

Kosciusko Home Care and Hospice, Inc.

Getting the Word Out / Generate Awareness in the Community

Kosciusko County Leadership Academy

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Acknowledgement

We would like to thank our sponsors for the opportunity they gave us to participate in the 2008-2009 class of Kosciusko Leadership Academy (KLA). We have learned more about ourselves and our community. We gained a better understanding of our leadership and personality styles, built our skills by working together as a team and balanced our commitments. Even though we live and work in Kosciusko County we gained additional insight into areas of diversity, recreation, services, available volunteer opportunities, and government services.

Executive Summary

This paper will evaluate the need and make recommendations to the Kosciusko Home Care and Hospice, Inc. (KHCH) about its desire to market its organization. KHCH is a local non-profit organization that provides palliative care and home care services. KHCH's primary source of funding is the K21 Health Foundation and the insurance payments it collects when caring for patients. The organization is interested in marketing to help decrease reliance on K21 Health Foundation funding.

In order to make marketing recommendations to KHCH, the group gathered data from numerous sources, met with KHCH to understand its practice and needs, and compared the practices of other hospice organizations with the current activities at KHCH. Data collected included KHCH patient referral data, KHCH patient satisfaction surveys, one-on-one interviews with hospice and home care organizations in Arizona, Florida, and Pennsylvania, and publications focused on marketing hospice services.

The group recommendations include the following: linking with local websites of organizations that share patients and services with KHCH, working with local churches and other community centers that serve home care and hospice patients, connecting with high-potential health care professionals (HCP) to build awareness of KHCH's services with key referring doctors, and possibly the creation of a physicians' advisory board that will provide additional input on how the organization can continue to build relationships with other health care providers.

Introduction

Where do you turn when life throws you a curve ball and knocks the wind out of you? Maybe you or a loved one has had to say “I HAVE CANCER”, been diagnosed with a serious or terminal illness, a bicycle, motorcycle, or vehicle accident or surgery. This can be a high stress time when you cannot control your circumstances and are relying on others for guidance and help. Shock and denial are common initial responses. Then the reality of the situation sinks in. Do you have family and friends around for support? Having to go through a crisis alone is extremely difficult.

Two personal testimonials:

“My (Jeff Baumann’s) interest in the KHCH white paper project began in November of 2006 when my spouse was diagnosed with stage 1 breast cancer and we found ourselves in unfamiliar territory. Through that experience we met friends that we would not have otherwise met through support groups. At the start of this KLA class year, two of our cancer friends found themselves in uncharted territory with spreading cancer that was taking their lives. They contacted KHCH to see what help they could offer. The staff helped the families through a tough time in their life and did it with compassion. I was not that familiar with KHCH services and was looking for a KLA white paper topic. I thought if I can gain knowledge, I could then fulfill the KLA requirement and help others find information that would help in their time in need.”

Gary Tenney’s interest in the KHCH white paper project peaked for several reasons. “We go through life planning for every possible situation. We plan for college, vacations, 401(k), old age retirement, major purchases, weddings, loss of income due to injury or death, but we never plan for the unexpected things in life such as cancer, diseases for which there are no cures, long

term illnesses, that one debilitating accident of a loved one. By our own refusal to admit we aren't immortal we neglect to address the issue of how will we handle a terminal illness or that accident that leaves us severely or moderately disabled.

My family was inadvertently thrown into this situation with no idea of where to go or whom to call. Our son was in a semi/car accident in 1993, which left Philip a high functioning quadriplegic. During the time of Philip's hospitalization and rehabilitation, we also had to deal with my wife's grandmother's failing health. Once Philip was able to come home we needed assistance and had no idea where to turn. Had it not been for the medical professionals assisting us in contacting the KHCH group, Philip wouldn't have been able to come home to live a full and rewarding life. During this same time frame Grandmother Arnold had fallen and broken her hip, once again leaving us to turn to KHCH for assistance. Later Grandmother Arnold developed Alzheimer's disease and had developed multiple fractures in her back. Once again we relied on KHCH for assistance in making her last days comfortable."

Thru proper marketing, people could easily locate additional resources to assist with their personal situation. Had there been better marketing and advertising we could have located the needed resources easier and had additional choices to enable us to make the best possible decision for our loved ones.

In the surrounding area there are other home care and hospice agencies to choose from. KHCH, if marketed correctly, can exemplify these quality and nurturing agencies. Clients would be able compare agencies and make an informed choice that best fits their situation, thus reducing stress during an extremely difficult time in their lives. People can make better decisions when they are informed.

