



## **Strategic Plan FY 2016 – 2020**

Board Approved – June 27, 2017

Final Version 3.1

# Table of Contents

- Our Vision..... 3
- Our Mission..... 3
- Our Vision of Hospice Care ..... 3
- Our Values..... 4
- Introduction and Background ..... 5
- Our Planning Challenge - Priorities for Ontario ..... 6
- Our Strategic Priorities..... 7
- Strategic Priority One: Increase Community Engagement ..... 7
- Strategic Priority Two: Improve Financial Stability ..... 7
- Strategic Priority Three: Developing our Human Resources ..... 8
- Strategic Priority Four: Managing Sustainable Stakeholder Relationships..... 9
- Strategic Priority Five: Respond to End-of-Life Needs of the Community..... 10
- References ..... 10

## **Our Vision**

**Life Achieved**

## **Our Mission**

**Honouring life by providing comfort, care and compassion to the people of Dundas County facing life-threatening illness**

## **Our Vision of Hospice Care**

Hospice was founded to respond to the needs of the community we serve, and continues to develop in order to meet these changing needs. As a result of the history and geography of Dundas County Hospice we are able to offer a variety of programs that upholds the strength, vibrancy and need for rural hospice.

As we go forward, it is vital for us to understand and articulate why we believe hospice care is so special, how it differs from any other end of life care and why it should be sustained and developed so that it reaches everyone who needs it.

## **Our Values**

As a community-based, client-focused service organization our values regarding how we conduct ourselves are extremely important. The following value statement describes our daily interactions with our clients, our partners and the community that we serve.

### **Respect**

We respect the intrinsic worth of each individual no matter the relationship to the hospice.

### **Compassion**

Compassion underscores all our actions and decision-making. We demonstrate an empathic, non-judgmental approach to providing our programs and services.

### **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 programs and services 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 care.

## **Introduction and Background**

For 25 years Dundas County Hospice has been providing outstanding care to the local community. Our purpose is to care for individuals with needs that are both immediate and complex while focussing on quality of life. Over the next three years we remain committed to reaching more people in our community that need hospice services while increasing our resources to ensure we will be able to meet this demand now and in the future.

Building on the strengths of our achievements, the Dundas County Hospice Board of Directors remains committed to guiding the growth of the organization through clear priorities and goals to support the continued development of the organization's programs and services. This strategic document will provide the board, staff and volunteers with guidance to enhance this continued expansion while acting as a foundation for longer-term planning opportunities as they arise. The strategic plan, as well as subsequent business and operational planning documents, will be tools that will provide existing and potential funding agencies with the necessary overview of the direction planned for the hospice and the information that would facilitate their partnering with this important community-focused organization.

## Our Planning Challenge - Priorities for Ontario

New demands, advances and realities are shaping the delivery of end of life care in Ontario and DCH is growing to meet the challenge while maintaining the ability to fulfill our mission. This document presents the results of our strategic planning process initiated by the DCH Board in recognition of the Hospice's important role in rural hospice palliative care. Nurturing this role is essential, if we are to continue to progress in achieving our vision: **Life Achieved**.

While many advancements have been made in the last several years in the area of hospice palliative care, there is still much work to be done. In 2015 The Ministry of Health and Long-Term Care's *Patients First* action plan identified palliative care as a strategic priority for the province's health system. The *Bringing Care Home* 2015 report included recommendations that would help palliative care, including more resources to help family caregivers and respite services (that is, to provide much-needed breaks for overburdened family caregivers). [1]

In 2016, as a follow-up to this action plan, the *Palliative and End-of-Life Care Provincial Roundtable Report* by Parliamentary Assistant John Fraser outlined the important steps to achieve the goals set out in *Patients First*. Recognizing that palliative care should start sooner in the trajectory of people's illness, the Fraser report established a clear path of shared accountability and performance measurement to ensure high-quality palliative care. When developing performance measures, participants in the roundtable for the report suggested the system consider the following:

- The quality of the patient's dying experience
- Evidence that the patient received high-quality clinical care in an appropriate setting of their choice
- System performance in order to optimize care across settings
- Patient and caregiver experience
- Access to information about available resources, such as palliative care beds [2]

Also in 2016, the Ontario Palliative Care Network was established as a partnership between health care sector stakeholders, including providers, patients and caregivers. It aims to transform palliative care in Ontario and address the gaps within the current system to ensure people in Ontario have access to high-quality palliative care, and to better plan and connect that care regionally and throughout the province. [3]

## **Our Strategic Priorities**

### **Strategic Priority One: Increase Community Engagement**

Throughout the planning process, the DCH board identified the opportunity to enhance the amount and type of outreach activities. There are still organizations, communities and key individuals who are not aware of or understand the scope of the hospice's programs and services both at local, regional and provincial levels. DCH will address these and other community engagement issues through the further development of two goals.

#### **Goal: Enhance our Brand**

The reported experience of Dundas County Hospice's client base has demonstrated the hospice provides a supportive, rewarding experience for all involved in its programs and activities. Building upon this outstanding reputation, DCH has the opportunity to further enhance its position through participation within the broader communities including locally, regionally and provincially. DCH will refocus efforts on brand enhancement through participation on regional and provincial committees along with managed events and activities that provide opportunities to increase the community experience with the organization.

**Target Outcome: Increased involvement with regional and provincial networks and committees**

#### **Goal: Develop a Marketing and Communications Plan**

The necessity for clear and targeted communications has been identified as an essential tool to help position the hospice within the community, as well as define its role within a network of partners and other stakeholder groups. DCH will develop a comprehensive, detailed marketing and communications plan following the 'awareness, orientation, education' model utilizing appropriate media to ensure its messaging is reaching the target groups.

**Target Outcome: Create a marketing and communications plan**

### **Strategic Priority Two: Improve Financial Stability**

Like any small, local healthcare service provider, DCH struggles with balancing two dynamics - the requirement to continuously improve and expand its programs and services against the demands of increased funding needs. While fundraising activities are successful, DCH recognizes that financial stability and sustainability are critical to operations. We have identified the following goals within this strategic priority:

## **Goal: Invest in Fund Development**

In order to increase its short to medium term funding capacity, DCH will invest dedicated resources to Fund Development in order to create a diversified revenue generation plan. This resource may be staff or volunteer who will identify potential funding sources, recommend priorities, and manage fundraising activities and grant writing processes while working collaboratively with the Fundraising Committee.

### **Target Outcomes:**

**Established funding partners and sources beyond the Champlain LHIN and current donors**

**Recruitment and engagement of new Fundraising Committee members**

**Development of a Fundraising Plan**

## **Strategic Priority Three: Developing our Human Resources**

Human resource capacity is the key to a sustainably effective organization. As we strive to ‘do more with less’ the hospice will develop a flexible approach to its human resource requirements focusing upon two clearly defined goals.

### **Goal: Develop an HR Succession Plan**

Dundas County Hospice heavily relies upon its small cadre of dedicated staff and larger volunteer group. Many of these key individuals hold more than one position and responsibility within the organization and if they became unavailable, the impact on the operational ability of the organization would be significant. In order to manage the risk associated with the resource capacity of DCH at all levels, the hospice will develop a Succession Plan that addresses the need to identify, build and train additional and existing capacity within the team. Whether this is at the board, staff or volunteer level – roles and responsibilities will be documented and resources identified that can ensure the continued operation of the hospice along with its programs and services.

### **Target Outcomes:**

**Update job descriptions for staff and volunteers and succession plan**

**Update role and responsibilities for board members and succession plan**

**Creation of annual board evaluation and education plan**

### **Goal: Enhance the Capacity of the Volunteer Coordination Role**

Like many community focused organizations, DCH relies heavily on the generosity of volunteers. DCH plans to invest in its volunteer community by improving and enhancing its management and coordination of this highly important resource. Integration of the volunteer

management role at a regional level will enhance the ability of DCH to manage its volunteers while working at optimal financial efficiency.

