



To enhance the comfort, dignity and quality of life of individuals with a terminal illness, and to offer bereavement support throughout the community



Volunteer Driven

*Individual, and Family
Centered*

*Donor and Partner
Supported*

2012-2013 ANNUAL REPORT

NNPCN.COM

Table of Contents

Message from the Chair and Executive Director:	3
Chair	3
Executive Director	4
Mission, Vision, Core Values, and Operating Principles	5
OUR MISSION	5
OUR VISION	5
OUR CORE VALUES	5
OPERATING PRINCIPLES	5
Our Mandate (MSAA)	6
Board of Directors, and Staff	7
<i>Chair of the Board</i> - board@nnpcn.com	7
<i>Vice-Chair of the Board</i> - nnpcn@nnpcn.com	7
Treasurer's Report	9
Service Statistics	10
Palliative Clients	10
Bereavement	12
Volunteers	13
Fundraising	15
Fundraising, Donations and Bingo – 2012-2013	16
Marketing and Awareness	17
New Website	17
Needsofthedying.ca	18
Project Members:	18
The Concept	19
Strategic Growth Framework – A ROAD MAP	21

Message from the Chair and Executive Director:

Chair

Near North Palliative Care Network has seen 25 successful years of service in North Bay and area. We have served thousands of palliative clients and their bereaved families and friends. Our volunteers have shared in the journey with so many, and have been there for those in need. I know and understand that our success as an organization is because of the training, time and commitment of our dedicated and compassionate volunteers and staff. As Chair of the Board I understand it is my role to lead the board and ensure we have a clear understanding of our organizations mission, vision and values. It is also my responsibility, and that of the Board, to support the Executive Director and staff to be sure they have moral and professional support they need to further the goals of The NNPCN; to ensure that we have the support of the community and are addressing the needs of those we serve with the right programs and services. As our community changes and grows so must we. It is critical to our continued success to be sure we have the right structure, funding and services while maintaining our legal and ethical integrity.

The future of the NNPCN will depend on our ability to adapt and evolve. We continue to compete for fewer dollars and for the ideal and much lost after volunteer. We must create an organization that will attract not only superb volunteers, but funding that will allow us to be sustainable and continue our vision. Together we can create an NNPCN that will flourish and prosper. Thank you for your dedication and ongoing support. Together we can make a difference.

Tamela Price- Fry

Chair

Near North Palliative Care Network

Board of Directors

Executive Director

Near North Palliative Care Network (NNPCN) has played a vital role in end-of-life care in the Nipissing and Parry Sound Districts for the last 25 years. Joan Burnett, our founder, was living in Powassan when a very close friend of hers was diagnosed with cancer. The family was overwhelmed and didn't know where to turn for support and information. She quickly realized that there was a gap in support for the terminally ill. Since our first days we have been committed to attracting good volunteers who have a love for people. Our volunteers play a special role in helping individuals and their families through the dying process. We provide information, companionship, deep listening, and healing in the face of a terminal illness. We also provide grief and bereavement support.

Population projections and recent commitments from our provincial government require us to rethink how we provide our services in order that we continue to be of value and meet the demands of our communities. To just leverage with the actual present needs we need to grow 16 to 17 fold in capacity. In order to continue serving our communities in the next two decades we will need to grow at least 41 to 42 fold. Our provincial government, in the recent budget announcement, has committed to strengthening and improving end-of-life care. The provincial government realizes that what is key to meeting the demand is providing access to care in the individual's place of their own choosing. That we need to reduce the number of readmissions to emergency departments, within the last 3 months of life, and find alternatives to long-term care homes given the long waiting times. Research and evaluation results also demonstrate that the cost of dying in hospital is much higher than receiving hospice care at home or in a home-like experience of a hospice residence.

As an agency we have worked hard in the last year at developing a comprehensive strategic growth plan so that we can be ready to meet the needs of our populations. The Individual with a life-limiting illness, family and caregivers are at the centre of what we do as an agency.

- We need to place a focus on strategies to ensure that our volunteers are engaged, committed, and equipped for their work.
- We need to create a culture of mutual support, trust, encouragement, and compassion
- We need to put in place good governance structures, policies, and procedures
- We want to evaluate the work we do so that we can always improve

This will not happen because of one individual but rather because of the collective commitment and passion of all of us. I know that members of NNPCN believe in what they are doing and want the best possible outcomes for our communities. I look forward to the work ahead of us and celebrating our successes as we move forward.

