



# HPCAIA Update

*Bi-weekly News for Hospice Professionals in Iowa*

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October 8, 2010

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## **Registration Underway for HPCAIA Fall Conference**

Register now to attend the 2010 HPCAIA Fall Conference, *Discovering Possibilities*. For more information, see the attached Fall Conference brochure or visit the [HPCAIA website](#). To register online, [click here](#). **The registration deadline is October 13.**

You may register both staff and volunteers online, but please pay special attention when selecting a registration category for each person. If you have any questions regarding online registration, please contact [Crystal Peters](#) at 515/243-1046, ext. 331.

### **Pre-Conference Workshop**

The 2010 Pre-Conference Workshop will be held Monday, November 1 from 9:00 am to 4:00 pm at the Gateway Hotel and Conference Center in Ames.

Moses Altsech, the author of the “Strategic Marketing Toolkit: Success Strategies for Hospice” will lead the workshop and help you build bridges between patient and employee satisfaction—the catalysts to making your hospice and palliative care organization more competitive. The workshop will give you vivid, real-world examples of methods you can implement right away to make your hospice better and stronger than ever before!

Please see the following article for more details.

### **Volunteer Recognition – Honored Volunteers**

Many thanks to those who have turned in their Honored Volunteer nominations. A list of the nominations that have been received to date can be viewed on the [HPCAIA website](#).

The Luncheon and Recognition Ceremony is scheduled for 12:15 pm, Tuesday, November 2. Plans are to still have the event at Hilton Coliseum as officials expect to have the repair work due to the flooding completed by the end of the month. If it isn't, the luncheon will be moved to the Scheman Building.

If you have questions regarding the nominations or the recognition ceremony, contact [Stacey Nay](#) at 515/243-1046, ext. 309.

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## Discovering Possibilities: How Patient and Employee Satisfaction Can Transform Your Hospice!

*by Dr. Moses Altsech*

In hospice and palliative care, there's simply no such thing as "good enough." When it comes to the quality of care we provide, the sky truly is the limit. As long as your organization's goal is continuous improvement, everyone benefits: Your patients and their families receive the best possible care, and at the same time you create barriers to entry for new competitors while gaining ground over existing ones. It's the fuel that will make your fundraising formidable, your referral relationships stronger than ever, and your education efforts more effective than ever before. You'll create a community where everyone knows and values hospice and palliative care; a community of hospice advocates and hospice champions! It's not too good to be true, and it's far from impossible to accomplish. Still, it's neither easy nor will it happen overnight: So where do you start?

Quality of care begins with patients and their families. Just read their testimonials (in fact, don't just read; collect them like mad!) to see what difference you and your staff really make in people's life every single day. Even the basic hospice and palliative care services you offer, when delivered well, are enough to change someone's life. There's a lot more you can do, of course: If God is truly in the details, there's a multitude of small things you can do better, there's a lot you can do to make the care you offer even more personal, and there's even a lot that has never even crossed your mind that can help set your hospice apart in terms of quality of care. We'll have a chance to discuss some of those ideas and discover some of those new possibilities in just a few weeks at the HPCAI pre-conference program and conference sessions! Doing many of those things, however, is just one part of the equation: You need to assess how well you deliver them in order to celebrate your successes and identify areas that could use some improvement.

Many hospices have never measured patient satisfaction. They think they have, because they've measured family satisfaction—but that's hardly the same. How well hospices measure family satisfaction is questionable too: Yet clearly measuring both patient and family satisfaction—and measuring them right—is the cornerstone of continuously improving your quality of care! It's time to measure everything we value, and measure it in ways that yields both better and more information! There are some simple ways to explain why some survey questions are better than others, and how they can be improved; ways that will allow you to look at any survey your hospice uses and determine how to make it better. Better yet, it can be explained in ways that don't require a Master's degree in Marketing Research to understand—and we'll do just that at the upcoming HPCAI pre-conference workshop.

I've always believed that patient satisfaction and employee satisfaction are two sides of the same coin. One definitely affects the other and is, in turn, affected by it. Your staff can make or break your quality of care—and that's not just limited to staff that delivers patient care, but encompasses every last person in your organization, from the Executive Director to the newest intern. Your staff can be the source of invaluable ideas, creative solutions to problems large and small, and the kind of eagerness, enthusiasm and dedication that can truly transform your organization. You can neither care for anyone nor fulfill your mission without a world-class staff, and their satisfaction will ensure better recruitment, higher retention, more volunteers and referrals, and a great deal more. Giving employee satisfaction its due attention, knowing what dimensions to measure and how to measure them, and getting the most out of it—including an array of Marketing-related benefits—will be part of our November pre-conference workshop as well.

