



Backgrounder
Five Year Strategic Plan
(2020-2025)

Backgrounder Hospice Care Ottawa Five Year Strategic Plan



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Introduction to Hospice Care Ottawa

Hospice Care Ottawa is a community-based charitable organization. We offer palliative and end-of-life programs and services to people living in the City of Ottawa. All services are offered at no charge to clients and their families. Our services include Community Hospice Care programs such as In-Home Volunteer Support and Day Hospice, Hospice Residence Care and Bereavement Care and Caregiver Support. We are partially funded by the Ministry of Health Ontario but need to fundraise over 40% of our budget. Our services are possible thanks to the support of a small and dedicated team of health care professionals, over nine hundred volunteers and our many community partners and donors.

The goal of hospice care is to enhance the quality of life of the individual and the well-being of anyone that is impacted by the person's illness or death. Hospice palliative care is a key element in the health system in Ontario. As the primary hospice provider of services to adults in our community, Hospice Care Ottawa provides interconnected care focused on supporting quality of life and is centred on the needs of patients, families and caregivers. Our community-based hospice palliative care:^{1 2}

- Is a collaborative, cost-effective model of care that is grassroots grown, valued and supported
- Promotes the active involvement and participation of primary care providers throughout a persons' care journey
- Is guided by evidence-based provincial standards and frameworks such as the Palliative Care Health Service Delivery Framework
- Supported by well-established regional initiatives and existing partnerships including a central referral and triage process; the Regional Palliative Consultation Team; and, the Champlain Hospice Palliative Care Program, which helps to build the capacity of healthcare providers, volunteers, and caregivers to support hospice palliative care early and more often

What is Hospice Palliative Care?

Hospice palliative care is at the intersection of community care and health care.

Hospice palliative care is not just a place or an organization; it is a service and a philosophy of care that comes to the patient and caregiver.

Hospice palliative care is all about patient-centred care: it is about taking care of a persons' complete physical, spiritual, emotional and psychosocial needs — and not just one condition at a time. It is about asking, "What do I need to know about you as a person to give you the best care possible?"

Standards for quality service of Hospices in Ontario are set by the Hospice Palliative Care Association of Ontario (HPCO).³ Hospice Care Ottawa

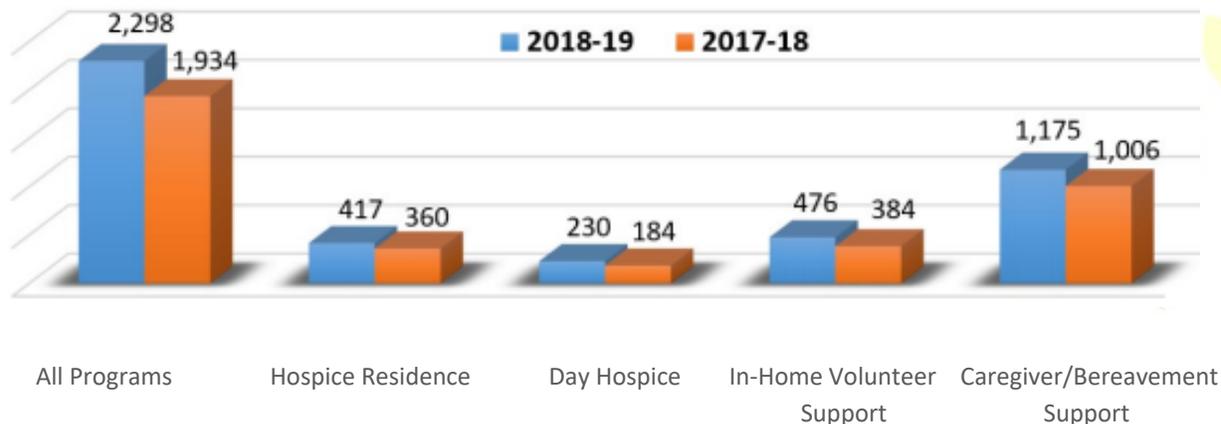
¹ Valk, N. and Sullivan, L. (2019). Hospice Palliative Care and Ontario Health Teams - A Model for Connected Care. Champlain Hospice Palliative Care Program and Hospice Care Ottawa.

