

1. **TYPE OR ORGANIZATION:** (Please check all applicable)

- Public _____
- Private** X
- Non-profit** X
- For-profit _____
- Individual _____
- Corporation** X
- Partnership _____
- Limited Liability Corporation (LLC) _____
- Limited Liability Partnership (LLP) _____
- Other: _____

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2. **PROJECT LOCATION INFORMATION:**

A. Primary Service Area(s) of Project: (Please check all applicable)

- Statewide:** _____
- O`ahu-wide:** X
- Honolulu: _____
- Windward O`ahu: _____
- West O`ahu: _____
- Mauï County: _____
- Kaua`i County: _____
- Hawai`i County: _____

3. **DOCUMENTATION** (Please attach the following to your application form):

- A. Site Control documentation (e.g. lease/purchase agreement, DROA agreement, letter of intent) **(See Attachment A)**
- B. A listing of all other permits or approvals from other government bodies (federal, state, county) that will be required before this proposal can be implemented (such as building permit, land use permit, etc.) **(See Attachment B)**
- C. Your governing body: list by names, titles and address/phone numbers **(See Attachment C)**
- D. If you have filed a Certification of Need Application this current calendar year, you may skip the four items listed below. All others, please provide the following:
 - Articles of Incorporation
 - By-Laws
 - Partnership Agreements
 - Tax Key Number (project's location)

(See Attachment D)

4. **TYPE OF PROJECT.** This section helps our reviewers understand what type of project you are proposing. Please place an "x" in the appropriate box.

	Used Medical Equipment (over \$400,000)	New/Upgraded Medical Equip. (over \$1 million)	Other Capital Project (over \$4 million)	Change in ownership	Change in service/ establish new service/facility	Change in Beds
Inpatient Facility						
Outpatient Facility					X	
Private Practice						

5. **TOTAL CAPITAL COST:** \$140,260

6. **BED CHANGES.** Please complete this chart only if your project deals with a change in your bed count and/or licensed types. Again, this chart is intended to help our reviewers understand at a glance what your project would like to accomplish. Under the heading "Type of Bed," please use only the categories listed in the certificate of need rules.

Type of Bed	Current Bed Total	Proposed Beds for your Project	Total Combined Beds if your Project is Approved
TOTAL			

7. **CHANGE IN SERVICE.** If you are proposing a change in service, then please briefly list what services will be added/modified. Be sure to include the establishment of a new service or the addition of a new location of an existing service. Please consult Certificate of Need Rules Section 11-186-5 for the categories of services. If you are unable to determine which category best describes your project, please consult with agency staff.

An outpatient, Medicare Certified hospice program. Services will be provided to terminally ill patients to address the physical, spiritual and psychosocial needs of the patient and their family. Services will be provided wherever the patient resides, whether that be at home, a nursing facility, assisted living facility or residential care facility.

8. PROJECT COSTS AND SOURCES OF FUNDS (For Capital Items Only)

A. List All Project Costs:	AMOUNT:
1. Land Acquisition	_____
2. Construction Contract	_____
3. Fixed Equipment	_____
4. Movable Equipment	\$22,660
5. Financing Costs	_____
6. Fair Market Value of assets acquired by lease, rent, donation, etc.	_____
7. Other: Office Lease (2 yrs @ \$4,900/month)	<u>\$117,600</u>
TOTAL PROJECT COST:	\$140,260

B. Source and Method of Estimation

Describe how the cost estimates in Item "A" were made, including information and methods used:

#6 above reflects the leasing costs of the office space and leased equipment for the entire term of the lease (2 years for the office and 3 years for the equipment).

