

**United Hospice of Rockland, Inc.**

**2009 Annual Report**

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## **UNITED HOSPICE OF ROCKLAND, INC.**

### **2009 Annual Report**

#### **Mission, Vision, Values**

United Hospice of Rockland, Inc. (UHR) is a Medicare/Medicaid certified, NYS licensed, JCAHO accredited, not-for-profit corporation. UHR provides care, hope, comfort and improved quality of life to individuals and their families facing serious illness. We offer compassionate support to members of our community who have experienced the loss of a loved one. We lead the health and human services community in improving the provision of care to those affected by serious illness.

United Hospice of Rockland envisions a community in which all individuals facing serious illness retain their dignity and hope while receiving the best care and support that hospice has to offer.

We value:

- the dignity of those we serve and their rights to choice and self-determination.
- and are committed to enhancing the quality of life for those we serve.
- and respect the variety of cultural and religious traditions within our community.
- families and loved one as our partners in providing care.
- those who invest in our mission by providing philanthropic support.
- our professional staff and volunteers; we recognize their achievements and provide education and support for their personal and professional growth.

#### **Board of Directors**

United Hospice of Rockland was incorporated in June of 1987. The maximum number of members that can be elected to the Board is sixteen. Several new individuals filled vacancies that existed. See Addendum A for 2009 board roster).

#### **Staffing**

The staff is comprised of professional, paraprofessional, support and volunteer staff on a full-time, part-time and per-diem basis staff. UHR provides a number of services on a contractual basis, including but not limited to, durable medical equipment and supplies, pharmaceuticals, and home health aides.

#### **The Year's Highlights**

- During 2009, United Hospice of Rockland, Inc. provided services to **record high 773** patients and families. (Included in this figure are 120 patients/families who were carried over from 2008, 624 patients and families admitted in 2009 and an additional 29 duplicated admissions.) This represents a **3.5%** increase in the number of patients and families served. The number of days of care provided to those we served was **40750**.

- Forty-seven percent of patients (47%) served were diagnosed with cancer; fifty-three percent (53%) served had a non-cancer diagnosis. Nearly eighty-five percent (85%) of patient deaths occurred in the home setting. The home setting includes patients who resided in nursing homes, assisted living facilities and group homes.. One hundred-fifty (150) patients were cared for in area nursing homes.
- UHR joined the ranks of hospices nationally that are connected to programs in sub-Saharan that provide hospice and palliative care. We were assigned **Choice Trust in T'zaneen, South Africa**. Choice Trust asked for our help in giving their one hundred and sixty four caregivers funds to cover items they need on a daily basis like umbrellas and water bottles. This committee, chaired by UHR board member, Wylene Wood, recruited members with experience working in sub-Saharan Africa. This project has piqued the interest of several community groups including the Rockland Community College Nursing Club and Youth4Hospice. The committee achieved their goal of raising **\$5000**, for Choice Trust as well as learning more about the nuances of cross-cultural work. We also created a cause page for this project on Facebook, introducing us to the power of social media.
- The Town of Clarkstown passed zoning law that allowed for the establishment of a hospice residence. Litigation involving the neighbors near the future site of the Joe Raso residence was put to rest and an agreement developed that will allow the residence project to move forward. The capital campaign to raise the funds needed to build the Joe Raso Hospice Residence reached \$5,684,867 towards our \$6 million goal.
- Dr. Sharami Kerr, Coordinator of the Healing Hearts Program, was selected to receive the Harvey Pachter for staff excellence.
- Amy Stern, Executive Director and Bonnie Walsh, Asst. Executive Director were awarded honorary doctoral degrees by Dominican College for their work on behalf of terminally ill individuals and their families
- UHR exceeded fundraising goals (annual campaign raised **870,000**) despite a challenging economic environment. Included in that were the 2009 Tree of Life which raised an all-time record high of \$96,000 and the 2009 Golf Outing was the highest grossing ever, raising \$84,000.
- Youth for Hospice continued to grow in size and sphere of influence, attracting students from a range of grade levels and schools throughout the county. YFH members were recognized by the County Legislature for their service to the community.
- Susan Lang, RB, MSN, Chaquanna Cotton, MPA and Linda A. Domizio, RN. MA (along with another author) published an article entitled, **Using Evidence-Based Instruments to Document Eligibility and Improve Quality of Life of Hospice Patients** in Home Health Care Management Practice.
- UHR ventured into the world of social networking. UHR developed a Facebook page which accrued more than 1000 fans. An newsletter is now distributed on a bimonthly basis. These new avenues of communication provide us with additional opportunities to communicate/exchange information with supporters of UHR.
- Volunteers provided 13,000 hours of service which yielded a cost savings to UHR in the amount of **\$523,000**.

## Community Outreach

Our organizational mission of “leading the health and human services community” guided our community outreach activities for the year.

UHR believes that compassionate care should begin within the health care system and the education that we provided this year is a testament to this statement. Educational programs were offered to approximately 700 professionals, paraprofessionals and students in institutions of higher learning. Topics covered included: Advance Directives, Principles of Hospice and Palliative Care, Pain Management, Communication with the Seriously Ill, Final Hours (care of the dying), Ethical/Legal Issues and Bereavement for adults and children.

