HOSPICE
Greater Saint John

The Role of Residential Hospice in New Brunswick's Healthcare System

- ✓ **Healthcare innovation that serves as an alternate level of in-patient palliative care at a lower cost to government.**

- ✓ **Social entrepreneurship that has created new jobs that are contributing to the provincial tax base**

EXECUTIVE SUMMARY

Extensive research conducted by Hospice Greater Saint John over six years identified that a community residential hospice is the most cost effective way of delivering in-patient palliative care to the 50-70% of patients who cannot stay home to die and do not require the more complex and costly medical interventions of an acute care hospital.

Hospice Greater Saint John's senior leadership team developed a solid business plan to open, operate and fund Atlantic Canada's first 10-bed Residential Hospice named Bobby's Hospice. The plan included the establishment of a new, sustainable earned income stream.

In July 2009, based on market research and a business plan developed by the University of New Brunswick, The Hospice Shoppe was opened. The Shoppe is a high-end, second-hand retail store that sells donations of used clothing and household items with 100% of the proceeds funding care at Bobby's Hospice. Today, after five years of operations, The Hospice Shoppe is generating 30% of the annual revenue needed to fund care at Bobby's Hospice.

In February 2010, the Government of New Brunswick announced an operational funding partnership in the amount of $730,000 for Bobby's Hospice. On November 1, 2010, Bobby's Hospice was opened and began accepting its first patients. Since that time, we have high-quality palliative care to over 750 people and saved the NB Government over $16M in the delivery of in-patient palliative care.

JOB CREATION AND TAX GROWTH

- 40 NEW permanent employment opportunities were created and continue today due to the establishment of Bobby's Hospice and The Hospice Shoppe, contributing to government's tax base and to the local economy.

EFFICIENT HEALTHCARE DELIVERY AND COST SAVINGS

- The cost of care at Bobby's Hospice is $465/day with the NB Government providing $200/day and Hospice providing the remaining $265/day through fundraising and donations. Acute hospital care is significantly more expensive at a minimum of $1,000/day.
- Since opening in November 2010, Bobby's Hospice has cared for over 750 palliative patients who would have otherwise occupied expensive acute care beds at the Saint John Regional Hospital (SJRH), **saving the NB Government over $16M on the delivery of in-patient palliative care.**
- The 24-hour team of palliative trained nurses and physicians at Bobby's Hospice deliver excellent patient symptom control without costly hospital medical interventions.
- Patients at Bobby's Hospice utilize private insurance plans for medication coverage, resulting in annual savings of $30,000 - $40,000 to government.
- Bobby's Hospice further reduces healthcare costs with unnecessary ER visits, admissions to hospital and costly investigations and treatments which may not be necessary.

Bobby's Hospice is a perfect example of an innovative initiative that is helping to *"Move New Brunswick Forward"* with job creation, increased tax revenue, reduced healthcare costs for the delivery of in-patient palliative care and an alternative level of care that supports effective hospital bed utilization.

BOBBY'S HOSPICE QUICK FACTS

- A residential hospice is the most cost effective way of caring for the 50-70% of palliative patients who cannot stay home to die and do not require the more complex and costly medical interventions of an acute care hospital facility.
- Bobby's Hospice is a 24-hour admitting facility that provides comprehensive, quality care delivered by licensed and experienced healthcare professionals in keeping with established standards and norms of practice.
- Bobby's Hospice works in collaboration with community healthcare professionals from Zone 2 (nurses, physicians, hospitals, Extra-Mural and other care providers) to provide integrated, seamless care that ensures the patient is in the right place, at the right time, with the right care providers in keeping with patient/family wishes.
- Caring for an average of 115 patients per year in a hospice, frees up over 3,500 acute care hospital beds annually – improving access to acute care services and saving government money.
- Patients in a hospice utilize private insurance plans for medication coverage, resulting in annual savings of over $30,000 to government.
- Hospice patients further reduce healthcare costs with unnecessary ER visits, admissions to hospital and alternate level of care beds and costly investigations and treatments that may not be necessary.

