



The Victoria Hospice Society

Victoria
Hospice
Annual
Report
2012/13

The 2012–2013 fiscal year has been a time of change and growth for Victoria Hospice. We said goodbye to some senior staff members and welcomed some new faces, including our new Medical Director, Dr. Douglas McGregor and new Executive Director, Mischelle vanThiel.

We wish to express our sincere gratitude to our former Executive Director, Wayne Peterson, who retired at the end of 2013. Wayne thoughtfully steered our organization through the 2008 global financial crisis and thanks to his calm, practical leadership style, Victoria Hospice remains well positioned for the future. While it is always hard to say goodbye, we look forward to fresh ideas and new perspectives on how we can best serve our growing community.

For over 30 years, Victoria Hospice's dedicated team of doctors, nurses, counselors, volunteers, administrative staff, donors and partner organizations has enabled us to provide care, comfort and compassion to those we serve.

Today, we are proud to provide a wide range of medical, psychosocial, spiritual and practical supports to the over 400 patients registered with our programs on any given day. The depth of commitment our teams and partners demonstrate, the breadth of skill they bring and the countless roles and responsibilities they accept and fulfill so compassionately is truly inspiring and we are honoured and humbled to be a part of this amazing organization.

At Victoria Hospice we are also proud to be leaders in palliative care research and education. Working in

collaboration with local, national and internationally based universities and care facilities, we have developed palliative care tools and protocols that are used around the world.

Through our educational initiatives, we help build capacity and expertise in family care givers, clinical professionals and numerous community-based organizations to ensure high quality care is available for people dealing with life limiting illnesses, death, grief and bereavement.

Recently, the provincial government released its End-of-Life Care Action Plan. This multi-year plan outlines government's commitment to improving the quality and availability of end-of-life care for the citizens of British Columbia. With the continuing support of our community, Victoria Hospice will do its part in making this enhanced care plan a reality. We look forward to new collaborations, program innovations and continuing community engagement as we all work together to ensure quality end-of-life care for every member of our community.

OUR VISION

Quality end-of-life care for all.

OUR MISSION

To enhance the quality of life for those facing advancing illness, death and bereavement through skilled and compassionate care, education, research and advocacy.



Jayn Tyson
PRESIDENT
VICTORIA HOSPICE SOCIETY



Mischelle vanThiel, BA, MBA
EXECUTIVE DIRECTOR
VICTORIA HOSPICE SOCIETY

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OUR CHARTER OF VALUES

RESPECT

We respect the intrinsic worth
of each individual.

COMPASSION

Compassion underscores all our actions
and decision-making. We demonstrate
an empathic, non-judgmental manner.

We believe in the power
of tender acts of kindness.

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 end-of-life care 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 end-of-life care.

Our Doctors

After six years as Medical Director at Victoria Hospice, Dr. Fraser Black resigned to take another post. Our new Medical Director is Dr. Douglas McGregor. Originally from Scotland, Dr. McGregor has worked in Canada for 23 years and over the past six years was Medical Director for Palliative Care in Vancouver Coastal Health.

In a major new initiative, dedicated teams serve as outreach to acute hospital wards (including VGH), also supporting at-home patients by increasing dedicated physician time there. The table below compares community visits for the quarters of 2011, 2012 and, under the new system, 2013.

This year we saw 20 medical residents for their two week compulsory rotation in palliative medicine. We hosted family practice residents from the aboriginal program, family practice residents from outside the UBC program, fourth year medical students for two week electives, a geriatrics fellow, two foreign trainees (one resident and one medical student), and a psychiatry resident.

We now teach at all levels of medical training, from first year introductory lectures to more complex symptom management seminars in the residency programs. We are especially pleased to see an

increased interest from the specialty programs for more palliative education.

Research is a central component of Victoria Hospice. Dr. Michael Downing continues with several studies on quality, satisfaction and prognosis. He currently audits with Dr. Gail Saiger on lidocaine for pain control.

Our physician group is engaged in many external activities at a provincial, national and international level, including the International Association for Hospice and Palliative Care (IAHPC) and TwoWorlds Cancer Care Collaboration (the Canadian Branch of the International Network for Cancer Treatment and Research). Our team also supports the palliative care program in Bharatpur, Nepal.

