



# 20122013

## ANNUAL REPORT

# REPORT OF THE BOARD CHAIR AND THE EXECUTIVE DIRECTOR

Over the past few years, the Annual Report has been a reflection of the newly emerging movement of hospice palliative care. Developing the organization, its services, seeking sustainability, and raising awareness have been the focus of our efforts. This year feels a little different. We are using concepts like strengthening, extending service, sustaining, integration and quality assurance to describe our activities, and yet we are ever focused on our mission, the statement printed for all to know on page 12 of this report, no matter the stage of organizational development in which we find ourselves.

In the larger context, we operate and are defined as a community services provider within the health care sector, and are guided by the strategic directions of the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) to which our own improvement plan aligns.

In our business practices, we are required to be mindful of assessing risk and not have our desire to increase our capacity to serve outstrip our resources to do so. Regrettably, the capacity of volunteers to step forward with great heart to show empathy to those who need us is constrained by the realities of budget. Staff resources cannot be spread so thin as to be unable to support these same volunteers. We have been successful in receiving additional monies from our

LHIN to expand to the Shared Care Palliative Care Team in Niagara North, and to establish one in Niagara South.

For these wonderful new supports, which are directed toward those in greatest need, we are truly thankful.

Hospice Niagara is a human organism as well as an organization with programs to run and services to deliver. Ironically, as an organization we journeyed with two loved members of our hospice family over the past year. We have devoted a page in this report to reminding you of our founder, Pat Hundertmark, and her significant role in both Hospice Niagara's development and the development of the hospice palliative care movement in Ontario. We were also privileged to accompany Dave Feasby on his courageous path while he worked valiantly to bring our financial service system up to his exacting standards. Among the many emotions felt, we moved through hope, gratitude, fear, and then sorrow with both of these individuals. We were poignantly reminded all the while that this is the experience of so many who come through our doors. Our grief is softened by the inspiration of those mentioned here, and by the dignity of so many we are blessed to serve. Once again, we were reminded that the hallmark of hospice palliative care is compassion.

Respectfully submitted,



*Douglas E. Hunt*

Doug Hunt, Chair



*Margaret Jarrell*

Margaret Jarrell, Executive Director

# PERFORMANCE OBJECTIVES: THE BOARD OF DIRECTORS OF HOSPICE NIAGARA

Operating in a governance model, the four major committees of the Board of Directors set annual targets.

## COMMUNITY RELATIONS COMMITTEE

- Increased awareness of Hospice Niagara by expanding our presence in South Niagara
- Focused efforts on volunteer recruitment and consistent branding

## GOVERNANCE COMMITTEE

- Prepared by-law amendments in anticipation of regulatory changes impacting non-profits from a compliance perspective
- Revised our current policy on conflict of interest and breach of duties
- Completed an Executive Director Performance Review

## OPERATIONS OVERVIEW COMMITTEE

- Focused on integration,

expansion, residential accreditation and surveys for family, staff and volunteers

- Ensured that systems are in place to obtain feedback from staff and clients based on results, risk and opportunity for Hospice Niagara
- Established key reporting metrics, such as cost per case
- Received the Accreditation Level II Report indicating that Hospice Niagara meets all necessary requirements and is in compliance with the recommended standards

## AUDIT AND FINANCE COMMITTEE

- Reviewed controls, including separation of duties and cash flow for major events
- Supervised the implementation of internal controls for accounts payable and accounts receivable
- Monitored the progress of integrating finance and Human Resource systems with

the Canadian Mental Health Association

- Recommended a designated reserve structure, including capital reserves
- Created a detailed timeline and chart for maintaining the physical plant
- Reviewed investment practices and recommended policies to the Board
- Reported to the Board of Directors on the timeliness and appropriateness of establishing a foundation. Development of a foundation was not recommended at this time.
- Recommended the provision of pension contributions to staff through a group RRSP program. This was adopted by the Board of Directors.
- Recommended the installation of an elevator for increased accessibility in The Stabler Centre. The project has been completed.

