



Closer to the Community



John Greschner
PRESIDENT,
VICTORIA HOSPICE
SOCIETY



Wayne Peterson
EXECUTIVE DIRECTOR,
VICTORIA HOSPICE
SOCIETY/FOUNDATION

We are pleased to have been able to provide another year of palliative end-of-life care to patients and support to families and members of the community. We are also grateful for the dedication and professionalism that each staff member brings to their work every day. We are equally grateful for the support we receive from our volunteers, donors, home and community care nursing support and partner organizations. All of them help to sustain our mission which is “to enhance the quality of life for those facing advancing illness, death, and bereavement through skilled and compassionate care, education, research and advocacy.”

This past year we faced many challenges, but there were also many shining moments, which you will read about in these pages. What is also important is that you know what direction Victoria Hospice is heading. The theme we adopted for our new three-year strategic plan is “**Closer to the Community.**” It’s a response to what we see developing in the community we’re all a part of – more patients needing our care, higher levels of acuity, more complications, and a greater need for bereavement support, including more attention to children and youth.

OUR VISION

Quality end-of-life care for all.

OUR MISSION

To enhance the quality of life for those facing advancing illness, death and bereavement through skilled and compassionate care, education, research and advocacy.

There are three major areas we are focusing on to ensure that the community is well supported: Exemplary Care, Sustainability and Preparing for Future Needs.

Exemplary Care

We are focused on providing and enhancing exemplary care by investigating, incorporating and supporting “best practices,” using research and education to help improve evidence-based methods of delivering care, leveraging technology, and working with our partners to increase the quality of care for those facing life-threatening illness, death and bereavement.

Sustainability

We are working to achieve long-term **financial sustainability** by employing both proven and innovative fundraising approaches, carefully stewarding financial resources and prudently managing investments.

We continue to work to achieve **human resource sustainability** by strengthening our culture through appropriate training and education, and enhancing quality of work life to increase resiliency, inclusiveness and personal growth.

Preparing for Future Needs

We are committed to finding ways to continue to explore, collaborate and create innovative programs and services that adapt to the evolving needs of the community.

Each of these areas have specific goals that will help us achieve our ability to respond effectively to the known and emerging needs of the community and to ensure that the needs are met with the highest levels of professionalism and compassion, the hallmarks of Victoria Hospice.

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If you would like a copy of our Strategic Plan
it is available on our website at
www.victoriahospice.org/about

Peter Maddaugh, QC
Victoria Hospice Foundation President, 2010–2012



It is with deep regret that we announce the loss of a valued member and friend, Peter Maddaugh. Peter was elected to the Board in Sept 2006 and was elected as President in Oct 2010, where he remained until his death on June 20, 2012 at the Victoria Hospice in-patient unit.

Peter will be remembered for the support he provided to the organization and to a wide range of individuals connected to Victoria Hospice. Peter's expertise

as a lawyer and his experience having served on many boards gave Victoria Hospice an added depth of valuable knowledge to draw on. He was truly engaged as a caring and compassionate individual while balancing the need to accomplish goals. He made an excellent President and chair of the Foundation Board meetings. He was decisive and clear; he asked good solid questions and didn't settle for easy answers but probed and investigated issues earnestly. He also displayed considerable humour and appreciation of others.

Below is an excerpt from the tribute published by his family in the *Victoria Times Colonist*, June 30, 2012:

Peter was devoted to his family and we cherished him. He was rock solid, forever a source of inspiration and strength to his family and friends. He was dignified, quirky, serious and lovable. Always the adventurer, Peter climbed the Japanese Alps, snorkeled in the Seychelles, kayaked mangrove swamps, and biked Bali, but he also ruthlessly hunted down dandelions in the garden. Peter was an intellect, a scholar, and a truly remarkable man. At the University of Toronto, he obtained an MA in History and a Law Degree concurrently and did so well, he was awarded a scholarship to Harvard to complete a Masters Degree in Law... We will miss him dearly, but it was our good fortune to have known him.

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Our Doctors

Our team of physicians provides treatment and attention for patients and their families across multiple care settings. Working in conjunction with the patient's family physician, home care nurse and other specialty physicians, our team provides expert symptom management and palliative care.