C. Source of Funds	AMOUNT:
1. Cash	\$22,660
2. State Appropriations	_____
3. Other Grants	_____
4. Fund Drive	_____
5. Debt	_____
6. Other: Office Lease (2 yrs @ \$4,900/month)	<u>\$117,600</u>
TOTAL SOURCE OF FUNDS:	\$140,260

9. **IMPLEMENTATION SCHEDULE:** Please present a projected time schedule for the completion of this project from start to finish. Include all of the following items that are applicable to your project:

- a) Date of site control for the proposed project,
(Site already leased).
- b) Dates by which other government approvals/permits will be applied for and received,
(Medicare Certification Application-07/28/08, Medicare Certification Survey - 09/1/08).
- c) Dates by which financing is assured for the project
(Financing already secured; \$140,000 needed, \$300,000 available and committed).
- d) Date construction will commence,
(Not Applicable, currently leasing office space).
- e) Length of construction period,
(Not Applicable, currently leasing office space).
- f) Date of completion of the project
(Not Applicable, currently leasing office space).
- g) Date of commencement of operation
(July 14, 2008).

Please remember that the Agency does monitor the implementation of Certificates approved. Non-implementation of a project as described in your application may result in a fine and/or withdrawal of the Certificate of Need.

10. **EXECUTIVE SUMMARY:** Please present a brief summary of your project. In addition, provide a description of how your project meets each of the Certificate of Need criteria listed below. If a new location is proposed, please attach an easy to read map that shows your project site. **(SEE ATTACHED EXECUTIVE SUMMARY)**

- a) Relationship to the Hawai'i Health Performance Plan (H2P2), also known as the State of Hawai'i Health Services and Facilities Plan
- b) Need and Accessibility
- c) Quality of Service/Care
- d) Cost and Finances (include revenue/cost projections for the first and third year of operation)
- e) Relationship to the Existing Health Care System
- f) Availability of Resources

EXECUTIVE SUMMARY:

Ministry Research, Inc. (MRI) is a nonprofit corporation, registered as a 501(c)(3) under the Internal Revenue Code of 1986. MRI is registered to do business in Hawaii as nonprofit corporation by Hawaii's Department of Commerce and Consumer Affairs. Islands Hospice is a trade name MRI registered with Hawaii's Department of Commerce and Consumer Affairs in July 2007. MRI is proposing to provide hospice care to the residents of Honolulu County under the name Islands Hospice. MRI has already recruited a Chief Administrative Officer to lead its hospice program. Our Chief Administrative Officer, Trish Brooks, is a Registered Nurse, licensed to practice in the State of Hawaii, with over 10 years of hospice management experience (see Chief Administrative Officer Bio on Attachment C).

MRI is proposing to open an outpatient, Medicare certified, hospice program that will provide services to the community under its registered trade name Islands Hospice. This program will focus on providing hospice care to those with terminal illnesses and will address the physical, emotional and spiritual needs of the hospice patients and their families. Islands Hospice will provide this care in whatever setting is required by the patient, be it their home, nursing home, assisted living facility or a residential care home. ***Hospice services will be made available to all terminally ill residents who desire care, regardless of ability to pay.*** Islands Hospice will offer all four levels of care required by the Federal Conditions of Participation: Routine Care, Continuous Care, General Inpatient Care and Respite Inpatient Care.

An individualized plan of care will be developed for each patient and their family designed to address the specific needs associated with each patient's terminal diagnosis. This plan of care will be developed by an interdisciplinary team consisting of a physician, registered nurse, social worker, chaplain and volunteer coordinator. Islands Hospice will provide services including nursing, physician, chaplain, bereavement counseling up to 13 months after the death of the patient, home health aide, homemaker, social worker, volunteer, dietary counseling, physical therapy, occupational therapy, speech therapy, durable medical equipment and supplies, as indicated by each patient's individualized plan of care.

The total projected cost of starting this program is \$140,000 and Islands Hospice has a starting commitment of \$300,000 from MRI to fund this program. Based on our projections, we anticipate achieving positive cash flow 13 months after we initiate this program.

Islands Hospice will comply with the National Hospice and Palliative Care Organization (NHPCO) guidelines for staffing. The following positions will be needed for this program to be initiated:

- Administrator
- Medical Director
- Registered Nurse
- Chaplain
- Bereavement Coordinator (initially the Chaplain)
- Social Worker
- Volunteer Coordinator (initially the Social Worker)
- Dietary Counselor
- Home Health Aide
- Therapy - PT, OT, ST (contracted)

EXECUTIVE SUMMARY (continued):

The Islands Hospice office will be open from 8:30 am to 5:30 pm, Monday through Friday, except on designated holidays. Critical staff such as Registered Nurses, Physicians, Social Workers and Bereavement Counselors will be available to patients and family members 24 hours a day, seven (7) days a week.