## REPORT OF THE MEDICAL DIRECTOR

It has once again been my pleasure to serve as medical director of Hospice Niagara for the 2012-2013 year.

Our team held a retreat this year where we focused on the team approach to care, whole-person care, and care of the families of our clients. We looked at some new charting initiatives and a different way of thinking about the clients we admit, looking particularly at their whole circle of care: who they are as a person and who supports them, both in their home and when they come to hospice.

We also spent some time focusing on our own team of caregivers and how we might support each other in the work that we do, so that we can stay viable and energetic in a job that can sometimes cause compassion fatigue if we do not pay attention to these things.

On a day-to-day level, our interdisciplinary team continues to provide excellence in end-of-life care to the residents and their families who spend their last days with us, and we continue to teach others (medical students, family medicine residents, nursing students

and students of other disciplines) to do the same. Our learners frequently comment that it is the close personal involvement with clients and their families that makes this work interesting, unique and satisfying.



Brian K. Kerley  
BSc, MD, CCFP, FCFP  
Medical Director

# HOSPICE NIAGARA'S CO-FOUNDER PATRICIA (PAT) HUNDERTMARK

September 17, 1935 – March 15, 2013



The Hospice Niagara community was deeply saddened upon the death of its founder, Patricia (Pat) Hundertmark, at The Stabler Centre on Friday, March 15th. In her 78th year, Pat died peacefully surrounded by her loving family in the residence that she championed. Hospice Niagara's staff and volunteers were privileged to care for Pat who was so very passionate in ensuring that comfort, dignity, and choice be available to all those at the end of life. In her tireless pursuit to establish this centre of excellence for hospice palliative care in Niagara, Pat has left an extraordinary legacy. We are forever grateful for all that she has contributed to this community, and both her family and the Hospice Niagara family feel her loss enormously.

## BIOGRAPHY

- Registered Nurse - retired 2000
- 14 years in Occupational Health;
- 25 years as Nurse Manager of Mediklik (STD Clinic) at St. Catharines General Hospital;
- One of the founding members of Hospice Niagara;
- Chair of the Board of Directors of Hospice Niagara from 1993 – 1999; Board Member of Hospice Niagara from 2000 – 2010;
- Interim Executive Director for Hospice Niagara in 2002 for six months on a voluntary basis;
- Former Co-chair of Hospice Association of Ontario's "Standards for Residential Hospice Development Committee";
- Recipient of the Rotary Club Paul Harris Fellowship Award in 1999 and June Callwood Volunteer Award in 1999;
- YWCA Woman of Distinction;
- City of St. Catharines Volunteer Recognition Award.

# THE YEAR IN REVIEW

## PUTTING GENEROSITY TO GOOD USE

### PALLIATIVE CARE INFORMATION AND AWARENESS - CONNECTING WITH THE COMMUNITY

- Comprehensive information about our services and how to access them, in French and English
- Consultation on education, information and resources for clients and caregivers is available
- A lending library and a Speaker's Bureau to provide palliative education and information to the community

### VISITING VOLUNTEER SERVICES – PROVIDING COMFORT

- Non-medical support and comfort to individuals living with a life-limiting, progressive illness, and to their families
- Extensively screened and trained volunteers
- Home visits to clients throughout the Region

### DAY HOSPICE – PUTTING LIFE INTO DAYS

- A day of fun, relaxation and caring companionship in a safe, comfortable setting
- A bi-weekly opportunity for men and women who are living with a life-limiting, progressive illness
- Volunteer drivers transport clients from across the Region to Day Hospice held at The Stabler Centre in St. Catharines

### THE STABLER CENTRE RESIDENCE - A HOME AWAY FROM HOME

- Quality palliative care in a home-like setting to individuals and families across the Region
- 10 private bedrooms for those in the last weeks of their lives who are unable to remain at home