In 2013 our physicians contributed to the Canadian Society of Palliative Care Physicians Conference, helped develop provincial guidelines for care in end stage heart disease, served on the Steering Committees of the UBC Division of Palliative Care, and took part in the inception of the new Centre for Excellence. Drs. Deb Braithwaite, Christine Jones, Ryan Liebscher and Fraser Black contributed to the third edition of *The Handbook of Palliative Care*, 1999 British Medical Association Medical Book of the Year Prize winner.

A comparison of community visits for the first 3 months of 2011, 2012 and, under the new system, 2013

	2011					2012					2013				
	1ST VISIT	+	F/U VISIT	=	TOTAL	1ST VISIT	+	F/U VISIT	=	TOTAL	1ST VISIT	+	F/U VISIT	=	TOTAL
April	10	+	0	=	10	11	+	3	=	14	22	+	6	=	28
May	14	+	0	=	14	11	+	0	=	11	16	+	8	=	24
June	15	+	1	=	16	12	+	1	=	13	27	+	11	=	38

Our Nurses

The Nursing Department at Victoria Hospice includes skilled and knowledgeable Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). These dedicated professionals provide compassion and end-of-life care for patients and their families 24 hours a day on our unit in the Richmond Pavilion at the Royal Jubilee Hospital. In addition, the unit nurses triage telephone calls after hours from patients, families and other health professionals.

Our Community office at Hospice is the hub for telephone requests from the Greater Victoria community about palliative care. Hospice nurses also provide care for patients and their families in their homes as part of the Victoria Hospice Palliative Response Team (PRT), which includes a counsellor and a physician. This unique and remarkable 24-hour on-call service, which began in 1989, provides short-term consultation and treatment at home for problems that might otherwise require admission to hospital (such as pain, shortness of breath and nausea).

In all circumstances, we partner with VIHA's Home and Community Care Nursing staff and Home Support programs to ensure that the daily average of 423 patients who are in their own homes and are registered with VHS are comfortable and their families are supported.

Some highlights from the past year:

- ◆ Our patients' safety and the accreditation process (which ensures we are meeting our standard of care targets) are closely linked. All of our nurses receive training and/or refresher instruction in hand hygiene protocols, falls prevention and the electronic patient safety learning system and electronic clinical documentation.

- ◆ As part of their ongoing professional development programs, our nurses attended courses in pain and symptom management, wound care and psychosocial support.
- ◆ Our nurses continue to work toward being certified as specialized hospice palliative care nurses by the Canadian Nurses Association.
- ◆ Two of our nurses are partnered with Seniors' Health in a unique community role as advanced care planning nurses.
- ◆ Together, our nurses mentored six students during the year (licensed practical nurses and registered nurses), in addition to providing support for the medical students and residents who participated on the unit.

Jamie Linstead, RN
Hospice Unit Nurse



Our Counselling, Spiritual Care and Bereavement Team

Our counselling, spiritual care and bereavement team provides professional services to Victoria Hospice patients and families, both prior to and following a death. This includes individual, family and group counselling, consultation with other professionals and supervision of students and volunteers who provide care. Support addresses any psychosocial aspects of progressive illness, death, and bereavement experienced by patients and families. This includes practical concerns such as funeral and financial planning; emotional issues of grief and coping; family struggles with changing care and relationships; and spiritual care for all faiths, cultures and beliefs.

Care is offered at home and on our in-patient unit. Bereavement counsellors and volunteers support bereaved individuals for up to one year following the death. A child and youth counsellor is available to work with families and children throughout the dying process and into bereavement.

Community Counselling

- ◆ Phone support with patients and families – 496
- ◆ Visits with patients and families – 281
- ◆ Consultation with other professionals – 1,016
- ◆ Counselling community crisis visits (PRT) – 1,269

Tammy Lindahl, M.Div, MSW
Coordinator: Spiritual and Religious Care

Bereavement Counselling

- ◆ Total bereaved – 2889 (149 Community)
- ◆ Counselling face-to-face sessions – 694
- ◆ Counselling phone consultations – 502
- ◆ Volunteer telephone call – 1,840

Child & Youth Counsellor

- ◆ Number of families assessed – 79
- ◆ Number of individual sessions – 131
- ◆ Number of childrens' groups run – 2
- ◆ Number of parents' groups run – 0



Our Volunteers

Volunteers play an essential role at Victoria Hospice. Over 200 regular, year-round volunteers were active in both clinical and non-clinical areas, plus more than 150 volunteers were involved with our special events: Celebrate a Life, the Teeny Tiny Garden Tour, the new Hike for Hospice, and a variety of third-party fundraisers.

