

**Public Hearing on Proposed 2010 SMFP  
Charlotte, NC  
July 28<sup>th</sup>, 2009**

Petitioner:

Hospice House Foundation of WNC, Inc.  
PO Box 815  
Franklin, NC 28744

DFS Health Planning  
RECEIVED

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Medical Facilities  
PLANNING SECTION

Comments by:

Michele Alderson, President  
Hospice House Foundation of WNC, Inc.,  
and hospice volunteer

I appreciate the opportunity to speak to you today about a petition that we intend to file on July 31<sup>st</sup>, 2009 requesting an adjusted need determination for inpatient hospice beds in Macon County, in the 2010 State Medical Facilities Plan.

The Hospice House Foundation of WNC is a 501C3 private non-profit foundation that was founded in 2005 by a group of hospice volunteers, three physicians, including two hospice medical directors, and a family physician, two from adjoining Jackson County, business persons and interested parties, who have a deep passion for hospice, and recognize the critical need for an inpatient hospice facility in our western part of the state. "The mission of the Hospice House Foundation of WNC is to provide and endow a hospice inpatient facility for our community and to support hospice".

The Proposed 2010 State Medical Facilities Plan shows a deficit of three inpatient hospice beds for Macon County in 2013. In our petition, we will be requesting that a special need determination be made for six inpatient hospice beds in Macon County in the 2010 State Medical Facilities Plan. Our petition will outline in detail why we believe our community can support six inpatient beds, but I would like to provide you with some background on our situation here today.

There is currently no inpatient hospice facility in North Carolina west of Asheville, although one is currently under CON review. The closest facility is the John Keever Solace Center in Asheville, which is 75 miles east of Macon County and enjoys a 100% occupancy rate and has a waiting list. Therefore, there is no alternative for our hospice patients and the families except being admitted to the hospital, or a nursing home, neither of which is an ideal setting for providing end-of-life care and carrying out the hospice philosophy, because of the sterile settings, and staff untrained in end of life care.

The foundation has attempted to collaborate with our local hospice agency, which is owned by our local hospital, to develop a hospice facility on two separate occasions. In fact, two successful special needs petitions, prepared by our foundation, on behalf of our hospice agency, have been filed requesting need determinations for Macon County in the 2007 and 2008 State Medical Facilities Plans. We were prepared to file a certificate of need application in August 2008 in coordination with the local hospice agency and learned abruptly that they were not willing to pursue the project. We had our positive feasibility study and business plan already in place and were ready to go with our capital campaign to provide our community with an inpatient facility. While our progress has been delayed, our commitment to our mission, our patients and our community remains stronger than ever. We have engaged in discussions with other hospice agencies that operate very successful inpatient facilities themselves, as to partnering with us to manage our proposed hospice facility. Both of the parties are very interested in working with us. With the promise of a strong partnership, we know that our mission can finally come to fruition if given the opportunity to file a certificate of need application for inpatient hospice beds in 2010.

The mission of the foundation has tremendous community support as reflected in the over 400 citizens that recently turned out for a fundraiser in June, and the over 1,000 donors we have in our donor data base. Donations continue to come in for the hospice house even though we have not begun a formal capital campaign.

Thank you so much for giving me the opportunity to speak today, and for your consideration of our petition. I would welcome the opportunity to respond to any questions you might have about the need itself or about our unique situation we have faced in our continued efforts to provide inpatient services in our community.