

***Final Grant Report: One-Year Grant  
Eden Township Healthcare District***

**Grantee Organization Name:** George Mark Children's House

**Program or Project Name:** Pediatric Palliative Care for Children with Life-Limiting Illness and Their Families from the Eden Township Healthcare District

**Application Number and Grant Amount:** Grant No. 15-005 \$15,000

**Beginning and Ending Dates of Grant Period:** December 1, 2015-November 30, 2016

**Organization Contact Person and Phone Number:** Ken Sommer, 510-346-1269

**Date:** December 7, 2016

**Signature and title of the person preparing the report:**

\_\_\_\_\_, Alice Burton, Grant Writer

### **Grant Objectives**

Funding from the Eden Township Healthcare District (ETHD) was instrumental in supporting the provision of innovative pediatric palliative care serving children with life-limiting illness and their families from ETHD communities. We are happy to report that we were able to increase the number of ETHD patients we served in the second half of the grant period, as detailed below. While we had fully expended the grant funds in the first half of the grant period, we want to highlight the growing level of service we were able to provide to residents of cities included in ETHD. The goal of George Mark Children's House is to provide the highest quality of care to children with life limiting illness and their families by addressing the physical, emotional, spiritual and psychosocial needs of the entire family. In doing so, we strive to achieve the best quality of life possible from the moment of admission onward, through strong collaboration between families and our interdisciplinary team. The three main types of care George Mark offers are Transitional Care, Respite Care and End of Life Care.

The objective of this grant was to provide palliative medicine and the full range of supportive services to patients and their families, and we anticipated that 13% of our patients would be from ETHD. We provided 96 days of care for ETHD patients, which was 9% of GMCH's total patient days. The ETHD grant was fully expended on care for patients residing in ETHD communities, as reported in our interim grant report submitted in June 2016. During the term of the grant, we were able to provide Respite, Transitional, and End of Life Care to patients from ETHD.

Moreover, our Social Worker provided services to 46 families from ETHD, representing 30% of all families whom the Social Worker serves. Nine of the ETHD families who received services were Spanish-speaking. The Social Worker offered three categories of service: **psychosocial services, support in identifying and securing timely delivery of needed medical and supportive services; and bereavement support.** Psychosocial services include interacting with and meeting with children and family members onsite to provide emotional support, resources and guidance. Bereavement services included telephone calls initiated by our Social Worker, cards sent to families to remember their child on the date of their birth, and cards sent to honor

their child's memory on the anniversary of their death. Family members are invited to attend Remembrance Day on December 11, an annual event at George Mark recognizing that bereavement is a life-long journey. This year parents, siblings and other family members attended a gathering in George Mark's sanctuary featuring thoughtful readings and comments. The names of all children who have died at George Mark are read each year in remembrance and each family member lights a candle.

Additionally, ETHD families attended two popular George Mark annual events, a Family Picnic on June 23rd, and Pumpkin Day Festivities on October 22. Both events are geared toward pediatric patients with life-limiting illness and their family members, and George Mark's San Leandro location insures ready access for ETHD families, who comprised approximately one-third of the attendees this year. GMCH's Social Worker, Child Life Specialist, Volunteer Manager and dedicated volunteers offer events that are welcoming, inclusive and affirming for pediatric patients, family members and their guests. This year we added a special Prom for George Mark patients, ages 12 and above with a red carpet, complimentary make-up, DJ, and friendly students from Amador Valley High School who volunteered to make the event special.

As noted in our Interim Report, we fully expended the grant funds on Respite Care for an ETHD patient Aaron. Funds from the ETHD grant helped us provide Aaron with excellent medical care and an enjoyable Respite stay. We were able to provide Aaron and his family with the best quality of life possible while at GMCH, as well as with improved prospects once he was discharged. For example, our clinical team, led by Dr. Joan Fisher, has the opportunity to observe Respite patients' feeding and breathing while they stay and make recommendations to parents about how to adjust care routines once home. In summary, we met our goal to provide palliative medicine and the full range of supportive services to patients and their families from ETHD.

In addition to Aaron, we served 4 additional patients from ETHD, bringing the total number of patients to 5, and providing a total of 70 days of Respite Care, 15 days of Transitional Care and 4 days of End of Life Care during the term of the grant. Additionally, our Social Worker continues to assist 46 bereaved families from ETHD. Evangeline, the mother of a GMCH frequent Respite patient, Timothy, who died in 2012, joined our support group for bereaved families this year. She said that she was ready to receive services, and we at GMCH were there for her. Another parent, Kristi, who also lost her daughter in 2012, meets monthly with GMCH's social worker for lunch and individual attention. Struggling with mental illness, and devastated by the loss of her daughter, Kristi has made headway in putting her life together and GMCH will continue to provide moral support as long as she chooses to seek our help.

