We create peace of mind by providing compassionate care and support to those who need us.
The **Bridge** from possibility to probability to reality is built by keeping the **Promises** you made to yourself and those you **Serve**.
Dear Friend of Avow:

In recent years, our focus in this annual report to you and the community has been on sharing the challenges and opportunities we faced through significant changes in the healthcare industry, in the field of hospice care, and in Avow’s executive leadership team and strategic vision. Your ongoing support of our work through financial gifts, volunteer time and – most importantly – your trust in us to care for your family, friends and neighbors nourished us as we worked to sustain and advance Avow’s mission of quality and compassionate care.

We are pleased, this year, to show you how your belief in Avow has allowed so many of our plans, dreams, hopes, and visions to come true. In the following pages, you’ll read about new patient care programs, new services for our area’s children, new facilities for our staff and community, and new partnerships to serve the developing Collier County and southwest Florida of tomorrow. We’ll also share some of our plans for 2017 and beyond.

Together, in 2016, we accomplished much. This report is a celebration of that partnership and an invitation to continue it in the years ahead. You believe, as we do, that this is sacred work, and that it calls on us to give our very best to all who need us. That is not a commitment we take lightly.

*It’s more than a promise: it’s Avow.*

With gratitude:

Charles Hoffman  
Board Chair, Avow Companies

Jaysen F. Roa  
President & CEO, Avow Companies

A year of... PROMISES REALIZED
WHY DOES AVOW EXIST?

Our history of service in Collier County is rooted firmly in hospice care. We began when founder Glenna Hayhoe and friends took up the cause of changing, for the better, the way our community experiences end of life and loss. Our mission and vision statements have reflected that singular focus.

But as we developed services for those who are seriously but not terminally ill, expanded our programs for children, and welcomed more people to our bereavement and education programs, we knew we needed to revise our mission and vision statements. These guideposts direct program development and spending priorities, motivate staff members, and show prospective patients and donors where our values lie.

A task force of employees from various disciplines, working with the board Resource Development committee, presented the following statements to the board in 2016:

OUR MISSION:

*We create peace of mind by providing compassionate care and support to those who need us.*

OUR VISION:

*To be our community’s choice for support through life’s transitions.*

The board of directors recognized that creating peace of mind in anyone who turns to us for help for any reason is our true work. They unanimously adopted both statements to represent all Avow companies, programs, and services as they are delivered to all who turn to us.
After several years of planning and preparation, the entities in our corporate architecture became fully functional:

- Avow Foundation, Inc. was granted its IRS 501(c)(3) status and began operating as a separate entity to raise funds for Avow’s nonprofit programs and services. The board of directors transferred the financial assets of Avow Hospice to Avow Foundation for investment, stewardship, protection, and growth.

- Avow Real Estate, Inc. was formed to hold Avow Hospice’s real property assets.

- Our parent company, Avow, Inc., became the owner of Avow Hospice. Avow, Inc. now has governance rights and responsibilities over all Avow companies, giving the board of directors the power to ensure that fundraising, service delivery, compliance, and growth are consistently managed to the vision and the mission.

Avow Foundation was created to do more than just raise money: its true purpose is to help donors live their values and express their deepest feelings through sharing with others. The Foundation focuses on expressing compassion – including to Avow’s own employees. In 2016, the group established an assistance fund for staff members experiencing a short-term financial crisis. Employees voluntarily contribute to the fund from their own paychecks so that the neediest of their fellow workers can be supported in times of trouble.
In 2016, Avow hit a milestone in its history by achieving an average daily census of greater than 300 patients. By the fourth quarter, we were caring for approximately 360 people every day in their homes, nursing/assisted living facilities or wherever they resided. By comparison, in the fourth quarter of 2015, our average daily census was 267.

Our census growth was the result of a number of management changes and process improvements. While the census grew significantly, the average length of stay of patients in our program remained flat, confirmation that our efforts to help more people were working.

To serve these patients with the same degree of high-quality, careful attention we’ve always given, we significantly increased our recruiting efforts for clinicians, adding 67 new positions. Avow has also expanded its nursing recruitment efforts to address the effects of the national nursing shortage in Collier County. We are well-prepared to maintain our licensed practical nurse team and to continue serving patients with world-class hospice care.

