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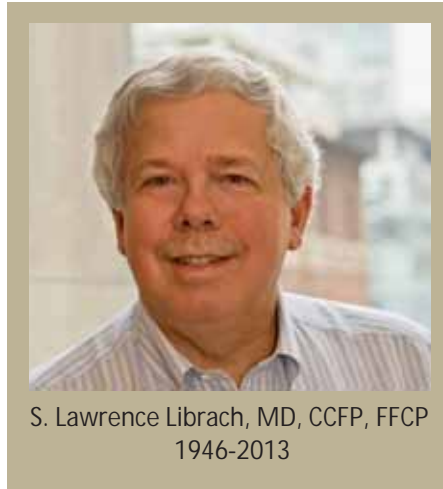


Annual Report
 2012—2013

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In Memory



On Thursday, August 15, 2013, our colleague, mentor, and friend, Dr. Larry Librach, 67, died in the early morning in the comfort of his home and in the company of his family.

A leader, teacher and friend to many, Dr. Librach was diagnosed with pancreatic cancer with metastasis in April. Ontario's hospice palliative care community was shocked and saddened to learn that a man who had been there for thousands of patients and families for over thirty years was now the patient.

Dr. Librach began his medical career in 1970, and became an early presence in the field of palliative care in 1978. He would become one of the world's foremost experts in palliative care, and he was personally instrumental in shaping Canadian's approach to palliative care and palliative medicine. He was the principal architect of the Temmy Latner Centre for Palliative Care at Mount Sinai Hospital, and served as its director for 20 years.

"We have few leaders in hospice palliative care of Larry's stature," said John Crean, Chair of HPCO's Board of Directors. "His commitment to our discipline was valued by so many. He will be deeply missed; hard to replace; but leaves a great legacy."

Larry will remember not only for his achievements but also as a kind, encouraging and enthusiastic colleague and friend who embraced every opportunity to give of himself, and who consistently inspired others to do the same. Ever the optimist, Dr. Librach was truly a leader and a guiding light within Ontario's hospice palliative care community.



Welcome

Thank you for your interest in Hospice Palliative Care Ontario (HPCO) and for taking the time to read our annual report. More details about HPCO may be found on our website at www.hpcoco.ca.

HPCO is Canada's largest provincial hospice palliative care association. HPCO was formed in April 2011 when the memberships of The Hospice Association of Ontario (HAO) and the Ontario Palliative Care Association (OPCA) voted to join together. Both predecessor associations had been serving the hospice palliative care community for almost 30 years. Joining together created one central voice representing a broad range of people and organizations providing hospice palliative care in Ontario.

HPCO's membership includes nurses, physicians, volunteers, administrators, case managers, social workers, therapists, grief and bereavement workers, spiritual advisors, hospices, long-term care homes, community care access centres, hospice palliative care networks, hospitals, health centres, and nursing providers.

Interested in joining HPCO? Please visit www.hpcoco.ca/join-us/

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Strategic Framework

Our Vision

To be the unified voice of collaborative, quality hospice palliative care in Ontario

Our Mission

To provide leadership on behalf of our members by informing policy and promoting awareness, education, knowledge transfer and best practices in the pursuit of quality hospice palliative care in Ontario

Strategic Priorities

Demonstrate Leadership

We will:

- Proactively identify key trends in the HPC landscape and lead change actions in priority areas
- Participate at key provincial HPC tables and ensure we deliver on our commitments
- Build capacity and deepen credibility via partnership and collaboration

Add Value for Membership

We will:

- Be responsive to membership needs and support top priorities
- Ensure continuous two-way communication with membership and stakeholders to seek input and share successes
- Provide products and services that support members to deliver quality care

Ensure Sustainability

We will:

- Increase overall funding levels from various sources including membership and government
- Build strong governance culture and practices
- Engage members and empower them to have a voice and active role in the organization

Foster and Initiate Partnerships



About Hospice Palliative Care

Hospice palliative care is a philosophy of care aimed at relieving suffering and improving the quality of life for persons who are living with, or dying from, advanced illness or are bereaved. The goal of palliative care is to provide comfort and dignity for the person living with the illness as well as, the best quality of life for both the person and his or her family. A "family" is whomever the person indicates as family. It may include relatives, partners and friends.

An important objective of palliative care is relief of pain and other symptoms. Palliative care meets not only physical needs, but also psychological, social, cultural, emotional and spiritual needs of each person and family. Palliative care may be the main focus of care when a cure for the illness is no longer possible. Palliative care services help people who are ill to live out their remaining time in comfort and dignity.