All my best,

André Cotterall

Executive Director

Mission, Vision, Core Values, and Operating Principles

OUR MISSION

To enhance the comfort, dignity and quality of life of individuals with a terminal illness, and to offer bereavement support throughout the community.

OUR VISION

Our Vision is that every resident of Northeastern Ontario can experience their end-of-life with dignity and comfort, pain free, and with physical, psychological, social and spiritual support provided to them wherever they may be living: in the hospital, in hospices, in long-term care facilities or at home. We support a decentralized model of palliative care-giving, going to the client where the client is.

OUR CORE VALUES

Human Dignity ~ We value each person as a unique individual with a right to respect and acceptance.

Compassion ~ We value a quality of presence and caring that accepts people as they are and fosters healing and acceptance.

Social Responsibility ~ We value integrity and the promotion of the just use of resources entrusted to us for the enhancement of human life.

Community Service ~ We value a work climate of mutual trust and harmony that enables healing, collaboration and the fulfillment of human potential.

Excellence ~ We value quality of care, work life, and ongoing education and training.

OPERATING PRINCIPLES

Individual with a life-limiting illness, family and caregivers are at the centre of care, compassionate listening, companioning, non-judgmental support, confidentiality, and professionalism.

Our Mandate (MSAA)

We receive our mandate to operate as a visiting hospice palliative care service through a service accountability agreement with the North East Local Health Integration Network (NELHIN). Our current agreement is in effect until March 31, 2014.

To access a copy of this agreement you can go on the NELHIN website under Accountability Agreements or simply click on the link below if accessing this report online:

<http://www.nelhin.on.ca/WorkArea/showcontent.aspx?id=8514>

NNPCN serves those who are terminally ill with a life expectancy of 6 months or less. We serve our communities in both French and English. Services are provided regardless of gender, sexual orientation, language, culture, race, religion, or diagnosis.

We do not offer counselling or therapeutic support. We have specially trained volunteers to provide:

- Emotional support: encouraging clients to take an active role in their own care, advocating that the clients' wishes are respected, sharing activities, and discussing illness openly.
- Information support: Climate of openness and sharing
- Social support: Companionship to clients, caregivers, and family.
- Spiritual support: Promoting dignity, acceptance, hope, and integrity

Our services include:

- Respite support (palliative): Providing relief to primary caregivers and family
- 13 month telephone follow-up support: Once the palliative client has died we continue to offer support to the family and caregivers.
- Individual bereavement support: A facilitated process to work through issues of grief
- Group bereavement support: A facilitated process to work through issues of grief
- Medical Loan cupboard: Bed pans, baby monitors, urinals, and sheep skins.
- Lending Library: Books, audio visual items, and information pamphlets.
- Awareness and community education presentations: End-of-life services (including partner agencies), and death/grief.

Board of Directors, and Staff

As we look back at the year of 2012-2013, we sincerely thank those who serve on our Board of Directors and acknowledge with gratitude the contributions that each member has made to Near North Palliative Care Network.

BOARD OF DIRECTORS



Tamela J. Price-Fry
Chair of the Board - board@nnpcn.com
(Second Term: February 12, 2012 to February 11, 2015)



Darren Renaud, R.S. Kin, C.ap, C.sh
Vice-Chair of the Board - nnpcn@nnpcn.com
(First Term: February 12, 2012 to February 11, 2015)



E. (Betty) J. Dean
Bylaws, Awareness, Events and Fundraising
events@nnpcn.com
(First Term: February 12, 2012 to February 11, 2015)



Andrew Brown
Treasurer and Finance Committee
nnpcn@nnpcn.com
(First Term: February 12, 2012 to February 11, 2015)



Monica Do Coutto Monni
Corporate, Program Development and Evaluation
cpe@nnpcn.com
(First Term: April 15, 2013 to April 14, 2015)



Carla Goldsmith
Volunteer Engagement
(First Term: August 12, 2013 to August 11, 2016)

STAFF



André Cotterall,
Executive Director
ed@nnpcn.com
(June 2012 on)



Tracy Carr
Program Assistant
office@nnpcn.com
(2010 on)

Treasurer's Report

The 2012/13 fiscal year was my first as Treasurer of the Near North Palliative Care Network as our previous Treasurer, Steffi Wittmaack, stepped down at the end of her term. My first year with the Network proved to be an excellent learning experience, as both André and I transitioned into our new roles with the organization. I want to thank the wonderful volunteers we have, including our dedicated board of directors, for their service over the past year.

