HSHS
Home Care & Hospice
Southern Illinois

Post Acute Care
Annual Report

FY 2018

"Few are those who see with their own eyes and feel with their own hearts."
— ALBERT EINSTEIN

Our Mission

To reveal and embody Christ's healing love for all people through our high quality Franciscan health care ministry.

Our Vision

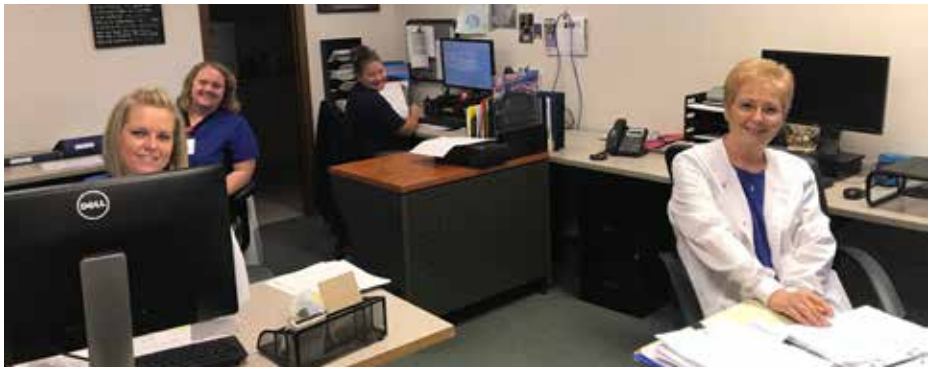
Rooted in our Franciscan Mission, we will be the unique, high quality Health System providing exceptional care, centered on the whole person.

Post Acute Vision

Enhancing the delivery of family-centered care in our communities with competency, quality, and excellence.

I Promise

TO MAKE A DIFFERENCE.








Post Acute colleagues promise to provide Exceptional Care

~ Every patient | Every time ~

Throughout our Southern Illinois Division

Acute-Care FY 2018:
new year. new goals. new inspiration

HSHS Home Care and Hospice Southern Illinois offers four post-acute care programs. Service lines offered are transitional care, home care, palliative care and hospice. As the landscapes of the health care industry continues to transform, post-acute care services continues to be a lead initiative for our ministries and across the country. Expectations of what care can be provided in a home setting have dramatically shifted in the last 10 years. HSHS Home Care and Hospice Southern Illinois continues to be a leader in providing exceptional health care to over 1000 patients each day across 27 counties in South Central Illinois. Over 160 colleagues seek to deliver our Core Values of Respect, Care, Competence, and Joy across the state, while also delivering quality outcomes and patient satisfaction scores above both state and national averages.

Our Post Acute Care Programs promise to:

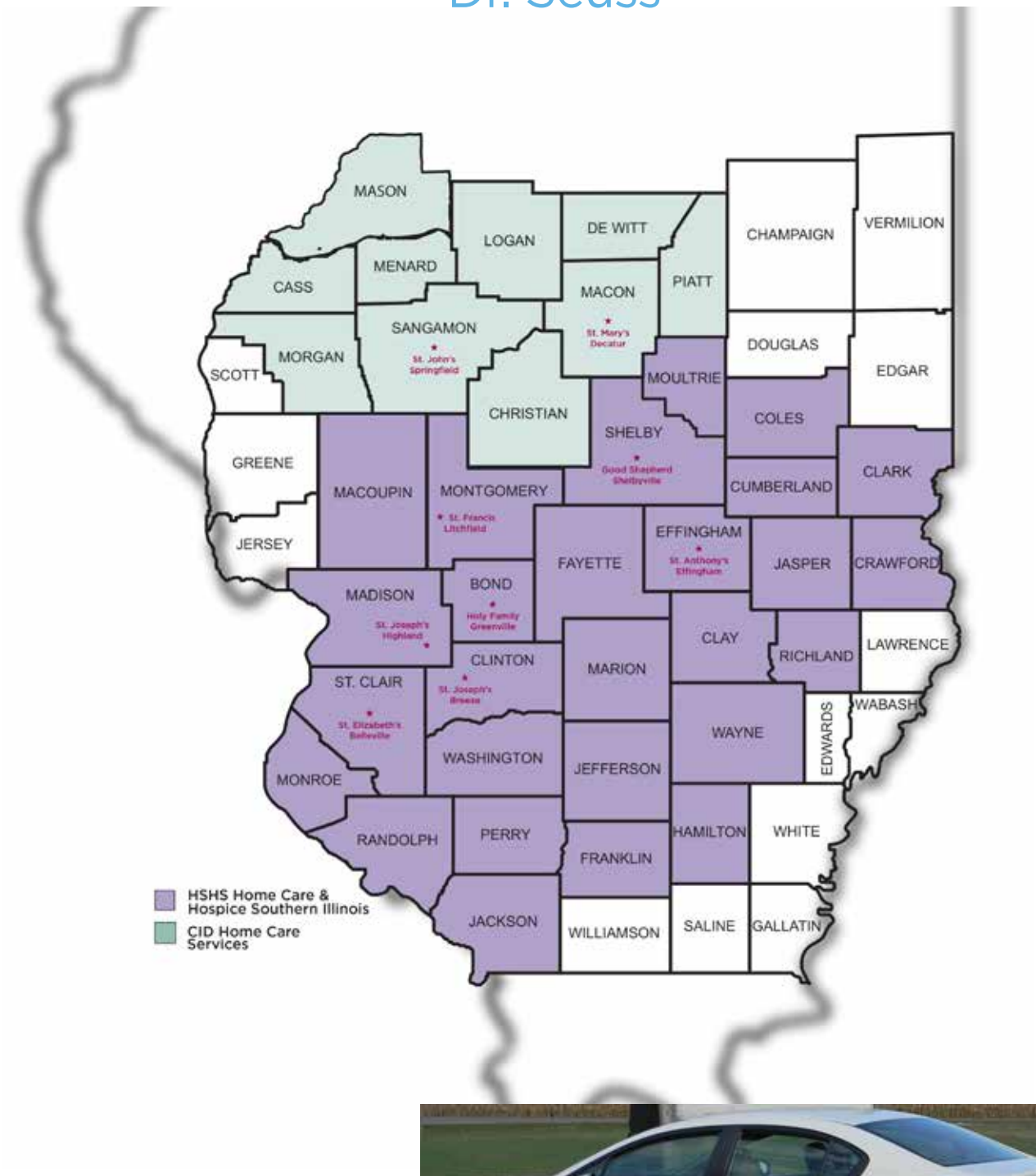
- See our patients as a person and not an illness.
- Honor our patients' personal values and beliefs.
- Work as a team to address our patients' physical, emotional and spiritual needs.
- Address our patients' pain & symptoms to help them be as comfortable as possible.
- Treat our patients with kindness, courtesy and respect.
- Partner with our patients and their physician on their plan of care.
- Respond to our patients' questions and concerns in a timely manner.
- Address our patients' medications at every visit and answer their questions.
- Enhance our patients' quality of life to the best of our ability.
- Celebrate our patients' achievements as they meet their healthcare goals.

Over 140 years ago, the Hospital Sisters of St. Francis began to deliver care in the homes of the communities we serve today. The growth of our post-acute care programs has brought us full circle from the call the Sisters answered to deliver on our promise at home once again.

Shawna O'Dell RN, MSN
Director, Post Acute Care

Oh the places we will go!

— Dr. Seuss



Sharing Our Story of Excellence

Post-Acute Care Programs

Leading Our Teams

Shawna O'Dell, RN MSN is the Director of Post Acute Care. Shawna has been a nurse for 15 years and has been part of St. Anthony's team since 2012. In her role, she provides leadership and resource support to improve the operation and strategic support to the post acute care programs for the Southern Illinois Division.