The policies & procedures of Islands Hospice mandate the provision of care to patients without regard to race, color, creed, religion, national origin, sex, age, disability or sexual orientation. *In addition, Islands Hospice will provide hospice services to all terminally ill patients who elect care, regardless of ability to pay.* This means we will also extend services to the members of Hawaii's indigent population who do not have the benefit of a payment source such as Medicare, Medicaid or private insurance. Our goal is to provide a minimum of 10% of our care to patients that do not have the benefit of private or public funding sources to pay for end-of-life care. This will help Honolulu reduce the healthcare gap by lowering the number of people who are unable to obtain adequate care as a result of their limited financial resources. The management of Islands Hospice has extensive experience serving the indigent community in various other parts of the world and providing access to hospice care to patients residing in hard to reach rural areas.

The benefits to Honolulu County of MRI's Islands Hospice project are as follows:

- An immediate improvement in service and access for residents needing end of life care
- Services to indigent and rural residents that are currently not receiving care
- Cost savings for the residents of Honolulu, the County, State and Federal Government
- An influx of experienced hospice professionals to help shore up Honolulu's shortage in healthcare personnel
- Additional resources to educate the residents of Honolulu about the benefits of appropriate end-of-life care

Islands Hospice, through MRI and its benefactors, is well endowed with the financial resources to deliver the results described above. We are well funded and prepared to cover the costs of this project without any outside funding, loans or assistance from Medicare or the State of Hawaii. Rather than draining Honolulu's limited resources, Islands Hospice will augment, support and improve access to care and funding for terminally ill residents.

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a) Relationship to the Hawaii Health Performance Plan (H2P2)

The Hawaii Health Performance Plan (H2P2) goals include: 1) increasing the span of health life for Hawaii's residents, 2) reducing health disparities among Hawaii's residents, and 3) achieving equitable and effective access at reasonable cost for all Hawaii's residents to health services that are responsive to the holistic needs of the community.

MRI's Islands Hospice project will contribute to the above stated H2P2 goals in the following manner:

1. By providing hospice care Islands Hospice will minimize the level of pain and discomfort and maximize the quality of life the few remaining days available to terminally ill residents of Oahu.
2. By providing extending care to terminally ill residents regardless of ability to pay, location, race, color, creed, religion, etc., Islands Hospice will reduce the disparity of care for Oahu's end-of-life residents.
3. By providing the level of access described in #2 above, Islands Hospice will improve equitable and effective access at a reasonable cost, which in many cases will be free of charge.
4. By providing care through an interdisciplinary team of nurses, physicians, social workers, chaplains, therapists and volunteers, Islands Hospice will coordinate care on a holistic level to address physical, emotional and spiritual needs for the patient, their family and the community.

In summary, Islands Hospice is proposing to provide hospice care to any terminally ill Oahu resident in need regardless of their financial situation, geographic location or terminal diagnosis. We will provide all four levels of care (Routine, Continuous, Respite and Inpatient) as needed to manage each patient's symptoms wherever they are located. This outpatient care will minimize the need for unnecessary transport to expensive acute care facilities, reduce physician visits and spare patients and their families a great deal of pain, discomfort and distress. Our services provide a level of coordinated care, support and understanding that health care professionals not specializing in end-of-life needs have difficulty providing. *In total, we will improve access to the type of care that is most effective and least costly for treating residents with terminal illnesses.*

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b) Need and Accessibility

Although no data is currently available on the size of Honolulu County's terminally ill population, 6,919 deaths were reported in Honolulu County in 2006, according to the Hawaii State Department of Health. Approximately 75% of the deaths were among seniors (65 and over) and approximately 90% of these deaths were disease related and non-accidental/sudden in nature, suggesting that a large number of these individuals would have been eligible for and/or benefited from hospice care. These statistics suggest that annually as many as 6,227 (6,919 x 90%) residents of Honolulu County are potentially eligible for and in need of hospice care.