Included in this package, you will find the audited financial statements prepared by BDO Dunwoody LLP, North Bay, as at and for the period ending March 31, 2013. As in past years, we received a qualified audit opinion due to the significant fundraising and donation revenues we generate.

As we entered the 2012-13 fiscal year, the Network was made aware of the need to utilize surplus Bingo funds generated in prior years. In order to do so, the organization prepared and presented an action plan to the City's licensing department which would allow us to spend the necessary surplus funds. Although this resulted in the Network incurring a significant deficit in the current year, the Network remains in a healthy and stable financial position, as indicated on the balance sheet by combined cash and short-term investments totalling \$73,034 (2012 - \$73,958) and an accumulated surplus of \$54,122 (2012 - \$67,018).

The Network's Ministry of Health and Long-term Care (MOHLTC) funding increased slightly over the prior year, totalling \$101,808 (net of allocations to Hospice West Parry Sound of \$37,003 and Almaguin of \$26,552). Continuing to successfully surpass prior year's totals, the Network was able to generate an impressive 50% increase in fundraising and donations for a total of approximately \$55,350. Thank you to our dedicated volunteers and staff as these are remarkable results!

To all of you who have dedicated your time and effort, whether in a direct client service capacity, or indirectly through office or other work, I want to express my sincere gratitude as the organization would not be able to continue operating without your service.

