



North Okanagan  
*Hospice Society*

**ANNUAL REPORT**  
April 1, 2016 - March 31, 2017

# Hospice House Statistics 2016/2017

According to the Canadian Hospice Palliative Care Association: for each person who benefits directly from end-of-life care and knowledge, another five people benefit indirectly (including family, friends, colleagues and healthcare providers).

Total Admissions	205 people
Age 70+	70%
Age 40 - 69	27%
Cancer diagnoses	76%
CHF and COPD diagnoses	8%
Greater Vernon Residents	77%
Armstrong/Enderby Residents	13%
Lumby/Cherryville Residents	7%
Transferred from Vernon Jubilee Hospital	69%
Transferred from home	28%
Discharges to home or other facility	17 people
Average Length of Stay	20 days
Occupancy Rate	86%

## Active Volunteers: 112 2016/17 Hours Contributed

Client One-on-One	6,899
Office Administration	1,961
Board of Directors	896
Facilitation: Training, Education, Meetings	256
Auxiliary Volunteers	384
Student Practicums	975
Garden & Yard	719
Fundraising	580
Bereavement Follow-Up & Memorials	320
<b>Total Volunteer Hours</b>	<b>12,990</b>

# Executive Director's Report



We experienced a number of changes at Hospice in the past year and through it all, the management, staff and volunteers were engaged in the change processes

to ensure smooth implementation. There were challenges to overcome but we kept our focus on providing quality end-of-life care and this was integral to our achieving successful resolutions.

Our care staff of nurses, care aides, social worker and counsellor; our support staff of housekeepers, cooks, and maintenance; and our administrative staff and management team excelled this year in supporting our clients at end-of-life. They encouraged and inspired each other in the spirit of true teamwork. It is an honour to work with such dedicated people.

Our volunteers were exceptional this year as always. Their compassion, kindness and gifts of time and talent are outstanding. We are so fortunate that these 112 individuals choose to serve their community at Hospice!

There were three significant events this past year. First, we reached a Collective Agreement with the BCNU and bargaining unit staff which is effective until June 2020. Our collaborative partnership with the BCNU and staff remains strong and we are thankful for this respectful and positive work environment.

Secondly, we took steps to re-evaluate our expenses and revenues to ensure that every dollar is well-stewarded. We used staff members' insight and suggestions to streamline processes and gain efficiencies. The primary focus in this process was to safeguard the values that are so important to the delivery of quality end-of-life care.

The third challenge we faced was Medical Assistance in Dying (MAiD). An NOHS team of managers and board members took on an education/advocacy role with Ministry of Health policy-makers to draw attention to the potential impact of MAiD on hospices that operate as charities. We will continue to provide accurate, valuable and timely information to those who are developing the provincial policy.

We had wonderful success with our outreach programs for caregivers and education sessions on advance care planning. The sessions are facilitated by Lorriane Topf:

- First Nations caregiver project (more detail follows)
- Starting the conversation workshops: Vernon, Armstrong, Lumby
- Healthcare options workshops: Vernon, Armstrong
- NCARE: Volunteer navigation research project with UBC-O

We reached our operational goal of increasing the usage of Hospice House by ensuring that admissions to Hospice were appropriate and timely. We worked diligently to increase our occupancy rate from the low point three years ago of 71% to 86% last year. Our goal for next year is to reach 90%. The increase in usage of Hospice House can be attributed to increasing community awareness and streamlining processes to facilitate smoother admissions to Hospice.

Our counselling programs are welcomed by those who have lost significant people in their lives. Evaluations from one-on-one sessions and co-facilitated group support sessions are positive and reinforce the value of grief and bereavement counselling in our community.

Province of BC funding (through Interior Health and BC Gaming) is our primary source of revenue. We are grateful for this core funding which allows us to provide quality end-of-life care services. In addition, we are thankful for grant funding from the BC Centre for Palliative Care, Community Foundation of the North Okanagan and the Royal Canadian Legion Poppy Fund. We are so grateful for our donors and community supporters who come forward year after year to offer their support through volunteerism, sponsorship and donations.

We look forward to another successful year of providing quality end-of-life care in the North Okanagan.

