



# PRINCE GEORGE HOSPICE SOCIETY

## ANNUAL REPORT 2015-16



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## VISION

Excellence in end-of-life care

## MISSION

Our compassionate staff and volunteers provide specialized end-of-life care in a warm home-like atmosphere. We meet the individual needs of our guests, families and community through bedside care, grief support and education

## VALUES

Compassionate Loving Care

Fostering personal relationships through patience and understanding

Courage

Nurturing a courageous supportive environment

Diversity

Celebrating our diversity by honouring cultural differences

Dignity

Conducting ourselves in an honest and respectful manner

Integrity

Taking personal responsibility for superior care delivery

Collaboration

Cultivating collaborative partnerships to provide quality end-of-life care



# Our Year in Numbers

**1,800**

People received  
Hospice Care

## Hospice Care

- Grief support
- Meals for guests and families
- 24 hr visiting
- A family suite for families to stay

**214**

active  
Volunteers

**233**

Guests  
Admitted  
to Hospice  
House



**8.6 days**

Average length of stay

**8,852** Volunteer  
Hours



**550** People were  
supported through  
GRIEF programs



## FACES OF HOSPICE



## The Executive Director's Report



Wow, it is hard to believe that I have been Executive Director at the Prince George Hospice Society for over 18 months. I have learnt a lot and am blessed to be part of this remarkable organization.

Daily I am amazed at the care and courage our staff and volunteers give to our guests and their families. I am profoundly touched at the dignity and joy our guests and their families have at end of life as they are unburdened and supported in their care by Rotary Hospice House staff and volunteers.

Our grief and bereavement programs continue to offer support and healing to those that are journeying through their loss. The Prince George Hospice Society is a centre of excellence in grief programming and has shared their programs with many other organizations; both in the Prince George community and elsewhere.

I have spent the last year raising the awareness of the Hospice Society through social media, talks, and sharing our *Faces of Hospice* videos. I am grateful to those that supported this project, those that shared their stories, and Six Sigma Productions who filmed our stories.

It has been a year of recognizing and valuing the past. I am appreciating what has been accomplished, and honoring the vision that the founding members had in providing dignity and quality for those in Prince George that are at the end of life.

As we move forward, we will be looking toward the community to plan the future of hospice. We are developing partnerships with our community stakeholders to understand where gaps in hospice palliative care are, and developing services to address them. We want to build on our solid foundation and create more programs like the new *Grief and Grub for Guys* that support the unique needs of our community members.

In anticipation in the way our community members may choose to die, hospice has secured adjacent land to ensure we can expand our services if required.

In closing, I would like to thank our generous community donors for supporting the Prince George Hospice Society. As a not for profit organization, we cannot provide the end of life care and grief support programs to the community without your generous giving.

Donna Flood



## Presidents' Report



The Prince George Hospice Society has seen three decades of caring for the community of Prince George. It is an honor and a privilege to be able to provide excellence in hospice care, and grief support to our community.

The Prince George Hospice Society Board is a governance board and is comprised of 11 directors and myself. Our board of directors are people from the community that feel passionately that Hospice is a valuable contributor to our community and work toward ensuring we deliver a quality sustainable service.

2015 was a year for a new Director. With Donalda Carson retiring, the recruiting team were on the hunt and found a great candidate from within our volunteers. Donna Flood started with Hospice as the new Director in January 2016. Donna brings with her great knowledge and a new perspective for the leadership in both the Hospice house and our volunteers.

We are half way through our 4-year strategic plan and owing to the work of our Executive Director Donna Flood and her team, we are achieving our 9 priorities.

The Hospice Society has successfully filled all professional vacancies and has a waiting list of applicants due to a highly successful recruitment plan.

The Hospice Society has purchased the adjacent land to help safeguard our opportunity to expand our services in the future if warranted.

The Prince George Hospice Society has developed and strengthened relationships with our community partners. We have taken the lead in engaging the medical community, the health authority, and the university in working together to understand the needs of our community at end of life, and develop programs and support to meet those needs.

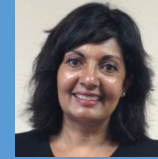
As we enter into our 30<sup>th</sup> year the Prince George Hospice acknowledges the endless hours of service our volunteers have given. We would not be able to do what we do without their generous support.

