

House District 1
Senate District 1

THE TWENTY-NINTH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES

Log No:

For Legislature's Use Only

Type of Grant Request:

GRANT REQUEST – OPERATING

GRANT REQUEST – CAPITAL

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Recipient" means any organization or person receiving a grant.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST (LEAVE BLANK IF UNKNOWN):

STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN):

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:

Dbn: Hospice of Hilo

Street Address: 1011 Waiuanue Ave., Hilo, HI 96720

Mailing Address: 1011 Waiuanue Ave., Hilo, HI 96720

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name LISA KWEE

Title Development & Education Coordinator

Phone # 808-969-1733

Fax # 808-969-4863

E-mail lisak@hospiceofhilo.org

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION INCORPORATED IN HAWAII
- FOR PROFIT CORPORATION INCORPORATED IN HAWAII
- LIMITED LIABILITY COMPANY
- SOLE PROPRIETORSHIP/INDIVIDUAL
- OTHER

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

CAPACITY BUILDING FOR HOSPICE OF HILO'S COMMUNITY BASED PALLIATIVE CARE PROGRAM – KUPU CARE.

4. FEDERAL TAX ID #:

5. STATE TAX ID #:

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2018: \$ 250,000.00

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
- EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST:

STATE \$250,000

FEDERAL \$

COUNTY \$

PRIVATE/OTHER \$312,800

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

AUTHORIZED SIGNATURE

BRENDA S. HO, CEO

NAME & TITLE

Brenda S. Ho, CEO

JANUARY 19, 2017

DATE SIGNED



RECEIVED

1/20/17

[Signature]



A Proposal to The Twenty-Ninth Legislature for Grants, Chapter 42F for \$250,000 to support Hospice of Hilo’s Community Based Palliative Care Program, Kupu Care *(previously named: Hawai’i Palliative Care Center)*

Background and Summary

The mission of Hospice of Hilo is to improve the lives of those we touch by offering support, guidance and compassionate care of body, mind and spirit.

Hospice of Hilo (HOH), a private, non-profit 501(c) 3 agency, has compassionately served the end-of-life and bereavement needs of the east and south portions of Hawai’i County since 1983, a geographic area of over 2000 square miles. HOH serves over 800 individuals a year, their families and the community, with a proven track record of quality care and support. In all areas of evaluation Hospice of Hilo meets or exceeds national standards for patient care and satisfaction as reported by DEYTA, a national hospice evaluation and reporting company.

HOH is Medicare certified and a member in good standing with the National Hospice and Palliative Care Organization and Hawai’i Island United Way. HOH has grown from a largely volunteer-based program, with an annual budget of \$250,000 to a structured Medicare program with 80 staff members and approximately 74 volunteers, with a current operating budget of \$8,057,379.

In August 2012, HOH celebrated the opening of its long awaited 12-bed inpatient facility. The 14,140 sq. ft. project is the first of its kind on an island outside of the main island of O’ahu, featuring not only inpatient care, but also expanded office and counseling space.

In 2016 HOH provided:

- Hospice care to **521 patients**, of which 92% were elderly and/or low-income, in their homes or inpatient care center, ensuring every individual was able to die in a dignified way, surrounded by their loved ones. **130** received comprehensive inpatient care at the Pōhai Mālama Care Center.
- Free grief support services to individuals and families in hospice care and the community at large. **350 individuals** served in 2016, received over **1500 hours** of grief support. Of these individuals served, **76** were children.
- Comprehensive palliative care support to **43 patients** in the rebranded Kupu Care Program, providing an extra layer of clinical and emotional support to seriously ill patients. *(From April-December 142 referrals were received, 43 patients fit program qualifications)*

Project Background History

2004 – The HOH Board of Directors identified a gap population they considered underserved

and/or un-served, individuals diagnosed with a life-threatening disease, but still seeking and undergoing curative treatments. In this disease stage they would not qualify for the Medicare Hospice benefit. Office space was added to the design of the new inpatient facility to accommodate the planned for palliative care program.

2012 – Construction of the inpatient care center was complete, thanks in large part to support from the State of Hawai'i and County CDBG funds. Over the next two years, with the assistance of grants from HMSA and Hearst Foundations, as well as County and State funds, HOH was able to begin the initial planning phase of the emerging palliative care program, establishing the business model needed for program launch.

February 2014 – The Hawai'i Palliative Care Center's (HPCC) Phase 1 launched. Because of the critical need for the program, HOH chose to do a limited pilot rollout of services while it continued to raise funds to create the capacity for the complete program.

2015 – The program was temporarily suspended in order to reorganize for greater sustainability. A combination of poor reimbursement rates from insurance providers and misconception of the program's role hindered the original program's ability to thrive. HOH set in motion a three-year plan to create continued patient census growth and increase provider network referrals for its Community Based Palliative Care (CBPC) Program, leading to more patients accessing palliative care and reduced suffering in our seriously-ill population. Through a multi-year grant from the Harry & Jeannette Weinberg Foundation, as well as support from the Twenty-Seventh Hawai'i State Legislature and the Hawai'i County Grant-in-Aid programs, HOH has completed year one of its CBPC Program's Capacity Building Plan, and is already showing **extremely positive results** since re-launching service to patients in **April 2016** under the rebranded program: **KUPU CARE**.

Thanks to grant funding acquired in 2015, HOH has been able to hire a key position, the Clinical Relations Manager (formerly titled: Care Coordinator), who is diligently working on current year two goals:

Year One: FY2015-16 (Completed)	Year Two: FY2016-17 (In Progress)
Identify current barriers to program acceptance and use in East Hawai'i	Expand the program to incorporate a Care Coordination service to pair with palliative care support to the serious/chronically ill
Restructure team and program to break down barriers to access and improve program deliverables. Hire new key team members	Create Community Partnerships to breakdown silos. Ensuring continuation of the service beyond the grant period is key, working hand in hand, to best leverage grant funds for sustainability.
Create customer relevance and awareness of the proven benefits of palliative care through a robust marketing campaign that is branded and educational	Launch Community Awareness Campaign providing educational orientations for the community and health care providers, that are both enriching and interactive, to raise awareness about the importance of palliative care and its ability to reduce suffering in East Hawai'i.
Remarket to/Educate the community and health care providers (see www.kupucare.org)	

Hospice of Hilo humbly seeks assistance from The Twenty-Ninth Legislature for Grants Chapter 42F to help ensure its palliative care program, Kupu Care, establishes a firmly rooted and sustainable operational capacity.

