



HOSPICE GREATER SAINT JOHN ANNUAL PROGRAM REPORT FOR FISCAL YEAR 2009/10

The indicators in this report were developed by using the HPC standards developed by the Canadian Council on Health Services Accreditation.

Indicator	Target	Result	Comments
<p style="text-align: center;">Access</p> <p>The community has timely access to Hospice support.</p>	Annual increases in the total number of people served	<p style="text-align: center;">263</p> <p style="text-align: center;">Down 30% from last year</p>	<p>This is down by 30% from last year where the total was 381, due to several factors:</p> <ul style="list-style-type: none"> • The Monthly Bereavement Call Program continues to be on hold due to renovations at the house; • The number of people attending the Grief Support Programs is limited due to limited community space in which to hold the program; • Hospice is in a full transition to a medical facility (Residential Hospice).
<p style="text-align: center;">Access</p> <p>The community has timely access to Hospice support.</p>	Annual increases in the number of palliative referrals	<p style="text-align: center;">240</p> <p style="text-align: center;">Up 20% from last year</p>	<ul style="list-style-type: none"> • Increased referrals from Oncology and the Outreach Service accounted for some of our increased palliative referrals this past year.
<p style="text-align: center;">Access</p> <p>The community has timely access to Hospice support.</p>	Annual increases in earlier, more timely palliative referrals from the community	<p style="text-align: center;">75% of referrals came from the PCU or Acute Care Beds</p> <p style="text-align: center;">Average LOS dropped to 25 days</p>	<ul style="list-style-type: none"> • The majority of our referrals continue to come from the hospital, specifically the PCU due to the excellent working relationship we have with the PCU team and the fact we are a full member of PCU rounds. • Community referrals totalled 25% We continue to have some excellent working relationships with a small group of EMP nurses/social workers who are working in the community and making regular referrals. However, being included in community palliative care rounds would help to increase earlier, more timely community referrals. • Our average length of stay on our palliative services dropped again this year from 32 days to 25 days, meaning that people are not receiving the full benefit of Hospice support in a timely fashion.
<p style="text-align: center;">Access</p> <p>The community has timely</p>	Annual increases in the percentage of the dying	<p style="text-align: center;">30% served, up 5% from last year</p>	<ul style="list-style-type: none"> • Hospice served 30% of the available dying population, up from 25% last year.

access to Hospice support.	population served (100% = 800)		
<p>Response</p> <p>Service is initiated in a timely manner.</p>	95% of referrals are contacted within 3 business days of the referral.	98%	<ul style="list-style-type: none"> • 98% of our palliative referrals received personal contact within 3 working days; • 100% received our comprehensive palliative support information kit; • 100% of clients in hospital received regular visits from our Hospital Volunteer Team; • 100% of clients in the community received the option to have the support of a volunteer. • 34% of referrals from the community accepted volunteer support. The remainder received occasional phone calls and continued offers of support.
<p>Addressing Needs Assessment, Information and Consent</p> <p>Comprehensive information is available to guide decision-making, service planning and support clients to cope.</p>	100% of referrals receive an assessment to identify needs and our comprehensive information kits.	100%	<ul style="list-style-type: none"> • 100% of palliative referrals had a personal visit and needs assessment completed by the Palliative Care Coordinator. • 100% of palliative clients give informed consent for Hospice support. • 95% of grief referrals had an assessment via phone by the Grief Coordinator. • 100% received our Hope & Healing Palliative Support Kit and Finding My Bereavement Kit. • The Hospice website has comprehensive information on-line.
<p>Addressing Needs Competency</p> <p>Services are provided in a safe manner by qualified and competent staff and volunteers who work as a team to deliver quality, timely services.</p>	<p>100% of program volunteers have a current police records check on file and have completed the 30-hour HPC training program.</p> <p>Staff receive annual continuing education opportunities to build skills and competence</p>	100%	<ul style="list-style-type: none"> • 100% of program volunteers have had a police check and completed 30-hours of hospice palliative care training. • 100% of grief and bereavement volunteers have also had additional grief and bereavement training. • 100% of program staff have had continuing education through attendance at the annual national conference and self-education through books and videos. • 100% of program volunteers communicate and/or meet regularly with the program staff.
<p>Delivering Services Privacy & Confidentiality</p>	100% of program volunteers and staff	100%	<ul style="list-style-type: none"> • 100% of program volunteers and staff have had a minimum of one hour privacy and confidentiality training, which includes a PP