² Hospice Palliative Care Ontario (2019). How Hospices Help End Hallway Medicine

³ HpcO.ca. (2018). Hospice Standards | HPCO. [online] Available at: <https://www.hpcO.ca/hospicestandards/>.

adheres to these standards and has reached Accreditation with HPCO in 2018 for our In-Home Volunteer Support program. HPCO Accreditation signifies to health professionals, the public and funders that an organization, institution or program is in compliance with industry standards and has been recognized by HPCO based on a rigorous review of overall performance by industry peers. Accreditation also serves as an indicator of commitment to continuous learning and improvement.

In fiscal 2018-19, HCO served 1,780 individuals in one or more program(s). Participation by clients has increased in every program in 2019.⁴ Overall Hospice Care Ottawa received a satisfaction rate of 94%.



Current Issues for Hospice Care

A review of the literature and consultation with our constituents revealed many factors in our current environment that may impact Hospice Care Ottawa in the future. These include but are not limited to:

- ✿ The Aging Population: It is projected that by 2031, seniors will account for 22% of the total population in Ottawa – this means more than one in five residents will be over 65 years of age in less than 15 years from now.⁵ Increasing numbers of seniors results in more people using hospital and emergency rooms, which increases costs to the system and wait times.
- ✿ Many Diverse Communities: Between 2011 and 2016 the total population in Ottawa increased by close to six percent.⁶ With 1 million people now residing in the City of Ottawa, linguistic, ethnic and cultural diversity is increasing. Central Ottawa is the most culturally diverse area. It has the highest proportion of visible minorities, immigrants, same-sex couples, and people with

⁴ Some clients are served in more than one program at Hospice Care Ottawa – the total number of participants in “All Programs” is therefore higher than the unique number of clients served.

⁵ App06.ottawa.ca. (2011). A Portrait of Ottawa Older Adults: Demographic and Socio-Economic Characteristics. [online] p.4. Available at: <https://app06.ottawa.ca/calendar/ottawa/citycouncil/cpsc/2011/08-18/07%20-%20Document%203%20-%20Demographic%20and%20Socio-Economic%20Characteristics%20EN.pdf>.

⁶ App06.ottawa.ca. (2011). A Portrait of Ottawa Older Adults: Demographic and Socio-Economic Characteristics. [online] p.4. Available at: <https://app06.ottawa.ca/calendar/ottawa/citycouncil/cpsc/2011/08-18/07%20-%20Document%203%20-%20Demographic%20and%20Socio-Economic%20Characteristics%20EN.pdf>.

a mother tongue other than English and French.⁷ Hospice Care Ottawa strives to ensure its services are equally accessible to all residents regardless of gender, race, religion, sexuality or language. Within the spectrum of hospice palliative care, there are some subpopulations with special concerns and unmet needs. For example, a lack of funding has made it difficult to adequately meet the needs of multicultural groups, indigenous populations and the LGBTQ2+ community.

