



2016

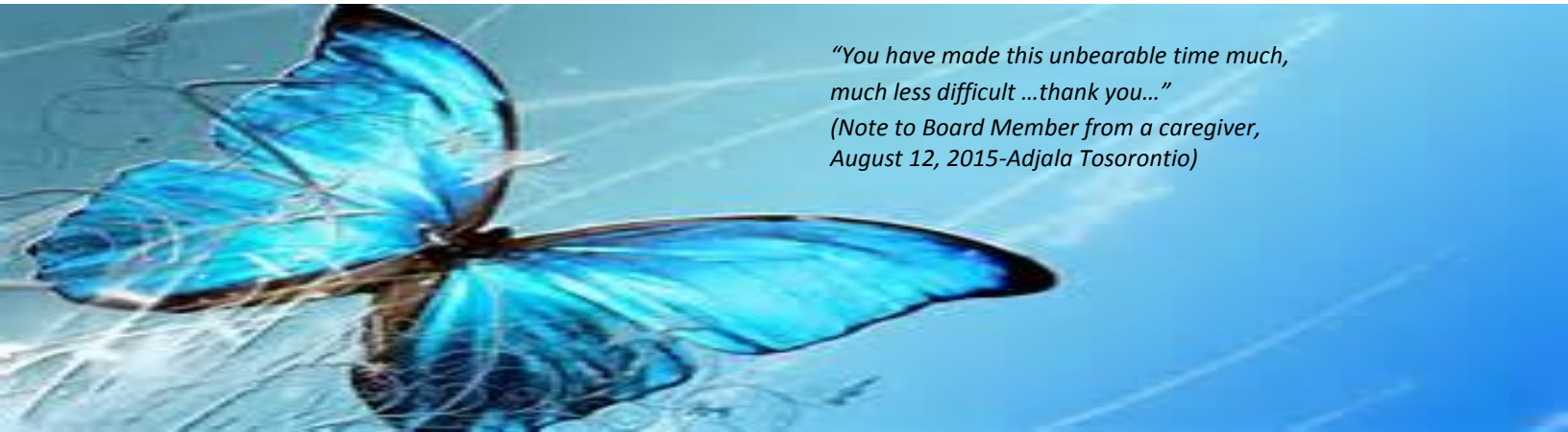
# Annual Report



6/15/2016

## Vision

Matthews House Hospice offers caring and compassionate services for individuals, their loved ones and caregivers, who are taking a journey of a life limiting illness or grieving a loss.



*"You have made this unbearable time much, much less difficult ...thank you..."  
(Note to Board Member from a caregiver, August 12, 2015-Adjala Tosorontio)*

## Mission

Matthews House Hospice is dedicated to helping our clients live life fully everyday by offering volunteer based services in home, in the residential hospice and throughout the community.



# With a committed focus on living life fully

Matthews House Hospice Core Values:

- **Respect and Compassion** (dignity)
- **Responsive** (welcoming, friendly, secure)
- **Accountability** (leadership, financial responsibility, sustainability, education)
- **Commitment** (changing needs of a growing community)
- **Community** (focus & volunteered based)

## Hospice Palliative care is...

- Relieving pain, suffering, and other symptoms, and improving the quality of life for persons who are living with, or dying from, advanced illness, chronic illness or are bereaved.
- Providing comfort and dignity for the person living with the illness as well as the best quality of life for both this person and his or her family. *A “family” is whoever the person says his or her family is.* It may include relatives, partners and friends.
- Relieving psychological, social, cultural, emotional and spiritual needs of each person and family.



## Matthews House Hospice is...

- Reliant on the sharing, caring and compassion of 170 volunteers all of whom have received specialty training to provide caregiving, companionship, and compassion in our visiting hospice program.
- *South Simcoe's only residential hospice*, with 4 beds and is acknowledged as the hub of hospice and palliative care in South Simcoe County.
- A 2 facility service provider-the residence at Kingsmere Crescent and the community hospice for day programs at our original site on HWY 89.
- Dedicated to provide skilled doctors, nurses and counsellors who are trained and knowledgeable in pain and symptom management, grief and bereavement.
- *Providing its services without charge* to residents, clients and their families.
- Reaching 1500 individuals a year through our residence, visiting hospice and day programs.
- Relying significantly on community support and fundraising to raise \$900,000 per year.