<p>Personal privacy is respected and information is managed in a confidential manner.</p>	<p>have had comprehensive privacy and confidentiality training and have signed a Code of Ethics & Pledge of Confidentiality Form.</p>		<p>presentation and a 20-question Privacy & Confidentiality Quiz.</p> <ul style="list-style-type: none"> • 100% of program volunteers and staff have signed the Code of Ethics & Pledge of Confidentiality Form. • 100% of clients receive the Hospice Brochure which includes information on our privacy protection practices on the back cover. • All client information is kept under lock and key at the Hospice office. Electronic records are protected with a password. • Access to client information is limited and only provided to team members involved in providing care and support and only as needed.
<p>Delivering Services Risk Management</p> <p>Hospice has an appropriate risk management process to minimize liability and poor outcomes.</p>	<p>Appropriate steps are taken to identify and minimize possible risks to clients, volunteers and the organization.</p>		<ul style="list-style-type: none"> • 100% of Client Volunteers are screened, trained, supervised and evaluated by competent professional staff. • All clients are screened by competent professional staff. • The Palliative Program Coordinator personally visits all client homes to assess risk prior to assigning a palliative home support volunteer. • All Client Volunteers receive infection control training. • Hospice has appropriate insurance coverage for all program areas. • Appropriate privacy and confidentiality policies and practices are in place. • Waivers are used with bereaved clients attending the Grief Support Groups.
<p>Delivering Services Enhancing Quality of Life</p> <p>Hospice non-medical support services enhance quality of life and support patients and families to cope.</p>	<p>Hospice clients receive appropriate and timely support services.</p>		<ul style="list-style-type: none"> • 100% of palliative clients are given comprehensive “just in time” information to help them understand and cope with a progressive life threatening illness and prepare for loss. • 100% of palliative clients are offered emotional, social, spiritual, respite and practical support (drives and linen delivery) services. • Trained and experienced volunteers are matched with clients based on mutual interests and area of the city in which they live. Volunteers provide a minimum of 4 hours per week of support. • Hospitalized patients receive regular weekly visits from the Hospice Volunteer Visiting Team.
<p>Delivering Services Continuity of Care</p> <p>Families receive appropriate information and support following the</p>	<p>100% of families receive the “Finding My Way” Bereavement Kit and information on our grief and</p>	<p>100%</p>	<ul style="list-style-type: none"> • 100% of families received our Bereavement Kit and information on our grief and bereavement services within one week of the death of their loved one. The Bereavement Kit includes a personal condolence letter from our Grief Support Coordinator, our grief handbook and our “Finding My Way” Grief Groups brochure. • Our website has comprehensive information on grief and