- ✿ Changes to the Ontario Health Care System: Legislation was introduced in February 2019 to transform the provinces' current system through the integration of various government health agencies and specialized provincial programs under one umbrella agency that is responsible for oversight and accountability.⁸ Furthermore, it aims to organize health care providers to operate as integrated care teams ('Ontario Health Teams') that would coordinate the delivery of patient care and system navigation. Hospice Care Ottawa is an active participant in the application of the Ontario Health Teams (OHT) with the Montfort Hospital for Eastern Ottawa ("Ottawa East OHT"), the Community Health Centre coalition for Ottawa centre ("Ottawa Health Team") and the "Three Rivers" OHT for Ottawa West.
- ✿ Lack of Hospice services to Francophones and people living in Eastern Ottawa: The Champlain LHIN, compared to Ontario, has a much higher proportion of Francophones, particularly in the Eastern sub-regions.⁹ Hospice Care Ottawa remains committed to trying to meet the needs of our Eastern Ottawa community and specifically our Francophone population. For that reason, in the last four years, we have established a community hospice program, operating from our site in Orleans – La Maison de l'Est. This program has served approximately 300 clients since its inception through In-Home Volunteer Support, Day Hospice and Grief and Bereavement support. We have recruited and trained 59 volunteers and have 50 who remain active. During this time, we also established a Champions committee with local Francophone leaders, to look at ways and means of establishing and operating residential hospice beds. The work of the committee and staff included extensive community consultation, community outreach presentations and education, and leadership in a Hospice at Home pilot. Unfortunately, at this time none of our proposals for residential beds or Hospice at Home beds have been funded in a manner that would allow us to operate.
- ✿ Medical Assistance in Dying (MAiD) legislation: On June 17, 2016, the federal government passed Bill C-14, which outlines the requirements that patients must meet to be eligible to receive medical assistance in dying (MAiD).¹⁰ Hospice Care Ottawa offers quality hospice palliative care for patients and families and supports them along their end-of-life journey. At this time, the relationship between hospice palliative care and MAiD services are evolving. As of

⁷ Champlain Local Health Integration Network (2017). [online] p.16. Available at: http://www.champlainlhin.on.ca/~media/sites/champlain/About_Us/GeoPopHlth/SubRegions/Data/SRHlthPrflsTechRptEN.pdf?la=en.

⁸ Ontario.ca. (2019). The People's Health Care Act, 2019, S.O. 2019, c. 5 - Bill 74. [online] Available at: <https://www.ontario.ca/laws/statute/s19005>.

⁹ Champlain Local Health Integration Network (2017). [online] p.23. Available at: http://www.champlainlhin.on.ca/~media/sites/champlain/About_Us/GeoPopHlth/SubRegions/Data/SRHlthPrflsTechRptEN.pdf?la=en.

¹⁰ Canada.ca. (2019). Medical assistance in dying - Canada.ca. [online] Available at: <https://www.canada.ca/en/health-canada/services/medical-assistance-dying.html>.

November 2019, Hospice Care Ottawa’s interim policy does not allow for the provision of MAiD procedure at any of our sites. However, we do support and care for patients who request MAiD and provide information, assessment and referral as requested. As part of this strategic planning consultation, the issue of providing MAiD services on hospice sites by external health providers is being revisited.

- ✿ **Funding Shortfall:** At the current provincial funding of 60%, Hospice Care Ottawa needs to fundraise more than 2.2 million dollars annually just to operate. This is a continuing challenge in our current economic climate, with competition from other major fundraising campaigns, and as the needs and demands for hospice care are continually increasing. Operational funding in the range of 80% would be appropriate for us and allow us to maintain our services. In addition, we carry a 2.5 million dollar mortgage for the Ruddy-Shenkman Hospice build. The Ministry has a funded program in place to provide grants of 200,000 dollars per bed for new hospices. Unfortunately, such grants were not made available until April 2018, and we completed the Kanata hospice construction in September 2017. If we had access to these funds, it would substantially reduce our payments on the mortgage and free up funds for program expansion.

It is important to note that Hospice palliative care in the community is far less expensive than hospital care. The Auditor General of Ontario noted in 2014 that hospice beds cost 470 dollars per day while acute-care hospital beds cost 1,100 dollars per day.¹¹ Hospice palliative care frees up much needed acute care hospital beds. Hospice Care Ottawa’s 19 beds currently save the health care system at least 4.4 million dollars per year.

Development of the 2020-2025 Strategic Plan

In early 2019, members of Hospice Care Ottawa’s Staff, Board and Volunteers formed a project team tasked with the development of the organizations’ next Strategic Plan. After establishing the project milestones, the team developed and implemented a consultation strategy that sought input from a broad range of stakeholders and partners in our community. The approach included facilitated group discussions, interviews and an online survey that was widely promoted on social media and posted publicly (open to anyone) on the Hospice Care Ottawa website.