Respectfully submitted,

Ruth Edwards, Executive Director

# President's Report



Once again, the commitment of staff and volunteers coupled with the generosity of donors and fundraisers continued to support the level of excellence in the delivery of palliative care services at Hospice. For the last thirty three years, the Society has pursued our mission of providing quality end-of-life care. The Board of Directors is happy to report another successful year in pursuit of this important goal.

The success of the Society starts with leadership of the Board of Directors who oversee the governance responsibilities, focus on the future through its strategic plan, and meet the unforeseen challenges every organization faces each year.

The Society is well managed through the leadership of Ruth Edwards, Executive Director and the leadership team. They steward the organization on the path set for the Society by the Board. They are also keenly aware of the future trends and issues to ensure the Society is able to achieve its goals.

This past year a significant issue for our Society was the Medical Assistance in Dying (MAiD) federal legislation. The Board and the leadership worked to understand the decision of the federal government, and then worked to educate and influence the provincial government as they develop MAiD policy to ensure that they understand the impact that policy may have on hospice services. The Society and Board wants to ensure that the values from the first foundational documents of the Society thirty three years ago remained; that being, providing quality palliative care in life's final journey with respect, comfort, and compassion. At this time the Board has been successful in remaining true to its vision and mission.

The amazing staff of Hospice, each and every day, delivers on the Board's commitment to the residents of the North Okanagan. Though their work can be difficult, the clients, their family and friends continue to give high praise for the work performed at Hospice. For that, the Board says thank you to each employee.

The volunteer support for the work of Hospice is unprecedented. The Society is so grateful to the 100 plus volunteers and the 13,000 hours they give in support of residents, families and the staff who care for them. The Board says thank you.

Hospice relies on donors and fundraising to support the mission of the Society. The Society welcomes the annual fundraised revenue of over \$500,000, which represents 30% of the total revenue required to support palliative care services each and every year. Without these funds, the Society could not achieve its vision and mission for the residents of the North Okanagan.

Hospice House and the services we provide are legacies of our terrific staff, volunteers, and donors. The Board thanks each of you for your role in providing quality end-of-life care in the North Okanagan.

Respectfully submitted,

Randy Hoffman, *President, NOHS*

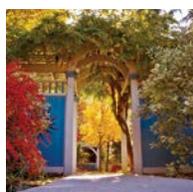


*Kerry and Tom Carlson performing their Lindy/ Tap number*

## Thank you to our Event Sponsors!

**We appreciate your generosity and support! Each of the following sponsors provided a minimum of \$1,000 towards the cost of our fundraising events. Thank you for making a difference in the lives of those who are at end-of-life.**

- AcuTruss Industries*
- Black Press Group, Vernon Morning Star*
- Capri Insurance*
- Davidson Pringle Lawyers LLP*
- New Horizon Productions*
- Nolan's Pharmacy, Pharmasave*
- Nuceryty*
- Ruth McGrath Dance*
- Schubert Centre*
- Sanders Medical Inc.*
- Sproing Creative*
- Summit Financial,*
- Greg & Dorothy Mussenden*
- SunFM*
- Tambellini Design Studio*
- Tracy Kaye Holly Dance Coach*
- Daniel and Dawn Trainor*
- VantageOne Credit Union*
- Vernon Atrium Hotel & Conference Centre*
- Wayside*



## VISION:

*Respect, comfort and compassion in life's final journey.*

## MISSION STATEMENT:

*North Okanagan Hospice Society exists so there will be: Quality end-of-life care for all in the North Okanagan community at a cost that demonstrates good stewardship.*

## BC Hospice Palliative Care Association

North Okanagan Hospice Society is proud to be a member of BC Hospice Palliative Care Association (BCHPCA). Ruth Edwards, Executive Director at NOHS has served on the BCHPCA Board of Directors for the past three years and has been elected to another two year term.

BCHPCA is a not-for-profit, membership organization, which has been representing individuals and organizations committed to promoting and delivering hospice/palliative care to British Columbians since 1986. BCHPCA members provide a broad range of services to British Columbians who are dying and to their loved ones who are grieving; BCHPCA Members provide these services in all regions of the Province.

# World Health Organization Definition of Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families who face the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patients illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.



