

Hospice, Inc.
Planning for Construction and Operation
of a Model Facility for Dying Patients and their Families

In the United States today, more than sixty per cent of all deaths are caused by chronic degenerative diseases such as cancer, heart ailments, and failures of the central nervous system. Such terminal illnesses frequently confront the patient with an extended period of severe pain, fear, and worry, which is shared by his family and friends. In many cases, the crisis is also financial as a result of the high costs of treatment in acute care hospitals.

Despite the magnitude of this problem, the country at present has no special facilities for these patients who are beyond recovery, but who nevertheless need intensive medical management to relieve their discomfort and careful attention to help them emotionally in facing death.

The acute care hospital, while effective in fighting the illnesses and medical crises of patients, has developed no approach to the special problem of the dying. Nursing homes are reluctant to accept the patient who faces a period of severe pain and death, because such homes lack the sophisticated medical facilities to deal with the attendant symptoms. Home care has become increasingly difficult for the same reason and because of the scarcity of medically-trained personnel for such individual service. Nor do such institutions incorporate help for the families of the patient, either during the illness or after his death.

A project now underway in New Haven for development of a highly-specialized facility to deal with the unique problems of the dying patient offers a promising approach to these problems.

Board Meeting

11-9-72

The Hospice, Inc.

The Hospice, as this facility is called, is being adapted from the highly successful, widely known St. Christopher's in London, a facility for patients terminally-ill with cancer. The Hospice Board of Directors, which includes physicians, nurses, hospital administrators, and businessmen have organized their planning effort in close cooperation with the Yale University Schools of Medicine and Nursing and the Yale-New Haven Hospital, which have offered their full cooperation in establishing the unique services to the dying patient that can only be offered in a facility such as the Hospice.

The goal of the Hospice, in broad terms, will be to combine highly-sophisticated medical management of the symptoms of the dying patient with an effective approach to the emotional crisis of dying as it affects the patient and his family.

To this end, highly-trained staff -- especially in the areas of psychiatry, social work, and the ministry -- will be supported by a carefully worked-out system designed to replenish and reinforce them in the enormously wearing task of comforting the terminally-ill patient.

Construction of the Hospice facility will be somewhat along the lines of St. Christopher's, with adaptations to local conditions; a 50-bed hospital is now planned, with capacity to expand to 100 beds, which will care for all patients in the greater New Haven area who need these services.

The planning effort

The Hospice's Board of Directors has established a small, professional planning staff to organize and coordinate the research, planning, and fund-raising needed to open the Hospice by October of 1975.

Six task forces are already well-advanced in determining issues of research, professional relations, patient care, building and site, finances, and community relations. Among the more than 100 task force volunteers are members of Yale's faculty in economics, medicine, hospital administration and nursing, and members of the University Chaplain's office.

From the outset, the Hospice staff is paying substantial attention to the need to make the facility a model for similar institutions across the country. There are plans to train at the Hospice staff that will be needed to organize and operate such facilities and attention is being given to the collection and distribution of information related to development of the Hospice.

Financial information

Full capital costs of the Hospice are estimated at \$2.9 million, an amount which the Board of Directors of Hospice feel confident can be raised from sources that have indicated strong interest in and support for the project.

Operation of the facility at an estimated \$1.1 million a year will be supported largely from patient fees of about \$70 per patient day -- a figure well below that for treatment in acute care hospitals. Discussions with third party payment sources such as Blue Cross, Blue Shield, Medicare, and Medicaid indicate that the usual support for patients will be forthcoming, since the Hospice will be licensed as a chronic disease institution in the State of Connecticut. It has already been granted exemption as a nonprofit organization.

The request of the Hospice is for support of a staff and base of operations for planning during the calendar years 1973 and 1974, after which the full Hospice staff will be responsible for development

of the final facility. As indicated in the attached budget, support for the Hospice's small staff during this two-year planning period will require approximately \$143,000, of which \$100,000 is sought from the Fund. Support for the remaining amount will be considered by the Ittleson Foundation this November as well.

Discussion and recommendation

In evaluating the Hospice proposal, the Fund's staff commissioned Dr. Thomas McKeown of the Department of Social Medicine, University of Birmingham, England, to undertake an independent appraisal of St. Christopher's, the facility mentioned above, after which the Hospice will be modeled. It was Dr. McKeown's opinion that the London facility provides a desperately needed service to the dying patient -- a service unavailable in other types of institutions and badly needed in this country.

It was Dr. McKeown's judgment that, in addition to its inherent value as a medical facility, a Hospice in this country will serve as a source of ideas and demonstrated approaches and research that will influence existing health care facilities in the United States to improve their systems for treatment of the terminally-ill patient and his family.

It is therefore recommended that from the funds of 1972-73 the sum of \$100,000 be appropriated to the Hospice, Inc., at the rate of \$50,000 a year, to support a staff and base of operations to plan the construction and operation of a special, model facility for terminally-ill patients in the greater New Haven area.

Budget
(One Year)*

Personnel

Staff Members (two full-time, one half-time)	\$42,000	
Secretary	6,300	
Indirect Costs (at 15% of salaries)	<u>7,200</u>	\$ 55,500

Consultants

Legal counsel	2,100	
Certified Public Accountant	<u>2,100</u>	4,200

Office

Rent	2,100	
Telephone	3,000	
Supplies and office equipment	<u>3,000</u>	8,100

Travel

	<u>3,000</u>
First-year budget	\$ 70,800
Second-year budget**	<u>\$ 72,500</u>
Total budget request	<u>\$ 143,300</u>

*Jan. 1, 1973-Dec. 31, 1973

**Jan. 1, 1974-Dec. 31, 1974