

cowichan hospice



2016 AGM



2016 President's Report

AGM 2016

2017-05-17



3122 Gibbins Road
Duncan BC V9L 1G2

T 250.701.4242

TF 888.701.4242

E cvhospice@shaw.ca

cowichanhospice.org

2016 has been an interesting year in that we have carried on, making continued progress with our Hospice House project thanks to the formation in 2015 of the Task Force. The Task Force, working directly with Island Health personnel, is comprised of both CVHS Board Members, CVRD Board Members and also people from the wider community with an appreciation for and an association with our Hospice current services and Hospice House project. It allows us to keep our focus primarily on the community people we support each day, while they plan for us to include the House's 24 hour care as well.

It has been an exciting time as we are kept apprised of progress being made. This progress is rather slower than we had hoped, but it IS progressing. We applaud their dedication and excellent accomplishment. Our great thanks to them.

We are buoyed by our wide support from individual and corporate donors, Health Care Auxiliaries, Service clubs, and many other groups of people who value our daily work. It allows us to feel comfortable hiring staff to train and support our many volunteers, and direct our entire organization under the guidelines of our board.

Many, many thanks to all of you.

Many thanks to our members and to our staff, for it is through you that all of this happens.

Respectfully submitted,

MaryAnn Deacon

President



COWICHAN VALLEY HOSPICE SOCIETY

2016 TREASURER'S REPORT



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TF 888.701.4242

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To begin, I want to thank our staff for their support and endless hard work. It makes our job on the board easy and rewarding. I would also like to thank all our volunteers for their continued support for the society and the clients which they deal with. The Hospice House Task Force deserves thanks for all of the time and efforts they have put in over the last year and a half. Finally I would like to thank all who have supported the Cowichan Valley Hospice Society financially over the years including the CVRD who have provided much needed stable operational funding.

COWICHAN HOSPICE SOCIETY

The society is good financial position. Our current and liquid assets continue to be greater than our liabilities. Our cash balance at December 31, 2016 is \$76,839. The increase in cash is due to a decrease in our program and wage expenses.

Our operating fund had a surplus of approximately \$40,000. The opening accumulated operating surplus was \$14,600., which leaves us with approximately \$55,000 accumulated surplus at December 31, 2016.

Revenues this year are approximately the same as last year. Our donation revenues have increased approximately \$20,000 from 2015 a 25% increase. This is an exciting trend, however we will need to keep an eye on our operating donations as we move forward to our capital fundraising campaign for the Hospice House Project as it will be very important to maintain these unrestricted operating donations during that period. We did see a decrease in our training and workshop income of approximately \$6,000 due to decreased training sessions and workshops put on this year. This correlates to a decrease in program expenses. We also saw a decrease of approximately \$10,000 in our Gaming income.



Our overall expenses have decreased by approximately \$36,000. This decrease is largely due to a decrease in our wages and benefits of approximately \$23,000 and a decrease in program expenses mentioned above of approximately \$7,500. Our wages and benefits decrease is due to savings in our employee benefits package, some wages being charged to the Hospice House Project and some staff vacancies during the year. This year we have 11,727 of volunteer hours reported which have a value of over \$234,540 when calculated at \$20 per hour.

I want to commend our staff for persevering through the restructuring of staff hours and responsibilities over the last two years. The board appreciates your dedication to the Society and it is important to the Board that our employees maintain a healthy work and personal life balance.

HOSPICE HOUSE

Although there has been an extraordinary amount of effort put in to the Hospice House (HH) project by the Hospice House Task Force this past year, the results have not been reflected financially as it is not yet the time to plan and mount the capital campaign. The HH project has received \$14,800 and \$22,700 in donations from personal and Service Clubs respectively. It has also received In-Memory donations in the amount of \$3,245. The HH project also received a grant from the Ministry of Health through the BC Centre for Palliative Care in the amount of \$280,000. These amounts received for the HH project are restricted to the planning, design, development, construction and furnishing of a hospice house, including staff administrative support, and fundraising costs.

