



ASSURED HOSPICE
2120 NORTHPARK DR
CENTRALIA, WA 98531

New Phone: 360-807-7776
Fax: 360-807-7790

TO: Certificate of Need Program **DATE:** 6/23/16

FAX: 360-236-2321 **PAGES:** 5+ cover

RE: Hospice Data for 2015

URGENT

SIGN AND RETURN

REVIEW ONLY

Please call if you have any questions

*Thank you,
Assured Hospice Team*

this message is confidential, intended only for the named recipient(s) and may contain information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you receive this message in error, or are not the named recipient(s), please notify the sender at either the fax, address or telephone number above and discard this fax. Thank you.



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Thank you for participating in this annual survey of hospice providers in Washington State. The purpose of this survey is to determine how hospice services are used throughout the state and to project future need for hospice services.

Disclosure Statement: Information collected in this survey may be subject to public disclosure in accordance with RCW 42.56 (Public Records Act).

Agency Name: Assured Hospice AKA Northwest Healthcare Alliance
DOH License Number: HS.FS.0000229
Office Address: 2120 Northpark Dr 30* Centralia, WA 98531
Contact Person: Leslie Dean
Contact Title: RN/Administrator
Contact Phone Number: 360-807-7770
Contact Email Address: leslie.dean@lhcgrouop.com

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health.

I hereby certify that the statements made in this survey are true and correct to the best of my knowledge.

Signature of Person Completing Survey: [Handwritten Signature]

Person Completing Survey, include title: Leslie Dean RN/Administrator

Email address: leslie.dean@lhcgrouop.com



**Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only**

Has there been an agency name change or ownership change? No Yes

If yes, describe: _____

In the table below, please identify each county that your agency serves. For counties in which you are licensed to provide hospice services, check "State Hospice." For counties in which you have CN approval to serve Medicare and/or Medicaid patients, please check the column for "CN Approved Hospice."

County	State Hospice	CN Approved Hospice
Adams		
Asotin		
Benton		
Chelan		
Clallam	X	
Clark		
Columbia		
Cowlitz		
Douglas		
Ferry		
Franklin		
Garfield		
Grant		
Grays Harbor		
Island		
Jefferson	X	
King		
Kitsap		
Kittitas		
Klickitat		

County	State Hospice	CN Approved Hospice
Lewis	X	
Lincoln		
Mason	X	
Okanogan		
Pacific		
Pend Oreille		
Pierce		
San Juan		
Skagit		
Skamania		
Snohomish		
Spokane		
Stevens		
Thurston	X	
Wahkiakum		
Walla Walla		
Whatcom		
Whitman		
Yakima		



**Washington State Certificate of Need Program
Annual Hospice Survey
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Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County 1: Lewis

	2015
Total # of patients admitted aged 0-64 with cancer diagnosis	12
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	15
Total # of patients admitted aged 65 and older with cancer diagnosis	50
Total # of patients admitted aged 65 and older with non-cancer diagnosis	147
Total Annual Patient Days	23590

County 2: Mason

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	5
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	4
Total # of patients admitted aged 65 and older with cancer diagnosis	24
Total # of patients admitted aged 65 and older with non-cancer diagnosis	29
Total Annual Patient Days	3824

County 3: Thurston

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	12
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	10
Total # of patients admitted aged 65 and older with cancer diagnosis	59
Total # of patients admitted aged 65 and older with non-cancer diagnosis	152
Total Annual Patient Days	15686

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**Washington State Certificate of Need Program
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Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County: Clallam

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	7
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	4
Total # of patients admitted aged 65 and older with cancer diagnosis	34
Total # of patients admitted aged 65 and older with non-cancer diagnosis	67
Total Annual Patient Days	6478

County: Jefferson

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	1
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	2
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1
Total Annual Patient Days	562

County: _____

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



Washington State Certificate of Need Program
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- Email a PDF of this survey to the Certificate of Need Program at fslcon@doh.wa.gov; or
Fax it to the Certificate of Need Program at (360) 236-232; or
Mail the completed survey to one of the addresses below:

Mailing Address:
Department of Health
Certificate of Need Program
Hospice Survey 2016
P O Box 47852
Olympia, WA 98504-7852

Physical Address:
Department of Health
Certificate of Need Program
Hospice Survey-2016
111 Israel Road SE, MS 47852
Tumwater, WA 98501

Thank you for your participation!

Survey Questionnaire:

Please indicate the preferred way to receive this annual survey:

- [X] Email
[X] Regular mail
[] Other? _____

Please provide the preferred address/email address that the annual survey should be sent to in the future:

1 leslie-dean@incgroup.com

2 2120 Northpark Dr. Centralia, WA. 98531



HOME CARE SERVICES

"When it comes to health care . . . there's no place like home"

1020 N Wenatchee Avenue Wenatchee WA 98801
(509) 665-6049 FAX: (509) 665-6038

FAX TRANSMISSION

TO: Washington State Certificate of Need Program

FROM: Home Health/Hospice Services

DATE: 6/9/2016

FAX NUMBER: 360-236-2321

PAGES: 5

RE: 2015 CON Data

The information contained in this facsimile communication is privileged and/or confidential information intended only for the use of the individual or entity named above. If the reader of this cover page is not the intended recipient, you are hereby notified any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error please notify us by telephone.

Thank you



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Olympia, WA 98504-7852

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Tumwater, WA 98501

Thank you for your participation!

Survey Questionnaire:

Please indicate the preferred way to receive this annual survey:

- Email
- Regular mail
- Other? _____

Please provide the preferred address/email address that the annual survey should be sent to in the future:

_____ *dixie.vandall@confluencehealth.org* _____



**Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only**

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Disclosure Statement: Information collected in this survey may be subject to public disclosure in accordance with RCW 42.56 (Public Records Act).

Agency Name: Central Washington Hospital Homecare Services
 DOH License Number: IHS.FS.00000250
 Office Address: 1020 N. Wenatchee Ave - Wenatchee, WA 98801
 Contact Person: Dixie A. Randall, RN
 Contact Title: Director
 Contact Phone Number: 509-665-6049
 Contact Email Address: dixie.randall@confluencehealth.org

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health.

I hereby certify that the statements made in this survey are true and correct to the best of my knowledge.

Signature of Person Completing Survey: 

Person Completing Survey, include title: Dixie Randall - Director

Email address: dixie.randall@confluencehealth.org



**Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only**

Has there been an agency name change or ownership change? No Yes

If yes, describe: _____

In the table below, please identify each county that your agency serves. For counties in which you are licensed to provide hospice services, check "State Hospice." For counties in which you have CN approval to serve Medicare and/or Medicaid patients, please check the column for "CN Approved Hospice."

County	State Hospice	CN Approved Hospice
Adams		
Asotin		
Benton		
Chelan		X
Clallam		
Clark		
Columbia		
Cowlitz		
Douglas		X
Ferry		
Franklin		
Garfield		
Grant		
Grays Harbor		
Island		
Jefferson		
King		
Kitsap		
Kittitas		
Klickitat		

County	State Hospice	CN Approved Hospice
Lewis		
Lincoln		
Mason		
Okanogan		
Pacific		
Pend Oreille		
Pierce		
San Juan		
Skagit		
Skamania		
Snohomish		
Spokane		
Stevens		
Thurston		
Wahkiakum		
Walla Walla		
Whatcom		
Whitman		
Yakima		



Washington State Certificate of Need Program
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Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County 1: Chelan

	2015
Total # of patients admitted aged 0-64 with cancer diagnosis	28
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	21
Total # of patients admitted aged 65 and older with cancer diagnosis	88
Total # of patients admitted aged 65 and older with non-cancer diagnosis	275
Total Annual Patient Days	21355

County 2: Douglas

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	12
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	7
Total # of patients admitted aged 65 and older with cancer diagnosis	52
Total # of patients admitted aged 65 and older with non-cancer diagnosis	86
Total Annual Patient Days	9667

County 3: _____

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED

From: [Cari Clizbe](#)
To: [Harlow, Beth A \(DOH\)](#)
Subject: FW: Follow-up - Annual Hospice Survey
Date: Monday, July 25, 2016 10:54:11 AM
Attachments: [image005.png](#)
[image006.png](#)

Good Morning Beth,

I want to apologize for the key error on this form. The correct data is below.

Year	0-64 Cancer	0-64 No Cancer	65+ Cancer	65+ No Cancer
2013	31	28	65	169
2014	26	24	53	139
2015	25	55	85	270

Let me know if I need to correct the information online.

Thank you,

Cari Clizbe
Executive Assistant
Community Home Health & Hospice
Phone 360.414.5401
Fax 360.425.4667
Cell 360.751.6933



From: Greg Pang, MHA, CHCE
Sent: Friday, July 22, 2016 12:46 PM
To: Cari Clizbe <Cari.Clizbe@chhh.org>
Subject: Fwd: Follow-up - Annual Hospice Survey

Let's discuss early next wk.

Sent via the Samsung Galaxy S® 6, an AT&T 4G LTE smartphone

----- Original message -----

From: "Harlow, Beth A (DOH)" <Beth.Harlow@DOH.WA.GOV>
Date: 7/22/2016 12:16 PM (GMT-08:00)
To: "Greg Pang, MHA, CHCE" <GPang@chhh.org>
Subject: Follow-up - Annual Hospice Survey

Good afternoon,

Thank you for providing the survey response for Community Home Health and Hospice. We're beginning to prepare the methodology, and I noticed a discrepancy in Clark County numbers that I would like to follow up on.

Year	0-64 Cancer	0-64 No Cancer	65+ Cancer	65+ No Cancer
2013	31	28	65	169
2014	26	24	53	139
2015	258	55	85	270

As shown above, three of the cohorts increase significantly from 2014 to 2015. Is this correct?

Thank you for your time, and I appreciate you providing the survey in our new online format.

All the best,

Beth Harlow

Certificate of Need Analyst

Department of Health

PO Box 47852

Olympia, WA 98504-7852

Phone: (360) 236-2931

Fax: (360) 236-2321

Email: beth.harlow@doh.wa.gov

Check out the Certificate of Need website at <http://www.doh.wa.gov/hsqa/FSL/certneed/>

"Public Health - Always Working for a Safer and Healthier Washington."



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Has there been an agency name change or ownership change? No Yes

If yes, describe: _____

In the table below, please identify each county that your agency serves. For counties in which you are licensed to provide hospice services, check "State Hospice." For counties in which you have CN approval to serve Medicare and/or Medicaid patients, please check the column for "CN Approved Hospice."

County	State Hospice	CN Approved Hospice
Adams		
Asotin		
Benton		
Chelan		
Clallam		
Clark		
Columbia		
Cowlitz		
Douglas		
Ferry		
Franklin		
Garfield		
Grant		
Grays Harbor		
Island (Cannon only)	X	X 12/4/86
Jefferson		
King	X	X 12/4/86
Kitsap		
Kittitas		
Klickitat		

County	State Hospice	CN Approved Hospice
Lewis		
Lincoln		
Mason		
Okanogan		
Pacific		
Pend Oreille		
Pierce		
San Juan		
Skagit		
Skamania		
Snohomish	X	X 12/4/86
Spokane		
Stevens		
Thurston		
Wahkiakum		
Walla Walla		
Whatcom		
Whitman		
Yakima		



**Washington State Certificate of Need Program
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Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County 1: KING

	2015
Total # of patients admitted aged 0-64 with cancer diagnosis	219
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	72
Total # of patients admitted aged 65 and older with cancer diagnosis	580
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1,542
Total Annual Patient Days	131,709

County 2: Snohomish

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	71
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	21
Total # of patients admitted aged 65 and older with cancer diagnosis	153
Total # of patients admitted aged 65 and older with non-cancer diagnosis	477
Total Annual Patient Days	46,617

County 3: Island

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	0
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	0
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1
Total Annual Patient Days	5

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



Washington State Certificate of Need Program
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- Fax it to the Certificate of Need Program at (360) 236-232; or
- Mail the completed survey to one of the addresses below:

Mailing Address:
Department of Health
Certificate of Need Program
Hospice Survey 2016
P O Box 47852
Olympia, WA 98504-7852

Physical Address:
Department of Health
Certificate of Need Program
Hospice Survey-2016
111 Israel Road SE, MS 47852
Tumwater, WA 98501

Thank you for your participation!

Survey Questionnaire:

Please indicate the preferred way to receive this annual survey:

- Email → GrpEHCSQuality@evergreenhealthcare.org
- Regular mail
- Other? _____

Please provide the preferred address/email address that the annual survey should be sent to in the future:

RECEIVED

By Beth Harlow at 11:36 am, Jul 06, 2016



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

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Disclosure Statement: Information collected in this survey may be subject to public disclosure in accordance with RCW 42.56 (Public Records Act).

Agency Name: Franciscan Hospice
DOH License Number: IHS.FS.00000257
Office Address: 2901 Bridgeport Way West
Contact Person: Mark Rake-Marana
Contact Title: Div. Director
Contact Phone Number: 253-534-7000
Contact Email Address: Markrake-marana@chifranciscan.org

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health.

I hereby certify that the statements made in this survey are true and correct to the best of my knowledge.

Signature of Person Completing Survey: Mark Rake-Marana
Person Completing Survey, include title: Mark Rake-Marana
Email address: as above



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Has there been an agency name change or ownership change? No Yes

If yes, describe: _____

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County	State Hospice	CN Approved Hospice
Adams		
Asotin		
Benton		
Chelan		
Clallam		
Clark		
Columbia		
Cowlitz		
Douglas		
Ferry		
Franklin		
Garfield		
Grant		
Grays Harbor		
Island		
Jefferson		
King		✓
Kitsap		✓
Kittitas		
Klickitat		

County	State Hospice	CN Approved Hospice
Lewis		
Lincoln		
Mason		
Okanogan		
Pacific		
Pend Oreille		
Pierce		✓
San Juan		
Skagit		
Skamania		
Snohomish		
Spokane		
Stevens		
Thurston		
Wahkiakum		
Walla Walla		
Whatcom		
Whitman		
Yakima		



**Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only**

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County: Pierce

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	309
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	133
Total # of patients admitted aged 65 and older with cancer diagnosis	693
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1,541
Total Annual Patient Days	186,785

County: Kitsap

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	61
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	30
Total # of patients admitted aged 65 and older with cancer diagnosis	133
Total # of patients admitted aged 65 and older with non-cancer diagnosis	299
Total Annual Patient Days	30,543

County: King

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	172
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	43
Total # of patients admitted aged 65 and older with cancer diagnosis	361
Total # of patients admitted aged 65 and older with non-cancer diagnosis	700
Total Annual Patient Days	94,679



Washington State Certificate of Need Program
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Fax it to the Certificate of Need Program at (360) 236-232; or
Mail the completed survey to one of the addresses below:

Mailing Address:
Department of Health
Certificate of Need Program
Hospice Survey 2016
P O Box 47852
Olympia, WA 98504-7852

Physical Address:
Department of Health
Certificate of Need Program
Hospice Survey-2016
111 Israel Road SE, MS 47852
Tumwater, WA 98501

Thank you for your participation!

Survey Questionnaire:

Please indicate the preferred way to receive this annual survey:

- Email
[X] Regular mail
Other? _____

Please provide the preferred address/email address that the annual survey should be sent to in the future:

As Above

JUN 10 2016

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Washington State Certificate of Need Program

Annual Hospice Survey*Include Hospice Data for Year 2015 Only*

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Agency Name: Frontier Home Health and Hospice
 DOH License Number: IHS.FS.60379608
 Office Address: 800 Jasmine, Ste 2, Omak, WA 98841
 Contact Person: Gloria Lay
 Contact Title: Branch Director
 Contact Phone Number: 509-422-8621
 Contact Email Address: glay@frontierhhh.com

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health.

I hereby certify that the statements made in this survey are true and correct to the best of my knowledge.

Signature of Person Completing Survey: Gloria Lay BD

Person Completing Survey, include title: Gloria Lay, Branch Director

Email address: glay@frontierhhh.com



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

Has there been an agency name change or ownership change? No Yes

If yes, describe: _____

In the table below, please identify each county that your agency serves. For counties in which you are licensed to provide hospice services, check "State Hospice." For counties in which you have CN approval to serve Medicare and/or Medicaid patients, please check the column for "CN Approved Hospice."

County	State Hospice	CN Approved Hospice
Adams		
Asotin		
Benton		
Chelan		
Clallam		
Clark		
Columbia		
Cowlitz		
Douglas		X
Ferry		
Franklin		
Garfield		
Grant		X
Grays Harbor		
Island		
Jefferson		
King		
Kitsap		
Kittitas		
Klickitat		

County	State Hospice	CN Approved Hospice
Lewis		
Lincoln		
Mason		
Okanogan		X
Pacific		
Pend Oreille		
Pierce		
San Juan		
Skagit		
Skamania		
Snohomish		
Spokane		
Stevens		
Thurston		
Wahkiakum		
Walla Walla		
Whatcom		
Whitman		
Yakima		



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County 1: Okanogan

	2015
Total # of patients admitted aged 0-64 with cancer diagnosis	17
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	21
Total # of patients admitted aged 65 and older with cancer diagnosis	80
Total # of patients admitted aged 65 and older with non-cancer diagnosis	119
Total Annual Patient Days	16728

County 2: Grant

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	1
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	1
Total # of patients admitted aged 65 and older with non-cancer diagnosis	4
Total Annual Patient Days	255

County 3: Douglas

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	0
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	3
Total # of patients admitted aged 65 and older with non-cancer diagnosis	4
Total Annual Patient Days	194

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



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Hospice Survey 2016
P O Box 47852
Olympia, WA 98504-7852

Physical Address:

Department of Health
Certificate of Need Program
Hospice Survey-2016
111 Israel Road SE, MS 47852
Tumwater, WA 98501

Thank you for your participation!

Survey Questionnaire:

Please indicate the preferred way to receive this annual survey:

Email

Regular mail

Other? _____

Please provide the preferred address/email address that the annual survey should be sent to in the future:

Frontier Home Health & Hospice

800 Jasmine, Suite #2

Omak, WA 98841



RECEIVED

JUN 24 2016

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Washington State Certificate of Need Program
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Disclosure Statement: Information collected in this survey may be subject to public disclosure in accordance with RCW 42.56 (Public Records Act).

Agency Name: Gentiva Hospice

DOH License Number: _____

Office Address: 115 NE 100th St Suite 210

Contact Person: Kara Pearson

Contact Title: office manager

Contact Phone Number: 206-525-1090

Contact Email Address: Kara.Pearson@Gentiva.com

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health.

I hereby certify that the statements made in this survey are true and correct to the best of my knowledge.

Signature of Person Completing Survey: Kara Pearson

Person Completing Survey, include title: Kara Pearson ON

Email address: Kara.Pearson@Gentiva.com



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

Has there been an agency name change or ownership change? No Yes

If yes, describe: Gentiva Hospice is an affiliate of
Kindred at Home

In the table below, please identify each county that your agency serves. For counties in which you are licensed to provide hospice services, check "State Hospice." For counties in which you have CN approval to serve Medicare and/or Medicaid patients, please check the column for "CN Approved Hospice."

