



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.

OUR VALUES

Respect
Compassion
Integrity
Commitment
Collaboration
Excellence



"I've never seen a place like this. Hospice has opened up my eyes to how you can live, how much happier you can be, how kind people can be."

- Gwen Fox, 93
Hospice patient 2017

In 1980, a pioneering group of medical professionals recognized a demand for a palliative approach to end-of-life care. They formed the Victoria Hospice Society, offering support services to the Greater Victoria community.

Today, Victoria Hospice's team of physicians, nurses, counsellors, spiritual care providers, and nearly 300 trained volunteers provide compassionate care to **more than 1,000 patients annually**.

Care is provided in patients' homes, in the community, and within our 17-bed in-patient unit at the Royal Jubilee Hospital in Victoria, BC.

Medical Consultations & Follow-Ups	2016/17	2015/16	2014/15	2013/14
In Patient Homes	363	338	322	363
In Hospital Wards	1189	1076	1077	1094
In Other Health Care Facilities	34	33	43	27
	1,586	1,447	1,442	1,484

The increasing the number of consultations reflects the broadening outreach of Victoria Hospice expertise beyond our in-patient unit.

Care begins with registration in our program. Patients with a life-limiting diagnosis register with us to plan for their future care needs so when the time comes, access to our palliative care services will be easier, whether it be in the community or at our facility.

Victoria Hospice extends care to patients' families and loved ones through our bereavement support and grief counselling programs for up to one year following death.

We also engage in research, to develop evidence-based clinical practices and education and training programs to advance the field of palliative care across Canada and around the world.

As a registered charity, Victoria Hospice benefits greatly from the generosity of thousands of donors in our community. In addition to support from our partner, Island Health, roughly 50 percent of Victoria Hospice's annual operating costs are funded through community donations.

The outcome of our care: patients say they are able to retain their quality of life during life-limiting illness through pain and symptom management and our compassionate, whole-person care. Patients' family and friends report feeling supported before, during, and after the death of their loved ones.

Results from patients' families polled in a comprehensive Family Care Survey (2012/13) show that **100% felt that the palliative care team respected their dignity**. (Please see Appendix I for detailed FamCare-2 results and survey methods.)

Within this report, Victoria Hospice services are rolled into three core groupings of related services. **Care on the Unit** focuses on the services provided at our facility on the Royal Jubilee Hospital campus; **Care in the Community** speaks to the services provided to patients and families in their homes and other locations off-site; and **Care after Death** addresses services available to families once their loved ones have passed.

Volunteer Services outlines the support to these core programs that our cadre of trained volunteers provides, and finally **Education and Research** speaks to the continuous learning culture of Victoria Hospice, achieved through grant and donation funded research, course development and delivery of training both internally and to external healthcare providers.

Victoria Hospice is in the final year of its 2015 – 2018 three-year Strategic Plan. Our subsequent three-year strategic plan will take a comprehensive look at the services, service delivery models, and supporting infrastructure required to address the community's needs for palliative care.

Under the current strategic plan, outcomes, outputs, delivery strategies and performance measures have been captured in several data sets collected on each program. Victoria Hospice tracks extensive data on external inputs, resources consumed and outputs as part of its reporting to Island Health. This data, combined with feedback from the family care survey, has been compiled to prepare this report.

What is hospice palliative care?

The terms hospice care and palliative care are often used interchangeably in Canada. Both refer to a compassionate approach that includes medical, emotional, spiritual, and social care that aims to improve the quality of life of patients and their families who are facing advanced illness, death and bereavement.

The focus is on comfort rather than cure. Palliative care can be delivered in a person's own home, a hospice, a hospital palliative care unit, or residential care facility.

CARE IN THE COMMUNITY

Many people prefer to be cared for in their homes, close to family, friends and familiar surroundings. Through our partnership with Island Health's Home and Community Care Nursing and Home Support Services, our unique Palliative Response Team (PRT) provides crisis intervention for patients and families in their homes.

The PRT service includes 24-hour, on-call consultation and treatment by nurses and counsellors for symptoms that might otherwise require admission to the hospital, plus counselling through times of crisis.

Over the past four years...