HPCO affirms that hospice palliative care intends to neither prolong life or hasten death, but rather to improve the quality of life for patients and their families facing problems associated with life-threatening illness. Hospice palliative care is about making life the best it possibly can be for whatever length of time the individual has left. Euthanasia, assisted suicide and physician assisted dying are not within the continuum of care offered by hospice palliative care providers.

Each year in Ontario, about 30,000 people receive hospice palliative care at home through home care, visiting hospice programs and interdisciplinary outreach teams; with additional palliative services provided through hospitals and residential facilities such as long-term care homes and residential hospices. Last year, approximately 72,000 individuals in Ontario received at least one palliative care service prior to death.

Charter for Hospice Palliative Care in Ontario

How we treat those who are dying in our community reflects who we are as a society. All Ontarians have the right to die with dignity, to have access to physical, psychological, bereavement and spiritual care, and to be granted the respect consistent with other phases of life.

As professional, volunteer and family representatives of Ontario's hospice palliative care community, we are committed to providing the best possible quality hospice palliative care to Ontario residents and their families. Our goal is to optimize their quality of life and to minimize the physical and emotional suffering associated with this phase of life.

We endorse an integrated approach focused on the individual and their family and caregivers, accessible through hospice palliative care services in the local community and tailored to individual needs.

Our efforts to increase awareness and availability of quality and integrated hospice palliative care run parallel to our collaboration with government, social agencies and other decision makers to develop innovative clinical, community and public policy strategies.

On behalf of the residents of Ontario whom we serve, we speak with a unified and cohesive voice, share information and resources and work through a coordinated network of partners from the voluntary, public and professional sectors.



Chair's Message



I hope you will agree that Hospice Palliative Care Ontario has risen to the challenge of successfully integrating two associations and in so doing is positioned to better represent the broad interests of a diverse healthcare sector. With hospice palliative care being a philosophy and an approach to care that can exist in all settings well before end-of-life, HPCO promotes and supports hospice palliative care development across the continuum of settings and services.

Our Board has spent considerable time thinking through our strategic priorities. They are threefold and include: to demonstrate leadership, add value for members, and ensure the sustainability of our organization. The staff team is very engaged in leadership at the provincial level to ensure that hospice palliative care is well embedded in Ontario's healthcare system. Many of our members participate on committees and workgroups formed by the Ministry of Health and Long-Term Care, HPCO, and the Quality Hospice Palliative Care Coalition of Ontario. Thank you for your commitment to bring the best possible hospice palliative care to the people of Ontario.

The Board of Directors has been this past year strengthening our governance structure and working on sustainability. In October 2012, we received our accreditation from Imagine Canada, one of the first healthcare related organizations to do so. The Imagine Canada Standards Program is a national set of shared standards for charities and nonprofits designed to demonstrate compliance in five fundamental areas: board governance; financial accountability and transparency; fundraising; staff management; and volunteer involvement. Adopting the standards and achieving accreditation will help HPCO mitigate risk and to strengthen its sustainability by ensuring that staff and volunteers understand and meet their legal, financial and fiduciary responsibilities.

Other initiatives put into place in 2012 that will yield benefits in fiscal 2013 include fund development projects and a new recruitment process for the Board of Directors which will be in place following the 2013 Annual General Meeting. Our recruitment goal is to provide opportunities for members to serve on the Board of Directors and insure a diversity of experience and opinions are represented.

Collaboration and partnership are essential at all levels of health care and associations are no exception. HPCO has worked tirelessly with provincial and national associations to extend our abilities and provide services that support our members through initiatives such as Speak Up for Advance Care Planning, The Way Forward, and Let's Talk About Hospice Palliative Care First. Detail of these initiatives are on page seven of this report.

I can assure you that our organization (and by that I mean our members, staff and Board) is focused and working hard to ensure that hospice palliative care services remain accessible and valued. It is a long and sometimes challenging road; but our community remains strong and committed. It is a journey worth taking and it is most rewarding when we travel together.

Sincerely,

John Crean
Chair, Board of Directors
Hospice Palliative Care Ontario



Executive Director's Message

It is my pleasure to update our members and stakeholders on the association's activities in the last year. We have been busy working on behalf of our members to advance hospice palliative care in Ontario. Thanks to your dedication and participation, significant progress has been made in demonstrating the value of quality hospice palliative care within the healthcare system. But most importantly, the compassion and commitment of the people working and volunteering in hospice palliative care meant that tens of thousands of Ontarians received high quality care when they needed it.



