**Hospice PEI Executive Director Report** (Reporting Period November 2019 to December 2019)
There was a trifecta of events that happened since right after our last Board meeting. # 1, the fallout from the two sudden resignations from staff in the queen’s region with one that affected all of Hospices grief support services. #2, the internal restructuring of current staff and subsequent hire of new staff and # 3, the sickness and then death of the Dad of a staff person who took personal then bereavement time.

During this time, I made it my priority to make sure services to current clients were not affected and reallocated some duties and took on some myself including completing the training of a group of volunteers, taking over some administrative duties and organizing the volunteers for the Charlottetown Mall Let their Light Shine Campaign. I also made it a priority to ensure one of our bigger fundraising campaigns was fully operational and adequately supported which took up more time than I had anticipated.

Before all this had happened, I was in the process of recruiting a Fund Development Manager and have subsequently hired a candidate who started in December. I therefore spent a fair amount of time with her planning a strategy for fund development initiatives beginning in the new fiscal year. This involved a review of services, our website and social media practices, past and current fundraising events, past history with Foundations and sponsorships, and a close look at estate and planned giving opportunities. In the next few months there will be a notable change on our website (new website) and a higher social media presence. We have also been looking into our data collection software (Sumac) to determine if it will meet the needs for fund development tracking and meeting with a local software developer.

I acknowledge I did not complete an action from the Board meeting in October that required me to resubmit 2 compliance reports as requested within the time frame given at the meeting. These are attached to the schedule compliance reports for this reporting period. My apologies for the delay.

**Hospice Person Centred Care**
After a year of planning and building on relationships with the Provincial Long-Term Care (LTC) team, we now have an office at Beach Grove Home, an MOU with the provincial LTC program and an active volunteer presence in 4 of the 9 LTC facilities. Based on the bedside volunteer model of care we have at the Provincial Palliative Care Centre (PPCC) we are working towards building capacity to have a pool of Hospice trained volunteers providing volunteer Hospice support to residents with a life limiting diagnosis. Both sides anticipate some growing pains as we work on the referral process and the need to ensure we are being utilized for Hospice services and not the friendly visiting program they have in place. 2 LTC facilities have a regular presence of volunteers scheduled for weekly shifts. There have been some initial discussions about providing Hospice training to LTC staff and their volunteer pool. Currently, we are focusing on building our volunteer capacity. The 4 LTC facilities are, Beach Grove, Prince Edward Home, Wedgewood and Summerset in SSide. We have been offered a space in Maplewood in West Prince but are not in need as we have an office at the O’Leary Community Hospital. That position is also still at 10 hours a week and the focus of her hours are placing volunteers at the Hospital and filling the requests that come from individuals and Home care services. We do have a presence in a small community seniors’ facility in Tignish. The PPCC had 2 beds closed for a long period of time. As of January, all 10 beds have been open. This was a staffing issue within Health PEI. We did not decrease our volunteer placements during this time at the facility. We are preparing to run a volunteer training in all three locations within the next 3 months starting with Queens. Our focus is to recruit a younger demographic and more males.

Numbers of clients receiving Hospice support in November and December is 90. (These numbers include the patients at the palliative care centre.

**Person Centred Grief Support**
With the sudden resignation of the grief support coordinator this fall I felt it was important we continue to provide grief support services that we had recently expanded on. I wanted to ensure we did this without any interruption or perception from both the public and our integrated palliative care partners that we were unable to follow through. Our East Prince Coordinator stepped in and took over the role in addition to her regular duties for both West Price and East Prince. She is now employed fulltime. There have been 3 Peer to Peer support groups since then and the open support groups continue to run once a month in both regions under her capable coordination and supervision. She has also provided support to the new person hired for the position in the Queens region and has attended meetings with the Palliative Care Programs social worker and spiritual advisor, as Hospice co facilitates an open group in Charlottetown once a month with them. We are currently preparing to run the first peer to peer group facilitated by Hospice in Charlottetown. We continue to provide printed resources to clients we work with in LTC facilities and to homecare clients and to the general public upon request.
I will be co facilitating with the new queen’s grief volunteer coordinator a refresher grief training in Charlottetown in late February. There will be Volunteer Grief Support training sessions after each Hospice training is completed.