## Leadership Reports

**From desk of Steve Aelick, President:** The past year saw unprecedented revenue levels, volunteer hours, and client numbers. While the number of clients at the residence was up slightly year over year, *the number of clients and services provided by the community programs grew at a tremendous rate.* In home palliative care continues to grow and other important services are in demand; caregiver support is an area of great need and as healthcare evolves, so too do the demands on the caregiver. If there is no caregiver, the needs of the client grow exponentially. We need to meet the needs of the caregiver so that we can meet the needs of the client.

Our focus always needs to be on the clients. We must strive to ensure that we do not look inward at our own comfort levels, routines and desires to see things stay the same. Both volunteers and staff must strive to meet the ever changing needs of the clients. We wait daily for operational funding from the government and we are confident that funds will be forth coming but the slowness of this process is reflective of healthcare in general. As the government strives to restructure and rebuild how healthcare is delivered we see how rigid and costly institutional healthcare has become. We must learn from the mistakes of others as well as learn from our own mistakes to build MHH into the Hub of Palliative Care in South Simcoe.

We must remain nimble on our feet and be able to turn on a dime when the needs of the client change. We must recognize that clients always come first even when their needs do not fit our guidelines. Change is inevitable but it does not have to be challenging. Funding from government will come with strings attached; rules, reporting and regulation. We

will walk the fine line but always with an eye for the client's needs. That funding will allow us to provide additional services that are sorely needed. We want that experience to be rewarding, fun and enjoyable but must always focus on the ever changing needs of the client. Thank you all, donors, staff and volunteers for your hard work, enthusiasm and support in the past, present, and in the future.

**Words from Kim Woodland, CEO-**This has been a successful year for MHH as we prepare for the continuous changes we see in our community, in the healthcare system and our society. The latter is reflected in the past year in laws, attitudes and information in the news about palliative, end of life and end of life care options. With this growing awareness *we are continuing our efforts to ensure that those who need quality hospice palliative care services in our region receive them.*

We have seen important changes in the "Patient's First" proposal to re-organize home and community care which will have future implications for the Community Hospice, the Residence and its interconnections with the community team hospice palliative care team. We are working to ensure MHH remains at the leading edge of hospice and palliative care and have been pleased to see our volunteers and staff recognized provincially in various ways for our continued leadership.

*Volunteers are the heartbeat of Matthews House without whom our staff could not accomplish our mission and vision.* In particular, congratulations to our volunteers: Marv Chantler, HPCO Philanthropist of the Year and Cheryl Nutall, June Callwood Award-your gift of time, energy and resources is priceless to us.

### Key Performance Indicators 2015-2016

**213**  
deaths during the year  
With MHH

**9**  
days average stay  
in Residence

**\$3042**  
Average  
cost per Resident



# Treasurer's Report

As you will see in our financial statements, fiscal 2015-16 was a very successful year as we continued our record of sustainability and service to our community.

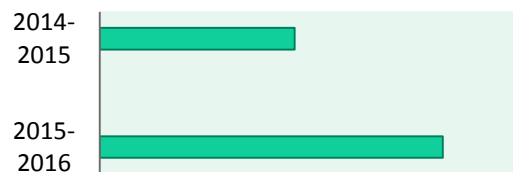
- MHH revenues grew 23% (29% in 2015) to \$1,021,016. As per our chair of fundraising, our primary events, including the Harvest Gala, golf tournament and Hike for Hospice all continued to generate increased net contributions over prior year. Donations continue to play a critical role at 33% of total revenues, however are reduced from last year's \$401,175.
- This was our third year operating the residential hospice. This year's residential costs were \$456,000, approximately \$118,000 more than prior year, reflecting additional staffing costs in addition to operational responsibility for PSW functions.
- The new 25 Kingsmere unit increased our occupancy costs as we turned our Hwy 89 site completely over to the community day program services. We also invested in improved computer equipment.

- As a result of the above, and thanks to the generosity of our donors and supporters MHH generated a surplus of \$44,871 (\$93,370-2015).
- As you can see from our audited balance sheet MHH continues to have a quality balance sheet with strong cash reserves. We increased those reserves by \$61,000 positioning us for another year of increased service to the community. A modest decrease in restricted cash reflects our start up investment in a new 10 bed residence that you will hear much more about in the future!
- On behalf of the Board I assure you that we will continue to operate with the fiscal prudence as we look forward to yet another successful year. Thank you for your support!