502 Average number of patients admitted into our home care (PRT) program each year

PRT Admissions (to receive home help)	2016/17	2015/16	2014/15	2013/14
First Time Registration	379	409	367	398
Repeat Registration	108	97	131	120
	487	506	498	518

1,572 Average number of home visits that take place in our home care (PRT) program each year

PRT visits happen around the clock

65% PRT visits happen in the daytime with a Registered Nurse & Counsellor

35% PRT visits are in the evening with a Registered Nurse only

In addition to our PRT service, our counsellors also meet with patients and their families in the community, seeking to increase our outreach year over year.

Counsellor Home Visits (non-PRT)	2016/2017	2015/2016	2014/2015	2013/2014
	439	411	374	318



“Your loving palliative care allowed Mom to die at home as she so desired. We were therefore provided with the opportunity to spend precious time together, sharing memories and – most importantly – healing old wounds. Thank you for this wonderful gift. I am forever grateful.”

– Hospice family

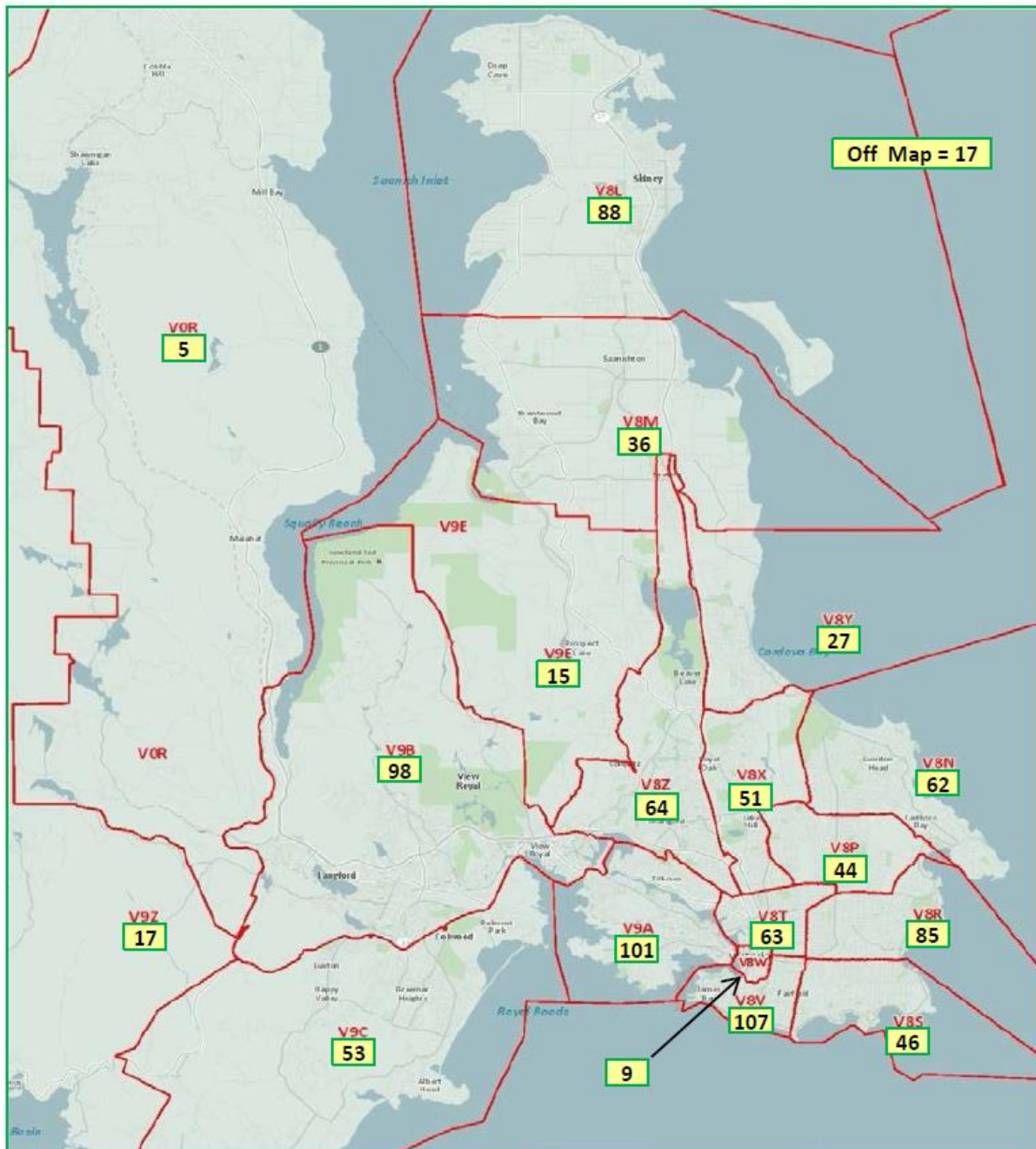
93%

of families who received PRT indicated they were **very satisfied or satisfied** with the services provided at Victoria Hospice in a comprehensive Family Care Satisfaction Survey conducted in 2012/13. (Please see Appendix I for detailed FamCare-2 results and survey methods.)