Numbers receiving grief support services in November and December 92
one on one volunteer matched grief support calls 46 clients
Closed group participants 12 (2 six-week closed groups) East and West Prince
Open monthly drop in groups 34 One in each Hospice region
Number of Hospice bedside and grief volunteers 196
other volunteers non client contact 34
 **Provincial Awareness/Engagement/Advocacy**
I applied to the Law Foundation for a grant to provide ACP information sessions titled *Giving the Gift of Advance Care Planning: Who Will Speak for You?* Hospice was approved for a grant for $4,740. The project is a year long and will train volunteers to put on sessions to community groups to have participants who attend look at the advanced care planning booklets, answer the questions and complete their plans and Health care Directives. Here is an excerpt from the proposal. “*Hospice PEI proposes to present to PEI residents through community presentations Advanced Care Planning (ACP) in order to ensure that Islanders have their medical wishes known if they cannot speak for themselves. The purpose of completing an ACP is to have people think about their values and beliefs and what would they want others to know about their health care and treatment options. It would also help them prepare their Health Care Directive which is a legally binding document in which they write instructions about health care and treatment they would accept or refuse if they were unable to communicate for themselves. Health Care Directives also allows a person to name a Proxy(ies). Presentations will also cover information on the Consent to Treatment, Health Care Directive Act and Goals of Care and assist people in actively addressing the 5-step process to completing their ACP.”* The bulk of funding is to provide honorarium and travel to the volunteers. It is our hope to have presentations in all of our regions we provide services and upon requests from other areas. I will be the lead trainer on this project. All the materials have been developed through the CPAC project, Speak Out and the ACP booklets from the province.

We will be hosting 3 Hikes for Hospice this year WP, EP and Queens) and have been working with the Fund Development Manager to obtain sponsorship and participation from organizations and community groups. To date we have a good buy in and possibly 2 sponsors, Bayshore Health and RBC.
We are in the early days of planning for the 9th Annual DWTS and have 2 confirmed couples. Our goal is to have 8 couples this year. The date is booked for October 17th. We are actively soliciting interest in sponsorship for the event.

I have applied for a grant with UPSE Has a Heart and will be presenting to the group in February for a monetary ask for grief support resources. We are eligible for funds between $500 and $1000.

I have met with Techno media who have given us a great quote to redesign then manage the website. We are looking at a new logo. I am also looking at a new data base and have a few quotes that are higher and lower than what we use currently. One company has the capacity to do receipting/tracking for all donors/donations. It also can track volunteers and have them submit their reports online. The Fund Developer Manager (FDM) has been researching the best tool that is cost effective in all areas of our resources. These tools will help us as we move towards a streamlined recognition and receipting for our donors, volunteers and Board and staff.

**Revenue Highlights**
DWTS $56,188
LTLS $26,195
Memorial Donations from one person (Tom Davies) $4,070 He has also named us in his Will
Skills PEI Digital Skills 4 Youth. (DS4Y) $10,500 for admin rehire position (for this fiscal year)
Law Foundation $4,740 (Split over 2 fiscal years $1000 now remainder for next fiscal year)
Newsletter mailout $1,600 and still counting
Summerside Pancake Breakfast $1,250 with another potential $300 from the local Lions Club
Ceilidh $15,870
Queens Memorial offering $1,634
East Prince Memorial offering $725
I have not needed to cash the small GIC for the Fund Development Manager hire and have been keeping track of all expenses associated with the position. Th GIC continues to earn interest.
We have our first known commitment for a substantial planned giving gift through a Will. The Fund Development Manager has met with the person who has told us she is naming Hospice PEI as one of her 3 beneficiaries in her will. The FDM is working on how we will track these planned gifts and how we will continue to foster an ongoing relationship.

**Exploration for Growth and our own Identity**
I have been kicking the tires so to speak looking at rental space for a future move for the Provincial office. As the FDM meets potential supporters the questions that gets asked is why do we need their money? Why do we need our own space? Certainly, identity is important, but I believe with our own space we can offer more grief services, programs for home clients that are not as palliative as those in the facilities and possibly branch into grief work with children. If this is a vision that could happen, I would like to see a counsellor or Social Worker on staff to support clients, the volunteers and staff. I have talked with mental health counsellors and floated the idea by them. They thought it was a fantastic idea as they get many referrals for grief counselling when what they need is support. I would also like to offer support for our volunteers such as an EAS service as part of the health plan we have. These are some of the long-term visions I have that will be fleshed out in a workplan for the next 2 to 3 years over the next few months that I hope to submit for the March meeting.

 **Current Staffing**
Queens Volunteer Coordinator 37.5 hours week (permanent)
East Prince Volunteer/Grief Support Coordinator Bedside, 27 hours (permanent) Grief, 10.5 hours (term)
West Prince Volunteer Coordinator 10 hours week (permanent)
Queens Grief Support Coordinator 16 hours (term)
Administrative Assistant 37.5 (permanent)
Fund Development Manager 30 hours week (term)

I have made the decision to not provide volunteers and participate in the Wine Festival this spring. I strongly believe it is not a good match for us. The only role we play in the 3-day event is to check coats. I am sure most attendees do not even know, nor understand they are donating to Hospice PEI by checking their coats. For time it requires to coordinate volunteers and pick up cash at the end of the night it is not a good use of resources. I would prefer to spend time coordinating three Hikes for Hospice and have public engagement that is more meaningful.

Respectfully submitted by

Nancymarie Arsenault Executive Director Hospice PEI