Financial Summary

Cost of operating a 10-bed hospice	$1,700,000
Current government funding	$ 730,000
Average length of stay	22-25 days
Average number of patients cared for annually	115 patients
Average number of annual total patient days in a hospice @ 80% occupancy	3,500
Average daily cost of an acute care hospital bed	$1,000/day
Average daily cost of a hospice bed	$465/day
Current cost to NB Government for a hospice bed @ $730,000/year	$200/day
Government's cost of caring for 100 palliative patients in hospital beds	**$3,000,000**
Government's cost of caring for 100 palliative patients in a hospice	**$730,000**
Annual savings for medication coverage in a residential hospice	**$30,000**
Annual savings to government for in-patient palliative care	**$2,300,000+**

+ - There are additional savings with unnecessary tests & treatments for the palliative patient at a residential hospice.

A MODEL FOR COMMUNITY RESIDENTIAL HOSPICE CARE

Residential hospice care is based on nationally established palliative care and residential hospice standards and current best practices for providing care.

- ***A Model to Guide Hospice Palliative Care,*** Canadian Hospice Palliative Care Association, 2002
- ***Residential Hospice Standards***, Hospice Association of Ontario
- ***Fraser Health Hospice Residences***, Creating a healing and caring environment at the end-of-life, Fraser Health, 2007
- ***Hospice Palliative Care Volunteers Training Program,*** Canadian Hospice Palliative Care Association, 2012
- ***Hospice Palliative & End of Life Services and Required Organizational Practices***, Accreditation Canada

Twinning & Sharing for Success

Carpenter Place, Burlington, ON

Vernon Hospice, BC

Bobby's Hospice conducted extensive research with the following experts in the field:

Carpenter Place, Burlington, ON – www.thecarpenterhospice.com
Hospice May Court, Ottawa, ON – www.hospicemaycourt.com
Vernon & District Hospice, Vernon, BC – www.vernonhospice.ca
Rosedale Hospice, Calgary, AB – www.hospice.calgary.com
Red Deer Hospice, Red Deer, AB – www.reddeerhospice.com
Hospice Niagara, St. Catherines, ON – www.hospiceniagara.ca
Dr. Bob Kemp Hospice, Hamilton, ON – www.kemphospice.org
Sharon Baxter, Executive Director, Canadian Hospice Palliative Care Association
Janet Dunbrack, Healthcare Consultant and Former Executive Director, CHPCA
Carolyn Tayler, RN, BN, MSA, Director, Hospice Palliative Care, Fraser Health, BC
Michael Ahearn, Pallium Project, University of Alberta

Thank You!

NEW BRUNSWICK REALITIES

- Today, 6,250 people die annually in New Brunswick.
- Over 80% (5,000 or more) die from advanced illness such as cancer or chronic medical illnesses (heart, lung kidney and neurologic diseases) and need access to palliative care.
- Approximately 50% - 70% of all deaths occur in hospital because many palliative patients need 24-hour care in the final weeks and months of life that families are unable to provide at home.
- Seniors account for 75% of the annual palliative deaths. Experts say that by the year 2025, the proportion of seniors in NB is projected to be 21% higher than the national average.

HEALTHCARE ZONE 2 REALITIES

- Over 1,500 people die annually in healthcare Zone 2.
- Over 1,200 die from an advanced palliative illness.
- 600 to 800 of these palliative patients require in-patient care in the final weeks and months of life.

Ranking-10 Leading Causes of Death in Canada

	Cause	%
1.	Cancer	29.6%
2.	Heart disease	21.5%
3.	Stroke	5.9%
4.	COPD (lung)	4.4%
5.	Accidents	4.2%
6.	Diabetes	3.1%
7.	Alzheimer's	2.5%
8.	Flu/Pneumonia	2.3%
9.	Kidney disease	1.6%
10.	Suicide	1.5%
11.	Other	23.1%

Top 4 diagnoses = 61.5% of deaths

Chris O'Brien, M.D., Horizon
Health Division Palliative Med

HOME FIRST – COMMUNITY CARE

With the support of Extra-Mural, all efforts are made to maximize care in the home with family and outside supports. Even with available home care service support and without significant symptom issues, providing end of life care can be exhausting, physically and emotionally, for families, particularly in the final weeks and months of life when the physical needs of patients change dramatically. Research shows that caregivers often underestimate the demands of providing palliative care at home (*Stajdhuar, 2003*).

