

OREGON HOSPICE ASSOCIATION

Annual Report 2006

Presented to the Membership
January 26, 2007

Oregon Hospice Association, Inc.
Post Office Box 10796
Portland, Oregon 97296-0796
Telephone (503)228-2104
Fax (503)222-4907
Toll Free (888)229-2104
Web Site www.oregonhospice.org

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Oregon Hospice Association

In 1985, two distinct hospice organizations, the Oregon Council of Hospices and the Hospice Assistance Program each established in the late 1970s, merged into a unified, statewide hospice organization known as the Oregon Hospice Association (OHA).

OHA is a statewide, not-for-profit public benefit membership organization, incorporated under 501(c)(3), whose goal is to make sure that all Oregonians can have excellent care as they--or their loved ones--approach the end of life. OHA is recognized as an accrediting body by the State of Oregon (ORS 443.850-870).

OHA provides (1) information to the public about hospice and all end-of-life choices, (2) advocacy for optimal care of Americans who are facing life-threatening illnesses, and (3) education, training, technical assistance, support, and accreditation for operating and developing hospice programs serving Oregonians.

In 2006, 62 hospices provided a full array of supportive, palliative health care services for terminally-ill Oregonians and their families throughout the state of Oregon. The State of Oregon's Hospice Registry, kept by the Oregon Hospice Association, listed 66 programs of care. At the end of the year, three agencies were developing hospice services. All Oregonians had access to hospice in their communities. All Oregonians had access to palliative or comfort care.

Report of the Chair, Board of Directors Arch Lang

Each of us during life can flip a coin, then let the heads or tails make decisions for us. We may turn right, left, or go straight forward. Since we live side by side with other human beings--they, too, having ideas, we all end up making decisions depending upon circumstances. In 1997, my wife of 46 years became ill and died. We chose to have Hospice help us and guide us. I felt blessed to have a group of professionals assist us through the dying experience.

For ten years, I again have been blessed to be a part of a Hospice Team. It began in Curry County where I took my first volunteer training class and also served on the Board of Directors, under the direction of Lori Kent. When I moved to Lincoln County, I wanted to help others and became a Volunteer Care Giver at Samaritan North Lincoln Hospice. Again I took the 33-hour class, as one always can learn new tricks. I am still learning, and I'm still serving my Community. For the past four years, I have had the honor and pleasure to serve on the OHA Board of Directors, plus working with the many hospices throughout the State of Oregon.

I wish to recognize the dedicated employees of Oregon Hospice Association, with whom I am fortunate to work: Ann Jackson, Meg McCauley, Marna Jones and Denis Carnaby.

You are all familiar with the increase in new rules governing hospice operations. Well, the same goes for OHA and possibly more so, since OHA keeps the Registry and collects data from hospices, as required by state Law. Most of this falls on the shoulders of our Executive Director, Ann. Her other duties require traveling throughout the United States, going to meetings for the good of all Oregonians. Ann is in contact with hospices when problems creep up and keeps an eye on Washington and politics influencing hospice care. Ann can generally be reached, day or night, should a problem arise. She is our work horse.

Then we have Meg. One might say she is Robinson Crusoe's Girl Friday: there are very few loose ends. She is in charge of Me, Too. & Company, the Holiday Food and Gift annual fund raiser, and our Marathon fund raiser to name a few of her involvements. We all appreciate her for being our Resource Development Director and a lady who wears many hats.

We have a newcomer--well, not that new. Marna has many talents, including expertise at writing grants. For example, OHA has won funding for new computers and phones to keep the office up to date in our ever-changing modern world. Marna also has been going to meetings within and outside Oregon. Board members view her as wonderful addition to the staff.

Most will know Denis. He will walk into your agency, wearing a smile, dressed as if he were just about ready to leave for a walking trek through England, Wales, or his favorite, Scotland. I understand that he has been doing his job as Rural Development Director for many years, surveying hospices for certification and re-certification, and providing technical assistance for new hospices or those of you who want updating in certain areas. It seems to me that he has your answers on his finger tips, so call him.

Thanks to all of you, this year has been great.

Arch Lang

Report of the Executive Director/CEO Ann Jackson, M.B.A.

It's with great pleasure that I greet you for the nineteenth time. Nineteen exciting and often controversial years! Thank you. It's been always rewarding, usually challenging, occasionally boring, truly exhausting, and great fun.

A Conclusion

□ An explanation for "very low rate of assisted suicide" may be the high quality of care provided by Oregon's hospices

□ Ganzini et al, "Experiences of Oregon nurses and social workers who requested assistance with suicide", NEJM 8/22/02

So, as I've done annually, let's look at where we've been, where we are, and where we should be going. We have good data. Oregon's the laboratory of the states—and a leader in end of life care. OHA and Oregon's hospices are pivotal variables. Physician-assisted suicide/physician-aid-in-dying/physician-assisted death (PAS/PAD) *is* a legal option, whether we like or abhor it. And it was in 1988, when I joined OHA, that the issue was foisted upon us. In 1989, OHA's membership passed a resolution opposing physician-assisted suicide in the car of the terminally ill.