Respectfully submitted,

Andrew Brown

Treasurer

Near North Palliative Care Network

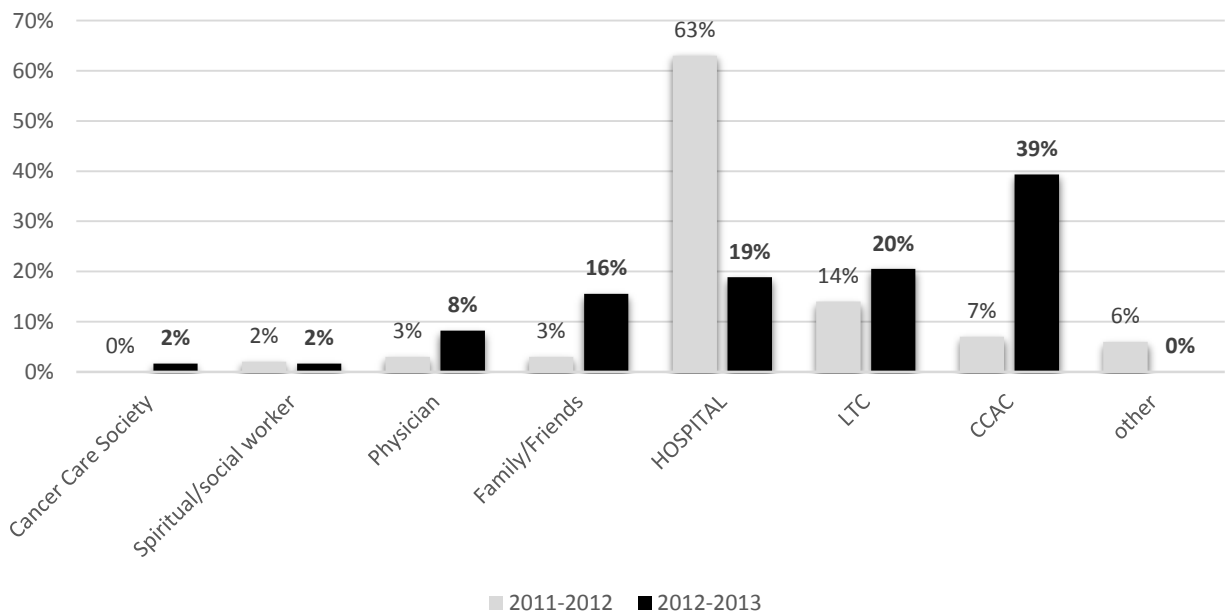
Board of Directors

Service Statistics

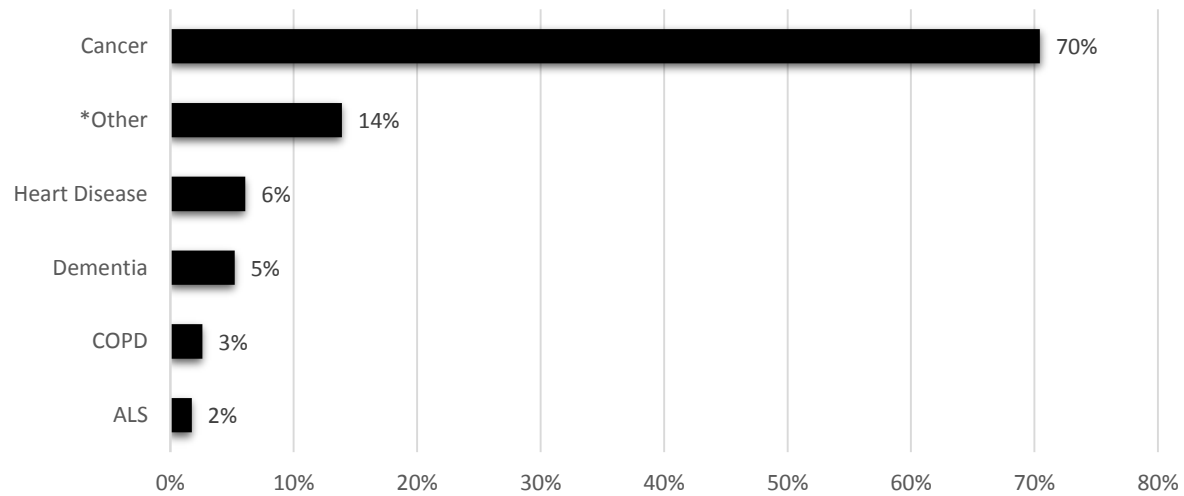
A total of 218 palliative clients, and 36 telephone support program clients.