50%-70% of palliative patients require 24-hour professional, expert medical and nursing care at the end of life that can be provided outside of the hospital setting in a community residential hospice.

A UNIQUE MODEL OF CARE

Residential hospices are not like complex continuing care or long-term care facilities. Patients admitted to residential hospices are at the end of their lives with advancing illnesses that require ongoing acute medical care and medication changes. All members of the hospice team are palliative care specialists, trained in advanced pain and symptom management and the specific needs of the dying.

The focus of Hospice care is on comfort, not cure – and on life, not death. The goal is to make each person's last months of life as comfortable as possible while also providing support to family members and friends. Hospice is about dignity, respect, comfort, peace and hope. It is about celebrating life and enhancing each patient's quality of life at the end of life.

Hospice is a unique model of healthcare defined by the following principles:

- Expert pain and symptom management delivered by licensed and experienced palliative care specialists.
- Individualized, dignified, respectful and compassionate whole person quality care that includes physical, emotional, spiritual and social care for both patients and family members.
- Reduction and/or elimination of unnecessary investigations and treatments, except for those required to provide comfort.
- A home-like, peaceful, non-institutional environment that respects patient and family wishes.
- Experienced and dedicated staff, volunteers and healthcare partners who work together in full cooperation to provide patients and families with excellent healthcare and comprehensive support.
- A supportive community that provides half of the funding needed to deliver Hospice care.

THE HOSPICE ENVIRONMENT

A residential hospice offers top quality care in a home-like environment equal to that provided in a hospital. A hospice is located in a residential neighborhood with outside space and gardens for patient/family access. Internally, a hospice looks like a home with windows that open, home-like flooring, space for families (living rooms, dining room, kitchen, children's play room, bedrooms, etc.) while still providing the medical equipment, technology, furniture and supplies needed to adequately and safely care for patients.

Care is provided with the focus on the individual – ***this is their journey, their way.*** For example, patients eat and sleep when hungry and tired, rather than at set times. In addition, the patient's bedroom is considered his/her private room, just like home. Visitors must be cleared for visiting with the patient before they can enter the patient's room. Often as the patient draws closer to death, visitors are limited to the close family members.

Family members are part of the model of care and are encouraged to be with their family member as desired. There are no set visiting times for family members and they are encouraged to spend quality time with their loved ones. Cots are available for family members to stay in the patient's room during the final days. Some hospices have separate bedrooms they make available to family members who wish to stay overnight.

Other healthcare facilities cannot offer the level of flexibility and individualized care and support provided in a residential hospice.

THE 10-BED RESIDENTIAL HOSPICE MODEL

- According to research done by Fraser Health in BC, the number of community hospice beds required is estimated at 7 beds /100,000 population.
- Both the Ontario Hospice Association and Fraser Health, deem the 10-bed residential hospice model to be the most cost-effective as well as able to maintain a high quality of care in a home-like, non-institutional environment and secure sufficient community support.
- A 10-bed residential hospice requires a minimum population service area of 142,000 people to support admissions, 80% occupancy and community funding. The 10-bed model includes:
  - 24-hour acute patient care with 24/7 admissions comparable to hospital care
  - Licensed and certified medical and nursing care around the clock
  - Advanced pain and symptom management from palliative specialists
  - The highest care standards that are benchmarked to national best practices and accreditation standards and include written policies and procedures that govern the safe delivery of high quality care.
  - Volunteers trained to national standards who augment staff services, but do not replace them.
  - Comprehensive family support which includes education, anticipatory grief and bereavement support and spiritual care.
  - A comfortable, home-like environment with space for families.
  - Fully supported by the community with 50% funding.

ADMISSION GUIDELINES - ***Terminal care with ongoing pain & symptom management***

- 18 years or older
- Valid NB Medicare Card and qualifies for Extra-Mural support
- Living with a life-threatening/terminal illness and a life expectancy of 6 months or less
- Cannot be supported at home
- Physician referral through a triage process.
- Limited diagnostic tests or treatments required
- Patient and family aware of diagnosis and prognosis and agree to palliative end-of-life care with no extraordinary life saving measures
- Do Not Resuscitate (DNR) in place
- Palliative Performance assessment of 50% or less