So what is Honolulu's current need for hospice care? According to the National Hospice and Palliative Care Organization (NHPCO), approximately 36% of all deaths in the United States in 2006 were under the care of a hospice program. Applying the national average hospice utilization of 36% to the 6,919 total deaths in Honolulu County, suggests that approximately 2,490 of the Honolulu residents who passed away in 2006 should have received hospice care (36% national utilization x 6,919 deaths).

In terms of the number of hospice providers, the NHPCO estimates there were more than 4,500 hospice programs operating in 2006. For 2006, the U.S. Census Bureau reported 2,416,000 total deaths nationwide. With 2,416,000 deaths and 4,500 hospice programs, there were 1.9 hospice programs available to provide care for every 1,000 U.S. residents who died in 2006. As the table below indicates, applying this national average benchmark to Honolulu County implies a need for 13 hospice programs in order to provide the island of Oahu with the same level of access to hospice care that was available to the average U.S. resident two years ago.

2006 Statistics	U.S. Actual	Honolulu Need
Total Deaths	2,416,000	6,919 (1)
Hospice Deaths	870,000	2,492 (2)
Hospice Utilization	36.0%	36.0%
# of Hospice Providers	4,500	13 (2)
# Providers Per 1,000 Deaths	1.9	1.9

(1) As reported by the Hawai'i State Department of Health

(2) Honolulu County need, using national average as a benchmark

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As the data on the following pages indicate, Honolulu County's accessibility to hospice care falls far below the national average. With an estimated hospice utilization of 19%, Oahu's access to hospice care is approximately 50% lower than the national average. This substantial deficit is particularly disturbing given the fact that the State of Hawaii ranks among the highest in the nation in terms of concentration of senior citizens and growth in the number of deaths per annum. As a result, Honolulu County could be characterized as a place among the highest in terms of need for hospice care, but currently among the lowest in terms of access to hospice care.

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b) Need and Accessibility (continued)

As the table below indicates, Honolulu County provided care to 59% of the hospice patients that were receiving service in the State of Hawaii on November 8, 2007. This level of access to hospice care is disproportionately low given the fact that Honolulu County represents over 70% of the state's total population and annual deaths.

STATE OF HAWAII HOSPICE ACCESSIBILITY STATISTICS						
COUNTY	2006 Population (1)		2006 Deaths (2)		# Patients as of 11/07 (3)	
	#	%	#	%	#	%
Honolulu	909,863	71%	6,919	72%	247	59%
Hawai'i	171,191	13%	1,309	14%	134	32%
Mau	141,320	11%	913	9%	23	5%
Kaua'i	63,004	5%	481	5%	15	4%
STATE OF HAWAII	1,285,378	100%	9,622	100%	419	100%

(1) U.S. Census Bureau Data

(2) Hawai'i State Department of Health Data

(3) Census data collected via hospice provider telephone survey conducted on 11/8/07

So what is the current level of access to hospice care in Honolulu County? Ken Zeri, President of Hospice Hawaii, was cited in a January 14, 2008 article in the Honolulu Advertiser stating that approximately 2,200 people who died in Hawaii in 2007 received hospice care. With Honolulu County providing care to 59% of the state's hospice patients as of 11/8/07, MRI estimates that Honolulu County accounted for an estimated 1,300 of the total 2,200 hospice patients that passed away in 2007 (2,200 x 59%). As the table below indicates, with an estimated 1,297 hospice related deaths in 2007 and 6,825 total deaths in 2007, Honolulu County had an estimated hospice utilization rate of 19% in 2007.