Goals and Objectives Related to Request

“Before Kupu Care I was going to the Emergency Room at least once a month. It’s been four months with Kupu Care and I haven’t visited the Emergency Room yet.”-W.C. Panaewa

Main Goals FY2016-17 & FY2017-2018
1. <i>Increase Patient’s Served by a minimum of 30% over FY2016-2017</i>
2. <i>Expand program to offer palliative care support to serious/chronically ill in new disease categories</i>
3. <i>Expand Trainings to health care providers, and Community Education and Awareness Campaign</i>
4. <i>Plan and Launch Telemedicine Component</i>
5. <i>Hire Consulting Organization to develop a plan for reform of reimbursement models</i>
6. <i>Work with insurance providers to reform reimbursement models</i>

The word Palliate means to relieve, reduce, alleviate and soothe. While palliative care and hospice care are associated, they serve two very different functions. Hospice care is focused on bringing **comfort** to the pain and symptoms caused by a terminal illness for patients who are no longer seeking a cure, and with a life expectancy of approximately six months or less. Currently, Kupu Palliative Care addresses **relief** of a patient’s pain and symptoms from advanced stage congestive heart failure and any stage of cancer **while allowing for curative treatment**, with the expectation of the patient living many years.

Palliative care is defined as “coordinated interdisciplinary care for people with a serious illness with a special emphasis on pain and symptom management, focusing on patient choice and goals of care.” Palliative care focuses on improving a person’s quality of life when he/she is dealing with a serious illness. Diseases that not too long ago would mean certain death are now treatable. Even if a disease can’t be cured, it may be treated as a chronic condition.

The difference between hospice and palliative care? **All hospice is palliative care, but NOT all palliative care is hospice.**

Palliative care seeks to:

- Alleviate a patient’s pain, symptoms, depression and anxiety from a chronic illness while improving hope and increasing quality of life
- Reduce emergency department visits and avoid hospitalizations, which are often associated with preventable medical crises and increased anxiety and stress among patients and caregivers
- Educate patient on illness, coordinate care and medications
- Provide extra emotional support for patient and family
- Provide support for patients seeking curative treatment
- Collaborate with patient’s Primary Care Physician on Care Plan
- Reduce increased health care costs

RATIONALE FOR PALLIATIVE CARE — The aging of the population, success of high technology medicine at prolonging the lives of those who remain seriously ill, and the increasingly fragmented medical system make it difficult for clinicians to provide the full range of services required by patients with serious illness and their families. Multiple studies have shown that, across a range of serious illnesses (cancer, dementia, end-stage renal disease, cardiopulmonary failure), palliative care services improve patients' symptoms and the quality of end of life care, allow patients to avoid hospitalization and to remain safely and adequately cared for at home, lead to better patient and family satisfaction, and significantly reduce prolonged grief and post-traumatic stress disorder among bereaved family members.

Cost Savings:

Over 40 percent of households in which a family member is struggling with one or more complex, chronic conditions faces medical bills that exceed their financial assets. And studies have shown that patients with one or more chronic conditions represent approximately 5% of the total patient population but account for more than half of health care costs.

Palliative care is documented to lower the cost of care by reducing visits to the emergency department, ICU days and in-hospital stays. As a result, Medicare beneficiaries and family caregivers avert high out-of-pocket expenses.

A study by Dr. Dana Lustbader and colleagues recently published in the *Journal of Palliative Medicine* reported the results of a retrospective analysis of the impact of home-based palliative care on total cost of care and resource utilization for patients in a Medicare Shared Savings Program ACO. The total cost per patient during the final three months of life was **\$12,000 lower with home-based palliative care** compared with usual care (\$20,420 vs. \$32,420), with significant cost reductions in both Medicare Part A and Part B. Hospital admissions were reduced by 34% in the last month of life.

Community Based Palliative Care (CBPC) programs provide important continuity of care for patients who are discharged from the hospital after being seen by an inpatient palliative care consultation service. In addition, community palliative care providers can act as consultants for patients who are not hospitalized but who have serious chronic illnesses, symptom distress, and difficulty managing complex treatment regimens. Community palliative care teams provide pain and symptom management, psychosocial and family support, skilled communication about patient and family concerns and priorities and how to address them, and coordination of home care needs, including housing, food, transportation, and equipment. **Patients receive palliative care in conjunction with life-prolonging disease treatments.** When initiated early in the disease course, community palliative care improves clinical and quality of care outcomes, including better survival.

Kupu Care, Hospice of Hilo's Community Based Palliative Care Program, treats the **whole** person. This means it treats the physical, spiritual, and emotional needs of the patient. The Kupu Palliative Care Team doesn't just manage pain. The team of clinical professionals, consisting of

a Nurse Practitioner (APRN), Social Worker (LCSW), Registered Nurse, and Spiritual Counselor, show patients and their families how to best cope with their illness by clarifying goals of care (including advance care planning), coordinating care (especially care transitions), and providing education and emotional support for patient and caregiver. In addition, the program provides companionship and lite chore duties by trained volunteers.

The purpose of Kupu Care’s Community Based Palliative Care (CBPC) Program is to:

- Deliver high quality, well-coordinated medical care at a lower cost; accessible to all income levels
- Establish patient’s goals of care through skilled communication and management of complex pain and symptoms, meeting seriously ill patient’s needs and helping avoid unwanted and expensive crisis care
- Increase patient and family satisfaction, while improving patient’s quality of life

Leading to:

- better outcomes for populations,
- better patient experience of care, and
- lower total costs on the health care system.

Target Population to be Served

Hospice of Hilo serves a market with a high population of Medicare enrollees, many of whom are dually eligible for Medicaid. As our island’s senior population continues to grow, and health care focus shifts from acute to chronic illnesses, the need to change from one-time interventions that correct a single problem to the ongoing management of multiple diseases and disabilities increases. In addition, the poverty rates of the East Hawai’i community are double and triple the average rates in the State of Hawai’i and make up the majority of the service area for Hospice of Hilo. These are potential patients and families who face great barriers to accessing preventative health care, comprehensive education and support about their clinical options and needs, and are most likely to wait until a crisis emerges before going to the emergency room for care.