Respectfully submitted

**Paul Heck, CPA, CA**

## Net Assets



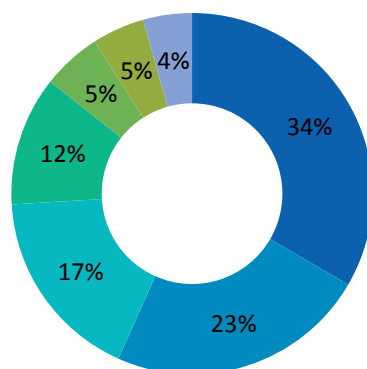
# Financial report (Audited)

## STATEMENT OF OPERATIONS

FOR THE YEAR ENDED MARCH 31, 2016

|  | 2016             | 2015             |
|--|------------------|------------------|
| <b>REVENUE</b>                           |                  |                  |
| Donations                                | \$ 336,071       | \$ 401,175       |
| Trillium grant                           | 47,300           | 46,425           |
| Central LHIN                             | 37,623           | 38,144           |
| Central Community Care Access Centre     | 101,746          |                  |
| Fundraising                              | 494,487          | 341,938          |
| Other income                             | <u>3,789</u>     | <u>3,162</u>     |
|  | <u>1,021,016</u> | <u>830,844</u>   |
| <b>EXPENSES</b>                          |                  |                  |
| Advertising and promotion                | 7,944            | 13,155           |
| Amortization                             | 20,630           | 22,648           |
| Building occupancy                       | 26,015           | 10,091           |
| Fundraising expenses                     | 99,049           | 71,318           |
| Insurance                                | 13,550           | 11,866           |
| Interest and bank charges                | 7,376            | 5,654            |
| Interest on long-term debt               | 1,557            | 1,946            |
| Office expenses                          | 46,247           | 22,145           |
| Professional fees                        | 4,654            | 3,638            |
| Program expenses                         | 9,286            | 7,867            |
| Residence - operating expenses           | 92,025           | 72,631           |
| Residence - salaries, wages and benefits | 364,043          | 265,018          |
| Community- salaries, wages and benefits  | 272,697          | 218,057          |
| Travel                                   | 1,989            | 2,188            |
| Staff training                           | 6,869            | 6,206            |
| Volunteer training and recognition       | <u>2,214</u>     | <u>3,046</u>     |
|  | <u>976,145</u>   | <u>737,474</u>   |
| <b>EXCESS OF REVENUES OVER EXPENSES</b>  | <u>\$ 44,871</u> | <u>\$ 93,370</u> |

### Sources of operational funds

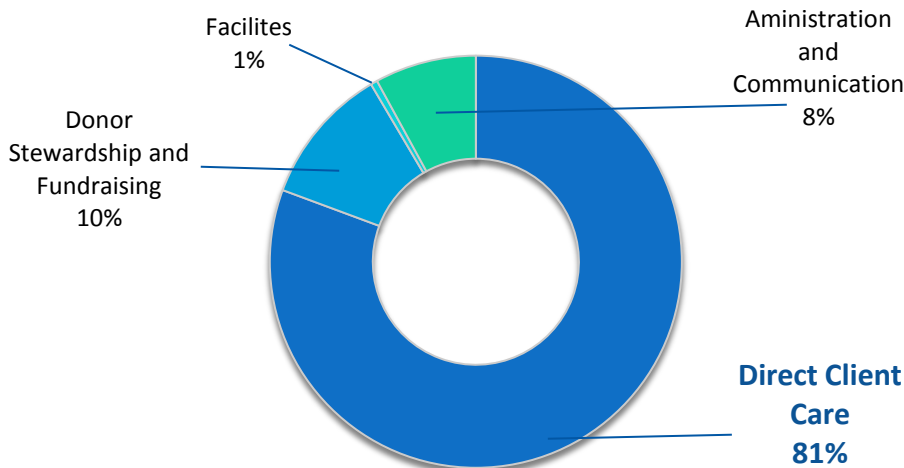


- Special events
- Donations
- In memorium
- Central CCAC PSW
- Foundations
- Third Party Events
- Central LHIN-Community Hospice

