Hospice Simcoe Strategic Plan
2015-2018
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Introductory Statement

This strategic plan has been developed by staff, volunteers and board directors of Hospice Simcoe for the purpose of directing the work of the agency for the next three years. We were guided by significant input from our clients, community partners and contributors as well as the following important guiding documents; “The Way Forward”, “Declaration of Partnership and Commitment to Action” and the “North Simcoe Muskoka Hospice Palliative Care Network Strategic Direction”. This strategic plan will be used to provide broad direction, and will allow for the monitoring and progress of staff and volunteer work plans.

Sandra Dunham  
Executive Director

Bruce Bound  
Board Chair

Background statement/history

Hospice Simcoe is a registered charity providing high quality Hospice Palliative Care services to residents of Simcoe County since 1988. In 2009, Hospice Simcoe relocated to its current location on Penetanguishene Road, opening the doors to the new 10 bed residential facility while continuing to provide the Visiting Hospice Program and Bereavement support it always had.

Hospice Simcoe is governed by a volunteer board of directors and has 12 full time and 26 part time and casual staff members providing clerical, clinical and program support. Annually approximately 150 volunteers provide over 16,000 hours of support to Hospice Simcoe and our clients.

Approximately 50% of our annual $2 million budget comes from the Local Health Integration Network; the majority of that to support the 24/7 nursing care for the residence. The remaining funds are provided by the community through our in memorium donation program, general donations, by our three annual signature events and by a variety of fund raisers organized and implemented by the community. (Third Party Events.)

Hospice Simcoe maintains focus and acts in strategic alignment to provincial direction regarding palliative care including bereavement services. We do this through membership in HPCO (Hospice Palliative Care Ontario) and BON (Bereavement Ontario Network) and participation in their conferences and committees. Additionally, the agency acts in alignment with the national palliative care strategy which is outlined in “The Way Forward National Framework: The Roadmap for an Integrated Palliative Approach to Care” and in alignment with the provincial framework “Advancing High Quality, High Value Palliative Care in Ontario – Declaration of Partnership and Commitment to Action.”

In 2013, due to strong community support, Hospice Simcoe expanded services, most specifically related to earlier intervention. We began offering public information about advance care planning through a volunteer speaker bureau and also began exploring offering day programs for individuals who had an advanced chronic illness.

Hospice Simcoe has largely achieved the strategic priorities outlined in our 2011-2014 Strategic Plan and therefore has developed this to guide the agency for the coming years, setting it on a course for continued sustainable growth and improvement.

Hospice Simcoe works collaboratively with a variety of community organizations. These partnerships may include health care providers, non-profit organizations, clergy, educational institutions, acute care facilities, etc.

We are grateful for the approximately 4,000 individuals, service clubs, organizations and corporate donors that generously give to us each year. In addition, a number of businesses contribute to our residence by donating goods and services.
Organizational Tenets

Organizational Vision
Hospice Simcoe’s vision is to be a leader in palliative care, community and bereavement support through compassion, integrity, collaboration and innovation.

Mission Statement
To provide meaningful support to those touched by a life limiting illness, thereby enhancing quality end of life.

Values
FEEL IT! (Compassion)
OWN IT! (Integrity)
SHARE IT! (Collaboration)
MAKE IT HAPPEN! (Innovation)
**SWOT Analysis**

A SWOT Analysis was held involving staff volunteers and board members of Hospice Simcoe. The following were identified.

**Strengths**

1. **People**
   a. **Leadership**
      i. Management, financially sound
      ii. Provincial Leadership – recognition of our leadership (awards, invited to committees, eye donation etc.)
      iii. Knowledgeable about Provincial Research (New Models)
      iv. Team Attitude
   b. **Education**
      i. Community (awareness) and to medical field
   c. **Skills and innovation**
      i. Clinical symptom management
      ii. Staff and volunteers
      iii. Training
      iv. Staffing model
      v. 85% of corneal donations from Hospices in Ontario are from Hospice Simcoe
      vi. Clinical Music program
   d. **Stewardship**
      i. Partnerships with other health agencies and Hospices
      ii. Appreciation
      iii. Respectful
      iv. Thank you calls to donors

2. **Facility**
   a. Kitchen (smells)
   b. 24/7 care
   c. No cost (free parking, coffee, food)
   d. Home like setting
   e. Highway access
   f. Gardens
   g. 24/7 visiting

3. **Services/Resources**
   a. **Community Based**
      i. Visiting hospice
      ii. Education and awareness – Community engagement
      iii. Grief and bereavement
      iv. Advanced Planning
b. House based
   i. Residential care
   ii. Grief and bereavement
   iii. Potential respite/day program
   iv. Broad physician based – 50 Barrie GP’s have admitted and care for patients

c. Industry based/partnerships
   i. Reputation
   ii. Corporate supports and partnerships
   iii. In kind services – caterers and others
   iv. Complimentary therapies