Implementation of the Declaration of Partnership: Advancing High Quality, High Value, Hospice Palliative Care began in mid-2012. Throughout the year, HPCO worked with our coalition partners to advance commitments made in the Declaration. Several new interdisciplinary palliative care outreach teams were established; more Nurse Practitioners for palliative care were deployed; and the Community Palliative Care On-Call Program for physicians moved forward. New residential hospices opened in 2012, several are in their building phase and more are being planned. Some LHINs opted to fund new hospice beds out of existing LHIN dollars which speaks to the value that these LHINs place on residential hospice care. Other LHINs have opted to complete their hospice palliative care planning process and implement their regional program before considering new funding requests. Recognizing the importance of each part of the hospice palliative care system, HPCO will continue to advocate for adequate funding of all components including residential hospices.

While good progress has been made, there is so much more to do. Many rural, remote, and First Nations communities do not have consistent access to hospice palliative care services or key components of service are missing. The demand for complex pediatric care continues to grow and the needs are much more pervasive than current services are able to provide. More caregiver supports are needed to reduce caregiver stress and burnout. Primary care physicians need mentoring and support to expand their expertise and meet the growing demand for palliative care.

Ontario will be well served when hospice palliative care is provided in an integrated fashion along a continuum of settings that include the patient's home, residential hospices, long-term care, continuing care, and acute care. Interdisciplinary outreach/consult teams, visiting hospice volunteers, secondary and tertiary expertise, nursing agencies, personal support workers, and other allied health providers are all crucial elements of an effective and efficient system. Achieving the significant transformations necessary to create a high quality, efficient and sustainable hospice palliative care system depends on innovation, risk taking, and stepping out of traditional comfort zones.

Best regards,

Rick Firth
Executive Director
Hospice Palliative Care Ontario



Highlights and Achievements

We started the year with the 2012 **Annual Hospice Palliative Care Ontario Conference**. It was a vibrant gathering of more than 500 people from across Ontario and Canada. Dr. Alex Jadad opened the conference with a captivating and thought-provoking keynote address on Supporting Each Other in the Age of Social Media: Could Death Be, Truly, Our Friend? Dr. Jeff Myers was the 2012 Carmelita Lawlor Lector and shared "Our Time Has Come: Lessons Learned from the Cancer Experience." Dr. Ben Chan, President and CEO of Health Quality Ontario delivered a keynote address on "Applying Industrial Strength Process Improvement to Palliative Care" and Dr. Richard Swenson delivered the closing keynote reminding us to maintain balance and reserves in our busy lives.



In June, The Healing Cycle Foundation raised almost \$300,000 for hospice palliative care through its **Healing Cycle Ride**. HPCO partnered with the foundation and Procom to engage police officers in the event. Over 40 officers participated for various hospices. The Foundation also launched its grant program and awarded grants to 15 organizations including HPCO. The funds HPCO received were used to review and update the Visiting Hospice Service Standard.

A review of the **Visiting Hospice Service Standard** was initiated in the fall, building on the dialogue held at conference on the role of the visiting hospice volunteer. A working group was formed to update the Client Service Standard, now called the Visiting Hospice Service Standard. Funding for the update was provided by The Healing Cycle Foundation. The update incorporates many of the suggestions made. The revised standard is scheduled for release in the fall of 2013.

In August 2012, HPCO formed a **Standards Council** to act as an advisory committee on standards and accreditation. The Standards Council is responsible for: recommending the approval of new or revised standards to the HPCO Board of Directors, establishing terms of reference for peer review committees and expert panels; appointing members of peer review committees and expert panels; and acting as the adjudication body for complaints received about accredited hospices.

On October 22, HPCO held its first **Day at Queens Park**. Members from across the province met with MPPs from all parties to share with them the innovations and improvements we have all achieved in hospice palliative care. Our members also discussed collaborations and plans for further improvements. The theme for the event was "*The Elephant in the Room*", which reflects how the topic of death is often avoided by people and health care practitioners.



Also in October, an Ontario-specific edition of the Advance Care Planning (ACP) workbook for **Speak Up Ontario!** was completed by a partnership with the Alzheimer's Knowledge Exchange, Advocacy Centre for the Elderly, CHPCA, and HPCO.



In November, in partnership with the Canadian Hospice Palliative Care Association, HPCO launched the **Let's Talk About Palliative Care First** in Ontario. The campaign promotes discussions about quality hospice palliative care and clearly emphasizes that assisted suicide and physician-assisted dying are not considered part of the practice of hospice palliative care.

In December 2012, with funding support from Dignity Memorial, HPCO printed 3,000 copies of the **Ontario Edition of the Advance Care Planning workbook**. The workbooks were distributed to members of the ACP Community of Practice for use in local communities. A print-ready electronic copy of the Ontario workbook is also available on our website.



