Center For
H·O·P·E

The right choice for all the right reasons

September 15, 2023

Ms. Susan W. Hoskins LCSW, Executive Director
Friends Foundation for the Aging
PO Box 1081
Langhorne, PA 19047

Dear Ms. Hoskins:

On behalf of the Center for Hope Hospice & Palliative Care, a community based, independent non-profit organization that has provided continuous service for more than 40 years, we thank you for allowing us to submit the following grant proposal. As we discussed, the Center is focused on bringing the highest quality of care to every individual we can touch without consideration for their financial circumstances. Our mission drives our services and having the Friends Foundation for the Aging as a partner would be invaluable.

Comprehensive Palliative Care Program

Executive Summary

Amount of Request: $50,000 to increase Advanced Practice Nurse hours available to underserved populations

Statement of the Problem and Population to be Served:
Many seniors face serious challenges remaining independent in their own homes due to a failure to cope and/or manage chronic health issues such as diabetes, pulmonary issues, or chronic heart failure. Often, families facing the difficult task of caring for these individuals, or worse, individuals who have no one to help them, seek the emergency room as their first cry for help. These trips to the emergency room are not only expensive, but they are highly disruptive for the family and for the patient. In fact, these unnecessary trips can be disorienting and a great source of anxiety for all those concerned.

Exacerbating the problem is the fact that this issue disproportionately affects an already underserved population because they fall either above the Medicaid limits, or well below being able to afford independent care. Additionally, traditional palliative care programs that you either must travel to; or, who only "treat" the patient medically, have been demonstratively inadequate in deterring emergency room misuse, rehospitalizations, and taking proactive steps to maintain a patient's independence.

Adding to the burden that families and patients face are the seemingly contradictory policies affecting hospitals that mandate both a quick discharge and a financial penalty for readmissions. The result are patients who are confused and not adequately prepared for a successful transition to independent living. Patients going from a hospital to a rehab facility face additional pressure after their insurance benefit expires to become either long-term residents or be returned home prematurely.

Finally, the burgeoning need for a patient-centered solution is evidenced by the rapid growth of the Center's Palliative Care Program, creating a critical need for increasing available Advanced Practice Nursing hours.

Proposed Solution:
The Center, which operates 24 hours a day, seven days a week, has considerable experience providing hospice services to thousands of patients over our more than 40 year history. We have been, and remain, a leader in providing this care to underserved populations; and, are well positioned to understand their needs. Utilizing this

experience, the Center has designed a palliative care program whose goals are clear and specific:

- Maintain seniors coping with a chronic illness in their own homes; maximizing their quality of life within the limitations of their condition
- Focus on the needs of underserved populations due to either insurance issues; cultural bias; and/or language barriers
- Prevent unnecessary rehospitalizations
- Discourage and/or prevent unproductive and disruptive emergency room visits
- Provide in-hospital/facility evaluations to work with families and facilities to arrange appropriate supports upon discharge

Taking these goals into consideration, and combining them with our experience case-managing end-of-life situations with the same goals, we have designed a palliative care program that provides additional support and personnel meant to address issues that may threaten a person's independence. However, as the Center's solutions began to shape the Palliative Care Program and providers began to recognize its value, our patient population expanded rapidly, well beyond our expectations. This has created an immediate need for additional nursing hours so that patients and families can be served in a timely fashion: a critical factor in preventing rehospitalizations.

The Expansion of the Center's Plan for a Comprehensive Palliative Care Program - Action Plan:

The Palliative Care Program is a comprehensive service that utilizes a variety of professionals, including but not limited to Advanced Practice Nurses, chaplains, social workers, and volunteers to support and extend independent living. These professionals can work with the patient and/or their family to access benefits, help arrange care where appropriate, find and understand the need for respite, help coordinate multiproviders and multi-prescribers; and, attempt to intercede with other issues that may threaten a patient's independence.

Patients are referred to the program principally by hospital systems, physician consortiums, individual practitioners, and in some cases, the patients themselves. They are screened for clinical appropriateness by a licensed practical nurse who is the Center's full-time palliative care intake worker. If appropriate clinically, a patient's chart is opened and the Advanced Practice Nurse Coordinator assigns the APN and arranges for a visit based on urgency. Subsequent to the evaluation visit, a treatment plan is developed which includes the disciplines that will initially need to be involved and the frequency of visits needed. Patients are reviewed on a regular basis by the APN clinical team to ascertain whether changes to either frequency or disciplines are necessary.

In addition to providing access to an entire clinical team, the Center's research has revealed that patients are often discharged from hospitals confused about their medications; unclear as to follow up visits; or, unaware that there are important follow up steps that need to be taken. This lack of understanding by the patient and the family is a major cause of unnecessary visits to the emergency room.