Consultation Process

In the late spring, opportunities for (six) facilitated small group discussions were identified and executed collecting the feedback of various staff, volunteers, board members and community partners such as members of the Comité des champions de la Maison de l’Est. The project team further identified nearly thirty local stakeholders (for example individual donors, foundations and councils), local health system partners and/or municipal, provincial and federal stakeholders (including but not limited to politicians, associations and ministry representatives) for one-on-one interviews, led by our Board of Directors. More than two-thirds of the individuals and groups contacted for an interview accepted, resulting in

¹¹ Auditor.on.ca. (2014). Chapter 3 Section 3.08 Ministry of Health and Long-Term Care Palliative Care. [online] Available at: <http://www.auditor.on.ca/en/content/annualreports/arreports/en14/308en14.pdf>.

twenty facilitated interviews. These small group discussions and one-on-one interviews focused on Hospice Care Ottawa's successes in realizing its' 2016-2019 Strategic Plan, and its' Mission, Vision and Values as they were defined for the 2016-19 plan, areas that could have been improved during this time, new opportunities for funding and service expansion, and at a high-level, the future state of the organization.

In addition to these interviews and discussion groups, a consultation survey was posted publicly on the Hospice Care Ottawa website and distributed by email to all of its' members. It was further advertised on all of the organizations' social media platforms and linked in the promotional videos that were created to increase our public awareness. The survey was available for completion in either official language and was open to online submissions for just over five weeks. During this time, 525 completed survey responses were submitted. Fifty percent of participants who submitted a complete response described themselves as donors in some capacity.

The survey focused on similar themes as the interviews and group discussions but elaborated further, specifically seeking input into the organizations' priorities for 2020 – 2025. It sought additional advice regarding any external factors (such as the aging population and changes in Ontario Health) that respondents believed could impact Hospice Care Ottawa's success in these coming years, and any priorities or actions they suggested to address them in the 2020-2025 plan. Furthermore, the survey directly addressed the question of whether or not Hospice Care Ottawa should continue with its' current policy or revise it to permit the provision of Medical Assistance in Dying (MAiD) services in its' residential hospice sites, and if so how this would impact survey respondents' involvement with the organization.

What We Heard: Consultation Results and Emerging Themes

Through the consultation strategy, the input of more than 550 people was collected and summarized for consideration as the strategic priorities are established for Hospice Care Ottawa's Strategic Plan: 2020-2025.

Overall, the vast majority of participants in our consultations stated that Hospice Care Ottawa was successful in realizing its Vision, Mission and Values. In exploring what this success meant to participants, the high-quality end-of-life care provided to clients and the support provided to their loved ones and/or caregivers, described as "excellent quality" and "family-centred" care was viewed as the primary driver of our success. Improved staff and volunteer satisfaction, financial and/or operational successes including the opening of the Hein House, and increased public awareness were also key themes of the organizations' successes in 2016-19.

In contrast, when asked to identify areas that could have been improved in the past three years, the majority of contributors highlighted a lack of service expansion, particularly in Eastern Ottawa (Orleans), as an area of improvement. Nearly half of the survey participants identified insufficient service expansion as the primary area for enhancement, with a high number of these responses specifically stating the availability of hospice residence beds and the caregiver, grief and bereavement services needs to increase. The integration, training and retention of staff and volunteers were identified as an ongoing challenge. It was suggested that there "is still work to be done to consolidate volunteer and staff across sites – we are one team that supports one organization". Another theme that was threaded through many of the comments received through all consultation formats, was the availability (or lack thereof) of bilingual (French) services at all three Hospice sites.

In addition to highlighting successes and areas of improvement, all those consulted were asked to review the programs and services offered by Hospice Care Ottawa and to indicate whether they or not they are meeting the needs of our population, and to prioritize them in order of importance. While it was broadly acknowledged that all of the programs offered are essential, residential hospice palliative care was identified as the most essential service Hospice Care Ottawa provides.