Putting patient and employee satisfaction into perspective, however, and achieving their full potential benefits for your hospice necessarily involves taking a step back and looking at the big picture: The quality of care you provide and the people who provide it are inextricably linked to a system of hospice and palliative care activities you engage in, and they can't be examined in a vacuum. Our pre-conference workshop will help you look more closely at the various aspects of your hospice web

presence and use of social networking, your branding, fundraising, referral and education efforts, your staff training programs, and how everything ties into your Strategic Plan and Marketing Planning activities. It all makes for a busy day, but one that will give you practical ideas you can use to make your hospice and palliative care organization stronger and more competitive! See you in November!

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## Congress Recesses to Focus on Elections

Congress has recessed until mid-November so members can return to their districts to campaign for the contentious elections set to occur in just a few short weeks. There are still several issues, however, that Congress must resolve before the end of the year so Congress is expected to return for a “lame-duck” session on November 15 and work until the Thanksgiving recess. Congress is then expected to remain in session after Thanksgiving until it finishes its end of year business which could last until late December before the holidays.

The upcoming elections are an opportunity for advocates to meet with their candidates and for candidates to show their support for hospice. With the entire House and more than one-third of the Senate hanging in balance, waiting for voters to decide their futures, hospice advocates are encouraged to take the opportunity to share your hospice story and concerns you may have with your candidates. HPCAI will continue to monitor both the results of the election as well as the lame-duck session and will keep members apprised of new developments. Contact [Abigail Stork](#) at HPCAI with any questions.

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## Updated Hospice Wage Indices

The new federal fiscal year (FY) 2011 began this week. This also means the updated Medicare hospice wage indices announced earlier this summer in the Centers for Medicare & Medicaid Services' (CMS) [notice](#) will take effect. In FY 2011, CMS will continue to phase-out the wage index budget neutrality adjustment factor (BNAF) with an additional 15 percent BNAF reduction, for a total BNAF reduction in FY 2011 of 25 percent. The BNAF phase-out will continue with successive 15 percent reductions from FY 2012 through FY 2016 when the phase-out will be completed.

As a reminder, the stimulus bill that Congress passed in 2009 eliminated the BNAF phase-out for FY 2009 only. Through the 2009 rulemaking cycle last year, CMS decided to implement a more gradual phase-out of the BNAF and began a seven year phase-out in FY 2010.

The following table provides Iowa hospice wage indices for FY 2011:

Core Based Statistical Area	FY 2011 Hospice Wage Indices	FY 2010 Hospice Wage Indices
Ames	0.9924	1.0014
Cedar Rapids	0.9392	0.9415
Council Bluffs	1.0044	0.9966
Davenport	0.8660	0.8904
Des Moines	1.0087	1.0065
Dubuque	0.9272	0.8846
Iowa City	0.9982	1.0010
Sioux City	0.9507	0.9411
Waterloo	0.8905	0.8962

Rural	0.9016	0.9293
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In the notice, CMS also provided additional details regarding policy options it is considering for modernizing the cap calculation methodology. HPCAI will keep members posted as new information becomes available.

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## Please Complete Annual Volunteer Statistics Survey

The annual Volunteer Statistics survey was sent out in July via the [Volunteer Coordinator ListServ](#). This survey collects important volunteer data used by HPCAI in a number of ways throughout the year, including lobbying at the state and federal levels. The survey is being conducted online this year and it is critical that we have 100% participation. Please confirm that your volunteer coordinator received the email and is preparing to complete the survey.

*Thank you* to the following hospices who have already completed the survey:

- Burgess Home Health & Hospice
- Care Initiatives Hospice
- Cedar Valley Hospice
- Great River Hospice
- Greater Regional Hospice
- Heartland Hospice
- Hospice of Comfort
- Hospice of Jasper County
- Hospice of Monroe County
- Hospice of Siouxland
- Hospice of Southwest Iowa
- Hospice of Washington County
- Hospice for Wright County
- Iowa City Hospice
- Iowa Hospice
- Iowa River Hospice
- Lee County Health Dept. Hospice
- Mercy Hospice-Des Moines
- Mercy Medical Center – Clinton
- SMCH-Community Hospice
- St. Luke’s Hospice-Cedar Rapids
- Trinity Hospice
- WesleyLife Hospice

A few surveys have been submitted without completing the identifying information. If your hospice has completed the survey but you are not listed above, please contact [Stacey Nay](#).