Volunteers contributed well over 23,000 hours of service:

- ◆ 11,500 hours spent on the unit supporting patients, families and the nursing team
- ◆ 21 Life Stories were completed (12 on the unit / 9 at home)
- ◆ 23 companionship and 23 complementary therapy matches made for clients at home with community volunteers
- ◆ 1040 Spiritual Care contacts made on the unit
- ◆ 215 patient visits made by Bedside Singers
- ◆ 52 one-to-one contacts with bereavement client
- ◆ 1833 phone calls made to bereavement clients
- ◆ 7510 hours assisting customers and processing donations at our Thrift Boutique
- ◆ and a countless number of hugs were exchanged between volunteers and our staff, patients, families, donors, and customers

Volunteering is a balance of giving and receiving. Volunteers give us a tremendous amount but in return we believe they should be 'getting' something from the experience. There are many reasons people choose to share their time with us. For some it is to gain experience and learn new skills, for others it is to 'give back' after receiving care from us in the past. Some want to share their talents and to support a cause they believe in. No matter what brings volunteers to Hospice, most tell us that they 'get more than they give'.

Our training for volunteers has a strong reputation and is one of the most important reasons people want to volunteer with us. During this fiscal year, the 36-hour clinical volunteer training was offered in October 2012, plus there was a range of learning opportunities offered regularly through the year.

We celebrated our volunteers during National Volunteer Week in April 2012. In June 2012, volunteers and staff came together for our annual Volunteer Appreciation Reception held at the CFB Esquimalt Officers Mess. At that event, Marnie Lamb (founder of Bedside Singers program) and Diana Mathews (unit volunteer and mentor) received Volunteer Awards of Excellence. In January 2013, volunteers were surveyed about appreciation and recognition. We were delighted to learn that 80% of volunteers say they feel appreciated. In contrast, six years ago it was a very different story with 80% of volunteers indicating they did not feel appreciated.

We are proud of our volunteer program. We continue to attract and to retain exceptional people from our community who share their expertise and compassion.



Rosemary Walker
Volunteer

Research and Development

The Research & Development Office carries out its work with the overall intent of advancing clinical quality care by conducting quality improvement audits, formal studies on hospice services and the development of new practical clinical tools. Collaborative partners include the University of Victoria (UVic), Vancouver Island Health Authority and other programs across Canada.

Collaboration

- ◆ Victoria Hospice as a partner and Dr. Downing as Co-Principal Lead completed the 2 year project last fall with the Canadian Partnership Against Cancer, University of Victoria and BC Health Authorities, Yukon and Alberta on the early design for a surveillance system for palliative care in Canada.
- ◆ Dr. Downing was an Expert Consultant with the Canadian Institute for Health Information on the analysis of cancer patients and palliative care in hospitals. The report was published in early spring.

Quality improvement & Surveys

- ◆ An updated audit was conducted regarding the reasons for, and outcomes of, patients who were transferred from the Hospice beds to a Long Term Care facility.
- ◆ Surveys were conducted in several areas: overall nursing department review; internal and external survey on Palliative Response Team (PRT); volunteer appreciation activities; and, patient and family satisfaction surveys.
- ◆ From these surveys, any needs for improvement were referred to the Leadership team and clinical departments for follow-up action.

Innovation

- ◆ A tool called the Edmonton Symptom Assessment System (ESAS) had been implemented in the Palliative Unit. A workgroup reviewed early feedback and several

process revisions were initiated. Another survey was being conducted at year end.

- ◆ Development began on apps for computers/phones for the Palliative Performance Scale (PPS) and Prognostat tools in collaboration with the UVic CanAssist program.
- ◆ The Prognostat, a tool to assist clinicians with survival prediction, was analysed and found to significantly improve accuracy. A manuscript is under review in a palliative journal and we are applying for a large international multi-site study in collaboration with UVic and the University of South Florida.
- ◆ The early design work to use telehealth video technology to support palliative care at home is a priority. A design application to Canadian Institutes of Health Research (CIHR), Natural Sciences and Engineering Research Council of Canada (NSERC) was not accepted but has been resubmitted as a collaborative study among UVic Computer Engineering, UVic CanAssist, UVic School of Health Information Science and Victoria Hospice.