Problem

Steering additional patients to KHCH is the primary goal of this team's efforts. What is the most effective way to "Get the Word Out / Generate Awareness in the Community" about KHCH when they provide multiple services¹ in a highly regulated environment? KHCH is facing a monumental task of getting the word out to caregivers and the public of what services are available and what is the best plan for their care. Some people look in the yellow pages, others would ask their doctor or nurse and some ask friends. The Internet as a source for information is ever increasing. Let's Collaborate² lists:

- 39 percent of all Internet users report having helped someone with a major illness during the past two years. People ages of 50-64 were the most likely to have used the Internet to help someone else who was ill.
- The Internet ranks first as the place family caregivers turn to for information about caregiving. Doctors rank second and friends rank third.
- 34 percent of family caregivers say the Internet helped them find professional or expert services.

Willard A. Sullivan and Ashish Chandra from Marshall University Graduate College list in a paper³:

- Nearly 80 percent of Americans do not think of hospice as a choice for end of life care.
- Approximately 75 percent do not know that hospice care can be provided at home.
- Fewer than 10 percent know that hospice provides pain relief for the terminally ill.

¹ See KHCH webpage for a list of services offered at <http://www.koshomecare.org> (March 26, 2009).

² Source: Excerpted from www.lets collaborate.us/hospice-marketing-tools.html (March 26, 2009).

³ Source: <http://sbaer.uca.edu/research/acme/2001/36.pdf> (March 26, 2009).

- 90 percent do not know that Medicare pays for hospice.
- 25 percent of Americans say they are not likely to talk about impending death with terminally ill patients.
- Fewer than 25 percent have put in writing how they want to be cared for at the end of life.
- 20 percent admit they have not thought about how they want to be cared for at the end of life, while another 15 percent say they have thought about their end of life care, but have not made their preferences known.

With a better understanding of the need for marketing the services offered and educating the public, let's define and understand two of the services KHCH offers, home care and hospice.

Home care defined.

Home care as explain by Wikipedia (commonly referred to as domiciliary care), is health care or supportive care provided in the patient's home by healthcare professionals (often referred to as home health care or formal care; in the United States, it is also known as skilled care) or by family and friends (also known as caregivers, primary caregiver, or voluntary caregivers who give informal care). Often, the term home care is used to distinguish non-medical care or custodial care, which is care that is provided by persons who are not nurses, doctors, or other licensed medical personnel, whereas the term home health care refers to care that is provided by licensed personnel. "Home care", "home health care", "in-home care" are phrases that are used interchangeably in the United States to mean any type of care given to a person in their own home. Both phrases have been used in the past interchangeably regardless of whether the person requires skilled care or not. More recently, there is a growing movement to distinguish between "home health care" meaning skilled nursing care and "home care" meaning non-medical care.

Home care aims to make it possible for people to remain at home rather than use residential, long-term, or institutional-based nursing care. Home care providers render services in the client's own home. These services may include some combination of professional health care services and life assistance services. Professional Home Health services could include medical or psychological assessment, wound care, medication teaching, pain management, disease education and management, physical therapy, speech therapy, and occupational therapy. Life assistance services include help with daily tasks such as meal preparation, medication reminders, laundry, light housekeeping, errands, shopping, transportation, and companionship. While there are differences in terms used in describing aspects of home care or home health care in the United States and other areas of the world, for the most part the descriptions are very similar. Estimates for the U.S. indicate that most home care is informal with families and friends providing a substantial amount of care. For formal care, the health care professionals most often involved are nurses followed by physical therapists and home care aides. Other health care providers include respiratory and occupational therapists, medical social workers and mental health workers. Home health care is generally paid for by Medicaid, long term insurance, or paid with the patient's own resources (including reverse mortgage)⁴.

Examples of home care include recovering from a hip fracture, rehabilitation, pneumonia, wound care, stroke, cerebral palsy and dementia. KHCH home care service includes homemakers/companion, home care aides, social workers, nurses (Registered Nurses and Licensed Practical Nurses) and therapists (physical, occupational and speech) and physicians. Homemakers/companions help with chores around the house (laundry, dishes, cleaning, shopping). They sit with the person while the family sleeps, goes to work or needs a break. They can fix meals and provide transportation to appointments. They usually do not perform

⁴Source: http://en.wikipedia.org/wiki/Home_care (March 24, 2009).

personal care duties (bathing, dressing, transfers using a walker or wheelchair). Home care aides provide personal care services such as getting in and out of bed, bathing/showering, dressing and using the toilet. Social workers help coordinate the services if many agencies are involved, provide counseling and help find other available community resources. Nurses monitor blood pressure, pulse, temperature, provide wound care and give IV (intravenous) and IM (intramuscular) medications. Therapists work with persons to help them regain mobility and other skills. Physicians diagnose, treat illnesses, recommend specialists if necessary and work with the home care providers.

Hospice care defined.