The concept that a serious illness is an opportunity to provide compassionate care in accordance with the patient’s goals enabled us to develop programming for the following healthcare/human service affiliates. We conducted educational programs at the following healthcare affiliates educational programs:

- Skilled Nursing Facilities: Pine Valley, Ramapo Manor, Northern Metropolitan and Summit Park Nursing Care Center
- Dominican College Division of Nursing & Rockland Community College Division of Nursing
- Rockland County Long Term Care Ombudsmen
- A & T Healthcare Licensed Home Care Agency
- Nyack Hospital: Emergency Room nursing staff, Hospitalist program and the Center for Professional Education hosted a two day seminar for nurses
- Good Samaritan Hospital case managers
- St. Joseph’s Home - Sloatsburg
- Helen Hayes Hospital social workers
- Office of Mental Retardation and Developmentally Disabled group home staff
- Jewish Family Service

UHR staff provided education about hospice and advance directives to approximately one thousand four hundred community members:

- Rockland County Police Academy – 348 police officers
- Orangetown Highway Department employees
- Leadership Rockland Class of 2009 RSVP – Retired Senior Volunteer Program
- Active Coronary Center Heart Walkers
- Shalvah Volunteers of Northern Services
- Foster Grandparents Program
- North Rockland Social Club
- Summit Park Family Council
- New City VFW Post
  
- Senior Citizen Clubs and Centers  
Nyack Senior Center, Ramapo Senior Citizen Council, Haverstraw, Esther Gitlow, Esther Dashew, Sycamore Crest, Active Golden, Stony Point, Orangetown President’s Council, Eugene Levy, Hubert Humphrey, Lafayette, St. John’s Church, Piermont

The Community Liaison and hospice volunteers represented UHR at the following health fairs, exhibits:

- Jack and Jill Fair at Palisades Mall, Senior Awareness Day at Rockland Community College, Alzheimer Association Conference and Exhibit, Nurse Recognition, Head Start Health Fair, Meals on Wheels, Finkelstein Library Health and Wellness Fair, RSVP Recognition Luncheon, Nanuet Cares, Spring

Valley Day, Helen Hayes Employee Fair, The Alzheimer's Project at JCCY, Esplanade Palisades Health Fair

### **Specific Programs and Areas of Outreach**

#### **Nurses:**

In September, **The End of Life Nurse Education Consortium** program was offered for the seventh year as a two day program entitled, "Strategies in Palliative Care." The Nyack Hospital Center for Professional Education partnered with UHR and fourteen contact hours were given to the forty nurses from Rockland and Orange counties who took this program.

In honor of National Hospice Month in November, a **Pain Management** class was offered at UHR headquarters and three contact hours were provided to the fifteen nurses that came.

#### **Nurses, Social Workers and Community Members:**

In honor of National Hospice Month, Amy Stern, Executive Director and Bonnie Walsh, Asst. Director presented a three hour program for which the 26 nurses and social workers received three contact hours for the program.

#### **Physicians**

Quality of Life Matters is an educational newsletter that is sent to physicians on a quarterly basis. UHR sent New Year's cards to the doctors and over four hundred thank you notes for referrals were sent to physicians and other referral sources by the Help Center Nurse and the Community Outreach Department.

#### **Veterans**

We have expanded our outreach to the Veteran community, particularly veterans of the Vietnam War, the Korean War and World War II. This year, we hosted 175 veterans for our fifth annual breakfast and Tess McCormack Raso, a veteran and Chairperson of the UHR Board of Directors was our featured speaker. We recognized the veterans with a pinning ceremony and thanked them for their service to our country. The event was sponsored by Rockland's Dignity Memorial Chapels.

#### **Latino**

We continue to serve Latino/Spanish speaking patient on our program, although not in proportion to their percentage in Rockland's population. This year, we introduced ourselves to the Latino Clergy Association, provided bereavement services to a group of girls in Haverstraw who lost a friend, and distributed a novella in English and Spanish to the Latino Community at health fairs. We also helped organize a staff training that specifically focuses on the Latino community and end of life issues.

#### **Orthodox**

We continue to have Orthodox Jewish patients, although not in proportion to the population in Rockland. Our Orthodox spiritual care coordinator has assisted with education of UHR staff. We have met with individuals within the Orthodox community in an effort to make it easier for the community to turn to us when they need end of life care.

#### **2<sup>nd</sup> Annual National Healthcare Decisions Day**

NHCDD is a collaborative effort of national, state and community organizations committed to ensuring that all adults with decision making capacity in the United States have information and an opportunity to communicate and document their decisions. Our primary effort went into staging the play, **VESTA**, powerful play written by Bryan Harnetiaux and licensed by the Duke Institute on Care at the End, which was performed at Dominican College, Rockland Jewish Community Campus and the Suffern Library. VESTA was seen by over two hundred

people We provided three programs to organizations in the community improve their understanding of advance directives. The AARP group in New City was also a supporter of this event.

### **Special media activities this year have included:**

#### **New York Not for Profit Press**

Published a two page feature article in the November issue entitled: United Hospice of Rockland Help When Time Matters Most.

#### **Nursing Spectrum magazine**

Bonnie Walsh, the Asst. Director, was featured in an article regarding the collaboration with the Hudson Valley Veteran Partnership.

#### **Touching Lives magazine**

We produced our first edition of this magazine which was published in August 2009. More than 4,000 copies have been distributed to physician offices, hospitals, libraries, clinics, nursing home, community centers and libraries

#### **Looking Forward**

This is a newsletter of the Rockland County Office for Aging that is mailed to senior citizens and other agencies. The Community Liaison writes an article in behalf of UHR . UHR was featured in eight issues. Topics included: the Medicare Hospice Benefit, UHR's Massage and Music Therapy programs, Children and Grief, and Veterans' Outreach..

#### **Radio**

The Community Liaison was a guest of Irene Guptman's morning radio program on 1300 AM. The subject was advance directives. There were many questions from the community.

#### **Tag Line**

"When Time Matters Most" is the tag line that was created this year. This tag line has been added to our web site and other publications that provide information from UHR with the idea of having a consistent message to our audience.