The **Provincial Hospice Palliative Care Steering Committee** was reformed in December. The role of the committee is to guide the implementation of the Declaration of Partnership: *Advancing High Quality, High Value, Hospice Palliative Care*. Steering Committee leadership is comprised of LHINs, MOHLTC, and the Quality Hospice Palliative Care Coalition Ontario. HPCO acts as secretariat to the coalition and is a member of the Steering Committee executive.

A **quality improvement working group** was formed in March 2013 and a consultant was hired to facilitate the development of a quality improvement framework and toolkit. The framework and toolkit are intended to help smaller hospice palliative care organizations develop quality improvement plans and comply with the emerging requirements to have such plans in place. The project is in partnership with The Way Forward Initiative (www.hpcintegration.ca) which is developing a national framework for an integrated approach to hospice palliative care.

The **Certification of Death** initiative submitted recommendations to the Ministry of Health and Long-Term Care in March 2013. The Honourable Deb Matthews announced in April 2013 that the Ministry would move forward with the initiative to permit nurses to certify death in cases where death was anticipated due to a terminal illness. This change will benefit people across Ontario and reduce unnecessary patient and caregiver stress. The project now rests with the Ministry of Health and Long-Term Care and the Ministry of Government Services. HPCO is monitoring progress.

In March 2013, MOHLTC moved forward with the **Community Palliative Care On-Call Program** to provide 24-hour, 365 day per year on-going, on-call coverage for community based palliative care patients. Funding for palliative on-call care has long been called for by the hospice palliative care community. Thanks to the Ontario Medical Association for negotiating on-call funding in the physician services agreement.

An Update on the Declaration of Partnership: Advancing High Quality, High Value, Hospice Palliative Care

In 2011, working with our coalition partners we were successful in persuading the Ministry of Health and Long-Term Care to undertake a review of hospice palliative care province-wide and to develop policy that supports quality palliative care in all settings. The result was the Declaration of Partnership: Advancing High Quality, High Value, Hospice Palliative Care. In 2012, the Local Health Integration Networks (LHINs) adopted a common set of goals and an end point for March of 2015. They agreed that within their region, a majority of individuals with advanced chronic disease will be identified and offered care and support through collaborative, extended inter-professional teams.

The goal is to reduce overall palliative-related alternate level of care days and avoidable hospitalizations; and increase access to palliative care for patients in various settings. To achieve these outcomes, common key milestones were identified. These milestones include:

- Publicly reported regional and provincial outcomes and a Palliative Balanced Scorecard
- Client and provider level performance and outcome tracking is established;
- Accountability Agreements with Health Service Providers are updated to support the use of standardized best practice care paths; the development and uptake of processes, structures and tools to support integrated delivery through extended (cross-sector) inter-professional teams; and care continuity throughout the entire advanced chronic disease trajectory and aging process (active treatment, palliative pain and symptom management, end-of-life and bereavement).
- Care coordination role is implemented through collaboration with Community Care Access Centres (CCACs) or other Health Service Providers.
- Outreach processes that identify individuals with advanced chronic disease and connect them with an extended inter-professional team.
- Regional palliative program/network with specialized palliative and advanced chronic disease resources coordinated at the regional level.

The Declaration of Partnership contains many other commitments made by various partners. HPCO and other provincial associations, health service providers, and healthcare professionals across Ontario are involved in the implementation of the commitments. With the ongoing involvement of people throughout the hospice palliative sector, we will improve care and create a sustainable system for the future.



Outstanding Education

Annual Hospice Palliative Care Ontario Conference 2012

The 2012 Annual Hospice Palliative Care Ontario Conference was a great success! More than 500 people from across Ontario and Canada gathered for three days of education, networking, and sharing of ideas. Delegates had the choice of over 45 workshops, four keynote addresses, and three series of oral paper presentations. The conference streams: Advanced Scientific; Leadership, Systems and Integration; Psychosocial/Spiritual; and Volunteer Management; offered something for everyone. The Monday evening gala was an opportunity to relax with friends and enjoy the comedy of Judy Croon.

What delegates said:

Excellent keynotes!

This conference was informative and will make a difference in my practice.

Excellent conference. Well worth the price!

Excellent conference! Well planned and something for everyone!

So much to choose from!

Nice balance between education, awards, and celebrations.

Very good! Conference always recharges my batteries!





Palliative Care Education for Health Care Providers in Toronto

HPCO receives funding from the Toronto Central Local Health Integration Network to provide hospice palliative care education to long-term care and community support services in the City of Toronto. Our workshops are based on current best practice and reflect the Canadian Hospice Palliative Care Association's A Model Guide to Hospice Palliative Care based on National Principles and Norms of Practice.