Throughout these questions, certain themes emerged which have helped to shape Hospice Care Ottawa's Strategic Plan: 2020-2025. Quality of care and access to appropriate services including a diverse workforce to support our diverse population connected all of the comments received.

Highlight of Results

- ✿ Keep up the good work "the organization is really strong, well regarded and respected"
- ✿ No new programs "Keep doing and improving what you do well"
- ✿ Increase public profile "there is still a lack of general awareness for our programs and services among the public"
- ✿ Workforce retention "There is room for improvement of staff and volunteer, recruitment, utilization and retention"(including diversity)
- ✿ Insufficient service expansion "press harder for respite beds at Hein house and residence in Orleans"
- ✿ Offer MAiD – "it is not your mission to provide MAiD in Hospice but to allow the provision of service where the patient is..." "in keeping with respectful, compassionate end of life care"

Emerging Themes

- ✿ Quality: Quality of life care, Accreditation standards/ Client/caregiver centred, Coordination of services, Client/caregiver input and feedback
- ✿ Access: Francophone populations, Diverse communities, System partners, MAiD, Electronic health records
- ✿ Strengths: Continue to do what we do well, Community engagement, Satisfied volunteers and employees
- ✿ Sustainability: Advocacy, Attain 80% stable government operational funding, Secure funding for RSH mortgage, Increase community profile, Balanced budget

Participants were presented with four examples of external factors that may affect the delivery of hospice palliative care services in the next three to five years. Amongst the categories presented (the aging population, changes to the Ontario Health Care System, Medical Assistance in Dying Legislation [MAiD] and our many diverse populations), the aging population and changes to the provincial healthcare system were identified as the two most important influences for Hospice Care Ottawa to address in its' upcoming Strategic Plan.

In considering these external factors and any additional influences not specified and how Hospice Care Ottawa should address them through its' 2020-2025 Strategic Plan, the majority of people noted one or more examples of how increasing awareness will increase demand for service, and changes in our populations' demographics, will affect our ability to provide quality care. Throughout the consultation results, it was proposed that continued efforts to increase awareness by growing our public profile, including our visibility among the diverse population groups in Ottawa, in addition to collaborating with local organizations and emerging Ontario Health Teams in our region would ensure a strong connection between the organization and the community it serves. Further comments suggested that the need for hospice residence care at end-of-life will rise through improved awareness as the number

of individuals seeking care at home or outside of the hospital, whose desire is to die with dignity, is also increasing.

Connected to an increased demand for service, it was suggested that the organization expand existing programs and services to ensure equitable access to residential hospice care is available across the city to further the organizations' Vision that "...everyone has access to compassionate, high-quality palliative and end-of-life care when and where needed". It was also noted that the organization should work towards achieving its' Value statement that "Excellence in person-centred care is integral in all our work and relationships" and that to do this, the organization should revisit its policy concerning the provision of MAiD. Numerous comments were received that indicated offering this procedure onsite at Hospice would bolster our client-centred approach to end-of-life care and enhance access to service by breaking down barriers and increasing continuity in care.

Finally, participants highlighted a variety of financial and organizational considerations that could influence the delivery of hospice palliative care services. Financial concerns varied from changes in governance models, and the potential for unknown impacts on base funding and organizational structure, to increased local competition for donations. Participants proposed that new partnerships with existing foundations could increase our capacity and reach as a means of strengthening our fundraising efforts. Caution was raised about expansion during uncertain times and concerning the organizations' overall capacity from both a long-term human resource and facilities perspective. The aging population and its direct impact on human resources and the availability of staff and volunteers were addressed throughout the consultation results. Furthermore, concern regarding the financial impact on operations as a result of maintaining and working in older facilities was noted with an emphasis on finding opportunities for new partnerships with larger organizations with existing accommodations.