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Columbia		
Cowlitz		
Douglas		
Ferry		
Franklin		
Garfield		
Grant		
Grays Harbor		
Island		
Jefferson		
King		X
Kitsap		
Kittitas		
Klickitat		

County	State Hospice	CN Approved Hospice
Lewis		
Lincoln		
Mason		
Okanogan		
Pacific		
Pend Oreille		
Pierce		
San Juan		
Skagit		
Skamania		
Snohomish		
Spokane		
Stevens		
Thurston		
Wahkiakum		
Walla Walla		
Whatcom		
Whitman		
Yakima		



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County 1: King

	2015
Total # of patients admitted aged 0-64 with cancer diagnosis	13
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	6
Total # of patients admitted aged 65 and older with cancer diagnosis	80
Total # of patients admitted aged 65 and older with non-cancer diagnosis	158
Total Annual Patient Days	20213

County 2: _____

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: _____

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

Please provide this completed survey in one of the following ways:

- Email a PDF of this survey to the Certificate of Need Program at fslcon@doh.wa.gov; or
- Fax it to the Certificate of Need Program at (360) 236-232; or
- Mail the completed survey to one of the addresses below:

Mailing Address:
 Department of Health
 Certificate of Need Program
 Hospice Survey 2016
 P O Box 47852
 Olympia, WA 98504-7852

Physical Address:
 Department of Health
 Certificate of Need Program
 Hospice Survey-2016
 111 Israel Road SE, MS 47852
 Tumwater, WA 98501

Thank you for your participation!

Survey Questionnaire:

Please indicate the preferred way to receive this annual survey:

- Email
- Regular mail
- Other? _____

Please provide the preferred address/email address that the annual survey should be sent to in the future:

115 NE 100th St Suite 210
 Seattle, WA 98125

From: [Horton, Steven](#)
To: [Harlow, Beth A \(DOH\)](#)
Subject: RE: Annual Hospice Survey follow-up
Date: Wednesday, July 06, 2016 3:00:52 PM

Beth,

Sorry I missed that. Here are the Total Annual Days:

Spokane County 18,875 days

Whitman County 6,631 days

From: Harlow, Beth A (DOH) [mailto:Beth.Harlow@DOH.WA.GOV]
Sent: Wednesday, July 06, 2016 12:48 PM
To: Horton, Steven
Subject: [EXTERNAL] Annual Hospice Survey follow-up

Good afternoon Steven,

Thank you for taking the time to complete the Certificate of Need program's annual hospice survey. I'm following up with a few providers prior to finalizing the dataset. We received your response for Spokane and Whitman counties, with the patient admissions in our four categories – 0-64 cancer/no cancer, and 65+ cancer/no cancer.

For each county, one response was missing. Can you please provide the total patient days for Spokane and Whitman Counties for CY2015?

Thanks very much – please let me know if I can answer any questions.

Best,

Beth Harlow

Certificate of Need Analyst
Department of Health
PO Box 47852
Olympia, WA 98504-7852
Phone: (360) 236-2931
Fax: (360) 236-2321
Email: beth.harlow@doh.wa.gov

Check out the Certificate of Need website at <http://www.doh.wa.gov/hsqa/FSL/certneed/>

"Public Health - Always Working for a Safer and Healthier Washington."



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JUN 08 2016

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

Thank you for participating in this annual survey of hospice providers in Washington State. The purpose of this survey is to determine how hospice services are used throughout the state and to project future need for hospice services.

Disclosure Statement: Information collected in this survey may be subject to public disclosure in accordance with RCW 42.56 (Public Records Act).

Agency Name: Gentiva Hospice

DOH License Number: 60308060

Office Address: 22820 E. Appleway Ave. Liberty Lake WA 99019

Contact Person: Steven R. Horton

Contact Title: Administrator

Contact Phone Number: 509-789-4377

Contact Email Address: steven.horton@gentiva.com

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health.

I hereby certify that the statements made in this survey are true and correct to the best of my knowledge.

Signature of Person Completing Survey: 

Person Completing Survey, include title: Administrator / Executive Director

Email address: steven.horton@gentiva.com



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

Has there been an agency name change or ownership change? No Yes

If yes, describe: Gentiva was purchased by Kindred in February
2015

In the table below, please identify each county that your agency serves. For counties in which you are licensed to provide hospice services, check "State Hospice." For counties in which you have CN approval to serve Medicare and/or Medicaid patients, please check the column for "CN Approved Hospice."

County	State Hospice	CN Approved Hospice
Adams		
Asotin		
Benton		
Chelan		
Clallam		
Clark		
Columbia		
Cowlitz		
Douglas		
Ferry		
Franklin		
Garfield		
Grant		
Grays Harbor		
Island		
Jefferson		
King		
Kitsap		
Kittitas		
Klickitat		

County	State Hospice	CN Approved Hospice
Lewis		
Lincoln		
Mason		
Okanogan		
Pacific		
Pend Oreille		
Pierce		
San Juan		
Skagit		
Skamania		
Snohomish		
Spokane	✓	✓
Stevens		
Thurston		
Wahkiakum		
Walla Walla		
Whatcom		
Whitman	✓	✓
Yakima		



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County 1: Spokane

	2015
Total # of patients admitted aged 0-64 with cancer diagnosis	4
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	19
Total # of patients admitted aged 65 and older with cancer diagnosis	25
Total # of patients admitted aged 65 and older with non-cancer diagnosis	166
Total Annual Patient Days	

County 2: Whitman

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	0
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	58
Total # of patients admitted aged 65 and older with non-cancer diagnosis	128
Total Annual Patient Days	

County 3: _____

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

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• Fax it to the Certificate of Need Program at (360) 236-232; or
• Mail the completed survey to one of the addresses below:

Mailing Address:
Department of Health
Certificate of Need Program
Hospice Survey 2016
P O Box 47852
Olympia, WA 98504-7852

Physical Address:
Department of Health
Certificate of Need Program
Hospice Survey-2016
111 Israel Road SE, MS 47852
Tumwater, WA 98501

Thank you for your participation!

Survey Questionnaire:

Please indicate the preferred way to receive this annual survey:

- [] Email
[X] Regular mail
[] Other?

Please provide the preferred address/email address that the annual survey should be sent to in the future:

72820 E. Appleway Ave, Liberty Lake WA 99019

Nidermayer, Karen (DOH)

From: Leigh, Vanessa (Wolfe) <leigh.v@ghc.org>
Sent: Friday, June 10, 2016 3:20 PM
To: DOH HSQA CHS CON
Cc: Wilson, Carol; Lasley, Christopher
Subject: Emailing - 2015 Certificate of Need Submission.pdf
Attachments: 2015 Certificate of Need Submission.pdf

Hello,

Attached is our Annual Hospice Survey for the Washington State Certificate of Need Program. Please feel free to contact me if you have any questions.

Thank you, Vanessa

Vanessa Leigh | ACCOUNTING MANAGER
Continuing Care, Group Health Cooperative

PHONE 206-326-4538 | CDS 330-4538
CELL 206-200-3099
FAX 206-326-4555
E-MAIL wolfe.v@ghc.org
www.ghc.org

GHC Confidentiality Statement

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Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

Thank you for participating in this annual survey of hospice providers in Washington State. The purpose of this survey is to determine how hospice services are used throughout the state and to project future need for hospice services.

Disclosure Statement: Information collected in this survey may be subject to public disclosure in accordance with RCW 42.56 (Public Records Act).

Agency Name: GROUP HEALTH HOME HEALTH + HOSPICE
DOH License Number: IHS.FS.00000305
Office Address: 201 16TH AVE E, CMB-C/HO, SEATTLE, WA 98112
Contact Person: VANESSA LEIGH
Contact Title: ACCOUNTING + BUSINESS OPERATIONS MANAGER
Contact Phone Number: 206-326-4538
Contact Email Address: leigh.v@ghc.org

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health.

I hereby certify that the statements made in this survey are true and correct to the best of my knowledge.

Signature of Person Completing Survey: 

Person Completing Survey, include title: VANESSA LEIGH, ACCTG + BUS. OPS. MANAGER

Email address: leigh.v@ghc.org



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

Has there been an agency name change or ownership change? No Yes

If yes, describe: _____

In the table below, please identify each county that your agency serves. For counties in which you are licensed to provide hospice services, check "State Hospice." For counties in which you have CN approval to serve Medicare and/or Medicaid patients, please check the column for "CN Approved Hospice."

County	State Hospice	CN Approved Hospice
Adams		
Asotin		
Benton		
Chelan		
Clallam		
Clark		
Columbia		
Cowlitz		
Douglas		
Ferry		
Franklin		
Garfield		
Grant		
Grays Harbor		
Island		
Jefferson		
King	X	X
Kitsap	X	X
Kittitas		
Klickitat		

County	State Hospice	CN Approved Hospice
Lewis		
Lincoln		
Mason		
Okanogan		
Pacific		
Pend Oreille		
Pierce	X	X
San Juan		
Skagit		
Skamania		
Snohomish	X	X
Spokane		
Stevens		
Thurston		
Wahkiakum		
Walla Walla		
Whatcom		
Whitman		
Yakima		



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County 1: King

	2015
Total # of patients admitted aged 0-64 with cancer diagnosis	36
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	50
Total # of patients admitted aged 65 and older with cancer diagnosis	209
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1,039
Total Annual Patient Days	48,252 48,252

County 2: Snoho

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	8
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	50
Total # of patients admitted aged 65 and older with cancer diagnosis	42
Total # of patients admitted aged 65 and older with non-cancer diagnosis	222
Total Annual Patient Days	10,469

County 3: Kitsap

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	7
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	15
Total # of patients admitted aged 65 and older with cancer diagnosis	33
Total # of patients admitted aged 65 and older with non-cancer diagnosis	153
Total Annual Patient Days	7,844

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

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- Email a PDF of this survey to the Certificate of Need Program at fslcon@doh.wa.gov; or
Fax it to the Certificate of Need Program at (360) 236-232; or
Mail the completed survey to one of the addresses below:

Mailing Address:

Department of Health
Certificate of Need Program
Hospice Survey 2016
P O Box 47852
Olympia, WA 98504-7852

Physical Address:

Department of Health
Certificate of Need Program
Hospice Survey-2016
111 Israel Road SE, MS 47852
Tumwater, WA 98501

Thank you for your participation!

Survey Questionnaire:

Please indicate the preferred way to receive this annual survey:

[X] Email

[X] Regular mail

[] Other?

Please provide the preferred address/email address that the annual survey should be sent to in the future:

email: leigh.v@ghc.org ; lasley.c@ghc.org

mail: Group Health Home Health & Hospice

201 16th Ave E, CMB-C140

Seattle, WA 98112



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County: Pierce

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	73
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	61
Total # of patients admitted aged 65 and older with cancer diagnosis	104
Total # of patients admitted aged 65 and older with non-cancer diagnosis	340
Total Annual Patient Days	14,920

County: _____

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



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JUN 13 2016

Washington State Certificate of Need Program

Annual Hospice Survey

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Include Hospice Data for Year 2015 Only

Thank you for participating in this annual survey of hospice providers in Washington State. The purpose of this survey is to determine how hospice services are used throughout the state and to project future need for hospice services.

Disclosure Statement: Information collected in this survey may be subject to public disclosure in accordance with RCW 42.56 (Public Records Act).

Agency Name: Heartlinks

DOH License Number: IHS.FS.00000369

Office Address: 3920 OUTLOOK RD, SUNNYSIDE, WA 98944

Contact Person: Rev. Ronald K. Jetter

Contact Title: Executive Director

Contact Phone Number: (509) 837-1676

Contact Email Address: ronjetter@heartlinkshospice.org

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health.

I hereby certify that the statements made in this survey are true and correct to the best of my knowledge.

Signature of Person Completing Survey: [Handwritten Signature]

Person Completing Survey, include title: Rev. Ronald K. Jetter, Executive Director

Email address: ronjetter@heartlinkshospice.org



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

Has there been an agency name change or ownership change? No Yes

If yes, describe: _____

In the table below, please identify each county that your agency serves. For counties in which you are licensed to provide hospice services, check "State Hospice." For counties in which you have CN approval to serve Medicare and/or Medicaid patients, please check the column for "CN Approved Hospice."

County	State Hospice	CN Approved Hospice
Adams		
Asotin		
Benton	CN	CN
Chelan		
Clallam		
Clark		
Columbia		
Cowlitz		
Douglas		
Ferry		
Franklin		
Garfield		
Grant		
Grays Harbor		
Island		
Jefferson		
King		
Kitsap		
Kittitas		
Klickitat		

County	State Hospice	CN Approved Hospice
Lewis		
Lincoln		
Mason		
Okanogan		
Pacific		
Pend Oreille		
Pierce		
San Juan		
Skagit		
Skamania		
Snohomish		
Spokane		
Stevens		
Thurston		
Wahkiakum		
Walla Walla		
Whatcom		
Whitman		
Yakima	CN	CN



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County 1: BENTON

	2015
Total # of patients admitted aged 0-64 with cancer diagnosis	3
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	2
Total # of patients admitted aged 65 and older with cancer diagnosis	20
Total # of patients admitted aged 65 and older with non-cancer diagnosis	155
Total Annual Patient Days	9143

County 2: YAKIMA

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	9
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	12
Total # of patients admitted aged 65 and older with cancer diagnosis	84
Total # of patients admitted aged 65 and older with non-cancer diagnosis	144
Total Annual Patient Days	9312

County 3: _____

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

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Fax it to the Certificate of Need Program at (360) 236-232; or
Mail the completed survey to one of the addresses below:

Mailing Address:
Department of Health
Certificate of Need Program
Hospice Survey 2016
P O Box 47852
Olympia, WA 98504-7852

Physical Address:
Department of Health
Certificate of Need Program
Hospice Survey-2016
111 Israel Road SE, MS 47852
Tumwater, WA 98501

Thank you for your participation!

Survey Questionnaire:

Please indicate the preferred way to receive this annual survey:

- [X] Email
[] Regular mail
[] Other?

Please provide the preferred address/email address that the annual survey should be sent to in the future:

ronjettter@heartlinkshospice.org

RECEIVED

By Beth Harlow at 9:16 am, Jun 16, 2016



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

Thank you for participating in this annual survey of hospice providers in Washington State. The purpose of this survey is to determine how hospice services are used throughout the state and to project future need for hospice services.

Disclosure Statement: Information collected in this survey may be subject to public disclosure in accordance with RCW 42.56 (Public Records Act).

Agency Name: Hospice of Jefferson County
Jefferson Healthcare Home Health & Hospice

DOH License Number: IHS.FS.00000349

Office Address: 2500 W SIMS WAY, PORT TOWNSEND

Contact Person: DEBORAH KALDAHL

Contact Title: PRACTICE MANAGER

Contact Phone Number: 360-385-0610

Contact Email Address: dkaldahl@jeffersonhealthcare.org

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health.

I hereby certify that the statements made in this survey are true and correct to the best of my knowledge.

Signature of Person Completing Survey: Deborah Kaldaahl

Person Completing Survey, include title: Deborah Kaldaahl, Practice Manager

Email address: dkaldahl@jeffersonhealthcare.org



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Has there been an agency name change or ownership change? No Yes

If yes, describe: _____

In the table below, please identify each county that your agency serves. For counties in which you are licensed to provide hospice services, check "State Hospice." For counties in which you have CN approval to serve Medicare and/or Medicaid patients, please check the column for "CN Approved Hospice."

County	State Hospice	CN Approved Hospice
Adams		
Asotin		
Benton		
Chelan		
Clallam		
Clark		
Columbia		
Cowlitz		
Douglas		
Ferry		
Franklin		
Garfield		
Grant		
Grays Harbor		
Island		
Jefferson	X	X
King		
Kitsap		
Kittitas		
Klickitat		

County	State Hospice	CN Approved Hospice
Lewis		
Lincoln		
Mason		
Okanogan		
Pacific		
Pend Oreille		
Pierce		
San Juan		
Skagit		
Skamania		
Snohomish		
Spokane		
Stevens		
Thurston		
Wahkiakum		
Walla Walla		
Whatcom		
Whitman		
Yakima		



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County 1: Jefferson

	2015
Total # of patients admitted aged 0-64 with cancer diagnosis	10
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	5
Total # of patients admitted aged 65 and older with cancer diagnosis	63
Total # of patients admitted aged 65 and older with non-cancer diagnosis	106
Total Annual Patient Days	9597

County 2: _____

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: _____

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

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- Email a PDF of this survey to the Certificate of Need Program at fslcon@doh.wa.gov; or
- Fax it to the Certificate of Need Program at (360) 236-232; or
- Mail the completed survey to one of the addresses below:

Mailing Address:

Department of Health
Certificate of Need Program
Hospice Survey 2016
P O Box 47852
Olympia, WA 98504-7852

Physical Address:

Department of Health
Certificate of Need Program
Hospice Survey-2016
111 Israel Road SE, MS 47852
Tumwater, WA 98501

Thank you for your participation!

Survey Questionnaire:

Please indicate the preferred way to receive this annual survey:

- Email
- Regular mail
- Other? _____

Please provide the preferred address/email address that the annual survey should be sent to in the future:

 HOSPICE OF JEFFERSON COUNTY / JEFFERSON HEALTHCARE

 2500 W. SIMS WAY, SUITE 300

 PORT TOWNSEND, WA 98368

From: [Kevin Turner](#)
To: [DOH HSQA CHS CON](#)
Cc: [Peg Isenhowe](#)
Subject: Hospice of Kitsap County Annual Survey
Date: Friday, May 27, 2016 9:21:06 AM

Dear Janis,

Hospice of Kitsap County sold essentially all of its assets to MultiCare Hospice on January 31, 2016. We have previously notified the Department of Health of the sale. MultiCare Hospice provided the Washington State Department of Health the requested information for the 2015 Annual Survey.

Therefore, to ensure that information was not duplicated, I refer you to the MultiCare Annual Survey for information regarding Kitsap County.

If you have any questions, then please call me at 918.991.8210 or you may email at this address.

Sincerely,

Kevin Turner, CPA, CHC

RECEIVED

By Beth Harlow at 10:57 am, Jul 08, 2016



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

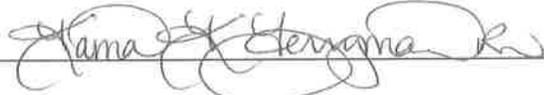
Thank you for participating in this annual survey of hospice providers in Washington State. The purpose of this survey is to determine how hospice services are used throughout the state and to project future need for hospice services.

Disclosure Statement: Information collected in this survey may be subject to public disclosure in accordance with RCW 42.56 (Public Records Act).

Agency Name: Hospice Southwest, Ray Hickey Hospice House
DOH License Number: 501501
Office Address: P.O. Box 1600
Contact Person: Kama Ferryman, RN, CPHQ
Contact Title: Clinical Value Improvement Consultant
Contact Phone Number: 360-759-1525
Contact Email Address: kferryman@peacehealth.org

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health.

I hereby certify that the statements made in this survey are true and correct to the best of my knowledge.

Signature of Person Completing Survey: 
Person Completing Survey, include title: Kama Ferryman, RN
Email address: kferryman@peacehealth.org



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Has there been an agency name change or ownership change? No Yes

If yes, describe: _____

In the table below, please identify each county that your agency serves. For counties in which you are licensed to provide hospice services, check "State Hospice." For counties in which you have CN approval to serve Medicare and/or Medicaid patients, please check the column for "CN Approved Hospice."