Hospice care as explained by WebMD provides medical services, emotional support, and spiritual resources for people who are in the last stages of a terminal illness, such as cancer or heart failure. Hospice care also helps family members manage the practical details and emotional challenges of caring for a dying loved one. The goal of hospice treatment is to keep patients comfortable and improve their quality of life while they are dying. This philosophy is a shift from usual medical treatments, in which health professionals strive to cure the disease. Hospice services are not intended to speed up or prolong the dying process, but focus instead on relieving pain and other symptoms. Hospice caregivers are concerned with enhancing the quality of remaining life by keeping the patient as alert and comfortable as possible in a familiar environment with family and friends. Hospice programs offer services 24 hours a day, 7 days a week, in one's own home or in a hospice center. Some hospices also offer services in nursing homes, long-term care facilities, or hospitals.⁵

⁵ Source: <http://www.webmd.com/balance/tc/hospice-care-topic-overview> (March 24, 2009).

KHCH recognizes death as a natural part of the life cycle and takes a holistic approach with emphasis on the quality of life. Hospice service is for persons with a life expectancy of six months or less, according to the physician's best estimate if the disease follows the natural course. The patient and family choose to receive hospice service if they do not wish to pursue aggressive treatments for the disease. Care is palliative rather than curative with emphasis on pain control and comfort. The patient and family's autonomy are emphasized. Patient autonomy is the right of patients to make decisions about their medical care without their health care provider trying to influence the decision. Patient autonomy does allow for health care providers to educate the patient but does not allow the health care provider to make the decision for the patient.⁶ Hospice care is interdisciplinary and includes volunteers, homemakers, health aides, social workers, nurses, therapists (physical, occupational and speech), physicians, pharmacists, pastoral counselors, and bereavement services.

Now that we have an understanding of home care and hospice, can you see some similarities and differences between the two types of services? One of the greatest benefits is both are primarily in the home (where the patient is in familiar surroundings), but can also be at a nursing home, assisted living home or inpatient hospital care. Both can use general care or specialized care but the focus of each is different. The focus of home care is that the patient makes progress toward goals which the physician, staff, and patient have developed. The focus of hospice is on symptom control with the goal of making the patient's last days as comfortable and as meaningful as possible.

The group would like you to think about where would you look to find helpful information? We not only asked ourselves this same question, but we conducted a telephone survey of past users of KHCH. In general the users heard of KHCH through employees or

⁶ Source: MedicineNet.com. <http://www.medterms.com/script/main/art.asp?articlekey=13551> (March 25, 2009).

friends while others found information or were referred thru doctors and hospitals (See Appendix B). Some had heard of hospice but not home care and were glad the services were available.

We would like to share our findings with you.

What We Learned Through a Telephone Survey of Users

We have talked to many people about the KHCH to gain insight to the quality of care and service the clients are receiving. We were interested in how people became aware of the services and where they looked for information on KHCH.

We need to start by stating what a joy it has been to hear the clients' stories and it is heart breaking to visit with the people currently using the services or have used the services of KHCH. One gets to know the affected families and feel the pain or joy they have experienced from the services of KHCH.

One client's wife related how she met her husband during World War II. Her husband is suffering from Alzheimer's in addition to bone and prostate cancer. Alzheimer's has impacted him so that he is unaware of his wife's presence and he hasn't spoken for almost two years. But on their 62nd anniversary she was blessed with one great day that her husband was able to speak and relate to his wife, making for a wonderful day of sharing the joys of their life together. The next day the disease had taken control again.

We talked with another family that had lost both their parents in a very short period of about four months. Both parents had passed due to cancer. The mother had passed prior to the father, but he had asked only to be able to go home to pass away. Had it not been for the KHCH services it wouldn't have been possible to grant the man his final request. This family had faced multiple challenges. The caregiver had a degenerative disease that had taken her eye sight, but through sheer determination and the good people at KHCH, she was able to take care of her loved one to the end.

Another family is using the hospice services for the second time. Her first husband passed away from cancer and her second husband is suffering from the same disease.

The people using the KHCH services are elated to be able to stay at home and still get care. These clients are enjoying their homes instead of having to relocate to a health care facility. Home health professionals check on clients and families on a regular basis, arranging doctor appointments and transportation in addition to personnel who can assist in light housework. The professionals are interviewed by the client or their families to ensure both parties are compatible with each individual's personalities and expectations. Without the services, these clients might go to a nursing home while longing to go home where they are comfortable in their own surroundings.

Doctors surveyed have mixed feelings about the hospice side of the person's care. They all agree being at home is better for the patient. The general consensus is the patient will get better health care if the diagnosis is related to a terminal disease. The patient needs to be as comfortable as possible and the family needs to feel they are doing what is best for their loved one. One Doctor had mixed emotions on the services in regards to the pain control. He agrees the patient needs to be comfortable but at times feels the pain control is too strong, ultimately ending the patient's life thru euthanasia.

Nurses we talked with didn't share the same feeling in regards to pain control but felt it was necessary to keep the patient as comfortable as possible and give the family the sense they were doing all they could to keep their loved one from suffering needlessly.