Following the review of external influences, the consultations sought input from participants regarding the organizations' current policy on Medical Assistance in Dying (MAiD) and whether Hospice Care Ottawa should continue with the policy as it is written or consider changing it to permit the provision of MAiD procedures in residential hospice. Participants were also asked whether either decision would have an impact on their continued involvement with the organization. The vast majority of respondents indicated that Hospice Care Ottawa should consider changing the current policy to allow clients to receive the MAiD procedure in a hospice residence. Approximately 20-25% of participants indicated that either decision would have an impact on their involvement, indicating 75-80% ongoing support for the organization regardless of the decision it makes.

The final area addressed through the consultation strategy aimed to seek the advice of participants regarding activities they believe the organization could or should undertake to improve its ability to fund programs and services and if they were a donor or fundraising event attendee, how would they like to see their contribution used. It was recognized throughout the results that fundraising is vital to the organization and that competition for dollars is fierce. Many respondents stated that Hospice Care Ottawa should continue to lobby all levels of government for increased (to at least 80%) funding; continue spreading the message and building publicity – hospice beds are cost-effective. Further suggestions varied from focusing on the families of clients served, to annual mail-campaigns that garner donations and improve awareness, to building new partnerships with foundations/corporate sponsors/diverse community groups and organizations and targeting the industries and businesses that

indirectly benefit from the care provided by the organization. Concerning how participants want to see their donations used, overwhelmingly, respondents answered that they trust Hospice Care Ottawa to use the funds wisely and as they see fit to serve the greatest need and to continue with the excellent work.

Our Strategic Priorities 2020-2025

How are we developing our Strategic Priorities for 2020-2025?

We are shaping our 2020-2025 Strategic Plan from our Mission, what we know, what we heard from you and where we think we need to be in five years from now.



HOSPICE CARE OTTAWA'S STRATEGIC PLAN FOR 2020 – 2025 WILL FOCUS ON ACHIEVING THE FOLLOWING:

- ✿ Providing Exceptional Client and Caregiver Experience
- ✿ Increasing Access to Our Services
- ✿ Strengthening Community Involvement
- ✿ Ensuring Financial Sustainability

1. Provide Exceptional Client and Caregiver Experience

What does this mean?

Our clients and their caregivers deserve the best quality of life care. We are strongly committed to client service, collaboration and continuous quality improvement to ensure exceptional client caregiver experience.¹² We want our clients and caregivers to:

- ✿ Continue to receive exceptional hospice care
- ✿ Receive care that is centred around their personal needs, values and wishes
- ✿ Receive care from competent, well-trained and compassionate volunteers and health care providers

Why does it matter?

- ✿ Our population is aging and will need increasingly more hospice palliative care services
- ✿ Hospice services are rated very high by over 95% of clients and caregivers¹³

¹² Watt, J. (2019). CCSN Strategic Directions & Action Plan 2018 – 2020. [online] Champlainabicoalition.com. Available at: http://champlainabicoalition.com/wp-content/uploads/2018/06/2018_06_01_CCSN-2018-2020-Strategic-Directions.pdf.

¹³ Hospice Palliative Care Ontario (2019). How Hospices Help End Hallway Medicine.

- ✿ Caregivers have less physical and mental health problems the more they are supported¹⁴
- ✿ Most people would prefer to die at home but most die in a hospital¹⁵

What does this look like in 2025?

- ✿ Clients and caregivers continue to be actively involved in their care planning and decisions
- ✿ Programs are developed to support legacy and memory building
- ✿ Data is continually collected and monitored for continuous quality improvement
- ✿ Our employees and volunteers feel supported and satisfied
- ✿ Clients and caregivers give our services a satisfaction rate of at least 95%
- ✿ All our programs are accredited by Hospice Palliative Care Ontario

2. Increase Access to Our Services

What does this mean?