Shawna graduated with her Associate's Degree in Nursing from Lake Land College, her Bachelor's Degree in Nursing from Indiana Wesleyan, and her Master's Degree in Nursing-Education and Nursing Administration from Indiana Wesleyan. Shawna specializes in Pediatrics, Home Health, Hospice, and Palliative Care. Shawna serves as an adjunct professor at the Chamberlain College of Nursing where she teaches Informatics, Evidenced Based Practice, and Community Nursing.

Shawna loves being a nurse and a nursing leader. She loves sharing her passion with her team and her students. Home Health and Hospice allows her to be able to establish relationships in order to make a difference in each patient's life. This isn't a job, but rather a calling and being able to help people in their most vulnerable states allows us to be able to deliver our Mission.

Amy Frederking, RN BSN is the Manager of Home Care and oversees the transitional care and home care programs. Amy has been a nurse for 19 years and has been at HSHS St. Anthony's Memorial Hospital since 1999. Her background consists of medical-surgical nursing, telemetry, neurology, orthopedics, and wound care. Amy has been in home care since 2006 and has held multiple roles during her tenure. Amy received her Bachelor's Degree in Nursing from Southern Illinois University-Edwardsville.

Amy enjoys her role in home care because she loves taking care of patients in their home environment. She feels this is where she has been able to make the most impact in her patient's lives.

Michelle Kenny, RN BSN is the Manager of Hospice and oversees the hospice and supportive care programs. Michelle has been a nurse for 21 years. She received her Associate's Degree in Nursing from Jewish Hospital college of Nursing and her Bachelor's Degree in Nursing from Chamberlain College of Nursing. Her nursing background includes medical-surgical, trauma, orthopedics, and wound care. She began working in Home Care in 2010 and joined the HSHS Home Care and Hospice team in 2015 where she has served in various roles.

Michelle enjoys Home Care and Hospice because it allows her to make a real connection with patients and their families. She has learned through her career as a Home Care and Hospice nurse that it is not just the patient we are serving, but the families as well. Hospice nurses are often invited to share in one of the most private times in a person's life. She has learned through her Hospice experience that we must not fear dying, for dying can be just as beautiful as birth if we allow it to occur naturally by supporting the patient and family body, mind, and soul. Hospice has by far been one of the most rewarding experiences of her life. She is honored to be a part of such an amazing specialty in the healthcare profession.

Home Health

Home health care is for patients who have a skilled need that can be performed in their home setting. Home health care can be delivered in a private home or assisted living. Skilled needs include, but are not limited to: wound care, IV infusion, medication education, disease education, physical therapy, occupational therapy, or speech therapy. Home health patients also have access to a medical social worker to address questions of community resources or psychosocial needs, and may also receive ADL assistance from a CNA. The patient must have a physician to sign home care orders.

Patients who have Medicare as their primary insurance must be homebound. Many private insurances also require the patient to be homebound, and this can be verified when benefits are reviewed. Patients with Medicaid as their primary insurance are not required to be homebound.

Home health care is an intermittent service – the patient must be able to provide their own care or have a friend, family member or paid service to assist with their day-to-day care. There is an on-call service for home health – a nurse is available 24 hours a day, 365 days a year.

In FY 2018, the transitional care program served 3,233 patients making 60,527 home visits and telephonic follow-up calls.

Mother and Baby Program

St. Anthony's wants to provide our patients with the help and reassurance they need during this special time in their life. That is why St. Anthony's offers the Mother/Baby Program as a complimentary extension of your hospital stay -- to help ease any concerns you may have once you have left the hospital. The Mother/Baby Program is available Clark, Clay, Cumberland, Effingham, Fayette, Jasper, Marion, Richland, and Shelby counties. During the visit, the nurse will examine the new mother and/or their baby to check for physical condition. She will also review instructions the mother received during her hospital stay, talk about breast or bottle feeding, provide further advice on care of her newborn, and discuss any questions or concerns she may have. For the breastfeeding mother, St. Anthony's is pleased to have lactation counselors and a certified lactation consultant on staff to assist with any breastfeeding problems that she may encounter while in the hospital or after arriving home. Last year we provided over 1200 visits in our communities.