Palliative Performance Scale

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Conscious Level
100	Full	Normal Activity No Evidence of Disease	Full	Normal	Full
90	Full	Normal Activity Some Evidence of Disease	Full	Normal	Full
80	Full	Normal Activity with Effort Some Evidence of Disease	Full	Normal or Reduced	Full
70	Reduced	Unable Normal Job / Work Some Evidence of Disease	Full	Normal or Reduced	Full
60	Reduced	Unable Hobby / House Work Significant Disease	Occasional Assistance Necessary	Normal or Reduced	Full or Confusion
50	**Mainly Sit/Lie**	**Unable to Do Any Work Extensive Disease**	**Considerable Assistance Necessary**	**Normal or Reduced**	**Full or Confusion**
40	Mainly in Bed	As Above	Mainly Assistance	Normal or Reduced	Full or Drowsy or Confusion
30	Totally Bed Bound	As Above	Total Care	Reduced	Full or Drowsy or Confusion
20	As Above	As Above	Total Care	Minimal Sips	Full or Drowsy or Confusion
10	As Above	As Above	Total Care	Mouth Care Only	Drowsy or Coma
0	Death	-	-	-	-

The majority of residential hospice patients will have cancer (80% or more), however patients with chronic end stage medical illness are also appropriate for residential hospice care.

Exclusions

Wandering, aggressive and unsafe
Ventilators
Long term care
Regular transport to hospital

ADMISSIONS PROCESS

Bobby's Hospice is a 24-hour admitting facility with a goal of 50% admissions direct from home which avoids costly hospitalization.

Admissions are decided through a Triage Process that includes medical professionals from Hospice, Extra Mural and the Hospital. Admissions from the community are through family physicians, Extra-Mural and the Hospice Palliative Care Outreach Service. Admissions from the hospital are through the Palliative Care Unit.

Most palliative patients can be cared for in a residential hospice environment. However, those who are still receiving oncology treatments or require the services of an acute care hospital are best admitted to the palliative care service in the hospital to avoid transportation issues.

The Nurse Manager of Bobby's Hospice oversees and manages all admissions, avoiding inappropriate admissions as needed. In her absence, admissions are managed by the clinical in-charge nurse who is working the shift at the Hospice.

BOBBY'S HOSPICE CARE TEAM

Caring for patients and families living with a life-threatening illness and coping with loss takes a unified cooperative team effort of trained palliative care specialists. The team consists of physicians, nurses, personal support workers, housekeeping and maintenance staff, cooks, administrative staff, support staff, managers, volunteers and community professionals who are all equal members of the team and work in full cooperation and collaboration to provide quality end-of-life care and comprehensive support.

Residential hospice operates with a full complement of staff to ensure quality care and appropriate healthcare and business operations. Volunteers <u>are not</u> used to replace required staff and reduce costs. Volunteers are a tremendous community resource that adds value to the residential hospice program and support staff to deliver quality, comprehensive care and support.

<u>Physician Team</u>

Bobby's Hospice has a part-time Medical Director to perform the following duties:

- Ensures compliance with medical practice guidelines and the overall quality and standards of care and support given to patients and families.
- Oversees the medical management of Hospice patients.
- Coordinates 24/7 on call medical coverage and manages physician billings.
- Provides staff education and supports quality care and a positive team environment.
- Leads family meetings to educate, solve issues and ensure satisfaction with care.
- Conducts patient rounds and attends interdisciplinary team rounds.
- Maintains collaborative relationships with community healthcare providers.
- Reports to the Hospice Board of Directors and the Department of Health.

In addition, Bobby's Hospice has a team of seven (7) palliative physicians providing 24-hour medical coverage, visiting patients at least four times per week and attending IDT Rounds. Bobby's Hospice funds the costs of the part-time Medical Director, while government funds the costs of the 24-hour palliative physician team.

<u>Nursing Team</u>

Bobby's Hospice has a full-time Nurse Manager to perform the following duties:

- Ensures the provision of high quality care within current practice guidelines and nursing licensure.

- Directs a coordinated team effort.
- Oversees and manages admissions and liaises with medical staff.
- Develop policies and practice standards that ensure safe, high quality care.
- Ensures medications are properly administered and that pain and other symptoms are alleviated with minimal adverse effects.
- Attends patient and IDT rounds.
- Provides education to staff and supports quality care and a positive team environment.
- Provides support to families to educate, solve issues and ensure satisfaction with care.
- Maintains collaborative relationships with community healthcare providers.
- Works in partnership with the Medical Director and reports to the Chief Executive Officer

Bobby's Hospice utilizes licensed professional nursing staff, both Registered Nurses (RN's) and Licensed Practical Nurses (LPN's).

