond to these rapid changes. These changes have had a negative impact on Hospice Austin's financial performance, and include shorter lengths of stay on hospice services, increased regulatory requirements/audits, payment reductions from sequestration and punitive claims processing regulations recently implemented by Centers for Medicare/Medicaid Services. An additional obstacle is the extreme nursing shortage we are experiencing in Central Texas. We have lost nurses to other healthcare providers who are offering higher compensation and bonus packages. We currently have 7 vacant nurse positions, which stresses our staff and may disrupt patient care continuity.

Q11 How did you overcome and/or address the challenges and obstacles?

To adapt to these challenges, Hospice Austin is strengthening our leadership skills through our 3-year partnership with The Studer Group, funded by the Shivers Cancer Foundation and RGK Foundation. We are also evaluating our cost structure and practice patterns and benchmarking them with other hospices nationally to identify opportunities for operational cost savings and improvements. That said, it has become clear that we will also need to address competitive compensation for nurse salaries given the current nursing shortage and we are currently conducting a nurse compensation study to see how we can retain quality staff and still maintain financial security.

Q12 Describe any unintended positive outcomes as a result of the efforts supported by this grant.

Thanks to the support we receive for our charity and uncompensated care program, we can also respond to other, specialized needs. The “Concurrent Care for Children” Requirement (CCCR) of the Patient Protection and Affordable Care Act recently made it possible for terminally ill children to receive hospice care without giving up curative treatment. It has had a major impact on the number of children we serve and focused attention on the many special needs of those patients and their families. While children’s hospice care is covered by Medicaid, the regular hospice per diem is not adjusted for the specialized training, equipment and lower caseloads needed for pediatric care. That problem is compounded by the many aspects of meeting patient and family needs that are not covered at all. But administering to those needs can be paramount to helping the family remain functional during this time of enormous duress. They include assistance with final arrangements for pediatric patients, essential supplies for babies who unexpectedly live long enough to go home and short-term assistance with basic needs for families whose finances have been devastated by medical costs and lost wages while caring for their child. When the needs for our regular charity care program are met, we can also attend to the unique requirements of serving this newly expanded population of hospice patients.

Q13 Briefly describe the impact this grant has had on the organization and community served.

This project served a total of 593 charity and uncompensated care patients and provided 15,779 days of patient care. The impact on our patients is individualized, according to their care. Some receive assistance with pain, breathing problems, or other symptoms. Some require more emotional and spiritual assistance. Others may need, and receive, all of the services of hospice care. All are treated with respect and experience a death with dignity.

The charity and uncompensated care project ensures that no terminally ill patient in our community ends up “falling through the cracks” of our healthcare system. It ensures that every terminally ill patient in our community has access to compassionate end-of-life care that improves or maintains their physical comfort, meets the emotional and spiritual needs of both patients and family members, assures that patients’ and family members’ concerns are heard and addressed, and respects their privacy. These outcomes last a lifetime. Our patients are able to spend their remaining days of life free from pain, with dignity and, for most, in the familiar comfort of their own homes. Likewise, the burden on the family members is lifted. They receive comprehensive support in their roles as caregivers and continue receiving support during their bereavement. They can rest assured that their loved one received the best possible care and spent their last days with as much grace and comfort as possible. Studies have shown that family members whose loved one died in hospice care are far less likely to experience post-traumatic stress or prolonged grief disorder, so the impact of this project lasts well beyond patient’s end of life.

S.L. Gimbel Foundation Fund

Q14 Please provide a budget expenditure report of the approved line items. Include a brief narrative on how the funds were used to fulfill grant objectives.

The S.L. Gimbel/Community Foundation grant funds helped to underwrite the costs of delivering comprehensive end-of-life services to hospice-eligible patients who needed care as well as the medication and other costs for Medicare patients who needed to be cared for in our inpatient facility due to symptoms that could not be controlled in the home setting. The gap between inpatient care reimbursement and actual cost of care delivery has increased greatly due to sequestration cutbacks and changes in the ways medications must now be covered by the hospice provider.

Our budget for the charity care program was \$1,980,960. We spent \$2,067,774. The final project expenses:

Salaries: Budgeted: \$1,105,817; Actual: \$1,155,024

Benefits and Taxes: Budgeted: \$246,055; Actual: \$249,763

Travel/Mileage: Budgeted: \$58,671; Actual: \$64,435

Training: Budgeted: \$3,147; Actual: \$2,436

Program Costs: Budgeted: \$394,175; Actual: \$437,713

Administrative/Operating: Budgeted: \$157,620; Actual: \$144,539

Fund Development/Marketing: Budgeted: \$15,475; Actual: \$13,864

We are 4.2% over budget on the project. The largest percentage increase was in program costs (9.9%). This increase is primarily due to increased medication costs. Some variances were intentional (e.g. the cutback in training and marketing costs) and other nominal variances were within normal parameters of fluctuation.