During the year there was \$5,490 in wages charged to the project as well as \$4,800 in Website design and communications and \$3,460 in fundraising and meeting expenses.

I look forward to the future of the Society as we continue to grow and expand our services due to the demand and increasing awareness to the important work done at the Cowichan Valley Hospice Society.

Respectfully submitted,
Jamie Goodman, Treasurer

Executive Director's Report 2016

It continues to be an honour and a privilege for me to work with a staff and volunteer team who support families so well at such a precious part of their lives' journeys. I continue to be awed at the dedication and deep compassion that people bring to their work with clients and with each other. This work could not happen without the partnership of donors and supporters from the community. Thank you all!

I want to thank our staff who have dedicated themselves to client care through a period of change and transition that saw long-term employee Kathy Skovgaard retire and two new staff people join us: Lisa Lusignan and Cornelia Wicki. Lisa is our Bereavement Coordinator, who meets new clients and helps them identify the services that they need. Lisa also supports client volunteers during their period of apprenticeship. Cornelia is the Volunteer Program Administrator, screening, training and supporting volunteers. Cornelia is also taking on increased Program administration and supervision responsibilities as more of my time is dedicated to the Hospice House project. Karen McDougall ably manages administrative tasks and Kalon Kappenman warmly welcomes clients and volunteers alike. Karen also offers client care in her volunteer hours.

MacKenzie Kuecks-Winger, has brought her great skills to us as Development Administrative Assistant, during Zoe Lauckner's maternity leave.

Shelley Kuecks has been able to focus her considerable skills and attention on Palliative services,

She has worked to model integrated hospice palliative care as part of the weekly pain and symptom management clinic with Dr. Val Masuda our Palliative specialist and Hospice House sparkplug and Charlotte Robinson, knowledgeable Palliative Nursing Educator. Team visits to people at home also bring care to the patient and family in an integrated way.

With Shelley and Cornelia's leadership an Advance Care Planning Team is working to deepen community understanding and encouraging conversations about the health care decisions we would like to have made if we can't make decisions for ourselves

I have also had the privilege of working with the dedicated Hospice House Task Force, a thoughtful strategic and often challenging journey in itself. The ten task force members ably lead by Christa Fox and supported by Dr. Sue Barr have some fine accomplishments to report, described in Christa's report. In response to community requests over the past year we made a dozen presentations about hospice care and the new project to community groups.

One highlight of the hospice house work in the past year was our joint presence, 200 strong at the Island Health board meeting in July, signalling the strong community



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support for the Hospice House project. I know many of those attending the AGM tonight were there. Thank you all!

Our lovely donors and supporters continue to touch and surprise me with their caring contributions. You ensure that skilled Hospice care is available at no cost, wherever it is needed in our community: at home, in long-term care facility or in the hospital. Your donations have an important impact on people's lives at a very challenging time. Thanks to donor partners care is provided in all of the Cowichan Valley Regional District communities from Cedar to the Malahat and including the communities at Lake Cowichan.

The Cowichan Valley Regional District has shown foresight and commitment in providing anchor funding for hospice care across Cowichan. Thank you for making this difference!

Cowichan Hospice care also continues to rely on funding and knowledgeable support from the United Way even as the Cowichan branch has joined United Way of North and Central Vancouver Island. We also acknowledge the support of the government of British Columbia, not only through our annual community access gaming grant, but also in this past year, through the generous contribution of \$280,000. In capital funds designated for the development of hospice beds.

Which brings us back to the volunteers. You continue to be the heart and soul of Cowichan Hospice... know that all of your contributions whether in the garden or at the bedside make a difference for people who are caregiving, living through bereavement and living the end of their lives. Thank you!

Respectfully Submitted,

Gretchen Hartley
Executive Director

Volunteer Training and Support Programs 2016

Hospice said farewell to Kathy Skovgaard who held the position of Volunteer Coordinator and Grief Services Coordinator for many years. We will miss her but have stories, materials and memories of her time at Hospice.