Yes, *car*. A typo immediately corrected to *care*. In 1990, OHA's membership approved a motion, against the advice of some board members, to be involved in the public debate. At the 1994 annual meeting, OHA's membership accepted the Ethics Task Force's Report on Physician-Assisted Suicide. The board identified its chief executive officer, me, as spokesperson on the issue. You do the work, I get to talk. But you do get the credit.

Some of you are concerned that OHA spends too much time in the debate. I'd like to reassure you that it is a very small part of what we do—and remind you that there's no such thing as bad publicity. Every time OHA is asked about Oregon's Death With Dignity Act (ODDA), we get to talk about hospice and palliative care and the high quality of end of life care provided to all Oregonians.

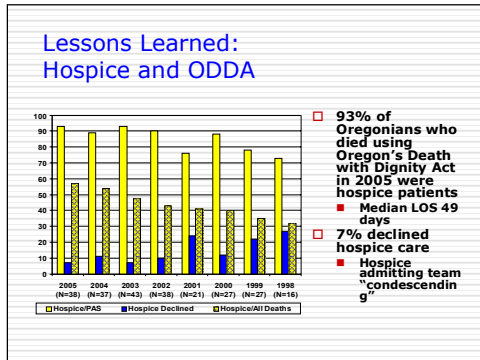
So we can begin with the conclusion. The unexpectedly very low rate of assisted death in Oregon is consistently recognized as a reflection of the high quality care you provide.

The goal of the membership, in 1990, was to educate the public about legal end of life issues, including hospice and comfort care. The hoped-for outcome was an informed voter at the polls. The assumption was that an informed voter would understand that PAS/PAD was an unnecessary option. In 1994, the ODDA passed by a margin of 51-49%. In 1997, a measure to repeal the Act was defeated 60-40%.

After each election, OHA issued a statement recommending a hospice referral to any individual who asked for a prescription under provisions of the ODDA, if they were not already enrolled in hospice care. The statement made it clear that Oregon's hospices would not deny admission—or care—to individuals who were considering the option. Dying Oregonians should not have to choose between hospice and the ODDA. They could have both.

Since 1994, OHA's membership and board continue to support its participation in the public debate, one that has expanded throughout the world. I can assure you that no one can speak more reliably about our experience than we can. Openly and honestly. Facts can be distorted when we allow others to speak for us.

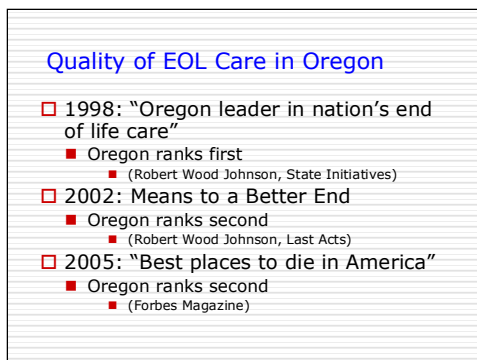
We are learning significant lessons in our laboratory of the states—lessons that have application far beyond our borders. Among the most important is that, despite all the publicity surrounding end of life in Oregon, Oregonians are still not well informed about their end of life choices. But they are far more likely to know who to call, when they do have questions. OHA is on that list.



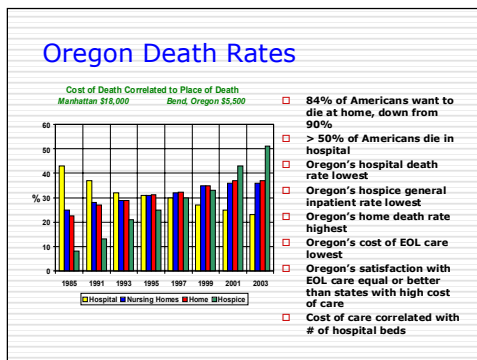
Between 1997 and 2005, 240,000 Oregonians died. 246 used a prescription as provided by the ODDA—approximately 1/10th of 1 percent. 239,743 did not.

In 2005, 93% of those who ingested medication were enrolled in hospice. In 1999, the median LOS of this population was 49 days. 7% were not enrolled. Half of those—or 3.5% of the total—refused hospice care because the hospice personnel who visited were condescending—and had all the answers. Important lessons!