Our medical team also plays an active role in the education of medical students, residents, hospice staff and volunteers, home care nurses and other Vancouver Island Health Authority employees.

The physicians also participate in research initiatives as outlined by the VHS Research Department and work closely with many of our strategic partners through representation on multiple VIHA committees, the BC Learning Centre Partnership Team, BCMA Section of Palliative Medicine and through active participation in the Vancouver Island Palliative Network and both the UBC and Island Medical Programs.

- ◆ We cared for 601 patients admitted to our palliative care unit and over 1,000 medical consultations in patients' homes, residential facilities or other hospital units.

- ◆ In the pursuit of improvements in quality care, we participated in VIHA's EOL Quality Council and other VIHA and UBC medical school committees.
- ◆ The physicians at Victoria Hospice continued to be actively involved in teaching and knowledge transfer, including:
 - ▶ training over 30 family practice, psychiatry and radiation oncology residents and 16 medical students as they underwent rotations with us
 - ▶ supervising four trainees visiting from Nepal and Brazil
 - ▶ teaching at UBC and the Island Medical Program
 - ▶ being actively involved in curriculum renewal within the medical school in the areas of palliative care as well as social accountability and responsibility
 - ▶ teaching in the Education Series for End-of-Life and VIHA home care orientations
 - ▶ helping in the planning and delivery of the *Practice Support Program (PSP)* in end-of-life care that educates and supports GPs throughout the province in order to improve the palliative and end-of-life care that they provide
 - ▶ teaching in the *Medical Intensive* and *Psychosocial* courses offered through VHS presenting at conferences provincially, nationally and internationally.



Dr. Deb Braithwaite
Palliative Physician, Victoria Hospice

"You are connecting with people in a very important and intimate time in their life. You are dealing with their true selves, their essential being, and that's part of the privilege and the reward of this work."

Our Nurses

The Nursing Department at Victoria Hospice includes skilled and knowledgeable Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). These dedicated professionals provide compassion and end-of-life care for patients and their families 24 hours a day on our unit in the Richmond Pavilion at the Royal Jubilee Hospital. In addition, the unit nurses triage telephone calls after hours from patients, families and other health professionals.

Our Community office at Hospice is the hub for telephone requests from the Greater Victoria community about palliative care. Hospice nurses also provide care for patients and their families in their homes as part of the Victoria Hospice Palliative Response Team (PRT), which includes a counsellor and a physician. This unique and remarkable 24-hour on-call service, which began in 1989, provides short-term consultation and treatment at home for problems that might otherwise require admission to hospital (such as pain, shortness of breath and nausea). In all circumstances, we partner with VIHA's Home and Community Care Nursing staff and Home Support programs to ensure that the daily average of 339 patients who are in their own homes and are registered with VHS are comfortable and their families are supported.

Some highlights from the past year include:

- ◆ Our patients' safety and the accreditation process (which ensures we are meeting our standard of care targets) are closely linked. All of our nurses receive training and/or refresher instruction in hand hygiene protocols, falls prevention and the electronic patient safety learning system and electronic clinical documentation.
- ◆ As part of their ongoing professional development programs, our nurses attended courses in pain and symptom management, wound care and psychosocial support.
- ◆ Two more of our nurses have been certified as specialized hospice palliative care nurses by the Canadian Nurses Association.
- ◆ One of our nurses is partnered with Seniors' Health in a unique community role as an advanced care planning nurse.
- ◆ Together, our nurses mentored eight students during the year, including a unit clerk, licensed practical nurses and registered nurses, in addition to support for the medical students and residents who participated on the unit.

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Carol Johnson, RN
Palliative Response Team (PRT) nurse

"It's an incredible kind of nursing, where you get to journey along with someone at the end of their life, to guide them, to assist them. Of all the other kinds of nursing that I've done, I can't think of anything that's been so inspiring; it's character building, provides strength and meaning – it's just an amazing opportunity."



Our Counselling, Spiritual Care and Bereavement Team

Our counselling, spiritual care and bereavement team provides professional services to Victoria Hospice patients and families, both prior to and following a death. This includes individual, family and group counselling, consultation with other professionals and supervision of students and volunteers who provide care. Support addresses any psychosocial aspects of progressive illness, death, and bereavement experienced by patients and families. This includes practical concerns such as funeral and financial planning; emotional issues of grief and coping; family struggles with changing care and relationships; and spiritual care for all faiths, cultures and beliefs.