### BEREAVEMENT SUPPORT

- Peer support programs facilitated by staff and trained volunteers
- Available for children (over the age of 6), adolescents and adults who have lost a loved family member or friend
- Bereavement Advisor and a Chaplain are on staff and refer to existing counseling and peer support programs when appropriate



### SHARED CARE TEAMS

- Improve the quality of life of individuals and their families living with a life-limiting, progressive illness within our community
- Work in a Shared-Care partnership with primary care providers, including family physicians and community visiting nurses, to provide consistent and comprehensive care
- Consisting of a Palliative Care Physician, a Palliative Care Nurse Clinician, a Psycho-Spiritual Clinician, a Bereavement Advisor, a Clinical Navigator, a CCAC Case Manager, and community palliative care service providers
- This team has the capacity to serve those residing in North St. Catharines (north of the QEW), Port Dalhousie, and Niagara-on-the-Lake



### 2012/2013 HIGHLIGHTS

- 170 visiting volunteer client referrals and 207 individual clients supported
- an average of 94 active visiting volunteer clients per month
- 51 Day Hospice days and 47 Day Hospice volunteers
- 120 residents at The Stabler Centre
- 320 bereavement client intakes
- 30 children received bereavement support
- 42 adolescents received bereavement support

# COMMUNITY RELATIONS AND VOLUNTEERS

## HOW WE PROVIDE OUR SERVICES

Volunteers are essential members of the Hospice Niagara team and contribute significantly to our ability to achieve our mission in providing excellence in hospice palliative care.

## FULFILLING OUR MISSION

Many volunteers are drawn to this organization out of a desire to work with our hospice clients. All volunteers who work in any capacity with clients are required to participate in a 30 hour training which is accredited by Hospice Palliative Care Ontario (HPCO). There are a number of roles for trained volunteers, including: in the community as a Visiting Volunteer or with Day Hospice; in The Stabler Centre residence or at the Welcome Desk; or as a Bereavement Volunteer working with children, adolescents, or adults.

## TAKING CARE OF BUSINESS

Funding of our programs and services is an on-going challenge as government subsidies account for less than 60% of our total operating expenses. In fact, we need to raise more than \$700,000 in additional funding each year.

Volunteers are instrumental in assisting with fundraising events such as the 5 Car Draw (our signature event), the Hike for Hospice Niagara, TASTE – an evening of gourmet food and wine, Holiday Gift Wrapping, and Dine-Out for Hospice Niagara. Other appeals include our Because We Care and Holiday Butterfly campaigns.

Volunteers also support us in a variety of ways to raise awareness of how Hospice Niagara provides help to those facing a life-limiting, progressive illness.

## SECURING OUR FUTURE

Our Board of Directors and committee members are all volunteers who lend their particular skill set to ensuring that Hospice Niagara continues to make our programs and services available to the community free of charge. The Legacy Society is a recent initiative to establish long term supports for the continuation of services at Hospice Niagara.

### 2012/2013 HIGHLIGHTS

- 5 Car Draw raised \$176,000
- Holiday Butterfly Campaign raised \$56,000
- Established a Legacy Society with 11 members
- 51 new volunteers trained
- More than 1,050 volunteer hours for the 5 Car Draw

# BUILDING OUR CAPACITY IN NIAGARA

Hospice Niagara aims to ensure that everyone in Niagara who needs our services has access to them.

Our services extend to individuals and families in St. Catharines, Niagara Falls, Pelham, Thorold, Wainfleet, Welland, Port Colborne, Fort Erie and Lincoln. We also serve Niagara-on-the-Lake, in co-operation with the Niagara-on-the-Lake Community Palliative Care Service, and West Lincoln and Grimsby, in co-operation with McNally House Hospice and the Rose Cottage Visiting Volunteers.

Referrals can be made by one's self or by anyone including (but not limited to) family members, Community Care Access Centre, health care professionals, clergy, friends or neighbours, with permission of the individual.