Page 4: Success Stories

Q15 Please relate a success story:

An unsolicited letter from a patient's daughter:

I wanted to thank everyone for all of the care and kindness provided for my father. This was a really difficult time and everyone made the ordeal bearable.

I would like to thank each of you individually, but I don't have enough paper so I will just single out a few.

Marguerite was amazing at bathing my father and keeping him comfortable. I was really impressed with the speed that she was able to do everything. What she was able to accomplish in 30 minutes used to take my mother and me hours to do. You are the best at what you do.

Katrina always made my dad feel so much better with her visits. She was always able to calm him down and put him in a better mood—not an easy thing to do. Brandi and then her replacement whose name I can't remember (Sorry!) were also great in helping to improve his mood.

My biggest thanks go to Gina. She is absolutely the best in every way. I really appreciated the phone calls with updates, listening to my concerns, and just taking the time to have a conversation. She was wonderful in the care provided for my father. He could be difficult at times and she never once complained. Extremely professional, knowledgeable and a great bedside manner.

As I said before...simply the best in every way. We will also be grateful to our doctor for connecting us with Hospice Austin. The work that everyone provided was awesome. You are all wonderful and we will always be grateful.

Thank you.

Q16 Please relate a success story here:

This is an unsolicited letter from the son-in-law of a patient served by our program:

Dear Hospice Austin,

I want to thank Dr. Sandra Frellsen who gave her undivided attention in the care of my mother's needs. Dr. Frellsen and Nurse Angel Ramsey and Estella Martinez performed with such high levels of professionalism in every respect. They followed through with me on every issue because they enjoy what they do to help every patient. Every day, they show patience and compassion. Their interpersonal skills, medical expertise and skill, their ability in collaborating and working well with the entire staff were remarkable. They exhibit sensitivity and compassion. They also listened to my concerns, were patient and followed through. They treated my mother with utmost respect. Their calmness and effectiveness was remarkable. It made me feel secure that matters were well under control.

Recognition is not limited to only monetary or material awards. It can be a way of drawing to the emotions of the individual. A simple "thank you" or written words in a note can be a simple gesture to make an individual feel their work is appreciated. Please add all the following staff that helped my mother-in-law with the utmost respect: Juan Maravilla, Estella Martinez, Katy Bauer, Veronica Vyvial, Patty Almond, Nicole Talkington, Angel Ramsey.

A very special thank you for coming over a few hours before my mother went to heaven, was Father Juan Maravilla. He also did my mother's service at the memorial. I respectfully request this document be added to all of their performance reviews.

Thank you very much for the care you give to all the patients in your care at Hospice Austin.

Edward

Q17 Please relate a success story here:

Words cannot express how very grateful we were to have had the services of Hospice Austin take care of our dear Mother. When we started on this journey, we were more than somewhat overwhelmed with not really knowing what we were about to embark on. All of you made this so much easier with your true compassion for the patient and their family members. You treated our Mother with such respect and care. I want you to also know what a source of great strength you were to Bob and me. It was because of you that we were able to take care of Mother here, in the comfort of our home, and the reason, I believe, that she was able to live beyond the first week.

My special thanks to Sara Martindale for coming out at the drop of a hat and for your reassuring words. You have no idea how much this helped me. To Jane, thank you for your gentle and loving care of Mother. She loved her baths and it always amazed me how much better she felt after you had been here.

To Dr. Bob, thank you for your reassurance during those first few days and for always being able to answer any questions that we had. To Tina, thank you for listening to us when we were at our wits end and reassuring us that we weren't the only ones who had gone through what we were going through.

To Shannon, thank you for getting us through those first hours after Mother had passed. Your help was invaluable. To all the other nurses, phone operators, clergy, etc., our sincerest "thank you" for all that you did to make the end of life journey as comfortable as you did for our Mother."

Page 5: Organizational Information

Q18 Which category best describes the organization. Please choose only one.

Medical/Health/Public Agency ,
Other (please specify):
Hospice

S.L. Gimbel Foundation Fund

Q19 What is the organization's primary program area of interest?

Health & Human Services

Q20 Percentage of clients served through grant in each ethnic group category. Total must equal 100%

African American	9
Asian/Pacific Islander	3
Caucasian	68
Native American	0
Hispanic Latino	20
All Ethnicities	0
Other	0
Unknown	0

Q21 Approximate percentage of clients served from grant funds in each age category.

Children Birth-05 years of age	0
Children ages 06-12 years of age	0
Youth ages 13-18	0
Young Adults (18-24)	0
Adults	30
Senior Citizens	70

Q22 Approximate percentage of clients served with disabilities from grant funds.

Other Disability	100
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Q23 Approximate percentage of clients served in each economic group.

Respondent skipped this question

Q24 Approximate percentage of clients served from grant funds in each population category.

Respondent skipped this question