County	State Hospice	CN Approved Hospice
Adams		
Asotin		
Benton		
Chelan		
Clallam		
Clark		X
Columbia		
Cowlitz		X
Douglas		
Ferry		
Franklin		
Garfield		
Grant		
Grays Harbor		
Island		
Jefferson		
King		
Kitsap		
Kittitas		
Klickitat		

County	State Hospice	CN Approved Hospice
Lewis		
Lincoln		
Mason		
Okanogan		
Pacific		
Pend Oreille		
Pierce		
San Juan		
Skagit		
Skamania		X
Snohomish		
Spokane		
Stevens		
Thurston		
Wahkiakum		
Walla Walla		
Whatcom		
Whitman		
Yakima		



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County 1: Clark

	2015
Total # of patients admitted aged 0-64 with cancer diagnosis	48
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	77
Total # of patients admitted aged 65 and older with cancer diagnosis	134
Total # of patients admitted aged 65 and older with non-cancer diagnosis	317
Total Annual Patient Days	77,206

County 2: Cowlitz

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	1
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	13
Total # of patients admitted aged 65 and older with cancer diagnosis	3
Total # of patients admitted aged 65 and older with non-cancer diagnosis	29
Total Annual Patient Days	3333

County 3: Skamania

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	0
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	0
Total # of patients admitted aged 65 and older with non-cancer diagnosis	0
Total Annual Patient Days	0

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

Please provide this completed survey in one of the following ways:

- Email a PDF of this survey to the Certificate of Need Program at fslcon@doh.wa.gov; or
Fax it to the Certificate of Need Program at (360) 236-232; or
Mail the completed survey to one of the addresses below:

Mailing Address:

Department of Health
Certificate of Need Program
Hospice Survey 2016
P O Box 47852
Olympia, WA 98504-7852

Physical Address:

Department of Health
Certificate of Need Program
Hospice Survey-2016
111 Israel Road SE, MS 47852
Tumwater, WA 98501

Thank you for your participation!

Survey Questionnaire:

Please indicate the preferred way to receive this annual survey:

- [X] Email
[] Regular mail
[] Other? _____

Please provide the preferred address/email address that the annual survey should be sent to in the future:

Three horizontal lines for providing contact information.

From: DOH HSQA CHS CON
To: ["Peg Isenhower"; Kevin Turner](#)
Subject: RE: Hospice of Kitsap County Annual Survey
Date: Wednesday, June 01, 2016 7:32:00 AM

Good morning,

Thank you for clarifying that the Hospice of Kitsap volumes will be reported with the MultiCare response.

Best,

Beth Harlow

Certificate of Need Analyst
Department of Health
PO Box 47852
Olympia, WA 98504-7852
Phone: (360) 236-2931
Fax: (360) 236-2321
Email: beth.harlow@doh.wa.gov

Check out the Certificate of Need website at <http://www.doh.wa.gov/hsqa/FSL/certneed/>

"Public Health - Always Working for a Safer and Healthier Washington."

From: Peg Isenhower [<mailto:Margaret.Isenhower@multicare.org>]
Sent: Friday, May 27, 2016 11:32 AM
To: Kevin Turner; DOH HSQA CHS CON
Subject: RE: Hospice of Kitsap County Annual Survey

Yes, Janis, we included the Kitsap info in the MultiCare response.
Peg

From: Kevin Turner [<mailto:kevin.turner@hospicekc.org>]
Sent: Friday, May 27, 2016 9:20 AM
To: fslcon@doh.wa.gov
Cc: Peg Isenhower
Subject: Hospice of Kitsap County Annual Survey

Dear Janis,

Hospice of Kitsap County sold essentially all of its assets to MultiCare Hospice on January 31, 2016. We have previously notified the Department of Health of the sale. MultiCare Hospice provided the Washington State Department of Health the requested information for the 2015 Annual Survey.

Therefore, to ensure that information was not duplicated, I refer you to the MultiCare Annual Survey for information regarding Kitsap County.

If you have any questions, then please call me at 918.991.8210 or you may email at this address.

Sincerely,

Kevin Turner, CPA, CHC

MULTICARE'S SHARED VALUES | Respect | Integrity | Stewardship | Excellence |
Collaboration | Kindness

RECEIVED

By Beth Harlow at 3:27 pm, Jul 05, 2016



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Thank you for participating in this annual survey of hospice providers in Washington State. The purpose of this survey is to determine how hospice services are used throughout the state and to project future need for hospice services.

Disclosure Statement: Information collected in this survey may be subject to public disclosure in accordance with RCW 42.56 (Public Records Act).

Agency Name: Klickitat Valley Health Home Health & Hospice
DOH License Number: IHS.FS.00000361
Office Address: 711 S Collins, Goldendale WA 98620 Mailing Address: 310 S Roosevelt
Contact Person: LeAnn Paredes, RN
Contact Title: Director of Home Health & Hospice
Contact Phone Number: 509-773-0380
Contact Email Address: LParedes@kvhealth.net

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health.

I hereby certify that the statements made in this survey are true and correct to the best of my knowledge.

Signature of Person Completing Survey: 

Person Completing Survey, include title: LeAnn Paredes, RN - Director of Home Health & Hospice

Email address: LParedes@kvhealth.netIHS.FS



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Has there been an agency name change or ownership change? No Yes

If yes, describe: _____

In the table below, please identify each county that your agency serves. For counties in which you are licensed to provide hospice services, check “State Hospice.” For counties in which you have CN approval to serve Medicare and/or Medicaid patients, please check the column for “CN Approved Hospice.”

County	State Hospice	CN Approved Hospice
Adams		
Asotin		
Benton		
Chelan		
Clallam		
Clark		
Columbia		
Cowlitz		
Douglas		
Ferry		
Franklin		
Garfield		
Grant		
Grays Harbor		
Island		
Jefferson		
King		
Kitsap		
Kittitas		
Klickitat	X	X

County	State Hospice	CN Approved Hospice
Lewis		
Lincoln		
Mason		
Okanogan		
Pacific		
Pend Oreille		
Pierce		
San Juan		
Skagit		
Skamania		
Snohomish		
Spokane		
Stevens		
Thurston		
Wahkiakum		
Walla Walla		
Whatcom		
Whitman		
Yakima		



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County 1: Klickitat County

	2015
Total # of patients admitted aged 0-64 with cancer diagnosis	3
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	19
Total # of patients admitted aged 65 and older with non-cancer diagnosis	17
Total Annual Patient Days	1291

County 2: NA

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: NA

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

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Fax it to the Certificate of Need Program at (360) 236-232; or
Mail the completed survey to one of the addresses below:

Mailing Address:
Department of Health
Certificate of Need Program
Hospice Survey 2016
P O Box 47852
Olympia, WA 98504-7852

Physical Address:
Department of Health
Certificate of Need Program
Hospice Survey-2016
111 Israel Road SE, MS 47852
Tumwater, WA 98501

Thank you for your participation!

Survey Questionnaire:

Please indicate the preferred way to receive this annual survey:

- Checked box for Email
Regular mail
Other? _____

Please provide the preferred address/email address that the annual survey should be sent to in the future:

LParedes@kvhealth.net

TErvin @kvhealth.net



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County: NA

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: NA

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: NA

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



RECEIVED

By Beth Harlow at 8:38 am, Jun 27, 2016

State of Washington
Department of Health

May 16, 2016

TO: Washington State Hospice Agencies
FROM: Washington State Department of Health
Certificate of Need Program
RE: Hospice Use Survey for Calendar Year 2015

The Certificate of Need program is conducting its annual survey of hospice agencies operating in Washington State. The survey asks for the data about care provided in calendar year 2015. I'm asking for your help by returning the completed survey by **June 15, 2016**.

The data you provide will be used in the 2016-2017 hospice need methodology that projects future need for hospice services throughout Washington. Because the projections are specific to each county, please complete one table for each county you serve.

Thank you in advance for taking the time to complete this survey. If you have any questions regarding the survey or would like an electronic version of it, please call Beth Harlow at (360) 236-2931 or the Certificate of Need office general number at (360) 236-2955.

Sincerely,

Janis Sigman, Manager
Certificate of Need Program
Community Health Systems

Attachment



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Thank you for participating in this annual survey of hospice providers in Washington State. The purpose of this survey is to determine how hospice services are used throughout the state and to project future need for hospice services.

Disclosure Statement: Information collected in this survey may be subject to public disclosure in accordance with RCW 42.56 (Public Records Act).

Agency Name: Memorial Home Care Services
DOH License Number: IHS.FS.00000376
Office Address: 302 S. 10th Ave, Yakima, WA 98902
Contact Person: Amber Hahn-Keenan
Contact Title: Finance Manager
Contact Phone Number: 509-574-3611
Contact Email Address: amber.hahn.keenan@yvmh.org

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health.

I hereby certify that the statements made in this survey are true and correct to the best of my knowledge.

Signature of Person Completing Survey: Whitney Kyger
Person Completing Survey, include title: Whitney Kyger, Clinical Analyst
Email address: whitney.kyger@yvmh.org



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Has there been an agency name change or ownership change? No Yes

If yes, describe: _____

In the table below, please identify each county that your agency serves. For counties in which you are licensed to provide hospice services, check "State Hospice." For counties in which you have CN approval to serve Medicare and/or Medicaid patients, please check the column for "CN Approved Hospice."

County	State Hospice	CN Approved Hospice
Adams		
Asotin		
Benton		
Chelan		
Clallam		
Clark		
Columbia		
Cowlitz		
Douglas		
Ferry		
Franklin		
Garfield		
Grant		
Grays Harbor		
Island		
Jefferson		
King		
Kitsap		
Kittitas		
Klickitat		

County	State Hospice	CN Approved Hospice
Lewis		
Lincoln		
Mason		
Okanogan		
Pacific		
Pend Oreille		
Pierce		
San Juan		
Skagit		
Skamania		
Snohomish		
Spokane		
Stevens		
Thurston		
Wahkiakum		
Walla Walla		
Whatcom		
Whitman		
Yakima	✓	✓



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County 1: Yakima

	2015
Total # of patients admitted aged 0-64 with cancer diagnosis	75
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	69
Total # of patients admitted aged 65 and older with cancer diagnosis	185
Total # of patients admitted aged 65 and older with non-cancer diagnosis	413
Total Annual Patient Days	25,979

County 2: _____

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: _____

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

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- Fax it to the Certificate of Need Program at (360) 236-232; or
- Mail the completed survey to one of the addresses below:

Mailing Address:

Department of Health
Certificate of Need Program
Hospice Survey 2016
P O Box 47852
Olympia, WA 98504-7852

Physical Address:

Department of Health
Certificate of Need Program
Hospice Survey-2016
111 Israel Road SE, MS 47852
Tumwater, WA 98501

Thank you for your participation!

Survey Questionnaire:

Please indicate the preferred way to receive this annual survey:

- Email
 Regular mail
 Other? _____

Please provide the preferred address/email address that the annual survey should be sent to in the future:



RECEIVED

JUN 15 2016

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

Thank you for participating in this annual survey of hospice providers in Washington State. The purpose of this survey is to determine how hospice services are used throughout the state and to project future need for hospice services.

Disclosure Statement: Information collected in this survey may be subject to public disclosure in accordance with RCW 42.56 (Public Records Act).

Agency Name: Multicare Hospice

DOH License Number: IHS.FS.60223505

Office Address: 3901 S. Fife St., Tacoma, WA 98409

Contact Person: Peg Eisenhauer

Contact Title: Supervisor, Quality

Contact Phone Number: 253-301-6450

Contact Email Address: peisenhauer@multicare.org

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health.

I hereby certify that the statements made in this survey are true and correct to the best of my knowledge.

Signature of Person Completing Survey: [Signature]

Person Completing Survey, include title: Peg Eisenhauer

Email address: as above



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

Has there been an agency name change or ownership change? No Yes

If yes, describe: Multicare bought Hospice of Kitsap County effective February 1, 2016. We are including the HHC numbers for 2015 in this survey.

In the table below, please identify each county that your agency serves. For counties in which you are licensed to provide hospice services, check "State Hospice." For counties in which you have CN approval to serve Medicare and/or Medicaid patients, please check the column for "CN Approved Hospice."

County	State Hospice	CN Approved Hospice
Adams		
Asotin		
Benton		
Chelan		
Clallam		
Clark		
Columbia		
Cowlitz		
Douglas		
Ferry		
Franklin		
Garfield		
Grant		
Grays Harbor		
Island		
Jefferson		
King		X
Kitsap		X
Kittitas		
Klickitat		

County	State Hospice	CN Approved Hospice
Lewis		
Lincoln		
Mason		
Okanogan		
Pacific		
Pend Oreille		
Pierce		X
San Juan		
Skagit		
Skamania		
Snohomish		
Spokane		
Stevens		
Thurston		
Wahkiakum		
Walla Walla		
Whatcom		
Whitman		
Yakima		



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County: Kitsap

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	55
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	9
Total # of patients admitted aged 65 and older with cancer diagnosis	131
Total # of patients admitted aged 65 and older with non-cancer diagnosis	202
Total Annual Patient Days	19,699

County: King

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	11
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	11
Total # of patients admitted aged 65 and older with cancer diagnosis	52
Total # of patients admitted aged 65 and older with non-cancer diagnosis	51
Total Annual Patient Days	5,646

County: Pierce

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	123
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	48
Total # of patients admitted aged 65 and older with cancer diagnosis	290
Total # of patients admitted aged 65 and older with non-cancer diagnosis	342
Total Annual Patient Days	49,593



Washington State Certificate of Need Program
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Fax it to the Certificate of Need Program at (360) 236-232; or
Mail the completed survey to one of the addresses below:

Mailing Address:
Department of Health
Certificate of Need Program
Hospice Survey 2016
P O Box 47852
Olympia, WA 98504-7852

Physical Address:
Department of Health
Certificate of Need Program
Hospice Survey-2016
111 Israel Road SE, MS 47852
Tumwater, WA 98501

Thank you for your participation!

Survey Questionnaire:

Please indicate the preferred way to receive this annual survey:

- Email
Regular mail
Other?

Please provide the preferred mailing address/email address that the annual survey should be sent to in the future:

P.O. Box 5200, ms: 3901-1-1414, Tacoma, WA. 98415

Agencies Providing Online Survey Response

Assured (two agencies)

Community Home Health and Hospice

Elite Home Health and Hospice

Harbors Home Health and Hospice

Heart of Hospice

Horizon Hospice

Hospice of Spokane (two responses)

Hospice of the Northwest

Kaiser Permanente

Kittitas

Kline Galland

MultiCare

MultiCare (two responses)

Providence Seattle

Providence SHCH

Tri-Cities Chaplaincy

Walla Walla

Whidbey General

Yakima Regional

RespondentId
 StartDate 2016.06.01 10:50
 CompletedDate 2016.06.01 10:58
 LanguageCode en
 Agency Name Washington HomeCare and Hospice of Central Basin, LLC d/b/a Assured Hospice
 DOH License Number IHS.FS.60092413
 Street Address 1417 South Pioneer Way
 City Moses Lake
 State Washington
 ZIP Code 98837-2458
 Contact Person Rachel Brown
 Contact Title Licensure & Regulatory Paralegal
 Contact Phone Number 337-233-1307
 Contact Email Address LRA@LHCGROUP.COM
 Change of Ownership? No
 If yes, explain
 Name of person completing survey Rachel Brown
 initials RB

Adams State	0
Adams CON	1
Asotin State	0
Asotin CON	0
Benton State	0
Benton CON	0
Chelan State	0
Chelan CON	0
Clallam State	0
Clallam CON	0
Clark State	0
Clark CON	0
Columbia State	0
Columbia CON	0
Cowlitz State	0
Cowlitz CON	0
Douglas State	0
Douglas CON	0
Ferry State	0
Ferry CON	0
Franklin State	0
Franklin CON	0
Garfield State	0
Garfield CON	0
Grant State	0
Grant CON	1
Grays Harbor State	0
Grays Harbor CON	0
Island State	0
Island CON	0
Jefferson State	0
Jefferson CON	0
King State	0
King CON	0
Kitsap State	0
Kitsap CON	0
Kittitas State	0
Kittitas CON	0

Klickitat State		0
Klickitat CON		0
Lewis State		0
Lewis CON		0
Lincoln State		0
Lincoln CON		1
Mason State		0
Mason CON		0
Okanogan State		0
Okanogan CON		0
Pacific State		0
Pacific CON		0
Pend Oreille State		0
Pend Oreille CON		0
Pierce State		0
Pierce CON		0
San Juan State		0
San Juan CON		0
Skagit State		0
Skagit CON		0
Skamania State		0
Skamania CON		0
Snohomish State		0
Snohomish CON		0
Spokane State		0
Spokane CON		0
Stevens State		0
Stevens CON		0
Thurston State		0
Thurston CON		0
Wahkiakum State		0
Wahkiakum CON		0
Walla Walla State		0
Walla Walla CON		0
Whatcom State		0
Whatcom CON		0
Whitman State		0
Whitman CON		0
Yakima State		0
Yakima CON		0
County 1	Adams	
County 1 Patients 0-64 with Cancer		7
County 1 Patients 0-64 without cancer		1
County 1 Patients 65+ with cancer		8
County 1 patients 65+ without cancer		20
Total Annual Patient Days		2395
County 2	Grant	
County 2 Patients 0-64 with Cancer		22
County 2 Patients 0-64 without cancer		8
County 2 Patients 65+ with cancer		80
County 2 patients 65+ without cancer		78
Total Annual Patient Days		9888
County 3	Lincoln	
County 3 Patients 0-64 with Cancer		1
County 3 Patients 0-64 without cancer		1
County 3 Patients 65+ with cancer		7

County 3 patients 65+ without cancer

Total Annual Patient Days

County 4

County 4 Patients 0-64 with Cancer

County 4 Patients 0-64 without cancer

County 4 Patients 65+ with cancer

County 4 patients 65+ without cancer

Total Annual Patient Days

County 5

County 5 Patients 0-64 with Cancer

County 5 Patients 0-64 without cancer

County 5 Patients 65+ with cancer

County 5 patients 65+ without cancer

Total Annual Patient Days

County 6

County 6 Patients 0-64 with Cancer

County 6 Patients 0-64 without cancer

County 6 Patients 65+ with cancer

County 6 patients 65+ without cancer

Total Annual Patient Days

RespondentId		734051
StartDate	2016.06.02 12:02	
CompletedDate	2016.06.02 12:08	
LanguageCode	en	
Agency Name	Northwest Healthcare Alliance, Inc. d/b/a Assured Home Health, Hospice & Home Care	
DOH License Number	IHS.FS.00000229	
Street Address	2120 Northpark Street, Suite A	
City	Centralia	
State	Washington	
ZIP Code	98531-9098	
Contact Person	Rachel Brown	
Contact Title	Licensure & Regulatory Paralegal	
Contact Phone Number		3372331307
Contact Email Address	LRA@LHCGROUP.COM	
Change of Ownership?	No	
If yes, explain		
Name of person completing survey	Rachel Brown	
initials	RB	
Adams State		0
Adams CON		0
Asotin State		0
Asotin CON		0
Benton State		0
Benton CON		0
Chelan State		0
Chelan CON		0
Clallam State		0
Clallam CON		1
Clark State		0
Clark CON		0
Columbia State		0
Columbia CON		0
Cowlitz State		0
Cowlitz CON		0
Douglas State		0
Douglas CON		0
Ferry State		0
Ferry CON		0
Franklin State		0
Franklin CON		0
Garfield State		0
Garfield CON		0
Grant State		0
Grant CON		0
Grays Harbor State		0
Grays Harbor CON		0
Island State		0
Island CON		0
Jefferson State		0
Jefferson CON		1
King State		0
King CON		0
Kitsap State		0
Kitsap CON		0
Kittitas State		0
Kittitas CON		0
Klickitat State		0
Klickitat CON		0
Lewis State		0
Lewis CON		1