- RN's are traditional bed-side nurses, rather than managers.

- LPN's are supported to work in their full scope of practice at Hospice which includes the following practices among other things:
  - Administration of medication, including controlled drugs by both oral and parenteral routes.
  - Taking and transcribing doctor's orders.
  - Pronouncing death
  - Rapid assessment and decisions on medical/nursing intervention.
  - In-charge nurse or team lead.

- RN's and LPN's are equal nursing team members who work together to deliver quality care and comprehensive support.

- Our Hospice also utilizes Personal Support Workers to assist with personal care and household duties.

- 24-hour Nursing & Personal Care Model
  - ✓ 1 Registered Nurse (RN) - 24 hrs/day – Hospice has 2 FT RN's
  - ✓ 1 Licensed Practical Nurse (LPN) – 24hrs/day – Hospice has 7 FT LPN's
  - ✓ 1 Personal Support Worker (PSW) – 12hrs/day – Hospice has 2 FT PSW's
  - ✓ A casual pool of LPN's and PSW's cover for vacation and sick time for the full-time staff.

- Clinical staff work two 12-hour shifts/day: 7 am – 7 pm and 7 pm -7 am in a 4 days on with 5 days off rotation

- Casual Pool to cover vacation and sick time

- No shift differentials for evenings or weekends

- Bobby's Hospice must pay competitive wages to professional healthcare and business staff to attract and retain qualified staff. Wages are benchmarked to NB Nursing Home and Canadian Hospice pay structures. In addition, Hospice must provide a comprehensive benefits package, a matching RSP retirement program and continuing education opportunities.

Support Team

- **Food Services** – food purchasing, inventory management, food preparation and kitchen cleaning & sanitization

- **Housekeeping** - floors, bathrooms, laundry, supplies

- **Facilities/Maintenance** – system, building and equipment maintenance and repairs, contractor supervision, grounds maintenance (lawn care, snow clearing, parking, walkways, etc), garbage, compost and recycling, window cleaning, building emergencies

- **Grief and Spiritual Care** - grief support groups and information; patient/family/staff counselling and support; coordination of community religious care

- **Volunteers** – recruitment, screening, training, scheduling support and development

Corporate Team

- **Chief Executive Officer** – overall business management and leadership that includes strategic and operational planning, policy development, governance, government relations, financial management, team leadership & development, quality assurance and risk management, regulatory compliance, strategic alliances & contract negotiations, data collection and analysis, evaluation and reporting, etc.

- **Financial Services** - Payables, Receivables and Banking, Reconciliations, Financial Reports, HST Collections, Payroll and Benefit Submissions, Annual Financial Audits

- **Human Resources** - EI, Work Safe NB and Human Rights Liaison and Management, policy development, hiring and performance management, Employment Standards and Labor Laws, support to employee managers

- **Community Relations and Fundraising** – Revenue Development, Events Management, Marketing & Promotion, Media & Public Relations

- **Administrative Support –** Phones, Mailings, Tax Receipting, Data Entry, Supplies, Information Systems

Staffing Notes

- Not all clinical staff are the right fit for a residential hospice. Staff must be hand-picked based on specific criteria that includes:

  - ✓ Staff who are comfortable with and/or have experience in caring for dying patients;
  - ✓ Staff with non-confrontational, positive attitudes and peaceful temperaments who can work as fully cooperative team members;
  - ✓ Staff who are comfortable working in a non-unionized, home-like environment for a non-profit organization;
  - ✓ RN's who are comfortable doing hands-on, bedside nursing and being equal partners with LPN's and other team members;

- A Hospice is a non-profit organization with limited financial resources. As such, Hospice staff oftentimes manage more than one role in the organization based on skills and expertise and all staff have an active role to play in supporting fundraising and cost containment.

Volunteer Team
The residential hospice volunteer is in a position of trust with access to detailed private healthcare information and supporting highly vulnerable patients and families at one of the most challenging times of their lives.