Weaknesses
1. Lack of consistent stable funding
2. Difficulty following and adhering to amount of legislation coming at us
   i. Accessibility/risk management
   ii. Health & Safety
   iii. Excellent Care for All Act etc.
3. Recruitment and retention/sustainable/resources for specialized teams
   a. Few male volunteers
   b. Gaps in bereavement skills in house
   c. Non-crisis – debrief sessions, not happening (staff and volunteers)
4. Internal/external communications
   a. Sometimes members of the community don’t know what we do or how/when to access services
   b. Community volunteers are disjointed, sense of team is lacking, changing demographics of volunteers, volunteers don’t know all of the services, lack of communication, small group meetings – staff includes volunteers – morale issues
   c. Morale weaknesses – environment we work in
5. Staff retention – wages, benefits – don’t always have the resources to meet the palliative needs of the community
   a. Advance care planning – not done by families, wills, POA’s
   b. Gaps in service re: paediatric end of life
6. Strengthen the relationships with community partners
   a. Disconnect between volunteers and the organization

Opportunities
1. Education
2. Technology (tablets for Skype, translation music, charting, )
3. Physical growth (building, satellite, multi-use facilities)
4. Clinical/community team (partner with CMHA, advance care planning in community, health promotion, continuity opportunity to improve communication with CCAC)
5. Palliative paediatrics
6. Growth in the community
7. Day programs/respite
8. Coordination of services
9. Improved therapies (expansion - music, pet, touch, art)
10. Partners/Committees
11. Finance (financial advisors)

Threats
1. Mission drift/lack of clear mandates, defining client base (life limiting), language is not clear in mission, vision, values – can’t be all things to all people, Inconsistency in language and understanding thus planning
2. Lack of funding
3. Lack of communication with other organizations
4. Compliance with legislation
5. Community and association expectations
6. Overlap of services (Gilda’s, Network)
7. Expectations affecting reputation – sometimes other organizations refer people and we are unable to meet their needs
8. Trending toward lower socioeconomic status and potential effect on funding/donations

Identifying Major Goals

Participants were then asked to provide 3 – 5 broad areas to focus attention on. The following are the broad major goals which were identified.

1. Funding – Seek opportunities for stabilization of funding through partnerships and integration
2. Communication – Develop a communication strategy for Hospice Simcoe (staff, volunteers, community, board)
3. Human Resources – Maximize skills and talents of staff, volunteers and board to achieve mission, vision, values
4. Integration – Investigate opportunities for partnerships and integration to maximize mandate
5. Expanding Services – Develop expanded services for identified gaps

Strategic priorities and action:
The final exercise of the day allowed participants to suggest next steps/ action that could help to move Hospice Simcoe towards our identified strategic priorities. This is an unedited list. Some of these actions currently take place, although there may be opportunities to flesh out the action step to improve current practice. This list is unedited and un-prioritized.

<table>
<thead>
<tr>
<th>Strategic Priorities</th>
<th>Action Steps to Achieve</th>
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<tbody>
<tr>
<td>Funding</td>
<td>Understand and tap into staff/volunteer networks (for fundraising, donations, etc....7 points of contact)</td>
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<td>Reach out to volunteers (“targeted ask”)</td>
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<td>Assess needs and go to desired demographic</td>
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<td>Email communication regularly with past donors</td>
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<td>Publicize “Wish List” of talents, trades and products-to past donors</td>
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<td>Create stable funding base through integration</td>
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<td>Strengthen partnerships to maximize efficiencies</td>
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<td>Find deep pocket partners willing to bind their name with Hospice (i.e. Paul Sadlon)</td>
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<td>Have local businesses support financial needs (i.e. donate a tablet)</td>
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<td>Donors integrated marketing, social media</td>
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<td>Increase planned giving</td>
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<td>Marketing/education through TV, paper and testimonials</td>
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<td>Ask for funding to new businesses or communities</td>
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<td>Request for direct donations towards specific equipment required</td>
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<td>Corporate sponsorships/steer pledges</td>
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<td>Prepare training that can be sold to health students or health facilities</td>
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| Communication |
| Clear information about who we are what we do…education to staff, volunteers and community and other service providers |
| Increase use and expertise in social media |
| Awareness programs in the community |
| Promote/ train on Advanced Care Planning |
| Consistent language with industry |
| Have regular whole team discussions about program ideas and plans |
| Engage professional PR company to lift Hospice to new heights |
| Utilize Hospice Simcoe clinical team for Public Relations-who we are. |
| More “good stories” in press, more coverage of services in media |
| Develop a marketing plan |
| Contact local media for space (monthly?) where we can promote our services and/or advice on what to do in cases of terminal illness |