Lincoln State		0
Lincoln CON		0
Mason State		0
Mason CON		1
Okanogan State		0
Okanogan CON		0
Pacific State		0
Pacific CON		0
Pend Oreille State		0
Pend Oreille CON		0
Pierce State		0
Pierce CON		0
San Juan State		0
San Juan CON		0
Skagit State		0
Skagit CON		0
Skamania State		0
Skamania CON		0
Snohomish State		0
Snohomish CON		0
Spokane State		0
Spokane CON		0
Stevens State		0
Stevens CON		0
Thurston State		0
Thurston CON		1
Wahkiakum State		0
Wahkiakum CON		0
Walla Walla State		0
Walla Walla CON		0
Whatcom State		0
Whatcom CON		0
Whitman State		0
Whitman CON		0
Yakima State		0
Yakima CON		0
County 1	Clallam	
County 1 Patients 0-64 with Cancer		9
County 1 Patients 0-64 without cancer		4
County 1 Patients 65+ with cancer		36
County 1 patients 65+ without cancer		67
Total Annual Patient Days		5836
County 2	Jefferson	
County 2 Patients 0-64 with Cancer		1
County 2 Patients 0-64 without cancer		0
County 2 Patients 65+ with cancer		2
County 2 patients 65+ without cancer		1
Total Annual Patient Days		562
County 3	Lewis	
County 3 Patients 0-64 with Cancer		12
County 3 Patients 0-64 without cancer		18
County 3 Patients 65+ with cancer		61
County 3 patients 65+ without cancer		148
Total Annual Patient Days		18800
County 4	Mason	
County 4 Patients 0-64 with Cancer		6
County 4 Patients 0-64 without cancer		4
County 4 Patients 65+ with cancer		25
County 4 patients 65+ without cancer		30
Total Annual Patient Days		3526

County 5	Thurston	
County 5 Patients 0-64 with Cancer		16
County 5 Patients 0-64 without cancer		11
County 5 Patients 65+ with cancer		60
County 5 patients 65+ without cancer		158
Total Annual Patient Days		14036
County 6		
County 6 Patients 0-64 with Cancer		
County 6 Patients 0-64 without cancer		
County 6 Patients 65+ with cancer		
County 6 patients 65+ without cancer		
Total Annual Patient Days		

RespondentId		733614
StartDate	2016.06.01 15:40	
CompletedDate	2016.06.01 15:43	
LanguageCode	en	
Agency Name	Community Home Health & Hospice	
DOH License Number	IHS.FS.00000262	
Street Address	1035 11th Ave	
City	Longview	
State	WA	
ZIP Code		98632
Contact Person	Greg Pang	
Contact Title	President & CEO	
Contact Phone Number		3604145401
Contact Email Address	gpang@chhh.org	
Change of Ownership?	No	
If yes, explain		
Name of person completing survey	Cari Clizbe	
initials	CC	
Adams State		0
Adams CON		0
Asotin State		0
Asotin CON		0
Benton State		0
Benton CON		0
Chelan State		0
Chelan CON		0
Clallam State		0
Clallam CON		0
Clark State		1
Clark CON		1
Columbia State		1
Columbia CON		1
Cowlitz State		0
Cowlitz CON		0
Douglas State		0
Douglas CON		0
Ferry State		0
Ferry CON		0
Franklin State		0
Franklin CON		0
Garfield State		0
Garfield CON		0
Grant State		0
Grant CON		0
Grays Harbor State		0
Grays Harbor CON		0
Island State		0

Island CON	0
Jefferson State	0
Jefferson CON	0
King State	0
King CON	0
Kitsap State	0
Kitsap CON	0
Kittitas State	0
Kittitas CON	0
Klickitat State	0
Klickitat CON	0
Lewis State	0
Lewis CON	0
Lincoln State	0
Lincoln CON	0
Mason State	0
Mason CON	0
Okanogan State	0
Okanogan CON	0
Pacific State	0
Pacific CON	0
Pend Oreille State	0
Pend Oreille CON	0
Pierce State	0
Pierce CON	0
San Juan State	0
San Juan CON	0
Skagit State	0
Skagit CON	0
Skamania State	0
Skamania CON	0
Snohomish State	0
Snohomish CON	0
Spokane State	0
Spokane CON	0
Stevens State	0
Stevens CON	0
Thurston State	0
Thurston CON	0
Wahkiakum State	1
Wahkiakum CON	1
Walla Walla State	0
Walla Walla CON	0
Whatcom State	0
Whatcom CON	0
Whitman State	0
Whitman CON	0

Yakima State		0
Yakima CON		0
County 1	Cowlitz	
County 1 Patients 0-64 with Cancer		45
County 1 Patients 0-64 without cancer		59
County 1 Patients 65+ with cancer		126
County 1 patients 65+ without cancer		472
Total Annual Patient Days		29841
County 2	Clark	
County 2 Patients 0-64 with Cancer		258
County 2 Patients 0-64 without cancer		55
County 2 Patients 65+ with cancer		85
County 2 patients 65+ without cancer		270
Total Annual Patient Days		17871
County 3	Wahkiakum	
County 3 Patients 0-64 with Cancer		0
County 3 Patients 0-64 without cancer		1
County 3 Patients 65+ with cancer		5
County 3 patients 65+ without cancer		3
Total Annual Patient Days		322
County 4		
County 4 Patients 0-64 with Cancer		
County 4 Patients 0-64 without cancer		
County 4 Patients 65+ with cancer		
County 4 patients 65+ without cancer		
Total Annual Patient Days		
County 5		
County 5 Patients 0-64 with Cancer		
County 5 Patients 0-64 without cancer		
County 5 Patients 65+ with cancer		
County 5 patients 65+ without cancer		
Total Annual Patient Days		
County 6		
County 6 Patients 0-64 with Cancer		
County 6 Patients 0-64 without cancer		
County 6 Patients 65+ with cancer		
County 6 patients 65+ without cancer		
Total Annual Patient Days		

RespondentId		731011
StartDate	2016.05.26 14:21	
CompletedDate	2016.05.26 14:44	
LanguageCode	en	
Agency Name	Alpowa Healthcare Inc., dba Elite Home Health and Hospice	
DOH License Number	IHS.FS.60384078	
Street Address	1370 Bridge Street	
City	Clarkston	
State	WA	
ZIP Code		99403
Contact Person	Brian Wayment	
Contact Title	Executive Director	
Contact Phone Number	509-758-2568	
Contact Email Address	bwayment@elitehhh.com	
Change of Ownership?	No	
If yes, explain		
Name of person completing survey	Brian Wayment	
initials	BW	
Adams State		0
Adams CON		0
Asotin State		1
Asotin CON		1
Benton State		0
Benton CON		0
Chelan State		0
Chelan CON		0
Clallam State		0
Clallam CON		0
Clark State		0
Clark CON		0
Columbia State		0
Columbia CON		0
Cowlitz State		0
Cowlitz CON		0
Douglas State		0
Douglas CON		0
Ferry State		0
Ferry CON		0
Franklin State		0
Franklin CON		0
Garfield State		1
Garfield CON		1
Grant State		0
Grant CON		0
Grays Harbor State		0
Grays Harbor CON		0
Island State		0

Island CON	0
Jefferson State	0
Jefferson CON	0
King State	0
King CON	0
Kitsap State	0
Kitsap CON	0
Kittitas State	0
Kittitas CON	0
Klickitat State	0
Klickitat CON	0
Lewis State	0
Lewis CON	0
Lincoln State	0
Lincoln CON	0
Mason State	0
Mason CON	0
Okanogan State	0
Okanogan CON	0
Pacific State	0
Pacific CON	0
Pend Oreille State	0
Pend Oreille CON	0
Pierce State	0
Pierce CON	0
San Juan State	0
San Juan CON	0
Skagit State	0
Skagit CON	0
Skamania State	0
Skamania CON	0
Snohomish State	0
Snohomish CON	0
Spokane State	0
Spokane CON	0
Stevens State	0
Stevens CON	0
Thurston State	0
Thurston CON	0
Wahkiakum State	0
Wahkiakum CON	0
Walla Walla State	0
Walla Walla CON	0
Whatcom State	0
Whatcom CON	0
Whitman State	0
Whitman CON	0

Yakima State		0
Yakima CON		0
County 1	Asotin	
County 1 Patients 0-64 with Cancer		8
County 1 Patients 0-64 without cancer		4
County 1 Patients 65+ with cancer		24
County 1 patients 65+ without cancer		35
Total Annual Patient Days		3808
County 2	Garfield	
County 2 Patients 0-64 with Cancer		0
County 2 Patients 0-64 without cancer		0
County 2 Patients 65+ with cancer		5
County 2 patients 65+ without cancer		2
Total Annual Patient Days		364
County 3		
County 3 Patients 0-64 with Cancer		
County 3 Patients 0-64 without cancer		
County 3 Patients 65+ with cancer		
County 3 patients 65+ without cancer		
Total Annual Patient Days		
County 4		
County 4 Patients 0-64 with Cancer		
County 4 Patients 0-64 without cancer		
County 4 Patients 65+ with cancer		
County 4 patients 65+ without cancer		
Total Annual Patient Days		
County 5		
County 5 Patients 0-64 with Cancer		
County 5 Patients 0-64 without cancer		
County 5 Patients 65+ with cancer		
County 5 patients 65+ without cancer		
Total Annual Patient Days		
County 6		
County 6 Patients 0-64 with Cancer		
County 6 Patients 0-64 without cancer		
County 6 Patients 65+ with cancer		
County 6 patients 65+ without cancer		
Total Annual Patient Days		

RespondentId		728325
StartDate	2016.05.20 14:07	
CompletedDate	2016.05.20 14:20	
LanguageCode	en	
Agency Name	Harbors Home Health and Hospice	
DOH License Number	IHS.FS.00000306	
Street Address	201 7th St.	
City	Hoquiam	
State	WA	
ZIP Code		98550
Contact Person	Cindy Minzey	
Contact Title	RN, COO	
Contact Phone Number	360-532-5454	
Contact Email Address	cindym@myhyyy.org	
Change of Ownership?	No	
If yes, explain		
Name of person completing survey	Cindy Minzey, RN, COO	
initials	CKM	
Adams State		0
Adams CON		0
Asotin State		0
Asotin CON		0
Benton State		0
Benton CON		0
Chelan State		0
Chelan CON		0
Clallam State		0
Clallam CON		0
Clark State		0
Clark CON		0
Columbia State		0
Columbia CON		0
Cowlitz State		0
Cowlitz CON		0
Douglas State		0
Douglas CON		0
Ferry State		0
Ferry CON		0
Franklin State		0
Franklin CON		0
Garfield State		0
Garfield CON		0
Grant State		0
Grant CON		0
Grays Harbor State		1
Grays Harbor CON		1
Island State		0

Island CON	0
Jefferson State	0
Jefferson CON	0
King State	0
King CON	0
Kitsap State	0
Kitsap CON	0
Kittitas State	0
Kittitas CON	0
Klickitat State	0
Klickitat CON	0
Lewis State	0
Lewis CON	0
Lincoln State	0
Lincoln CON	0
Mason State	0
Mason CON	0
Okanogan State	0
Okanogan CON	0
Pacific State	1
Pacific CON	1
Pend Oreille State	0
Pend Oreille CON	0
Pierce State	0
Pierce CON	0
San Juan State	0
San Juan CON	0
Skagit State	0
Skagit CON	0
Skamania State	0
Skamania CON	0
Snohomish State	0
Snohomish CON	0
Spokane State	0
Spokane CON	0
Stevens State	0
Stevens CON	0
Thurston State	0
Thurston CON	0
Wahkiakum State	0
Wahkiakum CON	0
Walla Walla State	0
Walla Walla CON	0
Whatcom State	0
Whatcom CON	0
Whitman State	0
Whitman CON	0

Yakima State		0
Yakima CON		0
County 1	Grays Harbor	
County 1 Patients 0-64 with Cancer		10
County 1 Patients 0-64 without cancer		18
County 1 Patients 65+ with cancer		47
County 1 patients 65+ without cancer		73
Total Annual Patient Days		9289
County 2	Pacific	
County 2 Patients 0-64 with Cancer		6
County 2 Patients 0-64 without cancer		7
County 2 Patients 65+ with cancer		16
County 2 patients 65+ without cancer		24
Total Annual Patient Days		4268
County 3		
County 3 Patients 0-64 with Cancer		
County 3 Patients 0-64 without cancer		
County 3 Patients 65+ with cancer		
County 3 patients 65+ without cancer		
Total Annual Patient Days		
County 4		
County 4 Patients 0-64 with Cancer		
County 4 Patients 0-64 without cancer		
County 4 Patients 65+ with cancer		
County 4 patients 65+ without cancer		
Total Annual Patient Days		
County 5		
County 5 Patients 0-64 with Cancer		
County 5 Patients 0-64 without cancer		
County 5 Patients 65+ with cancer		
County 5 patients 65+ without cancer		
Total Annual Patient Days		
County 6		
County 6 Patients 0-64 with Cancer		
County 6 Patients 0-64 without cancer		
County 6 Patients 65+ with cancer		
County 6 patients 65+ without cancer		
Total Annual Patient Days		

RespondentId		734557
StartDate	2016.06.03 9:24	
CompletedDate	2016.06.03 9:29	
LanguageCode	en	
Agency Name	Heart of Hospice	
DOH License Number	602-768-799	
Street Address	2621 Wasco Street	
City	Hood River	
State	OR	
ZIP Code		97031
Contact Person	Jodi Goatcher	
Contact Title	COO	
Contact Phone Number		5413861942
Contact Email Address	jodi@heartofhospice.org	
Change of Ownership?	Yes	
If yes, explain	Asset purchase noted by DOH - no change in license. Per Kathi Miller @ DOH	
Name of person completing survey initials	Jodi Goatcher JG	
Adams State		0
Adams CON		0
Asotin State		0
Asotin CON		0
Benton State		0
Benton CON		0
Chelan State		0
Chelan CON		0
Clallam State		0
Clallam CON		0
Clark State		0
Clark CON		0
Columbia State		0
Columbia CON		0
Cowlitz State		0
Cowlitz CON		0
Douglas State		0
Douglas CON		0
Ferry State		0
Ferry CON		0
Franklin State		0
Franklin CON		0
Garfield State		0
Garfield CON		0
Grant State		0
Grant CON		0
Grays Harbor State		0
Grays Harbor CON		0
Island State		0
Island CON		0
Jefferson State		0
Jefferson CON		0
King State		0
King CON		0
Kitsap State		0
Kitsap CON		0
Kittitas State		0

Kittitas CON		0
Klickitat State		1
Klickitat CON		0
Lewis State		0
Lewis CON		0
Lincoln State		0
Lincoln CON		0
Mason State		0
Mason CON		0
Okanogan State		0
Okanogan CON		0
Pacific State		0
Pacific CON		0
Pend Oreille State		0
Pend Oreille CON		0
Pierce State		0
Pierce CON		0
San Juan State		0
San Juan CON		0
Skagit State		0
Skagit CON		0
Skamania State		0
Skamania CON		1
Snohomish State		0
Snohomish CON		0
Spokane State		0
Spokane CON		0
Stevens State		0
Stevens CON		0
Thurston State		0
Thurston CON		0
Wahkiakum State		0
Wahkiakum CON		0
Walla Walla State		0
Walla Walla CON		0
Whatcom State		0
Whatcom CON		0
Whitman State		0
Whitman CON		0
Yakima State		0
Yakima CON		0
County 1	Skamania	
County 1 Patients 0-64 with Cancer		5
County 1 Patients 0-64 without cancer		4
County 1 Patients 65+ with cancer		7
County 1 patients 65+ without cancer		12
Total Annual Patient Days		5507
County 2	Klickitat	
County 2 Patients 0-64 with Cancer		1
County 2 Patients 0-64 without cancer		0
County 2 Patients 65+ with cancer		9
County 2 patients 65+ without cancer		7
Total Annual Patient Days		3127
County 3		
County 3 Patients 0-64 with Cancer		

County 3 Patients 0-64 without cancer
County 3 Patients 65+ with cancer
County 3 patients 65+ without cancer
Total Annual Patient Days

County 4

County 4 Patients 0-64 with Cancer
County 4 Patients 0-64 without cancer
County 4 Patients 65+ with cancer
County 4 patients 65+ without cancer
Total Annual Patient Days

County 5

County 5 Patients 0-64 with Cancer
County 5 Patients 0-64 without cancer
County 5 Patients 65+ with cancer
County 5 patients 65+ without cancer
Total Annual Patient Days

County 6

County 6 Patients 0-64 with Cancer
County 6 Patients 0-64 without cancer
County 6 Patients 65+ with cancer
County 6 patients 65+ without cancer
Total Annual Patient Days

RespondentId		731160
StartDate	2016.05.26 15:59	
CompletedDate	2016.05.26 16:08	
LanguageCode	en	
Agency Name	Horizon Hospice	
DOH License Number	IHS.FS.00000332	
Street Address	123 W. Cascade Way, Ste. A	
City	Spokane	
State	WA	
ZIP Code		99208
Contact Person	Loren Guske	
Contact Title	Administrator	
Contact Phone Number	509-489-4581	
Contact Email Address	lguske@horizonhospice.com	
Change of Ownership?	No	
If yes, explain		
Name of person completing survey	Loren Guske	
initials	LG	
Adams State		0
Adams CON		0
Asotin State		0
Asotin CON		0
Benton State		0
Benton CON		0
Chelan State		0
Chelan CON		0
Clallam State		0
Clallam CON		0
Clark State		0
Clark CON		0
Columbia State		0
Columbia CON		0
Cowlitz State		0
Cowlitz CON		0
Douglas State		0
Douglas CON		0
Ferry State		0
Ferry CON		0
Franklin State		0
Franklin CON		0
Garfield State		0
Garfield CON		0
Grant State		0
Grant CON		0
Grays Harbor State		0
Grays Harbor CON		0
Island State		0

Island CON	0
Jefferson State	0
Jefferson CON	0
King State	0
King CON	0
Kitsap State	0
Kitsap CON	0
Kittitas State	0
Kittitas CON	0
Klickitat State	0
Klickitat CON	0
Lewis State	0
Lewis CON	0
Lincoln State	0
Lincoln CON	0
Mason State	0
Mason CON	0
Okanogan State	0
Okanogan CON	0
Pacific State	0
Pacific CON	0
Pend Oreille State	0
Pend Oreille CON	0
Pierce State	0
Pierce CON	0
San Juan State	0
San Juan CON	0
Skagit State	0
Skagit CON	0
Skamania State	0
Skamania CON	0
Snohomish State	0
Snohomish CON	0
Spokane State	1
Spokane CON	1
Stevens State	0
Stevens CON	0
Thurston State	0
Thurston CON	0
Wahkiakum State	0
Wahkiakum CON	0
Walla Walla State	0
Walla Walla CON	0
Whatcom State	0
Whatcom CON	0
Whitman State	0
Whitman CON	0