These results will serve as a baseline for a follow-up survey during our strategic planning process in 2017/18.

Where do our PRT patients come from?

Map of Greater Victoria, PRT Admissions by Postal Code (2016/17)



CARE ON THE UNIT

Although most patients prefer to be cared for at home, they may be admitted to one of our in-patient beds for any of the following reasons:

- Assessment and management of pain or other difficult symptoms
- Respite care to allow a one-week stay with us while caregivers get a rest
- Ongoing care for people who are unable to remain at home

Our goal at the in-patient unit is to make our patients and families as comfortable as possible in as home-like a setting as can be provided on a hospital campus.

Our inpatient unit is located on the 3rd floor of the Richmond Pavilion at the Royal Jubilee Hospital and accommodates 17 patients.

- Seven beds are for patients requiring complex palliative care. Average length of stay: 8 days. (2016/17)
- Nine beds are for end-of-life care patients. Average length of stay: 17 days. (2016/17)
- One bed is for respite care. Average length of stay: 8.5 days. (2016/17)



Over the past four years, the average **number of patients admitted** is **575**.

Top 5 Reasons for Admission to the Unit

- ✓ Pain
- ✓ Rapid deterioration
- ✓ Weakness
- ✓ Imminent death
- ✓ Family stress

**Unit Admissions,
by Age**

	2016/17	2015/16	2014/15	2013/14
0 to 9 Years	0	0	0	0
10 to 19 Years	0	0	2	1
20 to 29 Years	5	3	3	1
30 to 39 Years	10	5	9	2
40 to 49 Years	15	6	23	15
50 to 59 Years	59	68	87	68
60 to 69 Years	132	131	135	123
70 to 79 Years	146	118	167	151
80 to 89 Years	124	141	130	137
90 to 99 Years	85	63	54	60
100 Years +	5	4	4	5
	581	539	614	563

Did you know? Not all the patients who come to the Hospice unit die here. While **73%** of patients die on the unit, **13%** return home and **14%** are transferred to another unit or to a long term care facility. (2016/17)

87%

of our families on the unit indicated they were **very satisfied or satisfied** with the services provided at Victoria Hospice in a comprehensive Family Care Satisfaction Survey conducted in 2012/13. (Please see Appendix I for detailed FamCare-2 results and survey methods.)

