ALL CITY PALLIATIVE CARE CONFERENCE
HOPEWELL HOUSE
NEW LIFE
FOR PORTLAND’S
ONLY
HOSPICE HOUSE
March 26, 2022
“Something in the Air”
“For many patients ‘home’ isn’t the physical place. It’s a metaphor for a place that’s not medicalized, that’s comfortable and full of love.”

Haider Warraich, MD

*The New York Times, March 26, 2022*

**In Difficult Cases, ‘Families Cannot Manage Death at Home’**
“The end of life is a natural part of living. It is not a medical experience, but a human experience. It requires the expertise of medicine, but that needs to be in the background. What needs to be paramount is love, care and the dignity we all want at the end of life.”

Susan Hearn, MM
The Oregonian, March 26, 2022
The saving of Hopewell House
Celia’s House:
Our Template.
Hopewell House:
Our Accomplishments.
OUR MODEL

• Specialty Hospice Residential Care Facility (RCF)
• Greatest need
• Fewest options
• Average LOS–20 days
OUR MODEL

• Long Term Care Insurance
• Private Pay
• Enhanced Medicaid Rate
OUR MODEL

Charity Care

Bed Day Day Agreements
FUND RAISING

• $4 Million
• 1100 Donors
• 1450 Donations/Grants
$5 Million Capital Campaign
MARCH 2022

$4 MILLION GIVEN

- Building and Property Purchase and Closing Costs: $2,600,000
- Operational Reserve for 2 Years: $800,000
- Repairs and Construction for Licensing: $1,000,000
- Pre Opening Start Up Costs & Staffing: $600,000
FUND RAISING

• Major Donors
• American Rescue Funds
• Grants/Murdock +
ACHIEVEMENTS: PARTIAL LIST

• Ownership of building
• Renovation
• Hospice RCF license
• Pediatric patients
ACHIEVEMENTS: PARTIAL LIST

• 100 trained volunteers
• Culture guided by the Wheel of Care
Eric Walsh M.D.
The Care Model at Reopened Hopewell House
THE PLAN OF CARE?

• Each admitting hospice will CONTINUE to be responsible for their own patients.

• This includes providing drugs, (some)DME, chaplain, MSW, RN, MD.

• Hopewell House staff will collaborate with those hospices.
THE PLAN OF CARE?

• Benefits of scale: more eyes, more heads, more hands, more hearts.

• Continuity of Hospice
THE PLAN OF CARE?

• With actively dying, or unstable patients, there will be a quicker response to changes in condition.
Resident Mgr, MSW-TBA

- Cooking Staff
- Maintenance Staff
KETAMINE HCl INJECTION, USP C III
500 mg/10 mL*
(50 mg/mL)
For Intramuscular or Slow Intravenous Use
Sterile
10 mL NDC 0143-9508-01 Rx only
Inferior vena cava

Inferior mesenteric vein

Mid-rectum (Venous return mostly to liver)

Balloon

Distal 1/3 of the rectum (Venous return bypasses liver)

Rectal sphincter
THE GUY WHO WAS HOOKED UP TO THE WRONG MACHINES
Jackie King R.N.
The Things I Saw There:
Funny, Moving, Magic
IN LOVING MEMORY OF

DAN ACHARTZ

12-3-1940 - 8-20-2003
IN LOVING MEMORY OF
LIBBY ACHARTZ
12-5-1946  1-24-2006
A Portlander Comes Home to the House
We shall not cease from exploration, and the end of all our exploring will be to arrive where we started and know the place for the first time.

T. S. Eliot
HOPEWELL HOUSE
NEW LIFE FOR PORTLAND’S ONLY HOSPICE HOUSE
Thank You
Questions?
Comments?