1,200

Mother-Baby Visits

3,233 patients

in Home Health

60,527 home visits and follow-up calls

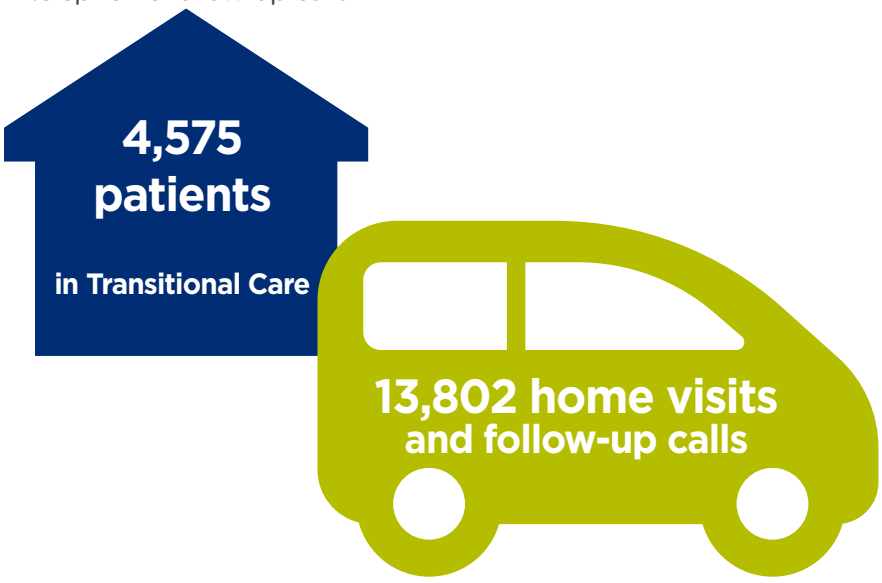
Transitional Care Program

The goal of transitional care is to reduce hospital readmissions by identifying patients at high risk of readmission and providing them support and tools to manage their health outside the hospital setting. Most transitional care patients are referred by SID hospitals.

During a hospital stay, the patient's care team completes a LACE assessment. If a patient scores a 6 or greater on the LACE assessment, or if the patient has had a readmission to the hospital within thirty days, they are referred to transitional care. The patient is interviewed by a member of the transitional care team upon referral, and the interview may be done in person prior to discharge from the hospital, or by phone within two days of going home.

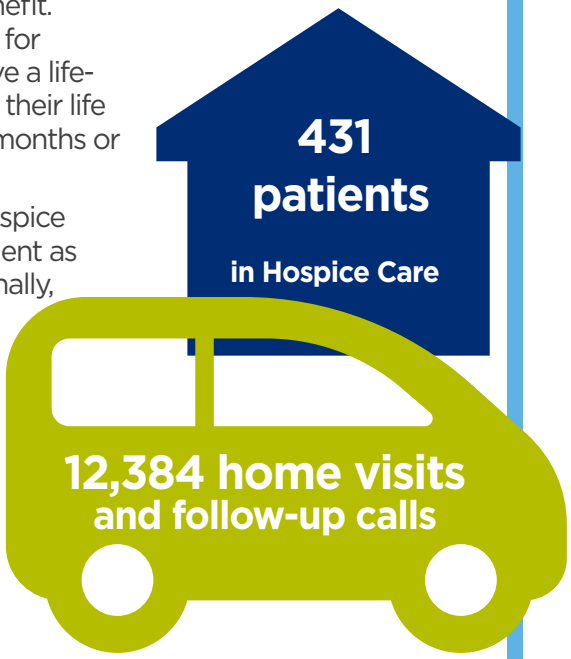
A Transitional Care nurse will make weekly phone calls to check in and make sure the patient's recovery is going well. They may ask about symptoms (new or recurring), if the patient has questions about medications, if the patient has made their follow-up doctor's appointments, or if there are any other concerns. Documentation is faxed to the referring physician's office. If the transitional care nurse has concerns about the patient's care plan, or if the patient voices concerns, the patient is offered a free one-time visit in their home. The Transitional Care team also may consult the medical social workers on staff with HSHS Home Care & Hospice Southern Illinois if the patient has questions about resources available in their community. A patient is not required to be homebound, and does not have to have a skilled need to qualify for transitional care. Transitional care patients may live in a private home or assisted living.