**Invested in More Direct Hospice Patient Care at the Bedside**

In addition to staffing to a higher census, we expanded the types of care we provide. For the first time in the Georgeoson Hospice House’s 13-year history, we have a staff of home health aides assisting patients with personal care – care that had previously been done by the nursing staff. Our patients appreciate the aides’ gentle and loving touch, which makes them feel special, valued, and safe.

We also grew our Crisis Care team to provide around-the-clock care to more patients wherever they reside. This level of care supports patients through brief periods of acute symptom management. It is an alternative for those who cannot or don’t want to be cared for in our inpatient facility, but who still need 24/7 care.

Crisis Care is expensive to fund: it takes the equivalent of 4.5 to 5.0 staff members to care for one patient on our average daily census. Additionally, at least 50% of the care provided must come from a licensed practical nurse or registered nurse. There are strict Medicare time billing guidelines for Crisis Care, which means sometimes we provide care that is never reimbursed.

In 2016, Avow averaged nearly 12 Crisis Care patients each week, an increase of over 80% from the previous year.
One measure of the community’s trust in us is the percentage of Collier County residents who choose Avow for hospice care. Our market share grew from 73.58% in 2015 to 75.68% in 2016. Today, we are reaching more people in need of hospice care in our community than ever before – and we’re proud to be the clear hospice of choice.

Reimbursement payments to healthcare entities, including hospices, are soon to be tied directly to patient/family satisfaction scores that are easy for consumers to review as they shop for a healthcare provider. Avow has always tracked patient family satisfaction scores; under the new system, however, we are able to compare our results with hospices nationwide. In 2016, we succeeded in exceeding the national benchmarks for patient and family satisfaction scores in every quarter.

As part of our commitment to patient and family satisfaction, in 2016 we hired a Patient Experience Care Manager whose primary job is to talk directly to families to ensure the integrity and comprehensive nature of our care, to the satisfaction of both patients and families. She provides weekly education to our staff on every aspect of being a compassionate care provider.

In October we were quality-surveyed by The Joint Commission, an independent, nonprofit organization that accredits and certifies more than 20,000 healthcare organizations and programs in the United States. The quality survey resulted in Avow earning the Joint Commission’s service excellence accreditation for the 16th consecutive year.

In 2016, we exceeded the national family satisfaction score every quarter.
In 2014, Avow approached the community with a list of priorities for funding:

• Daily operations support
• New building for staff/palliative care center on campus
• Funds to underwrite palliative care consultations for adults
• Seed money for a children’s palliative care program

The goal: an ambitious $15 million by 2018

Chair Chuck Hoffman assembled a cabinet of employees and volunteers who took Avow’s vision to individual donors, corporations, foundations, and philanthropists. Avow’s board of directors, employees and leadership team, in partnership with the community, responded generously,

The outcome: raising the $15 million 12 months ahead of plan
Broke Ground for and Opened the Lyon Center and Palliative Care Center

More than a third of the funds raised from the ‘Promise2Give’ campaign were allotted for the construction of a new two-story, 23,000 square foot building on the Avow campus.

The building provides a home for:

- a new palliative care center
- a children’s bereavement center
- a functional training space for employees
- work areas for many departments and teams

Board members, staff members, volunteers, donors, and community dignitaries met at Avow on a blustery January 12, 2016 to officially break ground for the new structure. At the center of the group was Thelma Lyon, part-time Naples resident and full-time advocate and evangelist for the healing power of palliative care. Mrs. Lyon gave a significant gift to the project in honor of her husband, Ervin “Bud” Lyon, who could have benefitted from palliative care prior to his death in 2012, had the service been available to him. Mrs. Lyon chose to name the building the Lyon Center; on its cornerstone she had engraved, “Given so that others may find peace.”

Thelma Lyon (center) tosses a ceremonial shovel of dirt at the ground breaking ceremony. Joining her are Chuck Hoffman, Chair (left), Dr. Diane Meier, and Dr. Paul Mitchell (right).
Introducing...

**The Lyon Center**

Within its walls are...

**Children’s Bereavement Center**

This special space features a meeting room where children can engage in hands-on activities that help them express their often complex feelings of grief over the loss of a loved one. Counselors work from that wing; there is also a parent/staff conference room and a comfy waiting room.

**Palliative Care Center**

This dedicated space includes five exam rooms (one with an amazing and amusing mural for children), offices for staff, a conference room for patients and families to discuss care options with the interdisciplinary team, and a comfortable waiting room.