With the navigational and symptom support provided by Kupu Care, these two key patient populations will have outpatient guidance that will establish a plan of care aligned with their needs and wishes, thus potentially alleviating patient trauma, and reducing cost burden on the local health system. **By providing a line of health care support that does not require a 6-month prognosis and allows for continuation of curative treatment, this comprehensive service is able to overcome the fear that would keep seriously ill patients from accessing the comforts of palliative care.**

“As a physician serving a large aging population, it’s reassuring to know that my patients can continue to get care beyond my office doors, in the comfort of their own homes. The Kupu Palliative Care program helps those who are dealing with a serious illness but not ready for Hospice, have a care option. Kupu Care helps to reduce, alleviate and relieve their suffering, for patients and families who otherwise would have no support once they leave my office.” – Daniel Belcher, MD – Hilo, Hawai’i

Geographic Coverage

Hospice of Hilo’s service area covers 60% of the population of Hawai’i Island (Total Population Estimate 198,428 – 2015 Census Data) from Laupāhoehoe to Ka’ū – South Point, a driving distance of 97.6 miles. East Hawai’i consists of an extraordinarily diverse region- socio-economically, culturally and almost just as important, topographically.

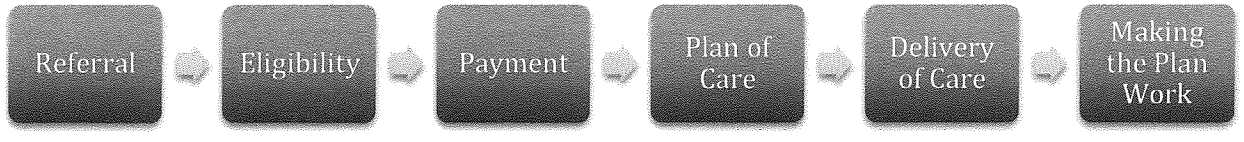
Hawai’i County residents aged 65 and older total 18.3%, the highest amount of seniors per population in the state. Additionally, those living in poverty total 18.3% – the highest level statewide as well. On the neighbor islands, Hawai’i County also sees the highest level of Veterans at 15,314. Hawai’i County, by far, is the largest rural area statewide, and the majority of its population are counted as rural residents.

The geographic challenges and population makeup of Hospice of Hilo’s service area create the greatest diversity of need out of any hospice in the state.

Service Summary and Outcomes

The April 2016 relaunch of our palliative care program has successfully completed its year one goals (outlined on page 2), and is diligently at work on year two (FY2016-2017). The program’s main goals 1-6, in the chart on page three, represent the overall focus of our growing program over the next two years (FY2016-2017 & GIA grant year – FY 2017-2018).

Scope, Tasks and Responsibilities



Referral –

When a person is suffering from either advanced stage Congestive Heart Failure or Cancer and can no longer handle the symptoms on their own; a Kupu Palliative Care referral is initiated by either the person’s Primary Care Physician (PCP), Specialist, ER physician, Hospitalist, Hospital Discharge Planning Department, Emergency Medical Technician, Public Health Nurse, County Office of Aging, or self-referral from the patient and/or family to the Kupu Care Coordinator. The referral source is called within one (1) business day of receipt of referral. The Kupu Care Coordinator provides administrative support in processing all referrals, making contact with patients to set up initial APRN and RN visits, communicating with referral sources, providing clinical data tracking, collection, entry and reporting.

Eligibility –

Once referral is received, steps to acquire all pertinent information about the potential patient begins. The PCP is sent a request for patient medical records, the last three (3) visit notes, any lab work reports, and insurance information. A request for a Kupu Palliative Care consult/admission order is also requested asking for the PCP’s

acknowledgement/agreement that he/she believes the Kupu Palliative Care program would be beneficial to his/her patient. Once all the medical records are received with the consult order and are reviewed by the Kupu Care Registered Nurse (RN) and the Nurse Practitioner (APRN) for verification of the eligible diagnosis of either advanced stage congestive heart failure (CHF) or cancer the patient is contacted directly to set up an initial visit by our Licensed Clinical Social Worker to offer the consultative services of the program and do the first assessment.

Payment –

A review of the patient's insurance plan is done to determine whether or not there is a co-pay from the patient, and if there is, what that percentage will be (20% or 10%). The patient is made aware of this upon initial contact. If patient has dual coverage with both Medicare and Medicaid there is no co-pay. All visits by the Nurse Practitioner, and Social Worker are billed to the patient's insurance plans (HMSA, United Healthcare, 'Ohana, Aloha Care and Quest), as well as Medicare.

Due to current Medicare and private insurance reimbursement models, **all other visits made to the patient by the Registered Nurse, and Spiritual Counselor, and all related administrative program costs are not billable or reimbursable at this time.** Until reimbursement models are reformed, the remaining cost of care is covered by grants, fundraising and private donors.

Plan of Care –

The purpose of the Plan of Care is to improve the patient's Quality of Life by reducing and relieving the physical signs of the disease, such as pain, nausea, dizziness, lack of appetite, exhaustion, constipation and other symptoms with medications, therapy, education of the disease and actions that can be taken by the patient such as simple exercises or a change in diet. The Plan of Care also helps ease stress about emotional and/or social worries.

When developing the plan, the care team ensures the patient and family clearly understand his/her illness, and the options available for care and treatments.

- **1st Visit:** Social Worker explains program benefits and gets consent forms signed to enter program. Social Worker also assess patient's psych-social needs and home environment. Recommendations are documented for the care team on actions to support and improve the patient's Quality of Life.
- **2nd Visit:** Nurse Practitioner (APRN) does a full medical assessment of the patient, and documents her recommendations for the patient-centered plan of care for team review.
- **3rd Visit:** RN visits the patient after reviewing the recommendations from both Nurse Practitioner and Social Worker and sets up care parameters. With all information gathered, the RN will discuss the goals of care with patient, and other family members designated by the patient.
- **Once agreement is reached** on the patient-centered plan of care outlining the goals, the plan is documented, discussed with patient's PCP for input and/or

changes and shared with the Kupu Care Team. A copy of the plan is then distributed to the patient and any other person the patient designates, along with the patient's PCP and specialists involved in treating the patient. All would also receive any revisions to the plan in the future.

Delivering care –

The **RN teaches the patient** how to measure and keep track of health parameters set forth in the agreed plan of care, such as keeping a log of their daily weight and blood pressure. The RN also reviews all medications in the home, discussing the dosing and frequency of taking the medication with the patient, and educating him/her on the purpose of each.

Medication reconciliation for the patient is a key program component, as many patients keep medications prescribed by their PCP, Specialist, ER doctors and Hospitalists that are often expired, belongs to a deceased relative or are in conflict with other medications, causing more or worsening symptoms.

The **Nurse Practitioner (APRN)** will usually make no more than one visit to the patient per 4 to 6-week period at the patient's home or at doctors/specialist office.

- Additional visits could occur if managing symptoms becomes difficult and RN requires a higher level of clinical expertise.
- The patient is instructed to use the 24/7 telephone number for any issues or problems that may arise.

