

Center For
H·O·P·E

The right choice for all the right reasons

September 15, 2025

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

Dear Ms. Hoskins:

Thank you for allowing the Center for Hope Hospice & Palliative Care in Scotch Plains, NJ to apply for support. We are very grateful for this opportunity.

We sincerely hope that you will consider continuing your support for this program and continuing to be a part of the Center's never-ending search for ways to improve the services we provide. As the needs of our patients continue to evolve, the Center's goal is to adapt to and address these needs effectively. It may occasionally appear to be an insurmountable task, but with the assistance of the community, the goal is attainable.

We thank you and the Board, officers, and staff of the Friends Foundation for the Aging for your consideration. If you have any questions or need additional information, feel free to contact me at your convenience.

Sincerely,



Frank Brady, MPA, RN
President





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Year-end Report & Reapplication Proposal Form

Date: September 15, 2025

Organization: Center for Hope Hospice & Palliative Care

TIN & Formal Organization Name: 22-2444824, Center for Hope Hospice, Inc.

Contact Name, Phone, Email: Rich Broski, 908.451.6059, rbroski@cfhh.org

Amount Requested: \$30,000

Project Title: Supporting the Center's Palliative Care Program





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Center for Hope - Friends Foundation for the Aging - 2025 Proposal

1. What is the problem you identified? Has it changed?

Many seniors in our community who are challenged by chronic and often-debilitating illnesses, and those who care for them, face many obstacles finding the support necessary to remain independent.

Often, these seniors live alone or with partners who may be equally confused on how to properly care for them. Additionally, patients and their families face inconsistent policies regarding hospital stays. Hospital systems are implementing increasingly rapid discharges while simultaneously discouraging readmissions due to financial penalties said systems would incur. Additionally, many programs require patients to seek care during traditional business hours outside the home. For essentially homebound patients, these trips create both a barrier to receiving proper care and an extreme sense of stress and guilt for family members.

Regrettably, the current medical system is inadequately equipped to provide the requisite services needed to help these seniors live a fulfilling life while simultaneously dealing with serious illnesses. Simply put, patients are not prepared for a successful transition back to independent living. Many seniors, especially underrepresented and poor populations, resort to panic-stricken calls to 911, and trips to the emergency room - trips that are unnecessary, inappropriate, monumentally disruptive, and often exacerbate problems rather than relieving them.

2. What actions did you take to address the problem?

For more than 40 years, the Center for Hope has maintained a proven track-record of providing hospice services to the community. As such, we are well aware that questions and concerns about one's health, especially for those managing a chronic illness, can arise at any time of the day or night. Traditional medical models often fail to provide adequate support or access to immediate information and assistance.

Like most problems, the lack of immediate care and medical guidance disproportionately affects the poor and the underserved. Desperate families may have used the emergency room for routine care in the past. Unless deterred by another easily accessed resource, they will automatically return to the emergency room.

To address this problem, the Center for Hope redesigned our Palliative Care Program several years ago. This program has a proven track record of meeting the evolving needs of our patients and recognizing that as more and more people are living with a chronic illness for a protracted period of



time, new and innovative approaches to care must be made.

As the Center has identified lack of immediate access to appropriate information as being a major cause of unnecessary trips to the hospital, our palliative care program addresses this by tying our palliative care patients to our existing Patient Response System. This system consists of an awake, on-site nurse available 24/7 to answer any questions and concerns that our patients may have. Typically, our experience is that patients often call with questions about increasing or decreasing their medications, symptom intensification, or general advice about dietary or toileting issues. The responding nurse can use several techniques at his/her disposal to address any concerns that may arise. A nurse can also be dispatched (at any time of the day or night, seven days a week) if an in-person home visit would prevent an unnecessary trip to the emergency room. This approach has been highly successful with our hospice patients, and thus far, having this direct access has been a substantial benefit to our palliative care patients and their families.

To respond to the need for additional guidance and support, the Center's Palliative Care Program utilizes a case management model that provides both Advanced Practice Nurses and social work services that help tie the patient to existing community resources. The Center's Palliative Care Program brings many services directly to where a patient resides. In addition to regular visits from medical professionals, the Center's program provides social workers, chaplains, and volunteers, as well as access to mobile therapies (x-ray, phlebotomy, etc.) that may be of benefit to a patient. Functioning as both advocate and case manager, appropriate palliative care staff will help arrange safe transportation to medical appointments when required; but, will bring into the home as many services as are available and necessary.

3 & 4. What did you learn? Will you make any changes in the coming year? How have you engaged any partners/collaborators in implementation or funding? Have you considered how to sustain the program?

Early on, we learned just how important and crucial the need for this service was within the communities we serve. Before redesigning the program, the Center provided palliative services to approximately 15 patients in a given year. Over the last calendar year however, approximately 600 patients and their families benefited from the Center's program.

As it has grown, as have the central expenses associated with it. Originally, we thought that while many of the services rendered are, in fact, reimbursable, many of the services and staffing costs simply were not. To gain a deeper understanding and possible solution to this issue, we have employed an outside billing agency to help the Center both analyze our records and appropriately maximize our coding practices. As a direct result of this engagement, many of the services previously considered unreimbursable may now be considered billable, however, the Center is still in the process and hopes to conclude a detailed review next year.

Furthermore, we have achieved substantial progress with numerous community partners over the past year. In regards strictly to our Palliative Care Program, we have developed and/or strengthened



relationships with both old and new medical systems to better provide services to more and more area seniors in need of them. Trinitas, St. Barnabas, and Summit Health have made solid commitments to the Center as their preferred palliative provider. We are currently developing a significant relationship with New Brunswick's Morris Cancer Center, New Jersey's first and only freestanding cancer hospital, to assist their patients with palliative services. We are also currently in discussions with private insurance providers (as Medicare Part B is presently the sole insurance plan covering palliative services) to enable the Center to extend this program to a considerably broader demographic. We are also part of the state's initiative of providing palliative care to Medicaid eligible patients to achieve this same goal.

We are also focusing our fundraising efforts towards this program. While sustainability remains a primary consideration, the consistent growth of the program is challenging the Center's limited resources. Community support has consistently played a significant role in the delivery of the Center's services, and this will continue to be the case for the Palliative Care Program for the time being.

5. How do you know your actions had an impact? Please describe those who participated, outputs and outcomes. Stories or photos are welcome.

The impact of the Center's Palliative Care Program cannot be overstated. The exponential growth of the program, along with consistent positive feedback from patients, families and referral sources, is proof of the program's efficacy and importance.

The Patient Response System is frequently utilized by participants in this program. We often receive and immediately respond to emergency calls from distressed patients, thereby preventing unnecessary emergency room visits, 911 calls and rehospitalizations.

6 & 7. Is there anything else you would like FFA to know about this project? Feedback on your interaction with FFA would be helpful. Are there ways we can help beyond the grant?

The Center would like the Foundation to know that the program you helped to fund has evolved from a service into a valuable community resource. From a handful of patients, the program has matured to now serve over 600 patients a year; 600 families that rely on the Center; and, 600 families who rely on the program's continued funding.

Additionally, the Center encourages its funders to become ambassadors of the agency's services: spreading the word to friends; family members; business associates and acquaintances that a nonprofit mission driven, community-based agency exists in their neighborhood and relies on their support for its very existence.