Yakima State		0
Yakima CON		0
County 1	Spokane	
County 1 Patients 0-64 with Cancer		25
County 1 Patients 0-64 without cancer		11
County 1 Patients 65+ with cancer		75
County 1 patients 65+ without cancer		256
Total Annual Patient Days		36028
County 2		
County 2 Patients 0-64 with Cancer		
County 2 Patients 0-64 without cancer		
County 2 Patients 65+ with cancer		
County 2 patients 65+ without cancer		
Total Annual Patient Days		
County 3		
County 3 Patients 0-64 with Cancer		
County 3 Patients 0-64 without cancer		
County 3 Patients 65+ with cancer		
County 3 patients 65+ without cancer		
Total Annual Patient Days		
County 4		
County 4 Patients 0-64 with Cancer		
County 4 Patients 0-64 without cancer		
County 4 Patients 65+ with cancer		
County 4 patients 65+ without cancer		
Total Annual Patient Days		
County 5		
County 5 Patients 0-64 with Cancer		
County 5 Patients 0-64 without cancer		
County 5 Patients 65+ with cancer		
County 5 patients 65+ without cancer		
Total Annual Patient Days		
County 6		
County 6 Patients 0-64 with Cancer		
County 6 Patients 0-64 without cancer		
County 6 Patients 65+ with cancer		
County 6 patients 65+ without cancer		
Total Annual Patient Days		

RespondentId		731818
StartDate	2016.05.27 16:03	
CompletedDate		
LanguageCode	en	
Agency Name	Hospice of Spokane	
DOH License Number	IHS.FS.00000337	
Street Address	121 S. Arthur	
City	Spokane	
State	WA	
ZIP Code		99210
Contact Person	Gina Drummond	
Contact Title	CEO	
Contact Phone Number	509-456-0438	
Contact Email Address	gdrummond@hospiceofspokane.org	
Change of Ownership?	No	
If yes, explain		
Name of person completing survey	April Hansen	
initials	AH	
Adams State		0
Adams CON		0
Asotin State		0
Asotin CON		0
Benton State		0
Benton CON		0
Chelan State		0
Chelan CON		0
Clallam State		0
Clallam CON		0
Clark State		0
Clark CON		0
Columbia State		0
Columbia CON		0
Cowlitz State		0
Cowlitz CON		0
Douglas State		0
Douglas CON		0
Ferry State		0
Ferry CON		1
Franklin State		0
Franklin CON		0
Garfield State		0
Garfield CON		0
Grant State		0
Grant CON		0
Grays Harbor State		0
Grays Harbor CON		0
Island State		0

Island CON	0
Jefferson State	0
Jefferson CON	0
King State	0
King CON	0
Kitsap State	0
Kitsap CON	0
Kittitas State	0
Kittitas CON	0
Klickitat State	0
Klickitat CON	0
Lewis State	0
Lewis CON	0
Lincoln State	0
Lincoln CON	0
Mason State	0
Mason CON	0
Okanogan State	0
Okanogan CON	0
Pacific State	0
Pacific CON	0
Pend Oreille State	0
Pend Oreille CON	1
Pierce State	0
Pierce CON	0
San Juan State	0
San Juan CON	0
Skagit State	0
Skagit CON	0
Skamania State	0
Skamania CON	0
Snohomish State	0
Snohomish CON	0
Spokane State	0
Spokane CON	1
Stevens State	0
Stevens CON	1
Thurston State	0
Thurston CON	0
Wahkiakum State	0
Wahkiakum CON	0
Walla Walla State	0
Walla Walla CON	0
Whatcom State	0
Whatcom CON	0
Whitman State	0
Whitman CON	0

Yakima State	0
Yakima CON	0
County 1	
County 1 Patients 0-64 with Cancer	
County 1 Patients 0-64 without cancer	
County 1 Patients 65+ with cancer	
County 1 patients 65+ without cancer	
Total Annual Patient Days	
County 2	
County 2 Patients 0-64 with Cancer	
County 2 Patients 0-64 without cancer	
County 2 Patients 65+ with cancer	
County 2 patients 65+ without cancer	
Total Annual Patient Days	
County 3	
County 3 Patients 0-64 with Cancer	
County 3 Patients 0-64 without cancer	
County 3 Patients 65+ with cancer	
County 3 patients 65+ without cancer	
Total Annual Patient Days	
County 4	
County 4 Patients 0-64 with Cancer	
County 4 Patients 0-64 without cancer	
County 4 Patients 65+ with cancer	
County 4 patients 65+ without cancer	
Total Annual Patient Days	
County 5	
County 5 Patients 0-64 with Cancer	
County 5 Patients 0-64 without cancer	
County 5 Patients 65+ with cancer	
County 5 patients 65+ without cancer	
Total Annual Patient Days	
County 6	
County 6 Patients 0-64 with Cancer	
County 6 Patients 0-64 without cancer	
County 6 Patients 65+ with cancer	
County 6 patients 65+ without cancer	
Total Annual Patient Days	

RespondentId		737456
StartDate	2016.06.09 13:05	
CompletedDate	2016.06.09 13:12	
LanguageCode	en	
Agency Name	Hospice of Spokane	
DOH License Number	IHS.FS.00000337	
Street Address	121 S. Arthur St/PO Box 2215	
City	Spokane	
State	WA	
ZIP Code		99210
Contact Person	Gina Drummond	
Contact Title	CEO	
Contact Phone Number	509-456-0438	
Contact Email Address	gdrummond@hospiceofspokane.org	
Change of Ownership?	No	
If yes, explain		
Name of person completing survey	April Hansen	
initials	AH	
Adams State		0
Adams CON		0
Asotin State		0
Asotin CON		0
Benton State		0
Benton CON		0
Chelan State		0
Chelan CON		0
Clallam State		0
Clallam CON		0
Clark State		0
Clark CON		0
Columbia State		0
Columbia CON		0
Cowlitz State		0
Cowlitz CON		0
Douglas State		0
Douglas CON		0
Ferry State		0
Ferry CON		1
Franklin State		0
Franklin CON		0
Garfield State		0
Garfield CON		0
Grant State		0
Grant CON		0
Grays Harbor State		0
Grays Harbor CON		0
Island State		0

Island CON	0
Jefferson State	0
Jefferson CON	0
King State	0
King CON	0
Kitsap State	0
Kitsap CON	0
Kittitas State	0
Kittitas CON	0
Klickitat State	0
Klickitat CON	0
Lewis State	0
Lewis CON	0
Lincoln State	0
Lincoln CON	0
Mason State	0
Mason CON	0
Okanogan State	0
Okanogan CON	0
Pacific State	0
Pacific CON	0
Pend Oreille State	0
Pend Oreille CON	1
Pierce State	0
Pierce CON	0
San Juan State	0
San Juan CON	0
Skagit State	0
Skagit CON	0
Skamania State	0
Skamania CON	0
Snohomish State	0
Snohomish CON	0
Spokane State	0
Spokane CON	1
Stevens State	0
Stevens CON	1
Thurston State	0
Thurston CON	0
Wahkiakum State	0
Wahkiakum CON	0
Walla Walla State	0
Walla Walla CON	0
Whatcom State	0
Whatcom CON	0
Whitman State	0
Whitman CON	0

Yakima State		0
Yakima CON		0
County 1	Spokane	
County 1 Patients 0-64 with Cancer		221
County 1 Patients 0-64 without cancer		106
County 1 Patients 65+ with cancer		572
County 1 patients 65+ without cancer		1105
Total Annual Patient Days		92935
County 2	Stevens	
County 2 Patients 0-64 with Cancer		18
County 2 Patients 0-64 without cancer		6
County 2 Patients 65+ with cancer		50
County 2 patients 65+ without cancer		55
Total Annual Patient Days		6997
County 3	Pend Oreille	
County 3 Patients 0-64 with Cancer		7
County 3 Patients 0-64 without cancer		5
County 3 Patients 65+ with cancer		13
County 3 patients 65+ without cancer		19
Total Annual Patient Days		2908
County 4	Ferry	
County 4 Patients 0-64 with Cancer		2
County 4 Patients 0-64 without cancer		0
County 4 Patients 65+ with cancer		7
County 4 patients 65+ without cancer		8
Total Annual Patient Days		1051
County 5	Lincoln	
County 5 Patients 0-64 with Cancer		0
County 5 Patients 0-64 without cancer		0
County 5 Patients 65+ with cancer		0
County 5 patients 65+ without cancer		1
Total Annual Patient Days		59
County 6	Whitman	
County 6 Patients 0-64 with Cancer		0
County 6 Patients 0-64 without cancer		2
County 6 Patients 65+ with cancer		1
County 6 patients 65+ without cancer		0
Total Annual Patient Days		290

RespondentId		729763
StartDate	2016.05.24 10:36	
CompletedDate	2016.05.24 10:42	
LanguageCode	en	
Agency Name	Hospice of the Northwest	
DOH License Number		602332748
Street Address	227 Freeway Dr., Suite A	
City	Mount Vernon	
State	WA	
ZIP Code		98273
Contact Person	Christine Nidd	
Contact Title	Manager of Quality and Compliance	
Contact Phone Number	360-814-5550	
Contact Email Address	cnidd@hospicenw.org	
Change of Ownership?	No	
If yes, explain		
Name of person completing survey	Christine Nidd	
initials	CN	
Adams State		0
Adams CON		0
Asotin State		0
Asotin CON		0
Benton State		0
Benton CON		0
Chelan State		0
Chelan CON		0
Clallam State		0
Clallam CON		0
Clark State		0
Clark CON		0
Columbia State		0
Columbia CON		0
Cowlitz State		0
Cowlitz CON		0
Douglas State		0
Douglas CON		0
Ferry State		0
Ferry CON		0
Franklin State		0
Franklin CON		0
Garfield State		0
Garfield CON		0
Grant State		0
Grant CON		0
Grays Harbor State		0
Grays Harbor CON		0
Island State		1

Island CON	1
Jefferson State	0
Jefferson CON	0
King State	0
King CON	0
Kitsap State	0
Kitsap CON	0
Kittitas State	0
Kittitas CON	0
Klickitat State	0
Klickitat CON	0
Lewis State	0
Lewis CON	0
Lincoln State	0
Lincoln CON	0
Mason State	0
Mason CON	0
Okanogan State	0
Okanogan CON	0
Pacific State	0
Pacific CON	0
Pend Oreille State	0
Pend Oreille CON	0
Pierce State	0
Pierce CON	0
San Juan State	1
San Juan CON	1
Skagit State	1
Skagit CON	1
Skamania State	0
Skamania CON	0
Snohomish State	1
Snohomish CON	1
Spokane State	0
Spokane CON	0
Stevens State	0
Stevens CON	0
Thurston State	0
Thurston CON	0
Wahkiakum State	0
Wahkiakum CON	0
Walla Walla State	0
Walla Walla CON	0
Whatcom State	0
Whatcom CON	0
Whitman State	0
Whitman CON	0

Yakima State		0
Yakima CON		0
County 1	Island	
County 1 Patients 0-64 with Cancer		8
County 1 Patients 0-64 without cancer		4
County 1 Patients 65+ with cancer		29
County 1 patients 65+ without cancer		56
Total Annual Patient Days		4633
County 2	San Juan	
County 2 Patients 0-64 with Cancer		4
County 2 Patients 0-64 without cancer		1
County 2 Patients 65+ with cancer		23
County 2 patients 65+ without cancer		44
Total Annual Patient Days		3659
County 3	Skagit	
County 3 Patients 0-64 with Cancer		53
County 3 Patients 0-64 without cancer		24
County 3 Patients 65+ with cancer		124
County 3 patients 65+ without cancer		355
Total Annual Patient Days		25505
County 4	Snohomish	
County 4 Patients 0-64 with Cancer		6
County 4 Patients 0-64 without cancer		1
County 4 Patients 65+ with cancer		23
County 4 patients 65+ without cancer		53
Total Annual Patient Days		4065
County 5		
County 5 Patients 0-64 with Cancer		
County 5 Patients 0-64 without cancer		
County 5 Patients 65+ with cancer		
County 5 patients 65+ without cancer		
Total Annual Patient Days		
County 6		
County 6 Patients 0-64 with Cancer		
County 6 Patients 0-64 without cancer		
County 6 Patients 65+ with cancer		
County 6 patients 65+ without cancer		
Total Annual Patient Days		

RespondentId		737893
StartDate	2016.06.10 8:16	
CompletedDate	2016.06.10 8:18	
LanguageCode	en	
Agency Name	Kaiser Permanente Continuing Care Services	
DOH License Number	IHS.FS.00000353	
Street Address	2701 NW Vaughn St., Suite 140	
City	Portland	
State	OR	
ZIP Code		97210
Contact Person	Paula E. Edwards, RN, BSN	
Contact Title	Senior Manager of Hospice and Palliative Care	
Contact Phone Number	(503) 499-5200	
Contact Email Address	Paula.E.Edwards@kp.org	
Change of Ownership?	No	
If yes, explain	N/A	
Name of person completing survey	Sophia D. Le	
initials	SL	
Adams State		0
Adams CON		0
Asotin State		0
Asotin CON		0
Benton State		0
Benton CON		0
Chelan State		0
Chelan CON		0
Clallam State		0
Clallam CON		0
Clark State		1
Clark CON		1
Columbia State		0
Columbia CON		0
Cowlitz State		1
Cowlitz CON		1
Douglas State		0
Douglas CON		0
Ferry State		0
Ferry CON		0
Franklin State		0
Franklin CON		0
Garfield State		0
Garfield CON		0
Grant State		0
Grant CON		0
Grays Harbor State		0
Grays Harbor CON		0
Island State		0

Island CON	0
Jefferson State	0
Jefferson CON	0
King State	0
King CON	0
Kitsap State	0
Kitsap CON	0
Kittitas State	0
Kittitas CON	0
Klickitat State	0
Klickitat CON	0
Lewis State	0
Lewis CON	0
Lincoln State	0
Lincoln CON	0
Mason State	0
Mason CON	0
Okanogan State	0
Okanogan CON	0
Pacific State	0
Pacific CON	0
Pend Oreille State	0
Pend Oreille CON	0
Pierce State	0
Pierce CON	0
San Juan State	0
San Juan CON	0
Skagit State	0
Skagit CON	0
Skamania State	1
Skamania CON	1
Snohomish State	0
Snohomish CON	0
Spokane State	0
Spokane CON	0
Stevens State	0
Stevens CON	0
Thurston State	0
Thurston CON	0
Wahkiakum State	0
Wahkiakum CON	0
Walla Walla State	0
Walla Walla CON	0
Whatcom State	0
Whatcom CON	0
Whitman State	0
Whitman CON	0

Yakima State		0
Yakima CON		0
County 1	Clark	
County 1 Patients 0-64 with Cancer		31
County 1 Patients 0-64 without cancer		21
County 1 Patients 65+ with cancer		80
County 1 patients 65+ without cancer		273
Total Annual Patient Days		13481
County 2	Cowlitz	
County 2 Patients 0-64 with Cancer		0
County 2 Patients 0-64 without cancer		1
County 2 Patients 65+ with cancer		2
County 2 patients 65+ without cancer		4
Total Annual Patient Days		160
County 3	Skamania	
County 3 Patients 0-64 with Cancer		0
County 3 Patients 0-64 without cancer		0
County 3 Patients 65+ with cancer		0
County 3 patients 65+ without cancer		2
Total Annual Patient Days		6
County 4		
County 4 Patients 0-64 with Cancer		
County 4 Patients 0-64 without cancer		
County 4 Patients 65+ with cancer		
County 4 patients 65+ without cancer		
Total Annual Patient Days		
County 5		
County 5 Patients 0-64 with Cancer		
County 5 Patients 0-64 without cancer		
County 5 Patients 65+ with cancer		
County 5 patients 65+ without cancer		
Total Annual Patient Days		
County 6		
County 6 Patients 0-64 with Cancer		
County 6 Patients 0-64 without cancer		
County 6 Patients 65+ with cancer		
County 6 patients 65+ without cancer		
Total Annual Patient Days		

RespondentId		740611
StartDate	2016.06.15 9:51	
CompletedDate	2016.06.15 9:55	
LanguageCode	en	
Agency Name	Kittitas Valley Home Health and Hospice	
DOH License Number	IHS.FS.00000320	
Street Address	309 E. Mountain View Ave.	
City	Ellensburg	
State	WA	
ZIP Code		98926
Contact Person	Aggie Sprague	
Contact Title	Business Operations Manager	
Contact Phone Number	509-925-8497	
Contact Email Address	asprague@kvhealthcare.org	
Change of Ownership?	No	
If yes, explain		
Name of person completing survey	Aggie Sprague	
initials	aks	
Adams State		0
Adams CON		0
Asotin State		0
Asotin CON		0
Benton State		0
Benton CON		0
Chelan State		0
Chelan CON		0
Clallam State		0
Clallam CON		0
Clark State		0
Clark CON		0
Columbia State		0
Columbia CON		0
Cowlitz State		0
Cowlitz CON		0
Douglas State		0
Douglas CON		0
Ferry State		0
Ferry CON		0
Franklin State		0
Franklin CON		0
Garfield State		0
Garfield CON		0
Grant State		0
Grant CON		0
Grays Harbor State		0
Grays Harbor CON		0
Island State		0

Island CON	0
Jefferson State	0
Jefferson CON	0
King State	0
King CON	0
Kitsap State	0
Kitsap CON	0
Kittitas State	1
Kittitas CON	1
Klickitat State	0
Klickitat CON	0
Lewis State	0
Lewis CON	0
Lincoln State	0
Lincoln CON	0
Mason State	0
Mason CON	0
Okanogan State	0
Okanogan CON	0
Pacific State	0
Pacific CON	0
Pend Oreille State	0
Pend Oreille CON	0
Pierce State	0
Pierce CON	0
San Juan State	0
San Juan CON	0
Skagit State	0
Skagit CON	0
Skamania State	0
Skamania CON	0
Snohomish State	0
Snohomish CON	0
Spokane State	0
Spokane CON	0
Stevens State	0
Stevens CON	0
Thurston State	0
Thurston CON	0
Wahkiakum State	0
Wahkiakum CON	0
Walla Walla State	0
Walla Walla CON	0
Whatcom State	0
Whatcom CON	0
Whitman State	0
Whitman CON	0