Courses and Workshops Currently Offered:

- Introduction to Hospice Palliative Care for Interdisciplinary Staff
- Ethical Issues at the End-of-Life
- Communication Skills: Therapeutic Conversations at the End-of-Life
- Palliative Care for Persons with End-Stage Dementia
- Becoming a Leader in Pain and Symptom Management
- Dementia & Palliative Care for Social Workers
- Dementia & Palliative Care for Health Care Professionals and PSWs

In 2012/2013 HPCO Nurse Educators conducted 46 sessions across Toronto ranging in length from one half-day to two days. A total of 808 healthcare workers attended the courses including nurses, personal support workers, social workers, and community care access centre case managers.

HPCO gratefully acknowledges the financial support of the Toronto Central Local Health Integration Network.





Awards of Achievement

June Callwood Awards

The June Callwood Award was established in 1994 to acknowledge and thank outstanding hospice volunteers throughout Ontario. The award was named in honour of the late June Callwood, a patron and long-time advocate of hospice. June was a recipient of this award in 1995 and with the 2012 inductions, a total of 520 volunteers have received this award.

Volunteers are special people - a view strongly held by Ms. Callwood and expressed by her on many occasions, during interviews on TV and radio, through her warm message of support at our annual conferences and through her writing. Her book, *Twelve Weeks in Spring*, captured the spirit of hospice and emphasized the importance of the many and varied contributions of a team of volunteers. In all her years as a journalist, author, broadcaster and humanitarian, June Callwood's name became synonymous with integrity, talent and passion for social justice. She has touched the lives of generations of Canadians by giving that passion expression through her words and through her work in the service of those in need.



*From the beginning of life to its end,
love is the only emotion which matters.*
- June Callwood

The 2012 June Callwood Circle of Outstanding Volunteers

Gay Alexander - Hospice Georgina, **Patricia Bilow** - Hospice Lennox & Addington, **Barb Boyd** - St. Joseph's Hospice, **Annette Gaskin & Stuart Brown** - Hospice Prince Edward, **Bill Chenoweth** - Stedman Community Hospice, **Thelma Cook** - Community Care Northumberland, **Blair Day** - Hospice King Aurora, **Sharon Deugo** - Bethell Hospice, **Ruth Dorey** - VON Grey Bruce Supportive Care Program-Hospice Visiting, **Susan Dorrett** - Kensington Hospice, **Marlene Douglas** - Maison Vale Hospice, **Jo-Anne Dowdall Brown** - Hospice Renfrew, **Katherine Downey** - Alliance Hospice, **Patti Dudek** - Dr. Bob Kemp Hospice, **Karen Faris** - Doane House Hospice, **Linn Fosten** - Warmhearts Palliative Caregivers Sudbury/Manitoulin, **Perry Ford** - Hospice Toronto, **Gail Gray** - Algoma Residential Community Hospice, **Emily Harris** - Hospice Huronia, **Dr. Deb Harrold** - Hospice Huntsville, **Paul Irwin** - SIRCH, **Marlene Kocvar** - Friends of Hospice Ottawa, **Ghislaine Laferriere-Seguin** - Near North Palliative Care Network, **Barbara Lavigne** - Bruce Peninsula Hospice, **Madeleine MacGregor** - Hospice Niagara, **Patti McMillian** - Hospice Muskoka, **Sheree Montague** - Hazel Burns Hospice, **Wayne Murray** - Matthews House Hospice, **Laurie Myles** - Philip Aziz Centre, **Susan Neath** - Hospice Wellington, **Dianne Paquette**, Hospice of London, **Eileen Roussel** - Heart House Hospice, **Jan Ryan** - Family Services Perth Huron, **Betty Schneider** - Hospice Georgian Triangle, **Anna Ray Sorensen** - Perram House Hospice, **Carol Squirrel** - Hospice Simcoe, **Joan Stewart** - Huron Hospice, **Cora Vandenbergert** - McNally House Hospice, **Maria Westbroek** - Hospice Northwest.



Hospice Palliative Care Ontario thanks the Toronto Commandery of the Order of St. Lazarus for their ongoing and generous support of the June Callwood Awards.



The Dorothy Ley Award of Excellence in Hospice Palliative Care

The Dorothy Ley Award of Excellence is presented annually in recognition of an individual or team effort to advance and improve the quality of palliative and end-of-life care.

The 2012 Dorothy Ley Award recipient was **Marg Poling** RN, BScN, PHCNP(c). Marg has been a key leader in the development of hospice palliative care in Northwestern Ontario for over 15 years. Beginning as a community nurse, Marg quickly became known as a professional with special competence for treating patients at end-of-life; dedicated to supporting patients and families in a compassionate and caring fashion.