As a result, volunteers must be adequately screened and undergo extensive training in keeping with national standards. Volunteers work in four hour shifts during the day and in the early evening (8:00 am – 12:00 noon; 12:00 noon – 4:00 pm and 4:00 pm – 8:00 pm) and provide value added non-medical support services to both patients and family members as follows:

- Emotional/spiritual support
- Assistance with meals, laundry, housekeeping
- Taking patients outside on the Hospice grounds
- Sitting with patients, play games, reading, etc.
- Doing nails and hair

Tasks Volunteers are NOT allowed to do:

✓ NO lifting, transferring or moving patients
✓ NO feeding patients or personal care to patients (personal bathing/hygiene)
✓ NO borrowing, lending, selling or purchasing cigarettes or alcohol for patients/family members
✓ NO driving patients or family members in your own vehicle off Hospice grounds

COMMUNITY PARTNERS

Extra-Mural Program (EMP)
A residential hospice patient is a community patient who has moved from their individual home to a "group" home and as such continues to qualify for EMP support. The exception is direct nursing services as the residential hospice has their own dedicated nursing staff.

- Oxygen and Respiratory Therapy
- Complex Wound Care and Supplies
- Pleurx Catheter Supplies
- Specialized Air Flow Mattresses
- Liaison Nurse - EMP Hospice Palliative Care Coordinator
- Continuity of care- Visits to patients from their community EMP nurse (" they love to visit")
- Occupational Therapy
- Physical Therapy
- Social Work

Pharmacy
Bobby's Hospice has a contract with one local pharmacy (Shoppers Drug Mart, Crown Street) for all patient medications and pharmacy support services. Selecting one pharmacy reduces medication errors and contributes to safe, high quality care.

Just like home, a patient uses their insurance coverage or private pay to cover the costs of medications. Hospice collaborates with Social Services to secure coverage for patients who require government support.

Collaboration with one pharmacy offers:

1. Free timely delivery of medications
2. Convenient prearranged payment options for patients/families
3. Technical Support and Education to the Hospice Clinical Team
4. Attendance to Interdisciplinary Team Rounds
5. Competitive rates for dispensing fees
6. Sharps containers
7. Disposal of unused medications

Religious Support
A residential hospice welcomes local clergy at the invitation of the patient and family to visit their parishioners and offer religious and spiritual support to patients and families.

Hospital Palliative Care Service or Unit
Hospitals and Hospice work together to triage admissions and ensure the right patient is in the right bed at the right time with the right care provider. The majority of palliative patients who cannot stay home to die can be cared for in a residential hospice if they do not require acute hospital care.

COMMITMENT TO EXCELLENCE AND ACCOUNTABILITY

Continuous Quality Improvement (CQI)
Bobby's Hospice is committed to continuous quality improvement that meets national standards and best practices as well as regulatory/licensing requirements in the delivery of hospice palliative care. CQI is part of the everyday culture and business practices at the hospice. A cycle of continuous improvement for care and business practices involves:

- developing plans that set out the goals to be achieved;
- determining and implementing a set of strategies to achieve the goals;
- collecting data, measuring and evaluating outcomes;
- reviewing, revising or replanning to ensure that goals are realised.

There are four (4) key areas of focus for CQI for Hospice:

1. Outstanding Quality Care and Service – excellent patient/family care and support
2. Dynamic Environment – a great place to work and volunteer
3. Effective Linkages – valued and connected partners
4. Excellent Performance – a highly efficient and effective organization with sufficient resources

Benchmarking and Accreditation
Benchmarking is an important part of CQI at Hospice and is used to review the performance in comparison to other hospices in Canada and identify best practices to improve the quality and safety of care and business practices. Hospice utilizes the criteria for the delivery of hospice palliative care established by Accreditation Canada as a guide for operations, evaluation and a benchmark for continuous quality improvement.

Certification and Continuing Education
The Hospice clinical team is certified in palliative care delivery through the nationally recognized LEAP (Learning Essential Approaches to Palliative Care) Training Program. The Nurse Manager and clinical nurses are supported to pursue palliative care specialty certification through their licensing bodies.

Hospice offers one fully funded mandatory continuing education day per year to keep the clinical team informed of best practices and policy changes, as well as conduct team building. As resources allow, the nurse manager and clinical team members are supported to attend the provincial and/or national hospice palliative care conferences.