Yakima State		0
Yakima CON		0
County 1	Kittitas	
County 1 Patients 0-64 with Cancer		11
County 1 Patients 0-64 without cancer		4
County 1 Patients 65+ with cancer		48
County 1 patients 65+ without cancer		63
Total Annual Patient Days		5608
County 2		
County 2 Patients 0-64 with Cancer		
County 2 Patients 0-64 without cancer		
County 2 Patients 65+ with cancer		
County 2 patients 65+ without cancer		
Total Annual Patient Days		
County 3		
County 3 Patients 0-64 with Cancer		
County 3 Patients 0-64 without cancer		
County 3 Patients 65+ with cancer		
County 3 patients 65+ without cancer		
Total Annual Patient Days		
County 4		
County 4 Patients 0-64 with Cancer		
County 4 Patients 0-64 without cancer		
County 4 Patients 65+ with cancer		
County 4 patients 65+ without cancer		
Total Annual Patient Days		
County 5		
County 5 Patients 0-64 with Cancer		
County 5 Patients 0-64 without cancer		
County 5 Patients 65+ with cancer		
County 5 patients 65+ without cancer		
Total Annual Patient Days		
County 6		
County 6 Patients 0-64 with Cancer		
County 6 Patients 0-64 without cancer		
County 6 Patients 65+ with cancer		
County 6 patients 65+ without cancer		
Total Annual Patient Days		

RespondentId	733633
StartDate	2016.06.01 16:02
CompletedDate	2016.06.01 16:06
LanguageCode	en
Agency Name	Kline Galland Hospice
DOH License Number	IHS.FS.60103742
Street Address	5950 6th Ave. S. Suite 100
City	Seattle
State	WA
ZIP Code	98108
Contact Person	Pam Swanborn
Contact Title	Director
Contact Phone Number	206-805-1930
Contact Email Address	pams@klinegalland.org
Change of Ownership?	No
If yes, explain	
Name of person completing survey	Pam Swanborn
initials	ps
Adams State	0
Adams CON	0
Asotin State	0
Asotin CON	0
Benton State	0
Benton CON	0
Chelan State	0
Chelan CON	0
Clallam State	0
Clallam CON	0
Clark State	0
Clark CON	0
Columbia State	0
Columbia CON	0
Cowlitz State	0
Cowlitz CON	0
Douglas State	0
Douglas CON	0
Ferry State	0
Ferry CON	0
Franklin State	0
Franklin CON	0
Garfield State	0
Garfield CON	0
Grant State	0
Grant CON	0
Grays Harbor State	0
Grays Harbor CON	0
Island State	0

Island CON	0
Jefferson State	0
Jefferson CON	0
King State	1
King CON	0
Kitsap State	0
Kitsap CON	0
Kittitas State	0
Kittitas CON	0
Klickitat State	0
Klickitat CON	0
Lewis State	0
Lewis CON	0
Lincoln State	0
Lincoln CON	0
Mason State	0
Mason CON	0
Okanogan State	0
Okanogan CON	0
Pacific State	0
Pacific CON	0
Pend Oreille State	0
Pend Oreille CON	0
Pierce State	0
Pierce CON	0
San Juan State	0
San Juan CON	0
Skagit State	0
Skagit CON	0
Skamania State	0
Skamania CON	0
Snohomish State	0
Snohomish CON	0
Spokane State	0
Spokane CON	0
Stevens State	0
Stevens CON	0
Thurston State	0
Thurston CON	0
Wahkiakum State	0
Wahkiakum CON	0
Walla Walla State	0
Walla Walla CON	0
Whatcom State	0
Whatcom CON	0
Whitman State	0
Whitman CON	0

Yakima State		0
Yakima CON		0
County 1	King	
County 1 Patients 0-64 with Cancer		14
County 1 Patients 0-64 without cancer		6
County 1 Patients 65+ with cancer		59
County 1 patients 65+ without cancer		214
Total Annual Patient Days		17969
County 2		
County 2 Patients 0-64 with Cancer		
County 2 Patients 0-64 without cancer		
County 2 Patients 65+ with cancer		
County 2 patients 65+ without cancer		
Total Annual Patient Days		
County 3		
County 3 Patients 0-64 with Cancer		
County 3 Patients 0-64 without cancer		
County 3 Patients 65+ with cancer		
County 3 patients 65+ without cancer		
Total Annual Patient Days		
County 4		
County 4 Patients 0-64 with Cancer		
County 4 Patients 0-64 without cancer		
County 4 Patients 65+ with cancer		
County 4 patients 65+ without cancer		
Total Annual Patient Days		
County 5		
County 5 Patients 0-64 with Cancer		
County 5 Patients 0-64 without cancer		
County 5 Patients 65+ with cancer		
County 5 patients 65+ without cancer		
Total Annual Patient Days		
County 6		
County 6 Patients 0-64 with Cancer		
County 6 Patients 0-64 without cancer		
County 6 Patients 65+ with cancer		
County 6 patients 65+ without cancer		
Total Annual Patient Days		

RespondentId		733006
StartDate	2016.05.31 15:36	
CompletedDate		
LanguageCode	en	
Agency Name	MultiCare Hospice	
DOH License Number	IHS.FS.60223505	
Street Address	3901 S. Fife St.	
City	Tacoma	
State	WA	
ZIP Code		98409
Contact Person	Peg Isenhower	
Contact Title	Coordinator, Quality	
Contact Phone Number	253-301-6450	
Contact Email Address	peg.isenhower@multicare.org	
Change of Ownership?	Yes	
If yes, explain	MultiCare bought Hospice of Kitsap County effective 1 February 2016. We are including the HKC data for 2015 in this survey.	
Name of person completing survey	Peg Isenhower	
initials	MI	
Adams State		0
Adams CON		0
Asotin State		0
Asotin CON		0
Benton State		0
Benton CON		0
Chelan State		0
Chelan CON		0
Clallam State		0
Clallam CON		0
Clark State		0
Clark CON		0
Columbia State		0
Columbia CON		0
Cowlitz State		0
Cowlitz CON		0
Douglas State		0
Douglas CON		0
Ferry State		0
Ferry CON		0
Franklin State		0
Franklin CON		0
Garfield State		0
Garfield CON		0
Grant State		0
Grant CON		0
Grays Harbor State		0
Grays Harbor CON		0
Island State		0
Island CON		0
Jefferson State		0
Jefferson CON		0
King State		0
King CON		1
Kitsap State		0
Kitsap CON		1
Kittitas State		0
Kittitas CON		0
Klickitat State		0
Klickitat CON		0
Lewis State		0
Lewis CON		0
Lincoln State		0
Lincoln CON		0
Mason State		0
Mason CON		0
Okanogan State		0
Okanogan CON		0
Pacific State		0
Pacific CON		0
Pend Oreille State		0
Pend Oreille CON		0
Pierce State		0
Pierce CON		0
San Juan State		0
San Juan CON		0
Skagit State		0
Skagit CON		0
Skamania State		0
Skamania CON		0
Snohomish State		0
Snohomish CON		0
Spokane State		0
Spokane CON		0

Stevens State	0
Stevens CON	0
Thurston State	0
Thurston CON	1
Wahkiakum State	0
Wahkiakum CON	0
Walla Walla State	0
Walla Walla CON	0
Whatcom State	0
Whatcom CON	0
Whitman State	0
Whitman CON	0
Yakima State	0
Yakima CON	0
County 1	
County 1 Patients 0-64 with Cancer	
County 1 Patients 0-64 without cancer	
County 1 Patients 65+ with cancer	
County 1 patients 65+ without cancer	
Total Annual Patient Days	
County 2	
County 2 Patients 0-64 with Cancer	
County 2 Patients 0-64 without cancer	
County 2 Patients 65+ with cancer	
County 2 patients 65+ without cancer	
Total Annual Patient Days	
County 3	
County 3 Patients 0-64 with Cancer	
County 3 Patients 0-64 without cancer	
County 3 Patients 65+ with cancer	
County 3 patients 65+ without cancer	
Total Annual Patient Days	
County 4	
County 4 Patients 0-64 with Cancer	
County 4 Patients 0-64 without cancer	
County 4 Patients 65+ with cancer	
County 4 patients 65+ without cancer	
Total Annual Patient Days	
County 5	
County 5 Patients 0-64 with Cancer	
County 5 Patients 0-64 without cancer	
County 5 Patients 65+ with cancer	
County 5 patients 65+ without cancer	
Total Annual Patient Days	
County 6	
County 6 Patients 0-64 with Cancer	
County 6 Patients 0-64 without cancer	
County 6 Patients 65+ with cancer	
County 6 patients 65+ without cancer	
Total Annual Patient Days	

RespondentId		738139
StartDate	2016.06.10 12:25	
CompletedDate		
LanguageCode	en	
Agency Name	MultiCare Hospice	
DOH License Number	IHS.FS.60223505	
Street Address	3901 S. Fife St.	
City	Tacoma	
State	WA	
ZIP Code		98409
Contact Person	Peg Isenhower	
Contact Title	Supervisor, Quality	
Contact Phone Number	253-301-3400	
Contact Email Address	pisenhower@multicare.org	
Change of Ownership?	Yes	
If yes, explain	MultiCare bought Hospice of Kitsap County effective February 1, 2016. The numbers provided in this survey include the Kitsap numbers for 2015.	
Name of person completing survey	Peg Isenhower	
initials	PI	
Adams State		0
Adams CON		0
Asotin State		0
Asotin CON		0
Benton State		0
Benton CON		0
Chelan State		0
Chelan CON		0
Clallam State		0
Clallam CON		0
Clark State		0
Clark CON		0
Columbia State		0
Columbia CON		0
Cowlitz State		0
Cowlitz CON		0
Douglas State		0
Douglas CON		0
Ferry State		0
Ferry CON		0
Franklin State		0
Franklin CON		0
Garfield State		0
Garfield CON		0
Grant State		0
Grant CON		0
Grays Harbor State		0
Grays Harbor CON		0
Island State		0
Island CON		0
Jefferson State		0
Jefferson CON		0
King State		0
King CON		1
Kitsap State		0
Kitsap CON		1
Kittitas State		0
Kittitas CON		0
Klickitat State		0
Klickitat CON		0
Lewis State		0
Lewis CON		0
Lincoln State		0
Lincoln CON		0
Mason State		0
Mason CON		0
Okanogan State		0
Okanogan CON		0
Pacific State		0
Pacific CON		0
Pend Oreille State		0
Pend Oreille CON		0
Pierce State		0
Pierce CON		1
San Juan State		0
San Juan CON		0
Skagit State		0
Skagit CON		0
Skamania State		0
Skamania CON		0
Snohomish State		0
Snohomish CON		0
Spokane State		0
Spokane CON		0
Stevens State		0
Stevens CON		0
Thurston State		0
Thurston CON		0
Wahkiakum State		0
Wahkiakum CON		0
Walla Walla State		0
Walla Walla CON		0
Whatcom State		0
Whatcom CON		0
Whitman State		0
Whitman CON		0
Yakima State		0
Yakima CON		0
County 1	King	0
County 1 Patients 0-64 with Cancer		
County 1 Patients 0-64 without cancer		
County 1 Patients 65+ with cancer		
County 1 patients 65+ without cancer		

Total Annual Patient Days	
County 2	Kitsap
County 2 Patients 0-64 with Cancer	
County 2 Patients 0-64 without cancer	
County 2 Patients 65+ with cancer	
County 2 patients 65+ without cancer	
Total Annual Patient Days	
County 3	Pierce
County 3 Patients 0-64 with Cancer	
County 3 Patients 0-64 without cancer	
County 3 Patients 65+ with cancer	
County 3 patients 65+ without cancer	
Total Annual Patient Days	
County 4	
County 4 Patients 0-64 with Cancer	
County 4 Patients 0-64 without cancer	
County 4 Patients 65+ with cancer	
County 4 patients 65+ without cancer	
Total Annual Patient Days	
County 5	
County 5 Patients 0-64 with Cancer	
County 5 Patients 0-64 without cancer	
County 5 Patients 65+ with cancer	
County 5 patients 65+ without cancer	
Total Annual Patient Days	
County 6	
County 6 Patients 0-64 with Cancer	
County 6 Patients 0-64 without cancer	
County 6 Patients 65+ with cancer	
County 6 patients 65+ without cancer	
Total Annual Patient Days	

RespondentId		733910
StartDate	2016.06.02 9:06	
CompletedDate	2016.06.02 9:17	
LanguageCode	en	
Agency Name	Providence Hospice of Seattle	
DOH License Number	50-1515	
Street Address	425 Pontius Ave N, Suite 300	
City	Seattle	
State	Washington	
ZIP Code		98109
Contact Person	Lorrie Shamarin	
Contact Title	Assistant to Director	
Contact Phone Number		2063204000
Contact Email Address	lorrie.shamarin@providence.org	
Change of Ownership?	No	
If yes, explain		
Name of person completing survey	Lorrie Shamarin	
initials	LFS	
Adams State		0
Adams CON		0
Asotin State		0
Asotin CON		0
Benton State		0
Benton CON		0
Chelan State		0
Chelan CON		0
Clallam State		0
Clallam CON		0
Clark State		0
Clark CON		0
Columbia State		0
Columbia CON		0
Cowlitz State		0
Cowlitz CON		0
Douglas State		0
Douglas CON		0
Ferry State		0
Ferry CON		0
Franklin State		0
Franklin CON		0
Garfield State		0
Garfield CON		0
Grant State		0
Grant CON		0
Grays Harbor State		0
Grays Harbor CON		0
Island State		0

Island CON	0
Jefferson State	0
Jefferson CON	0
King State	0
King CON	1
Kitsap State	0
Kitsap CON	0
Kittitas State	0
Kittitas CON	0
Klickitat State	0
Klickitat CON	0
Lewis State	0
Lewis CON	0
Lincoln State	0
Lincoln CON	0
Mason State	0
Mason CON	0
Okanogan State	0
Okanogan CON	0
Pacific State	0
Pacific CON	0
Pend Oreille State	0
Pend Oreille CON	0
Pierce State	0
Pierce CON	0
San Juan State	0
San Juan CON	0
Skagit State	0
Skagit CON	0
Skamania State	0
Skamania CON	0
Snohomish State	0
Snohomish CON	1
Spokane State	0
Spokane CON	0
Stevens State	0
Stevens CON	0
Thurston State	0
Thurston CON	0
Wahkiakum State	0
Wahkiakum CON	0
Walla Walla State	0
Walla Walla CON	0
Whatcom State	0
Whatcom CON	0
Whitman State	0
Whitman CON	0

Yakima State		0
Yakima CON		0
County 1	King	
County 1 Patients 0-64 with Cancer		339
County 1 Patients 0-64 without cancer		131
County 1 Patients 65+ with cancer		653
County 1 patients 65+ without cancer		1094
Total Annual Patient Days		2217
County 2	Snohomish	
County 2 Patients 0-64 with Cancer		4
County 2 Patients 0-64 without cancer		0
County 2 Patients 65+ with cancer		18
County 2 patients 65+ without cancer		10
Total Annual Patient Days		32
County 3		
County 3 Patients 0-64 with Cancer		
County 3 Patients 0-64 without cancer		
County 3 Patients 65+ with cancer		
County 3 patients 65+ without cancer		
Total Annual Patient Days		
County 4		
County 4 Patients 0-64 with Cancer		
County 4 Patients 0-64 without cancer		
County 4 Patients 65+ with cancer		
County 4 patients 65+ without cancer		
Total Annual Patient Days		
County 5		
County 5 Patients 0-64 with Cancer		
County 5 Patients 0-64 without cancer		
County 5 Patients 65+ with cancer		
County 5 patients 65+ without cancer		
Total Annual Patient Days		
County 6		
County 6 Patients 0-64 with Cancer		
County 6 Patients 0-64 without cancer		
County 6 Patients 65+ with cancer		
County 6 patients 65+ without cancer		
Total Annual Patient Days		

RespondentId		734202
StartDate	2016.06.02 15:28	
CompletedDate	2016.06.02 15:32	
LanguageCode	en	
Agency Name	Providence SoundHomeCare and Hospice	
DOH License Number	IHS.FS.00000420	
Street Address	3432 S. Bay Road NE	
City	Olympia	
State	WA	
ZIP Code		98506
Contact Person	Catherine Koziar	
Contact Title	Director of Hospice	
Contact Phone Number	360-459-8311	
Contact Email Address	catherine.koziar@providence.org	
Change of Ownership?	No	
If yes, explain		
Name of person completing survey	Catherine Koziar	
initials	CK	
Adams State		0
Adams CON		0
Asotin State		0
Asotin CON		0
Benton State		0
Benton CON		0
Chelan State		0
Chelan CON		0
Clallam State		0
Clallam CON		0
Clark State		0
Clark CON		0
Columbia State		0
Columbia CON		0
Cowlitz State		0
Cowlitz CON		0
Douglas State		0
Douglas CON		0
Ferry State		0
Ferry CON		0
Franklin State		0
Franklin CON		0
Garfield State		0
Garfield CON		0
Grant State		0
Grant CON		0
Grays Harbor State		0
Grays Harbor CON		0
Island State		0

Island CON	0
Jefferson State	0
Jefferson CON	0
King State	0
King CON	0
Kitsap State	0
Kitsap CON	0
Kittitas State	0
Kittitas CON	0
Klickitat State	0
Klickitat CON	0
Lewis State	1
Lewis CON	1
Lincoln State	0
Lincoln CON	0
Mason State	1
Mason CON	1
Okanogan State	0
Okanogan CON	0
Pacific State	0
Pacific CON	0
Pend Oreille State	0
Pend Oreille CON	0
Pierce State	0
Pierce CON	0
San Juan State	0
San Juan CON	0
Skagit State	0
Skagit CON	0
Skamania State	0
Skamania CON	0
Snohomish State	0
Snohomish CON	0
Spokane State	0
Spokane CON	0
Stevens State	0
Stevens CON	0
Thurston State	1
Thurston CON	1
Wahkiakum State	0
Wahkiakum CON	0
Walla Walla State	0
Walla Walla CON	0
Whatcom State	0
Whatcom CON	0
Whitman State	0
Whitman CON	0

Yakima State		0
Yakima CON		0
County 1	Lewis	
County 1 Patients 0-64 with Cancer		32
County 1 Patients 0-64 without cancer		14
County 1 Patients 65+ with cancer		55
County 1 patients 65+ without cancer		79
Total Annual Patient Days		8533
County 2	Mason	
County 2 Patients 0-64 with Cancer		26
County 2 Patients 0-64 without cancer		11
County 2 Patients 65+ with cancer		53
County 2 patients 65+ without cancer		95
Total Annual Patient Days		10991
County 3		
County 3 Patients 0-64 with Cancer		104
County 3 Patients 0-64 without cancer		30
County 3 Patients 65+ with cancer		174
County 3 patients 65+ without cancer		495
Total Annual Patient Days		62443
County 4		
County 4 Patients 0-64 with Cancer		
County 4 Patients 0-64 without cancer		
County 4 Patients 65+ with cancer		
County 4 patients 65+ without cancer		
Total Annual Patient Days		
County 5		
County 5 Patients 0-64 with Cancer		
County 5 Patients 0-64 without cancer		
County 5 Patients 65+ with cancer		
County 5 patients 65+ without cancer		
Total Annual Patient Days		
County 6		
County 6 Patients 0-64 with Cancer		
County 6 Patients 0-64 without cancer		
County 6 Patients 65+ with cancer		
County 6 patients 65+ without cancer		
Total Annual Patient Days		