Marg made major contributions to the adoption of the "Do Not Resuscitate Confirmation"; was President of the Ontario Palliative Care Association; and was a key leader of the integration with the Hospice Association of Ontario. Marg is working at both a provincial and local level to make it possible for persons with developmental disabilities to die in the group home where they live. Marg championed the CHPCA model of care and was one of the early adopters of a chronic application of palliative care.



On the education front, Marg forged new ground educating staff working in long-term care homes and home care. Marg has been involved in palliative research with Dr. Mary Lou Kelly at the School of Social Work and Northern Ontario School of Medicine to develop programs in long-term care homes and First Nations communities. In 2006 Marg was awarded the Golda File Memorial Academic Award to study mentorship in palliative care. In every role that Marg has played in the past 20 years, she has been a strong advocate for palliative care. She is passionate and dedicated, always pushing the agenda forward. Throughout her career, Marg has demonstrated leadership, excellence, mentoring, and above all else, compassion for her patients.

The Outstanding Philanthropist Award

The Outstanding Philanthropist Award is designed to recognize and show our appreciation for those individuals, families, corporations, foundations, and community and service organizations who best exemplify vision, financial support and dedication towards fostering the true spirit of hospice palliative care in Ontario.

The 2012 Outstanding Philanthropist Award was bestowed upon **The Sens Foundation**. Founded in 1998, the Sens Foundation utilizes the unique resources of the Ottawa Senators Hockey Club to make a positive and lasting difference in the lives of children and youth in eastern Ontario and western Quebec. The Sens Foundation initiated the idea to create a pediatric hospice in Ottawa in 2003 to honour Roger Neilson, long-time NHL coach who passed away with cancer in June of that year. The Sens Foundation collaborated with the Children's Hospital of Eastern Ontario and many local businesses and organizations to open Roger's House in 2006.

The Sens Foundation has contributed over \$8 million to Rogers's House in the past seven years. The Foundation also contributes funds to the Outcare Foundation of Ottawa which supports home-based hospice palliative care programs and La Maison Mathieu Froment – a hospice in Gatineau, Quebec.





Our Generous Sponsors



Sovereign Order of St. John of Jerusalem,
Knights Hospitaller, Toronto Commandery

The Taligent Group Inc.



Stewarding Resources

Financial Performance

HPCO ended the fiscal year with a small surplus of \$1,386. Revenue decreased by 1.2% from \$737,741 in 2012 to \$728,935 in 2013, attributed to a decrease in 2012 conference attendance and a decrease in membership revenue due to late issuance of renewal notices. The adjacent graphic provides a breakdown of HPCO's revenue sources.

Expenditures increased 3.8% from \$700,702 to \$727,549 due to an increase in contracted staff expense associated with our public policy work. The proportionate allocation of HPCO's revenue to fund operation is illustrated in the adjacent graphic and described in further detail below.

Member services includes conference and education, standards, training materials, policy development, accreditation for visiting hospice services, and awards of recognition. Member services are funded by membership fees, donations and fundraising, and the net income from the annual HPCO conference.

HPCO receives government funding from the Toronto Central LHIN that is restricted for use in delivering palliative care education to long-term care and community support services in the City of Toronto including Scarborough, North York, Etobicoke and York. HPCO also receives funding to operate the provincial hospice palliative care information service currently known as Hospice Ontario.

Please refer to the next two pages for our Statement of Operations and Statement of Financial Position for the fiscal year ended March 31, 2013.

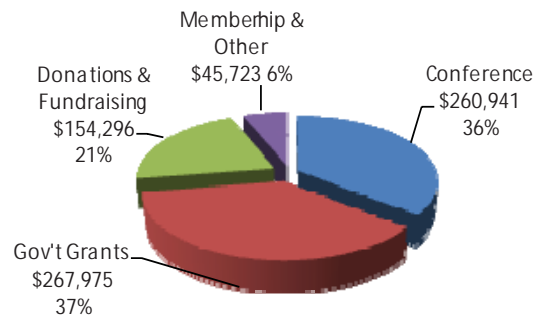
Charitable Information

HPCO strives to be good stewards of the funds we receive, from grants, donations, merchandise sales, and conference. The graph on the right shows our expenditures on our charitable mission, administration and fundraising. Total compensation paid to staff across all programs in 2012/2013 was \$229,345.

Gifts to qualified donees represent the total amount of profit sharing paid to local hospices participating in provincial Nevada gaming program (break open lottery tickets) operated by HPCO.

Registered Charity Information Returns for all years may be found at the Canada Revenue Agency website at www.cra.gc.ca Annual reports for prior years may be found at www.hpcoco.ca under About HPCO.