In FY 2018, the transitional care program served 4,575 patients making 13,802 home visits and telephonic follow-up calls.



Hospice

Hospice care provides support and care for those in the last phases of life-limiting illness. Care is provided to those who have determined they are no longer interested in pursuing treatment, or are unable to continue to receive treatment because the burden outweighs the benefit.
A patient qualifies for hospice if they have a life-limiting illness and their life expectancy is six months or less.



The goal of hospice is to make the patient as physically, emotionally, and spiritually comfortable as possible, so they may remain in their home setting as long as possible with minimal disruption to normal activities. Hospice may be offered in a private home, assisted living, or nursing facility. In-patient hospital care is also available for patients who have symptoms that cannot be managed in a home setting. Hospice care is an intermittent service – the patient must be able to provide their own care or have a friend, family member or paid service to assist with their day-to-day care.

Patients enrolled in hospice are provided with any medications related to their primary diagnosis and

pain and symptom relief, as well as durable medical equipment. In addition to nurses, hospice patients have access to CNAs, social workers, and chaplains to provide holistic support at the end of life.

The referring physician may manage the patient's pain and symptom management, or the provider may choose to have the hospice medical director direct the patient's care.

Hospice patients and their families also have access to volunteer services to provide support, as well as bereavement services. A nurse is on-call for hospice care patients 24 hours a day, 365 days a year.

In FY 2018, the transitional care program served 431 patients making 12,384 home visits and telephonic follow-up calls.

Supportive Care

The primary goal of HSHS Supportive Care is to manage symptoms of a chronic or life-limiting illness to improve a patient's quality of life. People often think supportive care (also known as palliative care) is another word for hospice or end-of-life care, but this is not correct. Supportive care is provided for people while they are receiving curative or life-prolonging medical treatment. Such treatments may include chemotherapy, radiation, and surgery. It is care provided to people at any stage of their illness, from the time of diagnosis to the end of life.

Diagnoses that may qualify a patient for supportive care include, but are not limited to: kidney disease, cancer, diabetes, COPD, or CHF. Timely attention to early management of symptoms has been shown to increase quality of life, improve function, and even extend length of life. It has also been shown to help reduce the stress that caregivers feel.

The HSHS Home Care & Hospice Southern Illinois Supportive Care team is led by advanced practice nurses, who work with the patient's primary care and specialty physicians to develop an individualized plan of care for each patient based on their needs and stage in the disease process. Supportive care patients receive a combination of phone calls and visits in their home setting for symptom and disease management.

Supportive Care is a free service. Patients are not required to be homebound and can live in a private home, assisted living, or skilled nursing facility. Supportive care is an intermittent service – the patient must be able to provide their own care or have a friend, family member or paid service to assist with their day-to-day care. A nurse is on-call for supportive care patients 24 hours a day, 365 days a year.

In FY2018, Supportive Care took care of 458 patients and made 6,459 visits.

Living Our Mission

Community Outreach

In addition to providing direct patient care, HSHS Home Care has identified other ways to expand our ministry into the communities we serve. This year, we held our fourth Cram the Car, collecting over 2800 pounds of canned goods for food pantries across the Southern Illinois Division. In addition to events like this one, we represent HSHS at numerous community events including health fairs, parades, and professional conferences.