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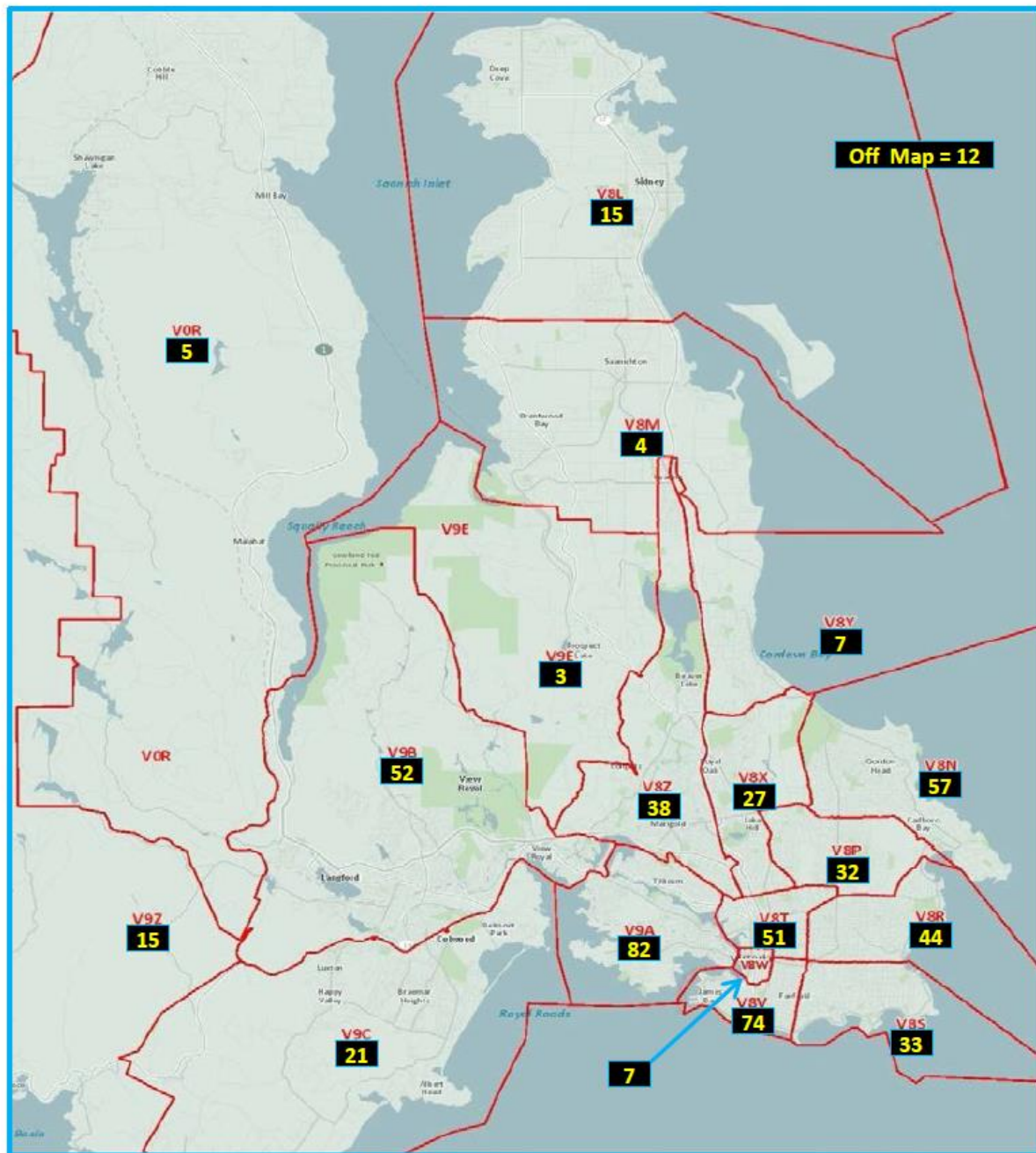
“The level of care and overall affection I felt from the doctors, nurses, volunteers – even the smiles from cleaning staff – helped lift my spirits each day at Hospice. Special thanks to all those who stayed with my father to hold his hand; laugh at his jokes; help him out of bed; to all those who helped him when he could no longer help himself.”

– Hospice family

During the various stages of life-limiting illness, Victoria Hospice offers professional counselling for patients and families on issues related to grief, death and dying; pictured above is our Unit Counsellor, Michelle Dale. We also provide spiritual care for all faiths, cultures and beliefs and assist with practical concerns like funeral planning, wills and finances.

Where do our unit patients come from?

Map of Greater Victoria, Unit Admissions by Postal Code (2016/17)



CARE AFTER DEATH

Thanks to generous support from our donor community, Victoria Hospice offers a wide range of **professional bereavement counselling services** for patients and families facing death and bereavement.

For up to a year following a death, services include:

- ✓ telephone support
- ✓ in-person counselling
- ✓ bereavement support groups, including drop-in and journal groups
- ✓ services are available for all age groups, including specialized child and youth counselling
- ✓ info on practical matters such as financial, funeral and care planning

Bereavement Services Delivered:	2016/17	2015/16	2014/15	2013/14
Assess Community Client	145	176	173	187
Counsellor First Contact Call	186	121	78	88
Counsellor Follow Up Call	8	17	48	45
High Risk First Contact Call	5	4	6	15
Interim Call Counsellor	21	36	94	146
Review Client	117	173	204	143
Session, Counsellor	668	733	816	725
Session, Counsellor (Comp. Grief)	82	75	15	0
Session, Counsellor (Intake)	142	87	0	0
Session, Counsellor (Fee Paid)	37	25	5	0
Telephone Assessment	13	12	11	9
Total Professional Services	1424	1459	1450	1358

Grief is part of life and grieving is a natural response to loss. The death of someone very close can feel overwhelming and impact many aspects of life. Our Bereavement Services is available to help family and friends understand their grief and adjust to their loss.

