Strategic Plan  2013-2015

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Introduction

The Fraser Canyon Hospice Society was started in 1995 by a group of dedicated community members who understood the importance of having hospice palliative care supports available in the community of Hope. We have grown over the years to develop a dedicated, working Board of Directors, a contracted Hospice Coordinator position and a wonderful Volunteer Corps providing palliative, caregiver and bereavement support in Hope, Boston Bar, Yale, and Manning Park.

Our goal by 2015, our 20th Anniversary year, is see our Vision a reality through the further development of well-funded, resourceful and sustainable volunteer programs based on the unique needs of the communities we serve. We will continue to respond to community needs yet remain steadfast to our original values of offering exceptional support programs and services to the terminally-ill and their loved ones.

Purpose

The purpose of the Fraser Canyon Hospice Society, as defined in its Constitution, is:

1. To provide support to terminally-ill persons and their families in the Fraser Canyon area through a coordinated base of volunteers;
2. To provide trained volunteers;
3. To offer training to professional caregivers; and
4. To offer educational services to the public regarding death and grieving.

Our Mission Statement

The Fraser Canyon Hospice Society’s mission is to provide quality support and end of life services to our clients and their loved ones, caregivers and the bereaved in Hope and its surrounding areas.

Our Values Statement

The Fraser Canyon Hospice Society values the individuality of patients and their family’s process of death, dying with dignity, grief and loss. We are an organization that provides supports, services and programs to those who face a terminal illness and loss.

Our Vision Statement

The Fraser Canyon Hospice Society is a Regional leader in providing end-of-life services and programs to patients and their loved ones.

Achievements

- In 2000, the Society received a grant from the Health Region and a generous personal donation which allowed for the renovation of the Palliative Care Wing of our hospital, including two patient rooms (Monarch and Sunflower) and the family kitchen.
1998: The beautiful Hospice Rest Area, which overlooks the Coquihalla River, was erected by local families, with the help of volunteers and donations, in memory of their loved ones. Hospice Volunteers maintain it today.

2000: The Rotary Deck was installed by the Rotarians. Today, flowers and furniture on the deck are maintained by our Hospice Volunteers.

2005: Camp Skylark was initiated as a weekend retreat for grieving children in the community.

2008-2010: Hospice Volunteers initiated a 2-phase Courtyard Project at the Fraser Hope Lodge, for the use of patients and families, with donations raised during a special community fundraising initiative which raised $70,000.

2009: Donations were used for the purchase and installation of a free-standing lift in the Monarch Room.

2010: A pressure changing mattress to relieve/prevent pressure sores was purchased for the Monarch Room, along with two special wheel chairs.

As of 2013, we currently offer 10 programs in three service areas. They are as follows:

Palliative Services
- Vigil Services
- Companioning
- Hospital Visiting/1:1 Psychosocial Support

Caregiver Support
- Helping Hands Caregiver Support Group
- Second Step Caregiver Support

Bereavement Support
- 1:1 Bereavement Support
- Healing Hearts Bereavement Support Group
- 2nd Step Bereavement Group
- Camp Skylark for Bereaved Children

Relaxation Therapies
- Relaxation Group
- Reflexology
Overview
From February to May, 2013, the staff and Board of Directors were engaged in a 3-phase strategic planning process for the coming 2.5 years. During the initial phase, the Society’s vision and short-term goals were reviewed, as were client demographics, locations, needs and ways of accessing information and resources identified. The second phase identified strategies to accomplish the Society’s vision while adhering to the community’s unique needs.

During the third and final stage, it was decided how to deploy resources in today’s realities while focusing on tomorrow’s opportunities. A SWOT Analysis (strengths, weaknesses, opportunities, threats) was also completed. From here, a finalized strategic plan was drafted with an accompanying one-page web for stakeholders. This plan will focus the work of the Fraser Canyon Hospice Society as it moves forward towards its vision for the future and further enhances its programs and services.

In 2013-2015, Fraser Canyon Hospice Society will work towards developing well-funded and resourced volunteer programs, all-inclusive and accessible to the unique needs of the clients it serves. It will aim to secure future funding opportunities for such endeavours as additional paid staff and the initiation of a Thrift Store, from which it hopes to eventually generate a campaign for a free-standing facility and/or satellite office.