## Financial Report 2016 - 2017



We continue to include all managers in the budget preparation process. This past year we held staff meetings and created committees to elicit suggestions for ways to reduce costs and create greater efficiencies within the House. This has resulted in a heightened understanding by all staff of the organization's financial operations and the need to steward our resources responsibly.

Our two very successful fundraisers continue to be: Dancing with the Vernon Stars event (September 29, 2017) and the Journeys Campaign direct mail fundraiser (September – December). This year, we are excited to launch our Canada 150 monthly donor campaign to support our outreach programs in celebration of Canada's 150th birthday.

We will keep the community informed of any changes to our future fundraising. Our effective and efficient use of Society resources remains a high priority and we will continue to be accountable to our stakeholders.

*Leslie Harvey, Financial Officer*



# Statement Of Operations

For the year ended March 31, 2017

## Revenues

Interior Health Authority	\$1,199,111
Donations and Grants	240,659
Bequests	44,801
Special Events/Fundraising	298,045
Residential and Program Fees	131,130
Gaming Revenue	106,405
Investment Income	146,834
Other Income	26,420
Loss on Disposal of Assets	<u>(8,733)</u>
	<b>\$2,184,672</b>

## Expenses

Program Wage Costs	\$1,634,851
Amortization	169,411
Residential Program Expenses	71,968
Facility Expense	98,179
Fundraising	138,859
Organizational Development	91,359
Administration	37,823
Advertising	<u>1,949</u>
	<b>\$2,244,399</b>

**Excess (deficit) of revenue over expenses** **(\$59,727)**

# Statement of Financial Position

as at March 31, 2017

## Assets

### Current Assets

Cash	\$571,408
Short-term Investments	258,170
Accounts Receivable	<u>11,635</u>
	841,213

**Capital Assets** 2,541,714

**Long Term Investments** 1,888,223

4,429,937

**Total Assets** **\$ 5,271,150**

## Liabilities

### Current Liabilities

Accounts Payable	\$156,612
Deferred Revenue	<u>95,000</u>
	251,612

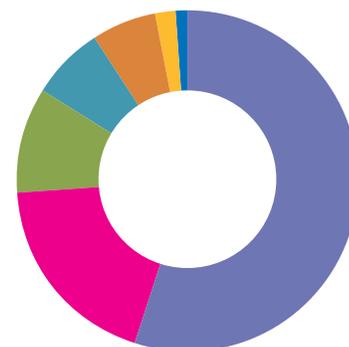
### Fund Balances

Invested in Capital Assets	2,541,714
Internally Restricted	1,256,096
Externally Restricted	159,041
Unrestricted	<u>1,062,687</u>
	5,019,538

**Total Liabilities and Fund Balances** **\$5,271,150**

# Sources of Revenue

- Interior Health Authority **55%**
- Events & Donations **19%**
- Grants **10%**
- Investment **7%**
- Fees **6%**
- Bequests **2%**
- Other **1%**

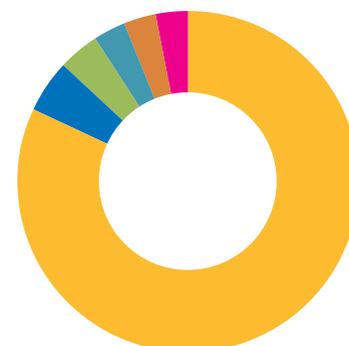


## REVENUE NOTES

- NOHS is grateful for the ongoing financial support of the Province of BC which includes funding from Interior Health Authority, Ministry of Health and Community Gaming Grants.  
*RISK:* Interior Health funding continues to fall short of the operating costs of Hospice House. NOHS's contract with IHA expires in 2018, so we are preparing a business plan to clearly identify our need for sustainable, core funding.
- More than \$500,000 in annual fundraising is required to sustain our programs and services. Our two major fundraisers, Dancing with the Vernon Stars and the Journeys Campaign, continue to grow in success. We've introduced a new fundraiser to encourage monthly donors. We attribute the financial success of these fundraisers to ongoing community support through sponsorship, event participation and gifts-in-kind.  
*RISK:* Fundraising is increasingly competitive and expensive. In our relatively small catchment area, we compete with other worthy charities for limited charitable donations and event proceeds. Creativity in event management, focused attention on donor appreciation and evaluation of fundraising costs are tools used to mitigate this risk.
- We are so thankful to the kind and thoughtful members of our community who remember Hospice in their wills through bequests.  
*RISK:* Bequest amounts vary greatly from year to year and therefore only conservative amounts are budgeted for operational funding.
- Grant writing is an important component of revenue.  
*RISK:* Grants for sustaining existing programs are difficult to source. Grants are best suited for capital purchases or seed funding.
- Residents at Hospice House pay a daily fee as mandated by the Ministry of Health. This fee and other nominal fees for counselling services are ongoing sources of revenue for NOHS.

