

**AGENDA
CRAVEN COUNTY BOARD OF COMMISSIONERS
SPECIAL SESSION
MONDAY, OCTOBER 29, 2012
9:00 A.M.**

CALL TO ORDER

ROLL CALL

PLEDGE OF ALLEGIANCE

1. CLOSED SESSION
2. IN-PATIENT HOSPICE PRESENTATION: Scott Harrelson, Health Director
3. REDISTRICTING: Jack Veit, County Manager
4. REVIEW OF PRIOR YEAR FIRE AND RESCUE AUDITS: Rick Hemphill,
Assistant County Manager-Finance/Administration

Agenda Dater: October 29, 2012

Presenter: _____

Agenda Item No. 1

CLOSED SESSION

The Board will be requested to go into closed session pursuant to N.C.G.S. 143-318.11(a)(6) to discuss matters relative to a personnel matter.

Agenda Dater: October 29, 2012

Presenter: Scott Harrelson

Agenda Item No. 2

Board Action Required: No

IN-PATIENT HOSPICE PRESENTATION

Craven County Health Director, Scott Harrelson will present a proposal for a Craven County in-patient hospice facility. Currently, Craven County provides in-home health and hospice care through the Craven County Health Department. At this time there is not an in-patient hospice facility in Craven County. The closest operating facilities are located in Wayne and Pitt Counties. Crystal Coast Hospice in Carteret County is in the construction phase of a new in-patient hospice facility in Newport. A Certificate of Need for Acute Hospice Beds has been issued for eight (8) beds in Craven County.

CarolinaEast has proposed to raise the necessary funds to develop and construct a new in-patient hospice facility for Craven County. Craven County Health Department has been requested to operate the facility upon completion. Representatives from CarolinaEast Hospital will be present to discuss this plan with Board of Commissioners. Attachment #2 is an informational packet providing details of the proposed facility and operation.

Board Action: Receive information

Agenda Dater: October 29, 2012

Presenter: Jack Veit

Agenda Item No. 3

Board Action Required: Yes

REDISTRICTING

Craven County Manager, Jack Veit will present all five (5) versions of the proposed Craven County redistricting maps. The Craven County Board of Commissioners has had several work sessions to discuss and make changes to various plans presented by our consultants. At this time it is recommended that the Board choose one of the proposed redistricting maps and begin the process of ratifying through the appropriate process as defined by law.

Marshall Hurley and John Morgan, redistricting consultants, will be available by teleconference for any questions or issues that arise.

Board Action: To accept one of the proposed redistricting maps and begin the process towards ratification as outlined by Marshall Hurley.

Agenda Dater: October 29, 2012

Presenter: Rick Hemphill

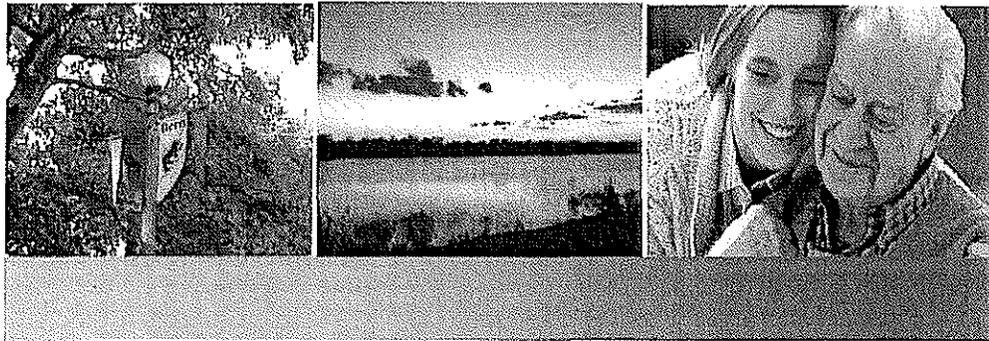
Agenda Item No. 4

Board Action Required: No

REVIEW OF PRIOR YEAR FIRE AND RESCUE AUDITS

Craven County Assistant County Manager of Finance/Administration, Rick Hemphill, will present three (3) fire and rescue audits.