When I talk to groups outside Oregon, some individuals are appalled that we admit patients who consider hastening death. But we see our patients ask for a prescription on day 1, become qualified on day 15, and then, because they have a plan, get on with living. Research confirms that just 1 of 200 persons who considers a request and 1 of 25 who makes one will use a prescription.¹ That could be 199 persons denied access to the care best designed to address their fears. Research suggests, too, that the rate of PAS/PAD may be higher in states other than Oregon, where conversations about illegal options are covert—and a person considering a hastened death is less likely to ever enroll in hospice.²



It is often necessary for me to defend the quality of hospice in Oregon. As I said, facts may be distorted. Oregon was identified as a leader in end of life care in 1998, when the ODDA was implemented; in 2002; and again in 2005. I cite 2002's Means to a Better End's report card, as evidence that the quality of care hasn't faltered since 1998. Others cite it as evidence to the contrary. Despite its B-/C+ grade, and "failures" in some areas, Oregon ranked second among all states—we did the ranking. The point of the report was that there's room for improvement in end of life care.

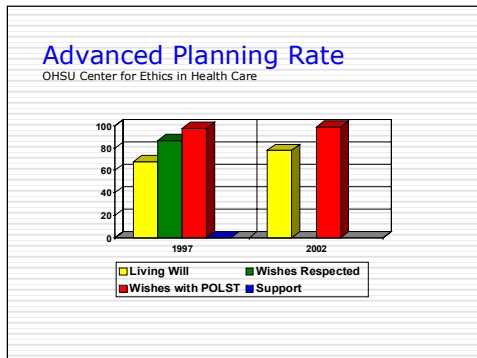


That we, as a state, have focused on excellence in end of life care, is also related to why 239,743 dying Oregonians did not use their right to a prescription under the ODDA. Oregon is unique in a number of ways. Most Americans would prefer to die at home, yet in most states, dying in a hospital is the norm. Oregon's hospital death rate is the lowest in the nation. The rate in Bend in 2003, according to Medicare data, was <20%. Oregon's rate of out-of-hospital deaths is second highest in the nation. The out-of-hospital

¹ Susan Tolle, MD, personal communication

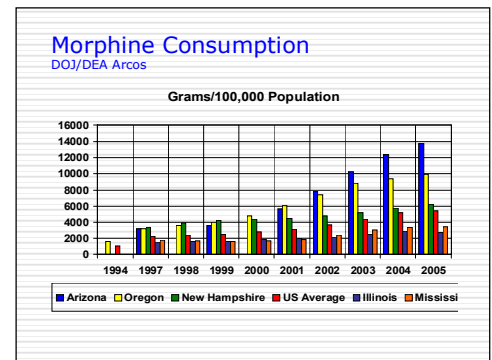
² Linda Ganzini, MD, personal communication

death rate is a strong predictor of invasive treatment. As may be expected, Oregon's ICU rate is also very low.



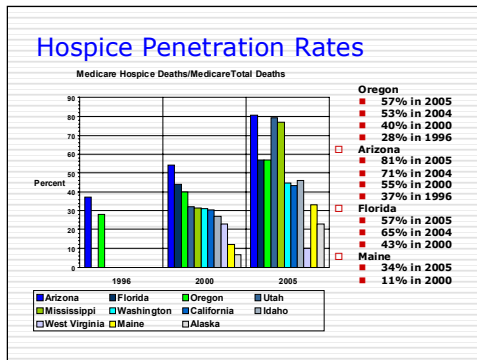
Oregon's rate of advance planning is higher than in any other state, although many states don't count. In 1997, 66% of dying Oregonians had an advance directive, as reported by caregivers. That rate was 76% in 2002. In 1997, 85% of caregivers reported that wishes were respected. Respect for wishes is nearly 100% when a POLST is completed. OHA is a co-investigator of research looking at hospice and the POLST. 100% of Oregon's hospices use POLST.

The morphine consumption rate is a crude indicator of physician willingness to prescribe appropriately for pain control. Oregon's morphine consumption rate is typically among the highest. In 2005, Oregon ranked first in methadone consumption—and methadone deaths. Oregon's rank for methamphetamine consumption, first in 2004, dropped to 33rd in 2005. An illustration of regulatory scrutiny's impact. Oregon's prescribing laws remain among the least restrictive in the nation, although legislation has



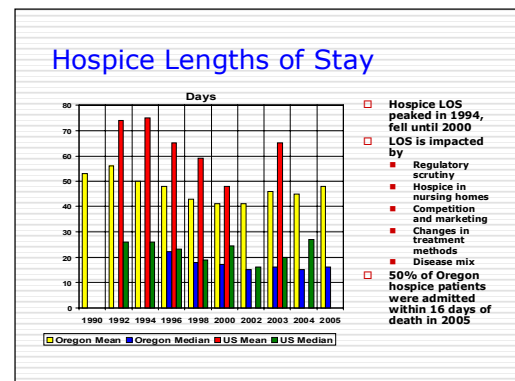
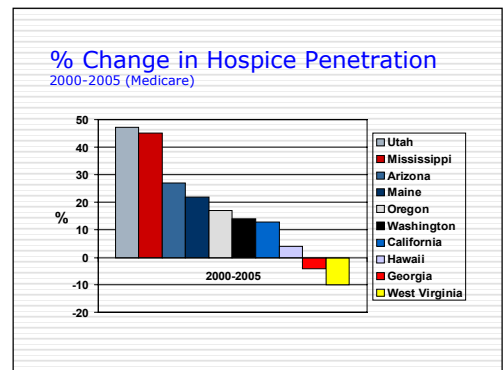
The morphine consumption rate is a crude indicator of

physician willingness to prescribe appropriately for pain control. Oregon has been introduced to develop electronic monitoring. Oregon has faced many threats in the last 11 years that could have had a negative impact. When hospice is involved, barriers to effective pain management are reduced.