Our clients with identified palliative care needs from all cultures and communities will experience seamless access to and transitions in their care that care is based on clients' wishes. We want our clients and caregivers to:

- ✿ Represent more cultures and communities
- ✿ Access services in French
- ✿ Have increased choice in where they wish to receive MAiD, if desired and eligible
- ✿ Experience a seamless transition to hospice services

Why does it matter?

- ✿ Less than 60% of Ontarians in their last year of life receive palliative care and about half of patients in their last 30 days of life receive home care services¹⁶
- ✿ Despite patients' preference to die at home with appropriate support, more than half of the deaths in Ontario occur in hospitals¹⁷
- ✿ Linguistic, ethnic and cultural diversity is increasing
- ✿ Community consultation in Eastern Ottawa revealed high community support for hospice services¹⁸
- ✿ There remains a shortage of available hospice beds in Ottawa: In 2016 the HPCO Residential Hospices Working group recommended a benchmark of 5.1-6.8 residential Hospice beds per

¹⁴ Peters, L. and Sellick, K. (2006). Quality of life of cancer patients receiving inpatient and home-based palliative care. *Journal of Advanced Nursing*, [online] 53(5), p.524-533. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/16499673>.

¹⁵ Brazil, K., Howell, D., Bedard, M., Krueger, P. and Heidebrecht, C. (2005). Preferences for place of care and place of death among informal caregivers of the terminally ill. *Palliative Medicine*, [online] 19(6), p.492-499. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/16218162>.

¹⁶ Hqontario.ca. (2019). Palliative Care at the End of Life Report Update 2019. [online] Available at: <https://www.hqontario.ca/Portals/0/documents/system-performance/palliative-care-report-2019-en.pdf>.

¹⁷ Ontario Palliative Care Network (2018). Regional profiles tool: describing Ontario decedents' service use in their last year of life. Version 2.0.

¹⁸ Theroux, G. (2016). East Ottawa Palliative Hospice Care Action Plan - La Maison de l'Est. [online] Hospicecareottawa.ca. Available at: https://www.hospicecareottawa.ca/uploads/2/2/8/8/22886332/action_plan_february_2016_final-v2_en.pdf.

100,000 population; using this benchmark there remains a shortage of 25 hospice beds in Champlain^{19 20}

- ✿ The vast majority of clients who are considering or requesting MAiD services have palliative care needs – these patients and their families should receive the full complement of palliative care services that are required to meet those needs throughout their illness trajectory²¹
- ✿ People want their palliative care at the right time and right place – coordinated and seamless

What does this look like in 2025?

- ✿ We reach more people from more diverse communities (e.g. Indigenous, multicultural and LGBTQ2+) and we have more representation of these groups among our staff and volunteers
- ✿ We have increased the acceptance of hospice services, as well as our reach and access among Francophones in our community
- ✿ Hospice Residence services are established in eastern Ottawa
- ✿ The MAiD procedure is available on site by external health care providers if eligible patients already receiving hospice care in our residences decide to pursue MAiD
- ✿ We are part of a coordinated care system through links with others and by shared digital health records

3. Strengthen Community Involvement

What does this mean?

We will expand the understanding and visibility of Hospice Care Ottawa through the engagement of clients, caregivers, donors, partners and governments. We want our clients and caregivers to:

- ✿ Recognize and value the contribution of our volunteers and community partners
- ✿ Help advocate for the support and funding needed to provide hospice care
- ✿ Continue to hold us accountable for providing excellence in care

Why does it matter?

- ✿ Volunteers from our community are essential in providing hospice services
- ✿ Over 900 volunteers give over 50,000 hours per year
- ✿ Local donors and organizations contribute over 2 million dollars to our programs and services annually

What does this look like in 2025?

- ✿ Our relationship with key partners and donors remains strong
- ✿ We continue to honour and recognize our community volunteers and partners

¹⁹ Champlain Hospice Palliative Care Program (2016). Residential Hospice Care Beds in Champlain. p.6.