RespondentId		729938
StartDate	2016.05.24 13:57	
CompletedDate	2016.05.24 14:01	
LanguageCode	en	
Agency Name	Tri-Cities Chaplaincy	
DOH License Number	IHS.FS.00000456	
Street Address	1480 Fowler Street	
City	Richland	
State	Washington	
ZIP Code		99352
Contact Person	Jill Adcock	
Contact Title	EMR Administrator/Compliance Officer	
Contact Phone Number	(509) 783-7416	
Contact Email Address	jilla@tricitiechaplaincy.org	
Change of Ownership?	No	
If yes, explain		
Name of person completing survey	Diana Brown	
initials	dsb	
Adams State		0
Adams CON		0
Asotin State		0
Asotin CON		0
Benton State		0
Benton CON		1
Chelan State		0
Chelan CON		0
Clallam State		0
Clallam CON		0
Clark State		0
Clark CON		0
Columbia State		0
Columbia CON		0
Cowlitz State		0
Cowlitz CON		0
Douglas State		0
Douglas CON		0
Ferry State		0
Ferry CON		0
Franklin State		0
Franklin CON		1
Garfield State		0
Garfield CON		0
Grant State		0
Grant CON		0
Grays Harbor State		0
Grays Harbor CON		0
Island State		0

Island CON	0
Jefferson State	0
Jefferson CON	0
King State	0
King CON	0
Kitsap State	0
Kitsap CON	0
Kittitas State	0
Kittitas CON	0
Klickitat State	0
Klickitat CON	0
Lewis State	0
Lewis CON	0
Lincoln State	0
Lincoln CON	0
Mason State	0
Mason CON	0
Okanogan State	0
Okanogan CON	0
Pacific State	0
Pacific CON	0
Pend Oreille State	0
Pend Oreille CON	0
Pierce State	0
Pierce CON	0
San Juan State	0
San Juan CON	0
Skagit State	0
Skagit CON	0
Skamania State	0
Skamania CON	0
Snohomish State	0
Snohomish CON	0
Spokane State	0
Spokane CON	0
Stevens State	0
Stevens CON	0
Thurston State	0
Thurston CON	0
Wahkiakum State	0
Wahkiakum CON	0
Walla Walla State	0
Walla Walla CON	0
Whatcom State	0
Whatcom CON	0
Whitman State	0
Whitman CON	0

Yakima State		0
Yakima CON		0
County 1	Benton	
County 1 Patients 0-64 with Cancer		70
County 1 Patients 0-64 without cancer		33
County 1 Patients 65+ with cancer		193
County 1 patients 65+ without cancer		390
Total Annual Patient Days		32660
County 2	Franklin	
County 2 Patients 0-64 with Cancer		13
County 2 Patients 0-64 without cancer		13
County 2 Patients 65+ with cancer		34
County 2 patients 65+ without cancer		123
Total Annual Patient Days		7546
County 3		
County 3 Patients 0-64 with Cancer		
County 3 Patients 0-64 without cancer		
County 3 Patients 65+ with cancer		
County 3 patients 65+ without cancer		
Total Annual Patient Days		
County 4		
County 4 Patients 0-64 with Cancer		
County 4 Patients 0-64 without cancer		
County 4 Patients 65+ with cancer		
County 4 patients 65+ without cancer		
Total Annual Patient Days		
County 5		
County 5 Patients 0-64 with Cancer		
County 5 Patients 0-64 without cancer		
County 5 Patients 65+ with cancer		
County 5 patients 65+ without cancer		
Total Annual Patient Days		
County 6		
County 6 Patients 0-64 with Cancer		
County 6 Patients 0-64 without cancer		
County 6 Patients 65+ with cancer		
County 6 patients 65+ without cancer		
Total Annual Patient Days		

RespondentId	730948
StartDate	2016.05.26 10:22
CompletedDate	2016.05.27 10:56
LanguageCode	en
Agency Name	Yakima Regional HMA Home Health, LLC
DOH License Number	IHS.FS.60097245
Street Address	7 So. 10th Ave
City	Yakima
State	WA
ZIP Code	98902-3318
Contact Person	Ladonna Chambard
Contact Title	Administrator
Contact Phone Number	509-575-5093
Contact Email Address	Ladonna_Chambard@chs.net
Change of Ownership?	No
If yes, explain	
Name of person completing survey	Brianne Garza
initials	bg
Adams State	0
Adams CON	0
Asotin State	0
Asotin CON	0
Benton State	0
Benton CON	0
Chelan State	0
Chelan CON	0
Clallam State	0
Clallam CON	0
Clark State	0
Clark CON	0
Columbia State	0
Columbia CON	0
Cowlitz State	0
Cowlitz CON	0
Douglas State	0
Douglas CON	0
Ferry State	0
Ferry CON	0
Franklin State	0
Franklin CON	0
Garfield State	0
Garfield CON	0
Grant State	0
Grant CON	0
Grays Harbor State	0
Grays Harbor CON	0
Island State	0

Island CON	0
Jefferson State	0
Jefferson CON	0
King State	0
King CON	0
Kitsap State	0
Kitsap CON	0
Kittitas State	0
Kittitas CON	0
Klickitat State	0
Klickitat CON	0
Lewis State	0
Lewis CON	0
Lincoln State	0
Lincoln CON	0
Mason State	0
Mason CON	0
Okanogan State	0
Okanogan CON	0
Pacific State	0
Pacific CON	0
Pend Oreille State	0
Pend Oreille CON	0
Pierce State	0
Pierce CON	0
San Juan State	0
San Juan CON	0
Skagit State	0
Skagit CON	0
Skamania State	0
Skamania CON	0
Snohomish State	0
Snohomish CON	0
Spokane State	0
Spokane CON	0
Stevens State	0
Stevens CON	0
Thurston State	0
Thurston CON	0
Wahkiakum State	0
Wahkiakum CON	0
Walla Walla State	0
Walla Walla CON	0
Whatcom State	0
Whatcom CON	0
Whitman State	0
Whitman CON	0

Yakima State		1
Yakima CON		1
County 1	Yakima	
County 1 Patients 0-64 with Cancer		8
County 1 Patients 0-64 without cancer		11
County 1 Patients 65+ with cancer		27
County 1 patients 65+ without cancer		68
Total Annual Patient Days		7608
County 2		
County 2 Patients 0-64 with Cancer		
County 2 Patients 0-64 without cancer		
County 2 Patients 65+ with cancer		
County 2 patients 65+ without cancer		
Total Annual Patient Days		
County 3		
County 3 Patients 0-64 with Cancer		
County 3 Patients 0-64 without cancer		
County 3 Patients 65+ with cancer		
County 3 patients 65+ without cancer		
Total Annual Patient Days		
County 4		
County 4 Patients 0-64 with Cancer		
County 4 Patients 0-64 without cancer		
County 4 Patients 65+ with cancer		
County 4 patients 65+ without cancer		
Total Annual Patient Days		
County 5		
County 5 Patients 0-64 with Cancer		
County 5 Patients 0-64 without cancer		
County 5 Patients 65+ with cancer		
County 5 patients 65+ without cancer		
Total Annual Patient Days		
County 6		
County 6 Patients 0-64 with Cancer		
County 6 Patients 0-64 without cancer		
County 6 Patients 65+ with cancer		
County 6 patients 65+ without cancer		
Total Annual Patient Days		

RespondentId		738331
StartDate	2016.06.10 15:56	
CompletedDate	2016.06.10 16:00	
LanguageCode	en	
Agency Name	Walla Walla Community Hospice	
DOH License Number	IHS.FS.60480441	
Street Address	1067 Isaacs Ave.	
City	Walla Walla	
State	Washington	
ZIP Code		99362
Contact Person	Rebecca Hendricks	
Contact Title	Executive Director	
Contact Phone Number	509-525-5561	
Contact Email Address	rhendricks@wwhospice.org	
Change of Ownership?	No	
If yes, explain		
Name of person completing survey	Chris Pacheco	
initials	cp	
Adams State		0
Adams CON		0
Asotin State		0
Asotin CON		0
Benton State		0
Benton CON		0
Chelan State		0
Chelan CON		0
Clallam State		0
Clallam CON		0
Clark State		0
Clark CON		0
Columbia State		0
Columbia CON		1
Cowlitz State		0
Cowlitz CON		0
Douglas State		0
Douglas CON		0
Ferry State		0
Ferry CON		0
Franklin State		0
Franklin CON		0
Garfield State		0
Garfield CON		0
Grant State		0
Grant CON		0
Grays Harbor State		0
Grays Harbor CON		0
Island State		0

Island CON	0
Jefferson State	0
Jefferson CON	0
King State	0
King CON	0
Kitsap State	0
Kitsap CON	0
Kittitas State	0
Kittitas CON	0
Klickitat State	0
Klickitat CON	0
Lewis State	0
Lewis CON	0
Lincoln State	0
Lincoln CON	0
Mason State	0
Mason CON	0
Okanogan State	0
Okanogan CON	0
Pacific State	0
Pacific CON	0
Pend Oreille State	0
Pend Oreille CON	0
Pierce State	0
Pierce CON	0
San Juan State	0
San Juan CON	0
Skagit State	0
Skagit CON	0
Skamania State	0
Skamania CON	0
Snohomish State	0
Snohomish CON	0
Spokane State	0
Spokane CON	0
Stevens State	0
Stevens CON	0
Thurston State	0
Thurston CON	0
Wahkiakum State	0
Wahkiakum CON	0
Walla Walla State	0
Walla Walla CON	1
Whatcom State	0
Whatcom CON	0
Whitman State	0
Whitman CON	0

Yakima State		0
Yakima CON		0
County 1	Walla Walla	
County 1 Patients 0-64 with Cancer		27
County 1 Patients 0-64 without cancer		12
County 1 Patients 65+ with cancer		104
County 1 patients 65+ without cancer		169
Total Annual Patient Days		11214
County 2	Columbia	
County 2 Patients 0-64 with Cancer		2
County 2 Patients 0-64 without cancer		1
County 2 Patients 65+ with cancer		8
County 2 patients 65+ without cancer		10
Total Annual Patient Days		529
County 3		
County 3 Patients 0-64 with Cancer		
County 3 Patients 0-64 without cancer		
County 3 Patients 65+ with cancer		
County 3 patients 65+ without cancer		
Total Annual Patient Days		
County 4		
County 4 Patients 0-64 with Cancer		
County 4 Patients 0-64 without cancer		
County 4 Patients 65+ with cancer		
County 4 patients 65+ without cancer		
Total Annual Patient Days		
County 5		
County 5 Patients 0-64 with Cancer		
County 5 Patients 0-64 without cancer		
County 5 Patients 65+ with cancer		
County 5 patients 65+ without cancer		
Total Annual Patient Days		
County 6		
County 6 Patients 0-64 with Cancer		
County 6 Patients 0-64 without cancer		
County 6 Patients 65+ with cancer		
County 6 patients 65+ without cancer		
Total Annual Patient Days		

RespondentId		734081
StartDate	2016.06.02 12:47	
CompletedDate	2016.06.02 13:21	
LanguageCode	en	
Agency Name	Home Health Care and Hospice of Whidbey General Hospital	
DOH License Number	IHS.FS.00000323	
Street Address	101 N Main Street	
City	Coupeville	
State	WA	
ZIP Code		98239
Contact Person	Mei-Ling Stout	
Contact Title	Department Coordinator I	
Contact Phone Number		3609145635
Contact Email Address	stoutm@whidbeygen.org	
Change of Ownership?	No	
If yes, explain		
Name of person completing survey	Mei-Ling Stout	
initials	MS	
Adams State		0
Adams CON		0
Asotin State		0
Asotin CON		0
Benton State		0
Benton CON		0
Chelan State		0
Chelan CON		0
Clallam State		0
Clallam CON		0
Clark State		0
Clark CON		0
Columbia State		0
Columbia CON		0
Cowlitz State		0
Cowlitz CON		0
Douglas State		0
Douglas CON		0
Ferry State		0
Ferry CON		0
Franklin State		0
Franklin CON		0
Garfield State		0
Garfield CON		0
Grant State		0
Grant CON		0
Grays Harbor State		0
Grays Harbor CON		0
Island State		1

Island CON	1
Jefferson State	0
Jefferson CON	0
King State	0
King CON	0
Kitsap State	0
Kitsap CON	0
Kittitas State	0
Kittitas CON	0
Klickitat State	0
Klickitat CON	0
Lewis State	0
Lewis CON	0
Lincoln State	0
Lincoln CON	0
Mason State	0
Mason CON	0
Okanogan State	0
Okanogan CON	0
Pacific State	0
Pacific CON	0
Pend Oreille State	0
Pend Oreille CON	0
Pierce State	0
Pierce CON	0
San Juan State	0
San Juan CON	0
Skagit State	0
Skagit CON	0
Skamania State	0
Skamania CON	0
Snohomish State	0
Snohomish CON	0
Spokane State	0
Spokane CON	0
Stevens State	0
Stevens CON	0
Thurston State	0
Thurston CON	0
Wahkiakum State	0
Wahkiakum CON	0
Walla Walla State	0
Walla Walla CON	0
Whatcom State	0
Whatcom CON	0
Whitman State	0
Whitman CON	0

Yakima State		0
Yakima CON		0
County 1	Island	
County 1 Patients 0-64 with Cancer		6
County 1 Patients 0-64 without cancer		4
County 1 Patients 65+ with cancer		58
County 1 patients 65+ without cancer		104
Total Annual Patient Days		45
County 2		
County 2 Patients 0-64 with Cancer		
County 2 Patients 0-64 without cancer		
County 2 Patients 65+ with cancer		
County 2 patients 65+ without cancer		
Total Annual Patient Days		
County 3		
County 3 Patients 0-64 with Cancer		
County 3 Patients 0-64 without cancer		
County 3 Patients 65+ with cancer		
County 3 patients 65+ without cancer		
Total Annual Patient Days		
County 4		
County 4 Patients 0-64 with Cancer		
County 4 Patients 0-64 without cancer		
County 4 Patients 65+ with cancer		
County 4 patients 65+ without cancer		
Total Annual Patient Days		
County 5		
County 5 Patients 0-64 with Cancer		
County 5 Patients 0-64 without cancer		
County 5 Patients 65+ with cancer		
County 5 patients 65+ without cancer		
Total Annual Patient Days		
County 6		
County 6 Patients 0-64 with Cancer		
County 6 Patients 0-64 without cancer		
County 6 Patients 65+ with cancer		
County 6 patients 65+ without cancer		
Total Annual Patient Days		



**Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only**

Thank you for participating in this annual survey of hospice providers in Washington State. The purpose of this survey is to determine how hospice services are used throughout the state and to project future need for hospice services.

Disclosure Statement: Information collected in this survey may be subject to public disclosure in accordance with RCW 42.56 (Public Records Act).

Agency Name: Providence Hospice
DOH License Number: HTS.FS. 602 01476
Office Address: 6410 NE Halsey #300
Contact Person: Maria Katigbak RN
Contact Title: Quality Manager
Contact Phone Number: 503 215 4640
Contact Email Address: gina.katigbak@providence.org

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health.

I hereby certify that the statements made in this survey are true and correct to the best of my knowledge.

Signature of Person Completing Survey: Maria Katigbak RN
Person Completing Survey, include title: MARIA KATIGBAK RN
Email address: gina.katigbak@providence.org



**Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only**

Has there been an agency name change or ownership change? No Yes

If yes, describe: _____

In the table below, please identify each county that your agency serves. For counties in which you are licensed to provide hospice services, check "State Hospice." For counties in which you have CN approval to serve Medicare and/or Medicaid patients, please check the column for "CN Approved Hospice."

County	State Hospice	CN Approved Hospice
Adams		
Asotin		
Benton		
Chelan		
Clallam		
Clark		
Columbia		
Cowlitz		
Douglas		
Ferry		
Franklin		
Garfield		
Grant		
Grays Harbor		
Island		
Jefferson		
King		
Kitsap		
Kittitas		
Klickitat	✓	✓

County	State Hospice	CN Approved Hospice
Lewis		
Lincoln		
Mason		
Okanogan		
Pacific		
Pend Oreille		
Pierce		
San Juan		
Skagit		
Skamania	✓	✓
Snohomish		
Spokane		
Stevens		
Thurston		
Wahkiakum		
Walla Walla		
Whatcom		
Whitman		
Yakima		



**Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only**

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County 1: Klickitat

	2015
Total # of patients admitted aged 0-64 with cancer diagnosis	3
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	7
Total # of patients admitted aged 65 and older with non-cancer diagnosis	12
Total Annual Patient Days	1091

County 2: Skamania

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	2
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	3
Total # of patients admitted aged 65 and older with non-cancer diagnosis	8
Total Annual Patient Days	473

County 3:

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Please provide this completed survey in one of the following ways:

- Email a PDF of this survey to the Certificate of Need Program at fslcon@doh.wa.gov; or
- Fax it to the Certificate of Need Program at (360) 236-232; or
- Mail the completed survey to one of the addresses below:

Mailing Address:
Department of Health
Certificate of Need Program
Hospice Survey 2016
P O Box 47852
Olympia, WA 98504-7852

Physical Address:
Department of Health
Certificate of Need Program
Hospice Survey-2016
111 Israel Road SE, MS 47852
Tumwater, WA 98501

Thank you for your participation!

Survey Questionnaire:

Please indicate the preferred way to receive this annual survey:

- Email
- Regular mail
- Other? _____

Please provide the preferred address/email address that the annual survey should be sent to in the future:

orreghome services @ providencia . org

From: [Shamarin, Lorrie](#)
To: [Harlow, Beth A \(DOH\)](#)
Cc: [Lantz, Barbara](#)
Subject: RE: Annual Hospice Survey
Date: Tuesday, July 26, 2016 1:43:18 PM

Hi Beth,

I finally got the definitive answer for Total Patient Days from our accounting department. Here it is:

- King 173,845
- Snohomish 1,925

Thanks so much for baring with me and making sure our numbers were correct.

Sincerely,
Lorrie Shamarin

From: Harlow, Beth A (DOH) [<mailto:Beth.Harlow@DOH.WA.GOV>]
Sent: Tuesday, July 26, 2016 11:13 AM
To: Shamarin, Lorrie <Lorrie.Shamarin@providence.org>
Subject: RE: Annual Hospice Survey

Hi Lorrie,

No worries – I really appreciate your response and understand it can take a while. The same thing happens here when I'm getting information from different departments.

Thanks again – all the best,

Beth

From: Shamarin, Lorrie [<mailto:Lorrie.Shamarin@providence.org>]
Sent: Tuesday, July 26, 2016 11:09 AM
To: Harlow, Beth A (DOH)
Subject: RE: Annual Hospice Survey

Uh oh... I will check on this and get back to you. No worries on the back and forth. We want to get this right.

The issue on our end is switching from McKesson to EPIC and getting the reports right. I am going to suggest to the HIM Manager (she has been providing the information up to now) that we go to Accounting (located in a different location from us) for the most accurate count. For this it may take another 24 hours.

So sorry for all of the confusion.

Lorrie

From: Harlow, Beth A (DOH) [<mailto:Beth.Harlow@DOH.WA.GOV>]
Sent: Tuesday, July 26, 2016 11:05 AM
To: Shamarin, Lorrie <Lorrie.Shamarin@providence.org>
Subject: RE: Annual Hospice Survey

Hi Lorrie,

Sorry, one more – with 32 patients in 2015, the Snohomish county patient days gives us an ALOS of 736 days. I apologize for the back and forth on this..