If your volunteer coordinator did not receive the email, please contact [Stacey Nay](#) and a link to the survey will be sent. Also, be sure that your volunteer coordinator is signed up to participate in the ListServ. This is an important tool linking volunteer coordinators across the state. To sign up, [click here](#) and follow the instructions on the web page.

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## Hospice News Network

### Research & Resource Notes

[Quality of Life for Children With Life-Limiting and Life-Threatening Illnesses](#) is the focus of a recent *American Journal of Hospice & Palliative Care* report on the inadequate care of US children with life-threatening illnesses. It also details the evolution of a regional, shared approach to address these issues undertaken by the District of Columbia Pediatric Palliative Care Collaboration (DCPPCC). The article details its evolution, preliminary clinical results, and assessment of barriers encountered. (*American Journal of Hospice & Palliative Care*, 9/8)

[Racial Disparities in the Outcomes of Communication on Medical Care Received Near Death](#) is a report that suggests when patients discuss end-of-life care preferences with their physicians, black patients get more life-prolonging end-of-life care than whites even if they have DNR orders or prefer “symptom-directed care.” The conclusion implies that black patients with DNR orders were no less likely than black patients without DNR orders to receive life-prolonging EOL care. (*Archives of Internal Medicine*, 2010;170(17):1533-1540)

[Pain Treatment Topics](#) has sponsored a new website, [Opioids 911](#). Its mission is to provide an understanding of opioid analgesics and their various risks, and to suggest specific actions for preventing opioid-related problems, including: misuse, abuse, addiction, diversion, adverse reactions, overmedication, and life-threatening overdose. Instruction is provided on recognizing opioid problems if they do occur and on being prepared for what to do during an emergency.

[Understanding Breathlessness: Cross-Sectional Comparison of Symptom Burden and Palliative Care Needs in Chronic Obstructive Pulmonary Disease and Cancer](#) is a study to compare symptoms and needs of two groups of breathless patients – one with advanced COPD and the other with advanced cancer. The researchers concluded that the “symptom burden and palliative care needs” are high, and similar in both groups, but that COPD patients survive longer. (*Journal of Palliative Medicine*, 2010;13(9):1109-1119)

### Public Policy Notes

Barbara Coombs Lee with Compassion and Choices, details the five states that have substantial legal protections for patients facing the end of life and summarizes the provisions of each. The states are California, Washington, Oregon, New York and Montana. ([The Huffington Post](#), 9/27)

[The 2010 Medicare Contractor Provider Satisfaction Survey results are available online](#). Sixty-nine percent of responders were satisfied or very satisfied with the performance of their contractor, with 13% being dissatisfied or very dissatisfied. The highest levels of satisfaction were reported by hospices, ESRD providers and rural health clinics. Laboratories and licensed practitioners reported the lowest levels of satisfactions.

### Other Notes of Interest

Debra Parker Oliver of the University of Missouri received a \$2.1 million NIH grant to study how improved communication between caregivers and hospice staff affects both caregiver and patient. This study grew out of a pilot study that Parker conducted which showed that having caregivers participate in patient-care meetings via videoconferences resulted in patients having their fears eased and they had a better understanding of — and willingness to administer — pain-relieving drugs. ([The Missourian](#), 10/1)

*HNN is sponsored by Glatfelter Insurance Group that provides property and liability insurance for hospices and home healthcare agencies through their Hospice and Community Care Insurance Services division. Ask your insurance agent to visit their website at [www.hccis.com](http://www.hccis.com).*

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**HPCAI Calendar**

- **October 14**  
**HPCAI ISIS Work Group/Medicaid Meeting**, Iowa Medicaid Enterprise, Des Moines
- **November 2 – 3**  
**HPCAI Fall Conference**  
**Scherman Building**, Iowa State Center, Ames
- **November 2**  
**District 4 Meeting**, Iowa State Center, Ames

To add items to the HPCAI Calendar, send information to [Stacey Nay](#).

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