Top 5 Bereaved Persons by Relationship – please see Appendix II for full list

- ✓ Daughter
- ✓ Wife
- ✓ Son
- ✓ Husband
- ✓ Friend

Did you know? Victoria Hospice developed a training program for complicated grief treatment, becoming the first treatment centre in Canada. Complicated grief is defined as "a persistent, pervasive, paralyzing grief, impacting every single part of the person's life, to the point where they aren't really participating in life anymore."

Fiscal year	2016/17	2015/16	2014/15	2013/14
Number of complicated grief counselling sessions	82	75	15	0



"Victoria Hospice was there for me during a time of great sadness and loss. I am happy to contribute to ensure that the care they provide will be there for others in need."

– Hospice donor

86%

of bereaved families say they were **very satisfied or satisfied** with the services provided at Victoria Hospice in a comprehensive Family Care Satisfaction Survey conducted in 2012/13. (Please see Appendix I for detailed FamCare-2 results and survey methods.)

These results will serve as a baseline for a follow-up survey during our strategic planning process in 2017/18.

OUR VITAL VOLUNTEERS

Just as we rely on our donor community, Victoria Hospice depends on hundreds of incredibly loyal volunteers who play an essential role in the success of our programs and services.



Volunteer Hours by Activity	2016/2017	2015/2016	2014/2015	2013/2014
Bed Side Singers	784	745	522	n/a
Bereavement	362	362	504	164
Celebrate A Life	163	n/a	n/a	n/a
Clerical/Admin	693	510	1108	1202
Clinical Unit	10,911	11,137	10,919	10,950
Committees	10	6	14	9
Community	354	452	695	695
Events	624	442	884	285
Life Stories	142	368	280	236
Meetings/Education	359	390	331	66
Miscellaneous	97	22	291	n/a
Music on the Unit	n/a	54	146	267
Pet Therapy	75	75	71	n/a
Roof Top Garden	187	80	144	458
Spiritual Health	513	738	838	28
Total Hours	15,274	15,381	16,747	14,360

Victoria Hospice has an excellent reputation for its outstanding volunteers. It takes a very special person with strong skills and abilities to become a hospice volunteer. They contribute their energy, time and skills in many ways:

- ✓ Administration and Clerical
- ✓ Bereavement Services
- ✓ Education and Research
- ✓ Fundraising Events



22 Victoria Hospice
volunteers have over
20 years of service each!

Victoria Hospice volunteers on our unit and in the community are required to undergo advanced screening and training. Their contributions enhance the quality of care we provide to patients and their families on our unit and in the community through various programs including:

- ✓ Bed Side Singers
- ✓ Complementary Therapy
- ✓ Life Stories
- ✓ Music Therapy
- ✓ Pet Therapy
- ✓ Roof Top Garden
- ✓ Spiritual Care Companions



EDUCATION & RESEARCH

Victoria Hospice is a leader in delivering education and training to hundreds of individuals each year. Physicians, nurses, pharmacists, social workers and counsellors look to us to help them build skills in the field of palliative care, whether they are seeking a basic understanding or more advanced, complex knowledge.

In addition to the two flagship courses we offer *Palliative Care Medical Intensive* and *Psychosocial Care of the Dying and Bereaved Course*, we offer training workshops, lectures and forums. We have partnered with many organizations including Pallium Canada, a national organization focused on the development and dissemination of peer-reviewed education, resources and clinical tools for health care providers in palliative hospice care, the University of Victoria, and with the Northern Health Authority and Interior Health to provide educational opportunities for health care professionals in Northern and Interior BC.

In addition to educating external audiences, this department plays a vital role in educating staff and volunteers at Victoria Hospice by providing monthly education sessions on relevant, topical subjects related to hospice palliative care. In 2016/17 more than 200 people attended 'lunch and learn' sessions and general orientations.