The proliferation of hospices in the United States has had a resounding impact on hospice penetration rates (hospice deaths/total deaths). In the last 5 years, Oregon's rate has

increased by 17%. The question is whether the penetration rates are getting too high. The Office of the Inspector General (OIG) has added hospice to its agenda for 2007, with a special focus on hospice in nursing facilities. The complaints OHA used to get, in its compliance responsibilities under Oregon's hospice laws, were results of misunderstandings. Complaints are more likely to be of substance now.



Hospice lengths of stay in Oregon remain low. The median was 16 days in 2005, the mean 48. The optimal length of stay was recently confirmed at 30 to 90 days. Long LOS in some states, >90, have resulted in return of funds exceeding cap rates. Regulatory scrutiny was a factor in decreases in LOS—and access to care—that began in 1994. Many hospices and referring physicians overreacted. We see in some states that the penetration rate in 2005 showed

a significant decline.

The Oregon Hospice Association has had another very busy year. Denis, Meg, Marna, and I have all made presentations locally and nationally. A presentation before the House of Lords in June reminded me of how ugly the debate over PAS/PAD can be. A highlight was a talk with Barb Farmer at NHPCO's September conference in New York. Our topic was "lessons learned in Oregon's laboratory of the states". The room was full, and the evaluations were terrific. It can be daunting talking before peers. But it's also most rewarding to talk with people who understand what you're talking about.

OHA represents the end of life community in a number of statewide task forces, including the Oregon Partnership for Cancer Control; the Pioneer Network for long term care; Oregon's Coordinating Council for Heart Disease and Stroke; Oregon Health Decisions end-of-life advisory council; the state HIV/AIDS council; as well as the task force to improve care of terminally ill Oregonians and the Physician Orders for Life Sustaining Treatment (POLST) task force.

OHA began participating with the DEA, the Board of Pharmacy, state agencies, and law enforcement in resolving problems related to drug disposal, locally and nationally.

Nationally, OHA is represented on the NHPCO's Quality Advisory Council and the State Issues Committee, as well as the State Hospice Organization Executives Roundtable and the Council of States.

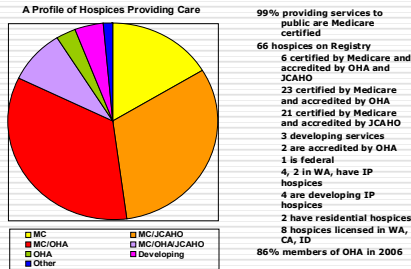
Bill Colby's presentations in January got high marks. The PPE—featuring local talent—got even higher! Sheila Sund, Dick Maunder, Tina Castanares were terrific—and wowed the OMA reviewer, who recommended that OHA be approved as a CME provider. That has almost been accomplished. We partnered with the Providence Ethics Center so that we were able to offer CMEs, as well as CEs for nurses and social workers. The Hospice Foundation of America's annual grief teleconference was held in April, in partnership with Providence/St. Vincent, Legacy, Odyssey, Portland Adventist, and Kaiser.

Me, Too. & Company, with Providence/St. Vincent and Legacy, continues to win praise. Meg is the director of the program. Diane Havnen Smith is clinical director.

OHA is both proactive and responsive. Phone calls. Emails. Faxes. From you, other health care professionals, the public. The website has added an "opportunities for employment" page. Please use it! *Hospice Care: A Physician's Guide*, Bill Colby's and Barbara Roberts' books are available. Some documents are downloadable without charge, including advance directives for Oregon and Washington and *Handbook for Hospice in the Nursing Facility*, published by OHA and Oregon Health Care Association in 2005. Our many list serves are active, providing everyone with an opportunity to get their questions answered or concerns addressed rapidly.

The newly formed Medical Director Forum elected its first chair, Glen Patrizio. The Provider Council has been led by Deborah Jaques and Barb Farmer.

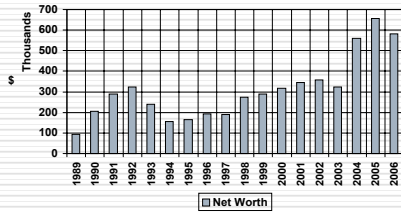
Oregon Hospice Registry 2006



The number of hospices on the State of Oregon's Hospice Registry increased to 66, plus a significant number of satellites. 86% were members in 2006. We appreciate your support. Membership is voluntary, and membership dues made up approximately 12% of revenue in 2006. OHA is strongly committed to its incorporation as a public benefit organization, so it is appropriate that our primary source of funding is the public. It is also appropriate as an accrediting body and as an organization with legal responsibilities to maintain an arms-length relationship with hospices

providing care in Oregon. We urge you to participate in data collection, although we understand that it grows more onerous as you grow. We've submitted a grant proposal that includes a budget line for relief.