While palliative care consultations began as an innovative care offering to hospitalized patients, the need for outpatient palliative care is far greater. Avow’s new palliative care center offers a comfortable, convenient option for patients who want to be seen in a clinical setting, where they can talk about their conditions and questions simultaneously with several members of their interdisciplinary care team. Treatment rooms are furnished with exam tables that allow patients to receive massage therapy, Reiki energy treatments, and music therapy as part of their visit.

In addition to providing consults in the new center, Avow’s palliative care team sees patients in their homes or assisted living facilities, wherever they reside.
All Avow employees use multiple software applications and computers/devices (such as smart phones and tablets) to do their work. The new training room gives them access to everything they need to learn to chart patient care, send emails, log their work time, read the latest company news, get a refresher on policies and procedures, and take their mandatory training classes. Next door is a lab where clinical employees can use models and mannequins to learn new techniques in wound care, intravenous medication administration, blood draws and other forms of patient care.
Prior to the Lyon Center’s opening, Avow’s approximately 250 employees worked from a space designed for about 60 people. Former residential patient rooms housed up to three employees; a former lanai was enclosed to make two tiny offices; the patient care teams were sandwiched into a former supply room, with several people sharing each cubicle.

Now Avow’s clinical teams meet regularly in comfortable rooms equipped with conferencing and AV technology. Staff who normally are on the roads visiting patients have a quiet place to complete their documentation and chat with coworkers. Team unity is greatly enhanced by this new space, which results in more cohesive patient care throughout the interdisciplinary care team.

The building also includes improved work areas for the Admissions, Finance, Health Information Management, and Information Technology teams, as well as the first-ever Avow boardroom. The new boardroom offers a pleasant meeting space for the board of directors, volunteers, and outside community organizations.
“Your smile is your logo, your personality is your business card, how you leave others feeling after having an experience with you becomes your trademark.”

— Jay Danzie
While Avow is a healthcare organization, we are also a technology company: our electronic patient information system, smartphones, handheld documentation devices, and networks must be operational 24/7, just like our patient care services. In 2016, we implemented a new Cisco HyperFlex system in the Georgeson Hospice House to improve system reliability, simplify system and data management, and protect sensitive data from hardware failures and security/privacy threats. We also upgraded our enterprise software applications, found more cost-effective and helpful online education tools, upgraded our telephone systems, and outfitted the Lyon Center with all new computers, printing/scanning/copying systems, conferences phones, audiovisual display systems, and APC Smart-UPS protection throughout the building.

What drove this significant investment in technology? Our commitment to exceptional patient care. Every dollar we spent helped keep us closer to patients; to continue to care for them should we experience disruptions in service from vendors such as internet or telephone service providers. Technology connects us to our patients and their families, and supports our commitment to meet their needs around the clock.

For our care partners, we launched a smartphone- and tablet-based application that simplifies referring patients. The app includes comprehensive guides to qualifying symptoms to help referrers make informed decisions about when to recommend Avow to their patients. The app can be used by anyone; it’s ready for download for both Apple and Android operating systems.
A vow participates in the “We Honor Veterans” program, an initiative of the National Hospice and Palliative Care Organization in collaboration with the Department of Veterans Affairs. The program seeks to help hospices develop educational opportunities, partnerships and programs that meet the unique needs of veterans (and their families) at end of life.

“We Honor Veterans” provides tiered recognition to its partner agencies that demonstrate a systematic commitment to improving care for veterans. There are four levels a partner can achieve, each designated by a “star.” We are proud to say that Avow has achieved the four-star level of commitment, preparation and execution in this essential program. We love our veterans!

Avow volunteer and staff member veterans (From left to right: Rick LoCastro, Air Force; Carolyn Monteverde, Army; Henry Braga, Air National Guard and Air Force; John “Jack” Fulmer III, Marine Corps; and Scott McDonald, Army) honor WWII veteran and Normandy Campaign survivor, Roger Rogers, Army, during a “Salute Ceremony.” Also pictured, Roger’s son (Del Rogers) and grandchildren.
In 2016, Avow built on its decades of providing children’s bereavement services in schools and to individual kids by offering our first overnight camp, Camp MendingHeart. The event, for children aged 11 to 17, featured sharing sessions, group activities, fresh air and exercise – and lots of healing. To help parents understand what their children were experiencing, our counselors educated them on how young ones process grief and loss. The kids loved the camp: some said they wished it lasted a week, and many returned to Avow a few months later for a reunion.