Knowledge Translation

- ◆ 5 papers were published on interdisciplinary care, Thai PPS translation, personal views on ESAS, cancer analysis in hospitals and design for palliative surveillance.
- ◆ Congratulations to Susan Breiddal who successfully completed her PhD thesis at UVic and to Charlene Kerr who completed her MA at Royal Roads University.

Thank you to Victoria Hospice and various Partners and Donors (particularly the Myre & Winnifred Sim fund of the Victoria Foundation) who have supported these and other activities to enhance care and knowledge.

Teaching and Learning

Education Services offers palliative care courses and training to physicians, nurses, pharmacists, counsellors, social workers, volunteers and other health care providers.

The courses give participants the awareness, skills and knowledge needed to provide excellent symptom management and emotional support in their day-to-day work with patients and families. The department handles all education requests from educational institutions, government and community agencies and arranges instruction on a fee-for-service basis as well as manages all copyright approval requests from individuals and organizations asking to use material from our publications and tools such as the Palliative Performance Scale or Bereavement Risk Assessment Tool.

- ◆ 207 physicians, nurses and pharmacists from nine provinces, three territories and the USA attended the Palliative Care: Medical Intensive one-week courses in Victoria and Richmond. Among the faculty were 11 staff members.
- ◆ 89 health professionals from five provinces, two territories, Thailand, Korea and the USA participated in the semi-annual Psychosocial Care of the Dying and Bereaved one-week courses in Victoria and Richmond. Among the faculty were 11 staff members.
- ◆ 209 health professionals and lay people from three provinces and two territories attended the two Spiritual Care Conferences in Victoria.
- ◆ Victoria Hospice and VIHA co-sponsored five, half-day Education for End-of-Life Care sessions which were also video-linked to 20 sites up-Island and attended by 594 health care professionals and volunteers. This included 87 Victoria Hospice staff and volunteer registrants.

- ◆ Victoria Hospice and VIHA held a day-long education session for physicians and nurses in the Vancouver Island Palliative Network (VIPN) at Parksville with 18 health professionals and representatives from Island hospices attending.
- ◆ Three staff gave presentations at the BC Hospice Palliative Care Association or Canadian Hospice Palliative Care Association conferences. Five taught in VIHA Home and Community Care Nursing Orientations and another in VIHA Hospital Nursing Orientations. Eight provided educational sessions for Cool Aid, Police & Victim Services, UVic, the Interior Health Authority and group homes.
- ◆ Eight educational teleconferences and webinars and six lunch time learning sessions were provided to staff and volunteers. Participant numbers exceeded 263.

Palliative Care: Medical Intensive Course

“This program is an amazing learning tool; builds on already acquired general knowledge to give confidence in recognizing signs and symptoms of distress in many aspects and knowing what treatment tools I have to try to bring distress under control. Confidence is also increased in using the range of dosages provided.”

Psychosocial Care of the Dying and Bereaved

“This was the best course I’ve attended in a very long time. It was very worthwhile to participate in and there is no doubt all that this course will make me a better social worker.”

Spiritual Care Conference

“This conference surpassed my unformed expectations — signed up to meet educational requirements (hours) but received insight and awareness far exceeding professional realms. Will carry this experience with me to heart, home and work. Thank you.”

