



December 11, 2017

Ms. Diana Doyle
Grants Manager
Eden Health District
20400 Lake Chabot Road, Suite 303
Castro Valley, CA 94546-5367

Dear Diana:

Please see the enclosed final grant report for Report # 16-005. On behalf of the George Mark Children's House Board of Directors, staff, and the courageous children and families we serve, we appreciate the funding from the Eden Health District (EHD). As described in the report, funds from EHD allowed us to provide the highest quality care to children with life-limiting illness and their families from EHD communities.

We look forward to the opportunity for a strategic partnership with EHD in support of better health and well-being outcomes for children with life-limiting illness and their families.

Should you have any questions at all, please feel free to contact me at ksommer@georgemark.org or (510) 346-1269.

Warm Regards,

A handwritten signature in black ink, appearing to read "Ken Sommer", is written over a large, light-colored scribble.

Ken Sommer
Director of Advancement

enclosures

***Final Grant Report: One-Year Grant
Eden Health 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. 16-005 \$20,678

Beginning and Ending Dates of Grant Period: December 1, 2016-November 30, 2017

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

Date: December 11, 2017

Signature and title of the person preparing the report:

 _____, Alice Burton, Grant Writer

Grant Objectives

Funding from the Eden Health District (EHD) was vital in supporting the provision of innovative pediatric palliative care for children with life-limiting illness and their families from EHD communities. We are pleased to report that we were able to increase our service to patients residing in communities served by the Eden Health District during the 12 months of the grant. We fully expended the grant funds in the first half of the grant period, yet we served additional EHD families during the second half of the year. 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 respite care, transitional 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 EHD. During the 12 month term of the grant, we provided 122 days of care for 9 EHD patients, whom constituted 10% of GMCH's patients. Patients and their families from EHD received respite care (7 patients) and end of life care (2 patients). The majority of the care days were provided for respite care (114 days), and 8 days of care were provided for pediatric patients at the end of life. The grant was fully expended on care for patients residing in EHD communities, as reported in our interim grant report submitted in June 2017.

Moreover, our Social Worker provided services to 39 families from EHD, representing 30% of all families whom the Social Worker serves. Ten of the families from EHD 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.** Our social worker informs all families we serve that she is available to meet with them during their stay and after they leave George Mark to discuss ongoing concerns. Psychosocial services include interacting with and meeting with children and family members onsite to provide emotional support and resources. Our social

worker also makes herself available by telephone. In addition to ongoing counseling, 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** which was held on December 10 this year. Parents, siblings and other family members attended a gathering in George Mark's nondenominational sanctuary featuring inspirational readings, reading of the names of all children who have died at George Mark, and lighting of candles in remembrance. Parents from Castro Valley, whose infant son was cared for at the end of his life at George Mark last year, attended along with 10 family members as a way of acknowledging and honoring his brief and precious life. The patient's parents have recently been in contact with our social worker for individual and couple therapy.

A new member of the George Mark Board and long time resident of San Leandro, **Reggie Cooks, is the father of Jabari**, who was cared for at George Mark at the end of his life in 2011. Reggie has told us that speaking about Jabari, who was diagnosed with a life-limiting diagnosis of Spinal Muscular Atrophy at 7 months, and giving back to George Mark is a way he can honor his son's memory and contribute to his own healing. Reggie and his wife Kristalle were very satisfied with the care they received from their children's hospital, but felt that a hospital was not the place to be with their baby son at the end of his life. Kristalle and Reggie are grateful for the time that they were able to spend together with Jabari, at George Mark, with medical care to insure Jabari's optimal comfort, the opportunity to share a comfortable room with him, and caring staff on hand.

EHD families also attended two George Mark annual events, a **Family Picnic** on June 24, and **Pumpkin Day Festivities** on October 21. Both events are thoughtfully designed for pediatric patients with life-limiting illness and their family members, and George Mark's San Leandro location insures ready access for EHD families, who comprised 40 percent of the attendees this year at these events. Bereaved families, and those using George Mark for respite care and transitional care, are invited to these events and many attend as a way of maintaining their connection to the caring staff and families who share their journeys.

This year we continued our tradition of 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.

Funds from EHD helped us provide our patients with excellent medical care and an enjoyable respite stay. We are able to provide patients and their family members with the best quality of life possible while at GMCH, as well as with improved prospects once they are discharged. For example, our medical director, Dr. Joan Fisher, who is an expert in pediatric palliative medicine, is able to consult with our patient's primary physicians on medications, and alternative therapies, to improve patient's quality of life. Dr. Fisher and Director of Nursing, Salina Patel, have the opportunity to observe respite care and transitional care patients' feeding and breathing while they stay and make recommendations to parents about how to adjust care routines once home.

To better understand the impact of our services we wanted to share an update about Hayward resident, Angelina, described in our interim report, who continues to come to George Mark for respite care. Angelina's mother is single and low-income, and has very few resources, yet manages to rise to the challenge of caring for her medically fragile daughter. Angelina's health care routines require 24 hour/7 day attention, and her mother must balance Angelina's medical needs with the need to care for Angelina's sister, and to study and work from home. Previously, Angelina's mother expressed a lack of trust in available in-home nurses, and rarely left home. As a consequence of her positive experiences, and her interaction with caring medical and psychosocial professionals at George Mark, Angelina's mother's confidence in other caregivers has grown, and she now utilizes in home nursing care to help her meet her many responsibilities. Angelina's medical decline, which previously appeared imminent, has slowed, and George Mark's nurses and social worker have helped Angelina's mother better understand her medical condition, and come to terms with living with the uncertainty and loss posed by parenting a child with a life-limiting illness.