The **RN follows up** with the patient at least every 7 to 14 days.

- Attends key meetings between the PCP and Specialists with patient regarding his/her treatment to ensure RN is kept up to date with any changing information around patient's care regimen.
- Ensures that home health staff, if needed, fulfill obligations and there is no duplication of services.

The **Social Worker (LCSW) and Spiritual Counselor** have normally one or two visits a month at patient's home, doctor's office or over the phone. These visits also include the patient's family and/or caregiver, who may need support as well.

- Social worker addresses the psychological, social and financial needs such as assisting with Medicaid application or connecting the patient to community resources and doing Patient's Advanced Health Care Directive.
- Spiritual Counselor provides emotional and spiritual counseling, helping the patient and family find peace of mind.
- Depending on the Plan of Care, **trained volunteers could be integrated** to offer lite household chore duties on a limited basis, and companionship to read, play board games, and listen to music or simply to "talk story." Volunteer visits also offer much needed respite for caregivers to lessen their burnout.

The **Kupu Care Coordinator** serves as the communication hub for the care team ensuring all communications are flowing to PCP's and specialists each week, capturing clinical data daily for tracking and collection.

Making the Plan Work –

- Patient presented at Kupu Care Program’s staff meeting at least every 15 days where the Plan of Care is reviewed.
 - Kupu Care Coordinator maintains the Action Register that lists and tracks, on a weekly basis, any additional actions needed from specific disciplines (such as social worker, RN, Spiritual Counselor, etc.) to improve the patient’s current situation
 - Kupu Care Coordinator ensures monthly updates on the patient’s status are sent to both the patient’s PCP and Specialists who are directly involved with the patients’ care (if significant changes occur, reassessment takes place).

PROGRAM GOALS IN DETAIL

GOAL #1 – Increase Service:

Increase Patient’s Served by a minimum of 30% over FY2016-2017

GOAL #2 – Expand disease categories:

In GIA grant year FY2017-2018 we will seek to add those patients suffering from COPD and Kidney Failure.

GOAL #3 – Awareness:

Referral Sources	Referral Percentages
Oncology	48%
Hilo Medical Center	36%
Community Physicians	10%
Office of Aging/Insurance Providers/Self	6%

Education and collaboration is paramount to this awareness process and marketing of the Kupu Palliative Care Program. The referral sources to the Kupu Care program have been established with the East Hawaii Independent Physicians

Association (EHIPA) that represents over 80 physicians in East Hawai’i, the Hawaii Pacific Oncology Clinic (HPOC) , Self/Family Referrals, Hilo Medical Center (HMC), Hawai’i Island Family Medicine Center, Community Physicians, Specialists (Cardiology, Pulmonary, etc), Hilo, Kea’au, Pāhoa, Na’alehu Bay Clinics, Ka’ū Hospital, Bayada Home Health, Insurance carriers such as HMSA, Aloha Care, ‘Ohana Care, United Healthcare, County Office of Aging, and the Department of Health’s Public Health Nurse.

More work, more education and direct experience with the Kupu Care program is still needed for all the referral sources to fully understand the depth of the program and ultimately, turn them into solid Kupu Palliative Care advocates.

Additionally, HOH continues its partnership with Barry Taniguchi’s non-profit Community First and their Regional Health Improvement Collaborative (RHIC), to address the issues and opportunities affecting our community’s health.

HOH’s Clinical Relations Manager is charged with building upon these relationships, to create awareness through education and collaboration.

Strategy: empower and educate community to take control of and actively participate in their own health care.

As a key marketing initiative an overarching “*Where Quality Of Life Matters*” campaign will be created utilizing a strategic media mix approach via internet, radio ads, radio interviews, local Health care events, caregiver classes, press releases, community TV and sharing of stories on the speaker circuit.

<i>Where Quality of Life Matters-Campaign Overview</i>
<i>Expansion of Palliative Care Presentations</i>
<i>Launch Caregiving Workshop Series, Collaborate with other non-profit organizations and businesses to provide classes</i>
<i>Expand General Palliative Care Presentation Series</i>
<i>Website Optimization</i>
<i>Social Media Optimization</i>
<i>Video, Stories of Impact</i>
<i>Expand Use of Radio</i>

GOAL #4 – Telemedicine:

The rural nature of Hospice of Hilo’s service area, coupled with its high poverty rate and seniors over the age of 65, creates special challenges for its residents. Geographic distance and topographic challenges due to lack of safe roads, or infrastructure, create circumstances where one patient may take 10 minutes to reach, and their circumstances allow for a one-hour visit, while another, which is just twice the distance away, will take hours to reach. And because of the patient’s severe illness and symptoms or the dynamics within the family, can take half a day to stabilize or mediate.

Patients and families residing in rural areas deserve the same level of care and support as those living in easily reachable locations. Hospice of Hilo is dedicated to ensuring every person in need of their services receives them, and will continually strive to provide the additional manpower and resources required to meet the needs of this impoverished and challenging population. For this reason, goal four (4) is to **complete the planning and implementation of a Telemedicine component** to the care we provide.

Many patients in the East Hawai’i service area are challenged with:

- Long travel distances from their place of residence to reach their health care provider
- Lack of reliable transportation
- Chronic conditions which make travel painful, and sometimes dangerous

Telemedicine is the use of telecommunication and information technology to provide clinical health care from a distance. It helps eliminate distance barriers and can improve access to medical services that would often not be consistently available in distant rural communities.

With telemedicine, remote patient monitoring through mobile technology would allow patients:

- to reduce the need for outpatient visits
- enable daily health monitoring, remote prescription verification and drug administration oversight

This creates a situation where patients can receive real-time oversight by their care team, ensuring better health outcomes for the patient, while reducing the overall cost of care.

Telemedicine can be especially beneficial to patients suffering with chronic conditions. For this component of the Kupu Care program, HOH would partner with Ho’okele Health Navigators LLC, a private duty home health company located on O’ahu, who completed a successful telemedicine pilot project under the Beacon Grant using their computer program and software design named, iHealthHome. The telemedicine component would:

Telemedicine
<i>Set up computer tablets/laptops patients’ homes</i>
<i>Provide patients with biometric devices; blood pressure machines, scales, oxygen readers, sugar monitors etc.</i>
<i>Instruct and train patients on device usage</i>
<i>Automatically store patients’ measurements and allow for remote care team access to information</i>
<i>Setup of Skype for as needed patient/care team check ins, to be initiated by either side</i>

These steps will allow for real time monitoring of patient health fluctuations that might indicate any impending health crisis, allowing the Kupu Care team to more effectively care for our rural community.