Care is offered at home and on our in-patient unit. Bereavement counsellors and volunteers support bereaved individuals for up to one year following the death. A child and youth counsellor is available to work with families and children throughout the dying process and into bereavement.

Community Counselling

- ◆ Phone support with patients and families – 472
- ◆ Visits with patients and families – 242
- ◆ Consultation with other professionals – 840
- ◆ Counselling Community crisis visits (PRT) – 1,150

Bereavement Counselling

- ◆ Total bereaved – 2,753 (118 Community)
- ◆ Counselling face-to-face sessions – 615
- ◆ Counselling phone consultations – 459
- ◆ Volunteer telephone call – 1,794

Child & Youth Counsellor

- ◆ Number of families assessed – 44
- ◆ Number of individual sessions – 60
- ◆ Number of childrens' groups run – 2
- ◆ Number of parents' groups run – 1

Allyson Whiteman
Child and Youth Counsellor, Victoria Hospice

"Often, a patient is deep in their own grief. Or they really want to support their child, but they have no idea where to begin that conversation, so it never happens. Victoria Hospice provides parents with the support they need so they can confidently start that dialogue with their child."



Our Volunteers

Volunteers play a vital role in all areas of our work. Volunteers work with patients on the unit or in the community. Volunteers provide support to family members and friends in the bereavement program. Volunteers have a key role in our fundraising efforts. They work at our Thrift Boutique and in our rooftop garden. Volunteers perform clerical support, sit on committees, and serve on our Society and Foundation boards. Our volunteers come from a wide variety of backgrounds. Many volunteers have walked their own path of loss and grief, which enables them to serve with genuine compassion and understanding. We can say with confidence that our volunteers have a positive impact on the lives of patients, family members, boutique customers, event participants and hospice staff. Needless to say, we could not do our work without the support of our exceptional volunteers.

- ◆ Volunteers contributed well over 22,000 hours of service:
 - ▶ 12,000 hours spent on the unit assisting patients, families and the nursing team
 - ▶ 19 Life Stories completed after 203 contacts and 34 requests for service
 - ▶ 33 community client matches with Community Volunteers
 - ▶ 425 Spiritual Care contacts made
 - ▶ 211 patient visits made by Bedside Singers
 - ▶ 70 one-to-one bereavement client contacts made
 - ▶ 1,794 phone calls made to bereavement clients.

- ◆ The 36-hour training for clinical volunteers was offered in April 2011 and January 2012. In addition, a range of ongoing learning opportunities were made available through the year to keep our volunteers up to date and informed. Topics offered included Boundaries, Grief in Children and Youth, Mindful Walking, Movie Afternoons, and opportunities to meet with and ask questions of individual program managers.
- ◆ Over 300 regular, year-round volunteers were active in both clinical and non-clinical areas plus more than 150 volunteers were involved with our special events: Celebrate a Life, the BMO Swimathon, the Teeny Tiny Garden Tour, and a variety of third-party fundraisers.
- ◆ The average length of service for volunteers is almost six years. However, we have many volunteers who have been with us for over 20 years.
- ◆ Showing volunteers we appreciate their contribution is important. The National Volunteer Week theme in April 2011 was “Volunteers: Passion. Action. Impact.” We covered the walls of the Volunteer office with photos of volunteers holding signs with these appropriate words. Then in June 2011, volunteers and staff came together for our popular annual Volunteer Appreciation Reception at CFB Esquimalt Officers Mess.

Dan Curtis
Volunteer, Victoria Hospice

Dan championed the idea with Hospice for the “Life Stories” program, which allows patients to record personal stories and messages for their loved ones.

“Each one is unique. One woman chose to read nursery tales for the grandchildren she’d never meet. But all capture cherished memories – a priceless gift for patients and their families.”



Research and Development

The Research and Development Office carries out its work with the overall intent of advancing clinical quality care by conducting quality improvement audits, formal studies on clinical services, and testing new tools.

Collaborative partners include the University of Victoria (UVic), Vancouver Island Health Authority (VIHA) and other programs across Canada.