Identifying our Clients and their Needs
In carrying out this plan, the focus will remain the unique community and needs of FCHS clients. Such characteristics are outlined as follows:

- Population of approximately 8,000 (includes surrounding areas)
- Majority of population between ages 40-75
- Located at a “junction” of major highways
- High tourist population in summer months
- High population of low income families, isolated, with little to no computer access
- High First Nations population
- High rate of cancer diagnosis compared to other End-of-Life programs under the Fraser Health Authority
- High rate of traumatic deaths due to car accidents, homicide and suicide
- Majority of palliative clients prefer to die at home
- Minority of population is familiar with the philosophy of Hospice Palliative Care
- Many referrals come to our Society with high needs for other issues, as well as grief and loss, such as addictions, mental health, victim services, etc.
Environmental Scanning

Based upon the current environmental conditions, the following information was collected:

- Local and regional communities currently face continued poor economic conditions
- Locally, there are a number of community agencies providing social services, such as Hope Area Transition Society, Care Transit, Free Rein, etc. The short-term HOPE project recently received government funding but this will be cut-off in February of 2014
- The industry in Hope is primarily resource-based and tourism
- Hospice Palliative Care is a philosophy which continues to grow - the country continues to see the erection of many new hospices
- 60% of Canadian deaths occur in hospitals
- 70% of family and informal caregivers acknowledge that providing care to a loved one is stressful
- 70% of family and informal caregivers indicate that they require time away from the responsibility of caring for a loved one
- Only 15% of Canadians who require hospice/palliative care have access to these specialized services
- 88.7% of palliative patients in the communities of Hope to Boston Bar have a cancer diagnosis (11.3% non-cancer diagnosis). This is significantly higher than the percentage of palliative patients with cancer diagnosis in other communities under the Fraser Health Authority. This statistic particularly affects the Aboriginal Communities.
- The first of the baby boomers have turned 65. Within the next 15 years, more than 50% of all Canadians will be seniors
- Only 10% of deaths are sudden
- 90% of dying people will require some kind of end-of-life care
- Each death in Canada affects the immediate well-being of, on average, five other people, or more than 1.25 million Canadians each year
## SWOT Analysis

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<tr>
<th><strong>Strengths</strong></th>
<th><strong>Weaknesses</strong></th>
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<tr>
<td>• Established charitable organization</td>
<td>• Programs and facility not accessible to all clients</td>
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<td>• Central location</td>
<td>• Education times are not always convenient for largest demographic</td>
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<td>• Compassionate staff, Directors and volunteers</td>
<td>• Overall awareness of the Hospice Palliative Care Philosophy and the Society's programs are very low</td>
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<td>• Remain focused on Mission and Values when offering services</td>
<td>• Poor donor relations (not enough stewardship, recognition or appreciation)</td>
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<td>• Current volunteers eager to learn</td>
<td>• Lack of volunteer policies has resulted in vague expectations and boundaries</td>
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<td>• Good training programs</td>
<td>• Low number of professional volunteers</td>
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<td>• Volunteer availability</td>
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<td>• Communication with hospital staff, volunteers and the community</td>
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<td>• Relationships internally and externally are steadily growing and well-nurtured</td>
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### Opportunities

**Internal**
- Staff, Board and volunteers
- Fraser Health
- Camp Skylark
- All current, previous and future constituents

**External**
- Fraser Health End-of-Life Program and 2013 Action Plan
- Local service clubs, agencies, projects, clinics, schools, churches, student leadership and the City of Hope
- Other social service agencies do not compete with programs
- Other hospice societies
- Regional, provincial, national and potentially international networking
- First Nations Communities

### Threats

- Competition with newly erected hospices
- Poor economy and environmental conditions
- Funding cut-backs
- Aging Volunteer Corps
- Previous breaches of confidentiality and disgruntled clients and/or employees
- Misconceptions about Hospice Palliative Care
- Decreasing memberships
- Broken relations with funding partners
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<th>Strategy</th>
<th>Proposed Actions</th>
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<tr>
<td>To develop core programs based on identified community needs.</td>
<td>Establish set dates, times and locations of Support Groups and Volunteer Training Course</td>
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<td>Increase capacity for services to in-home clients</td>
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<td>Connect and partner with First Nations Communities</td>
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<td>Offer ongoing support services to children &amp; families of Camp Skylark</td>
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<td>Further engage and communicate with potential clients and volunteers up to Boston Bar</td>
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<td>Develop and offer a Traumatic Loss Group</td>
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<td>To ensure programs are well resourced and that facilitators/volunteers are encouraged, coached and supported with ongoing education and leadership opportunities.</td>
<td>Clearly define roles of committee members and facilitators</td>
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<td>Offer leadership opportunities</td>
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<td>Offer training based on programs, skills and interests of individuals</td>
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<td>Develop volunteer policies and handbook to clearly define roles and expectations</td>
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<td>To increase program funding and establish donor relations.</td>
<td>Initiate planned giving, program sponsorships, stewardship, etc</td>
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<td>Attend Chamber Meetings and connect personally with businesses</td>
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<td>Offer membership incentives</td>
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<td>Host donor receptions and initiate a recognition program</td>
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<td>To increase community awareness of Hospice Palliative Care and FCHS services.</td>
<td>Provide community workshops, such as Advanced Care Planning</td>
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<td>Develop sustainable partnerships with other Community Agencies</td>
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<td>Update our website, and Facebook other Social Media outlets</td>
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<td>Find ways to communicate with individuals who do not have online access</td>
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