### **Other outreach activities included:**

#### **Healing Hearts Program**

Due to our desire to expand the reach of our Healing Hearts program, the program coordinator provided information to:

- Willow Grove School, Suffern High School, North Rockland High School, Letchworth Village Suicide Crisis Group, Rockland County Nurse Practitioner Program, Haverstraw Collaborative, Suffern Montessori School, Dominican College

#### **Affiliations**

Amy Stern, Executive Director:

- Ethics Committee – Good Samaritan Hospital
- Palliative Care Committee – Good Samaritan Hospital
- Member of the RBA, RBE, RBWN, INP, Leadership Rockland Class of 1996
- Served on the Rockland County Census 2010 Complete Count Committee

Bonnie Walsh, Asst. Director:

- Rockland County Nurse Recognition Committee
- Rockland County Professional Nurse Association
- Leadership Rockland Class of 2003
- Leadership Rockland Advisory Committee
- Leadership Rockland coordinator Healthcare and Non Profits Day
- Dominican College Nurse Practitioner Advisory Committee
- Dominican College Division of Nursing Advisory Committee
- Hudson Valley Health Care System Hospice Veteran Partnership

Lanie Etkind, Director of Development:

- Rockland Development Council Executive Board
- Member of the Board of Directors of the Rockland Community Foundation
- Leadership Rockland Class of 2009

Susan Lang, Director of Clinical Services:

- Professional Aging Network

Mimi Hoffman, Community Liaison, serves on:

- Professional Aging Network
- Nyack Collaborative

Eileen Schmidt, Director of Counseling:

- Immigration Coalition
- Geriatric Mental Health Alliance

Chaquanna Cotton, Performance Improvement Director:

- Alzheimer's Association Advisory Committee
- Spring Valley Collaborative
- Haiti Relief
- Spring Valley Census

Fran Gray, Director of Finance

- Member, Rockland Business Women's Forum

### **Counseling Services**

#### **Provident Bank Hope and Healing Center**

UHR's Bereavement Program continued to provide an array of support services to our Hospice family members as well as other bereaved persons in the community.

An eight week support group for individuals who have experienced the loss of a spouse, parent or sibling was open to hospice families and anyone in the community who had experienced one of these losses. During 2009, nine (three groups for each type of loss) were conducted with a total of 136 participants.

UHR also offered the Healing Hearts Program coordinated by Dr. Sharami Kerr, PhD who has over 25 years of experience in children's grief. The groups met twice a month on an ongoing basis. Families participated in a "closing ceremony" when they felt that they were no longer in need of the group process. Because grief can reemerge in children at every developmental stage of life, these families are comforted in the knowledge that they may revisit the group when needed. Due to the growing number of families that have participated in the program, Dr. Kerr provided intensive training for 4 new volunteers. The number of Healing Heart volunteers is now at an all time high of 26, including several UHR staff that have chosen to take the training and participate as a facilitator. Dr Kerr offered bereavement groups in the community so that the children can have grief counseling in their own schools. This was beneficial as the children did not have transportation to the UHR offices. The provision of outside groups, among other things such as word of mouth, has contributed to the increased number of participants the Healing Hearts Program and the increased calls received from the community when there is a crisis. In 2009, there were 39 families who participated with a total of 92 members including 53 children.

UHR has continued to provide support and education to grieving parents. The group, now known as Our Kids, met twice a month. Nineteen parents attended the group over the course of the year. Group members reached out to newly bereaved parents to familiarize them with the group and encourage their continued participation.

Stepping Out, for those who have received bereavement services and who are now "ready" to reenter the social world, continued to be a great success. This group met monthly and dealt with such issues as self esteem, being single, making connections and survival as a productive member of society. The group also planned activities for the time periods between meetings at UHR. The participation varied from month to month, ranging between 12 to 20 attendees. New to the group this year is that long standing members reached out to new members calling prior to the meeting to make entry into an ongoing group a little easier. The group met September to June on the second Friday of the month from 7 to 10 PM.

UHR provided individual counseling and support for hospice families and community bereaved. A full time staff member is dedicated to providing counseling services. No one who walks in to UHR in crisis is turned away without seeing a counselor. This year, UHR had a bereavement intern from the Pace University Masters in Bereavement Counseling Program for the first six months of the year. The intern provided individual support and group counseling through December. There were a total of 454 UHR family sessions with 123 of these sessions provided by bereavement volunteers. The Bereavement Volunteer Program supported referred family members through the grieving process by providing visits and phone calls. The bereavement volunteers received supervision bi weekly as well as peer supervision monthly.

For hospice families who did not utilize bereavement services, the bereavement mailings contain educational materials which deal with such issues as "Am I grieving the right way?" "Why do I feel so tired?" and "Why do I feel guilty?" These hand outs provided comfort and help to those who received them as evidenced by the responses provided in our bereavement survey. UHR sent out over 3211 bereavement mailings to families during 2009.

#### Individual Counseling

There were a total of 454 hospice family sessions provided with 123 of these sessions provided by bereavement volunteers. Hospice families received 847 telephone calls during 2009. Bereavement sessions for the community bereaved (non-hospice families) were as follows: 465 staff sessions and 151 volunteer sessions for a total of 716 total individual sessions.

#### Group Sessions/Hours

Bereavement support groups were offered three times in 2009. There was a total of 154 group sessions @ 1.5 hours a session for a total of 231 group hours. Eighty (80) of those hours were provided by specially trained

Healing Hearts volunteers. Spouse loss groups ran in the late morning for those who didn't drive at night as well as in the evening for those who work. There were 82 attendees for these eight (8) groups. The parent/sibling groups served 38 members for the year.

### **Complementary Therapy**

Hospice care is for care of the mind, body and soul. Therefore, UHR believes that complementary therapies can play an important part in relieving stress, bringing comfort and connect us all in our humanness. To this end, UHR employed two massage therapists and one music therapist.

In 2009, UHR provided 620 massages to 134 patients. The feedback from the patients and families has been tremendous. A word like "wonderful" from a non-verbal patient says it all! Massage is used to decrease anxiety, pain and depression. The power of touch is very therapeutic and beneficial to our hospice patients.

The music therapists provided joy through music to 156 patients during 2009 with 625 visits to patients' homes and nursing home. Often, the roommates of UHR patients in the nursing home benefit from the melodious life reviews conducted by our talented and compassionate music therapist.

### **Spiritual Care**

In 2009, the growth in the number of patients and family served by UHR indicated a need for additional staff in the spiritual care department. The department employed an Orthodox Jewish rabbi, a Dominican sister from the Blauvelt Community and a minister from Spring Valley who speaks Creole. The varied backgrounds of the staff of this department enabled UHR to meet the spiritual needs of our diverse community. Preliminary planning for a spiritual care council is underway and will come to fruition in 2010.