The general consensus of those who shared with us has been that without KHCH their lives wouldn't be as fulfilling. They heard of the services through a friend, their doctor or hospital and they would continue to look for information from their friends, their doctor, the yellow pages, and Internet. These are necessary and needed services in Kosciusko County. The staff at KHCH is second to none. They are a compassionate and caring group of people who

adopt their clients and treat them as family. The group at KHCH continues to strive for excellence. They care for their clients and keep in contact after the loved one has passed. They make sure all family members are coping with the loss of their loved one by ensuring that the families are getting whatever services they need.

Marketing

In order to increase the number of patients that utilize KHCH services, one must understand how the organization obtains these clients. At a high level, KHCH clients come to the organization in one of three ways:

- 1) They are referred by a health care professional.
- 2) They self-select KHCH due to the recommendation of a family, friend or by personal research.
- 3) They are kept in the organization as a repeat clients – i.e. a home care patient later becomes a hospice patient.

The first step to actively marketing an organization like KHCH is finding a strong message that it can consistently use. You need a “Strong Idea” to make your marketing messages stick. A Strong Idea can be a catchy headline or an unusual visual. Strong Ideas are about simple action. They use vivid, concrete images that cling easily to memory, and they tap into emotion.⁷ It quickly became clear that the message that KHCH wanted to send and could credibly convey is that it is a convenient local provider of home care and hospice services. A Strong Idea might be, “Hometown care for hometown people” or “We’re here in Kosciusko County, not 1-2 hours away.” People care and respond quickly to requests. This message is well received in a tight knit community like Kosciusko County and actively defends KHCH against organizations from South Bend or Fort Wayne that are trying to expand coverage into Kosciusko County.

⁷ Source “What Good is Your Marketing Without a Strong Idea?” <http://blogs.openforum.com/author/lizwalker/> (March 16, 2009).

The second step is to understand how patients are coming to KHCH. This can be accomplished through customer surveys or careful monitoring of the information coming to the organization. KHCH monthly collects information on the diagnoses, referral sources and other useful data on patients that it serves.

Once the organization understands how it currently receives patients, the decision must be made where they will attempt to increase customer use. Efforts to affect one of these items vary differently. For example, altering the behavior of a health care professional who refers home care or hospice patients is different than altering the behavior of a patient requiring home care or hospice that self-selects a specific home care or hospice organization. Details on the three main flows of patients to KHCH are outlined below. Information about the basic flow of patients into a home care or hospice group was obtained through phone interviews of similar non-profit organizations in Pennsylvania, Arizona, and Florida as well as discussing the KHCH practice.

Health Care Professional Referrals

This is the primary path that patients come to a hospice or home care organization. The health care professional (HCP), typically a doctor or surgeon, but in some scenarios a case worker, approves the use of home care or hospice. The MD will authorize the use of hospice; a case worker is typically seen in a larger institution and may help a patient manage where they can get home care or hospice services. In order to affect the referral habits of HCP's a hospice group would need to build a relationship with the HCP. Influencing HCP's is a relationship driven endeavor and is a practice used in the pharmaceutical and medical device industries.

The best practices of several of the other hospices interviewed included:

- 1) Spending one-on-one time with high potential referring surgeons such as oncologists, geriatricians, cardiologists, and a variety of specialized surgeons.
- 2) Organizing information events for local doctors to get more information about hospice.
- 3) Appointing targeted referral surgeons to advisory boards or medical director positions.

The first two activities can pay dividends, but they are both resource intensive and a non-profit like KHCH would be competing for time with a doctor with both for-profit pharmaceutical and medical device companies. An organization like KHCH would likely only be able to focus on a handful of high-potential doctors or be forced to spend resources engaging doctors who already refer patients to KHCH. The third activity is an extremely useful tool that a limited resource organization can utilize. In fact, KHCH has already taken this step by appointing the chief oncologist at KCH to the post of medical director. A conversation with the clinic coordinator of the KCH Cancer Center uncovered that all patients requiring hospice care are referred to KHCH. The only patients that do not go are those who self-select out of KHCH or patients whose insurance does not cover services at KHCH. This affects only a small number of patients.

A particularly notable success story is the partnership with Miller's Merry Manor, a local retirement organization. These two organizations are familiar with one another's practices and this relationship and familiarity leads to KHCH being the first choice when it comes to home care or hospice needs. Staff at Miller's Merry Manor said that knowing who to call and that KHCH knows how Miller's paperwork is managed is a strong factor to help them continue to choose KHCH.

To maximize the influencing effect on referring HCP's, we recommend that KHCH either adopt a rotating medical director position or form, in a parallel to the medical director

position, an advisory board of local doctors to help steer the organization. This would be an avenue to get HCP's connected to KHCH. This would not replace the current board of directors.