GOAL #5 & #6: Reimbursement Models

Discussed in the ‘Future Sustainability Plan’ section of this application located on page 17/18.

Projected Annual Timeline

The necessary groundwork and planning are in place to begin implementation of goals 1-6. The model of care is already in place to allow for goal two’s expansion of care to additional chronic conditions to begin at the time of this application – FY 2016-2017. Goals 3-6 have longer reaching needs for implementation and will begin in FY 2016-2017, but will need to be continued into FY 2017-2018, in order to ensure success.

Assurance and Evaluation

The complexity of Hospice of Hilo’s operations and services are reflected in an effective, ongoing, organization-wide and data-driven quality assessment and performance improvement (QAPI) program. The QAPI Program encompasses all aspects (clinical and non-clinical) of the operations and services. The program monitors the effectiveness of services provided and target areas for improvement in the areas of patient outcomes, processes of care, other services and overall HOH operations.

HOH's Mission, Vision and Values provides the fundamental platform for the QAPI program. The Balanced Scorecard developed by the Board of Directors provides the framework for the QAPI Plan. Additionally, the Hospice and Palliative Care Organization (NHPCO) Ten Components of Quality and the Centers for Medicare and Medicaid Services (CMS) Hospice Condition of Participations (CoPs) rules provide guidance in formulating the plan.

HOH values community and client feedback, therefore every program that touches a client and their family, and each outreach presentation conducted, includes evaluation surveys.

Measures of Effectiveness 1-9

Performance Measure – Objective 1: Expand to new disease categories
<ul style="list-style-type: none"> • Add care categories of COPD and Kidney Failure
Performance Measure – Objective 2: Provider Trainings
<ul style="list-style-type: none"> • Initial in-service trainings to: (Updated every 6 months) <ul style="list-style-type: none"> -All Primary Care Physicians in East Hawai'i -Bay Clinic, Long-term Care Facilities, Private Care Homes -Community specialists with updates every 6 mo. -Hilo Medical Physicians' Residency Program & Hilo Medical Nurses' Program • Monthly in-service trainings to: <ul style="list-style-type: none"> -Hilo Medical Center/Ka'ū Hospital staff
Performance Measure – Objective 3: Feedback from Providers and Patients
<ul style="list-style-type: none"> • Conduct Provider Survey every 6 months • Conduct Patient Surveys
Performance Measure – Objective 4: Implement Marketing Campaign – “Where Quality of Life Matters”
<ul style="list-style-type: none"> • Update HOH website content, structure and visual presentation, link to Kupu Care website, allowing referrals to be made online 24/7 • Expand cross platform use of social media • Develop 1 min video testimonials to show program benefit • Create E-News Letter for partners/stakeholders with stories of impact/program updates • Run Ads across major radio local stations, talk show spots with Naleo TV • Submit targeted Editorials/Press releases
Performance Measure – Objective 5: Community Workshops
<ul style="list-style-type: none"> • Provide community presentations through partner collaborations with organizations such as: (Office of Aging, Senior Centers, AARP Hilo, Service Clubs, Chamber of Commerce, Community Church Groups, and Caregiver Support Groups) • Collaborate with Blue Zones Project, Community First and other groups to promote caregiver topics such as: <ul style="list-style-type: none"> - How to Balance Caregiving of a Loved One while at Work - How to Provide Caregiving from a Distance - How to Avoid Caregiver Burnout and Isolation
Performance Measure – Objective 6: EMR Implementation / Interfacing
<ul style="list-style-type: none"> • Implement internal Electronic Medical Records (EMR) system – Health Care First • Maintain security & HIPAA Requirements • Interface with the EMR system used by both Hilo Medical Center and Hawaii Pacific Oncology Center for ease and expediting of Kupu Care referrals

Performance Measure – Objective 7: Telemedicine
<ul style="list-style-type: none"> • Establish contract with Ho‘okele Health Navigators, LLC for technology services • Install technology in patient homes and conduct patient trainings • Implement remote Monitoring of patients’ health – maintain connection between in-person visits • Collect data per patient, send data to PCP or specialist • Intervene in real time when patient health declines to avoid ER visits and Hospitalizations
Performance Measure – Objective 8: Hire Consulting Organization–NHPCO Edge
<ul style="list-style-type: none"> • Hire Consulting Organization to gather data and assist in developing a payment model option that is a win-win-win for the patient, the payor and the palliative care provider, as well as fine tune program’s policies and criteria
Performance Measure – Objective 9: Reform Reimbursement Model
<ul style="list-style-type: none"> • Partner with insurance providers, begin Implementation and testing of new payment model

A 55-year old Asian male was admitted to the palliative program in April 2016 due to Heart Disease. Between December 2015 to March 2016 he had three ER visits, since being with Kupu Care, he has had no hospital visits. Effective patient education and symptom management often can decrease the incidence of disabling events and suffering associated with heart failure. At the start of our service he was seeing his doctor once a week, he went down to twice a month and now is down to once a month. The patient has said, “if it were not for Kupu Care I would be dead”.

Financial – Budget

Budget Attached.

Quarterly Funding Request:

<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Total Grant</i>
\$62,500	\$62,500	\$62,500	\$62,500	\$250,000

FY2017-2018 Additional Requested Sources of Funding:

<i>Funding Source</i>	<i>FY2017-2018 Estimate</i>
Harry & Jeanette Weinberg Foundation	\$50,000 - <i>awarded in multi-year grant</i>
Other Foundations	\$185,000
Fee for Service	\$77,800
Total:	\$312,800

Tax Credits: Hospice of Hilo has not received state or federal tax credits in the last three years. Hospice of Hilo does not anticipate applying for any state or federal tax credits pertaining to capital projects in the near future.

Government Contracts List – Attached.

Balance of Unrestricted Current Assets as of December 31, 2016:

\$9,032,173.74

Necessary Skills and Experience

Hospice of Hilo (HOH) has compassionately served the end-of-life and bereavement needs of the east and south portions of Hawai'i County since 1983. HOH is Medicare certified and a member in good standing with the National Hospice and Palliative Care Organization and Kōkua Mau: Hawai'i's Statewide Association of Hospice and Palliative Care. HOH is also a longstanding partner of Hawai'i Island United Way. Overseen by a 15-member board of directors made up of prominent community leaders, HOH serves over 800 individuals a year, their families and the community. **(See Attachment A—Board of Directors)**

In August 2012, HOH successfully concluded its \$10 million dollar capital campaign with the opening of its 12-bed inpatient facility, featuring not only inpatient care, but also expanded office and counseling space, as well as housing HOH's palliative care program – Kupu Care.