Service Area	2007 Hospice Deaths		2007 Total Deaths (3)		Hospice Utilization (4)
	# Patients	% Total	# Deaths	% Total	
Total State of Hawaii	2,200 (1)	100%	9,614	100%	23%
Honolulu County	1,297 (2)	59%	6,825	71%	19%
Other Hawaii Counties	903 (2)	41%	2,789	29%	32%

(1) 2007 hospice deaths as reported by Ken Zeri on 1/14/08

(2) Allocation of total based on share of hospice patients as of 11/8/07

(3) Hawai'i State Department of Health Data

(4) # Hospice Deaths divided by # Total Deaths

With an estimated hospice utilization of 32%, Oahu's neighboring islands still fall below the 36% national average, but only by 11%. Given the rural nature of many of these areas and the greater difficulty accessing residents, a utilization rate below the national average is not surprising. As the data on the following page illustrates, geography related challenges in accessibility do not account for the enormous deficit between hospice utilization in Honolulu and Hawaii's other counties. With a 19% hospice utilization, Honolulu County provides 40% less access than neighboring counties and 47% less access than the national average.

b) Need and Accessibility (continued)

As the table below indicates, Honolulu County has over 12x the number of residents and deaths per square mile as any other county in the State of Hawaii. Compared to the nation as a whole, Honolulu County has over 16x the number of residents and deaths per square mile. Given Honolulu County's significantly higher population density, one would expect Oahu to provide greater access to end-of-life care than the neighboring islands and the U.S. as a whole, rather than significant less access to care.

AREA	Square Miles	Per Square Mile	
		Persons	Deaths
Honolulu County	600	1,517	11.5
Hawai'i County	4,028	43	0.3
Maui County	1,159	122	0.8
Kaua'i County	622	101	0.8
STATE OF HAWAII	6,423	200	1.5
U.S. TOTAL	3,537,438	85	0.7

It is also interesting to note that Hawaii's senior population has increased 17% in the past 10 years, nearly twice as fast as the total U.S. senior population. During this time frame, annual deaths in Hawaii have increased 18%, outpacing the U.S. by an even more alarming 4.5x.

AREA	Senior Population (in Thousands)			Annual Deaths (in Thousands)		
	2006	1996	% Change	2006	1996	% Change
U.S. (1)	37,125	34,071	9%	2,416	2,315	4%
Hawaii (2)	180.0	153.5	17%	9.6	8.1	18%

(1) U.S. Census Bureau Data

(2) U.S. Census Bureau and Hawaii State Dept. of Health Data

During this 10 year time frame, the number of hospice programs in the U.S. increased by 65% from 2,722 to over 4,500, according to the NHPCO. Although the State of Hawaii outpaced the U.S. by a significant margin in terms of senior growth and deaths, Hawaii increased the number of active hospice providers by only 25%, from eight (8) to ten (10), during this same time frame. These statistics clearly indicate that Hawaii has neither kept pace with a) its own growing needs for end-of-life care, nor b) the improvements in access to end-of-life care achieved on a national basis.

When SHPDA issued a conditional certificate of need to Bel Care Hospice Hawaii over 15 months ago, the shortfall in access to hospice care was presumably recognized. With Bel Care providing care to zero patients through 2007, the access gap continues to widen. A reoccurring theme from those that opposed our license at our January hearing with SHPDA is "more is not better". The question that remains then is "what is better for those in need of end-of-life care?". Our care for the residents of Honolulu will help narrow the access gap. Given the enormous deficit Honolulu County faces in terms of access to hospice care relative to neighboring islands and the nation as a whole, MRI believes the community would be best served by granting certificate of need approval for our Islands Hospice project. We have the resources and the experienced personnel to be part of the solution to Honolulu County's growing hospice deficit.

c) Quality of Service/Care

Islands Hospice has several policies and procedures specifically intended to monitor the quality of patient care (see relevant excerpts of Policies & Procedure Manual in Exhibit C-2). In addition to compliance with the Hospice Conditions of Participation, our program will ensure all employees are adequately qualified, trained and receive a minimum number of continuing education hours to provide patients with the highest quality of care possible.

We have a Performance Improvement (PI) Program in place specifically designed to monitor and evaluate the quality of care provided to patients and their families. A PI Director will be designated with the responsibility of implementing and managing this program and will collect, analyze and evaluate data in order to formulate the following:

- Review of systems currently in use
- In-service education programs
- Identification of trends
- Revisions of existing or development of new policies/procedures
- Recommendations for corrective actions

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Performance monitors will include:

- Recommendations to the administrator and governing body for improvements
- Use of critiques by the patient/family regarding services
- Implementation of recommendation resulting from evaluations and studies
- Problem identification, assessment, correction, monitoring and documentation
- Evidence of policy implementation and monitoring of staff performance

The PI committee will meet quarterly and will be composed of the PI Director, Administrator, Social Worker, Medical Director and Registered Nurse. The PI Director will receive a written report and summary of findings from the PI committee meeting. A plan of correction for any deficiencies will also be submitted to the PI Director whose responsibility it will be to implement the recommendations and eliminate any deficiencies.