Self-Selecting Patients

Patients who, upon learning that they need home care or hospice services and then select a specific home care or hospice organization, are the next group of people that can be targeted. A very specific problem exists when reaching this group. Very few people actively seek out information on home care and hospice services before they need them. When the service is needed, there is typically very little if any time to seek out information on the best provider. In addition, a company seeking to advertise or promote home care and hospice services would compete against every other promotion in the local and national media.

The best practices discovered during our survey of similar home care and hospice organizations are the following:

- 1) Promotion of services during health fairs.
- 2) Publication of success stories in local newspapers.
- 3) Reaching out to patients at local churches, community centers and other social centers.
- 4) Reaching out to organizations with similar clients or goals and offering to "cross pollinate" clients through web linking to each other's websites.
- 5) Active promotion during major events such as new facilities, anniversaries, or the addition of new staff.
- 6) Paid advertising through local media.

Many of these efforts are hindered by the fact that potential clients simply do not want information on home care and hospice services. Those that are receptive to the message are not any more likely to need care than someone who does not seek out information. To significantly

affect the number of people who self-select, a great deal of resources would need to be expended and a non-profit staff typically does not have these resources available.

However, there are a few activities that could pay dividends for KHCH. Again, by connecting with key members of a community that would also interact with potential clients, KHCH can help drive clients to their organization. One group is local churches. Church members entering difficult health care situations are often known by their pastor or minister. Other organizations that service the elderly are other excellent opportunities.

Another effort would be to link with other local websites that may be visited by potential clients. The best local website we found is the K21 Health Foundation. There are few other local websites that potential clients would regularly visit. A local community organization for seniors would be an ideal target, but the group does not have a website.

The overwhelming response of other home care and hospice groups was that while these efforts to reach self-selecting clients may increase awareness, they did very little in the end to significantly increase the business of the organization. Shortly after starting this project, several team members noticed commercials on local radio and TV promoting hospice services based in South Bend. These commercials are becoming more frequent in the KHCH business space.

Internal Referrals

Internal referrals are patients who utilize home care services and at some point in the future also utilize hospice services. While this number of people is low compared to the number of people who are referred by HCP's or self-select, it requires few resources to maximize this effect. Efforts to educate internal staff are typically easy to do. When a home care patient under the care of a KHCH employee or volunteer is educated on the additional services KHCH provides, the patient is more likely to return for additional home care or hospice services.

Additionally, educated employees and volunteers who one day requires services will be more likely to turn to KHCH for service.

Recommendations

Target Audience

After considering the results of our phone interviews with other hospice organizations, reviewing KHCH's internal data and our interviews with former KHCH patients, as well as considering current resources, we feel that the KHCH should pursue the following.

HCP Connectivity

Spend time educating a handful of high-potential HCP's who could refer patients to KHCH. Likely areas for this HCP to practice are in cardiology or geriatrics, but it could also be in general practice. Ways to influence these HCP's include: appointing HCP's to medical director positions or advisory boards, targeting key HCP's with one-on-one education discussions. KHCH is already doing some of this work and should increase activity here as we see it as effective.

Internal Education

Verify that each employee and volunteer of KHCH is knowledgeable of all services as well as coaching them to discuss all services with patients. This is especially important with home care patients as a positive experience can likely lead to a patient self-selecting if they ever need palliative care again.

Patient Education

One important insight we took away from our hospice interviews was efforts to educate potential self-selecting patients can be resource-intensive. Still, efforts to remain a presence in the community and educate patients that do seek information about KHCH's services are important. The least resource-intensive efforts include the following. KHCH should utilize

website interlinking. By connecting with other websites that share customers with KHCH, KHCH will be able to broaden the number of potential customers that are familiar with its services. These websites include: K21 Health Foundation, area hospitals, family doctors and churches. See Appendix C for a broader list of organizations. Other website changes can be a section to accept donations as “In Honor Of” Gifts, Memorial Gifts, Designated Gifts (Hospice, Bereavement, Volunteers, etc), or Planned Gifts and a Volunteer Need section to better engage volunteers.

Other Suggestions

Update and rotate articles on the website. Utilize the local newspapers: Times-Union, The Paper, Senior Life, to publish success stories or highlight major events at KHCH such as the recent move to the K21 Health Services Pavilion. These articles could be utilized on the website and as marketing pieces. Get printed brochures where people look for information, library, business, community education boards, etc. Produce a 30 second to 1 minute video promoting a success story of a service user (Cost \$300 - \$1,000). This video could be posted on the website or used as a local public service announcement on cable and radio.

Share with churches and other service organizations to promote KHCH services and ask for volunteers. Volunteers will influence their circle of friends because they are passionate about where they volunteer and the contribution they make. KHCH leaders should be actively engaged in their community, meeting and talking with others. Continue to solicit surveys to get the pulse/feel of what users are saying. Selectively promote the K21 Health Foundation Matching endowment funds and other grants that would benefit KHCH.