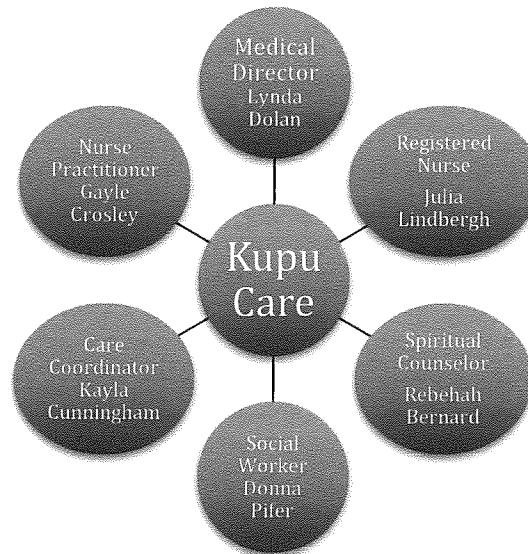
The 80 members of the organization's staff and management team bring a wealth of training and experience to every interaction. Each doctor, nurse, social worker and counselor employed by Hospice of Hilo approaches their work with an acute understanding of the needs of those who are seriously ill, and approaching the end-of-life.

Since the opening of Kupu Care, HOH has worked tirelessly to form vital bridges with other crucial health care providers and organizations within the community, collaborating with them to educate their staff and encouraging them to educate each other and the community on the importance of palliative care, all while providing palliative care consultation services and support for patients and their families.

Facilities

Kupu Care administrative offices are housed in the 14,140 sq. ft. Pōhai Mālama a Harry & Jeanette Weinberg Care Center, located at 590 Kapi'olani St. Hilo, Hawai'i. Kupu Care palliative care support is provided either at the patient's home, private care home or in conjunction with a doctor's visit at the doctor's office.

Staffing Pattern



*Additional support staff

- **Medical Director** – MD for patients enrolled in the palliative care program.
- **Nurse Practitioner (APRN)** – Able to prescribe medication, and diagnose and treat acute, episodic, or chronic illnesses
- **Registered Nurse (RN)** – Provides general healthcare support to APRN and MD, certified in hospice and palliative care
- **Social Worker (LCSW)** – Assists patient and family with resources and Advanced Health Care Directives
- **Spiritual Counselor** – Addresses patient and family’s spiritual needs, including anticipatory grief
- **Care Coordinator** – Schedules appointments, keeps records and aids in tracking information

*Additional support staff – Human Resources, Medical Billing, Volunteer Coordinator

Supervision and Training

Lynda M. Dolan, MD—Medical Director

Kupu Care is overseen by Dr. Lynda Dolan, a practicing Family Medicine doctor in Hilo. Dr. Dolan serves as the Vice President of the East Hawaii Independent Physicians Association and is affiliated with multiple hospitals in the area, including Hale Ho'ola Hāmākua and Hilo Medical Center. She received her medical degree from State University of New York Upstate Medical University and has been in practice for more than 20 years. As the Medical Director for all programs under the Hospice of Hilo umbrella, Dr. Dolan provides direction and has overall responsibility for all medical

aspects of the Kupu Care Program. She is part of the Interdisciplinary Team and works in cooperation with a patient's primary care physician.

Lani Weigert – Clinical Relations Manager

As the Clinical Relations Manager, Lani brings over 30 years of Marketing Development and Public Relations expertise into the organization from years within the tourism, business and leadership sectors. Lani supports the work of our community's physicians by connecting them with the Kupu Care team. In addition, Lani is available to answer any questions about the Kupu Care Program from interested patients and their family members. Lani also provides educational forums to community groups about the benefits of Kupu Care.

Brenda S. Ho, MS, RN – Chief Executive Officer

Providing general oversight and direction for Kupu Care is Hospice of Hilo's CEO, Brenda S. Ho, MS, RN. Brenda oversees and is responsible for the overall daily management and administration of Hospice of Hilo. Under the general direction of the board of directors and in accordance with policies set forth by the board, she has full authority over the approved budget and the hospice program. Brenda's exceptional leadership has led the organization from a small agency serving an annual census of 40 patients in 1990, to an organization with an average annual census of over 500 patients in 2016.

In July 2016, Brenda returned to the Board of the Hawai'i Healthcare System Corporation's East Hawai'i Regional Board after serving two consecutive terms from 2007-2014. She also serves on the board of Kōkua Mau (the state-wide Hospice and Palliative Care Organization) and is a member of the Steering Committee of the East Hawai'i Regional Health Improvement Collaborative (RHIC).

Organization Chart

See Attachment B – Current Hospice of Hilo Organization Chart

Compensation

Chief Executive Officer	\$160,000
Nurse Practitioner (APRN)	\$127,500
Director of Clinical Services	\$90,000

Other

Litigation

No pending litigation or outstanding judgments.

Licensure or Accreditation

Hospice of Hilo is Medicare certified and in good standing regarding all Medicare conditions of participation.

Private Educational Institutions

Award will not be used to support or benefit a sectarian or non-sectarian private educational institution.

Future Sustainability Plan

Studies have shown that patients with one or more chronic conditions represent approximately 5% of the total patient population but account for more than half of health care costs.

Research also shows that when palliative services are involved, patients receive significantly better support, and cost of care decreases greatly due to better pain and symptom management and improved knowledge of goals of care.

Due to the urgent health needs of the East Hawai'i community, HOH launched its palliative care service in a limited pilot roll out, later completing a restructuring and rebranded of the program, as it continued to work on creating a model of care and payment that will provide long-term sustainability. Palliative Care is one of the fastest growing trends in healthcare, and Hospice of Hilo, along with community partners such as Barry Taniguchi's Community First, the East Hawai'i Region of Hawai'i Health Systems Corporation, and fellow non-profit hospice provider, Kaua'i Hospice, wishes to stay ahead of the curve in providing the best care to those in need.

When Hospice of Hilo (HOH) originally launched its palliative care service in 2014, HOH applied and was credentialed as a Part B Medicare and Physician Practice provider. With this designation, HOH has only been able to bill for patient encounters with our providers and licensed clinical social workers. **This covers about 20% of the cost of running the program.**

HOH realizes that in order to reach long-term sustainability payment reform must be achieved. To this end, HOH has contracted the consulting firm, NHPCO Edge (*a subsidiary of the National Hospice and Palliative Care Organization*), a leader in providing strategic consulting, market analysis, business planning and specialized education to palliative care and hospice providers. NHPCO Edge will be providing guidance for the complete product design of Kupu Care as marketed to at-risk payers and health systems. With the goal of creating **a marketable pricing package that will help the program be successful in obtaining agreements with all of the insurance providers in the State of Hawai'i, including Medicare.** Experts agree that the biggest challenge to the long-term success of Community Based Palliative Care programs, such as Kupu Care, is securing the funding to support an effective program at a level that not only is sustainable but also allows room to grow.