I wish to extend my gratitude to the community for your on-going support of time, treasure and talent.

Deryl Truman



Angus Watson: Director



Sandi DaSilva: Director



Birgit LeBlanc: Director



Julia Neff: Director



Steven Findlay: Director



Sue McAllister: Director



Stephanie Clifford: Director



Shannon Freeman: Director



Michele Santos: Director



Sobhnik Manhas: Director

# FINANCIAL REPORT

Bernadette Goudreau



Overall Revenues were unfavorable for this fiscal year.

The Prince George Hospice Society received a 1% increase from the Northern Health contract which represented 44% of our needs.

- ♦ Anticipated donations fell short of the budget by 9%.
- ♦ Operating expenses increased by 4% leaving a deficit of \$142,688 for the

fiscal year.

- ♦ The primary financial expense is the professional wages required to provide the specialized care to our guests in the hospice house which increased by 7%. This is caused by:

Increased occupancy which required an increase to staffing levels

Care staff wages are negotiated through British Columbia Nurses Union (BCNU). Wages and benefits increased to a total of 5%

An additional wage expense was due to the contracting of agency nurses to fill vacancies.

*Fortunately we now have a full staff.*

- ♦ An added expense to our operational expenses has been the purchase of licenses for MOIS, an electronic medical record. This technology will ensure we have a means to clearly share our guests information with their physicians and mitigate risks and errors. *(The implementation costs were gifted to us.)*
- ♦ Our lotto fundraiser was a sell out for our Lotto House tickets; an increase in 15% profit over last year.
- ♦ The 50/50 raffle went up to \$98,070; the highest to date.
- ♦ The Resale Shop continues to provide funds for the Hospice House. Revenues from the Store increased by 9% this year and proceeds contribute 8% of the operational costs of the Society.
- ♦ Due to the generous bequeath from a Hospice guest, we were able to purchase the property adjacent to the Hospice House, in anticipation that hospice services may need to expand in support of the community's needs. This purchase is included in the capital spending for the year along with the replacement of the stairs in the Solace Centre which were a safety concern.

*We acknowledge and appreciate the support from the Province of BC-Northern Health, United Way, and the many generous Donors that we rely on each year.*

*Thank you for your generous and continued support.*



# Summary of Revenue and Expenses for the year ended March 31, 2016

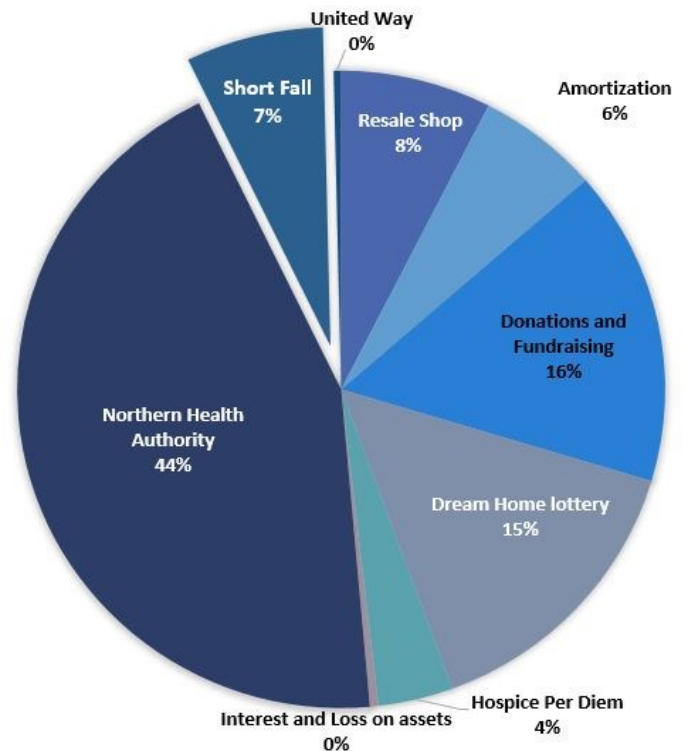
## Operating Revenues

Northern Health Authority	918,135	44%
Donations and Misc Fundraising	333,476	16%
Rotary House Per Diem	77,579	4%
United Way	7,769	0%
Interest and loss on assets	- (8,903)	0%
Amortization of Deferred Contr.	<u>126,486</u>	7%
	<u>1,454,542</u>	