### 2012/2013 HIGHLIGHTS

This year, we enhanced our services across the Region by

- Developing an active partnership with the Welland Senior Citizens Advisory Committee
- Hiring a bi-lingual Client Services Manager to serve South Niagara
- Securing office space for a satellite site in Welland at the McMaster Family Health Team
- Expanding the Niagara North Shared Care Team
- Enhancing accessibility at The Stabler Centre through the installation of an elevator
- Completing a re-accreditation process with Hospice Palliative Care Ontario (HPCO) of our Visiting Volunteer program

# SUMMARY OF FINANCIALS

	GENERAL FUND	BUILDING FUND	SUSTAINING FUND	2013 TOTAL	2012 TOTAL
<b>REVENUE</b>					
Ministry of Health and Long-Term Care					
Operating subsidy	\$1,006,944	\$ -	\$ -	\$1,006,944	\$557,376
Less: Funds paid out to Partner Agencies	(324,384)	-	-	(324,384)	
Net funding	682,560	-	-	682,560	557,376
Resident funding - CCAC	953,658			953,658	953,658
Total Revenue	1,636,218			1,636,218	1,511,034

## PROGRAM EXPENDITURES

Client services	109,944	-	-	109,944	150,735
Facility	158,171	-	-	158,171	159,445
Office and administration	118,279	-	-	118,279	63,652
Wages and benefits	1,735,877	-	-	1,735,877	1,554,024
Interfund rent charge (recovery)	123,242	(123,242)	-	-	-
Total Expenditure	2,245,513	(123,242)	-	2,122,271	1,927,856

<b>AMORTIZATION</b>	-	123,242	-	123,242	133,929
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<b>OPERATING SURPLUS (DEFICIT)</b>	(609,295)	-	-	(609,295)	(550,751)
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## FUNDRAISING ACTIVITIES

Donations and bequests	418,378	51,000	12,393	481,771	504,851
Grants	30,613	-	-	30,613	41,754
Gaming and events	684,362	-	-	684,362	713,342
	1,133,353	51,000	12,393	1,196,746	1,259,947
Fundraising expenses	(439,237)	-	-	(439,237)	(501,846)
Fundraising surplus	694,116	51,000	12,393	757,509	758,101

<b>INTEREST INCOME</b>	-	11,284	22,303	33,587	33,790
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<b>SURPLUS BEFORE SUBSIDY SETTLEMENT</b>	84,821	62,284	34,696	181,801	241,140
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<b>SUBSIDY SETTLEMENT</b>	(79,750)	-	-	(79,750)	-
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<b>NET SURPLUS</b>	\$5,071	\$62,284	\$34,696	\$102,051	\$241,140
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# BOARD OF DIRECTORS

Rick Merritt, *Past Chair*  
Chris Bangham  
Colleen Falco  
Doug Geddie  
Doug Hunt, *Chair*  
Margaret Jarrell, *Executive Director*  
Bob Marshall, *Treasurer*  
Glen McCann  
Mary Mizen  
Claudia Valle  
Lori Watson, *Vice-Chair*  
Sheryl Wherry, *Secretary*  
Dolores Bujold-Wright



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The **mission** of Hospice Niagara is to provide compassionate care, hope, and encouragement to residents of Niagara with life-limiting, progressive illnesses, and support to their caregivers, families and those who grieve their deaths. We serve as an example of end-of-life care, in partnership with others in the community. There is no fee for services.

Hospice Niagara acknowledges, with thanks, the financial support from the Community Care Access Centre (CCAC) for providing funding toward the nursing costs in our residence, and the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) for providing funding toward our community programs.

A portion of the funding for this Annual Report has been provided by the Hamilton Haldimand Brant Local Health Integration Network (HNHB LHIN). The views and opinions expressed herein do not necessarily represent the official policies of the HNHB LHIN.

Charitable registration #: 89971 6294 RR0001



**Ontario**

**Hamilton Niagara Haldimand Brant  
Local Health Integration Network  
Réseau local d'intégration  
des services de santé de Hamilton  
Niagara Haldimand Brant**