External Education (# of Learners)

Palliative Care Medical Intensive (5-days)	
Psychosocial Care of the Dying & Bereaved (5-days)	
Home Care & Hospital Nurse Training/Orientation	
Medical Learners	
Practicums (nursing, counsellors & social workers)	
Lectures, Workshops & Forums	
Academic Half Days for Clinicians	

2016/2017	2015/2016
309	286
78	77
69	40
24	34
6	7
579	254
22	24
1,087	722

Internal Education (# of Learners)

Lectures, Workshops & Forums	
Staff Orientation (clinical, general & PRT)	

2016/2017	2015/2016
218	185
34	30
252	215

Total Learners

1,339 **937**



Transitions In Dying & Bereavement, (pictured) is a course textbook written by clinical experts at Victoria Hospice. Newly revised, this award-winning textbook comprehensively covers the key transitions that dying people and their families face, and effective

interventions to facilitate these transitions.

Appendix I: FamCare-2 Satisfaction Surveys

In Patient Unit Services (IPU)

FamCare-2 Satisfaction Survey (Summarized In Patient Unit Results)

The rank order when **combining** 'very satisfied' and 'satisfied' is shown below:

[Click here for information about the FamCare-2 survey tool.](#)

Satisfaction	2012/2013
Dignity	100%
Team's attention to symptoms	97%
Speed of symptom relief	96%
Way in which physical needs are met	96%
Doctor's attention to symptoms	93%
Family included in decisions	93%
Overall comfort	92%
Practical assistance	92%
Effectively manages symptoms	85%
Availability of team to family	85%
Emotional support by team to patient	85%
Meetings with team to discuss care plan	84%
Information about managing symptoms	84%
Team's response to changes in your care needs	81%
Way in which your conditions & progress discussed	80%
Emotional support by team to family	77%
Information about side effects	70%
	88%

[Click here for complete data](#)

Community & PRT Services (Palliative Response Team)

FamCare-2 Satisfaction Survey (Summarized PRT Results)

The rank order when **combining** 'very satisfied' and 'satisfied' is shown below:

[Click here for information about the FamCare-2 survey tool.](#)

Satisfaction

	2013/2014
Way in which physical needs are met	96%
Speed of symptom relief	96%
PRT and Doctor's attention to symptoms	96%
Overall comfort	96%
Family included in decisions	96%
Dignity	95%
Team's attention to symptoms	95%
Practical assistance	95%
Team's response to changes in your care needs	95%
Meetings with team to discuss care plan	95%
Emotional support by team to patient	95%
Availability of team to family	91%
Effectively manages symptoms	90%
Way in which your conditions & progress discussed	90%
Emotional support by team to family	90%
Information about managing symptoms	86%
Information about side effects	86%
	93%

[Click here for complete data](#)

Bereavement Services

FamCare-2 Satisfaction Survey (Summarized Bereaved Family Results)

The rank order when **combining** 'very satisfied' and 'satisfied' is shown below:

[Click here for information about the FamCare-2 survey tool.](#)

Satisfaction

	2011/2012
The way in which the palliative care team respected the patient's dignity	98%
The patient's comfort	96%
The way in which the patient's physical needs for comfort are met	96%
The practical assistance provided by the palliative care team	95%
The emotional support provided to family members by the palliative care team	93%
The palliative care team's response to changes in the patient's care needs	90%
How effectively the palliative care team managed symptoms	89%
Emotional support provided to the patient by the palliative care team	89%
The way in which the patient's condition and progress discussed	88%
Speed with which symptoms were treated	83%
Meetings with the palliative care team to discuss the patient's plan of care	83%
The doctor's attention to the patient's symptoms	83%
The way the family was included in treatment and care decisions	83%
Palliative care team's attention to patient's description of symptoms	76%
Information given about how to manage patient's symptoms	68%
Information given about side effects of treatment	66%
	86%

[Click here for complete data](#)

Appendix II: Additional Information

Bereavement Services

Bereaved Persons by Relationship:	2016/2017	2015/2016	2014/2015	2013/2014
Daughter	889	818	706	716
Wife	564	532	487	451
Son	490	492	432	449
Husband	297	285	259	240
Friend	156	153	121	147
Sister	130	133	113	106
Mother	57	70	57	42
Grandchild	51	45	37	49
Spouse	39	44	57	43
Brother	35	57	40	47
Niece	23	26	24	36
Father	17	19	14	10
Parent	15	16	4	2
Nephew	13	11	7	4
Cousin	11	6	0	7
Caregiver	7	9	14	1
Other	7	11	16	27
Grandparent	3	4	2	1
Unknown	3	9	4	7
Aunt	1	4	2	2
Persons Receiving Bereavement Services	2,808	2,744	2,396	2,387