## Operating Expenses

Facilities and Maintenance	92,984	4%
Advertising and Fundraising Expenses	36,667	2%
Training	21,703	1%
Guest Care - Medical Supplies	41,894	2%
Guest Care - Groceries	27,485	1%
Insurance	14,306	1%
Property Taxes	18,228	1%
Wages and Benefits	1,575,607	77%
Amortization	139,638	7%
Operational/ Program Supplies	<u>92,235</u>	4%
	<u>2,060,747</u>	
Total Operating Revenue less Expenses	(606,205)	
Proceeds from Lotto	307,213	15%
Proceeds from Resale Shop	<u>156,304</u>	8%

Deficiency of Revenue over Expenses (142,688)



# Summary of Statement of Financial Position for the year ended March 31, 2016

## Assets

Cash	564,823
Investments	4,170
Accounts Receivable	29,230
Deposits	8,480
Prepaid Expenses	55,519
Investments	14,006
Capital Assets	<u>2,686,402</u>

Total Assets

3,362,630

## Liabilities & Net Assets

Accounts Payable and Accruals	141,893
Deferred and Unearned	20,635
Deferred related to Capital Assets	<u>2,007,183</u>

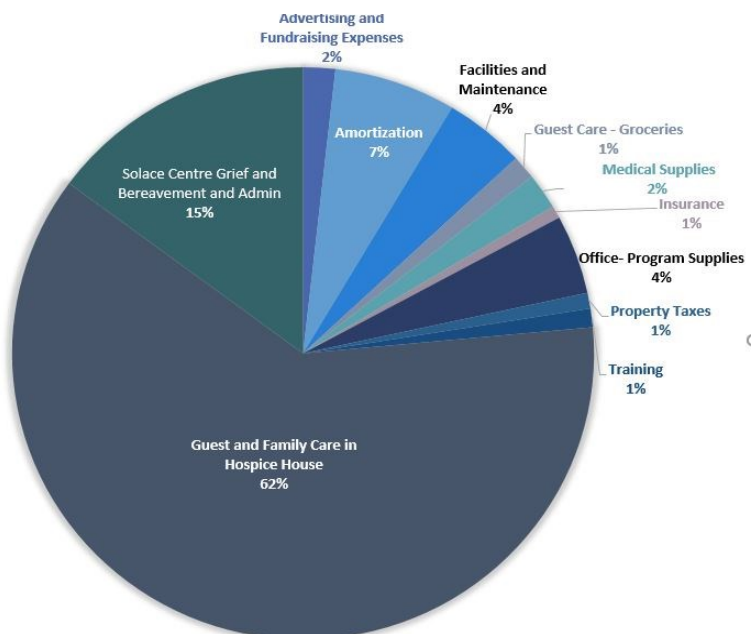
Net Assets

2,169,711

1,192,919

Total Liabilities and Net Assets 3,362,630

# EXPENSES



# TREASURER'S REPORT

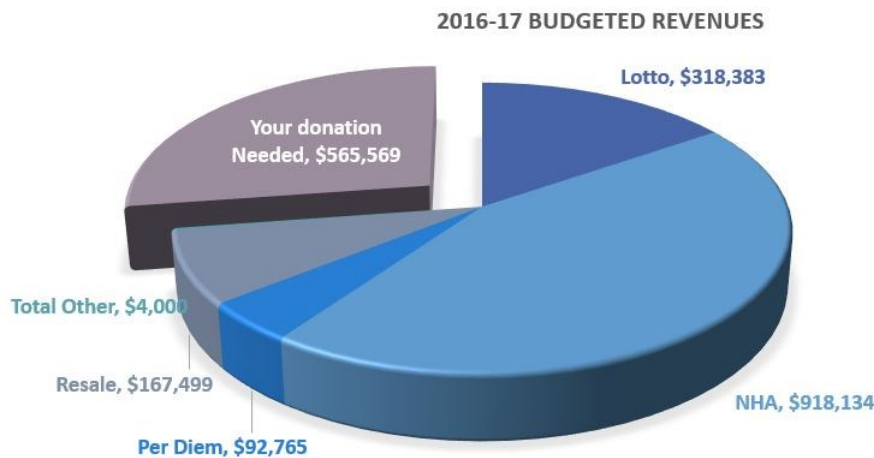
Sarah White



I am so proud to be involved with an organization that makes such a difference in the lives of the people of this great community. I have personally experienced the care and support of the staff and volunteers at the Hospice House with the loss of my grandfather in 2012 and again when my grandmother passed away in 2015. It has been great to hear about other people's experiences through the faces of hospice campaign and I am privileged to work with so many dedicated professionals in my role on the board.