In conclusion, we suggest KHCH invite cardiology and geriatrics HCP’s to come see the new K21 Health Services Pavilion and educate them about KHCH services. Increase KHCH

website presence by linking with other organizations. Add additional information sections for gift giving and volunteering to KHCH website. We would suggest using the \$1,000 Jean Northenor Project Proud Award, if granted, to create a 30 second to 1 minute video promoting a success story.

Appendix A - History

Kosciusko Home Care and Hospice, Inc.

Thirty years ago, Joy Carlson, Imogene Canan, June Reed, Helen Shrode, Nancy Zellner, Shirley Rhoades, Jane Chinworth, and Doris Hartter saw a need in our community. These eight nurses recognized patients would recover more comfortably in their own homes. They also believed home care could be less expensive than the high cost of a hospital stay. So these visionary women founded a not-for-profit visiting nurse program that would provide nursing care as well as physical, occupational, and speech therapy to the homebound. Personal care services, such as bathing, food preparation, and feeding would also be available. This new agency, Home Health Care Services of Kosciusko County opened for business in October of 1976 in a room donated by REMC. Today we know this agency as Kosciusko Home Care and Hospice, Inc.

Five years later in 1981, the agency expanded their services and started the Well Child Health Services Clinic so that low-income families could receive physical examinations, immunizations and health instruction. In October of 1982, Hospice Services were added, providing 24 hour, on-call nursing, and support through aides, social workers, pastoral counselors, and volunteers to assist the terminally ill and their families.

Home Health Care & Hospice Services then began to provide services to clients of the state's Choice, SSBG, Medicaid Waiver, and Veterans' Administration programs, under contract to REAL Services. The goal was to enable disabled and elderly individuals who are at risk of nursing home placement to remain in their own homes.

The growing number of programs, staff, and clients required larger working quarters, and that motivated the purchase of land on 902 Provident Drive, located near the Hospital. In March

1987, Panzica Construction of South Bend presented preliminary costs and drawings for a new building. The building was completed in the fall of 1988, and an open house was held in December. In April 2009, KHCH moved into the K21 Health Services Pavilion on Provident Drive.

Kosciusko Community Hospital purchased Home Health Care and Hospice Services in 1995 and formed the Health Care Foundation of Kosciusko County. Three years later, the Hospital was purchased by Quorum, and the proceeds of that sale were used to set up the Kosciusko 21st Century Foundation. Quorum was not interested in acquiring another home care program, so they sold the Agency to the Kosciusko 21st Century Foundation.

Another service offered is Lifeline, which is an emergency response system. This program fulfills a growing need in the community and allows the elderly or ill to remain in their home, with the knowledge that family members will be notified by the monitoring service should an emergency occur. This service is providing a great sense of security and peace of mind to both the individual and their family.

The Medication Assistance Program was established in September 2000. The staff helps individuals apply for long-term prescription assistance directly from the pharmaceutical companies. In addition, through a grant from the K-21 Foundation, Medication Assistance can issue emergency prescription vouchers.

During the first quarter of 2006 the Dental Assistance Program was created. The program utilizes the services of approximately twenty dentists throughout the county, who provide dental care to low-income families.

The organizational structure of the Agency returned to its roots in March of 2004 when Kosciusko Home Care and Hospice, Inc. again became an independent agency. The Agency

separated from the Kosciusko 21st Century Foundation when the Foundation went private. The working relationship between the Agency and the K21 Health Foundation remains very strong and cooperative.

Rick Paczkowski, the current administrator, has a staff of 47 and 19 volunteers who address several vital needs of the people in Kosciusko County. The staff consists of nurses, physical and occupational therapists, social workers, a pastoral counselor, aides, homemakers, and office personnel. The revenue from Medicare and Medicaid is not enough to operate the organization, so the agency is also supported by grants from United Way of Kosciusko County, and the Kosciusko 21st Century Foundation, as well as donations from the public.

Like most worthwhile endeavors, Kosciusko Home Care and Hospice, Inc., was born of need. That original need for health care at home has grown to include seven different programs now. The Agency honors the hard work and vision of those original eight nurses who responded to the community's need thirty years ago, and is grateful to the staff, volunteers, and financial supporters of today who ensure the continuation of programs still much in demand.

If you would like information, please call (574) 372-3401 or visit the web site at www.koshomecare.org to learn more about the various programs and how the Agency strives to provide "Hometown Care for Hometown People."

Appendix B – Statistics from Kosciusko Home Care and Hospice

Home Care Statistics

Between November 2007 and October 2008, 349 patients were admitted or readmitted during the 12 month period.

Admission questionnaire

The admission questionnaires sent between January and September 2008 had a 47 percent response rate.

Discharge questionnaire

The discharge questionnaires sent between January and September 2008 had a 50 percent response rate.