Quality Care Committee

The Hospice Quality Care Committee oversees all patient and family related clinical practices including but not limited to best practice guidelines, ethics and continuous quality improvement (CQI) at the hospice for the purpose of maintaining the highest standards for clinical care and healthcare accreditation.

The committee includes the CEO, Nurse Manager, a staff nurse, practicing physicians at the hospice and the Medical Director who chairs the committee. The Quality Care Committee establishes the standards of clinical care, develops an annual Quality Improvement Plan with performance measures, makes recommendations on improving policies and practices and conducts case reviews. The committee meets monthly and reports to the Board through the Medical Director.

Quality Improvement Plan and Performance Measures

CQI requires reliable measures of performance and the systematic collection of data and evaluation of outcomes against those measures. The Annual Hospice Quality Improvement Plan developed by the Quality Care Committee and approved by the Board of Directors identifies areas for improving the quality and safety of care which are defined in the established performance measures. Targets are established, data collected daily and the results reviewed quarterly.

Interdisciplinary Team Rounds (IDT)

The IDT Team meets weekly to:

- review the current patient/family admissions to ensure quality, comprehensive care and support;
- review and identify potential admissions to the residential hospice and develops an admission plan;
- enhance communication and facilitate a collaborative and comprehensive approach to coordinated, timely and seamless quality care that ensures the ***right patient, in the right place, with the right care providers at the right time.***

The physician on call leads rounds and reports on current patient/family issues, life expectancy and needs. Additional IDT team members include the CEO, Medical Director, community physicians, Hospice Nurse Manager, shift clinical team leader, Volunteer Coordinator, Food Services, Grief & Spiritual Care Coordinator, a pharmacy representative, Extra Mural and others as deemed appropriate by the residential hospice.

Workplace Health & Safety Committee

The Health & Safety Committee meets monthly to ensure a healthy and safe workplace for employees, volunteers and others at the residential hospice. The committee conducts monthly workplace inspections, makes recommendations on improving health and safety policies and practices and investigates health and safety concerns and/or accidents. The committee includes equal representation of management and employees and reports to the CEO.

Reviews and Audits

Hospice has a commitment to regular review as a means of critically assessing its performance and exploring opportunities for improvement.

- The Interdisciplinary Team meets weekly.

- The Management Team, Health & Safety Committee, Quality Care Committee and Board of Directors hold monthly meetings.
- Regional/community partners meet quarterly.
- An independent financial audit is conducted annually.

Reports
Hospice is committed to full accountability and transparency.

- Daily reports are provided to the CEO and Medical Director.
- Detailed reports are provided monthly to the Management Team and the Board of Directors;
- Monthly Donor Reports and regular website updates keeps donors and the public informed;
- Quarterly reports are provided to the Department of Health.

HOSPICE GOVERNANCE AND MANAGEMENT

The Board of Directors is the legal governing authority for Hospice and acts in a position of trust for the community. They are responsible for the effective governance, stewardship, leadership and support of the organization and ultimately responsible to the community and to regulatory and funding bodies for the strategic direction and effective operation of the organization. The Board has two staff, the CEO and Medical Director, who direct the work of the organization, sit as members of the Board and report monthly on the outcomes of care and operations.

- Chief Executive Officer (CEO) -The CEO is the senior staff person and chief administrative officer of the company, responsible to the Board for the general management of the company's activities and business units and for accomplishing its strategic goals.

- Director of Medical Care - The Director of Medical Care is the senior clinical staff person and responsible to the Board for efficient, safe, high quality clinical services in keeping with the company's mission and plans and Canadian standards and best practices.

- The Board defines the ends to be achieved by the senior staff on behalf of the organization.
  - Quality care in keeping with national standards and best practices
  - Excellent customer service – happy patients, families, donors, customers
  - Strong, positive community reputation to engage support
  - Qualified, dedicated staff with low turnover
  - Large, supportive volunteer base
  - Balanced budgets with revenue growth
  - Positive government relations and support
  - Strong working relationships with healthcare partners that maximizes effective bed utilization
  - Quality facility and efficient systems that support care delivery
  - Sustainability plans

- Executive Limitations define what the CEO and Medical Director CANNOT do to achieve the ends *(ie, deliberate patient harm, substandard care, expend more funds than received, use long term reserves without approval, fail to fulfill legal and regulatory responsibilities, knowingly allow anything illegal, immoral, unethical, etc.)*

Management
Accountable to the CEO, the management team is responsible for the effective operations of Hospice business units and ensures goals and objectives are met. The Hospice Management Team collaboratively works together to deliver quality results in keeping with the organization's strategic directions and operational plans.