As noted in the financial report, we receive a significant portion of funding through a contract with Northern Health. However in the fiscal year ended March 31, 2016 this amounted to 44% of the total operating expenditures of the society. In light of the current year deficit, we have done a thorough review of the costs of the society and looked at the average per bed costs of other Hospice facilities in the province. I am pleased to say that our per bed costs are very competitive.

The 2016-17 fiscal budgeted revenues are as follows and reflect over \$565 thousand dollars in donations that are needed.



There are a number of ways in which you can support the PGHS:

- \* Make a one-time charitable donation
- \* Become a monthly donor
- \* Sponsor a fundraising event
- \* Make a donation in the form of a financial security
- \* Talk with your financial planner about the tax advantages of planned giving
- \* Make a donation of goods to the Hospice Resale Shop (and shop there )
- \* Support one of our BC Gaming Licenced fundraisers such as the Dream Home Lottery.

To learn more about how to give please contact Deanna Watson: [dwatson@hospiceprincegeorge.ca](mailto:dwatson@hospiceprincegeorge.ca)

# 3rd Party Events for Hospice



## Thank you to the following fundraising events in support of the Prince George Hospice Society

- John Weymms Watercolor Paintings
- Richard and Co Hair Studio: Hair Cuts in the Park
- The Electrical/Mechanical Contractors Golf Tournament
- Women in the Wind
- The Northern -Chili and Bun
- AIHS for the Electronic Records for Hospice
- North Breast Passage Dragon Boat Society
- Quirvy Queen Scarves for Hospice
- Team Telus
- Linda Sue and the Yahoos
- Pitch In for the Kitchen



# The Story of Baba's Borscht



In the late 1800s a family immigrated to Canada from Russia, with them they brought their recipe for traditional Russian Borscht. As with most favorite family recipes it was not written down, it was passed down generation to generation by watching, listening and tasting. This is how family stories and memories are made, sharing together in the family kitchen.

When Baba came to Hospice House for end of life care, the family shared their fear that the family Borscht recipe would be lost. They had always felt there was time...time to learn and keep their recipe going.

Hospice care is centered on our guests and their families and ensuring that people are unburdened and able to complete the loose threads in their lives. We have held weddings, birthday parties (90th), recitals, large family dinners, and even archery competitions. Borscht! NO PROBLEM.







The kitchen at Hospice got busy with Baba, and her family, making the borscht. The kitchen is the heart of Rotary Hospice House and it was filled with laughter and the smells of beetroot and spices. Baba sat and gave a legacy to her grandchildren.

Three generations huddled together; Baba directing, and Aunt Ginny gently guiding Adriaan and Ryan in the prepping and preparing of this age old recipe. After meticulous chopping, spicing and stirring, the borscht was given the nod of approval by Baba. Baba said, "a recipe is not just ingredients on a piece of paper". Once the soup was ready, in keeping with Baba's tradition of sharing, the entire house enjoyed this loving meal.

Rumour has it that the [White Goose Bistro](#) may one day feature this soup on their menu as Chef Ryan was given the seal of approval from Baba.

Hospice care is not a medical model of care, but a service that wraps around our guests, their family and friends. We listen to the hopes and fears of our guests and work towards their own personal goals.

*The best thing about*  
**Memories**  
...is making them

# The History of Hospice Care: Middle Ages to the 21st Century

## **Middle Ages**

Religious orders establish “hospices” at key crossroads on the way to religious shrines like Santiago de Compostela, Chartres and Rome. These shelters helped pilgrims, many of whom were traveling to these shrines seeking miraculous cure of chronic and fatal illnesses, and many of whom died while on their pilgrimages.

## **16th-18th Centuries**

Religious orders offer care to the sick (including the dying) in locally or regionally based institutions. Most people die at home, cared for by the women in the family.