For younger children and those not able to attend the overnight camp, we hosted our first daytime Camp MendingHeart session in partnership with The Conservancy of Southwest Florida. Campers walked nature trails, made memory boxes, and found commonalities in their grief with other kids in the program.

Expanding the number of Camp MendingHeart sessions is one of our key objectives in 2017.

“There is a beginning and an ending for everything that is alive. In between is living.”
—Bryan Mellonie
We completed our sixth year of working with the Florida Department of Health’s Children’s Medical Services Network program, Partners In Care: Together for Kids (PIC:TFK). As a partner, Avow provided supportive counseling, respite, nursing, and complementary therapy services to 18 children and young people, aged 2 to 20. Our team delivered the following care in the children’s homes:

- 517 home health aide visits
- 167 complementary therapy visits
- 108 RN visits
- 152 social worker visits
- 22 chaplain visits

Avow fulfilled its PIC:TFK commitment without utilizing direct fundraising dollars, thereby meeting all program requirements.
In February, long-term hospice medical director and chief medical officer, Dr. Paul Mitchell, retired from Avow. Dr. Mitchell's gift was to bring peace of mind to families facing difficult choices and circumstances regarding their loved one. He excelled at helping families understand what was happening to their patient and how they could best support their family member. To many, he was a calm and reassuring voice of caring when everything felt out of control.

Dr. Mitchell also pioneered Avow's palliative care program, designing both its inpatient and outpatient services. In 2015, Dr. Mitchell was named Physician of the Year by the Collier County Medical Society for his work in palliative and hospice care.

2016 brought changes to our clinical leadership team. While we said a bittersweet goodbye to one member of the executive leadership group, we welcomed another highly skilled clinician and added an outstanding physician to our medical team.

**Dr. Paul Mitchell**

In February, long-term hospice medical director and chief medical officer, Dr. Paul Mitchell, retired from Avow. Dr. Mitchell's gift was to bring peace of mind to families facing difficult choices and circumstances regarding their loved one. He excelled at helping families understand what was happening to their patient and how they could best support their family member. To many, he was a calm and reassuring voice of caring when everything felt out of control.

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**Dr. Natalia Keyser**

Natalia Keyser, MD joined Avow as a hospice medical director, bringing years of hospice and palliative care experience and focused expertise. She earned her doctor of medicine degree from the Institute of Health Sciences Medellin - Faculty of Medicine, where she graduated with honors. She completed her residency in internal medicine at Temple University/St. Luke's Hospital in Bethlehem, Pennsylvania. Dr. Keyser has been practicing since 1998, and is board certified in both internal medicine and hospice and palliative medicine through the American Board of Internal Medicine. Dr. Keyser now serves as medical director for Avow's palliative care program, where she coordinates the interdisciplinary team's care of our patients.
Becca joined Avow in 2012 and has held various positions including Clinical Manager, Admissions Manager and, most recently, Senior Director of Admissions and Education. In 2016, Becca became our Vice President of Clinical Services (VPCS).

Because the VPCS requires a high degree of theory knowledge as well as practical, hands-on experience, our search for the best candidate took a significant amount of time. We wanted someone who understood the inner workings of the acute care setting as well as the myriad of post-acute care entities with which we collaborate. In addition to those traits, the right candidate needed to possess a firm knowledge of hospice and a passion for the care that hospice affords each patient and their family. We were very lucky to find the best candidate, who happened to be one of our own.

Rebecca Gatian, RN, BSN, MBA, CHPN, CHPCA

“Your ordinary acts of love and hope point to the extraordinary promise that every human life is of inestimable value.”

— Desmond Tutu
Profiles: People We Served

Hospice Program
Total Patients Served = 1,954
Average Daily Census = 343
Average Length of Stay = 60 days

Top 5 Admitting Diagnoses
*Cancer 32%
*Heart Disease 17%
*Alzheimer's/Dementia 15%
*Cerebrovascular Disease* 13%
*Lung Disease 8%

*Includes cerebrovascular atherosclerosis, stroke, non-traumatic hemorrhage.

Where Does Care Take Place?
Home 60%
Assisted or Senior Living Facility 35%
Georgeson Hospice House 5%

Who Refers Patients for Hospice?
Self/Family 15%
NH and ALF 20%
Hospital 43%
Physician 15%
Other 7%
A Year of PROMISES Realized

Complementary Therapy Visits

1,003 | Music Therapy Treatments
2,693 | Massage Therapy Treatments
( some combined with Reiki treatments )
46 | Reiki-only Treatments

Palliative Care Program
603 total visits | 24% growth over 2015 | 208 patients seen

Where Does Care Take Place?