This year was spent fine tuning and assessing the changes that were made in the training program. More refinement will happen in 2017. We will continue to offer the Deep Listening Training once a year and look at providing a shorter training as needed, for fundraising, board, Hospice House Task Force and Sassy Lion volunteers.

The Apprenticeship Program continues to be an effective model where freshly trained volunteers support and companion grief clients, largely in the office, and are closely supported in their work by staff. Following successful completion of the 6 month apprenticeship, volunteers can then move to offering palliative support in clients' homes. 2017 will be a chance for volunteers to evaluate the changes and give us feedback about their experiences.

Further training on palliative support is also being developed for inclusion in the Deep Listening Training which primarily focusses on grief clients.

Volunteer Support sessions are offered twice a month to all volunteers participating in direct service with clients. Volunteers are asked to attend at least once a month to discuss how they are doing with their work. Volunteers attend across all the programs which makes for a rich learning environment.

To respond to the requests from volunteers for additional trainings to help them support their clients, Hospice was pleased to offer the following advanced trainings in 2016.

- Spirituality in Death and Dying
- MAiD panel and discussion
- Parenting Through Grief
- Children and Grief
- Sudden Death
- Mental Health and Grief.

Cowichan Hospice has approximately 100 active volunteers offering a range of services to our community. Services include:

- At Cowichan District Hospital, we have a team of about 12 volunteers who continue to provide invaluable psychosocial support to palliative patients and their families.



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- We have approximately 21 volunteers providing 1 to 1 grief support in the office.
- We have a team of volunteers providing palliative support in the community for clients and their family members. Some of these volunteers also provide wellness sessions.
- We have wellness practitioners with expertise in Therapeutic Touch, Reiki and Massage providing services in 1-1 sessions and the care Clinic.
- There are 4-6 volunteers accompanying grieving clients in the Walking Group during the spring and summer months.
- Volunteers continue to participate in fundraising through supporting the events throughout the year and working at the Sassy Lion on Saturdays.
- I attend Palliative Rounds at CDH every Wednesday as part of a team consisting of a Palliative Care Physician, Palliative Care Coordinator, Spiritual Care Director, Social Work, Home and Community Care Liaison and nursing staff to discuss the needs of palliative patients and their families at CDH. Most of our referrals to the CDH volunteer team come from these meetings
- Our Board members who offer direction and help 'steer' the hospice ship

In summary, this has been an awesome year as the new person on the Hospice Team. I am so appreciative of the welcome from all the volunteers. I continue to be humbled by the commitment, skills and compassion of the volunteers- it is more than a job for most. Thank you from myself and on behalf of the clients and community we serve.

Respectfully Submitted,

Cornelia Wicki

Volunteer Program Coordinator

Bereavement Services Report: A Year in Bereavement



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I have been at Hospice for a year in June, my work here is a combination of intake of new clients, assessing the needs of the clients, matching the volunteers with the clients, supporting the volunteers and facilitating the support groups.

In the last year we have had approximately 185 bereavement referrals, consisting of self-referrals or a referral from a community member, physician or family member. Not all of these referrals ended up as an intake however.

We currently have 20 volunteers seeing clients on a one to one basis, weekly or biweekly. At any given time we have from 50 to 70 clients who are receiving one to one support.

Hospice has 3 Support Groups: Each are two hours in length, consisting of a check in and psychoeducational component. The Suicide Bereavement group is specifically for people who have lost a loved one to suicide. There are currently 5 families and meet one afternoon a month and is facilitated by myself and Rick Stordeur.

Our other two ongoing support groups, a morning and afternoon group, meet twice a month, facilitated by myself, Karen McDougall, and a volunteer, Lydia Pyefinch. These groups have about 10 clients enrolled in each.

I also co-facilitate a support group for volunteers with a therapist Beth Trotter who comes once a month to give the volunteers further support and group discussion.

What is an intake?