**Audited STATEMENT OF FINANCIAL POSITION (AS AT MARCH 31, 2016)**

|  | 2016                 | 2015                 |
|--|----------------------|----------------------|
| <b>ASSETS</b>                            |                      |                      |
| <b>Current</b>                           |                      |                      |
| Cash and term deposit                    | \$ 472,697           | \$ 411,486           |
| Restricted cash and investments (Note 5) | 389,844              | 416,472              |
| Accounts receivable                      | 17,712               | 34,453               |
| Prepaid expenses                         | 23,460               | 7,358                |
|  | <u>903,713</u>       | <u>869,769</u>       |
| <br>Capital Assets (Note 3)              | <br><u>1,068,931</u> | <br><u>1,049,991</u> |
|  | <u>\$ 1,972,644</u>  | <u>\$ 1,919,760</u>  |
| <b>LIABILITIES</b>                       |                      |                      |
| <b>Current</b>                           |                      |                      |
| Accounts payable and accrued liabilities | \$ 61,224            | \$ 44,206            |
| Withholding taxes payable                | 13,824               | 9,108                |
| Deferred revenue (Note 5)                | 523,093              | 520,369              |
| Current portion of long term liabilities | 46,846               | 16,489               |
|  | <u>644,987</u>       | <u>590,172</u>       |
| <br><b>Long Term Liabilities</b>         |                      |                      |
| Mortgage payable (Note 4)                | 46,846               | 63,291               |
| Less: current portion                    | <u>46,846</u>        | <u>16,489</u>        |
|  | -                    | <u>46,802</u>        |
| <b>NET ASSETS</b>                        |                      |                      |
| Net assets invested in capital assets    | 1,022,085            | 986,700              |
| Unrestricted net assets                  | <u>305,572</u>       | <u>296,086</u>       |
|  | <u>1,327,657</u>     | <u>1,282,786</u>     |
|  | <u>\$ 1,972,644</u>  | <u>\$ 1,919,760</u>  |

**Uses of operating funds 2015-2016**



# You've been so **big-hearted and generous**

- Our 2718 donors who provided 80% of our operating budget last year
- Over \$125,000 was provided through donations in memory of family and loved ones

## **Support from the community is vital to our operations** by Marv Chantler, Vice President

**Matthews House received 18% of our operational budget from government sources last year and must raise \$1,000,000 this year. The community and our donors play a critical role in contributing the financial resources to *allow our community and residential hospice to provide its care and services to all families free of charge.***



Major sponsors of the event included: Cookstown Auto Centre, W.D. Potato, Circle Theatre, County of Simcoe, Walton Development & Management, Brayford Sod Farms, Trailwood Transport, and Alliston Auto Sales. Many local businesses and individuals generously donated auction items that helped raise funds during the evening.

**Hike for Hospice** The Annual Hike for Hospice was great fun and our volunteers stepped out to raise over \$80,000 towards our operational budget.

### **MHH's signature event raises record amount**

The 4<sup>th</sup> Annual Harvest Gala held on October 2, 2015 at the New Tecumseth Recreation Complex-Field House, raised a record \$210,000. A sold-out crowd of more than 600 guests attended the event featuring silent and live auctions, fine dining, music and dancing with NEW HOLLYWOOD BAND. 5<sup>th</sup> Annual Gala Masquerade Ball – Friday September 30<sup>th</sup> 2016.

### **Golfing for Caring**

The Matthews House 4<sup>th</sup> Annual Golf Tournament held on Wednesday, September 9<sup>th</sup>, 2015 at the Bear Creek Golf Club, generated over \$20,000. 5<sup>th</sup> Annual Golf Tournament – Wednesday, September 14<sup>th</sup> 2016.





## Thanks to our **VOLUNTEERS**

Matthews House could not function without its volunteers. Their activities and support have a direct impact on our operational costs. Volunteers are involved in almost every aspect of our operation.

Some of the duties performed at the community and residential hospice include:

- Board and Governance Activities
- Reception
- Visiting hospice-Provision of client and family care; and support
- Residential hospice-Provision of resident and family care; and support
- Finance and accounting guidance
- Assisting or providing respite for caregivers
- Companionship
- Kitchen food preparation & cleanup
- Serving snacks or meals
- Gardening
- Cleaning
- Laundry services
- Building Maintenance
- Reading
- Assistance with office administration
- Fundraising events and activities

170

Number of volunteers  
who donated time  
in 2015-2016

32,476

Total volunteer hours  
donated during year

\$487,005

Value of volunteer hours  
during the year (based  
on Service Canada Skilled  
Labour wage survey)



Our volunteers run our events and contribute their talents to the success of third party events and fundraisers



With specialized training our volunteers are Care Providers & “living life large” champions!

