



nsmhpcn.ca

# 2017-2018 ANNUAL REPORT

# BOARD *of* DIRECTORS



The NSMHPCN Board of Directors represents a wide range of professions, skills and groups in the community.



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# WHO *we* ARE



## MISSION

Providing a compassionate and holistic palliative approach to care as the cornerstone of living and dying well. Engaging, educating and serving communities with advance care planning, palliative care and grief and bereavement support.

In the next three years, we are committed to accomplishing the following goals in support of our vision:

- Strengthen and support a well-defined integrated care framework
- Expand and provide support for literacy around death
- Promote and advocate for early advanced care planning
- Communicate and demonstrate our role presence and value in the community
- Improve understanding of the choice of care in our community

Communities, patients, families and healthcare providers working together to improve palliative care for everyone across all sectors.

## VISION

## VALUES

**Respect:** We recognize the inherent worth of every person and their choices.

**Collaboration:** We operate as a unified team with our partners and promote agencies and communities working together to provide optimum care and service by demonstrating respectful behavior, open communication, professionalism, and accountability.

**Diversity:** We honor diversity and promote inclusiveness.

**Integrity:** We are honest and transparent.



## **Volunteer Visiting & Volunteer Support**

Volunteers play an integral role in the delivery of services at Hospice Orillia. In 2017, the volunteers dedicated 893 hours to providing compassionate visiting services for those individuals and families in our community facing life-limiting illness. In addition, 1020 hours were invested in supporting and training the volunteers, so that we can continue to provide exemplary hospice services.



## **Grief & Bereavement**

The NSMHPCN's Building Bridges Behind Bars: Increasing HPC Capacity in the Correctional System project has been a pivotal project in identifying the startling gaps in end of life care of incarcerated individuals in our community.

A Grief and Bereavement Support Group was initiated and facilitated over 8 weeks in the Beaver Creek Prison in Bracebridge. The first cohort of participants identified positive results and reported feeling “lighter” and that had they received the appropriate kind of support earlier in their lives that perhaps they would not have ended up in prison.

The initial project completed in winter of 2018 and has now evolved into a second session with more inmates. In addition, formalized Hospice Palliative Care Education is scheduled to be facilitated at the facility to members of the first group and the current group. It has been identified that no other organizations have taken on this work with this marginalized group and; thus; work is being done by our network to bring awareness to this marginalized population and how we can help to facilitate discussions in having this work get started in other regions. (Cont.)

# KEY HIGHLIGHTS

We are also working on building relationships with Seasons Centre, the Alzheimer's Society, Mackenzie Health and Orillia and area Faith communities.



## **Integrate Project**

Ongoing successes with Integrate in our region, specifically with Collingwood and Area. Implementation of the Shared Care Team has shown statistically significant results in patients identifying with 80% to 100% satisfaction with collaboration among health care team members; the client centered care approach based on client identified goals; and support of primary level care providers by secondary level palliative clinicians when needed. The Shared Care Team is aiming for early identification for a palliative approach to care utilizing the surprise question and making linkages into the community. The success of this team has been palpable across the region and has influenced this team in making presentations of the success of their model in other sub-regions to support them in their journey to seamless and integrated and accessible care to palliative care clients.



## **Long-Term Care Homes**

There are 26 LTCH across the NSM region. Out of those 26 homes the HPC Nurse Consultants are a member of or have started Palliative Care Committees in 14/26 homes and have been invited to sit on 18/26 Professional Advisory Committees of these homes. The role of the HPC Consultant continues to evolutionize in this sector based on the needs of each home as they relate to Pain and Symptom Management, Education on MAID, advocacy and policy development, cross sector transitions and End of Life Care Support. The HPC Consultants delivered over 90 LTCH education sessions 2017-2018.

# KEY HIGHLIGHTS



## **First Nations, Inuit, Metis**

All NSMHPCN HPC Consultants have engaged in Indigenous Cultural Safety (ICS) training to be mindful of cultural practices with the FNIM communities in the provision of palliative care practices as well as advocating for palliative care practices within their communities and region. This will continue to be an ongoing learning venture to not only build relationships with the FNIM communities, but to ensure equitable access and provision of palliative care services based on the needs expressed by the FNIM community.



## **Advance Care Planning**

HPC Consultants continue to sit at the regional Advance Care Planning table for our region in the systemic planning and advocacy for ACP across our region. In addition our HPC Consultants hosted the “BEFORE I DIE” wall in their communities challenging their community members to identify goals they would like to complete before they die. These events were marked with huge success often running out of room on the boards identifying a success in not only awareness, but a comfort among community members to communicate their wishes openly.



## **Pain & Symptom Management**

Our Hospice Palliative Care Nurse Consultants received 1,258 referrals, and provided 2,940 individual consultations.