### **Social Work**

In 2009, UHR employed a full time bilingual/bicultural social and carried a full caseload of hospice patients. The Nursing home team included a part-time social worker exclusively dedicated to the nursing home program and a full-time social worker who divided her time between the nursing homes and the community. These staff members provided ongoing support to patients and families as well as to the staff and other residents of the eight nursing homes with which UHR contracted.

The hospital team social workers divided their time between Nyack and Good Samaritan Hospitals. The Palliative Care Social Worker continued to support patients and their families who were not ready to accept, or were medically ineligible, for hospice. Referrals were made to hospice, when appropriate, to ensure that patients got the services that best met their needs.

The department was rounded off with a full-time and a part-time social worker dedicated to meeting the psychosocial needs of our community based patients and families. Two students from Fordham School of Social Work, one Masters student from NYU and a BSW student from Adelphi, began their field placement at UHR in the fall of 2009. They carried a caseload of approximately eight patients and co-facilitated the spouse loss group with the Bereavement Coordinator All students receive a minimum of 1 ½ hours of supervision a week by the Director of Counseling.

### **UHR Palliative Care Program**

The community based Palliative Care Program, in its fifth year, continued to provide physical, emotional and practical support to people who were seriously ill at home. The program is supported, in part, by a grant from

the Rockland County Department of Health. The program served patients who were discharged from the hospice program as well as those patients who were not eligible for hospice and those patients who were eligible for hospice but were not ready to accept those services.

Statistics for 2009:

- 140 patients/families were served.
- 85 unduplicated patients were admitted this year, 59 patients were carried over from 2008.
- 50 patients were transferred **to** hospice from palliative care. From that group, 12 patients were referred to palliative care but upon assessment were not admitted and referred to hospice.
- 38 patients were transferred **from** hospice to palliative care.
- 73 patients were discharged from palliative care for a variety of reasons including admission to hospice care, moving out of the area, admissions to skilled nursing facilities and patients whose goals were met and did not require further services.
- Six patients died without electing hospice care.

In addition to pain and symptom management, the nurse practitioner who is board certified in hospice and palliative care, provides support to local families and other caregivers who live at a distance. The nurse promotes independence and mobility and makes referrals to homecare agencies for physical therapy and other needs. She coordinates care with physicians and has escorted patients to the cancer centers to enhance the continuum of care with other healthcare providers. To further promote care coordination, she also obtained medical records from the doctors who are involved with the patients and she provides medication management at home.

The social worker, who is certified in hospice and palliative care, provides supportive counseling and makes referrals to many community agencies and assists with Medicaid applications. She has helped a patient obtain Christmas presents for her grandchildren through a toy drive and she arranged for families to benefit from the food pantries in the county. She worked with the local congressman's office and the Philippine Consulate to expedite a visa for a terminally ill patient and she helped a patient who had a lien on a bank account. The nurse and the social worker assist patients with advance directives and obtain permission to have these document scanned to [www.Assuringyourwishes.org](http://www.Assuringyourwishes.org)

Palliative care volunteers that are assigned helped to improve quality of life by visiting the homebound patients, shopping for them, driving them to the doctor and providing other forms of assistance where it is needed.

Children of the patients served by the palliative care program are referred to UHR's Healing Hearts program for anticipatory grief counseling.

## **UHR Volunteer Program**

### **Direct Care Volunteers:**

Our Direct Care Volunteers continued to provide excellent service to the patients and families we served. Programs developed last year continued to improve the quality of life for our patients and families, and increase the satisfaction of our volunteers.

### ***Highlights:***

- **Recruitment and Retention:** We ended the year with 293 volunteers. We continue to create work site opportunities for at-risk individuals who function as volunteers, and to recruit through education and

speaking engagements, online volunteer sites, and outreach to specialized organizations such as Canine Connections, the Girl Scouts, and garden clubs.

- **Nursing Home Team:** These specially trained volunteers work in skilled nursing facilities (SNFs) and received ongoing education and supervision in negotiating the nursing home culture and acting as advocates for their patients. We currently have 13 volunteers on this team. We are strengthening this program as well with the addition of teams assigned to specific SNFs and assisted living facilities (ALFs), in the hope of expanding access to vigil care when needed, enhancing ongoing communication and education of facility staff, and increasing volunteer satisfaction with assignments.
  - **Palliative Care:** 25 patients enjoyed the support of volunteers, many of whom followed their patients between the Hospice and Palliative Care Programs.
  - **Gift Basket Program:** The gift baskets continued to bring joy to our patients and families. Over 165 gift baskets were delivered this year. The vacuum left by the loss of the volunteer who had been creating these baskets was filled by a former teen volunteer, a Girl Scout working on her Silver Award. In addition, her outreach to one of the special needs students who work here as part of his Job Skills Development Program enhanced the reach of Hospice community involvement and education.
  - **Volunteer Council:** Eight volunteers were asked to participate in a Volunteer Council whose mission is to promote successful volunteer experiences and to increase volunteer in our Hospice mission. The Council acts as an advocate for volunteers by: articulating volunteer concerns and working with UHR administration to create possible solutions; and works with the Coordinator of Volunteer Support Services to **a)** support and broaden the scope of volunteer services, **b)** manage the increasing demands of regulatory requirements, and **c)** educate staff in best-practice methods of working with volunteers.
  - **Volunteer Voices and Visions Newsletter:** Our first issue of the volunteer newsletter was well-received. Drawing on the expertise of the Coordinator of Volunteer Support services, the interdisciplinary team, and volunteers themselves, the newsletter is a forum for questions, information, and news relevant to volunteers in whatever area they contribute their time.
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#### *Numbers:*

- 301 of our patients and families in the Hospice, Palliative Care, and Bereavement programs were assigned at least one volunteer for companionship, respite, and emotional support.
- Of those, 102 benefited from the Care Partners Program in which more than one volunteer was assigned to meet the diverse needs of patients and families.
- 12 patients were attended by Vigil Volunteers during their last hours.
- 11 patients received visits from our Pet Therapy Team.
- 22 new Direct Care Volunteers and Healing were added to our roster. Among them are two deacons from the Catholic Church, a physical therapist, an experienced Reiki Master, three RNs, and a rabbinical student who is also a physician.