Collaboration

- ▶ Dr. Michael Downing was appointed as a Board member on the Joint UVic/VIHA Health Research Ethics Board.
- ▶ Victoria Hospice is a partner and Dr. Downing the Co-Principal Lead in the continued work with the Canadian Partnership Against Cancer, UVic and BC Health Authorities, Yukon and Alberta to assess and develop a surveillance system for palliative care in Canada.
- ▶ Dr. Downing was a Consultant on the BC Pharmacare Palliative Drug Benefit Plan, the Fraser Health Authority on palliative workload tool design for home care, and for VIHA on bed planning and projection analysis.

Quality improvement

- ▶ Audits were conducted about clinical documentation in the Palliative Care Unit (PCU), reasons and outcomes of patients who were transferred from the PCU to a long-term care facility, and a benchmark assessment for projecting need of number of beds and staffing for palliative units in Canada.

Satisfaction Surveys

- ▶ Surveys using FAMCARE were conducted with bereaved families of patients who died in the PCU and on Palliative Response Team at home. Another survey was completed with patients in the PCU about the care they were receiving. Any needs for improvement were referred to the Management team and clinical departments for follow-up action.

Innovation

- ▶ A tool called the Edmonton Symptom Assessment System (ESAS) was implemented in the Palliative Unit; satisfaction surveys on its utility were conducted with nursing, medical and clerical staff as well as with patients.
- ▶ Plans were developed for creating custom applications for computers and smartphones for PPS and Prognostat tools.
- ▶ There was also early design work done on the use of telehealth video technology to support palliative consultation and care at home. An application to CIHR NSERC to design and study this was submitted and at the end of 2011/12 was awaiting decision in a collaborative study among UVic Computer Engineering, UVic CanAssist, UVic School of Health Information Science and Victoria Hospice.

Knowledge Translation

- ▶ 13 papers, conference presentations and medical teaching were completed over the year.

Teaching and Learning

Education Services offers palliative care courses and training to physicians, nurses, pharmacists, counsellors, social workers, volunteers and other health care providers. The courses give participants the awareness, skills and knowledge needed to provide excellent symptom management and emotional support in their day-to-day work with patients and families.

The department handles all education requests from educational institutions, government and community agencies and arranges instruction on a fee-for-service basis as well as manages all copyright approval requests from individuals and organizations asking to use material from our publications and tools such as the Palliative Performance Scale or Bereavement Risk Assessment Tool.

- ◆ 225 physicians, nurses and pharmacists from seven provinces, two territories, Mexico and Portugal attended the **Palliative Care: Medical Intensive** one-week courses in Victoria and Richmond. Among the faculty were 10 staff members.

- ◆ 87 health professionals from three provinces, two territories and Mexico participated in the semi-annual **Psychosocial Care of the Dying and Bereaved** one-week courses in Victoria. Eleven staff were instructors.
- ◆ Victoria Hospice and VIHA co-sponsored five, half-day **Education for End-of-Life Care** sessions which were also video-linked to 20 sites up-Island and attended by 561 health care professionals and volunteers. This included 64 Victoria Hospice staff and volunteer registrants.
- ◆ Victoria Hospice, BC Cancer Agency and VIHA held a day-long education session for physicians and nurses in the **Vancouver Island Palliative Network (VIPN)** at Campbell River with 41 health professionals and representatives from Island hospices attending.
- ◆ Four staff gave presentations at the CHPCA conference, five taught the VIHA Home and Community Care Nursing Orientations and four provided educational sessions for community agencies and educational institutions.
- ◆ Ten educational teleconferences and webinars and nine lunch time learning sessions were provided to staff and volunteers. Participant numbers exceeded 256.

Palliative Care: Medical Intensive Course

"I believe I will be able to be a greater resource for my 76 colleagues and patients in alleviating symptoms near death."

"Excellent conference! Very relevant information & organized set-up. The speakers were very personable & passionate about their field. Effective mix of group interaction & lecture style presentation."

"The information I gained here is going to be a huge benefit for me and my co-workers and therefore, we will be able to provide the best possible care for our palliative clients in our community, making sure our clients are comfortable & have a pleasant experience."

Psychosocial Care of the Dying and Bereaved Course

"I have more information & ideas on best practices that will support ethical and respectful relationships with families."