Palliative Clients

Graph 1: Referral Source



Graph 2: Palliative Diagnosis



** Includes other diagnosis such as stroke, old age, etc.*

Graph 3: Location of Referrals

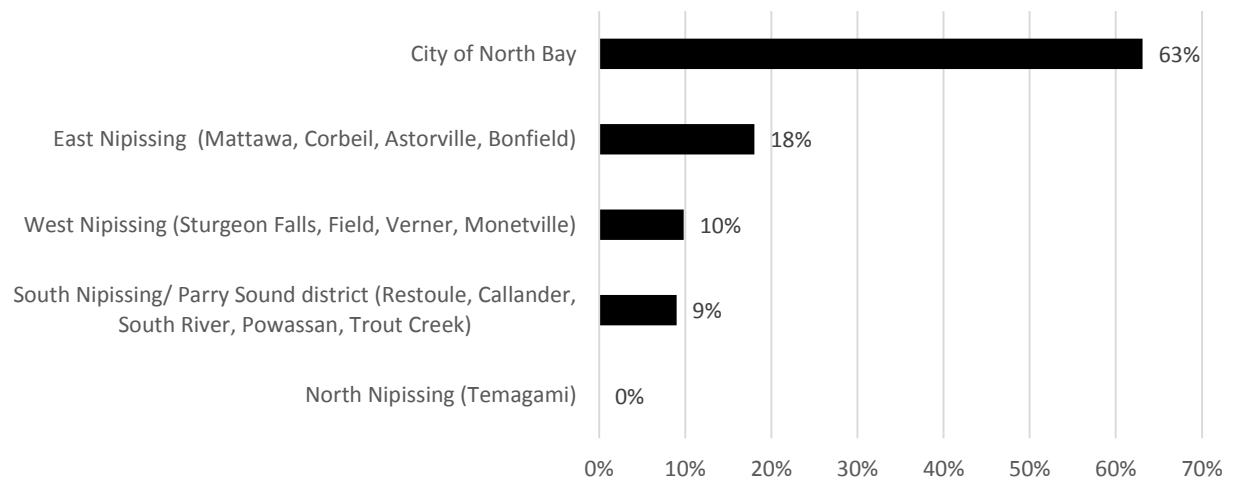
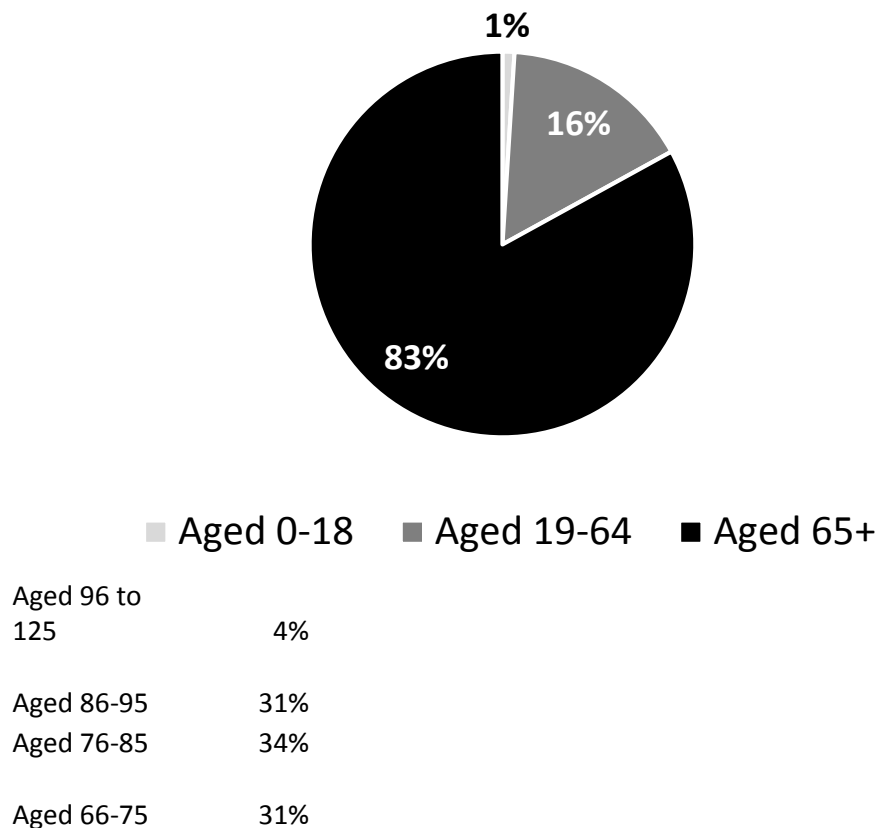


Chart 1: Age of Individual



Bereavement

Last year (2011-2012), the Near North Palliative Care Network was in the process of creating a standardized bereavement support resource for the training of its volunteers. This is being done through the hard work and dedication of Marilyn Weingartner. In the fall a total of eight volunteers were trained.

In addition to the training of new facilitators, the Bereavement and Grief Support Committee was formed. It is an internal committee responsible for carrying out the Bereavement and Grief support activities of the agency. It is anticipated that through this committee we would eliminate the need for a client wait list and meet our current demands. To date the committee has: merged the new trainees with our existing Bereavement Support volunteers; eliminated our wait list ; completed a Terms of Reference; and finalized the processes and procedures for referral / intake, new client screening, and service delivery. The committee is to be commended for their hard work. A special note of appreciation goes to Monica Do Coutto Monni for her hours of work in developing the various forms and tracking tools for the program.

A bereavement support group was run in the 2012-2013 fiscal year with great success. An additional one is running in our current fiscal year.

Since re-opening the Bereavement programs, new realities have emerged.

One aspect is that the committee has been receiving an unprecedented amount of complex-grief clients with psychological dysfunctions, substance abuse issues, or concurrent disorders. This created a new learning curve and posed a new challenge to the committee. One second aspect is an unprecedented number of clients in the community in need of anticipatory grief services. A third important challenge is the great number of caregivers of loved ones lost for cancer, who currently face Post-Traumatic Stress Disorder syndrome associated with cancer patients' caregiving.

The committee is presently tightening its processes and procedures and will need to evolve its training curriculum in light of the realities outlined. What is apparent is that the committee will need to work closely with referring agencies, and ensure that it focuses on having a strong screening and assessment process.