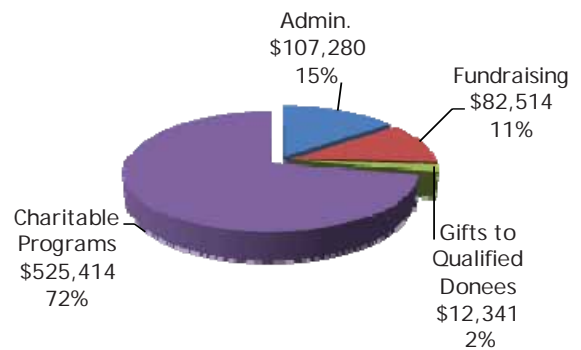
Revenue by Source



Expenditure by Program



T3010 Charitable Information Return





Statement of Operations

For the year ended March 31, 2013

	Member Services	Palliative Education and Information Services (note 7)	Total 2013	Total 2012
EXPENSES				
Salaries and benefits	\$ 93,811	\$ 143,949	\$ 237,760	\$ 231,095
Nevada ticket costs	48,554	-	48,554	52,944
Nevada profit sharing	12,341	-	12,341	33,167
Office and general	54,875	11,104	65,979	80,409
Professional fees and consultants	81,367	91,424	172,791	107,680
Insurance	799	1,598	2,397	2,265
Rent and operating costs	26,300	19,878	46,178	45,886
Travel, meetings and conference	141,513	36	141,549	147,256
	<u>459,560</u>	<u>267,989</u>	<u>727,549</u>	<u>700,702</u>
FUNDED BY				
Foundations	20,823	-	20,823	3,491
Corporations	4,000	-	4,000	825
Donations	16,492	-	16,492	13,127
Nevada ticket sales	112,981	-	112,981	101,537
Conference and education	260,941	-	260,941	292,956
Government of Ontario	-	267,975	267,975	267,975
Membership	42,943	-	42,943	55,395
Merchandise and publication sales	2,690	-	2,690	2,435
Interest and sundry income	90	-	90	-
	<u>460,960</u>	<u>267,975</u>	<u>728,935</u>	<u>737,741</u>
FUNDED BY OPERATIONS	<u>(14)</u>	<u>14</u>	<u>-</u>	<u>-</u>
	<u>460,946</u>	<u>267,989</u>	<u>728,935</u>	<u>737,741</u>
EXCESS OF REVENUE OVER EXPENSES	<u>\$ 1,386</u>	<u>\$ -</u>	<u>\$ 1,386</u>	<u>\$ 37,039</u>



Statement of Financial Position

As at March 31, 2013

AS AT MARCH 31,	March 31, 2013	March 31, 2012	April 1, 2011
ASSETS			
CURRENT			
Cash and short term investments	\$ 180,441	\$ 236,192	\$ 215,356
Accounts receivable	24,293	14,868	21,238
Prepaid expenses and deposits	<u>54,305</u>	<u>52,611</u>	<u>77,541</u>
	<u>259,039</u>	<u>303,671</u>	<u>314,135</u>
CAPITAL	<u>8,499</u>	<u>-</u>	<u>-</u>
	<u>\$ 267,538</u>	<u>\$ 303,671</u>	<u>\$ 314,135</u>
LIABILITIES			
CURRENT			
Accounts payable and accrued liabilities	\$ 53,384	\$ 58,779	\$ 26,878
Deferred revenue	<u>126,066</u>	<u>158,190</u>	<u>237,594</u>
	<u>179,450</u>	<u>216,969</u>	<u>264,472</u>
NET ASSETS			
Unrestricted	<u>88,088</u>	<u>86,702</u>	<u>49,663</u>
	<u>\$ 267,538</u>	<u>\$ 303,671</u>	<u>\$ 314,135</u>

Our legal corporate name is Hospice Association of Ontario and we operate under the registered business name of Hospice Palliative Care Ontario. Our name change will be complete in by the Annual General Meeting in 2014.

Above are excerpts from the Audited Financial Statements prepared by Wallington Chong LLP Chartered Accountants, Licensed Public Accountants. A full copy of the Audited Financial Statements is available online at www.hpcoco.ca under the About HPCO tab or you may contact Hospice Palliative Care Ontario for a printed copy.



Governance

Board of Directors

John Crean (Chair)
National Public Relations

Beth Ellis (Secretary)
Health Care Consultant

Ingrid Robinson, MFAc, CPA, CIA, CRMA
(Treasurer), MNP LLP

Sharon Allen, RN(EC), MSc(N), CHPCN(C)
Nurse Practitioner

Heather Campbell
The Healing Cycle Foundation

Carol Derbyshire
Hospice of Windsor & Essex County Inc.