| Human Resources |
| Invite/hire experts or experienced people to handle tasks that staff are untrained to do rather than strain staff (i.e. Workplace safety) |
| Expand Social workers involvement in client care |
| Support-bereavement training for staff/volunteers |
| Grief counseling for staff |
| Debriefing for staff and volunteers after a difficult death, possibly include a closure ritual |
| Staff recognition and training |
| Competitive wages to keep great staff |
| Staff virtual meetings |
| Create a database with different webinars that staff and volunteers can access on their own time |
| Flexible HR Policies (i.e. more lenient lieu time, vacation roll-over) |
| Skills inventory of staff and volunteers |
| Decide education priorities |
| More education groups for volunteers |
| Education fund |
| Integration | Reach out to companies like Rogers and The Bay to lower/assist with materials needed.  
Advanced Care Planning Education  
Outreach with other organizations  
Brainstorming  
Integrate with other Hospices/Seasons/NSMHPCN  
Integration would help with government expectation for new legislation and we are not experts and need help.  
Share services with other orgs (i.e. HR, admin, legal)  
Working with community partners to raise awareness of Hospice services (i.e. primary care)  
Group with other orgs to get group rates on things like food and medical supplies |
| Expanding Service | Pediatrics (<18 yrs)  
Outreach program for at home crisis support (pain/symptom management-i.e. house is full or want to die at home  
Respite care & caregiver respite care  
Day programs i.e. Empowerment Program  
Bereavement services  
Crisis intervention  
Complementary therapies in home  
Dying at home support  
Create a database with the details of expertise and available time for volunteers. This information should be used to know where to expand or where we need more sources  
Increase client experience with tablets, TV channels, skyping etc.  
New charting technology to aid in communications |

**Creating the plan:**

On October 31, 2014 staff and board members once again came together to more specifically create a plan of action for the next three years. Prior to the day, each attendee was contacted and encouraged to discuss his or her wishes for Hospice Simcoe. On October 31, a summary of themes of the prior work was presented and participants were asked to ensure that strategic priorities:

- Are in alignment with local, provincial and national frameworks  
- Are consistent with our mission, vision and values  
- Will have the biggest positive impact on the way people die in Barrie and in Simcoe County.  
- Are manageable within existing resources  
- Prioritize areas for future expansion
Strategic Map

Hospice Simcoe will work towards quality improvement in all areas of existing and new service delivery. Hospice Simcoe will consider opportunities to use integration/partnerships to improve quality and program delivery.

Overarching principles:

1. Identify campaign target
2. Raise 100% of funds

1. Increase number of clients served by 50% in 3-5 years.
2. Plan to fill gap
3. Implement programs to address 2 gaps (community).
4. 3 year audit results show consistent increase in documented psycho-social interactions (residential).

Hospice Simcoe
3 year plan
October 2014

Want to provide more services to more people.

<table>
<thead>
<tr>
<th>THEME/DIRECTION</th>
<th>STRATEGIC FOCUS</th>
<th>CRITICAL SUCCESS FACTORS</th>
<th>BENCHMARKS/MILESTONES</th>
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| Hospice Simcoe 3 year plan October 2014 | Fund Development | 2015 Capital Campaign | 1. Retain 15% of donors for 3 years
2. Planned Giving Program fully developed
3. Increase IMO giving
4. Giving locally program developed. |
| | Communications | Donor Stewardship | 1. Improve number and size of in-memoriam donations by 20%
2. Investigation of new fundraising strategies
3. Funds for Capital Campaign raised. |
| | | New Sources/Creative Revenue/Endowment Fund/Planned Giving | |
| | | Staff more informed | 1. Continue to have staff involved
2. Staff receives annual information about how HS compares to other community organizations. |
| | | Sharing Information with Stakeholders | |
| | | Public Education and Visibility | |
| | Program Expansion | Expansion of Psychosocial Program | |
| | | Pediatric Palliative Care | 1. Development of a comprehensive stakeholder plan
2. Increase the number of new donors by 10% per year
3. Increase the number of 3rd party donations by 20% per year
4. 50 confirmed media articles 1000 likes on Facebook
5. Increase the number of public education sessions by 50% per year after year 1 |
| | | Program Expansion | 1. Ready to serve a child in 6 months
2. Providing a full range of pediatric palliative care in 5 years |
| | | | 1. Increase the number of clients served by groups by 50% in 3-5 years.
2. Plan to fill gap
3. Implement programs to address 2 gaps (community)
4. 3 year audit results show consistent increase in documented psycho-social interactions (residential) |