

**Hospice Greater Saint John
Minutes of Board of Directors
Tuesday, April 24, 2007**

The Board of Directors of Hospice Saint John Inc. met on Tuesday, April 24, 2007 at the Hospice House, 282 Douglas Avenue

Present: Marilyn Craft, Sandy Johnson, Suzanne Roma, Cathy Connolly, Betty Bowes, John Sheehan, Shirley McAlary, Ivy Cosman, Joanne Jamer, Marijke Bloc, Patti Nicholson, Jo McLean, Patrick Woods

Regrets: Tina Landry, Dr. Chris O'Brien, Dr. Nancy Grant

1. WELCOME & OPENING PRAYER

Marilyn Craft, Chairperson called the meeting to order at 4:30 PM and the opening prayer was said by Cathy Connolly

2. APPROVAL OF AGENDA

Motion to approve agenda (Shirley McAlary/Jo McLean) - Motion Carried

3. APPROVAL OF BOARD MINUTES MARCH 28, 2007

Motion to approve minutes of the Board Meeting March 28, 2007. (Shirley McAlary/Ivy Cosman) - Motion Carried

4. RESIDENTIAL HOSPICE

4.1 Sisters of Charity

Marilyn and Sandy met with the SCIC Leadership Circle in February 2007 to review our position regarding an offer to purchase Saint Joseph's Convent at 385 Dufferin Row. They advised the Sisters that Hospice is interested in purchasing this building and property for both our current programs and services and the establishment of a 10-bed Residential Hospice. They also advised that we are working with the NB government to secure a commitment to cost-share the annual \$800,000 in operational costs to run the Residential Hospice Program and to secure federal funding for a pilot project. They reported that our current total equity is \$300,000 which is the maximum amount the organization has to purchase the property and that most likely the purchase price would need to be less than that to cover moving and set up costs.

A letter from the Sisters legal firm, Cox & Palmer, was received on March 23, 2007 advising that the market value of the property is \$750,000 - \$850,000.

Marilyn reported that a Committee of the Board made up of Nancy, Chris, Shirley, Pat, Sandy and herself toured the facility and determined that it is an excellent facility – well built and well maintained – and most likely the only existing facility in Saint John that is appropriate for our purposes. The next steps are to meet again with the Sisters to see if they are interested in selling the property at less than \$300,000 and to seek professional input re renovation costs to meet building and fire codes.

4.2 Government Status Report

Sandy reported that we continue to have key political support from Premier Shawn Graham, Minister of Health Mike Murphy and local Ministers Roly MacIntyre, Mary Schryer, Ed Doherty and MLA's Abel Leblanc and Trevor Holder. Through a series of presentations, we have also generated key community leadership support from the Atlantic Health Sciences Corporation, the Greater Saint John Mayors and the Saint John Board of Trade. Broad based community support is needed to secure government commitment to

an operational cost-share. The Minister of Health, Mike Murphy, has advised that he is still in dialogue with the Federal Health Minister, Tony Clement, to secure federal funds for a pilot project. Minister Roly MacIntrye continues to champion this project for us within government.

5. REPORTS

5.1 Quality Management Committee

A 13- minute video presentation developed by Hospice to promote the Caregiver Support and Day Hospice Programs was shown. The video is being distributed to healthcare professionals in the community and in hospital with the intent of educating them on these new services and facilitating referrals.

On behalf of the Quality Management Committee, Ivy and Sandy presented the Program Evaluation Report with the following recommendations:

1. Focus our program development and marketing efforts on the following:
 - Palliative Practical Support Services
 - Caregiver Support Services
 - Grief Support Services
 - Development of Residential Hospice
2. Continue to make our palliative volunteer support services available to those who may want to take advantage of them and monitor their use in comparison to resource utilization.
 - Simplify the referral/access process – accept referrals over the phone from families, EMP and FP – just call to access support services - no forms to be completed and sent Hospice will track down the needed info.
 - Make the Hospice consult at the SJRH a nurse referral rather than a physician referral.
3. Continue our in-hospital volunteer visiting service for the time being. Once Residential Hospice is operational and/or the available volunteers have declined significantly, then we need re-visit this service in light of our own program and facility volunteer needs.
4. Continue to the Day Program as designed through the grant period until December 31, 2006 and re-evaluate then for continuation. Because the grant includes funds for programming for both the palliative person and their family, include the Caregiver Support Programs in the final report.
5. Discontinue the Quality Management Committee and propose a Hospice Palliative Care Network that brings all HPC team members to the table on a quarterly basis to increase communication and collaboration and facilitate integrated, seamless operations that has positive patient/family outcomes and supports accreditation. Proposal to be given to Dr. Chris O'Brien to present to all partners.
6. Establish a youth volunteer program.

