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**HOSPICE &
PALLIATIVE CARE
TODAY**

July 19th, 2024

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Headlines

[Kindred and related entities agree to pay \\$19.428M to settle federal and state false claims act lawsuits alleging ineligible claims for hospice patients](#)

U.S. Department of Justice - Office of Public Affairs; Press Release; 7/17/24

Gentiva, successor to Kindred at Home, has agreed to pay \$19.428 million to resolve allegations that Kindred at Home and related entities (Kindred) knowingly submitted false claims and knowingly retained overpayments for hospice services provided to patients who were ineligible to receive hospice benefits under various federal health care programs. Gentiva's hospice operations, headquartered in Atlanta, include entities that previously operated Kindred at Home hospice locations under the names Avalon, Kindred, SouthernCare and SouthernCare New Beacon. *[Click on the title's link to continue reading.]*

Editor's Note: From [Hospice News](#), by Jim Parker, 11/1/23, "Gentiva is a portfolio company of the private equity firm Clayton, Dubilier & Rice (CDR). The Atlanta-based provider emerged from the former hospice and personal care segments of Kindred at Home. CDR last year purchased a 60% stake from the insurance mammoth Humana, Inc., (NYSE: HUM) for \$2.8 billion."

[NAHC-NHPCO Alliance announces Town Hall](#)

HomeCare; 7/17/24

The NAHC-NHPCO Alliance (the Alliance) is continuing the process of integrating the two organizations into a single, cohesive champion for the care-at-home community. The Alliance said the member voice is critical to the success of this endeavor. As such, all members of legacy NAHC and legacy NHPCO are invited to a virtual Town Hall on Wednesday, July 31, 2024 to learn more about new leadership, progress on integration, how members can stay involved in the Alliance and more. Any questions are welcome and will be answered by Alliance

leadership. The Town Hall will take place on Wednesday, July 31, 2024, from 4-5:30 p.m. ET. *[Click on the title's link for additional information.]* ... The Alliance has created [information pages](#) on each of the respective websites, which are accessible to all regardless of membership status.

Hospice Provider News

Hospice patient takes 'one last ride' as hospice wish

NBC WREX TV-13, Rockford, IL; by Derek Bayne; 7/16/24

Michael Rickert is ready to ride. "Let's hit the pavement," he said. As Rickert gets in the sidecar of Tom Dean's motorcycle, supporters can't help but get emotional. As the engine revs, Rickert, who is in hospice care, remembers why he started riding motorcycles 25 years ago. "It's like my adrenaline is so up," Rickert said. He asked for one last ride, with the Northern Illinois Hospice Foundation setting up this special moment. ... And getting his wish granted means a lot, especially going out to ride on a beautiful day. "If I wouldn't have made it two more days or a day, at least I could say one thing," Rickert said. "I got my wish."



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Mount Pleasant Correctional Facility makes donations to regional hospice and animal shelter

Fort Madison Daily Democrat; by Brad Vidmar; 7/18/24

Staff at the Mount Pleasant Correctional Facility (MPCF) presented two big checks to two worthy causes on Monday. During a presentation at the prison, a check for \$5,000 was presented to All God's Creatures and a check for \$10,000 was presented to Southeast Iowa Regional Hospice. ... The \$10,000 provided by MPCF for their donation to Southeast Iowa Regional Hospice came from a car washing and detailing program that incarcerated individuals at the prison perform for MPCF staff. Stroud explained that the prison still has a hospice room but said its lack of use in recent years persuaded staff to look consider donating money elsewhere.

Is your organization truly clinically integrated?

TCNtalks podcast; host Chris Comeaux; 7/17/24

In this conversation, Chris Comeaux and Dr. Will Faber discuss the importance of clinically integrated networks (CINs) in the Hospice and Palliative Care industry. They explore the challenges and benefits of creating a CIN, including reducing costs, improving quality of care, and competing with larger organizations. Dr. Faber explains that CINs are legal entities that allow independent providers to come together for group effectiveness, enabling them to negotiate with payers and improve quality while reducing healthcare costs. They also touch on the concept of the triple aim and the evolving concept of the quintuple aim in healthcare. CINs are attractive to hospice and palliative care organizations because they provide a way to stay independent while being part of something larger.