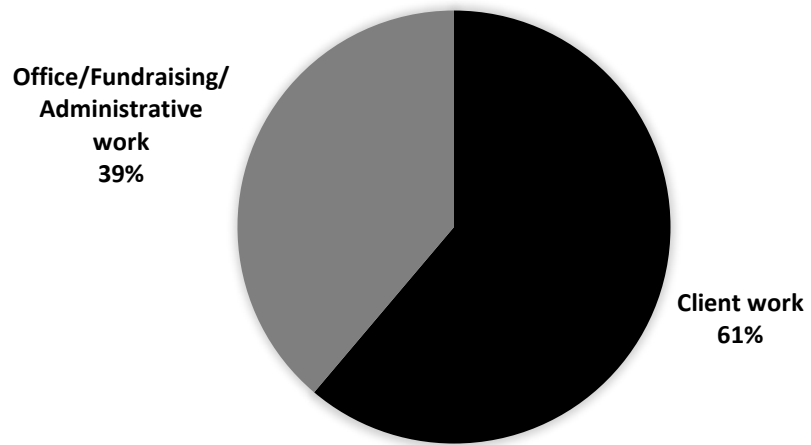
Volunteers

Our volunteers work as board members, in long-term care facilities, hospitals, homes, participating in fundraising work, or office work. Often it is the case that a volunteer will work in more than one area of responsibility (i.e. Board member, respite). Proportionally 60% of our volunteers work within respite support, 20% bereavement support, and 20% other. Of the volunteers who work within respite support 31% provide support in the client's home.

A total of **31,751.26 km for 78 volunteers**

In this last year a total of **6,941 volunteer hours was logged**. This worked out to 61% client work and 39% in office, administrative, or fundraising activities.

TOTAL VOLUNTEER HOURS FOR 2012-2013



Fundraising

As in previous years Near North Palliative Care Network (NNPCN) is grateful for the ongoing support from the North East Local Health Integration Network (NE LHIN), our major funder.



Our main focus as an agency has been to ensure the delivery of free palliative and bereavement support services to all of our clients. We have had an incredible 50% increase in fundraising and donations from previous years. What is behind this success is our dedicated and hard-working volunteers that have put in a lot of time and energy.

It is also re-envisioning how we raise revenue. The Executive Director would like to thank Lois C. Krause and her incredible team at the North Bay Regional Health Centre Foundation for providing numerous hours of their time and talent to mentor himself and his staff as it relates to the task of fundraising.



Our strategic growth framework includes a new strategic goal for fundraising. Given our limited staffing and that we want to have the maximum benefit of the time given to us by our volunteers we need to ensure that ***fundraising is low in time and resource intensity and high in return in investment.*** It is also very clear to NNPCN that it is also about ***entering into a mutually supportive relationships within our communities.*** We will continue to look for grants, and maintain our signature events, however, our focus will also include developing long-term giving strategies such as:

- Developing corporate alliances and solicitation packages,
- scheduling year-round corporate presentations,
- Offering corporate products and services,
- Collaborating and integrating services with other not-for-profits, and
- Producing a reward and recognition program

Fund development is linked with engaging people in our communities about palliative care, and developing strong partnerships and alliances with representative businesses, corporations and services in the region and beyond. These kinds of strategies will allow us to become strong advocates for quality end of life care, and increase our capacity to deliver end of life services and products to meet the demands of the populations we serve.

Fundraising, Donations and Bingo – 2012-2013

A total of over \$81,000 was raised through bingo and fundraising activities, and individual and group donations.

Bingo accounts for single biggest part of our fundraising dollars. This year the revenues from bingo proceeds was over \$25,000. The funds for bingo are restricted to volunteer training, community education, and expenses related to direct delivery of services. Bingo activities occur on a regular basis and are coordinated by June Kennedy and a team of volunteers. It takes a minimum of 3 volunteers to work a bingo and they occur every 2nd week. We owe a huge debt of gratitude to June and her team of volunteers for keeping up with such a relentless pace.

Fundraising activities, and individual and group donations was over \$55,000. These funds do not have the same restrictions. Typically they are spent on training, education, and items needed by our palliative teams.

This last year included the following fundraising activities:

- **Hike for Hospice – May 2012**

The hike raised over \$4,000 in funds. The hike is a national event that brings together organizations working together in hospice palliative care to raise funds and awareness in our communities.

- **Butterfly Release – July 2012**

This event has become our signature event raising over \$8,000 dollars. In our previous event we raised \$5,000.