Board Action: Receive information



A Place to Call Home

Proposal for a Freestanding Hospice Facility
In Craven County



Craven County
Health Department Hospice



Inpatient Need for Craven County

What is Hospice Care?

Hospice is a philosophy of care. The hospice philosophy or viewpoint accepts death as the final stage of life. The goal of hospice is to help patients live their last days as alert and pain-free as possible. Hospice care tries to manage symptoms so that a person's last days may be spent with dignity and quality, surrounded by their loved ones. Hospice affirms life and neither hastens nor postpones death. Hospice care treats the person rather than the disease; it focuses on quality rather than length of life. Hospice care is family-centered -- it includes the patient and the family in making decisions.

This care is planned to cover 24 hours a day, 7 days a week. Hospice care can be given in the patient's home, a hospital, nursing home, or private hospice facility. Most hospice care in the United States is given in the home, with family members or friends serving as the main hands-on caregivers. Because of this, a patient getting home hospice care must have a caregiver in the home with them 24 hours a day. To be eligible for hospice, a patient must have a prognosis of 6 months or less and no longer seeking treatment for their terminal diagnosis.

NEED PROJECTIONS:

The Hospice Inpatient Bed Need Projections for the Proposed 2013 State Medical Facilities Plan indicates that there is a need for inpatient beds in Craven and the surrounding counties. Although Carteret has started in their efforts to build their own inpatient hospice, there continues to be a need for more inpatient beds. See the table below:

COUNTY	BEDS
Beaufort	5
Pamlico	1
Lenoir	5
Craven	8
Jones	1
TOTAL	20

Justification for Inpatient Hospice in Craven County

Craven County Home Hospice justifies the need for an inpatient hospice based on several factors including:

- Hospice utilization in Craven County is increasing rapidly.
- Craven County's aging population is aging and has great need for local hospice inpatient services.
- Nursing facilities are ill-suited for the special needs of hospice patients.
- Cost effectiveness.
- Community support.

Hospice Utilization in Craven County

Residents of Craven County and their families and physicians recognize the valuable benefits that hospice services provide. As a result, the utilization of hospice services in Craven County has grown significantly. Notably, the total days of care provided by hospices of Craven County has increased by 248% since 2007, as shown in the table below.

**Total Historical Days of Care
For Hospice Agencies in Craven County**

Year	Days of Care
2007	15,686
2008	24,871
2009	38,493
2010	38,798
2011	38,854

There is a need within the Craven County area and beyond for a free standing hospice facility. In today's society where a large percentage of both heads of households work, not all patients at the end of life can be cared for adequately at

home. A hospice house can provide a comfortable, home-like setting where patients receive end-of-life care and their loved ones receive emotional support.

Hospice inpatient and residential facilities for terminally ill patients serve a variety of purposes including:

- A. Temporary respite which offers some relief for exhausted caregivers
- B. Pain and symptom management
- C. A place for people without caregivers or inadequate caregivers to spend their last days, weeks or months
- D. A place for people in acute crisis who don't want to be at home or in a hospital to die.

An inpatient facility can provide both residential and inpatient care. The following is a brief comparison of the difference in residential and inpatient or skilled care:

Hospice Residential Care

- Length of stay is weeks to months.
- Assistance with activities of daily living provided.
- Available for patients without a caregiver or whose caregiver is unable to provide care.
- Private pay only or Special Assistance in some communities.
- Not funded by Medicare, traditional Medicaid, or private insurance.

Hospice Skilled or Inpatient Care

- Condition determines stay
- Short-term, non-aggressive care
- Pain and symptom management
- Up to five days respite
- Funded by Medicare, Medicaid, and private insurance.