#### Non-Direct Volunteers:

- 66 new volunteers became involved in supporting office staff, fundraising staff, and/or participating in special events and fundraising efforts.

#### Education for Volunteers:

- Monthly support meetings for Direct Care Volunteers. These have been expanded to include a monthly evening meeting
- Monthly support and supervision meetings for Bereavement Volunteers
- Vigil Care Training with Bonnie Walsh, RN, Asst. Executive Director

## UHR Development Program

2009 was a challenging year for all non-profits. We faced a constituency of donors, many of whom had their own financial challenges, including lost jobs, mortgage woes, decreased investment portfolios, and a general feeling of economic malaise. That being said, most of our donors remained loyal, and continued to support the UHR mission. We are pleased to be able to report that 2009 fundraising totals exceeded our goal for the year. However, it is important to note that we have not yet climbed back to levels reached before the economic downturn. We optimistically predict an increase in revenue for 2010.

This report breaks down the Development Department into two distinct campaigns:

1. **Annual Campaign**
2. **Capital Campaign for the Hospice Home**

### **ANNUAL CAMPAIGN**

A snapshot of annual campaign revenue appears below:

	<u>2009</u>	<u>2008</u>
Contributions and Memorial		
Gifts	\$210,000	\$233,000
Grants	\$204,000	239,000
Special Events	\$309,000	294,000
Other UHR Fundraising	\$61,000	70,000
Fundraising by Others	<u>\$93,000</u>	<u>80,000</u>
<b>Total Annual Campaign</b>	<b>\$870,000</b>	<b>916,000</b>

#### **A. Contributions and Memorial Gifts: 2009 Total – \$210,000**

This figure includes general contributions, memorial gifts, United Way donations, and corporate matching gifts. Gifts of note include:

- **\$10,000** from the **Benvenuto Family Fund** (their 11<sup>th</sup> gift of \$10,000!)
- **\$10,000** from **The Wireless Zone Foundation** (their 6<sup>th</sup> year giving at or above this level)
- **\$7,000** from **Dorval Trading Co.** (their 5<sup>th</sup> year of giving at this level)

#### **B. Grantseeking: 2009 Total - \$204,000**

Grantseeking comprises government grants, as well as private foundation support. 2009 grants include:

- **Rockland County Legislature: \$120,000** for general operating support
- **Rockland County Cancer Institute: \$37,500** to fund UHR's Community Based Palliative Care Program
- **Private & Corporate Foundation Grants: \$47,050.** Significant grants include \$15,000 from the Mulvaney Family Foundation for general use, \$10,000 from A Little HOPE for Healing Hearts, \$5,000 from the Reinisch Foundation for Assuring Your Wishes, and \$4,500 from Dignity Memorial to underwrite the Veteran's Breakfast.

#### **C. Special Events: 2009 Total – \$309,000 (2008 total \$294,000)**

- **Spring Gala:** with strong honorees (Robyn & Todd Herbst and Ginny & John Wall) and a hardworking committee, we were able to "beat" the economic woes and pull off a well-attended and highly successful Gala. The **\$129,000** gross did exceed our \$118,000 projected gross for the event.
- The 2009 **Golf Outing** was our highest grossing ever, bringing in over **\$84,000** (compared to \$78,000 in 2008). Dr. Edward Fisher and Dr. Varsha Reddy sponsored the Golf Outing again this year.

- **Tree of Life** this year raised an all-time record high of **\$96,000!** This is a significant increase compared to the 2008 total of \$84,000 and our previous all-time high of \$93,000 raised in 2007. TOL Sponsorships totaled \$19,000, and over \$25,000 was raised during 174 volunteer shifts at the Palisades Center during the month of December.

#### **D. Other UHR Fundraising: 2009 Total -\$61,000**

- The **2008 Annual Appeal** raised **\$33,000**, an incremental increase over the \$31,000 raised during 2008.
- **“Hugs for Hospice”** continues to be an important source of income, as well as an outreach tool. Hugs raised **\$16,000** during 2009. We sense some fatigue in our Hugs sponsors, and are looking at recruiting new volunteer captains and additional HUGS outlets in the community for 2010.
- **Harvey Pachter Family Tree** brought in **\$6,000** from the sale of “leaves” and “stones.” This revenue stream seems to remain rather steady from year to year.
- The semi-annual publication of the **UHR Newsletter** brought in **\$4,000**.
- Our **2009 Lapsed Donor mailing** generated **\$2,000**. While this mailing essentially “breaks even,” it serves a purpose by re-activating dormant donors.

#### **E. Fundraising by Others: 2009 Total - \$93,000**

Fundraising for Hospice organized by other community groups and organizations has become an increasingly important source of support for UHR. We encourage these groups to continue their work on our behalf, and the development staff offers whatever support and assistance is needed. The following groups sponsored events during 2009:

- **Rockland Road Runners 2009 Spring Run & Walk Festival** raised **\$22,500**. RRR runs the event and UHR secures the sponsorships. We will attempt to grow the walk component of this event for 2010.
- **The Rockland County Music Teacher’s Guild’s 2008 Music Marathon** continued its wonderful tradition of raising funds to support the UHR music therapy program. Proceeds raised were **\$15,000**.
- For the third year, **The Skyline Agility Club** held its agility dog show, raising **\$4,700**. They requested that these funds help support HEAL, the Hospice Equine Assisted Loss Therapy Program, a component of UHR’s Healing Hearts Program.
- **Tom Eggers Golf Outing** raised **\$2,500**.
- **Coldwell Banker Walk-a-Thon** raised **\$2,700**.
- **Motorcycle Dice Run** raised **\$3,500**.
- **Fiore Golf Outing** raised **\$1,500**.

#### **New in 2009:**

- **Elaine Apfelbaum** organized the **Apples Poker Run** in New City, raising **\$5,000**.
- UHR grateful family member **Renee Berman** organized a **half marathon** in her home community, raising **\$2,100**.
- **Peter Montesano Charity Golf Classic** raised **\$1,500**.
- **Dr. Ed Fisher** held a **photo exhibition** at the Pearl River Library, and sold prints to benefit UHR, raising **\$1,000**.