# KEY HIGHLIGHTS

## **Philosophy of Care for essential Pain & Symptom Management**

**The Hospice Palliative Care Nurse Consultants advocate for, educate about, promote and lead by example to:**

- Identify early individuals who will benefit from an early palliative approach to care
- Collaborate between individuals and families receiving care, community members and groups, non-health care service providers and medical practitioners
- Advocate for unique populations and assisting in identifying unique solutions and interventions

### **Our role to ensure quality PSM involves:**

- Educating service providers about the palliative approach to care and complex pain & symptom management
- Supporting individuals with unique or complex needs and those transitioning between locations of care
- Supporting HPC Pain and Symptom Management service delivery at a sub-regional and regional levels by upholding the pyramid of care in palliative care service provision.
- Utilizing and sharing evidenced based knowledge about best practices in pain and symptom management and the provision of evidenced based care through knowledge translation from our team to primary level care providers.

# EDUCATION

## Conferences



1 Conference  
112 Attendees

### TOPICS INCLUDED:

- Palliative Care IS Everybody's Business
- Ambiguous Loss
- Mindfulness 101
- Living with Metastatic Cancer in the Age of Immuno-oncology
- Do We Understand the Power of Ceremony?

### Bereavement Facilitation Training

2 Classes  
24 Participants

### Advanced Palliative Care Education (ACE)

2 Classes  
22 Graduates

## COURSES



## Presentations & Workshops



Over 525 Participants

### TOPICS INCLUDED:

- Pills, Pumps & Patches: The Pharmacologic Management of Pain in Palliative Patients
- Advance Care Planning
- Grief & Loss
- A Guide to Difficult Conversations
- Palliative Sedation
- Building Bridges Behind Bars

### Learning Essential Approaches to Palliative Care (LEAP)

6 Classes  
112 Graduates

### The Fundamentals of Hospice Palliative Care

6 Classes  
63 Graduates



# FINANCIAL

## North Simcoe Muskoka Hospice Palliative Care Network Statement of Financial Position

March 31	2018	2017
<b>Assets</b>		
<b>Current</b>		
Cash (Note 2)	\$ 177,584	\$ 235,083
Accounts receivable	4,246	15,094
Short-term investments (Note 3)	443,379	341,151
HST receivable	11,543	31,477
Prepaid expenses	19,739	22,487
	<u>656,491</u>	<u>645,292</u>
Capital assets (Note 4)	-	384
	<u>\$ 656,491</u>	<u>\$ 645,676</u>
<b>Liabilities and Net Assets</b>		
<b>Current</b>		
Accounts payable and accrued liabilities (Note 5)	\$ 107,565	\$ 122,910
Deferred revenue - residential Hospice	-	41,704
Deferred revenue	5,790	6,485
	<u>113,355</u>	<u>171,099</u>
Deferred contributions related to capital assets (Note 7)	-	384
	<u>113,355</u>	<u>171,483</u>
<b>Commitment (Note 8)</b>		
<b>Net Assets</b>		
Unrestricted - Palliative Care Network	393,014	332,579
Unrestricted - Hospice Orillia	150,122	141,614
Internally restricted - Hospice Orillia	-	-
	<u>543,136</u>	<u>474,193</u>
	<u>\$ 656,491</u>	<u>\$ 645,676</u>

# STATEMENTS

## North Simcoe Muskoka Hospice Palliative Care Network Statement of Operations and Changes in Net Assets

For the year ended March 31	2018	2017
<b>Revenues</b>		
North Simcoe Muskoka Local Health Integration Network	\$ 1,597,501	\$ 1,667,501
Memberships	-	480
Fundraising and donations	93,447	136,562
Other funding sources and other revenue	52,423	116,213
Amortization of deferred contributions (Note 7)	384	768
	<u>1,743,755</u>	<u>1,921,524</u>
<b>Expenses</b>		
Compensation (Note 11)	1,237,245	1,370,163
Supplies	74,163	49,992
General sundry and equipment	228,097	285,567
Buildings and grounds	55,531	55,315
Amortization	384	768
	<u>1,595,420</u>	<u>1,761,805</u>
Excess of revenues over expenses before transfers	148,335	159,719
Transfers to Hospice Muskoka and Hospice Huntsville	<u>79,392</u>	<u>79,392</u>
Excess of revenues over expenses for the year	68,943	80,327
Unrestricted Fund Balance, beginning of year	474,193	393,866
Transfer from Internally Restricted - Hospice Orillia	-	-
Unrestricted Fund Balance, end of year	<u>\$ 543,136</u>	<u>\$ 474,193</u>
<b>Consisting of</b>		
Unrestricted - Palliative Care Network	\$ 393,014	\$ 332,579
Unrestricted - Hospice Orillia	<u>150,122</u>	<u>141,614</u>
	<u>\$ 543,136</u>	<u>\$ 474,193</u>