Islands Hospice will comply with the National Hospice and Palliative Care Organization guidelines for staffing. Staffing ratios will initially be higher, as Islands Hospice takes on its first patients and will have more full time staff member than patients.

All employees will be adequately qualified, trained and receive a minimum number of continuing education hours to provide patients with the highest quality of care possible. Home health aides will receive 12 continuing education/in-service hours each year and nurses will be required to complete six hours of continuing education/in-service. Monthly health and safety in-service will be conducted as required by OSHA regulations. Islands Hospice will keep records of all continuing education and in-service provided to each employee, which will be maintained in their employee file.

Islands Hospice will secure all the necessary permits, licenses and certifications needed to provide hospice services. Upon receiving our Certificate of Need from the SHPDA, we will file for Certification in the Medicare Program, which we anticipated receiving in 60-90 days.

d) Cost and Finances (include revenue/cost projections for the first and third year of operation)

The table below sets forth the projected revenues and costs for Islands Hospice for its first three years of operation. We anticipate generating a loss of just under \$150,000 our first year and achieving profitability at the beginning of our second year of operation.

STATEMENT OF REVENUE AND EXPENSES			
	YEAR 1	YEAR 2	YEAR 3
Net Patient Service Revenues	\$1,219,055	\$2,430,952	\$4,211,745
Total Expenses	\$1,366,113	\$2,399,936	\$3,969,437
Net Income/(Loss) from Operations	(\$147,058)	\$31,016	\$242,309

The Chief Administrative Officer recruited by MRI to implement the Islands Hospice project (Attachment C) has successfully initiated and implemented similar hospice projects in other markets throughout the U.S. MRI has initially committed \$300,000 to this project, which is more than sufficient to cover the initial start up costs of \$22,600 to fund capital equipment purchases and \$147,000 to fund first year operating losses. Our projections assumes we do not receive our Medicare Certification for 90 days and are required to fund 100% of staffing, overhead and patient care expenses without any patient care reimbursements from Medicare, Medicaid or private insurance. Even without these reimbursements, during our first three months of operation we will still have the financial resources to fund patient care, increase census and provide education, support and outreach to the community.

If our Medicare Certification is delayed beyond 90 days, we will be able to continue funding expenses with the remaining \$130,000 of MRI's commitment we do not anticipate needing. If our Medicare Certification takes longer than 90 days, MRI has the financial wherewithal to continue funding expenses until such time as Islands Hospice is able to cover expenses with reimbursements from Medicare, Medicaid and private insurance sources.

In terms of the impact of Islands Hospice on the community, we will require zero dollars from Honolulu County's limited resources. Islands Hospice will also improve access to care, provide an influx of experienced hospice professionals and have a positive impact on Honolulu's employment by hiring staff and purchasing products and services from companies already supplying Honolulu's healthcare infrastructure. We will fund 100% of these activities with the financial resources of MRI until we are Medicare Certified.

While we anticipate an enormously positive impact on the access to, and quality of care, we also believe our participation will have a significantly positive economic impact. In addition to the impact on employment and vendors described above, our Islands Hospice project will reduce community health care costs by over \$6 million during our first three years of operation (see page D-8 of Application Narrative that follows). These cost savings, while significant, do not include the reduction in pain and emotional distress for the patients and family members who avoid the frightening and traumatic experience of ambulance transportation and acute medical care that could otherwise be avoided.

e) Relationship to the Existing Health Care System

MRI will improve the existing health care system by expanding access to hospice care in Honolulu County. As previously discussed in Section B: Need and Accessibility, there currently exists an enormous disparity in access to hospice care between Honolulu County, its neighboring islands and the U.S. as a whole. As the table below indicates, Honolulu County provides significantly less access to hospice care in terms of the number dying residents receiving hospice care (hospice utilization) and the number of hospice providers available to provide care to every 1,000 dying residents.