Hospice Statistics

Between January and October 2008:

- 42 percent of patients had cancer diagnosis as their admitting diagnosis.
- 45 percent were male and 55 percent were female.
- Referrals were from:
 - 16 percent from Family/Self/Friends.
 - 57 percent from Hospital/Oncology Department/Physicians.
 - 24 percent from Nursing Homes.
 - 3 percent from Other.
- 98 percent of days on service being Medicare and Medicaid.

Between January and December 2007:

- 38 percent of patients had cancer diagnosis as their admitting diagnosis.
- 52 percent were male and 48 percent were female.

- Referrals were from:
 - 15 percent from Family/Self/Friend.
 - 50 percent from Hospital/Oncology Department/Physician.
 - 32 percent from Nursing Home.
 - 3 percent Other.

- 93 percent of days on service being Medicare and Medicaid.

Family Evaluation of Hospice Care

The evaluation is sent to family members/caregivers of Hospice patients, approximately 1 month after patient's death.

2008 2nd and 3rd quarter survey results:

- 53 percent response rate (state average 48 percent, national average 42 percent).
- 90.6 percent agreeable to following statements: Hospice discussed their religious/spiritual beliefs, Hospice provided the right amount of religious/spiritual contact, Hospice provided the right amount of emotional support to family prior to patient's death, Hospice provided the right amount of emotional support to family after patient's death (grouped together to measure Attention to Family Needs).
- 91.1 percent agreed medication received for patient's pain was the right amount.
- 95.7 percent reported they would recommend Kosciusko Home Care & Hospice to others.
- 83.7 percent felt patient was referred to Hospice at the right time (less than state and national average, approximately 14 percent felt they were referred to Hospice too late).

- 89.5 percent reported Hospice response to evening/weekend needs were excellent, very good, or good.

For the patients that experienced breathing problems, 100% of the respondents reported receiving information from Hospice staff regarding the interventions being done to manage the patient's breathing.

- 76.1 percent were very confident they knew what to do at the time of patient's death (state average 61.3 percent, national average 59.6 percent), another 21.7 percent were fairly confident.

Family Evaluation of Bereavement Services

The evaluation is sent to individuals who have received bereavement support from Hospice staff, approximately 14 months after patient's death.

- 41.7 percent response rate (national average 21.7 percent).
- 100 percent report Hospice communicated: information about grief and loss, what they are going through is "normal", and an understanding of personal grieving process.
- 88.9 percent of respondents report Hospice mailings were very helpful.
- 100 percent of those who attended support groups provided by Hospice reported the groups were excellent or very good.
- 100 percent reported the bereavement services provided by Hospice were excellent, very good, or good regarding sensitivity to cultural and spiritual background.
- 86.7 percent reported Hospice met bereavement needs very well.

Appendix C – Service Organization⁸
National

<u>NAME</u>	<u>PHONE</u>	<u>WEBSITE</u>
Alzheimer's Association	800-272-3900	www.alzindiana.org
Arthritis Foundation	260-672-6570	www.arthritis.org
Asthma & Allergy Foundation	800-727-8462	www.aafa.org
Autism Society of America	574-533-3376	www.autism-society.org
National Federation of Blind	317-205-9226	www.nfb.org
Cystic Fibrosis Foundation	800-622-4826	www.cff.org/indiana
American Dental Association North Central Dental Society	574-288-4401	www.ada.org/ada/organizations/orgdetail.asp?OrganizationID=322
Down Syndrome Association	260-471-9964	www.dsani.org
Epilepsy Foundation of America	866-275-1078	www.efa.org
American Heart Association	317-873-3640	www.americanheart.org
Huntington Disease	317-271-0624	www.hdsa.org
National Kidney Foundation of Indiana	800-382-9971	www.kidneyindiana.org
American Lung Association	260-486-2001	www.lungusa.org
National Multiple Sclerosis Society	800-344-4867	www.msindiana.org
Organ Donation	888-274-4772	www.organdonor.gov
Parkinson Foundation	800-327-4545	www.parkinson.org
American Assoc. of Poison Control	800-222-1222	www.aapcc.org
American SIDS Institute	800-232-7437	www.sids.org
American Social Health Association	919-361-8400	www.ashastd.org

Local

<u>NAME</u>	<u>PHONE</u>	<u>WEBSITE</u>
Alternative Learning Center	574-371-5019	
Altrusa Club		www.altrusa.com
American Cancer Society*	866-522-2111	www.cancer.org

⁸ Source: Kosciusko Chamber of Commerce. (Feb. 2009)