Some discussion occurred regarding an Alzheimer's Day Support Program. Patti reported that there is a tremendous community need for a program like this for people in the mild to moderate stages of the disease. In particular, caregivers are in need of respite and emotional support. She would be willing to work with us to make this program viable. Some people expressed concerns re behavioral issues and space issues. The

Quality Management Committee is recommending further research and discussion regarding this program and resolution re Residential Hospice prior to a decision being made.

The Board agreed with the Committee's recommendations, recognizing the need to stay relevant and offer the community services that they want rather than what we want.

Motion to dissolve the Quality Management Committee. (Pati Nicholson/ Cathy Connolly) - Motion Carried

5.2 Resource Development Committee

Cathy reported that the RDC also undertook an evaluation process to answer the following question: **Are we utilizing the hard-earned money that we raise in the most effective manner to serve the families of dying people in our region?**

Cathy reported that on many levels we have had a very successful year: the purchase of our house, the solid community awareness and financial support to pay for it, the backing of a major corporate sponsor, and continuing discussions towards residential hospice with various levels of government. Additionally, the opportunity to introduce new services with the acquisition of our new house was a key factor in presenting our vision to the public.

On behalf of the Resource Development Committee, Cathy presented the following recommendations similar to those presented by the Quality Management Committee:

1. "Tangible" services are more easily marketed and "purchased" by a target audience that is seeking something they need. While we do not hesitate to recognize that the dying require support, it is like marketing an intangible product to an unwilling market. Therefore, we need to speak to those who are in the situation and who are willing to purchase a product that serves their needs.
2. Shift focus to support services for the **caregiver** of the dying, and in bereavement – both in program development and in marketing. When focusing on the caregiver, there is no requirement for a direct admission or conversation surrounding the terminal illness of the family member. In fact, caregiver support services would be offered to those whose family members are facing a "serious" illness. This focus may ultimately allow us to also serve the dying family member during the time that the caregiver attends our programs at Hospice House.
3. Consider various methods of presenting information on caregiver support: post caregiver research documents on our website, market caregiver and bereavement services to EAP programs at major corporations, municipal, health employers.
4. Pitch a coalition of stakeholders who meet quarterly with the goal of enhanced care to families dealing with life threatening illness. Develop policy, Hospice act as secretariat.
5. Consider unique education offerings like "Living with Cancer" which could also address the often avoided fear of dying. This could introduce the philosophy of Hospice to a population that may require future referrals.

These strategies are suggested to tweak our effectiveness in the delivery of services given our responsibility to our public who supports us.

Cathy reported that the Annual Hike for Hospice is planned for Saturday, May 12 along Harbour Passage, beginning in the OSCO Parking Lot.

5.3 Finance Committee

Pat reported that Hospice remains in a strong financial position with a total equity of \$371,328.

As of March 31, 2007, the Operations Fund has a bank balance of \$91,186 and the Hope House Fund has a bank balance of \$12,505 at fiscal year end (March 31, 2007).

Our year-end operational financial statements are showing a net profit of \$3,852 and a total operational fund equity of \$76,005.

The annual audit will be done by Chris Cook in May and the annual audited statements presented at the AGM in June.

5.4 Friends of Hospice

Betty reported that to date, 32 tables have been confirmed for the Play Cards Luncheon on Thursday, May 3 at St. David's United Church in Rothesay. Marilyn thanked Betty for all her hard work on the Play Cards at Home and Play Cards Luncheon fundraisers, noting that she is the driving force behind this event.

5.5 Operations

Sandy reported that staff annual performance reviews have been completed and contracts/agreements signed. Ruth Hill and Sandy Johnson continued to be the only full-time salaried staff for Hospice.

Diane Sullivan will be working four days per week (Monday to Thursday) on a part-time contract until March 31, 2008 and she will assume responsibilities for coordinating the delivery of the grief support services in addition to her administrative duties.

Sue King will be working on a part-time contract three days per week (Tuesday, Wednesday, and Thursday) until December 21, 2007 to deliver the Caregiver Lunch & Learn Program and the Day Program.

6. ADJOURNMENT

Motion to adjourn meeting at 6:30 PM (Patti Nicholson).

Next Meeting – May 29, 2007 at 4:30 pm.

Respectfully submitted

Sandy Johnson
Executive Director