Each year, HSHS Hospice celebrates the work of our colleagues and raises funds and awareness through our Butterfly Ball. This year, we raised over $85,000 which is used to enhance patient care in our Hospice program as well as to grant Everlasting Memories to each of our patients. At the Butterfly Ball, we announce our Butterfly Release which is an opportunity for individuals to come together to celebrate the lives of loved ones. This year, HSHS Hospice hosted Butterfly Releases at four of our local Southern Illinois Division ministries to offer opportunities to colleagues and community members at the local ministry they are most connected to.

Advancing Our Quality

CMS Star Ratings

Home Health Compare uses a star rating between 1 and 5 to show people how a home health agency compares to other home health agencies on measurements of their performance. The star ratings are based on 8 measures of quality that give a general overview of performance and overall patient experience.

Across the country, most agencies fall "in the middle" with 3 or 3½ stars being the average rating across the 8 measures. A star rating higher than 3½ means that an agency performed better than average compared to other agencies. A star rating lower than 3 means that an agency's performance was below average compared to other home health agencies.

These star ratings are different from the consumer ratings that you see on websites for products like books, restaurants, or hotels that reflect averages of consumers' opinions. Since the star rating ranks all agencies from lowest to highest, some agencies will be ranked below others even though they're providing good quality care.

HSHS Home Care Southern Illinois is proud to be a 3.5 star rating for quality and 5.0 star rating for patient experience.

This year our performance improvement program is focusing on improving these 8 quality metrics.

Hospice Compare

The Centers for Medicare & Medicaid Services (CMS) is committed to improving the quality of services for patients who receive care in hospice settings, and launched the Hospice Compare Site on August 16, 2017. Hospice Compare reports information on hospices across the nation and allows patients, family members, and health care providers to get a snapshot of the quality of care each hospice provides. Hospices can be compared based on important indicators of quality, like the percentage of patients that are checked and treated for pain, or who are asked about their preferences for life-sustaining treatment. HSHS Hospice Southern Illinois provides exceptional care and is above national and state averages in all measures.

Current CMS Star Rating	
Quality	Patient Experience
	
Illinois Average - 3 Stars National Average - 3.5 Stars	CMS Quality Data - Oct 1, 2016-Sept 30, 2017 CMS Patient Experience - Jan 2017 - Dec 2017

Dedicated to Our Team

Developing Our People

Unit Base Councils

Post Acute Care has three active UBCs that have focused on patient and colleague engagement activities as well as performance improvement projects. This year in efforts to boost colleague engagement, the Hospice and Supportive Care UBCs kicked off their "King and Queens of IDT"program. Every two weeks , the team submits moments of gratitude about each other and they are tallied and awarded this honor! Home Health UBCs focused on rehospitalizations and developed High Risk for Readmit protocols as well as standardized disease specific follow-up phone call templates in order to assist with early identification of patients who may have a disease exacerbation.

Colleague Engagement

Post Acute Care has a diverse team of over 160 colleagues consisting of Registered Nurses, physical therapists, occupational therapists, speech language pathologists, Licensed Practical Nurses, Advanced Practice Nurses, Medical Social Workers, Chaplains, Volunteers, and many individuals who work behind the scenes to ensure operations run smoothly providing support to our clinicians so our patients can be served. With the experience and expertise this team brings, we are able to provide exceptional care in all of our communities. This year the Post Acute Colleague Engagement scores were 4.44 for the Home Care Program, 5.0 for the Transitional Care Team, and 3.98 for our Hospice and Supportive Care Teams.