Reimbursement for Hospice Care

ROUTINE HOME CARE	140.00/DAY
CONTINUOUS HOME CARE (8 HR. MIN.)	35.00/HOUR
INPATIENT RESPITE CARE	150.00/DAY
HOSPICE ROOM AND BOARD	135.00/DAY (MEDICAID ONLY)
GENERAL INPATIENT CARE	640.00/DAY

**Craven County Health Department Hospice House
Hospice Facility Business Plan Financials**

Projected Income
Statement

	2015-2016	2016-2017	2017-2018
Gross Revenue	1,296,314.00	1,707,715.00	2,263,115.00
Deductions	237,472.00	313,347.00	415,943.00
Net Revenue	1,058,842.00	1,394,368.00	1,847,172.00
Expenses:			
Salaries & Wages	533,202.66	552,382.89	572,943.59
Benefits & Taxes	133,300.67	138,095.73	143,235.90
Supplies & Services	130,028.00	174,108.00	234,510.00
Food Services	23,279.00	31,171.00	41,984.00
Facility Supplies	29,078.00	38,935.00	52,443.00
Utilities	127,493.00	131,318.00	135,258.00
Other Administrative	49,518.00	66,305.00	89,308.00
Depreciation	178,563.00	178,563.00	178,563.00
Amoritization	9,807.00	9,807.00	9,807.00
Total Expenses	1,214,269.33	1,320,685.62	1,458,052.49
Net Gain/Loss	(155,427.33)	73,682.38	389,119.51