In response to this need, patients in the Center's Palliative Care Program are linked to our Patient Response System, giving them and their families immediate access to a registered nurse who can instantly review their medical record, respond to their questions and concerns, and provide advice. A nurse can also be dispatched if an in-person home visit would prevent an unnecessary trip to the emergency room and/or to prevent caretaker burnout.

This approach has been highly successful with our hospice patients, and so far, having this direct access has been a substantial benefit to our palliative care patients. The program has been so successful that our census has grown from the mid-teens two years ago to approximately 125 today. This dramatic growth continues as more patients, practitioners and institutions are finding its value. This pace of growth has challenged the Center's resources and, at the same time, doubled our commitment to providing this natural expansion of our services.

To meet this challenge, the Center seeks to expand its staff by adding 40 additional hours of Advanced Nurse Practitioner time to accommodate an increase in our palliative care patient census of 40. These additional hours will be offered to our existing staff first and if they cannot or will not accept the additional hours, the Center will advertise, hire, train, orient and supervise new hires.

Other Partners for Funding

With a focus on our mission of providing care to all those who need it, regardless of an inability to pay, the Center relies on the support of various community resources. We are proud that for-profit companies, charities, foundations and generous individuals continue to trust the Center with their funds. Currently, we are/will be seeking community support for this program from the following organizations:

- The Grotta Foundation
- Gray family Foundation
- Westfield Foundation
- Carvel Foundation
- Fred C. Rummel Foundation
- John Ben Snow Memorial Trust
- EJ Grassmann Foundation
- Union Foundation
- Standish Foundation
- Leavitt Foundation

Impact

The Palliative Care Program will be evaluated from both management and clinical perspectives through:

- Pertinent clinical data points, e.g. age, diagnosis, onset of illness, etc., will be recorded and tracked to further refine our target population and the specific services that would benefit or impact them
- Patients will be tracked in terms of unnecessary visits to the emergency room; and, rehospitalizations related to the health related conditions being managed; these statistics will be compared to relevant national and state statistics as published by the Centers for Medicare and Medicaid Services (CMS); and, our expectations are that patients enrolled in our program will have better outcomes than national statistics indicate
- Surveys will be sent to program participants at the start of service and at its conclusion. Additionally, long term participants and/or their caregivers will be surveyed no less than once a year. The surveys will measure their initial ability to cope with and manage symptoms and problems associated with their health challenges; and, subsequent surveys will be used to determine program effectiveness and direction
- For patients deemed clinically appropriate, statistics will be maintained on the rate and timing of the conversion to hospice, which will be compared to the conversion rates of other palliative care programs

Additionally, every patient is assessed at every visit. Treatment plans and visit frequencies are often changed due to emerging circumstances. The palliative care team reviews patients on a regular basis and any change in circumstance, condition and/or medications are discussed and plans altered accordingly.

Diversity and the Friends Foundation for the Aging Values

The proposed palliative care program will serve a mostly elderly, but diverse population both ethnically and economically. The Center is an experienced provider of services to diverse populations as we have for 30 years maintained a facility in Elizabeth. That facility employs a multitude of nurses, social workers, housekeepers, cooks, home health aides and others whose cultures and languages are prevalent in that community such as Haitian, Portuguese and Spanish.

In addition, the Center is well versed in collaborating with other community resources; and, partnering with hospital systems and other medical providers in coordinating appropriate and beneficial treatment plans for our patients. It is precisely this expertise that informs our program and is a well-developed skill of our clinical staff. Collaboration with a plethora of community resources both governmental and nongovernmental is a constant feature of the Center's work as we continually cope with bringing services, including this palliative care program, to the uninsured and/or underserved population.

The Center is extremely proud of our staff and the way in which they have embraced the Palliative Care Program. In many cases, individual staff members have worked many hours without compensation to develop and refine the model; write policies and procedures that are applicable; hire and train new staff associated with the program; and, ensure appropriate record keeping. A special recognition has to be given to our nursing staff who embraced visiting these new patients without issue and without complaint. It is largely due to our staff's

involvement in developing this program that has allowed it to grow into a seamless extension of our hospice services; and, allowed the Center's clinical expertise to be extended to this new population in need.

In our 40 year history, we have been blessed with having several community partners who have understood the Center's value and willingly supported our numerous innovations to care over the years. We have never forgotten these partners and have never forgotten our responsibility to be good stewards of the funds they have provided. As we continue to search for ways to improve the services we provide; and, find ways to meet the expanding needs of our Charitable Care Program, community partners such as the Friends Foundation for the Aging become vital to the continuing success of our mission and its effects on the community. We thank the Foundation for taking the time to consider the Center as a worthy partner. If you have any questions, please feel free to contact me directly at fbrady@cfhh.org or by phone at (908) 889-7780.

Sincerely,

Frank Brady, MPA, RN
President