In 2012, Senator Danial Akaka shared his pride in the fact that the State of Hawai'i continually "proves itself as a national leader in quality health care coverage." And as stated in a 2014 LA Times article, the state has a long tradition of a "trailblazing health system," from being the first to require employers to provide health benefits, to having the best access to medical care in the

country. **Hospice of Hilo believes its Community Based Palliative Care Program – Kupu Care places the State of Hawai‘i, once again, ahead of the health care curve, as it seeks to reform the way we care for our chronically ill population.**

Since 2014, with the opening of its initial pilot phase, Hospice of Hilo has learned a great deal about its community’s response to the concept of palliative care, as well as what needs to be done in the long-term to make the program financially stable and no longer dependent on outside support. It is Hospice of Hilo’s hope that the State continues its decades old tradition of visionary leadership in healthcare by pledging its continued support behind this emerging model of care which is proving to positively affect the health and well-being of the residents of Hawai‘i County, and can be a model for other CBPC programs statewide.

Support from the Twenty-Ninth Legislature through grant funds Chapter 42F during FY2017-2018 is critical to the continuation of program services and growth, as we work diligently to achieve payment reform through the establishment of a new reimbursement model.

Due to current low Medicare and insurance reimbursement rates, that do not cover the total cost of providing this vitally needed care Hospice of Hilo needs the time to create a marketable pricing package to insurers in order achieve ultimate sustainability. It is our goal to secure agreements with insurers and begin seeing win-win reimbursement take hold in FY2018-2019.

Certificate of Good Standing

See Attachment C – Certificate of Good Standing

Letter of Support

I am writing this letter of support for the Hospice of Hilo Kupu Care program. As a very busy oncology clinic, and part of the Hilo Medical Center clinic system, we care for a number of East Hawai‘i Region’s cancer patients. Our physicians, nurse practitioners, nurses and radiation therapists have all called and requested their services. Many of these patients need complex and compassionate care during their cancer journey. From diagnosis through treatment; cure or palliation, the support our patients, their families, and our staff have received has been invaluable.

We have watched and utilized this program since its inception, and the Kupu staff have worked hard to meet the increasing requests we have placed before them. At a time when many medical practices have had to make do with less, the Kupu Care program helps us make sure our patients and their families are better able to cope and manage their symptoms. Cancer is a devastating illness, but with Kupu Care’s help, our patients and their ‘ohana can make the most of their time when they are not receiving treatment with us.

I urge support for this valuable program in our community. They continue to evaluate their work and make improvements, and we will continue to have patients who need their assistance. One in three of us will be diagnosed with some type of cancer in our lifetime. Our first hope is that we find a cure. But, when one thinks of being diagnosed with cancer, our fears are of pain, lifestyle change, financial issues and loss. In this community, Kupu Care has stepped in to assist with all of those.

I hope to watch them continue to develop and thrive. There may come a time when any of us would need their services, and I sincerely hope they will be there.

Warmest Regards,
Julie Leach MSN, RN, OCN
Manager – Hawaii Pacific Oncology Center

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2017 to June 30, 2018

Applicant: Hospice of Hilo

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries	164,320	N/A		238,872
2. Payroll Taxes & Assessments	16,695			10,000
3. Fringe Benefits	16,695			10,000
TOTAL PERSONNEL COST	197,710			258,872
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	4,050			
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training	3,800			
6. Supplies	4,500			
7. Telecommunication				
8. Utilities				5,000
9. Marketing	5,000			8,000
10. Dues, License and Subscription	4,300			
11. Recruitment	1,400			
12. Mileage	2,800			
13. Telemedicine Equipment & Fees	26,440			40,928
14.				
15.				
16.				
17.				
18.				
19.				
20.				
TOTAL OTHER CURRENT EXPENSES	52,290			53,928
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	250,000			312,800
SOURCES OF FUNDING		Budget Prepared By: Lisa Kwee 969-1733		
(a) Total State Funds Requested	250,000	Name (Please type or print) _____ Phone _____		
(b) Total Federal Funds Requested	N/A	<div style="background-color: black; width: 150px; height: 20px; margin: 0 auto;"></div> <div style="text-align: right; margin: 0 auto;">01-19-17</div>		
(c) Total County Funds Requested				
(d) Total Private/Other Funds Requested	312,800	Signature of Authorized Official _____ Date _____		
TOTAL BUDGET	562,800	Brenda S. Ho, CEO Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2017 to June 30, 2018

Applicant: Hospice of Hilo

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Nurse Practitioner	0.5	\$127,000.00	50.00%	\$ 63,500.00
Registered Nurse	2	\$162,240.00	100.00%	\$ 162,240.00
Medical Social Worker	1.5	\$109,200.00	100.00%	\$ 109,200.00
Kupu Care Coordinator	1	\$33,280.00	100.00%	\$ 33,280.00
Spiritual Counselor	1	\$62,400.00	100.00%	\$ 62,400.00
Clinical Relations Manager	1	\$73,000.00	100.00%	\$ 73,000.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				503,620.00
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2017 to June 30, 2018

Applicant: Hospice of Hilo

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
iHealthHome Devices	30.00	\$1,548.00	\$ 46,440.00	46440
iHealthHome Software Subscription	12	\$1,744.00	\$ 20,928.00	20928
			\$ -	
			\$ -	
			\$ -	
TOTAL:	42		\$ 67,368.00	67,368

JUSTIFICATION/COMMENTS:

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
N/A			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:			\$ -	

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2017 to June 30, 2018

Applicant: Hospice of Hilo

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2015-2016	FY: 2016-2017	FY:2017-2018	FY:2017-2018	FY:2018-2019	FY:2019-2020
PLANS			X			
LAND ACQUISITION			X			
DESIGN			X			
CONSTRUCTION			X			
EQUIPMENT			X			
TOTAL:			X			
JUSTIFICATION/COMMENTS: <div style="text-align: center; font-size: 1.2em;">Not requesting capital funds- Non Applicable</div>						

GOVERNMENT CONTRACTS AND / OR GRANTS

Applicant: _____ Hospice of Hilo

Contracts Total: 268,250

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	Hawaii Island- County Nonprofit	FY 2012-13	County-Hawaii Island	County-Hawaii Island	62,250
2	Hawaii Island- County Nonprofit	FY 2013-14	County-Hawaii Island	County-Hawaii Island	45,000
3	Hawaii Island- County Nonprofit	FY 2014-15	County-Hawaii Island	County-Hawaii Island	45,000
4	Hawaii Island- County Nonprofit	FY 2015-16	R & D	County-Hawaii Island	15,000
6	Hawaii Island- County Nonprofit	FY 2015-16	R & D	County-Hawaii Island	11,000
13	State of Hawaii GIA	FY-2015-16	State Office of Aging	State of Hawaii	90,000
14					
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**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAII REVISIED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
 - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.

- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided.

- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
 - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

Pursuant to Section 42F-103, Hawai'i Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant used for the acquisition of the land.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Hospice of Hilo

(Typed Name of Individual or Organization)

(Signature)

01-19-17

(Date)

Brenda S. Ho, Chief Executive Officer

(Typed Name)

CEO

(Title)



Board of Directors
(as of 12/31/16)

President – Paul Ferreira
Chief of Police

Vice President – Robert D. Irvine, MD
Retired Physician

Secretary – Claire Shigeoka
Retired Director of Human Resources

Treasurer – Kim Marie Ek
Controller

Haidee Abe – Business Banking Officer

Adam Bauer – Vice President of Finance

William Hartman, MD – Gastroenterologist

The Rev. RK “Moki” Hino – Priest

Dixie Kaetsu – Retired Managing Director

Susan Mochizuki – Administrator

Roy Nakamoto - Attorney

Marcie Saquing – Parent Educator/Student Activities Coordinator

Margaret Shiba – Director for Institutional Advancement

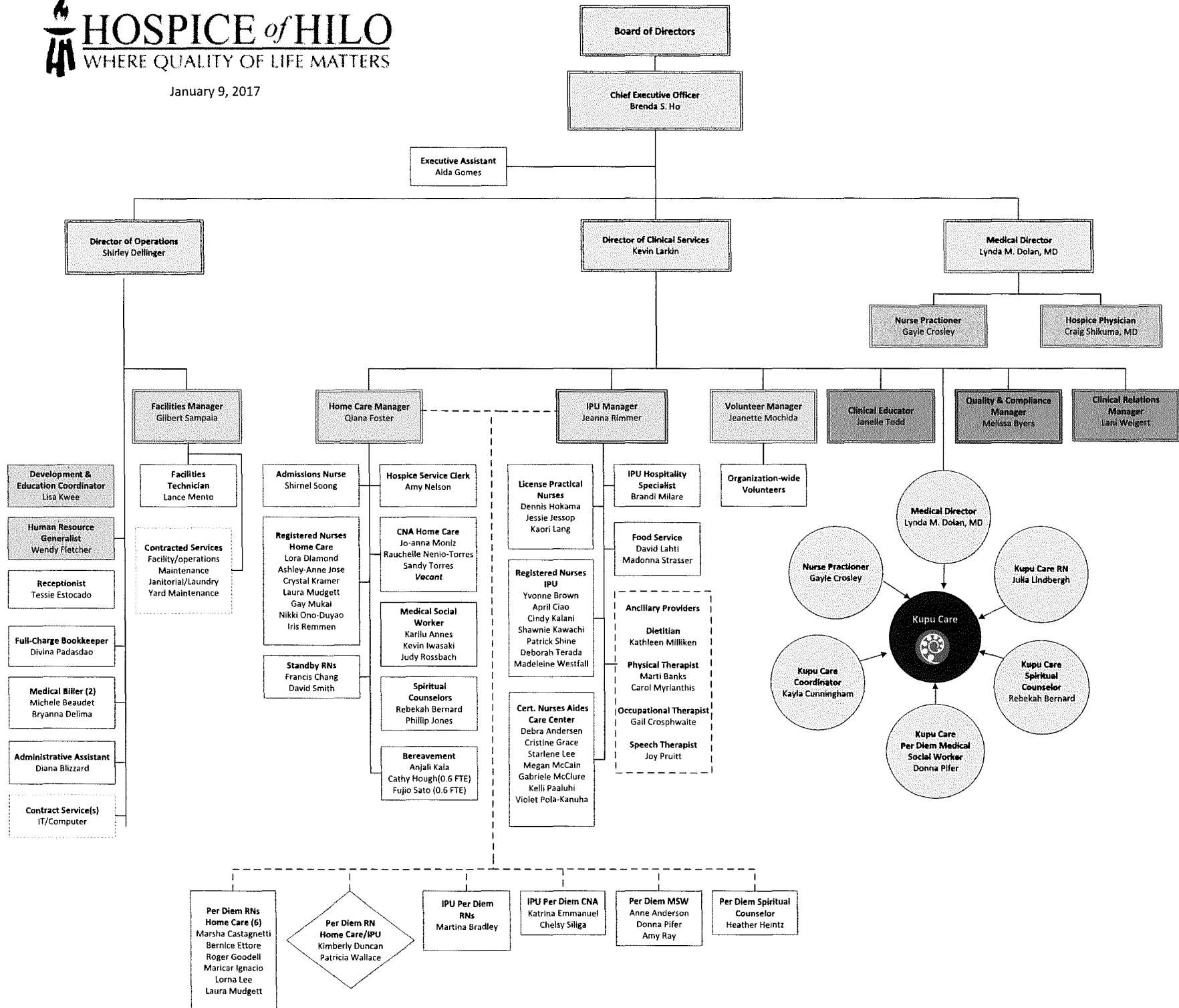
Christine Takahashi – RN, EMR Director/CDI Director

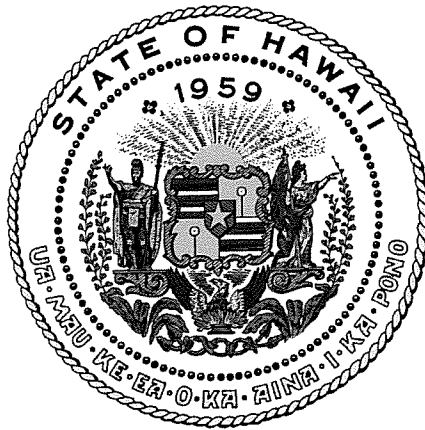
Kevin Wilcox, MD – Oncologist

Brenda S. Ho – Hospice of Hilo, Chief Executive Officer

Attachment A

January 9, 2017





Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

HOSPICE OF HILO

was incorporated under the laws of Hawaii on 01/10/1980 ; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: January 17, 2017

Director of Commerce and Consumer Affairs