death of a loved one.	bereavement services within one week of the death.		bereavement and the upcoming grief groups, etc.
<p>Community Linkages Collaboration</p> <p>Hospice collaborates with community healthcare partners to facilitate comprehensive, quality and timely client care and support the advancement of HPC services.</p>	Staff communicates regularly with local, provincial, regional and national partners and stakeholders.		<ul style="list-style-type: none"> • Our Palliative Support Coordinator attends weekly PCU interdisciplinary team rounds at the SJRH to coordinate care and report on Hospice support services provided to patients on the PCU. She also connects with healthcare professionals on acute care floors once a referral has been made. • Hospice is currently not included in EMP community palliative care rounds. Our Palliative Support Coordinator continues to communicate regularly with EMP professionals who are caring for clients referred to us for support.
<p>Community Linkages Leadership</p> <p>Hospice collaborates with community healthcare partners to facilitate comprehensive, quality and timely client care and support the advancement of HPC services.</p>	Staff communicates regularly with local, provincial, regional and national partners and stakeholders.		<ul style="list-style-type: none"> • Our Grief Support Coordinator and Palliative Support Coordinator presented a workshop on our Grief Support Group at the national conference. • Hospice shares information and supports the growth and development of other Atlantic Hospice organizations as requested. • Our Executive Director participates in the HPC Network established <i>“to bring HPC stakeholders together to provide a forum for leadership in the delivery of evidenced-based care to patients/families.”</i>
<p>Positive Outcomes Planning</p> <p>Hospice uses research, evidence and best practice information to develop and improve its services.</p>	100% of Hospice programs have defined goals, objectives, outcome indicators/core competencies and evaluation plans.	100%	<ul style="list-style-type: none"> • 100% of the Hospice programs have defined goals, objectives, outcome indicators/core competencies and evaluation plans.
<p>Positive Outcomes Development</p> <p>Hospice uses research, evidence and best practice information to develop and improve its services.</p>	Staff stays connected to national and regional partners to ensure standards and best practice information is readily available.		<ul style="list-style-type: none"> • Hospice is a member of CHPCA and attended the annual conference. • The Executive Director is a member of the CHPCA’s Conference Education Team. • Hospice has connections with other community hospices who regularly provide information on the research, development and best practices associated with Residential Hospice.

<p>Positive Outcomes Evaluation</p> <p>Hospice uses research, evidence and best practice information to develop and improve its services.</p>	<p>Feedback from clients, volunteers, staff and partners is collected and used to evaluate service outcomes, team effectiveness and to make improvements.</p>		<ul style="list-style-type: none"> • Satisfaction surveys are used in the grief support and volunteer training programs. • A client/partner survey was last conducted in 2007 and will be reinstated with the opening of the Residential Hospice. • Unsolicited feedback via notes/cards/letters from clients is monitored regularly. • Volunteers resist completing an annual assessment; therefore, the practice was stopped. Ongoing, verbal feedback is sought. • Staff meet regularly to review program activities and outcomes and they complete an annual self and team assessment each March.
<p>Information Management</p> <p>Hospice has an appropriate data collection, documentation and records management process in place.</p>	<p>Appropriate data is collected and documented in electronic and hard copy files and stored to ensure privacy and confidentiality.</p>		<ul style="list-style-type: none"> • Hospice has a comprehensive electronic Client Registry that stores all relevant information required to provide quality care and support and track outcomes. • Each palliative client has a separate electronic and hard copy file and information is regularly recorded on the status of services provided. • Palliative volunteers are to report regularly to the Palliative Program Coordinator who reviews the report and files it in the client's record. Often, they have to be contacted by the Palliative Support Coordinator as they do not always report as requested. • Electronic and paper records are stored properly.
<p>Reporting</p> <p>Hospice has an appropriate reporting system that meets accountability and transparency objectives.</p>	<p>Information and reports on Hospice programs is shared with clients, volunteers, funders and stakeholders.</p>		<ul style="list-style-type: none"> • The Executive Director reports to the Board of Directors monthly on program activities and outcomes. • Program funders receive a comprehensive outcomes report. • Official program reports are posted on the Hospice website. • A complete program report is provided to the membership at the AGM in June. • Annual Community Reports were distributed in April and December this past year.

1. General comments on our current programs and services.

Hospice Greater Saint John's current non-medical support services are excellent, however they are underutilized. With over 75% of referrals coming after hospitalization, families are not receiving full Hospice support in a timely fashion. In addition, only 34% of families took advantage of our in-home volunteer support services. The number and timeliness of referrals is beyond our control as we are at the mercy of the healthcare system. The one area for improvement is documentation and record keeping.

2. What's changing as we open Residential Hospice? What will be our new responsibilities and how will our non-medical programs change?

- The priority focus for our non-medical support programs will be the Residential Hospice (RH) and all resources (staff, volunteer and financial) will be directed to that program to ensure it success.
- The Volunteer Visiting Program at the SJRH (and in other facilities) will be transferred to the RH in September 2010 and volunteers will undergo additional training in the month of September.
- The in-home community support program will continue as resources allow. Upon
- Additional grief support services will be added to provide enhanced support to patients/families.

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Date: April 4, 2010