## Board, 2015-2016

### PRESIDENT

Steve Aelick

### VICE PRESIDENT

Marv Chantler

### TREASURER

Paul Heck

### SECRETARY

Frank Taylor

### DIRECTORS

Margo Cooney

Lorrie Reynolds

Jenna Varcoe

Robert Oaks

Bob Marrs

Mike Brown

Rob Holiday

### Board Committees:

#### Audit and Finance

- Paul Heck
- Steve Aelick

- Rychard Lardner
- Kim Woodland (non-voting)
- Kirsten MacLean (non-voting)

#### Risk and Business Continuity:

- Rob Holiday
- Maria Spalvieri

- Frank Taylor
- Kim Woodland



A great big **Thank you** to Paul Heck and Bob Marrs- retiring Board Members. Your dedication and volunteer work on the board over last several years is much appreciated.

## **70%\* of Canadians do not have access to specialized palliative and end-of-life care**

\*Caring for Canadians at End of Life: A Strategic Plan for Hospice, Palliative and End-of-Life Care in Canada to 2015

*“For universal access to quality end-of-life programs for all Canadians to become viable, we must understand why an integrated palliative approach to care is so crucial.*

*An integrated palliative approach to care means we need to think differently about care as people near the end of life based on a number of relevant issues.”*

Canadian Hospice Palliative Care Association, February 2016, Consultation on Legislative Options Related to Physician Assisted Death.

## **MHH Leadership and...the changing landscape of hospice and palliative care**

### **Significant changes in illness trajectories.**

MHH clients are now more likely to survive heart attack or a cancer diagnosis, and to live for several years with chronic illnesses or increasing frailty. Although *when* people will die is less predictable, they will still experience the same losses throughout their illness trajectory (e.g. pain, loss of mobility and other functions, physical and mental limitations, loss of roles. We see the need for the **psychosocial support and pain and symptom management that can enhance quality of life** that MHH provides. Being diagnosed as “close to death” should no longer be the trigger for Canadians to receive these services.

## The cost of “futile” treatments at end of life.

Growing data on the cost of health care services shows that our health system spends significant amounts on procedures in the last days or weeks of a person’s life that offer little benefit and sometimes increase the person’s discomfort. A closer look at these interventions have shown that many occurred simply because many people did not have advance care plans and health care providers were hesitant to have open transparent conversations with individuals and families about the prognosis or the benefits and risks of those interventions. We see the need for [Public Education](#) and [ADVANCED CARE PLANNING EDUCATION](#) in South Simcoe

Page 10

## Increasing health care costs and pressure to manage them.

Faced with rising health care costs and pressure to manage and control budget increases, our local hospice palliative care team and primary care physicians are making concerted efforts to reduce the use of costly hospital services and provide more care in the community . In addition the lack of supports for family caregivers who-given changing illness trajectories-are often providing care for a loved one for years. We see the need to [provide staff AND trained volunteers who are skilled in the palliative approach to care & caregiver support.](#)

## Consumer advocacy.

As our population ages, more people are speaking out about the kind of care they want as they near end of life. They are advocating for services that focus on quality of life as well as options that allow them to die “at home” wherever that may be. We see the [need to maintain and improve our current offering of visiting hospice and day hospice programming.](#)

## A growing focus on advance care planning.

Over the past few years, a number of Canadian jurisdictions have actively promoted advance care planning. To address these needs, the Quality End-of-Life Care Coalition (made up of 36 national associations and organizations) and the Canadian Hospice Palliative Care Association of whom (MHH is a member) advocated and received funding from the Government of Canada to create *The Way Forward*. This national initiative has informed our work and our offering of programs for the broad community, caregivers and our clients and has convinced us to develop our resources as [The Centre of Excellence and Information about Hospice and Palliative Care](#) in South Simcoe.

## A growing focus on Quality of Care.

In February, 2015 the Supreme Court of Canada tasked the Federal Government to create legislation governing Physician Assisted Death, now termed Medical Aid in Dying. A fire storm of

information about the lack of and gaps in hospice and palliative care has resulted. We see the need that residents and families of residents in South Simcoe have access to quality Hospice and Palliative Care.



## A Call for ACTION: 2016-2019 Strategic Plan:

Page 11

We met with our partners, local hospice palliative care service providers, our volunteers and community in January 2015.

## The Results:

1. **Develop a hub** for hospice palliative care providers including:
  - Visiting Hospice Services;
  - Case Management;
  - Care coordination & navigation;
  - Advanced care planning;
  - Grief & bereavement support;
  - Care giver support;
  - Psychosocial and spiritual support;
  - Volunteer management/training
  - Residential Hospice Services
2. **Expand current programs and services** to meet the growing needs of our community with specific reference to paediatrics and geriatrics.
3. Become the **Centre of Excellence** in South Simcoe- education and awareness.
4. Develop a funding model to assure **financial sustainability**.
5. **Expand and improve volunteer program** including engagement and retention.