An intake usually takes about an hour. The client has been referred or self-referred, they may or may not have been into Hospice before. The client usually tells the story of their loss and sometimes has an idea of what kind of support they may want. Many times I am the first person they have spoken to about the death of their loved one in this way. Often just being in Hospice allows them to let their guard down and open up about what is happening for them.

I listen to their story and assess what kind of support Hospice might be able to provide and what the client's needs are. If the client is ready for one to one support I do my best to match them with a volunteer that would be helpful to them, and also offer a wellness treatment. Many times clients may need further support in the community so I also pass along information that also might be useful to the client.

The clients leave here with a small booklet about grief, usually an appointment for at least a wellness treatment and also knowing there is a place to come to connect with



others who are grieving. On top of immense sadness, often people feel isolated, crazy, or feel like they are going crazy, confused, lost and hopeless.

The feedback I hear the most from clients after an intake is “ I feel a lot lighter, I feel hope that I can survive this, and I know that I am not alone.”

Respectfully Submitted,

Lisa de Lusignan

Bereavement Coordinator

Palliative Services Update for 2016

People often think of “Hospice” as being a place where people go to live out their last days. That is one part of the role that hospice can fill, and one that we hope to soon have available in the Cowichan Valley. However, in reality, Hospice palliative care is so much more than that.

It's about helping people find their way through an often difficult and emotional time, giving them a safe place to explore their experience... maybe helping them get some of it out of the way so they can focus on the time they have left in their life, or that of the person they love. It can provide a space for people to unload some of the worries or concerns that they don't want to 'burden' their families with.

It's a service where people diagnosed with a terminal illness, and their loved ones, can find emotional and non-denominational spiritual support, as well as make use of physical relaxation therapies such as Therapeutic Touch and Reiki. We can also be another place to find answers in a sometimes confusing system.

The hospice palliative services coordinator and volunteers work with the local palliative doctors and home care staff as part of the team who support people at end of life. This happens through joint home visits, attending community palliative rounds, and being present at the Pain & Symptom Clinic currently run out of CDH. When people come to the clinic they are most often met by Dr Val Masuda, palliative physician, Charlotte Robinson, Island Health Palliative Care Coordinator for Cowichan Valley, and myself, Shelley Kuecks, Palliative Services Coordinator for Cowichan Hospice.

At the end of a visit with the Pain and Symptom team, one gentleman remarked that "Nobody has ever taken the time to explain to my wife and I what's really going on, how my disease is progressing, what I might expect to happen, or what my options are. I think, for the first time since I was diagnosed, I actually feel like I know what's happening with me. Thank you...so much."

I have seen people come in hesitant and subdued, leery of yet another appointment that they might leave feeling as confused as when they came in, only to leave with smiles, thanks, relief and a sense of almost tangible hope. Not false hope for a cure, but hope that they may live out the rest of their life with relief from pain, whole person support for themselves and their family, and the acknowledgment that their life has meaning. What they want to do with the rest of their time, given the restrictions of their illness, matters. They matter.

Hospice support is not about fixing anything... It's about walking alongside.



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Our client numbers for 2016 find us holding steady at around 800 community members we had connection with. This can look like:

- people calling for information for family members, friends or themselves
- visiting for palliative patients and family members at CDH or other facilities
- 1-1 companioning for palliative, grieving or caregiving people (both in office and home)
- Facilitated group meetings for people grieving a death as well as a specific suicide bereavement group
- Walking group
- Energy work/relaxation treatments (both in office and home)
- Advance Care Planning workshops
- Our lending library

I offer my gratitude...

~ To our dedicated staff and volunteers for their time, energy, skills and presence

~To our donors for making it possible to do the work we do

~To our clients, for giving us their honesty and willingness to be vulnerable, for it is through these things that we learn what support and services are needed and how best to offer them. It is through these things that we witness the love that is the core of this journey of life and death.

Respectfully Submitted,

Shelley Kuecks

Palliative Services Coordinator