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**Board Meeting**

**Long Range Planning Meeting**

**January 8, 2023**

**1:00 p.m. – 4:00 p.m.**

**Welcome** – Ketti Dawson -President—Review of 2020-2022. Pandemic occurred, challenges with previous location, decrease of revenue in education and conference. Decisions had to be made in 2022. Gave notice to our landlord but we had only been through 3 years of a 10 year lease. We sold the resale shop to remain solvent and made $56,000. Discussion had occurred in 2022 regarding bankruptcy. Previous landlord accepted settlement of $55,000 and there will be no bankruptcy and no further lawsuit! Challenge remains that there is no savings now and the board will be developing a long range plan.

**Introductions**—Robin Carnett, Samantha Green, Jackie Bustamante, Carol Emmerich, Michael Stoker, David Wiley, Ketti Dawson (President), Rachel Choate, Jane Moore (CEO)

**Review of Minutes October 2022—**Minutes are not available from October board meeting yet. Minutes reviewed from MHPCA Ad Hoc Board Vote on 12/12/2022. Counteroffer settlement reviewed. The board voted to reject the counteroffer settlement of $150,000 and to proceed as agreed with the $50,000 settlement offer and if rejected the association will proceed with bankruptcy. Michael Stoker made a motion to accept the minutes. David Wiley made seconded the motion. Minutes of 12/12/2022 ad hoc meeting approved.

**Ice Breaker**—“Stand Up If You’ve Ever…”

**Election of Officers:**

VP – Carol Emmerich--Elected

Secretary – Robin Carnett—Elected

Treasurer - David Wiley—Elected

**Proposed 2023 Budget - Executive Committee**

**(See Attached)**

* Revenue of $358,000.00
* We had 60 members in 2022 and the 2023 budget assumes retention of those members. There are around 109 providers in MO so there is room for recruitment and revenue growth.
* Largest expense is payroll. Second largest expense is workshop, seminar, conference expenses.
* Motion to approve—David Wiley. Second—Jackie Bustamante. Budget approved.

**New Business**

* Proposal for $25,000 line of credit from Jefferson Bank to maintain cashflow to manage budget shortfalls between collecting dues in first and second quarter and future education revenue. Carol Emmerich made a motion to pursue the $25,000 line of credit from Jefferson Bank giving CEO or Treasurer authority to sign on behalf of the Association with full disclosure to the executive committee for amounts outside of budgeted ordinary expenses. Samantha Green seconded the motion. Motion approved.

**Review of Strategic Plan**

* Several strategies from Goal 1 were met towards achievement of Goal 1
* Goal 2 was met—membership was increased to 59% (64) of the total hospice providers in MO
* Goal 3 was not met in 2022
* Goal 4 was met
* Board unanimously agreed to decrease the amount of strategies to focus energies on the top 2-3 strategies.

Adjourn

**Long Range Planning Meeting – Day Two**

**January 9, 2023**

**9:00 a.m.—4:00 p.m.**

9:15 a.m. – Ketti Dawson – Opened Meeting

9:30 a.m.—Discussion Points for any Potential Merger/Partnership

* + Developed discussion points for afternoon meeting (see below).

10:45 a.m.—Hospice Advisory Council Update from Michael Stoker

* Mike Fields is the new MO Administrator of the Bureau of Home Care and Rehabilitative Standards
* LTC Coordinated Task Plan was revised
* Discussion of types of discharges
* Compassionate Care Visitation Guidelines
* Discussed structure of Advisory Council meetings and who is able to attend

11:25 a.m.—Reset for Committees – Review of committees and what committees need coverage

* Nurses—Robin Carnett
* Social work—Jackie Bustamante
* Bereavement—Michael Stoker
* Volunteer Coordinator—Ketti Dawson
* Chaplain—Diane Chapell
* Membership—David Wiley
* Fundraising—Carol Emmerich
* Education—Ketti Dawson
* Veterans—Rachel Choate
* Palliative—Samantha

Topic Suggestions

* Jane requested that a full-day HHA core curriculum be developed by the Nurses Committee
* David suggested looking at new hospice regulations related to bereavement and brainstorming on the definition of encounter

12:00 p.m.—Lunch

1:00 p.m.—Conference 2023

* Kansas City Sheraton –-Contract was re-negotiated resulting in a reduction to three breakouts due to space restrictions. AV cost is not related to hotel contract.
* Preconference—Latest report is that Bureau will not allow surveyors to provide a pre-conference session. Alternate topic might be audit trends, regulatory compliance, QAPI, etc. provided by board members or compliance directors at member hospices. Suggested speakers were from Hospice Compassus and Kansas City Hospice and Palliative Care. There will still be a Palliative Care track.
* Breakout Topic Suggestion—Successful plan of correction verbiage solicited from surveyors
* Speakers—There will still be a Call for Presentations but the board may also select speakers and request that they present.
* Robin Carnett to potentially speak again on “What Not to Write” to cover documenting toward eligibility
* Discussed need for nurse practitioner-specific topics