"The diversity in presentations & presenters was excellent. I really like that presenters were speaking from their practical experience not just theory."

"Thank you for everything and all you provided. The program is put together in a thoughtful and thorough way. You covered so many facets of palliative care."

Care: 2011/12 at a Glance

- ◆ Average number of patients registered on any given day was 334.
- ◆ Admissions to our 17-bed palliative care in-patient unit totaled 601.
- ◆ Average length of stay in our seven acute care beds was 8.1 days.
- ◆ Average length of stay in our nine extended care beds was 15.6 days.
- ◆ Average length of stay in our one respite care bed was 8.4 days.
- ◆ Approximately 20% of all patients admitted to our palliative care unit were able to return home once their symptoms improved.
- ◆ 75% of our patient deaths were diagnosed with cancer (most commonly lung, colon, breast and pancreatic cancer).
- ◆ Non-cancer deaths included congestive heart failure, stroke, renal failure, lung disease, HIV-AIDS, ALS and chronic liver disease.
- ◆ The average time from initial registration to death was 110 days for cancer patients and 167 days for non-cancer patients.
- ◆ Average age at the time of death was 75 years.
- ◆ Victoria Hospice helped 4,854 people last year, including 886 patients and their families.
- ◆ Approximately 32% of the patients under our care last year were able to die at home close to family and friends, thanks to our own Palliative Response Team, our clinical teams and our partnership with the Vancouver Island Health Authority's Home and Community Nursing Care and Community Health Worker services.
- ◆ PRT nurses visited patients at home or in a facility 1,448 times while PRT counsellors attended 1,150 times.
- ◆ Nurses and counsellors held 8,682 phone consultations with health care professionals and an additional 1,468 phone consultations with patients and families.
- ◆ In 2011/12, when surveyed about the quality of care and services received from Victoria Hospice, 87% of patients reported they were "satisfied" or "very satisfied."
- ◆ In a separate survey of families of patients, the same percentage (87%) said they were "satisfied" or "very satisfied" with the quality of care and services.
- ◆ Last year, 2,753 people were helped by our Bereavement Services following a death in the family. Bereavement Services now offers 10 different bereavement support groups.
- ◆ 416 patients in the Royal Jubilee Hospital, Victoria General Hospital, long-term care homes or in their own homes were seen by our specialist palliative care physicians. These patients, who were not registered with Victoria Hospice, benefited from the expertise of our physicians.
- ◆ A total of 30 new volunteers completed the six-week training program and joined our team of 331 active volunteers.
- ◆ Between the hours of 7:30 pm and 7:30 am, our evening and night nurses responded to 708 telephone calls from patients and their families living at home in the community.

YOU bring Hospice Closer to the Community

People often think of Victoria Hospice as the place where quality of death enhances quality of life. This is true, but Victoria Hospice is so much more. *You* make it so much more. Make no mistake – patients come to Victoria Hospice to die. They also come to us to celebrate the life they’ve lived.

And it is through the generous support of donors like you that we are able to bring Victoria Hospice that much *Closer to the Community*, so that our patients and families can live life to the end and continue living on in memory and legacy.

Kathleen E. Burton
DIRECTOR OF DEVELOPMENT

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Together, You and I

Hospice demonstrates that each gift you contribute directly helps patients and families receive the specialized end-of-life care services you’ve come to know in your community. Hospice’s good work, their efforts to work more closely with the community, the patients and families they serve, combined with your dedication to Hospice, makes me feel honoured to be Fundraising Campaign Chair.

Your gift makes care possible for patients at the hospice unit and helps the community Palliative Response Team of doctors, nurses and counsellors provide 24-hour support at home. Did you know that Victoria Hospice program efforts reach out to offer bereavement support for family members, whether or not the deceased person used Hospice services? Did you know they work to ensure emotional comfort is there with programs like their pet therapy program? I’ve learned a lot this year. One of the most important lessons has been that fundraising dollars do not meet demand. Hospice’s efforts to be closer to the community mean just that. It means ensuring Hospice focuses on even more than the physical comfort of patients and families. Please donate today, so that together we can bring compassion, dignity and grace to the end of life. Together, you and I can bring Victoria Hospice Closer to the Community.