Measurable Outcomes - Update

This report describes the outcomes we have achieved as a result of the Eden Health District Grant which covered December 2016-November 2017. The following goals were met or exceeded by George Mark in FY 2016/17:

- Provide critical medical care and support services to 100 severely ill children (15 of whom are expected to be from ETHD). *Outcome:* In FY16/17, George Mark met its goal by achieving 218 admissions of children with life limiting illness and their families, a 39% increase in admissions from last year. While the number of patients we served (89) was less than anticipated, we anticipate that our 2017/18 metrics will increase. *(We had 9 patients and 20 admissions from the District, comprising 10% of total patients).*
- 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 16/17 we provided direct support service to over 300 family members including Child Life, Counseling and Bereavement Support (39 from the District 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 16/17, 98% 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 16/17 we provided 1,655 patient days; and had an average census of 4.5 patients per day (122 days of care to District families, or 7% of total. Overall, our patient care days increased by 53%).
- 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 16/17, George Mark provided education to

270 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 190 individuals and 30 groups provided over 8,000 hours of volunteer service to George Mark during FY 16/17.*
- Obtain a minimum of 20% of operating income from insurance and Medi-Cal reimbursements. *Outcome: In FY 15/16 28% of our operating income came from Insurance Reimbursement.*

Lessons Learned

In FY 2016/17 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. The increase in our patient census we noted in our interim report, remained consistent through the end of the grant period. Our earned income from insurance revenue increased sharply in 2016/17 over the previous year, which improves our sustainability.

In addition to increasing insurance revenue, donations and grant funding remain an important part of the GMCH funding mix. We are taking steps to expand our patient pool so that more children and families facing tremendous challenges are able to access George Mark. One example of how we are continuing to increase access to George Mark is our Fund-a-Bed Campaign. For the second year, we initiated a fundraising campaign to underwrite the cost of one bed 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 critically important. Thanks to the success of this campaign, we were able to provide 215 days of care for our neediest patients in 2016/17 in a sustainable manner.

Changes to Project

We have continued to adapt our support services to George Mark families. In 2016/17 we added a **Parent Resource Group** (PRG), formed by parents of George Mark patients who are advocates for their children by necessity and have developed into leaders committed to speaking about the needs of children with life limiting conditions and their families. The group meets monthly to plan its activities, and members value the opportunity to share information and receive support on issues they share. Examples of Parent Resource Group activities include speaking to community groups, commenting on George Mark brochures and surveys from the parent perspective, staffing a PRG table at George Mark events, and making themselves available to other parents who seek the counsel of a peer. George Mark's Child Life Specialist and Social Worker, jointly facilitate the PRG.

Plans for Continuing

George Mark has the following program and organizational goals for Fiscal Year 2017/18:

- 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 25% of operating income from insurance, Managed Medi-Cal, and Medi-Cal reimbursements.

Additional Comments

We appreciate the support of the Eden Health 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.

GEORGE MARK CHILDREN'S HOUSE
PROPOSED ORGANIZATION BUDGET and PROGRAM BUDGETS
Fiscal Year Ending June 30, 2017

<u>REVENUE</u>	Budgeted 2016-2017 Total Agency Budget	14% Area Served- Eden Township	Eden Township Grant
Fund Development Revenue			
Individuals	1,825,996	255,639	
Corporate and Community Contributions, Grants	1,100,004	154,001	20,678
In Kind Donations	122,340	17,128	
Patient Related Contribution	20,000	2,800	
Fundraising Events	484,550	67,837	
Subtotal	3,552,890	497,405	
Program Revenue			
Patient Program Revenue	1,022,036	0	
Fee for Service	3,250	0	
Kitchen Revenue	8,700	0	
Subtotal	1,033,986	0	
TOTAL SUPPORT AND REVENUE	4,586,876	497,405	
EXPENSES			
PROGRAM EXPENSES			
Personnel & Related Expenses			
Salaries	1,960,453	274,463	15,934
Fringe Benefits and Taxes	423,041	59,226	1,436
Subtotal	2,383,494	333,689	17,370
Consulting & Outside Services			
Accounting & Audit Fees	24,750	3,465	
Insurance Expenses	48,600	6,804	
Medical Director/Physician Service	125,000	17,500	3,308
Legal Fees	10,000	1,400	
Other Contracted Services	197,000	27,580	
Subtotal	405,350	56,749	3,308
General Operating Expenses			
Program Supplies & Materials	75,008	10,501	
Equipment Purchases < \$2,500	3,000	420	
Printing & Postage	7,350	1,029	
Operating Interest Expense	327,600	45,864	
Dues, License, Subscriptions & Publications	42,800	5,992	
Meals & Entertainment	8,400	1,176	
Subtotal	464,158	64,982	
Occupancy Expenses			
Telephone/Internet Services	54,900	7,686	
Utilities	70,000	9,800	
Garbage & Shredding	7,800	1,092	
Janitorial Expenses	11,700	1,638	
Landscape Maintenance	24,000	3,360	
Building Maintenance & Repair	90,660	12,692	
Subtotal	259,060	36,268	
TOTAL PROGRAM EXPENSES	3,512,061	491,689	20,678
ADMINISTRATION	405,519	56,773	
FUNDRAISING	669,295	93,701	
TOTAL EXPENSES	4,586,876	642,163	20,678
EXCESS REVENUE OVER (UNDER) EXPENSES	(0)		
Unrealized Investment Gains (Loss)	0		
Depreciation & Amortization Expense	(445,624)		
INCREASE (DECREASE) IN NET ASSETS	(445,624)		