GEOGRAPHIC AREA	# Annual Deaths	# Hospice Deaths	# Hospice Providers	Hospice Utilization	Providers Per 1,000 Deaths
Honolulu County (1)	6,825	1,297	3	19%	0.4
Other Hawaiian Counties (2)	2,789	903	7	32%	2.5
U.S. Total (2)	2,416,000	870,000	4,500	36%	1.9

(1) Hawaii State Dept. of Health 2007 Data

(2) U.S. Census Bureau 2006 Data and NHPCO 2006 Statistics

MRI proposes to use its financial resources and experienced hospice personnel to help aide Honolulu County in narrowing the gap in the delivery and accessibility of hospice care. As the table below indicates, Islands Hospice plans to augment the service currently being provided by the three active hospice providers on Oahu (Hospice Hawaii, St. Francis and Bristol) and increase utilization from 19% currently to 26% by our third year of operation.

	2007	Year 1	Year 2	Year 3
Total Deaths - Honolulu County	6,825	6,825	6,825	6,825
Hospice Providers	Annual Hospice Deaths			
Hospice Hawaii, St. Francis, Bristol	1,297	1,297	1,297	1,297
Islands Hospice	0	224	319	485
Total Hospice Deaths	1,297	1,521	1,616	1,782
Hospice Utilization (1)	19.0%	22.3%	23.7%	26.1%

(1) Total Hospice Deaths divided by Total Deaths in Honolulu County

Islands Hospice plans to collaborate and work in concert with other providers of health care services, including other hospice providers, to narrow this gap so the residents of Honolulu eventually have access to the same level of care afforded the average American. We plan to establish relationships with and maintain regular interaction with physicians, hospital discharge planners, nursing home administrators, senior living communities, spiritual leaders and other individuals and organizations most likely to come into contact with those stricken with life threatening illnesses. To further increase community awareness about the benefits of hospice care, every licensed professional and volunteer at Islands Hospice will take an active role in helping to educate the community. Our volunteer and bereavement programs will serve as a resource for the entire community, not just those receiving hospice care through our program. *Our professional and volunteer programs will recruit individuals from diverse ethnic groups in order to incorporate unique cultural sensitivities regarding death into how we approach and administer end-of-life care.*

f) Availability of Resources

As mentioned in Section D on page 8, MRI has already committed the financial resources necessary to make the Islands Hospice project successful. Our initial commitment is \$300,000, and as our projections indicate, our capital requirements are less than \$170,000. If the remaining \$130,000 is insufficient to cover any delays in Medicare Certification or unanticipated expenses, MRI has given unconditional funding commitments until such time as the operation is self-sustaining.

Relative to the availability of human resources, MRI has already recruited a Chief Administrative Officer to head Islands Hospice. Our Chief Administrative Officer, Trish Brooks, is a Registered Nurse, licensed to practice in the State of Hawaii, with over 10 years of hospice management experience (see Attachment C). In addition to her extensive day to day clinical and operational management expertise, Ms. Brooks has significant experience successfully recruiting, hiring and training hospice staff at other hospice providers she has managed in the past.

As previously discussed on page 1 of the Executive Summary, Islands Hospice will comply with the NHPCO guidelines for staffing. Our initial staff will be comprised of the following employees:

INITIAL STAFFING	
Position	# Postions
Administrator	1
Medical Director	1
RN / PI Director	1
Home Health Aide	1
Social Worker	1
Chaplain / Vol. Coordinator	1
Community Educator	1
Dietary Counselor	As Needed
Therapist (PT, ST, OT)	As Needed
Total	7

Our Governing Body is comprised of individuals with years of experience in the areas of patient care (both palliative and curative), spiritual care, as well as operational, financial and human resourcc management. This Governing Body will have ultimate authority, responsibility and accountability for the hospice operations. Day to day oversight will be administered by our Administrator, PI Director and Interdisciplinary Team.

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