# Operational Expenses

- Wages **82%**
- Residential & Facility **5%**
- Organization Development **4%**
- Program Expenses **3%**
- Fundraising Event Expenses **3%**
- Other **3%**



## OPERATIONAL EXPENSE NOTES

- Paid staff members include: management, care staff, support staff and administrative/finance staff.
- Care staff and support staff are members of the BC Nurses Union (BCNU). Unionized staff member wages are negotiated with the BCNU.
- NOHS commits to a sustainable wage structure by conducting annual wage evaluations and comparisons.
- Approximately 82% of the Society's costs are staff wages.
- RISK:* Given the proportion of wage costs to total costs, there are few opportunities to generate meaningful cost savings for Hospice. Sustainable, core funding from government is required.



I am writing this letter on behalf of the Staff and Management at (local business). Recently we had a staff member of ours suddenly pass away. He was a great guy who always made us laugh and will be dearly missed by all of us. The management and staff wanted to honour him by making a donation in his name to a place he was fond of. A few years ago, his long-time companion passed away from cancer and she spent her last days in the North Okanagan Hospice House. Our co-worker felt that he and his companion were treated with kindness and compassion by the Hospice House. This is why we chose to make this donation to Hospice House. The donation was initiated by the employees and was matched by the company. We want to thank you for all you do and for making our co-worker's life a little better through tough times. We hope this will help someone else and carry on his memory.

# First Nations Engagement Project

Lorriane Topf

In 2016, NOHS was successful in obtaining grant funding from the Sovereign Order of St. John (SOSJ) of Jerusalem, Knights Hospitaller Initiative for our First Nations Engagement Project.

Lorriane Topf, Learning and Effectiveness Leader, developed workshops to address the barriers to care that were identified by First Nations representatives from the North Okanagan, Interior Health staff and the North Okanagan Hospice Society.

Key to this engagement project was the development of partnerships with the First Nations peoples in our area. This partnership has been beneficial through strengthening relationships, increased capacity of the project, increased awareness of available resources, new ways to collaborate, and learning more about effective ways to enhance community engagement.

The workshops were developed through a series of meetings with 4-6 key health care providers and members of the Okanagan Indian Band. The barriers to care were discussed further and a series of workshops were developed. We named the workshops Caring Conversations. Together we developed the following workshops:

- Family Caregiving Conversations: Family caregiving, Pain and Discomfort, Nutrition and Hydration
- Family Caregiving Conversations: Caregiver Burnout
- Family Caregiving Conversations: Sharing Care
- Family Caregiving Conversations: Respect and Dignity When Living With a Serious Illness
- Bereavement, Caregiver Remorse, Resources

Integral to the series is story-telling and weaving into the stories, how we learn from each other and the various resources available to help with caregiving when living with someone with a serious illness.

The workshops are further tailored to include comments and teachings from the attendees in subsequent workshops. Our evaluations indicated that the information most helpful to the attendees was learning ways on "how to ask for help", and "pain management". They asked for more information about "how to take care of yourself as a caregiver" and this was addressed in the following session. Furthermore, the professional health care providers within the Okanagan Indian Band felt they had a better understanding of how to integrate health services between their community and other health services available in the North Okanagan.

North Okanagan Hospice Society has plans to continue to work collaboratively with the First Nations communities in our area and to expand this project to include Splitsin First Nations and urban First Nations. In addition, we plan to take the outline of this project and further tailor it to other ethnically diverse populations in our catchment area. Key to the success of this project to continue is building collaborative partnerships.