Patient Advocacy and Legislation

The most effective way to influence change, whether it be home care, hospice, reimbursement or regulatory issues is to ensure our organization and our patients have a voice. Shawna O'Dell the director of HSHS Home Care and Hospice Southern Illinois currently holds two different seats to ensure legislation and public advocacy for our patients. She currently holds the Southern Division Director Board of Directors Seat at the Illinois Home Care and Hospice Council as well as a position on the board for the IDPH Home Health and Home Services Advisory Committee. These two advocacy positions ensure we have a voice at the table.

Certified Dementia Practitioner

We are excited that this year our two Advanced practice nurses Kelsey Frost and Shambra Collum became Certified Dementia Practitioners. The CDP® certification represents that the health care professional has received comprehensive knowledge in the area of dementia care, achievement in completing the Alzheimer's Disease and Dementia Care course /seminar, met the NCCDP requirements for CDP® certification, applied for the CDP® certification and received the CDP® certification. A CDP® certification reflects a deep personal commitment on the part of the health care professional and the organization's sense of accountability by abiding by NCCDP the Ethic's statement, inspiring confidence and dedication in an individual's professional knowledge through quality of life and quality of care provided by the CDP® to the dementia patient.

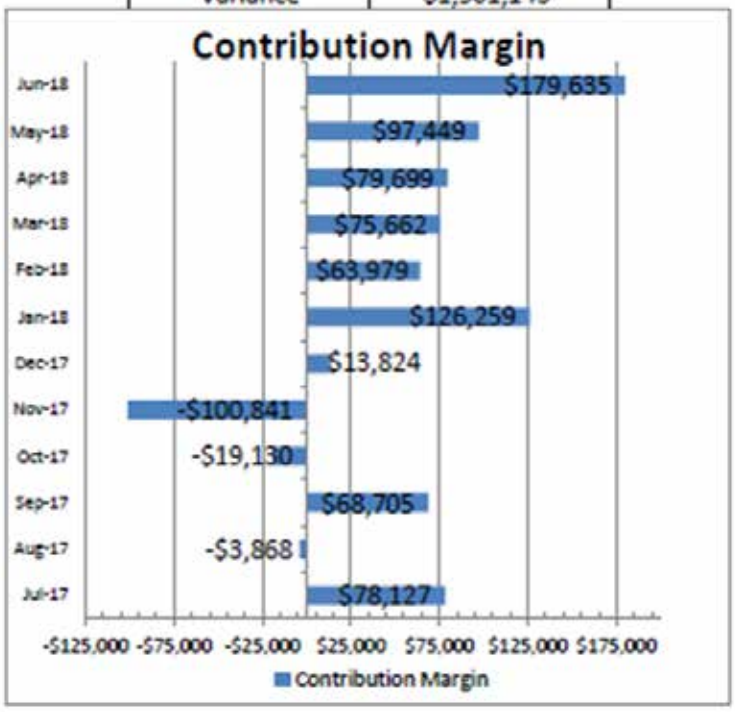
Growth for the Community

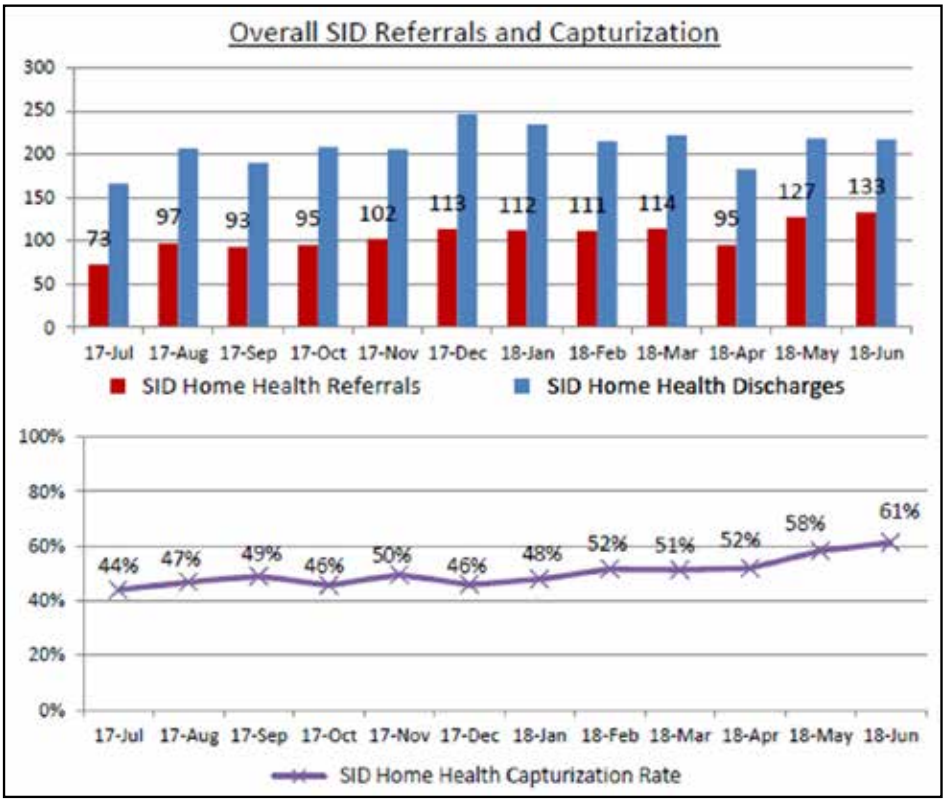
Stewardship: Operations and Finance

HSHS Home Care and Hospice continue to increase collaboration amongst the SID ministries. Post Acute Care Community Liaisons attend daily rounds at each ministry to lend their experts to help patients transition to the appropriate level of care upon discharge, community collaboratives have been developed and our Outreach Representatives have been working diligently educating our physicians, colleagues, and patients. The implementation of these initiatives has contributed to successful decrease in outmigration in the SID by 17%.