American Legion	574-594-2531	
American Legion #253	574-834-4297	
American Legion #223	574-457-3261	
American Legion #49	574-267-5549	
American Red Cross*	574-267-5244	www.kosciuskocountyamericanredcross.org
AWS-Anthony Wayne Services*	574-268-5211	www.awsusa.com
Baker Youth Clubs	574-267-8771	
The Beaman Home	574-267-7701	
Big Brothers/Big Sisters*	888-456-1600	www.bbbsnei.org
Bowen Center*	574-267-7169	www.bowencenter.org
Boy Scouts of America	800-272-2922	www.awac.org
Boys and Girls Club*	574-268-1155	www.members.kconline.com/boysandgirlsclub
Cardinal Center*	574-267-3823	www.cardinalcenter.org
CASA	574-372-2401	www.nationalcasa.org
Center for Arts & Culture	574-267-3758	www.thecenterforartsandculture.com
Classic Arts Programs*	574-372-9905	www.classic-artsprograms.org
Combined Community Services*	574-269-6019	www.combinedcommunityservices.org
Community Coordinated Child Care*	574-289-7815	www.4-c.org
Consumer Credit Counseling Services*	574-268-1943	
Eagles Lodge Area 1339	574-269-4482	
Elks Lodge	574-267-7802	
Girl Scouts	866-223-7740	www.indianalakeland.org
Goodwill Industries of Michiana, Inc.*	574-268-0197	www.goodwill-ni.org
Health Care Foundation of Kosci. Cty.*	574-268-2273	
Heartline Pregnancy Care/Counsel	574-267-5110	www.heartlinepc.com
Helping Hands	574-269-9202	
JobWorks*	574-269-3050	www.in.gov/dwd
Key Club		www.kiwanis.org
Kiwanis Club (Warsaw)*		www.kiwanis.org
Knights of Columbus	574-267-5380	
Kos. Assoc. Female Exec. (KAFF)*	574-372-1564	
Kosciusko Board of Realtors, Inc.*	574-269-6706	www.kosbor.org
Kosciusko Cancer Care Assoc.	574-269-5188	www.k21foundation.org/cancerfund
Kosciusko Cty. Animal Welfare League	574-267-3008	www.awl-warsaw.org
Kosciusko County Archeological Society		
Kosciusko Cty. Community Foundation*	574-267-1901	www.kcfoundation.org
Kosciusko Cty. Council on Aging & Aged	574-267-2012	
Kosciusko Cty. Convention & Visitors Bureau*	574-269-6090	www.koscvb.org
Kosciusko Cty. 4-H & Community Fair*	574-269-1823	www.kcfair.kconline.com

Kosciusko Cty. Historical Society	574-269-1078	culture.kconline.com/kchs
Kosciusko County Master Gardener's	574-372-2340	
Kosciusko Human Resource Association (KHRA)*	574-269-9600	www.khra.org
Kosciusko Literacy Services*	574-267-5380	
Kosciusko 21st Century Foundation, Inc.*	574-269-5188	www.k21foundation.org
Lake City Skiers	574-267-3718	www.homier.com/%7elcskiers/
Lakeland Youth Center	574-457-3055	
Lion's Club	574-453-3844	www.lions25g.org
March of Dimes*	260-482-4201	www.marchofdimes.com
Medication Assistance*	574-372-3604	
Mental Health Association*	574-269-2102	www.nmha.org
Moose Lodge #1423	574-269-2850	
North Webster Ski Bees	574-834-4042	www.northwebster.com/ski_bees
Northeastern Center, Inc. New Hope Clubhouse*	574-268-9259	
Octagon Club		www.warsawoptimist.org
Optimist Club - Noon		
Optimist Club - Warsaw Bfst.		www.warsawoptimist.org
Our Father's House*	574-268-1800	
Planned Parenthood	574-267-3889	www.plannedparenthood.org
Purdue/Kosciusko Cty. Cooperative Extension Services*	574-372-2340	www.ces.purdue.edu/kosciusko
Real Serv./Area 2 Agency on Aging	574-269-1173	www.realservicesinc.com
Right To Life Of Kosciusko Cty.	574-267-3481	www.kcrtl.org
Rotary Club (Warsaw)*		www.members.tripod.com/kclocke/warsawrotary.html
Salvation Army*	574-267-5361	netministires.org/see/churches/ch04682
Senior Activity Center	574-268-2132	www.warsawcity.net/seniorsvc
Small Business Development Center	574-282-4350	www.isbdc.org
Support Health Groups (KCH)*	574-267-3200	www.kch.com
Sus Amigos*	574-267-7203	www.cardinalcenter.org
Toastmasters Club	574-269-6730	wnt.8m.com
TOPS		www.tops.org
United Way of Kosciusko County*	574-269-2592	www.kconline.com/unitedway
VFW	574-267-2768	www.vfw.org
VFW Post 1342	574-457-4531	www.vfw.org
Warsaw Astronomical Society		www.clubs.kconline.com/was/
Warsaw Community Development Corp.*	574-267-6419	www.warsawcdc.org
Warsaw Housing Authority	574-269-7641	www.warsawcity.net/housing
Weight Watchers	800-750-7575	www.weightwatchers.com
Welcome Wagon *	800-737-4859	www.welcomewagon.com
Well-Child Clinic	574-269-5152	
Youth For Christ	574-269-1107	