Hospice gets huge response as it finds Tad a new home

Beatrice Daily Sun; by Christina Lyons; 7/17/24

When the Cottonwood Hospice team wrote a Facebook post about a patient's dog that needed to be rehomed, they were not expecting the overwhelming response they received. Owner Anni Paulmeyer said Katie Genrich, a hospice nurse, had come to her with concern for a patient who needed to rehome a dog because of declining health. ... Genrich said her patient had found the white Swiss shepherd when he was a year to 2 years of age. He named him Tad because he always said "the dog was a tad much when he was younger.&rd quo; The patient cared for Tad for about nine years, but due to declining health and the need to move to a nursing facility, wanted to rehome Tad. Paulmeyer wrote a Facebook post and asked people to share the post. "A day or so later the post had been shared 2,800 times. ..."

Editor's Note: We celebrate Tad's new home! For ongoing rehoming of hospice patients' pets, become familiar with the national "Pet Peace of Mind" program, [click here for info](#), with a list of hospice organizations with whom they partner.

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Palliative Care Provider News

Can palliative care consults in hospitals improve end-of-life care?

National Institute on Aging; 7/18/24

Having clinicians automatically order palliative care increased consultation rates and expedited consultations for seriously ill hospitalized people but did not decrease length of stay, according to an NIA-funded study. The findings, published in *JAMA*, suggest that while ordering by default rather than by choice improves certain end-of-life care processes, the impact on hospital stay length is limited. ... Overall, while default orders for palliative care consultations did not reduce hospital stays, they did improve the frequency and timing of consultations as well as some end-of-life care processes, aligning with clinical guidelines for high quality palliative care.

Mergers & Acquisition News

Senior living and care on track to set mergers and acquisitions record

McKnights Senior Living; by Kathleen Steele Gaivin; 7/18/24

Mergers and acquisitions involving senior living communities and skilled nursing facilities set a new quarterly record of 183 publicly announced transactions in the second quarter, and when annualized, the sector is on track to set a new yearly record as well. That's according to data released this week by LevinPro LTC. The number of mergers and transactions in the second quarter was **21% higher** than the 151 transactions recorded in the first quarter and 49% higher than the 123 deals in the second quarter of 2023.

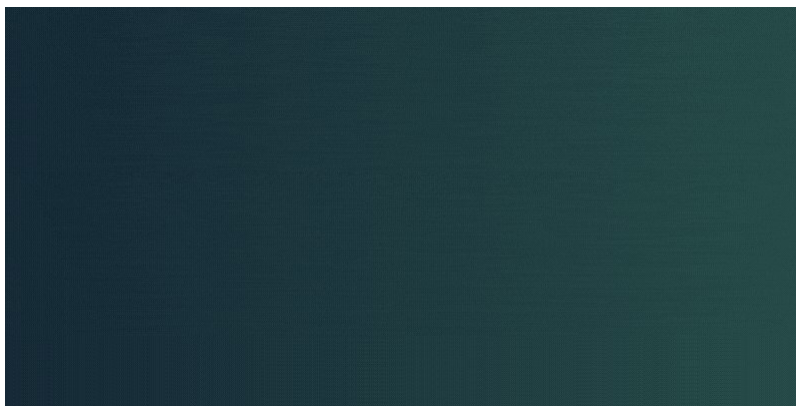
Post-Acute Care News

How to advocate for an older loved one in the ER or hospital

US News & World Report - Health; by Christine Comizio; 7/17/24

Picture your 80-year-old father in the intensive care unit needing [dialysis](#) or your 76-year-old mother with severe dementia facing emergency surgery. These scenarios are becoming increasingly common as 1 in 6 adults in the U.S. are now over 65, a number steadily rising with the aging baby boomer generation. And as our population ages, the likelihood of an older family member becoming hospitalized grows. Many of us will inevitably confront the challenges of hospitalization – oftentimes due to a medical emergency when we least expect it. The critical question is: Are you prepared? ...

Editor's Note: For hospice and palliative care professionals who have not yet experienced the serious illness needs of an "older loved one in the ER or hospital," know that personally dealing with needs requires different roles, skill sets, presence, actions, and advocacy than those in your professional role. Be true to your relationship and role with the person needing care. This practical article can be a great resource for your organization's employees, volunteers, and community education.