²⁰ Hospice Palliative Care Ontario (HPCO) - Final Report of the Residential Hospices Working Group (2015). Strengthening Ontario's End-of-Life Continuum: Advice Regarding the Role of Residential Hospices. [online] p.41. Available at: <https://www.hpcocanada.ca/wp-content/uploads/2015/03/Strengthening-Ontarios-End-of-Life-ContinuumFINAL-March-15.pdf>.

²¹ Ontario Palliative Care Network (2019). Palliative Care Health Services Delivery Framework Recommendations for a Model of Care to Improve Palliative Care in Ontario. Focus Area 1: Adults Receiving Care in Community Settings. [online] Ontario Palliative Care Network, p.10. Available at: <https://www.ontariopalliativecarenetwork.ca/sites/opcn/files/OPCNHSDFRRecommendations.pdf>.

- ✿ A Circle of Caring Client Advisory committee is formed, providing ongoing input to programs and services
- ✿ Our public profile increases because of strategic advertising, partnerships, and social media
- ✿ Our community endorses hospice as an important community partner in the delivery of quality, cost-effective care
- ✿ We are active partners in the development and delivery of services with Ontario Health Teams

4. Ensure Financial Sustainability

What does this mean?

We will work tirelessly to ensure quality hospice services remain available to our clients and caregivers, through sustainable funding and support. We want our clients and caregivers to:

- ✿ Continue to receive our services at no cost because of ongoing government funding and community donations
- ✿ Have confidence that the hospice will provide efficient, effective care today and in the years to come

Why does it matter?

- ✿ Government funds less than 60% of our costs – we depend on fundraising for more than a third of our costs – 2.2 million dollars per year
- ✿ Hospice care is cost-effective – costs the system 470 dollars/bed vs 1,100 dollars/acute care bed
- ✿ We have not received any government capital funding. Currently paying a 2.5 million dollar mortgage down for the Ruddy-Shenkman Hospice build
- ✿ Rising facility maintenance costs
- ✿ Our staff are paid less than their acute care counterparts and do not currently have access to a workplace pension plan

What does this look like in 2025?

- ✿ Government funding increases from 60% to 80% of our operational costs on an ongoing basis
- ✿ Staff and volunteer participation in fundraising increases
- ✿ We fulfill all our annual financial and fundraising goals
- ✿ We pay off our mortgage for the Ruddy-Shenkman build
- ✿ Our budget is balanced

Next Steps

At Hospice Care Ottawa, we believe that we provide the highest quality hospice care possible to the clients and caregivers we serve. Our Strategic Priorities for the next five years will ensure that we continue to provide excellence in care while expanding where we can to ensure we meet the increasing demands in our community. Our focus on public awareness and fiscal stability will ensure we can continue to provide this care into the future.

Details of our yearly goals and activities are included in our annual operational plans that will be available on our website.

The Board of Directors thanks all of you who contributed to the development of this Strategic Plan.



Appendices

Strategic Planning Committee Members

- Lisa Sullivan
- Rhiannon Dufay
- Robert Bourgeois
- Benoit Hubert
- Catherine Lane
- Sue McIntosh

Hospice Care Ottawa Board Members 2019

Chair: Stephen Whitehead

Vice-Chair: Catherine Lane

Treasurer: Stephanie Elyea

Secretary: Stuart Swanson

Directors:

- Robert Cushman
- Kathy Greene
- Barbara Hogberg
- Benoît Hubert
- Barbara McNally
- Susan Murray
- Wendy Nicklin
- Ioanna Sahas Martin
- Gilles Sauvé
- Holly Wagg

Ex-Officio Members:

- Dr. Daniel Vincent, Medical Director
- Nancy Pyper, Past President, The May Court Club of Ottawa
- Lisa Sullivan, Executive Director

Hospice Care Ottawa Senior Leadership Team 2019

Executive Director: Lisa Sullivan

Director, Finance and Administration: Kim Sheldrick

Manager, Residence Care: Judy Cobus

Manager, Communications and Fund Development: Sue McIntosh

Manager, Volunteer Services and Community Hospice: Jenn Lockyer