Steve Clark
FUNDRAISING CAMPAIGN CHAIR

Community Funding Sources

◆ Individuals	\$ 1,178,521	15.6%
◆ Corporate & Community	\$ 187,008	2.5%
◆ Grants	\$ 176,714	2.3%
◆ Planned Giving	\$ 1,535,113	20.3%
◆ Thrift Boutique	\$ 245,625	3.3%
TOTAL	\$ 3,322,981	44%*

*of total revenue to Victoria Hospice

Fundraising highlights:

- ◆ Community donations totalled over \$3.2 million last fiscal year.
- ◆ Over 80 donors have notified Victoria Hospice that we are named in their will.
- ◆ Last year, we received 28 estate gifts from 24 donors totalling over \$1.49 million.
- ◆ 439 of our donors make their gift giving easy, efficient and more effective by making monthly donations automatically through their credit card or bank.
- ◆ 2,350 donations were received in memory of loved ones – many with heartfelt notes thanking staff and volunteers for care given to family or friends.
- ◆ Over \$240,000 was raised at various special events: Hike for Hospice, golfing, garden tours and more.

OUR COST OF FUNDRAISING IS 24%*

* Calculated using the combined Donations and Fundraising Operating Revenue and Donations to Endowments of \$3,077,956 and the Development and Fundraising Operating Expenditures of \$745,111. Cost of fundraising, less endowment revenue of \$600, is 24%.

Our Hospice Heroes

Big heroes, small heroes, every hero.

Victoria Hospice recognizes that heroes come in many shapes, sizes, ages and backgrounds. But more importantly, we recognize that they are all leaders in our community, each one a champion helping Victoria Hospice to become closer to the community.

Every story our heroes inspire in print or on air, every tweet, every Facebook post and every dollar raised makes a difference to Victoria Hospice. Among our heroes are those pictured here, who have gone beyond what we could have imagined. They have inspired others to tell their story, widening and building community support for Victoria Hospice.

To honour these champions, the Foundation created Our Hospice Heroes Leadership Awards for Community Business, Youth Philanthropist and Distinguished Advocate.



The Community Business award recognizes a local business with a strong record of outstanding generosity that, through advocacy of and dedication to Victoria Hospice, inspires other businesses in the community to get involved. **Thrifty Foods** has helped promote awareness of our palliative programs and the need for community support, generously partnering with Victoria Hospice since 1993 by supporting Swimathon, Hike for Hospice and Teeny Tiny Garden Tour – to name just a few.

The Youth Philanthropist award recognizes a youth who has shown outstanding leadership in raising awareness and support among their peers in support of Victoria Hospice. **Lena Babaei** is a courageous young girl who shared her personal journey, her joy and her sorrow not only with her peers but the community at large so that it might encourage other individuals – individuals like you – to share your personal story with others to continue the Victoria Hospice conversation in our community.

The Distinguished Advocate award recognizes an individual who is a true supporter of the Hospice cause, giving above and beyond what is required or expected of them. The individual may have special skills, which are used for the benefit of Hospice and palliative care. **Graham Robertson** and **Sean Jacklin** took their physical fitness, career aspirations and connections to the next level to build community one turn of the pedal at a time. Graham initiated the Cycle of Life Tour when he cycled 3,600 km from Anchorage, Alaska back to Victoria in 2011; Sean rode more than 7,500 km across Canada for the 2012 tour.

(l to r) Sean Jacklin (Cycle of Life), Lena Babaei (Youth Philanthropist), Vivian Chenard (Thrifty Foods), Graham Robertson (Cycle of Life)

You Can be a Hospice Hero

There are many ways to be a hero.

Victoria Hospice recognizes that your gifts take many shapes and forms and we thank the community for each and every contribution, whether from individuals, businesses or foundations. Often a gift is made in memory of a loved one or in response to our mail campaigns. Gifts also take the form of personal participation and monies raised in support of Hospice or third party events. Victoria Hospice also gratefully receives monies awarded as gaming funds or grants, and from planned gifts as well as from purchases made at the Thrift Boutique. Each and every way you support Hospice brings us that much Closer to the Community.