OHA's Balance Sheet



As an organization, we are healthy and viable as we end 2006 and begin 2007. Like most not-for-profits, contributions have suffered because of disasters and controversies. That we've been conservative over the years has been wise. That we've been the beneficiary of some very generous bequests has been fortunate.

If OHA were to identify a Dream Team, Marna, Meg, and Denis would make perfect candidates. Michelle McElligot has added to her bookkeeping responsibilities. Alexa

Waddle remains of great help. Diane Havnen-Smith is a wonderful resource. Our volunteers are terrific. OHA's Board of Directors has been exceptional. We've all worked hard to accomplish our mission—and our goals and objectives.

And it's been a joy—once again—to be a part of your mission.

Respectfully submitted,

Ann Jackson

Report of the Director of Rural Development, Accreditation and Technical Assistance Denis Carnaby

First things first. Thanks to **Janet Schaefer, Linda Downey, Karen Bell, and Michelle Lorenz**, whose interest, assistance and ongoing involvement with the accreditation program is invaluable.

The accreditation survey process is, as those of you who participate well know, a peer review exercise combining regulatory oversight with an assessment of how well the agency's practices measure-up with industry standards. We focus on quality of care and the extent to which desired outcomes are achieved, and have, for some time, gradually applied standards which exceed the Medicare requirements. This is as you might expect as we become more and more "practiced" in how we operate and provide services.

If a program is to develop and incorporate latest approaches to care then its management need be aware of the overall hospice environment and the changes regularly occurring. This need may be met in part, by utilizing OHA's survey teams. Their unique perspective almost always opens the way for discussions on how to improve something, whether it is care or operations. I should add that this is by no means a "one way process." We often learn of innovative and creative solutions that have been applied to issues within hospice that traditionally have provided challenges. The number of useful resources and tools that have been shared throughout Oregon because of the accreditation process is incalculable!

On a regulatory note, I should make reference to QI as the issue which more than any other has revealed shortcomings both in terms of meeting requirements and of providing meaningful information. I mentioned the same issue in a prior report. Specifically, the main challenge appears to do with the ***"self-assessment of the care and appropriateness of care provided."*** CoPs 418.66. Whilst patient/family surveys are an integral piece of the process, it is surely true to say that we are the most appropriately qualified people to assess how effective our services really are. Regrettably, OHA surveys show that a great deal of effort goes into making sure that the chart contains all of the necessary documentation; signatures, orders, and dates etc., but that there is a paucity of evidence to demonstrate how effective the care was! The new QAPI requirements, when implemented, may help us focus more clearly?

Good luck! If we can help you in any way, call 503 228-2104 or toll free 888 229-2104.

Respectfully submitted,

Denis Carnaby

Report of the Resource Development Director Meg McCauley

2007 will be my 18th year with the Oregon Hospice Association. When I started with the organization as a volunteer in 1988, I had no idea what I was getting into. "Sure," I said to my mother, Ann Jackson, who had recently been hired as the Executive Director of the Oregon Hospice Association, "I'll help you get your office set up and learn a little about hospice and nonprofit work..."

By 1995, I was planning and overseeing the various fundraising efforts of the organization as its Resource Development Director, which I continue to do, among other things. I also serve as the Program Director for Me, Too. & Company, supporting children and families in grief. In 2005, I became a volunteer facilitator with this group, as I felt I could do my job better if I had "hands on" experience learning about the program. The program, which is co-sponsored by Legacy Hospice Service, the Oregon Hospice Association and Providence Portland Hospices, now runs two groups on both the east and west side of Portland three times a year.

I've had the privilege of being part of monumental health care changes which impact the way terminally ill persons and their families receive end of life care services in Oregon. I've seen access to hospice and palliative care services broaden to every community in the state, making sure every Oregonian who qualifies for the Medicare Hospice Benefit has a hospice provider in their area they can utilize. I've watched hospice programs in Oregon work together to make sure hospice services are accessible to people who live in remote communities. Being part of the hospice and palliative care movement in Oregon is an honor—Oregon does great things!

The Oregon Hospice Association relies on the public and private sector for support; membership dues made up only 12% of 2006 receipts. OHA holds 3 direct mail campaigns each year and participates in numerous health fairs and festivals, public relations opportunities, speaking engagements, etc.