Daily Expenses 3,711.00

Daily Revenue

\$640/day x 8 acute beds = 5,120.00

Statewide Occupancy Rate 85% = 4,352.00

\$140/day x 6 residential beds = 840.00

Statewide Occupancy Rate 85%= 714.00

Daily Profit: 1,355.00

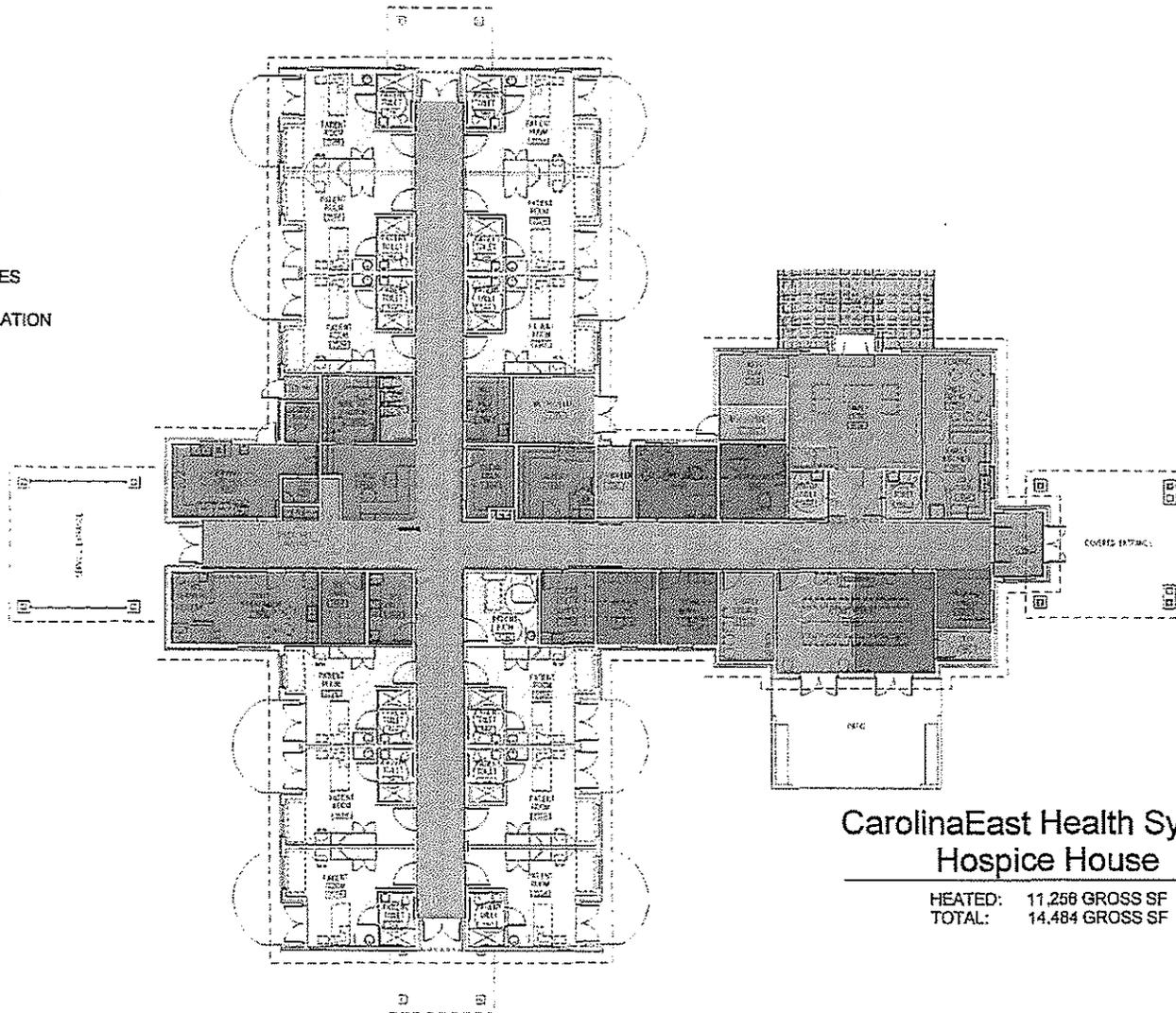
Staffing Plan

Projected FTES	2015-2016	2016-2017	2017-2018
<i>Allocated from Existing Staff</i>			
Medical Director	0.15	0.15	0.15
Social Worker	0.35	0.46	0.6
Chaplain	0.1	0.1	0.1
 <i>Incremental FTEs:</i>			
Hospice Manager	1	1	1
RN	4.62	4.62	4.62
Aides	4.62	4.62	4.62
Dietary/Laundry	1.4	1.4	1.4
Housekeeping/Janitor	1	1	1
Clerical	1	1	1
Total	14.24	14.35	14.49
 Projected Salaries			
Medical Director	226,957	233,766	240,779
Hospice Manager	60,000.00	60,600.00	60,660.00
Social Worker	38,695.00	39,855.85	41,051.53
Chaplain	38,695.00	39,855.85	41,051.53
RN	48,916.00	50,383.48	51,894.98
Aides	24,212.00	24,938.36	25,686.51
Dietary/Laundry	21,030.00	21,660.90	22,310.73
Housekeeping/Janitor	26,587.00	27,384.61	28,206.15
Clerical	27,866.00	28,701.98	29,563.04

Projected Costs

Medical Director	34,043.55	35,064.86	36,116.80
Hospice Manager	60,000.00	60,600.00	60,660.00
Social Worker	13,543.25	18,333.69	24,630.92
Chaplain	3,869.50	3,985.59	4,105.15
RN	225,991.92	232,771.68	239,754.83
Aides	111,859.44	115,215.22	118,671.68
Dietary/Laundry	29,442.00	30,325.26	31,235.02
Housekeeping/Janitor	26,587.00	27,384.61	28,206.15
Clerical	27,866.00	28,701.98	29,563.04
Total	533,202.66	552,382.89	572,943.59
Average per FTE	37,440.01	38,493.59	39,540.62

-  PATIENTS
-  FAMILY
-  ADMINISTRATION
-  STAFF
-  CLINICAL SERVICES
-  UTILITY & CIRCULATION



**CarolinaEast Health System
Hospice House**

HEATED: 11,250 GROSS SF
TOTAL: 14,484 GROSS SF