#### **F. Youth For Hospice**

During 2009, we broadened Youth For Hospice (YFH), growing the group significantly. We originally started out with about a dozen sophomore girls from Clarkstown North High School who were committed to helping us get this initiative off the ground and we now have 30+ active members, including some boys. We have spoken

at high school assemblies at various schools throughout the county to promote the YFH group and the Hospice mission. The group helps out at UHR fundraisers and plans fundraisers of its own, and several members volunteer in the office.

The 2<sup>nd</sup> annual Dance-A-Thon attracted 230 students from many different area high schools and raised \$10,000. The event and the group got a lot of publicity in the local press and was recognized by the County Legislature for their community service. The Youth For Hospice members also helped with UHR's blood drive, our Spring Race, our Spring Gala and the Healing Hearts Rock Garden Dedication Event. They held the first annual haircut-athon which raised \$1700 in February and in the fall they once again organized a car wash and bake sale that raised about \$600. At the end of the year, they began planning for the 2<sup>nd</sup> annual haircut-a-thon in Jan 2010 and the 3<sup>rd</sup> annual Dance-A-Thon to be held in Feb 2010.

### **G. Cultivation/Stewardship:**

Objective: maintain relationship with important donors; inform donors how their gift was spent.

- Continued **Circles of Life** donor recognition program for donors whose combined giving for the year was \$2,500 or greater. For 2009/2010, we will be recognizing 63 donors. Our 5th annual Circles of Life members' reception was held at Civiles in June.
- Prepared **personalized thank you notes** for major (\$500 and up) and/or unusual/outstanding gifts.
- Continued **TAP** (Telephone Appreciation Program), whereby all donors of \$100+ receive a personal thank-you call (\$500+ receive an immediate call by a development staff member; \$100+ receive a timely call by a trained UHR volunteer.)
- Held **Hospice Heroes Breakfast** to recognize non-UHR "family" who made special contributions during the year. 65 attended at Minisceongo Golf Club.
- Invited major donors to attend 2009 **Philanthropy Day Breakfast** sponsored by Rockland Development Council.
- Made phone calls; sent congratulatory notes, get well cards, sympathy cards; made shiva visits and attended wakes, and other activities to maintain relationships with donors.

### **H. UHR Website/Electronic Newsletter:**

We are especially proud of the UHR website. Development staff keeps the site maintained and up-to-date with calendar of events, photos, news, direct link for donations, etc., as well as program and clinical information. By continually updating the website, we help ensure that it rises near the top in many "search engines."

We started a bi-monthly enewsletter this fall. Additionally, we send out supplements listing upcoming events as needed. We have been making a concerted effort to gather email addresses of our donors and other constituents.

### **I. Planned Giving:**

We continue to watch for ways to incorporate planned giving into our fundraising program. We flag donors in our software who we think might be planned gift prospects; and we always include something related to planned giving in our newsletter. We also include Legacy Society members in our cultivation events, including Philanthropy Day and the Circles event.

With the current economy, we believe that planned giving can take an increased importance in our overall development program. During 2009, the Chair of the Board appointed Judith Pachter to chair the UHR Planned Giving Committee. Some meetings and strategizing took place; more work needs to be done on this front.

## 2. CAMPAIGN FOR THE HOSPICE RESIDENCE

During 2009, we raised an additional **\$190,780** toward our \$6 million Capital Campaign goal, bringing our total raised in cash, pledges and planned gifts to **\$5,684,867**.

Significant **new** gifts/pledges secured during 2009 include:

- **\$125,000 in Federal Stimulus Funding**, awarded by the **County of Rockland**
- **\$27,000** additional pledge from the **Jeffrey David Walerstein Foundation** (total gift: **\$74,000**)
- **\$23,000** additional pledge from **Alan Weinstein** (total gift: **\$30,000**)
- **\$15,000** from the **Dennis P. McHugh Foundation**
- **\$10,000** from the **Estate of Mildred Sansbury**
- 

Fundraising activities slowed down considerably during 2009 because of the lack of progress in moving forward with construction of the Hospice Home. However, now that the Special Permit has been awarded, and we anticipate beginning construction in mid 2010, we intend to step-up our fundraising activities and complete the Campaign during 2010, raising the remaining \$300K+ needed to meet our \$6 million goal.

### **Other campaign-related activities included:**

- Completed phase one of the UHR Staff Campaign, raising \$23,620 in cash and pledges from UHR's Leadership Team.

### **Performance Improvement**

United Hospice of Rockland, Inc. is committed to continuously ensuring that the highest quality services are provided to those we serve and that UHR's staff is given the information, supervision and support to achieve this goal. Our commitment to performance improvement was further enhanced in 2008 with the revisions to the Center for Medicare and Medicaid Services' (CMS) Condition of Participations (CoPs). The quality assessment and performance improvement (QAPI) CoP continued to evolve in 2009 as agencies tried to obtain a better understanding of what the new CoPs involved/required. UHR participated in two performance improvement conferences, one sponsored by the National Hospice and Palliative Care Organization and the other sponsored by the New York State Department of Health. Each of the conferences provided additional resources that would prepare and equip the staff with the resources to look at performance improvement as an on-going hospice-wide (360-degree) data driven quality assessment and performance improvement program.

In accordance with the CoP directive (regulation 418.58), we developed and implemented a 15-page organizational Performance Improvement plan. The plan focused on performance improvement projects and indicators that were "BOARD" driven and in alignment with UHR's newly adapted pillars of performance-Finance, Growth, Quality, People, and Service.

The performance improvement projects selected for this year were based on an agency-wide assessment, which included the Joint Commission's Periodic Performance Review, results of satisfaction surveys, the employee satisfaction and Family Evaluation of Hospice Care surveys, and analysis of quality data. Furthermore, to adhere to these regulations various committees and teams were put in place to review organization information and quantitative data and to implement solutions in areas that were identified as opportunities for improvement. The Performance Improvement Council (PIC) is composed of representation from all disciplines within the organization and meets every month. The PIC also monitored the results of family satisfaction surveys and patient record review. The latter is performed to evaluate timeliness and accuracy of documentation, as well as appropriate utilization of services. Other areas monitored by the PIC included but were not limited to: infection

control, risk management/safety, patient/family/vendor complaints, medication related events, timely and accurate update of patient care plans, documentation and advance directives. The policy and forms subcommittee met quarterly to make recommendations on the formulation and revision of policies and forms.