In May, in honor of Memorial Day, the Oregon Hospice Association has a Memorial Day Holiday campaign. People can make contributions in honor and memory of friends and loved ones and can have memorials posted on the organization's Hospice Memorial Web Page. More than 100 memorials are on this special page; many families add a new photo or piece of text to their existing tribute to their loved one or special friend. OHA also sends cards of acknowledgment and special gifts to those the donor specifies. During the 2006 Memorial Day campaign, over \$10,000 was raised.

Since 1996, the Oregon Hospice Association has been an "official" charity of the Portland Marathon. Each year, OHA recruits athletes to participate in a Portland Marathon event and raise money for the Oregon Hospice Association.

In 2006, the Portland Marathon teamed up with Charity Connect in its first online charitable donation appeal. Any athlete who went online to register for the Portland Marathon could also click on a charity button to make a contribution at the same time! This helped OHA's efforts tremendously. Thanks to Charity Connect and the active giving program, OHA gained over 100 new donors to hospice and 19 people committed to raising funds for OHA, in addition to participating in the Portland Marathon. Athletes from around Oregon as well as Nevada, California and Washington added a hospice pledge drive to their Portland Marathon attempt.

Members of the 2006 Bernie Reed Hospice Marathon Team included Drew Achabal, Teresa Bastis, Deb Bradley, Nancy Bristow, Annmarie Bruning, Stacey Crescitelli, Anne Dawson, Amelia Edd, Tracey Hanna, Jay Howe, Kristine Huntwork, Elizabeth Leitko, Marina Mont'Ros,

Lloyd Noonan, Sheryl and Tom Pagenstecher, Rita Petersen, Gigi Sweet, Sarah Thompson and Denise Wymore.

In addition to the marathon hospice pledge drive for those participating in Portland Marathon events, OHA encourages the public to support hospice and the Hospice Marathon Team, too. People are invited to submit names of friends and loved ones still living or dearly missed. These names (usually 200+) are added to a specially designed commemorative t-shirt made available to contributors and the Bernie Reed Hospice Marathon Team.

The 2006 Bernie Reed Portland Marathon campaign raised just over \$28,000 for OHA. Bergmann Design Studio has generously contributed their design services year after year for the “We Honor, We Remember” t-shirt, which has become a collector piece the past 10 years. NIKE has generously donated the moisture-wicking athletes’ t-shirts the past 2 years. Les Smith, Portland Marathon Executive Director continues to find new ways to improve the marathon each year and welcomes the participation of charities.

None of this would be possible without the generous support of BW Reed Benefits. Thanks to Bernie Reed’s dream of increasing hospice awareness in 1996, more and more people are learning about hospice and end of life care through non-healthcare events such as the family and sport-oriented Portland Marathon. Bernie’s vision has also greatly enhanced OHA’s fundraising potential, making the Portland Marathon OHA’s second largest fundraising event.

Each November, vendors and early holiday shoppers converge on the Oregon Convention Center in Portland for 3 days. Holiday Food & Gift Festival is the first of the holiday season shopping extravaganzas. Since 1993, the Oregon Hospice Association has been invited to raise hospice awareness and hospice dollars at the show by sharing information, selling hand-crafted specialty “through hospice only” items and holding silent auctions throughout the 3-day show. Although not all show-goers are aware of the OHA booth, they come upon it after wandering up and down aisles and are happy to stop and share a personal hospice story or two. OHA also provides literature to those in need and people are very appreciative.

OHA also provides respite to show vendors—many of them come alone and have no one to watch their booth so they can get a quick break. OHA recruits volunteers specifically for this purpose and the vendors are grateful! Thanks to Denis Carnaby, Peggy Peterson, Deborah Jackson, Pat Pliska, Sue Knutsen, Gail Miller, Marna Jones, Linda Downey, Linn Lieuallen and Kasey Crever for providing this valuable service on behalf of the Oregon Hospice Association! The Oregon Hospice Association also thanks Holiday Food & Gift Festivals and Showcase Productions for providing this opportunity year after year.

The Oregon Hospice Association’s largest direct mail campaign is the annual Light Up Life campaign. People can purchase symbolic lights in honor and memory of friends and loved ones during the winter holiday season. Most hospice programs around the state participate in Light Up a Life, too, making up many beautiful and meaningful holiday presentations and events in communities throughout Oregon.

Statewide, at least 30 hospice programs participated in a holiday fundraising appeal. Of these, 14 programs had their Light Up a Life printing done through the Oregon Hospice Association. Based on evaluations returned by programs, most hospices met or exceeded their fundraising goals for the campaign—only 3 programs reported a decrease in revenue from past years. Below are some details programs provided:

Special events/activities/ceremonies surrounding Light Up a Life

- Tree Lighting ceremony

- Name Reading ceremony
- Name Reading radio broadcast
- Memorial slideshow of patients who died
- Store window display
- Holiday Hospice trees in area stores, malls, hospitals
- Remembrance service
- Personalized holiday ornaments as gifts
- Candle lighting and prayer service
- Musical program
- Newspaper articles
- Publication of honoree names in local newspapers
- Balloon release
- Involvement with local schools, churches