# A few words from our Staff

## Lorrienne Topf

Learning and Effectiveness Leader



Every day I come to Hospice I am grateful to be part of a dedicated and professional team of staff and volunteers. Even though hospice work can be sad and intense, it is also full of joy and laughter. The work we do would not be successful without such a great team and leadership.

Our REACH program (Resources, Education, and Advocacy to Champion Hospice palliative care) is becoming more interesting each year. Our partnerships with UBC Okanagan, the BC Centre for Palliative Care, Interior Health, First Nations and community professionals continue to evolve as we plan and deliver webinars, community events, social media advocacy and a new research program called NCARE (Navigation, Connecting, Accessing, Resourcing, and Engaging). The aim of the NCARE program is to connect older adults (55 and older) living at home with a serious illness with specially trained hospice volunteers. The goal is to improve their quality of life through the early identification of needed supports and resources to help make "life more livable". We provide a learning environment for the student practicums for LPNs, RNs, care aides and medical students.

*I've really enjoyed my time at Hospice House. Thank you for a wonderful experience and a great opportunity. I will be back to apply in the future.*

**--Health Care Aid student**

Tanya Stilborn, our Administrative Coordinator, provides tremendous support and expertise, not only to our REACH program but to all of the programs that we have at Hospice. NOHS volunteers are integral for the success of our REACH program. They assist with administrative and program support such as sharing their expertise, working on marketing and resource materials, assisting with the actual events, and much more.

*I just love working with all of you because I always feel appreciated. You say thank-you. It's fulfilling. I feel like I'm useful and doing something for the community.* --NOHS Volunteer

## Elsie Swartz

Care Team Leader



Each member of the Care Team brings their skills and abilities to the team. Our values of Caring, Integrity, Cooperation, Humour, and Excellence guide their practice. Together, their strengths make our team strong. Our residents and their loved ones thrive under the excellent care of each of our care staff as they provide care that is respectful, comforting and compassionate.

## Leigh Van Dyke

Client Support Services Manager



Support staff in all departments continue to provide a high standard of care which is evident in their work.

Each and every one has been conscientious, accommodating and understanding, filling in where the need has been.

Volunteers continue to show their dedication to Hospice and the residents. All volunteer positions have been stable to the degree that attrition has been low.

*My experience with the staff at Hospice was first rate. Each staff member was warm, compassionate and committed to providing the utmost quality in end of life care. They were gentle and made themselves available at all times. What an amazing team – so supportive.* --Family member



Thursday Breakfast Team of volunteers  
(L – R): Phil, Steve and Deloy

# North Okanagan Hospice Society Organizational Structure

## RESIDENTS OF THE NORTH OKANAGAN

### BOARD OF DIRECTORS

Ownership  
Linkage  
Committee

Audit  
Committee

ED Performance  
& Compensation  
Committee

Nominating  
Committee

Ad Hoc  
Committees

### EXECUTIVE DIRECTOR

### MANAGEMENT & STAFF

Learning &  
Effectiveness Leader

Financial Officer

Care Team Leader

Client Support  
Services Manager

Administrative  
Coordinator

Financial Assistant

RNs, RCAs, Social Worker,  
Counselor

Housekeepers, Cooks,  
Maintenance, Volunteers

### VOLUNTEERS

Client One-  
on-One

Administrative  
and Reception

Board of  
Directors

Garden

Facilitation  
and Training

Fundraising &  
Auxiliary

Bereavement



## 2016-2017 Board of Directors

**Seated (L – R):** Cheryl Kaminsky, *Director*;  
Gayle Zyla, *Director*; Vyvian Burton, *Vice  
President*; Jennifer Harry, *Past President*

**Back row (L – R):** Jaron Chasca, *Director*;  
David Kennedy, *Director*; Randy Hoffman,  
*President/Treasurer*; Karen Fenske, *Director*;  
Ruth Edwards, *Executive Director*; Diane  
Rhenisch, *Director*; Guy Morazain, *Director*;  
David MacBain, *Secretary*



North Okanagan  
*Hospice Society*

For a virtual tour of Hospice House and information on our  
programs and services, visit our website at: [www.nohs.ca](http://www.nohs.ca)

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Charitable Reg. No. 108170648RR0001  
B.C. Incorporation No. S-19593