UHR decided in the second-half of 2009 to cease participation in the external OCS benchmarking program.. Instead, UHR commenced an effort to achieve ongoing excellence, by looking at opportunities of improvement internally and benchmark against itself. To benchmark internally, UHR's clinical management staff has developed a comprehensive dash board. The internal tabulated data is shared with all staff and enables UHR to develop improvement programs and change practices that result in enhanced care, safety and services. Furthermore, several members of UHR's management team submitted articles for publication in professional journals.

The findings and recommendations from both of these committees were presented to the Professional Advisory Committee. This committee makes recommendations to the UHR Board of Directors, which has ultimate responsibility for ensuring that all performance improvement activities are monitored, measured and acted upon. A full 2009 Performance Improvement Annual Report is available for review.

### **Goals for 2010**

- Continue our philosophy of open access to identify additional ways in which we can increase the utilization of hospice services by a larger number of patients and families in our community. Evaluate and refine marketing efforts focusing on primary referral sources. Identify funding source for underwriting the costs related to Jewish Hospice Accreditation.
- Complete the design of the Joe Raso Hospice Home, receive final CON approval from the NYS Department of Health as well as local municipal approvals. Begin construction. Conclude the Capital Campaign to build the Joe Raso Hospice Home by raising the remaining \$300,000+ needed to meet our \$6 million goal.
- Harness the power of the internet by expanding our social networking efforts to develop and strengthen relationships with UHR supporters, promote UHR programs, special events. Offer on-line registration for special events and improve on-line donations capabilities. Develop a new look for the UHR website and add a section for physicians.
- Recruit and hire UHR's first full time medical director. This initiative will improve the quality of care available to patient, strengthen our ability to educate the physician community and enhance the relationships between UHR and physicians.
- Strengthen planned giving program by activating Planned Giving Committee, educating our donor base and reaching out to potential planned gift donors.
- Identify and implement ways to expand the Youth for Hospice program; including implementing Youth For Hospice chapters at other area schools (need to recruit additional adult leadership to enable this to happen). Ensure smooth transition of Youth For Hospice as members of founding group graduate.
- Grow special fundraising efforts by: (1) Adding a Walk to Remember component to the Spring Race in order to encourage family member participation. (2) provide staff support to volunteer organizing Dance for Hospice 2010, a county-wide event that could become a significant annual fundraiser for UHR. (3) Increase utilization of volunteers in fundraising roles in order to maximize fundraising effectiveness. (4) Identify a theme for annual gala that will attract increased donors and attendees.

**Tables/Statistics**

**Table 1: Diagnostic Categories of Patients**

<b><u>Diagnosis</u></b>	<b><u>Number</u></b>	<b><u>Percentage</u></b>
HIV	3	0.39
Cancer	364	47.08
Cardiac Disease	69	8.93
Lung Disease	41	5.31
Debility & Decline	63	8.15
Liver/Renal	29	3.75
Neurological/ALS/CVA	67	8.67
Alzheimer's/Dementia	114	14.74
Other	23	2.98
<b>Total</b>	<b>773</b>	<b>100.0%</b>

**Table 2: Year End Status of Patients**

<b>Died at Home</b>	318	64.35%
<b>Died in Hospital</b>	72	14.60%
<b>Died in Nursing Home</b>	83	16.80%
<b>Died in Assisted Lvg.</b>	21	4.25%
<b>Total Deaths</b>	<b>494</b>	<b>100.0%</b>
<b>Live Discharges</b>		
Aggress.Tx. (Hosp/Home)	24	13.64%
Remains in SNF/ALF/ using MCR to pay SNF/non-contract SNF	55	31.25%
Out of area Hospitals/Calvary	38	21.59%
Hosp., no inpt. Hospice coverage	1	0.57%
Trans. To hospice OOA	4	2.27%
Home, no svces.	16	9.09%
Pt/Family/MD Request	3	1.70%
Home, UHR Pall. Care	27	15.34%
Home, refer to CHHA	2	1.14%
Home, outpt. rehab	2	1.14%
Left service area	4	2.27%
<b>Total Live Discharges</b>	<b>176</b>	<b>100.0%</b>
<b>Carried Over to 2010</b>	<b>103</b>	
<b>Total Patients Served</b>	<b>773</b>	

\*Patients with multiple admissions during the year counted twice to account for all dispositions.

**Table 3: Hospice patient deaths by length of stay**

# pts. who died within 1-7 days	165	33.40%
# pts. who died w/in 8-14 days	93	18.80%
# pts. who died w/in 15-30 days	81	16.40%
<b># who died in first 30 days</b>	<b>339</b>	<b>68.60%</b>
# pts. who died w/in 31-45 days	30	6.10%
# pts. who died w/in 46-60 days	20	4.0%
<b># who died in first 60 days</b>	<b>389</b>	<b>78.70%</b>
# pts. who died w/in 61-75 days	13	2.6%
# pts. who died w/in 76-90 days	10	2.0%
<b># who died in first 90 days</b>	<b>412</b>	<b>83.40%</b>
<b># who died in first 180 days</b>	<b>450</b>	<b>91.10%</b>
<b># who died in first 210 days</b>	<b>461</b>	<b>93.30%</b>
<b># who died in first 365 days</b>	<b>481</b>	<b>97.40%</b>

**Table 4: Age of Patients**

<u>Age</u>	<u>Number</u>	<u>Percentage</u>
0-17	3	.40%
18-64	106	13.70
65-74	124	16.00%
75-100+	540	69.90%
<b>Total</b>	<b>773</b>	<b>100.0%</b>