Thanks,

Beth

From: Shamarin, Lorrie [<mailto:Lorrie.Shamarin@providence.org>]
Sent: Tuesday, July 26, 2016 10:58 AM
To: Harlow, Beth A (DOH)
Subject: RE: Annual Hospice Survey

Here are the number of Patient days for Providence Hospice of Seattle:

- King County 151,644
- Snohomish County 23,569

Thanks so much for your patience.

Sincerely,
Lorrie Shamarin

From: Harlow, Beth A (DOH) [<mailto:Beth.Harlow@DOH.WA.GOV>]
Sent: Tuesday, July 26, 2016 9:51 AM
To: Shamarin, Lorrie <Lorrie.Shamarin@providence.org>
Subject: RE: Annual Hospice Survey

Thanks Lorrie.

All the best,

Beth

From: Shamarin, Lorrie [<mailto:Lorrie.Shamarin@providence.org>]
Sent: Monday, July 25, 2016 8:59 AM
To: Harlow, Beth A (DOH)
Subject: RE: Annual Hospice Survey

Hi Beth,

I was out again on Friday and am working on getting you the numbers as soon as I can today.

Thanks,

Lorrie

From: Harlow, Beth A (DOH) [<mailto:Beth.Harlow@DOH.WA.GOV>]

Sent: Friday, July 22, 2016 12:36 PM

To: Shamarin, Lorrie <Lorrie.Shamarin@providence.org>

Subject: RE: Annual Hospice Survey

Hi Lorrie,

Thanks again for following up. Do you have an estimated date for the revised numbers?

Thanks very much – hope you enjoy the weekend.

Best,

Beth Harlow

Certificate of Need Analyst

Department of Health

PO Box 47852

Olympia, WA 98504-7852

Phone: (360) 236-2931

Fax: (360) 236-2321

Email: beth.harlow@doh.wa.gov

Check out the Certificate of Need website at <http://www.doh.wa.gov/hsqa/FSL/certneed/>

"Public Health - Always Working for a Safer and Healthier Washington."

From: Harlow, Beth A (DOH)

Sent: Tuesday, July 19, 2016 8:04 AM

To: 'Shamarin, Lorrie'

Subject: RE: Annual Hospice Survey

Hi Lorrie,

No worries. Thank you very much for getting back to me!

-Beth

From: Shamarin, Lorrie [<mailto:Lorrie.Shamarin@providence.org>]
Sent: Tuesday, July 19, 2016 7:13 AM
To: Harlow, Beth A (DOH)
Cc: Belsky, Kathleen S
Subject: RE: Annual Hospice Survey

Hi Beth,

I apologize for the late response. I have been on vacation until today and just now read your email for the first time.

I am also sorry for this mistake, you are correct, the number of total patient days should be much higher. I will get that number to you by the end of today.

Sincerely,
Lorrie Shamarin

From: Harlow, Beth A (DOH) [<mailto:Beth.Harlow@DOH.WA.GOV>]
Sent: Wednesday, July 06, 2016 12:16 PM
To: Shamarin, Lorrie <Lorrie.Shamarin@providence.org>
Subject: Annual Hospice Survey

Hi Lorrie,

Thank you for taking the time to complete the Certificate of Need program's annual hospice survey. I'm beginning to review responses, and was hoping to confirm a few figures with you before I move forward with the Providence Hospice of Seattle data.

King County		Snohomish County	
0-64 Cancer	339	0-64 Cancer	4
0-64 No Cancer	131	0-64 No Cancer	0
65+ Cancer	653	65+ Cancer	18
65+ No Cancer	1,094	65+ No Cancer	10
Total Annual Patient Days	2,217	Total Annual Patient Days	32
Calculated ALOS	1.0	Calculated ALOS	1.0

It looks like the line for "Total Annual Patient Days" is actually the total number of patients.

Can you confirm and provide the total annual patient days?

Thank you for your time.

All the best,

Beth Harlow

Certificate of Need Analyst

Department of Health

PO Box 47852

Olympia, WA 98504-7852

Phone: (360) 236-2931

Fax: (360) 236-2321

Email: beth.harlow@doh.wa.gov

Check out the Certificate of Need website at <http://www.doh.wa.gov/hsqa/FSL/certneed/>

"Public Health - Always Working for a Safer and Healthier Washington."

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RECEIVED

By Beth Harlow at 1:29 pm, Jul 07, 2016



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Thank you for participating in this annual survey of hospice providers in Washington State. The purpose of this survey is to determine how hospice services are used throughout the state and to project future need for hospice services.

Disclosure Statement: Information collected in this survey may be subject to public disclosure in accordance with RCW 42.56 (Public Records Act).

Agency Name: Providence Hospice and HomeCare of Snohomish County
DOH License Number: ~~50150~~ 501514
Office Address: 2731 Wetmore Ave Suite 500 Everett WA 98201
Contact Person: Lori Hermansen
Contact Title: Director of Hospice
Contact Phone Number: 20 425-261-4843
Contact Email Address: Lori.Hermansen@Providence.org

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health.

I hereby certify that the statements made in this survey are true and correct to the best of my knowledge.

Signature of Person Completing Survey: Lori Hermansen
Person Completing Survey, include title: Director
Email address: see above



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Has there been an agency name change or ownership change? No Yes

If yes, describe: _____

In the table below, please identify each county that your agency serves. For counties in which you are licensed to provide hospice services, check "State Hospice." For counties in which you have CN approval to serve Medicare and/or Medicaid patients, please check the column for "CN Approved Hospice."

County	State Hospice	CN Approved Hospice
Adams		
Asotin		
Benton		
Chelan		
Clallam		
Clark		
Columbia		
Cowlitz		
Douglas		
Ferry		
Franklin		
Garfield		
Grant		
Grays Harbor		
Island	1610	
Jefferson		
King	181	
Kitsap		
Kittitas		
Klickitat		

County	State Hospice	CN Approved Hospice
Lewis		
Lincoln		
Mason		
Okanogan		
Pacific		
Pend Oreille		
Pierce		
San Juan		
Skagit		
Skamania		
Snohomish	110,561	
Spokane		
Stevens		
Thurston		
Wahkiakum		
Walla Walla		
Whatcom		
Whitman		
Yakima		



Washington State Certificate of Need Program

Annual Hospice Survey

Include Hospice Data for Year 2015 Only

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County 1: Island - Exception Camano Island only

	2015
Total # of patients admitted aged 0-64 with cancer diagnosis	1
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	6
Total # of patients admitted aged 65 and older with non-cancer diagnosis	9
Total Annual Patient Days	1010 1010

County 2: King Exception

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	1
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	0
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1
Total Annual Patient Days	181 181

County 3: Snohomish

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	201
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	88
Total # of patients admitted aged 65 and older with cancer diagnosis	433
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1008
Total Annual Patient Days	116,561 116,561

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED

116,561



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Please provide this completed survey in one of the following ways:

- Email a PDF of this survey to the Certificate of Need Program at fslcon@doh.wa.gov; or
Fax it to the Certificate of Need Program at (360) 236-232; or
Mail the completed survey to one of the addresses below:

Mailing Address:
Department of Health
Certificate of Need Program
Hospice Survey 2016
P O Box 47852
Olympia, WA 98504-7852

Physical Address:
Department of Health
Certificate of Need Program
Hospice Survey-2016
111 Israel Road SE, MS 47852
Tumwater, WA 98501

Thank you for your participation!

Survey Questionnaire:

Please indicate the preferred way to receive this annual survey:

- [X] Email
[] Regular mail
[] Other? _____

Please provide the preferred address/email address that the annual survey should be sent to in the future:

Lori.Hermansen@Providence.org



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County: _____

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

From: [Koziar, Catherine W](#)
To: [Harlow, Beth A \(DOH\)](#)
Subject: RE: CON Hospice Survey
Date: Thursday, June 23, 2016 12:31:34 PM

Oh dear! Yes, the second is Mason and the third is Thurston. Would you like me to resend it?
Thanks,
Catherine

From: Harlow, Beth A (DOH) [<mailto:Beth.Harlow@DOH.WA.GOV>]
Sent: Thursday, June 23, 2016 11:58 AM
To: Koziar, Catherine W <Catherine.Koziar@providence.org>
Subject: RE: CON Hospice Survey

Great – thanks! Quick question – I noticed that the first county labeled (Lewis) but the others are not. I'm assuming 2 is Mason and 3 is Thurston. Can you confirm?

Best,

Beth

From: Koziar, Catherine W [<mailto:Catherine.Koziar@providence.org>]
Sent: Thursday, June 23, 2016 10:45 AM
To: Harlow, Beth A (DOH)
Subject: RE: CON Hospice Survey

Hi Beth,
Here's our survey data. Thanks for your understanding!
Catherine

From: Harlow, Beth A (DOH) [<mailto:Beth.Harlow@DOH.WA.GOV>]
Sent: Thursday, June 23, 2016 9:29 AM
To: Koziar, Catherine W <Catherine.Koziar@providence.org>
Subject: CON Hospice Survey

Hi Catherine,

Thanks for your call this morning. I've attached the hospice survey.

Thanks very much – have a great day!

Beth Harlow

Certificate of Need Analyst
Department of Health

PO Box 47852
Olympia, WA 98504-7852
Phone: (360) 236-2931
Fax: (360) 236-2321
Email: beth.harlow@doh.wa.gov

Check out the Certificate of Need website at <http://www.doh.wa.gov/hsqa/FSL/certneed/>

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Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Thank you for participating in this annual survey of hospice providers in Washington State. The purpose of this survey is to determine how hospice services are used throughout the state and to project future need for hospice services.

Disclosure Statement: Information collected in this survey may be subject to public disclosure in accordance with RCW 42.56 (Public Records Act).

Agency Name: Providence SoundHomeCare and Hospice
DOH License Number: 00000420
Office Address: 3432 S. Bay Rd NE Olympia WA 98506
Contact Person: Catherine Kozlar
Contact Title: Director of Hospice
Contact Phone Number: 360.359.1275
Contact Email Address: catherine.kozlar@providence.org

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health.

I hereby certify that the statements made in this survey are true and correct to the best of my knowledge.

Signature of Person Completing Survey: Catherine Kozlar
Person Completing Survey, include title: Catherine Kozlar, Dir
Email address: catherine.kozlar@providence.org



**Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only**

Has there been an agency name change or ownership change? No Yes

If yes, describe: _____

In the table below, please identify each county that your agency serves. For counties in which you are licensed to provide hospice services, check "State Hospice." For counties in which you have CN approval to serve Medicare and/or Medicaid patients, please check the column for "CN Approved Hospice."

County	State Hospice	CN Approved Hospice
Adams		
Asotin		
Benton		
Chelan		
Clallam		
Clark		
Columbia		
Cowlitz		
Douglas		
Ferry		
Franklin		
Garfield		
Grant		
Grays Harbor		
Island		
Jefferson		
King		
Kitsap		
Kittitas		
Klickitat		

County	State Hospice	CN Approved Hospice
Lewis		✓
Lincoln		
Mason		✓
Okanogan		
Pacific		
Pend Oreille		
Pierce		
San Juan		
Skagit		
Skamania		
Snohomish		
Spokane		
Stevens		
Thurston		✓
Wahkiakum		
Walla Walla		
Whatcom		
Whitman		
Yakima		



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County 1: Lewis

	2015
Total # of patients admitted aged 0-64 with cancer diagnosis	32
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	14
Total # of patients admitted aged 65 and older with cancer diagnosis	55
Total # of patients admitted aged 65 and older with non-cancer diagnosis	79
Total Annual Patient Days	8008

County 2:

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	26
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	11
Total # of patients admitted aged 65 and older with cancer diagnosis	53
Total # of patients admitted aged 65 and older with non-cancer diagnosis	95
Total Annual Patient Days	10861

County 3:

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	104
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	30
Total # of patients admitted aged 65 and older with cancer diagnosis	174
Total # of patients admitted aged 65 and older with non-cancer diagnosis	495
Total Annual Patient Days	62685

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

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Disclosure Statement: Information collected in this survey may be subject to public disclosure in accordance with RCW 42.56 (Public Records Act).

Agency Name: Wesley Homes At Home, LLC
DOH License Number: N/A
Office Address: 815 30. 216th ST Des Moines, WA 98198
Contact Person: Melinda Moore
Contact Title: Executive Director
Contact Phone Number: 206.870.1118
Contact Email Address: mmoore@wesleyhomes.org

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health.

I hereby certify that the statements made in this survey are true and correct to the best of my knowledge.

Signature of Person Completing Survey: Melinda J Moore
Person Completing Survey, include title: Melinda Moore, RN, Executive Dir
Email address: mmoore@wesleyhomes.org



**Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only**

Has there been an agency name change or ownership change? No Yes

If yes, describe: new CN granted 7/1/2015

In the table below, please identify each county that your agency serves. For counties in which you are licensed to provide hospice services, check "State Hospice." For counties in which you have CN approval to serve Medicare and/or Medicaid patients, please check the column for "CN Approved Hospice."

County	State Hospice	CN Approved Hospice
Adams		
Asotin		
Benton		
Chelan		
Clallam		
Clark		
Columbia		
Cowlitz		
Douglas		
Ferry		
Franklin		
Garfield		
Grant		
Grays Harbor		
Island		
Jefferson		
King	NA	not yet
Kitsap		
Kittitas		
Klickitat		

County	State Hospice	CN Approved Hospice
Lewis		
Lincoln		
Mason		
Okanogan		
Pacific		
Pend Oreille		
Pierce		
San Juan		
Skagit		
Skamania		
Snohomish		
Spokane		
Stevens		
Thurston		
Wahkiakum		
Walla Walla		
Whatcom		
Whitman		
Yakima		



**Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only**

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County 1: King

	2015
Total # of patients admitted aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	0

County 2:

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3:

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

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- Email a PDF of this survey to the Certificate of Need Program at fslcon@doh.wa.gov; or
- Fax it to the Certificate of Need Program at (360) 236-232; or
- Mail the completed survey to one of the addresses below:

Mailing Address:
Department of Health
Certificate of Need Program
Hospice Survey 2016
P O Box 47852
Olympia, WA 98504-7852

Physical Address:
Department of Health
Certificate of Need Program
Hospice Survey-2016
111 Israel Road SE, MS 47852
Tumwater, WA 98501

Thank you for your participation!

Survey Questionnaire:

Please indicate the preferred way to receive this annual survey:

- Email
- Regular mail
- Other? _____

Please provide the preferred address/email address that the annual survey should be sent to in the future:

office address- 815 So. 216th St. Des Moines, WA
98198

Thank you!



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Thank you for participating in this annual survey of hospice providers in Washington State. The purpose of this survey is to determine how hospice services are used throughout the state and to project future need for hospice services.

Disclosure Statement: Information collected in this survey may be subject to public disclosure in accordance with RCW 42.56 (Public Records Act).

Agency Name: WHATCOM HOSPICE
DOH License Number: LHS. FS. 00000471
Office Address: 2800 DOUGLAS AVE
Contact Person: VICKIE CHRISTY
Contact Title: OFFICE MANAGER
Contact Phone Number: (360) 733-5877
Contact Email Address: VChristy@peacehealth.org

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health.

I hereby certify that the statements made in this survey are true and correct to the best of my knowledge.

Signature of Person Completing Survey: Patricia Macdonald

Person Completing Survey, include title: MANAGER, WHATCOM HOSPICE

Email address: PMacdonald@peacehealth.org



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Has there been an agency name change or ownership change? No Yes

If yes, describe: _____

In the table below, please identify each county that your agency serves. For counties in which you are licensed to provide hospice services, check "State Hospice." For counties in which you have CN approval to serve Medicare and/or Medicaid patients, please check the column for "CN Approved Hospice."

County	State Hospice	CN Approved Hospice
Adams		
Asotin		
Benton		
Chelan		
Clallam		
Clark		
Columbia		
Cowlitz		
Douglas		
Ferry		
Franklin		
Garfield		
Grant		
Grays Harbor		
Island		
Jefferson		
King		
Kitsap		
Kittitas		
Klickitat		

County	State Hospice	CN Approved Hospice
Lewis		
Lincoln		
Mason		
Okanogan		
Pacific		
Pend Oreille		
Pierce		
San Juan		
Skagit		
Skamania		
Snohomish		
Spokane		
Stevens		
Thurston		
Wahkiakum		
Walla Walla		
Whatcom	X	X
Whitman		
Yakima		



**Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only**

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County 1: W HATCOM

	2015
Total # of patients admitted aged 0-64 with cancer diagnosis	72
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	57
Total # of patients admitted aged 65 and older with cancer diagnosis	279
Total # of patients admitted aged 65 and older with non-cancer diagnosis	429
Total Annual Patient Days	41,998

County 2:

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3:

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

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- Email a PDF of this survey to the Certificate of Need Program at fslcon@doh.wa.gov; or
Fax it to the Certificate of Need Program at (360) 236-232; or
Mail the completed survey to one of the addresses below:

Mailing Address:
Department of Health
Certificate of Need Program
Hospice Survey 2016
P O Box 47852
Olympia, WA 98504-7852

Physical Address:
Department of Health
Certificate of Need Program
Hospice Survey-2016
111 Israel Road SE, MS 47852
Tumwater, WA 98501

Thank you for your participation!

Survey Questionnaire:

Please indicate the preferred way to receive this annual survey:

- Email
Regular mail
Other? _____

Please provide the preferred address/email address that the annual survey should be sent to in the future:

Three horizontal lines for providing the preferred address or email address.



Washington State Certificate of Need Program
Annual Hospice Survey
Include Hospice Data for Year 2015 Only

Please fill out the tables below completely. Contact the Certificate of Need program directly with any questions.

County: _____

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: _____

	2015
Total # of patients admitted under aged 0-64 with cancer diagnosis	
Total # of patients admitted under aged 0-64 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

From: [Mei-Ling Stout](#)
To: [Harlow, Beth A \(DOH\)](#)
Subject: RE: Hospice Survey follow-up
Date: Thursday, July 14, 2016 4:12:39 PM
Attachments: [image001.png](#)

Here is the correct number of annual patient days for 2016: 8512

Also, patients age 0-64 Cancer is 16.

Thank you!

Mei-Ling Stout
Department Coordinator
WhidbeyHealth Hospice Care
E stoutm@whidbeyhealth.org
O 360-914-5635
F 360-678-1013
www.whidbeyhealth.org



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From: Harlow, Beth A (DOH) [mailto:Beth.Harlow@DOH.WA.GOV]
Sent: Wednesday, July 06, 2016 12:25 PM
To: Mei-Ling Stout
Subject: Hospice Survey follow-up

Hello,

Thank you for taking the time to complete the Certificate of Need program's annual hospice survey! I'm following up regarding the number of annual patient days provided in response to the survey (below):

Island County	
0-64 Cancer	6
0-64 No Cancer	4
65+ Cancer	58
65+ No Cancer	104
Total Annual Patient Days	45

Calculated ALOS	0.26
-----------------	------

It appears that the total annual patient days figure might be off. Can you please confirm the total annual patient days in CY2015?

Thanks very much!

Beth Harlow

Certificate of Need Analyst
Department of Health
PO Box 47852
Olympia, WA 98504-7852
Phone: (360) 236-2931
Fax: (360) 236-2321
Email: beth.harlow@doh.wa.gov

Check out the Certificate of Need website at <http://www.doh.wa.gov/hsqa/FSL/certneed/>

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