We have focused this year on financial performance and growth. This year home health and hospice collaborated with McBee Associates to implement cost savings measures to increase growth and overall contribution margin. Projects like McBee OASIS review and coding, the implementation of the Enterprise Fleet Management Program, and Medline supply management programs have been instrumental in increasing revenue by 1.01 million dollars and decreasing expenses by 3.7% resulting in a $1.5 million variance.

Contribution Margin	
Actual	$659,500
Budget	($841,642)
Variance	$1,501,143





PROUD TO BE A POST-ACUTE CARE COLLEAGUE

www.hshshomecare.org or
www.hshshospice.org

I Promise
TO MAKE A DIFFERENCE.

8,697
PATIENTS SERVED LAST YEAR

103 YRS
OLDEST PATIENT SERVED

36 HRS
YOUNGEST PATIENT SERVED

94,625
POST-ACUTE VISITS

COLLEAGUES RESIDE IN **22 COUNTIES** ACROSS ILLINOIS

POST-ACUTE CARE HAS:

- **93** Registered Nurses
- **4** LPNs
- **1** Chaplain
- **4** OTs
- **2** COTAs
- **11** PTs
- **9** PTAs
- **2** SLPs
- **1** Outreach Rep
- **14** Office Support Staff
- **2** APNs
- **10** Home Health Aides

MILES DRIVEN LAST YEAR
2,519,121
SERVING 27 COUNTIES IN SOUTH-CENTRAL ILLINOIS

THAT'S LIKE DRIVING ACROSS THE UNITED STATES ***614*** TIMES!

77 EVERLASTING MEMORIES GRANTED

MOTHER-BABY VISITS LAST YEAR
1,200

MORE THAN A JOB. IT'S A MISSION.

1 VOLUNTEER COORDINATOR **19** VOLUNTEERS

FOUR CORE VALUES

- *RESPECT*
- *CARE*
- *COMPETENCE*
- *JOY*

HSHS
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Southern Illinois

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HSHS St. Elizabeth's
St. Anthony's
St. Joseph's Breese
Holy Family
St. Joseph's Highland