Greer Hozack*
AstraZeneca Canada

Cathy Joy, RN, BScN, CHPCN(C)
Palliative Consultation Services,
Waterloo Region

Elaine Klym, RN, CHPCN(C)
Maison Vale Hospice

Rod Malcolm
DHR International

Andrea Martin
Waterloo Wellington CCAC

Thelma M. Martin
Health Care Consultant

Vivian Papaiz, RN, BScN
VON Canada

Marg Poling, RN, BScN, PHCNP(c)
(Past Chair), North West CCAC

Rodney W.J. Seyffert
Legal & Consulting Services

Donna Spaner*
Toronto Grace Hospital

Léo Therrien*
Maison Vale Hospice

* Indicates term ended at the Annual
General Meeting in September 2012

Audit Committee

Rodney W.J. Seyffert (Chair)
Ingrid Robinson
Rick Firth

Executive Committee

John Crean (Chair)
Beth Ellis
Marg Poling
Ingrid Robinson
Rick Firth

Finance Committee

Ingrid Robinson (Chair)
Marg Poling
Rick Firth

Fund Development Committee

Rod Malcolm (Chair)
Heather Campbell
John Crean
Carol Derbyshire
Rick Firth

Governance Committee

Thelma Martin (Chair)
Carol Derbyshire
Beth Ellis
Vivian Papaiz
Rodney W. J. Seyffert
Rick Firth

Risk Management

Ingrid Robinson (Chair)
Rodney W.J. Seyffert
Rick Firth
Paula Neil

Staff

Matt Blair
Information Officer

Rick Firth
Executive Director

Anna LeCoche
Executive Assistant

Paula Neil
Director of Operations

Ingrid Norrish
Conference Event Planner

Teresa Sottile
Conference Manager

Annalise Stenekes
Standards Project Manager

Marissa Villacorta
Nevada Administrator

Michelle Beauchamp, RN
Lead Facilitator, Palliative Education

Dianna Drascic, RN, MScN
Facilitator, Palliative Education



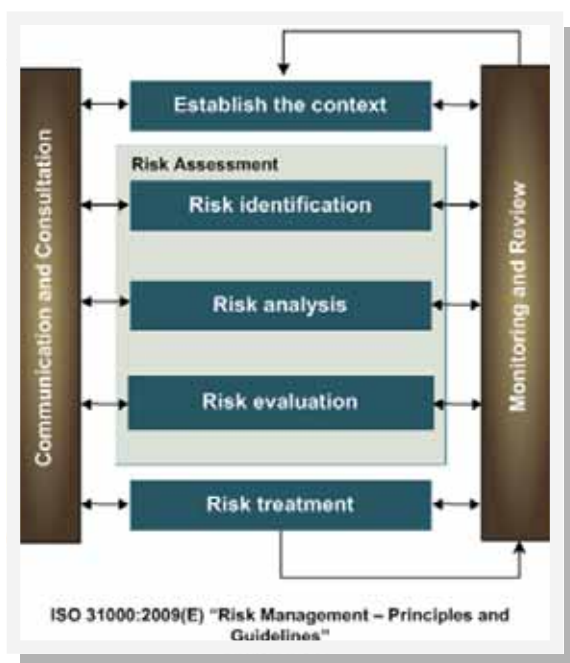
Accreditation

Hospice Palliative Care Ontario was accredited under the Standards Program of Imagine Canada in October of 2012. This was the culmination of a year's worth of work to update our governance, financial, fundraising, human resources, and volunteer related policies and procedures. The process was thorough; and identified strengths as well as areas for improvement. Through the accreditation process, the Board reviewed committee structure and board operations and in January 2013 formed new Board committees for Governance, Risk Management, and Fund Development.



Governance

The Governance Committee's role is to ensure that the board fulfills its legal, ethical and functional responsibilities through adequate governance policy development, training programs, monitoring of board activities and evaluation of board members' performance. The committee has introduced terms of reference for all board committees; implemented an evaluation process for meetings, for individual directors, and for the board as a whole; and established a nomination process to recruit new board members. Another significant undertaking was to file for continuance under the new Canada Not-For-Profit Act and bring our bylaws into alignment with the new act by October 17, 2014.



Risk Management

In early 2013, the Risk Management Committee oversaw the implementation of an Enterprise Risk Management "ERM" Framework and Program, leveraging CAN/CSA-ISO 31000 Risk Management Principles and Guidelines, a leading and widely accepted ERM Framework. HPCO's approach is to embed risk management at both the governance and operational level.

HPCO undertook a comprehensive risk identification and prioritization exercise that led to the development of risk mitigation strategies for significant risks identified.

Our risk management policy and philosophy is to operate in a way that protects the health, safety and security of clients, staff members and volunteers while lifting up the organization's mission and safeguarding assets needed for mission-critical programs and activities.



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