GOVERNMENT AND RESIDENTIAL HOSPICE PARTNERSHIP

The following principles govern the care delivered in Hospice and in the partnership with government and others:

- **Patient's First** – Residential Hospice puts patients' needs first.

- **Hospice Governance & Administration Model** – The residential hospice is governed and administered by the community hospice.

- **Partnership Evidenced by a Contract** – The Hospice has an operational contract with the NB Government which is detailed in a contract that includes funding, decision making, problem solving, quality indicators, evaluation and reporting and strong operational partnerships with local healthcare providers to deliver seamless end of life care.

- **End-of-life Care** – The purpose of the residential hospice is to deliver end-of-life care to patients living with an active, progressive terminal illness. It does not serve as a long-term care home, nursing home, seniors' residence or special care home.

- **Industry and Evidence-Based Best Practices** – Care delivered at the residential hospice is based on the existing Canadian Norms of Practices and current industry best practices.

- **Quality Risk Management** – High quality care and reducing risks are a priority for the residential hospice. A quality care committee, an annual quality care improvement plan and quality care indicators, policies and protocols are established and used to deliver care and conduct evaluation and reporting.

- **Stability & Predictability** – An annual government grant that adequately reflects inflation ensures stability and guarantees the predictable delivery of care. The residential hospice also has financial sustainability plans in place.

- **Integrated with Volunteer Support** – A residential hospice operates with a full complement of professional, licensed and salaried staff who work alongside hospice volunteers to deliver quality care and comprehensive support. Volunteers are integral to the delivery of non-medical support services and the maintenance of the home, however, they do not replace staff.

- **No duplication –Seamless Care** –A residential hospice does not duplicate what is currently in existence. Collaborative partnerships with local healthcare partners provides integrated, quality, timely and seamless care that ensures palliative patients are *"in the right bed, at the right time with the right care delivered by the right provider."*

- **Full Accountability and Public Reporting** – A residential hospice depends on the community for funding and support and as such is committed to transparency and full accountability to the community. Appropriate information is made public on websites, through donor reports, mailings and media reports.

ANNUAL OPERATING COSTS = $1.7M

Staffing Salaries and Benefits

Residential hospices are required to recruit staff with highly developed and unique competencies and specializations in hospice palliative care and non-profit business management. The competitive marketplace requires the hospice to pay competitive salaries and offer full benefits to attract and retain qualified staff to deliver care and manage business operations.

Medical & Nursing	**$830,000**	
Medical Director		
Nurse Manager		
RN's, LPN's & PSW's		
Support Staff	**$215,000**	
Housekeeping, Food Services, Maintenance		
Volunteer Support, Grief & Spiritual Care		
Office Administration		
Corporate Staff	**$165,000**	
Governance, Finance, Human Resources		
Website, Promotion, Senior Leadership		
& Administration		
Fundraising Staff	**$125,000**	
Total Annual Staffing Costs:		**$1,335,000**

Support Costs

Fundraising & Community Relations	75,000	
Heat & Lights	40,000	
Governance & Administration	35,000	
Staffing Expenses	30,000	
Food & Refreshments	20,000	
Medical Supplies	20,000	
Furniture & Equipment	10,000	
Housing & Maintenance Supplies	10,000	
Insurance	10,000	
Grounds & Snow Clearing	10,000	
Building System Maintenance	8,000	
Laundry	8,000	
General Supplies	5,000	
Garbage/Compost Pick Up	5,000	
Water & Sewage	5,000	
General Maintenance	5,000	
Volunteer Expenses	2,000	
Security	2,000	
Total Annual Support Costs:		**$300,000**
Total Residential Hospice Costs		**$1,760,000**
Current Funding from Government		**$ 730,000**
Required Funding from Hospice		**$1,030,000**

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