## **1800s**

Madame Garnier of Lyon, France opens a “calvaire” to care for the dying. In 1879 Mother Mary Aikenhead of the Irish Sisters of Charity opens Our Lady’s Hospice in Dublin, caring only for dying. By the late 19th Century, the increase in municipal or charitably-financed infirmaries, almshouses and hospitals, and the expansion of medical knowledge, begins the process of “medicalizing” dying. (By the mid-20th Century, almost 80% of people in the U.S.A. die in a hospital or nursing home.)

## **1905**

The Irish Sisters of Charity open St. Joseph’s Hospice in East London, to care for the sick and the dying.

## **Early 1900s**

In London, St. Luke’s Hospice and the Hospice of God open to serve the destitute dying.

## **1935-1990s**

Interest grows in the psychosocial aspects of dying and bereavement, sparked by the work of Worcester, Bowlby, Lindemann, Hinton, Parkes, Kubler-Ross, Raphael, Worden and others.

## **1957-67**

Cicely Saunders, a young physician previously trained as a nurse and a social worker, works at St. Joseph’s Hospice, studying pain control in advanced cancer. Here Dr. Saunders pioneered in the regular use of opioid analgesics given “by the clock” instead of waiting for the pain to return before giving drugs. This is now standard practice in good hospice and palliative care.

## **1967**

Dr. Saunders opens St. Christopher’s Hospice in London, emphasizing the multi-disciplinary approach to caring for the dying, the regular use of opioids to control physical pain, and careful attention to social, spiritual and psychological suffering in patients and families.

## **1968-75**

Many hospice and palliative care programs open in Great Britain in the years following, adapting the St. Christopher’s model to local needs, offering in-patient and home care.

## **1974**

New Haven Hospice (now Connecticut Hospice) begins hospice home care in the United States, caring for people with cancer, ALS and other fatal illnesses.

## **1974-78**

Hospices and palliative care units open across North America. These include Hospice of Marin in California, the Palliative Care Unit at the Royal Victoria Hospital in Montreal, the Support Team at St. Luke's Hospital in New York City, and Church Hospital Hospice in Baltimore.

## **1980s**

Hospice care, usually emphasizing home care, expands throughout the United States. Medicare adds a hospice benefit in 1984. Hospices begin to care for people with advanced AIDS.

## **1987 The Prince George Hospice Society is formed**

## **1990-1999**

Almost 3,000 hospices and palliative care programs serve the United States. There is well-established hospice and palliative care in Canada, Australia, New Zealand, and much of Asia and Western Europe. Hospice and palliative care is now available in over 40 countries worldwide, including many less-developed nations.

## **1995 The Rotary Hospice House opened the First Free-Standing Hospice in British Columbia with 5 Beds**

**World Health Organization** sets standards for palliative care and pain control, calling it a "priority." But studies show that most patients still receive little or no effective palliative care, and pain is often very poorly controlled, primarily due to lack of medical knowledge, to unfounded fears of addiction, and (in less-developed nations) to shortage of opioids.

## **21st Century**

The principles of good hospice and palliative care are understood and accepted, and all patients with advanced illness, and their families, are assured of competent and compassionate care in their homes, in nursing homes and in hospitals.

## **2000 The Solace Centre was opened to provide formal and informal grief and bereavement programs**

## **2007 Rotary Hospice House Expanded to 10 beds**

**2015** – the Supreme Court of Canada ruled in *Carter v. Canada* that parts of the Criminal Code would need to change to comply with the Canadian Charter of Rights and Freedoms. The parts that prohibited medical assistance in dying under certain conditions would no longer be valid. The Supreme Court of Canada gave the government until June 6, 2016, to create a new law

*You matter because you are and you matter to  
the end of your life*

*Dame Cicely Saunders : Founder of Hospice Movement*



### **SOLACE CENTRE**

1506 Ferry Ave. Prince George, BC V2L 5H2  
Phone (250) 563-2551 Fax (250) 563-2503

### **ROTARY HOSPICE HOUSE:**

3089 Clapperton Street, Prince George, BC, V2L 5N4  
Phone (250) 563-2481 Fax (250) 563-2485  
Govt. Reg. #11910-3430-RR0001

Website: [www.hospiceprincegeorge.ca](http://www.hospiceprincegeorge.ca)