- **Appeal Campaign and Cookie Baking drive 2012 (over \$5,000) – November 2012**

- **Caisse Populaire North Bay Limitée beneficiaries of Calendar contest (over \$2,000) – November 2012**

- **Flower Sales March 26,27,28 2013**

Marketing and Awareness

New Website



We applied for the BEAM grant through Blue Sky Net and received over \$4,000 grant to completely redo our website. The contract to redo our website was awarded to Sofa Communications.



The goal of recreating our website included:

- Increasing partner recognition
- Communication internally and externally
- Partnership development
- Advertising
- Awareness
- Fundraising
- Education

The new website includes the following features:

- Partner recognition banner
- Integrated calendar
- Login for volunteers
- Fillable forms
- Video capability
- Facebook integration

A large debt of gratitude needs to be given to Monica Do Coutto Monni, one of our new board of directors. Monica put in well over 70 plus hours of work reformatting and developing the content for the website.

The Near North Palliative Care Network has been searching for a method to engage the community in a dialogue about death and the needs of the dying. Often there is a misconception that hospice palliative care is a focus on death. We want to turn that idea upside down. We want our communities to understand that quality of life and living a good life also includes a discussion about end of life.

We support the view that we have a finite life that we need make the most of. Hospice palliative care is not so much a method but a philosophy of care. We are a death-denying society. Death is somehow viewed as unnatural or giving up. Palliative care is about accepting that we have finite lives and living well every hour of every day. It is about relieving suffering and improving the quality of a person's life and how they die given a life limiting illness. It is about promoting opportunities for meaningful and valuable experiences, personal and spiritual growth. It is an approach that improves quality of life of patients and their families.

Only 16% to 30 % of Canadians currently at the end of their life have access to or receive hospice palliative and end-of-life care services (Canadian Hospice Palliative Care Association, 2013). When asked, most people have indicated that they would prefer to die at home in the presence of their loved ones (Canadian Institute for Health Information CIHI, 2007). Yet almost 70% of Canadians die in a hospital setting. A 2002 study showed that 70% of family caregivers acknowledge that providing care to a loved one is stressful, and that they require time away from the responsibility of caring for a loved one (National Profile of Family Caregivers in Canada – 2002: Final Report). In 2007, 23% of Canadians said that they had cared for a family member or close friend with a serious health problem in the last 12 months, using personal savings to survive (41%), and missing one or more month of work (22%) (Fact Sheet: The Role of Family and Informal Caregivers). Ignoring end of life discussions is at our peril as families and communities.

Project Members:

- Holly Cunningham – Near North Mobile Media Lab
- Susan Srigley – Faculty of Arts & Science – Chair, Religions & Cultures, Associate Professor. Nipissing University
- Laura Peturson – Faculty of Arts & Science – Fine Arts, Associate Professor. Nipissing University
- Andrew Ackerman – Faculty of Arts & Science – Fine Arts, Associate Professor. Nipissing University
- Shannon Lucas – Documentary film producer – **morethancommon.com**
- Cindy L'Ami – 3rd year BScN Nursing Student, Nipissing University
- Jessica Delorme- 3rd year BScN Nursing Student, Nipissing University
- Heather Brunet- 3rd year BScN Nursing Student, Nipissing University
- Susan Robinson- Nurse Practitioner CCAC, and Clinical Instructor at Nipissing University