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Why CommonSpirit Health is investing in the home

Becker's Health IT; by Giles Bruce; 7/18/24

Chicago-based CommonSpirit Health has grown into the country's largest Catholic provider of care at home. ... *Becker's* recently sat down with Trisha Crissman, interim executive director of CommonSpirit Health at Home, to discuss the metamorphosis of at-home care. ... [In 2010] ... we established hospice as another service line for the organization. ... And that brings us to where we find

ourselves today — as the largest Catholic care-at-home provider in the country, with 84 locations and soon to be about 15 states, serving about 15,000 patients daily, with skilled home healthcare, hospice, palliative care, home infusion. We have many solution models, including "hospital at home," SNF [skilled nursing facility] at home, and ED [emergency department] diversion solutions.

Risky business: Home sweet home or nursing home?

American Nurse - Perspectives; by Christopher Hirschler, PhD, MCHES; 7/18/24

In 2018, "Nursing homes: Good intentions, sad realities" chronicled Rita Hirschler's experience in a nursing home after decades of being a private care nurse. In response to the ideas espoused in the article, namely that a person has a right to live and die in their home and risks are unavoidable whether one lives at home or in a nursing home, a commentator asked, "What is the solution?" ... According to the Center for Medicare Advocacy and Lu and Lu, ownership and sponsorship type have been shown to significantly impact the quality of care in nursing homes, with for-profits generally having lower staffing levels and poorer patient outcomes. The Centers for Disease Control and Prevention, Meyer, and KFF Health News say for-profit nursing homes now account for approximately 72% of the more than 15,000 U.S. nursing homes, and they provide varying levels of care to 1.3 million residents.

Waverly nursing home put on probation, nurse suspended in connection to death of a resident, documents show

ABC KETV-7, Omaha, NE; by Jake Anderson and Aaron Hegarty; 7/17/24

A nursing facility has been placed on probation by the Nebraska Department of Health and Human Services in connection to the death of a resident. Constance Glantz, 74, was mistakenly declared dead at The Mulberry at Waverly, a nursing home, in June. Glantz was then taken to a funeral home in Lincoln, which realized that she was still breathing. The 74-year-old, who was in hospice care, was declared dead hours later at a Lincoln hospital. A public records request by KETV Investigates shows that a state investigation into the facility in Waverly found the registered nurse on duty failed to take Glantz's blood pressure after it was believed she had died. That nurse was suspended, according to the state investigation. Documents show that the state also found a second case where a patient was not evaluated correctly. ... [Nebraska AARP Director Todd Stubbendieck] points to [Medicare.gov's tool](#), which rates nursing homes, as a

resource. He also points to [a similar tool from ProPublica](#).

Editor's Note: This follows-up to the article we posted on 6/6/24, "[Declared dead at nursing home, 74-year-old was alive at funeral home 2 hours later.](#)"



General News

Fallen nurses are honored by 'guards' in white uniforms, capes and caps

Radio Iowa; by Radio Iowa Contributor; 7/17/24

A hospital in southwestern Iowa is joining a national volunteer organization that pays tribute to nurses who have died or who are in hospice care. Registered nurse Sara Beth Jones spearheaded the effort to launch a local chapter of the Nurses Honor Guard at Cass Health in Atlantic. Jones says part of their uniform is to wear a cape that's black on one side and red on the other, much like those worn by nurses who tended to soldiers in the 1800s. ... The Nurses Honor Guard is a comprised of current and former nurses. In addition to the funerals of nurses, they attend parades, honor walks and living tributes. Besides the cape, Jones says Honor Guard participants don the traditional white uniform and cap.

Other News

Executive Personnel Changes - 7/19/24

- Angela Hospice's President and CEO Marti Coplai has announced plans to retire this year after nearly a decade at its helm. Coplai is succeeded by Jamie LaLonde, the hospice's executive director, who will ascend to the role in December.
- St. Paul's PACE named Shravan Mupparapu as the new Vice President of PACE Services
- Trinity Health has named Daniel Drake as CEO of three of the Michigan-headquartered health system's continuing care organizations. Effective August 1, Drake will take the reigns of Trinity Health Senior Communities, Trinity Health At Home and Trinity Health Programs of All-Inclusive Care for the Elderly (PACE).

Today's Encouragement

If you don't like the road you're walking, start paving another one. ~ Dolly Parton



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