**Table 5: Ethnicity of Patients**

<u>Ethnicity</u>	<u>Number</u>	<u>Percentage</u>
<b>African American</b>	36	4.70%
<b>Asian</b>	5	.60%
<b>Hispanic</b>	36	4.70%
<b>Caucasian</b>	679	87.70%
<b>Haitian-Creole</b>	6	.80%
<b>Other</b>	11	1.50%
<b>TOTAL</b>	<b>773</b>	<b>100.00%</b>

**Table 6: Sex of Patients**

<u>Sex</u>	<u>Number</u>	<u>Percentage</u>
Male	309	40%
Female	464	60%

**Table 7: Days of Insurance By Carrier**

<b>Insurance</b>	<b>Routine Home Care</b>	<b>Inpatient</b>	<b>Continuous Care</b>	<b>Total</b>	<b>Percentage</b>
Medicare	37,741	743	52	38,536	94.6
Medicaid	635	22		657	1.6
Commercial	1,333	96	49	1,478	3.6
Charity	79	0		79	.2
<b>Total</b>	<b>39,788</b>	<b>861</b>	<b>101</b>	<b>40750</b>	<b>100.0</b>

**Table 8: Visits By Discipline**

<b>Discipline</b>	<b># Visits</b>
Nursing (including continuous care)	12922 (13555)
Nursing On-Call	416 (361)
Social Work	3209 (3383)
Spiritual Care	1854 (1657)
Home Health Aide Visits	16336 (17198)
Volunteers (excludes bereavement, includes social work interns)	2392 (2700)
Nutritionist	11 (12)
Physical therapy	53 (50)
Music therapy	427 (395)
Massage therapy	620 (572)
Physician	134 (196)
Bereavement (UHR Families)	454 (715)
Housekeeping	104 (150)
<b>Hospice Program Visits</b>	<b>38932 (41694)</b>
<b>Palliative Care Program Visits</b>	<b>1131 (1262)</b>

( ) 2008 visits

**Table 9: Other Data**

Average Length of Stay: 67.2 (69.3)

Average Daily Census: 111.6 (117.4)

Median Length of Stay: 18 (17)

( ) 2008 Data For Comparison

**Volunteer Hours and Cost Savings**

VOLUNTEER RESOURCE TYPE	Hours	\$ Hourly Rate	\$ Savings
Board of Directors	<b>194</b>	46.01	8,925.94
Quality Assurance	<b>13</b>	46.01	598.13
Ethics Committee	<b>34</b>	46.01	1,564.34
Ann Byne	<b>150</b>	125.00	18,692.00
Volunteer Attorney	<b>45</b>	325.00	15,262.50
Direct Care, Bereavement Volunteers & Social Work Interns	<b>7174</b>	33.10	237,459.40
Non-direct Volunteers & Pharmacy Intern	<b>4365</b>	46.01	200,833.65
<b>TOTAL FOR ALL VOLUNTEERS</b>	<b>11975</b>		<b>483,335.96</b>
<i>Total Direct Palliative Care Volunteers</i>	<i>1202*</i>	<i>33.10</i>	<i>39,786.20</i>

- *Not counted for Medicare purposes*

STAFF RESOURCE TYPE	# OF PAID HOURS
RNs	<b>41,207</b>
Social Workers	<b>14,631</b>
Patient Support	<b>4,912</b>
Spiritual Care Coordinators	<b>4,053</b>
Human Resources	<b>1,224</b>
Home Health Aides	<b>24,221</b>
Contract Services	<b>17,819</b>
Complimentary Therapies	<b>1,971</b>
Administrative Office Staff	<b>9,910</b>
Medical Director	<b>390</b>
Executive Director	<b>1,762</b>
Assistant Director	<b>1,415</b>
Director of Clinical Services	<b>2,368</b>
Director of Counseling Services	<b>1,752</b>
Director of Nursing	<b>1,529</b>
Director of Development and Development Staff	<b>4,610</b>
Director of Finance	<b>1,847</b>
Director of Residential Care	<b>1,371</b>
Director of Performance Improvement	<b>1,839</b>
Outreach	<b>1,772</b>
Coordinator, Volunteer Support Services	<b>1,745</b>
<b>TOTAL FOR ALL STAFF</b>	<b>142,348</b>

Required minimum number of volunteer hours=total patient care hours of all paid hospice employees **and** contract staff x 5% = **7117.4** Actual volunteer hours for UHR = **13, 177**

Cost savings to UHR = **\$483,335.96 + \$39,786.20 (Direct Palliative Care Hours) = \$523,122.16**

**Addendum A-Board of Directors 2009**

Helen Airo	Business Owner, Quality Auto, UHR Family Member
Vincent Abbatecola	Business Owner, Abbey Ice
Charles Apotheker	Rockland County Court Judge, UHR Family Member
Ricki H. Berger	Attorney
Ann Mendelsohn Byne	Principal, The Byne Group
Steven Dranow	Funeral director, Service Corporation International (Hellman's)
Edward Fisher	Pediatric Dentist
Sister Ursula Joyce	Licensed Psychologist, Housing manager Thorpe Village/Dowling Gardens
Joseph R. Lagana	Business Owner, USIS
Irwin Librot, MD	Retired physician
Judy Pachter	Business owner, Pachter & Pachter, UHR Family Member
Harold Peterson	Sr. Vice President, Provident Bank, UHR Family Member
Tess McCormack-Raso	Community Leader, UHR Family Member
Heidi Snyder	Business Owner. Drug World Pharmacies
Wylene Wood	Community Leader

## Addendum B 2009 Financial Information

<b>Revenue</b>	<u>2009</u>
Operating Revenue	\$9,466,317
Donations	403,392
Grants	196,900
Fundraising Revenue	329,082
Other Income	<u>810,217</u>
<b>Total Revenue</b>	11,205,908
<b>Expenses</b>	
Program Expenses	7,784,401
Administrative Expenses	1,500,125
Fundraising Expenses	<u>256,646</u>
<b>Total Expenses</b>	<u>9,541,172</u>
<b>Change in Net Assets</b>	<u><u>\$1,664,736</u></u>
<b>Ending Net Assets</b>	<u><u>\$13,275,060</u></u>