The Concept

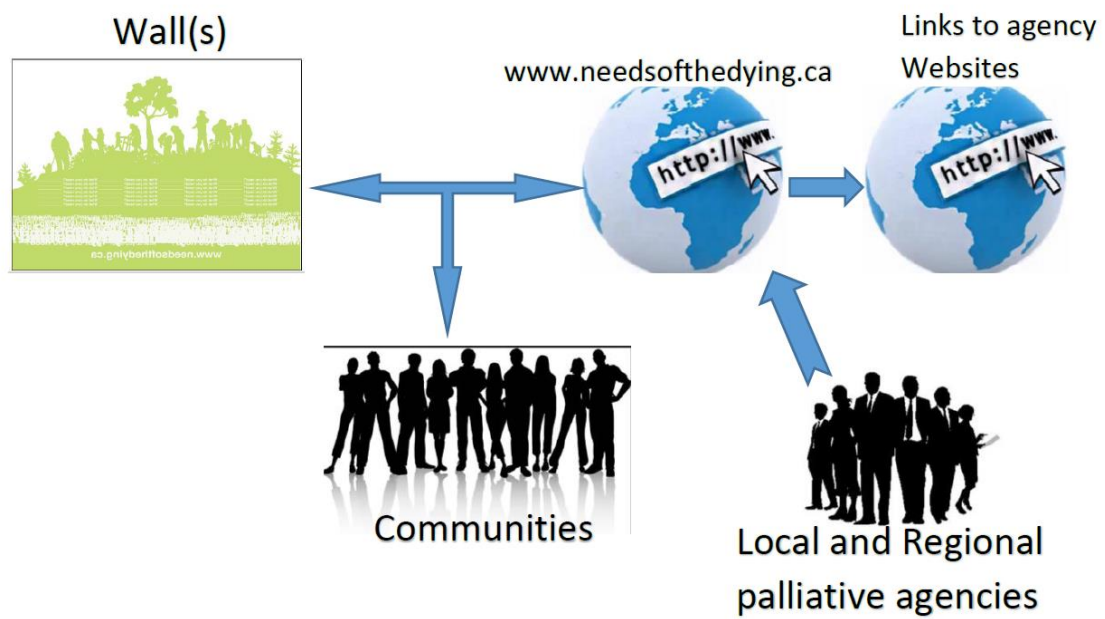
Main Thesis -

“We live in a death denying and grief denying society. It is often difficult to have a conversation about a topic of such significance as death. We believe that death is not simply an individual’s medical process; it is a social, cultural, spiritual, and community experience. Those things that allow us to live to our fullest potential are the same things that allow us to have the best possible death. It is the need for compassion, understanding, meaning, dignity, and a feeling of completion. How we die also affects those around us that continue to live. We want to provide you with information, resources, links to service providers in your region, and thought-provoking conversations that will assist you in starting your own dialogue with the people that matter most to you. What do you need at end of life? What do your loved ones need? We invite you to come in and experience our website.”

The needsofthedying.ca campaign was developed in partnership with local artists and members from Nipissing University. The idea is based off of a community art project developed by Candy Chang called the “before I die” campaign that has since gone global in its reach (<http://beforeidie.cc/>).

This campaign has three goals in mind:

1. Increase community awareness, understanding, and engagement regarding the needs of the dying and the concept of a “good death”
2. Increase the communities’ awareness regarding the services provided by NNPCN
 - Value and need of our services
 - Desire to donate to our services
 - Interest in volunteering
3. Increase local and regional partnerships and alliances within the palliative communities (I.e. opportunities for other service providers to join in on the campaign)



Strategic Growth Framework – A ROAD MAP

NNPCN is committed to a five year strategic growth framework that incorporates six areas for strategic growth:

1. Partnerships and Alliances

NNPCN will have strong partnerships and alliances with representative businesses, corporations and services in the region and beyond that will increase our ability to:

- Advocate for quality end of life care in the region;
- Add value to our brand name and services;
- And increase our capacity to deliver end of life services and products to meet the demands of the populations we serve.

2. Fund Development

NNPCN will increase its capacity to deliver end of life services and products to meet the demands of the population we serve through increased sources of revenue that are:

- Low in time and resource intensity and high in return;
- And focus on the development of long-term relationships with donors and sponsors.

3. Community Engagement

NNPCN will work within the “shared care team” model to increase the general population’s awareness, acceptance, and need for the palliative care philosophy and services within the community.

4. Governance, Quality Improvement, and Evaluation

The Board and Executive staff of NNPCN will work towards identifying and implementing structures and processes to increase efficiency, effectiveness, and strategic growth.

The Board and Executive staff of NNPCN will work towards achieving governance, administrative, and service standards that meet provincial and national legislative requirements and accreditation standards.

5. Training and Education

NNPCN will ensure that volunteers receive training and education to support them in their work with our clients.

NNPCN will ensure that training and education is consistent, standardized, comprehensive, evidence-based, and integrated in into the “shared-care team.”

6. Client/Volunteer

NNPCN will foster an environment that values, promotes, supports, and prepares volunteers for their work within palliative care.

NNPCN will maintain and develop programs and services that are safe, confidential, competent, and driven by the needs of the individuals with a life limiting illness their informal caregivers and family