As a Financial Planner, Dale Collins knows a lot about helping people prepare for the future. When Dale heard

some of the stories of families helped by Victoria Hospice, she wanted to do something to help make a difference. Dale purchased a \$50,000 life insurance policy with Victoria Hospice as the beneficiary. The policy allows her to make affordable, annual contributions for which she receives both a tax receipt and the knowledge that her gift will be leveraged into something far bigger than she could otherwise afford.

Whether you prefer to give a gift of life insurance like Dale, or prefer to donate money, property, goods, or time, all are vital to patient and family care. Here are just some of the options available:



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◆ Annuities ◆ Bequest ◆ Corporate Sponsorship ◆ Hospice Hero Fundraising Events ◆ Life Insurance ◆ Membership
◆ Memorial Giving ◆ Residual Interest in Property ◆ RRSP & RRIF Funds ◆ Securities ◆ Volunteering

Our Thrift Boutique

YOUR Designer Re-Sale Store.

Staffed almost entirely by dedicated volunteers, the Victoria Hospice Thrift Boutique first opened in 2006. Collections come from all over the community and all over Vancouver Island. From designer Gucci handbags to funky fashion trend shoes, sandals to sundresses, dressy to casual, nearly new to never worn, Victoria Hospice Thrift Boutique has something for every woman's taste. Some of the clothes still bear the original tags!

The Thrift Boutique is about keeping things fresh and surprising customers with rock-bottom deals and themed sales. It holds silent auctions and special auctions like the Boutique's BID FOR BLISS Bridal Wear Auction, which

raised over \$7,800, offering 85 NEW wedding gowns and bridesmaid dresses for sale. "You get something more for your money when you shop here," said Lisa McFarland, store manager. "You help your community. Since 100% of the proceeds from sales – as with all store profits – help Victoria Hospice provide end-of-life care to local patients and families, what could be better than the satisfaction of knowing that what you buy here is trendy, affordable and helps a great cause?"



Victoria Hospice Thrift Boutique 1315 Cook Street, Victoria, BC
Between Johnson and Yates Streets; parking available.
Store Hours: 10am – 5pm Monday–Saturday 250-361-4966

Statement of Combined Operations Fiscal Year ending March 31

Operating Revenues		Fiscal 2012	Fiscal 2011	Fiscal 2010
	Government Contracts	3,738,341	4,135,703	3,632,554
	Donations & Fundraising	3,077,356	2,639,499	2,678,582
	BC Gaming Commission	0	100,000	149,255
	Thrift Boutique	245,625	246,461	264,179
	Publications / Courses	350,995	356,392	360,919
	Interest & Dividends	113,691	81,494	72,204
	Other	18,291	25,801	42,777
		<u>7,544,299</u>	<u>7,585,350</u>	<u>7,200,470</u>
Operating Expenditures				
	In Patient Nursing	2,493,692	2,510,299	2,509,873
	Community Nursing	199,524	194,318	202,711
	Medical	671,881	675,926	704,524
	Counselling / Bereavement / Spiritual	923,638	1,031,709	1,080,371
	Palliative Response Team	599,563	540,510	587,822
	Volunteer Services	120,444	129,515	210,207
	Publications / Courses	248,875	211,555	244,457
	Education Services	138,645	150,260	180,567
	Administration / Communications	493,294	489,167	575,939
	Donor Development & Fundraising	745,111	623,561	611,637
	Thrift Boutique	172,324	180,933	149,195
	Research / Committees / Projects	243,886	228,116	326,775
	Amortization	142,750	174,896	181,773
		<u>7,193,627</u>	<u>7,140,765</u>	<u>7,565,851</u>
Operating Surplus (Deficit)		<u>350,672</u>	<u>444,585</u>	<u>(365,381)</u>
Endowment & Investment Items (not available for operating costs)				
	Donations to Endowments	600	577,274	27,255
	Endowment Funds Valuation Gains (Losses)	(2,946)	114,359	269,872
	Investment Funds Valuation Gains (Losses)	(39,962)	50,504	151,713
		<u>(42,308)</u>	<u>742,137</u>	<u>448,840</u>
Change in Net Assets		<u>308,364</u>	<u>1,186,722</u>	<u>83,459</u>

KEY FIGURES & FINANCIAL HIGHLIGHTS

Increase in Donations and Fundraising
of \$437,857 (+17%)