Changes based on past experiences

- Coordinating *no* ceremonies (due to lack of attendance)*
- Making weather-tolerant ornaments
- Making name badges available for ceremony attendees
- Changing event dates—many programs started earlier in November and finished earlier in December
- Playing soft, reflective music during Name Reading ceremony
- Making campaign more uplifting and family participatory, rather than standard “memorial service”
- Moving ceremonies indoors to avoid bad weather

** Choosing no ceremony did not affect program’s fundraising results.*

The ODS Companies and OHA celebrated their 10th year of partnership and sponsorship of the statewide Light Up a Life campaign in 2006. OHA worked with the Pittock Mansion again in 2006 to create a beautifully-lit Portland public park, which people could visit and support at the same time. OHA and Mt. Hood Hospice in Sandy held a Name Reading Ceremony at the Pittock Mansion at the end of the Light Up a Life campaign to read the names of all those honored and remembered by lights. Close to 2,000 names were read by volunteers at this moving ceremony, and the ceremony itself was comfortably attended.

OHA raised \$32,000 during Light Up a Life 2006. It’s estimated that more than \$275,000 is raised for hospice statewide during Light Up a Life, and over 10,000 people are honored and remembered through this special campaign.

Meg McCauley

Awards

The Beth Wessinger Award
For Dedication and Commitment
to the Hospice Movement in the State of Oregon

Jay Cushman

Hospice Dream Team 2005

Glen Patrizio

Physician

Willamette Valley Hospice, Salem

Lisa Westcott

Nurse

Curry County Hospice, Gold Beach

Karen McIntyre

Aide

Jennifer Traeger

Social Worker

Legacy Hospice, Portland

Danny Parada

Chaplain

Tillamook Adventist Hospice

Jeri Corbin

Nancy Warren

Karen Nousen

Volunteer Team

Benton Hospice Service, Inc., Corvallis

Donald Sorum

Volunteer

Asante Hospice, Medford

Pat Case

Support Staff

Hospice of the Gorge, Hood River

Sharon Braumbaugh

Support Staff

Odyssey Hospice, Beaverton

Oregon's Hospice Registry

Samaritan Evergreen Hospice in Albany
Ashland Community Hospital Hospice & Palliative Care Services in Ashland
Lower Columbia Hospice in Astoria
Guardian Home Care & Hospice in Baker City
Heart'n Home Hospice & Palliative Care in Baker City and Fruitland
Pathway Hospice in Baker City and Ontario
Pacific Home Care & Hospice in Bandon, Coos Bay, and Reedsport
Odyssey Hospice of Portland and Salem in Beaverton
Providence St. Vincent Hospice & Palliative Care in Beaverton
Serenity Palliative Care & Hospice in Beaverton
Central Oregon Home Health & Hospice in Bend
Hospice Center in Bend
Curry County Home Health/Hospice in Brookings, Gold Beach and Port Orford
Harney County Hospice in Burns
South Coast Hospice in Coos Bay
Benton Hospice Service, Inc., in Corvallis
Wallowa County Hospice in Enterprise
Cascade Home Health & Hospice in Eugene
Hospice of Sacred Heart in Eugene
Peace Harbor Home Health & Hospice in Florence
Asher Home Health & Hospice in Fossil
Lovejoy Hospice in Grants Pass
Pioneer Memorial Home Health and Hospice in Heppner
Vange John Memorial Hospice in Hermiston
Hospice & Palliative Care of Washington County in Hillsboro
Heart of Hospice in Hood River
Hospice of the Gorge in Hood River and The Dalles
Blue Mountain Hospice in John Day
High Desert Hospice in Klamath Falls
Klamath Hospice in Klamath Falls
Grande Ronde Hospital Hospice in La Grande
Lakeview Home Health and Hospice in Lakeview
Newberry Hospice in La Pine
Samaritan North Lincoln Hospice in Lincoln City
Community Home Health/Hospice in Longview and Vancouver
Mountain View Hospice in Madras
Legacy Hospice in McMinnville
Asante Home Care & Hospice Services in Medford
Hospice of Providence in Medford
Samaritan Pacific Hospice in Newport
Willamette Falls Hospice in Oregon City
XL Hospice, Inc. in Payette, Idaho
Hospice of St. Anthony Hospital in Pendleton
Curry County Home Health/Hospice in Port Orford
Adventist Health Hospice in Portland
Hospice Care of the Northwest in Portland and Salem
Kaiser Permanente Hospice in Portland
Legacy Hopewell House Hospice Center in Portland

Oregon's Hospice Registry (continued)