Where Does Care Take Place?

Palliative Care Program
603 total visits | 24% growth over 2015 | 208 patients seen

Who Refers Patients for Palliative Care

Internal Med Physicians..... 60.8%
Oncologists ..................... 21.6%
Hospitals .......................... 12.4%
Other Sources .................... 5.2%

Bereavement Program

Children’s Program
• Provided 416 individual counseling sessions for grieving children
• Held one day bereavement camp and one weekend bereavement camp; a total of 52 children participated
• 222 children benefitted from grief support
• 67% (161) were supported in the school setting
• 146 children attended 350 individual support sessions
• 16% had a family member in hospice care at Avow

Adult Program
2,191 adults benefitted from grief support
• 82% (1,798) were served by groups
• 43% (949) had a family member in hospice care at Avow
Balance Sheet
Sources and Uses of Avow Funds

Hospice and Bereavement Programs

- Medicare/Medicaid/Insurance: 74.4%
- Miscellaneous Revenue: 19%
- Treasures Resale Store Proceeds: 4.4%
- Donations: 19%
- Investment Earnings: 0.1%

How Did We Spend Our Funds?

- Hospice Care: 95%
- Community Programs: 5%

Where Did the Funds Come From?

Palliative Care Program

- Donations: 80.7%
- Medicare/Medicaid/Insurance/Self-Pay: 19.3%

How Did We Spend Our Funds?

- Salaries & Benefits: 69.5%
- Professional Services: 17.5%
- Occupancy: 0.5%
- Supplies & Services: 4.5%
- Bad Debt: 6.2%
- Other: 1.8%
From the Heart: Philanthropic Support of Avow

Sources of Philanthropy for Hospice and Bereavement Services

- Individual Giving..........................87.06%
- Foundation Giving........................11.41%
- Corporate & Organization Giving....1.53%

Sources of Philanthropy for Palliative Care

- Individual Giving..........................98.53%
- Foundation Giving........................1.47%
- Corporate & Organization Giving.......0%

Volunteer Support of Avow

The dedicated crew of volunteers who work at our Treasures resale shop provided 2.1% of our revenue in 2016. In addition to helping raise money, these active volunteers are also great public ambassadors for our mission.

The entire volunteer corps is about 350 strong. Through their work in our offices, at special events, with patients, and in other services, they saved Avow approximately $290,319.75 in 2016.

These services for children and adults are funded 100% by donors:

- Music therapy
- Massage therapy
- Reiki energy treatments
- Grief support for patient family members
- Grief support for the community at large
- Education for caregivers and the community
Our mission: We create peace of mind by providing compassionate care and support to those who need us.

2016 Avow Board of Directors

- Charles Hoffman, Chairman
- Vip Grover, Vice Chairman
- Roger Lipitz, Treasurer
- Jay Johnston, Secretary
- Jaysen Roa, President & CEO
- Thomas J. Gazdic
- Dana Hall
- Patrick Neale
- Lee Pinto
- Rev. Kathy Schillreff
- Carolee Steelman
- Chuck Wicker

2016 Avow Executive Leadership Team

- Jaysen F. Roa, MHA, MBA .......................... President & CEO
- Phyllis Hall, CPA............................... Chief Financial Officer
- Katharen Chamberlain, MA... Vice President of Administration and Communications
- Rebecca Gatian, RN, BSN, MBA, CHPN, CHPCA.... Vice President of Clinical Services
- Cynthia Nehrkorn, MD........................ Vice President of Medical Services
- Melissa Phillips, MSW.................... Vice President of Avow Foundation
- Annalise Smith, MHSA, CHA .............. Vice President of Business Development
- Laura Tabone, LCSW, ACHR-SW .... Vice President of Psychosocial and Children’s Services
- Nancy Cooley................................. Senior Director of Human Resources
- Daniel Vohasek ............................ Senior Director of Information Technology

Avow Hospice, Inc. is a not-for-profit hospice licensed in 1983 to serve Collier County, Florida since 1983.

Avow Care Services, Inc. is a not-for-profit organization devoted to providing palliative care services in southwest Florida.

The 2016 Annual Report to the Community is a publication of Avow Hospice, Inc. Copyright © 2017.
Printed June 2017. For more information about services provided by Avow, contact us at:

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