**PLUS 1** more...Build our new integrated home on Wellington – services opening Spring 2018





# A Place of Learning

Matthews House Community Hospice is a place of sharing, caring and compassion. Each year we partner with other local groups and agencies to provide a wide range of monthly learning seminars and opportunities to learn more about living life to the fullest. MHH also offers hospice and palliative care through our support groups and programs.

MHH is an important centre for palliative education, which takes different forms:

- Clinical practice experience for Personal Support Work, Nursing and Social Work students
- Continuous education for staff at every staff meeting
- Teaching by our skilled professionals for volunteers and new professionals

*partnership with Hospice Palliative Care Ontario and Saint Elizabeth Nursing*

## Education Subjects for Nursing Staff 2015-2016

- Privacy
- Moving residents safely
- Best practices in use of pain pumps and medications
- End of Life Care and cognitive signs and symptoms related to delirium
- Compassion Fatigue Workshop

## Teaching by our professionals

Our CEO, Clinical Lead and counselling professionals conduct various teaching activities for students, professionals and our volunteers. They have been invited to speak at local hospitals, long term care homes, municipalities, schools, Georgian College, and professional associations such as the Ontario Society of Occupational Therapy.

## Continuous Education for Staff and Volunteers

- ✓ **100%** of our professional staff took part in opportunities to formally upgrade their knowledge, skills and abilities in 2015-2016

*MHH will have the capacity to offer volunteer training in an online environment 24/7/365 in*

✓ MHH Conducted 30 hours of training for new volunteers **37**

## Matthews House Hospice: the Residence

Page 13

Our temporary home on Kingsmere Crescent provides skilled nursing and medical services AT NO COST for end of life care 24/7/365 days a year. Our interdisciplinary health team is comprised of trained nurses, physicians, counsellors, personal support workers, and hospice volunteers. Counselors and facilitators are available for individual counseling and/or one-on-one support. Family members and residents are encouraged to connect with and call upon our support staff members, who are available during the family's stay.



■ CLHIN  
■ NSMLHIN  
■ CWLHIN

**In 2015-2016- We served residents of Simcoe County, Dufferin County, York; Toronto and Peel Region**

## Matthews House Hospice: the community day programs and visiting hospice

The five SERVICE STREAMS ARE AVAILABLE:

**Visiting Hospice:** Our dedicated volunteers provide non-medical visits in a client's home who is facing a life-limiting illness; this may include respite, emotional support and companionship. All volunteers are fully trained by Matthews House Hospice.

**Chronic Disease Self-Management:** In partnership with South Lake Regional Centre- MHH coordinates and provides self- help programming to influence the quality of life of those living with chronic disease.  
**Wellness Programs:** To reduce stress and to continue to develop

positive coping strategies in a healthy environment, clients and their families are offered holistic programs such as Restorative Yoga, fitness, Playing with Colours (art), Art therapy, Meditation Group, and Gardening Group.  
**Professional Counseling and Support:** Support

groups are available for those facing a life-limiting diagnosis, for their caregivers, and for the bereaved and grieving including all ages-

**Youth and Kids**  
**welcome** Individual and family counseling,

advocacy and navigation are also available.  
**Caregiver Support:** Individual and group.

# How you can help us

Page 14

**Sustainability is the most important aspect of our strategic plan and our operational fundraising program. There are many ways that people can help Matthews House Hospice to ensure that we will be here for clients and their families for decades to come:**

- **Make a donation** or become a monthly donor
- Ensure our future with a **planned gift**
- Support or attend one of MHH's **events or a fundraising activity** organized by members of the community for our benefit
- **Become a Volunteer**
- **Tell** friends and neighbours- dispel myths about palliative care by helping **spread the word** about the work we do
- **Invite** MHH to provide a **learning or education opportunity** at your organization or in your community



For More Information about how you can help:

Matthews House Hospice  
705-435-7218  
6028 Highway 89, P.O. Box 10060,  
Alliston, ON, L9R 0B7

[www.matthewshousehospice.ca](http://www.matthewshousehospice.ca)



*Dare to be Remarkable-Caring, Sharing, Connecting*



Page 16

Page 15