**Target Outcome: Collaborate with the Regional Program to hire a Volunteer Coordinator**

### **Strategic Priority Four: Position the Hospice within the Healthcare Community**

Collaboration within our health care system is crucial to the success of the organization and to improving outcomes for clients/patients and caregivers. The opportunity lies in understanding which stakeholders to collaborate with to further our strategic priorities and goals in the short and medium to long-term while continuing to develop additional relationships. We recognize that the Hospice has much value to contribute, as well as much to learn from others. The hospice has identified two main goals to support this long-term strategic priority.

#### **Goal: Participate on Key Collaborative Initiatives/Networks**

DCH will participate on local, sub-LHIN, regional and provincial coalitions, networks, committees, or working groups based on relationships that are prioritized as helping to further the goals of the organization. Groups might have different common threads, such as belonging to the same sector, providing similar services, or having common goals. DCH will participate in any appropriate local or regional IT-related projects to improve data sharing capabilities and data quality.

#### **Target Outcomes:**

**Executive Director Work Plan and Staff Report reflects participation with collaborative groups**

**Participation/implementation of IT tools used to share data within the healthcare community**

#### **Goal: Investigate Integration Opportunities**

With the continued pressure on the hospice from external funding sources to 'do more with less', DCH will explore developing strategic alliances with identified community partners with the hope of reducing overhead while increasing the quality of programs and service delivery. The hospice will enter into discussions with a number of rural community-based organizations to investigate potential levels of integration including programming, governance, or operations.

#### **Target Outcomes:**

**Agreement identifying integration partner and level of integration**

## **Strategic Priority Five: Respond to End-of-Life Needs of the Community**

DCH strives to be responsive to the needs of our clients, caregivers and families. Consistent delivery of quality hospice palliative care in our community remains our priority. This organizational priority is best captured with one main goal.

### **Goal: Enhance Existing and Develop New Programs & Services in Response to Community Needs**

Enhance existing and/or create new programs and services with a focus on bereavement, education and end of life care with more practical support. The hospice will attempt to fill gaps of services with new or existing programs in response to needs as they are identified, securing appropriate funding where necessary.

#### **Target Outcomes:**

**Create new/build on existing programs that focus on practical support for clients at end-of-life, bereavement and caregiver supports for individuals/groups, and education for the community**

## **References**

- [1] Local Health Integration Networks, Ontario. QHPCCo. Advancing high quality, high value palliative care in Ontario: A declaration of partnership and commitment to action [Internet]. Toronto (ON): Ministry of Health and Long-Term Care; 2011 [cited 2016 Jun 6]. Available from: [http://health.gov.on.ca/en/public/programs/ltc/docs/palliative%20care\\_report.pdf](http://health.gov.on.ca/en/public/programs/ltc/docs/palliative%20care_report.pdf)
- [2] Parliamentary Assistant John Fraser to the Minister of Health and Long-Term Care. Palliative and end-of-life care provincial roundtable report [Internet]. Toronto (ON): Ministry of Health and Long-Term Care; 2016 [cited 2016 Jun 6]. Available from: [http://www.health.gov.on.ca/en/public/programs/palliative/pdf/palliative\\_report.pdf](http://www.health.gov.on.ca/en/public/programs/palliative/pdf/palliative_report.pdf)
- [3] Health Quality Ontario. Better has no limit: Partnering for a quality health system [Internet]. Toronto (ON): Queen's Printer for Ontario; 2016 [cited 2016 Jun 4]. Available from: <http://www.hqontario.ca/Portals/0/documents/about/strategic-plan-2016-en.pdf>

To learn more about Dundas County Hospice,  
please contact:  
Lisa Casselman, Executive Director  
[ed@dundascountyhospice.ca](mailto:ed@dundascountyhospice.ca)