Legacy Hospice in Portland
Portland VA Medical Center Community Health in Portland
Providence Medical Center Hospice and Palliative Care in Portland
Pioneer Memorial Hospice in Prineville
Hospice of Redmond and Sisters in Redmond
Lower Umpqua Hospital Hospice in Reedsport
Douglas Home Care - Hospice in Roseburg
Mercy Hospice in Roseburg
Oregon State Penitentiary Hospice Program in Salem
Willamette Valley Hospice in Salem
Mt. Hood Hospice in Sandy
Adventist Health/Tillamook Hospice in Tillamook
Hospice Southwest of Vancouver
Walla Walla Community Hospice in Walla Walla, Washington
Signature Hospice in Wilsonville

Board of Directors

Barbara Farmer, Legacy Hospice
Marian Hodges, M.D., PACE, Providence/St. Vincent Center for Ethics
Deborah Jaques, Hospice of the Gorge
Jon Jurevic, ODS Health Plans
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Medical Directors Forum

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and Program Director, Me, Too. & Company
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Diane Havnen-Smith, MSW, Clinical Director, Me, Too. & Company
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Michelle Lorenz, Accreditation Surveyor
Karen Bell, Providence, Accreditation Surveyor
Linda Downey, Willamette Valley Hospice, Accreditation Surveyor
Janet Schaefer, Accreditation Surveyor
Thelma McMurdo
Jim Cavanaugh, Legal Counsel

Oregon Hospice Association
Balance Sheet
As of December 31, 2006

ASSETS

Cash and Cash Equivalents	509,855
Endowment Fund*	85,601
Equipment (net)	6,681

TOTAL ASSETS	602,031

LIABILITIES & EQUITY

Accounts Payable	0
Accrued Payroll	13,157
Restricted Funds	22,227

TOTAL LIABILITIES	35,384
EQUITY	566,647

TOTAL LIABILITIES AND EQUITY	602,031

*As of 11/30/06

**Oregon Hospice Association
Revenues and Expenses
Year Ending December 31, 2006**

RECEIPTS

Contributions	
<i>Memorials</i>	20,409
<i>Donations</i>	13,078
<i>Corporate Lights</i>	1,600
<i>Light Sales</i>	29,011
<i>Corporate Sponsorship</i>	25,000
<i>Corporate Contribution</i>	3,910
<i>Grants/Foundations</i>	32,288
<i>Portland Marathon</i>	18,410
<i>Bequests</i>	114,782
<i>United Way</i>	3,124
<i>Combined Federal Camp</i>	1,683
<i>Oregon Health Appeal</i>	<u>2,975</u>
	<u>266,270</u>
Assessments	14,781
Conferences/Meetings	12,525
Services	6,350
Membership	40,047
OCF Hospice Assistance Fund/Distributions	4,105
Interest Income	10,314
Monthly/Daily Income	2,041
Sales Income	7,370
Dividend	2,940
Unrealized Gain/Loss	<u>733</u>
TOTAL RECEIPTS	367,475

EXPENSES

Payroll	
<i>Salaries and Contracts</i>	187,150
<i>Payroll Taxes</i>	11,305
<i>Benefits & Deferrals</i>	<u>21,463</u>
	<u>219,918</u>
Occupancy	37,736
Telephone	4,706
Mail	5,710
Printed Materials	10,128
Supplies	2,324
Equipment/Furnishings	4,418
Meeting Expenses	30,363
Library/Education	6,823
OHA Dues/Membership	250
Professional Services	26,917
Miscellaneous	<u>10,658</u>
TOTAL EXPENSES	<u>359,950</u>
EXCESS RECEIPTS/EXPENSES	7,525

**Oregon Hospice Association
Budgeted Revenues and Expenses
Year Ending December 31, 2007**

RECEIPTS

Contributions	
<i>Memorials</i>	20,000
<i>Donations</i>	17,150
<i>Corporate Lights</i>	2,000
<i>Light Sales</i>	55,000
<i>Corporate Sponsorship</i>	26,400
<i>Corporate Contribution</i>	16,000
<i>Grants/Foundations</i>	72,000
<i>Portland Marathon</i>	22,000
<i>Bequests</i>	0
<i>United Way</i>	6,000
<i>Combined Federal Camp</i>	3,000
<i>Oregon Health Appeal</i>	<u>4,500</u>

244,050

Assessments	24,400
Conferences/Meetings	30,000
Services	15,400
Membership	47,000
OCF Hospice Assistance Fund	3,500
Interest Income	13,640
Monthly/Daily Income	5,100
Sales Income	11,876
Dividend	<u>2,400</u>

397,366

EXPENSES

Payroll	
<i>Salaries and Contracts</i>	214,809
<i>Payroll Taxes</i>	14,576
<i>Benefits & Deferrals</i>	<u>25,875</u>

255,260

Occupancy	30,660
Telephone	5,460
Mail	7,480
Printed Materials	10,000
Supplies	3,000
Equipment/Furnishings	10,460
Meeting Expenses	29,260
Library/Education	5,200
OHA Dues/Membership	675
Professional Services	22,000
Miscellaneous	<u>10,700</u>

390,155

EXCESS RECEIPTS/EXPENSES

7,212