### **Measurable Outcomes - Update**

This report describes the outcomes we have achieved as a result of the Eden Township Healthcare District Grant which covered December 2015-November 2016. The following goals were met or exceeded by George Mark in FY 2015/16:

- Provide critical medical care and support services to 110 severely ill children (15 of whom are expected to be from ETHD). *Outcome:* In FY15/16, George Mark met its goal

by achieving 157 admissions of children with life limiting illness and their families, a 15% increase from last year. While the number of patients we served (75) was less than anticipated, we anticipate that our 2016/17 metrics will increase. (5 patients and 14 admissions from ETHD for 96 patient days or 9% of total days).

- Provide education and psychosocial support services to a minimum of 300 family members (42 of whom are expected to be from ETHD). *Outcome: In FY 15/16 we provided direct support service to over 300 family members including Child Life, Counseling and Bereavement Support (41 from ETHD including families who have received Bereavement Services).*
- Maintain a 90% or greater Patient Family Satisfaction rating; *Outcome: Parents and families continue to provide high ratings for George Mark services. In FY 15/16, 95% of families gave George Mark the highest possible satisfaction rating for our medical care;*
- Maintain an average annual daily census of four patients for a total of 1,460 patient care days; *Outcome: In FY 15/16 we provided 1,079 patient days; and had an average census of 3.5 patients per day (96 days of care to ETHD families, or 9% of total)*
- Provide education in the practice and application of pediatric palliative care to 300 physicians and medical and nursing students; *Outcome: Interest in our model of pediatric palliative medicine remains very strong. In FY 15/16, George Mark provided education to 320 physicians, and medical and nursing students in the practice of pediatric palliative care.*
- Engage 150 individuals in meaningful volunteer service; *Outcome: the George Mark volunteer program continues to thrive. In all, over 170 individuals and 20 groups provided over 8,000 hours of volunteer service to George Mark during FY 15/16.*
- Obtain a minimum of 20% of operating income from insurance and Medi-Cal reimbursements. *Outcome: In FY 15/16 17% of our operating income came from Insurance Reimbursement. While the percentage was lower than targeted, we have implemented a promising plan which is already yielding additional insurance revenue.*

## **Lessons Learned**

In FY 2015/16 GMCH made progress on multiple fronts. Our per diem cost of care remains well below that of acute inpatient care, and family satisfaction rates with GMCH care are consistently at or above 90%, year after year. We are adapting and positioning ourselves in the changing health care industry to align George Mark with current health care trends and to chart a sustainable path. A dramatic increase in our patient census in the first quarter of FY 2016/17 from 3.5 to 4.5 indicates that we are on the right track. Linda Ashcraft Hudak, GMCH's CEO since October 2015, who was a Senior Executive and Attorney for the University of California and California State University brings expertise and a track record of organizational leadership to help drive this change at GMCH.

In addition to increasing insurance revenue, donations and grant funding remain an important part of the GMCH funding mix. We will be monitoring the effect of these efforts, and taking steps to expand our patient pool so that more children and families facing tremendous challenges are able to access George Mark.

A prime example of how we are increasing access to George Mark is our Fund-a-Bed Campaign. We launched a fundraising campaign to underwrite the cost of two beds at our eight bed facility, allowing us to increase access for the neediest patients and families who are covered by Medi-Cal. The \$91 per day reimbursement we receive from Medi-Cal makes these philanthropic funds vitally important. Thanks to the success of this campaign, we have been able to provide 150 days of care for patients in a sustainable manner.

### **Changes to Project**

After initiating a Support Groups to bereaved George Mark families for the first time in 2014/15, we have responded to the needs of our family and made this an online monthly group starting in Spring 2016. Using meeting technology that brings all participants via a video feed virtually into the room, we provided a more accessible forum for our families. George Mark's Social Worker and Intern Ph.D. Psychologist have continued to moderate the group and provide support. Participating families welcome the opportunity to be part of a support group sharing their experience. We are gratified to have this opportunity to grow GMCH's services to bereaved families.

### **Plans for Continuing**

George Mark has the following program and organizational goals for Fiscal Year 2016/17:

- Provide critical medical care and support services to 100 severely ill children;
- Provide education and psychosocial support services to a minimum of 300 family members;
- Maintain a 90% or greater Patient Family Satisfaction rating;
- Maintain an average annual daily census of four patients for a total of 1,460 patient care days;
- Provide education in the practice and application of pediatric palliative care to 300 physicians and medical and nursing students;
- Engage 150 individuals in meaningful volunteer service; and
- Obtain a minimum of 20-25% of operating income from insurance, Managed Medi-Cal, and Medi-Cal reimbursements.

### **Additional Comments**

We appreciate the support of the Eden Township Healthcare District for George Mark Children's House in support of improved health and well-being outcomes for children with life limiting illness and their families.