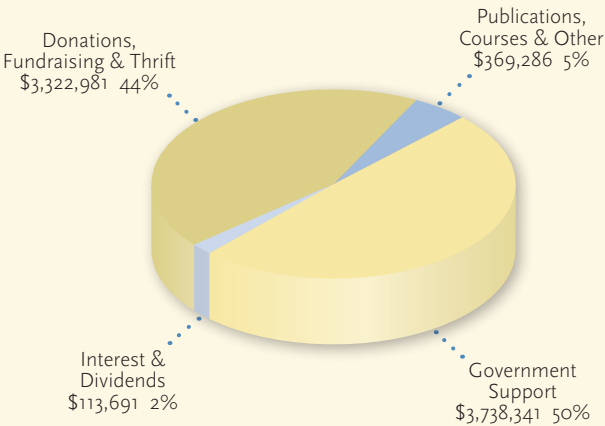
Decrease in revenue from Government
Contracts of \$397,362 (-10%)

Statement of Combined Financial Position Fiscal Years ending March 31

Assets		Fiscal 2012	Fiscal 2011	Fiscal 2010
	Cash & Prepaids	1,595,219	838,339	681,252
	Accounts Receivable	137,073	180,521	295,613
	Publications Inventory	15,977	60,222	71,729
	Endowment Funds	2,313,622	2,328,233	1,619,910
	Investment & Insurance Funds	1,208,282	1,217,330	1,143,947
	Equipment & Building	361,478	479,319	596,293
	Irrevocable Trust Receivable	178,934	178,934	178,934
		5,810,585	5,282,898	4,587,678
Liabilities				
	Payable to Vancouver Island Health Authority	228,137	107,882	425,793
	Accounts Payable & Accrued Liabilities	328,549	252,902	362,555
	Deferred Revenues	369,381	345,960	409,898
		926,067	706,744	1,198,246
Equity				
	Invested in Capital Assets	361,478	479,319	596,293
	Endowment Fund Balances (restricted)	2,313,622	2,328,233	1,652,415
	Operating Fund Balances (unrestricted)	2,209,418	1,768,602	1,140,724
		4,884,518	4,576,154	3,389,432

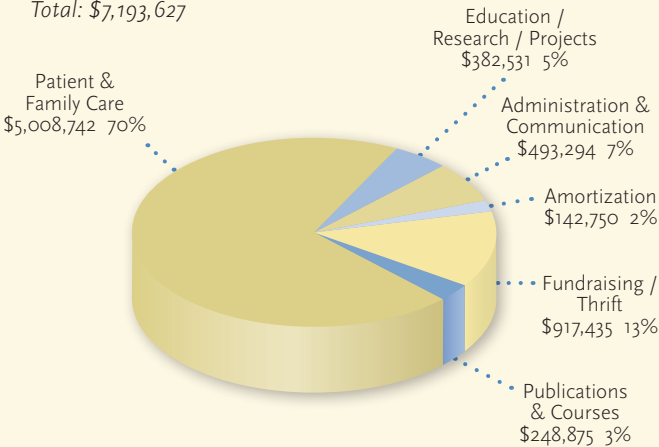
Sources of Operating Funds

Total: \$7,544,299



Uses of Operating Funds

Total: \$7,193,627



Complete copies of the audited financial statements are available upon request, or online at www.victoriahospice.org.

Victoria Hospice investment funds are managed by the Victoria Foundation.

Our Charter of Values

Respect

We respect the intrinsic worth of each individual.

Compassion

Compassion underscores all our actions and decision-making. We demonstrate an empathic, non-judgmental manner. We believe in the power of tender acts of kindness.

Integrity

Integrity forms the basis of personal and professional practice. We take individual and collective responsibility for our actions. We are accountable and invite scrutiny. We are honest and fair in all we do within an ethical framework.

Commitment

Commitment to quality end-of-life care is fundamental to our work and our relationships. Through our dedication, we honour the people we serve, each other and ourselves.

Collaboration

Collaboration is fundamental to achieving our best work. Respectful, honest communication, with appreciation for diversity enables us to accomplish together what could not be achieved alone.

Excellence

Through the active pursuit of skills, knowledge, growth and innovation, we achieve our highest personal and professional potential in our unwavering quest for quality end-of-life care.



Victoria Hospice

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