

2012 Annual Report

WHO WE ARE

Our Mission

"To Companion the End-of-Life Journey With Skill and Compassion"

It takes a team to provide end-of-life care...

In 2012, volunteers provided:

1465 hours of service working with hospice patients

1081 hours of service Working with Transitions patients

913 hours of service performing administrative tasks

2012 Board of Directors

Officers

Dusty Johnson - President Russ Weller - Vice President Bill Rogers - Secy./Treasurer

Members-at-Large

Connie Coleman Keith Dodson Judith Kirk Brian Marvel Dr. T. Radosevich Kate Sarosy Garth Shanklin Crissy Strand

Our Vision

"Central Wyoming Hospice and Transitions Program envisions a community in which the end-oflife journey is embraced as a natural progression of the human life cycle; where individuals at the end-of-their lives are treated with dignity, respect and compassion; and where hospice expertise is the standard in the continuum of care."

CWHTP Core Values

Integrity

We promote ethical practice in all that we do.

Compassion

We value individual worth and dignity.

Competence

We strive for excellence and continually enhance our professional expertise.

Stewardship

We practice wise use of fiscal and human resources.

Teamwork

Commitment

We pride ourselves in being forward thinking to ensure sustainability.

Dear Friends,

During the past year, we took the time to say thank you for your gift of time, talent and financial support. The one thing we have not adequately thanked you for is your gift of trust!

You have trusted us to care for your loved ones at the most vulnerable time in their lives, and our staff and Board of Directors take that gift very seriously. We believe that we have a responsibility to provide the highest quality of care possible and to treat each person entrusted to our care with respect, dignity and compassion.

From the bottom of our hearts, we thank you for bestowing upon us the privilege of being part of your life when your spouse, your parent, your child, your friend or your neighbor walked their end-of-life journey.

Thank you for letting us add life to your days when we could no longer add days to your life.

Sincerely Yours,

Marilyn Connor Russ Weller
Executive Director Board President

WHAT WE DO







Transitions is a "pre hospice" program designed to enhance the quality of life for individuals and their families facing life-limiting illness and who have a prognosis of (1) one year or less. A case manager ensures that the client is referred to all appropriate community services, while volunteers provide companionship, respite, transportation, run errands, and do light housekeeping.

Our End-of-Life Resource Center is one of our community's hidden treasures offering:

- Resources addressing end-of-life issues available for check out
- Assistance with Advanced Health Care Planning by one of our staff social workers
- Community presentations on a variety of end-of-life topics are offered through our Speaker's Bureau

Individuals who are unable to stay in their own residence have the option to call one of our two *hospice facilities* home. These homes are state-of-the-art medical facilities that have been designed with a home-like atmosphere.

When you choose not to leave home...we'll come to you. *Outpatient hospice care* is performed wherever the patient calls home, whether it's a house, an apartment, nursing home, or assisted living facility. This service allows patients to remain surrounded by the things that are familiar and important to them while receiving the care and services they need.

Our **bereavement** staff provides appropriate support for each individual's unique needs. Services include grief support groups, individual counseling, community outreach services, children's grief camp and education.

Of the 239 individuals and families who received hospice services in our program in 2012:

23.6% were 18-64 yrs. old 21.5% were 65-74 yrs. old 55.0% were 75 or older

The average length on service was 43.3 days

42.7% died within the 7 days 77.7% died within 30 days 85.4% died within 60 days 90.8 died within 90 days

26% received care in their own residence 74% received care in one of our hospice homes

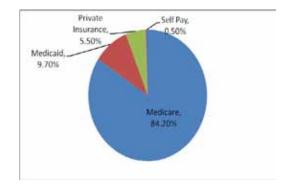


44.5 had cancer
13.6 had circulatory disease
13.2 had lung disease
5.4 had a stroke

HOW WE ARE FUNDED

2012 Balance Sheet Summary

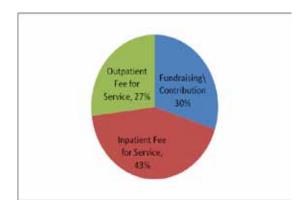
Payer Sources for the 239 Hospice patients served in 2012:



CASH AND CASH EQUIVALENTS	447,451	
RESTRICTED CASH - BUILDING CAMPAIGN	0	
ACCOUNTS RECEIVABLE, NET	246,811	
PLEDGES RECEIVABLE, NET	62,667	
UNRESTRICTED INVESTMENTS	52,010	
DESIGNATED INVESTMENTS	658,433	
RESTRICTED INVESTMENTS	1,284,385	
PROPERTY AND EQUIPMENT	10,742,759	
ACCUMULATED DEPRECIATION	(2,281,263)	
OTHER ASSETS	16,393	

\$11,229,646

2012 Revenue Sources



LIABILITIES AND NET ASSETS

LIABILITIES:

ACCOUNTS PAYABLE	33,480
ACCRUED EXPENSES	124,101
DEFERRED REVENUE	0
SHORT-TERM NOTE PAYABLE	0
LONG-TERM NOTE PAYABLE	302,321
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TOTAL LIABILITIES	459,902
NET ASSETS:	
FUND BALANCE	11,090,052
NET INCOME	(320,308)
TOTAL NET ASSETS	10,769,744
	\$11,229,646

It's hope and more... More than traditional healthcare—
it's providing solutions for difficult times when hope is in question,
it's being close in a time of fear, it's a friend with time to share,
it's laughter in the midst of tears,
it's dignity... it's humanity... it's what we do.
It must be LOVE...It's called hospice