1:30 pm Merger Talks – Hospital Association Speaker – Jon Doolittle, CEO

* + What interests MHA in partnering with MHPCA and are there MHA concerns with potential conflicts in the realm of advocacy? Healthcare continues to evolve and all are thinking about health equity, changes are occurring for everyone. Members aren’t just self-interested but they are interested in interacting with other health care providers. They can’t just focus on being a hospital. MHA talks about their ability to convene with other providers to help patients and family members. They continue to try to be better conveners. To summarize, their interest is that we represent people who play an essential role in life. As MHA broadens its mission and vision they are interested in success across that continuum. They want to be strong and connected. They have 115 staff. About 30 work in their data business. Administrative staff, governmental relations staff, education and communications staff (6 work on educational events), quality safety and research (work with members to work on quality improvement, administer grants, substance abuse recover). MHA is one of the larger state hospital associations. Campus on west end of town and they have remote/hybrid workers. 30% of revenue comes from member dues. They have a fund that has built up over years that they can support worthy work. Their membership services group helps them interface with members around the state. They partner with other groups to help support operations of other groups. 134 members of MHA, all hospitals in MO are members and they all choose to be. Membership dues are based on annual expenses. As far as the potential conflict with advocacy, while there might be different priorities they have a board that helps to set those priorities. For example, Certificate of Need might be an issue for some hospitals but not all. If they don’t have uniformity they sometimes don’t take a position. They can’t sit out on something that benefits hospice that doesn’t align with benefitting hospitals. He can’t imagine when we wouldn’t be aligned on advocacy.
	+ Could MHPCA have a seat on their board? Unlikely. They have other seats where they don’t currently have representation. There would have to be a compelling reason to do it and why it would be in MHA’s best interest.
	+ What is the MHA 2023 agenda for advocacy? They have a 16-page document that outlines their agenda. In summary, protecting access to care, protecting Medicaid expansion, items related to prior authorization/insurance reform, pharmacy-related issues (regulatory and access to complex meds mixed locally), access to 340B pharmacies in hospitals, timeframe in getting licensed as a physician, they don’t have a big ask this year in regards to the budget.
	+ What does partnership between MHA and other Associations look like and how would the partnership between MHA and MHPCA be structured? They have professional membership groups where there are dedicated people to support those groups. Another association buys a service from them to help with events. Children’s hospitals are part of their membership but they need additional help as a segment. They have an additional dues structure and they buy services from MHA membership services group. It could be structured that way or it could be different. Partnership outside of an organization structure like the LTC association, they meet to make sure they are aligned on messaging. They find a way to share information and resources. They are the contractor for the emergency preparedness for the state. They have a lot of partnerships and relationships already. Advocacy, regulatory compliance, communications, and education are the four buckets that were discussed between Jane and Jon.
	+ Benefit of partnership could be improving coordination of care when discharging patients from the hospital onto hospice and education of hospitals regarding the GIP level of care—Jon agrees that these would both be benefits to MHA
	+ How would MHPCA fit into the long-term plan of MHA? The reason he agreed to meet with us is that they continue to grow in their scope of trying to bring all of these things together to improve health care and quality of life. When he worked for Cerner they really talked about what they were trying to accomplish with all of their improvements in technology. MHA needs to be concerned with more than what goes on inside the hospital. They care about the entire care continuum. They are happy to partner and work alongside the way they have. He views MHA as a “health” association rather than just a hospital association.
	+ MHPCA would maintain their own board and their own educational offerings—This might point to a contractual services relationship. He agrees with us maintaining our own board. We could benefit from their educational offerings. We would be able to maintain our independence. The thing that seems the easiest to Jon is for us to decide what we want and then see how they can partner with us. He suggests discussions with other potential partners if we wish to investigate other partnership structures. They have not merged or acquired any other organizations. They have only partnered with them.
	+ Following the meeting, discussion occurred amongst the board. Michael Stoker made a motion for Executive Committee to pursue the non-disclosure agreement between MHA and MHPCA in order to both list services that we may want to purchase and the price of those services. David Wiley seconded the motion. Motion passed.

2:30 p.m. Education 2023 – Training and speakers needed in writing today

* David presented a potential contracting opportunity for education
* Jackie sent a survey out to her staff. Suggestions included:
	+ Bereavement: spirituality and loss, guilt/regret/anger/forgiveness, pre-bereavement, working with children prolonged grief, adult disabled survivors
	+ Nursing: music therapy with dementia patients
	+ Volunteers: Boundaries and self-care, providing support to dementia patients
	+ Social work: abuse and neglect, DHSS hotline guidelines—reporting, pet therapy
* Jane suggested leadership training to include case scenarios, quality, patient rights, give individuals an opportunity to write out what they would do then discuss as a group.
* David suggested the following topics:
	+ A review of Medicare Conditions of Participation
	+ Role of the RNCM - managing the team - SW, Chaplain, CNA, etc.
	+ Coordination of Care between Hospice and Nursing Homes and Families
	+ Disease specific - Heart, Lung, Neuro
	+ Alternative therapies—music, massage, pet, etc.
* Rachel suggested Sally King as a potential speaker with various topics. There might be potential for sponsorship for payment of fee.

3:15 p.m. Heart of Hospice/Hospice Day at the Capitol – Sponsorship Needed of $1,000

* Board will reach out to potential sponsors

3:20 pm. Revised goals of Strategic Plan. Board will revise strategies and strategic objectives at next meeting

Table for next meeting--Other Revenue – Sponsorships, Partnerships, Online Store,

Table for next meeting--Succession Planning – Look to the future

3:27 p.m. Michael Stoker made a motion to adjourn. Samantha Green seconded the motion. Meeting adjourned.