Care: 2012/13 at a Glance

- ◆ Average number of people registered with Victoria Hospice on any given day: **417.5**
 - ▶ Percent change from last year that this represents: **+10.2%**
 - ◆ Number of end-of-life patients cared for during the year: **884**
 - ▶ Percent change from last year that this represents: **0%**
 - ◆ Admissions to our Palliative Care Unit: **548**
 - ▶ Percent change from last year that this represents: **+9%**
 - ◆ Percent of all Greater Victoria patients who died of cancer that were involved with Victoria Hospice: about **60%**
 - ▶ Percent change in the number of cancer cases predicted for the next decade: **About 25-30% increase** over next decade
 - ◆ Percent of Canadians that died last year who had access to the kind of comprehensive end-of-life care provided by Victoria Hospice: **16-30%**
 - ◆ Percent of patients able to die at home close to family and friends thanks to our partnership with the Vancouver Island Health Authority's Home & Community Care: **33.6%**
 - ◆ Average length of stay in the seven acute-care beds on the Victoria Hospice 17-bed in-patient unit: **8.5 days**
 - ▶ In the one respite-care bed: **7.9 days**
 - ▶ In the nine extended-care beds: **17.9 days**
 - ◆ Percentage of patients admitted to the unit that returned home once their symptoms improved: **18.8%**
 - ◆ Average age of Victoria Hospice patients at time of death: **76.34%**
 - ◆ Number of people helped by Victoria Hospice, including patients and family members: **4,854**
 - ◆ Number of people helped by Bereavement Services following a death in the family: **2800**
 - ◆ Number of clinical education clients served during the year: **1,571**
 - ◆ Combined annual operating expenditures for Society and Foundation: **\$7,402,699**
 - ◆ Combined annual operating revenues: **\$7,929,339**
 - ◆ Surplus this represents: **\$526,640**
 - ◆ Total funds received from publications, courses and other earnings: **\$374,768 (5%)**
 - ◆ Total funding received from government sources: **\$3,805,694 (50%)**
 - ◆ Total funding received from donations/community sources and interest/dividends on investments, respectively: **\$3,126,440 and \$176,268 (45%)**
- Victoria Hospice provides:**
- ◆ expert care to minimize pain and other distressing symptoms,
 - ◆ 24-hour crisis intervention at home through our Palliative Response Team,
 - ◆ counselling and emotional care for both patients and their families,
 - ◆ spiritual support for people of all faiths, cultures and beliefs,
 - ◆ support from over 300 volunteers,
 - ◆ medical consultation for patients in other facilities such as care homes or hospitals,
 - ◆ palliative care courses and publications for professionals, caregivers and volunteers,
 - ◆ research and the development of new and innovative methods and tools for care.

Our Foundation

The Victoria Hospice and Palliative Care Foundation was formed in 1997 for the purpose of soliciting and stewarding donated funds to support the care provided by Victoria Hospice.

Your gift is more than a donation.

It's a commitment to the future of hospice palliative care in our community. In fact, we depend on donations for close to half of our necessary operating funds. This is why, in a very real sense, Victoria Hospice relies on the community for the same level of vital support that the community itself has come to rely on from us.

Together, we help Hospice serve the needs of today and tomorrow.

Funds are raised from a variety of sources, including private donations, foundation grants, corporate sponsorship and fundraising events. Whatever form your generosity takes, our Senior Development Officers are here to help you:

Tom Arnold, Senior Development Officer – Major Gifts



Tom Arnold is responsible for building strong relationships with individuals and organizations in the community who are interested in providing significant financial and strategic support to ensure local families have access to quality end-of-life care.

Natasha Benn, Senior Development Officer – Planned Giving:



Natasha Benn works with donors interested in leaving a legacy to support the future of Victoria Hospice, including bequests, gifts of life insurance, RRSP and RRIF, shares, and gifts in kind. She also administers estate gifts that Victoria Hospice receives, ensuring adherence to the donor's wishes.

Pam Prewett, Senior Development Officer – Annual Programs



Pam Prewett coordinates the Annual Giving program, which includes direct mail, monthly donors, electronic newsletters, grant writing, employee group giving and donor recognition events.



Our Hospice Heroes

Victoria
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For Victoria Hospice, heroes are part of every day life. They are patients on our unit and the families who love them. They are the doctors, nurses and counselors who care for them. And they are members of our wider community of caring.

To honour these champions, Victoria Hospice created the Hospice Heroes Leadership Awards for Community Business, Youth Philanthropy, Distinguished Advocate and, new this year, Distinguished Service.

This year's **Community Business Award** goes to Hillside Centre, a community partner for Hospice. In addition to serving as host to Hospice's *Celebrate-A-Life* event each holiday season since 1997, Hillside Centre has also introduced Hospice to other organizations who assist us with this special event. For many, Hillside Centre is *Celebrate-A-Life*—where the best of what

makes Hospice special is celebrated as loved ones are remembered and cherished.

Youth Philanthropy Award honorees Claudia and Jameson Prewett have spent many hours over the past several years volunteering both in our administrative office and at many Victoria Hospice events. They enlist others as well: Claudia's middle school jazz band performed at our spring tea this past year, and Jameson recruits his classmates at every opportunity. Thank you both for inspiring others with your commitment to Victoria Hospice!

This year's **Distinguished Advocate Award** honoree, Brett Hyslop, brings a rich combination of skills and personal experience to his support for Victoria Hospice. After Brett's mother Anne passed away at Hospice in 2010 from mesothelioma, Brett wanted to thank us for

supporting his mother and family. Head coach of World Cup Soccer Camp, Brett joined with Canadian National Champion Steph Steiner to found the soccer fundraiser *Anneswer to Cancer*, to benefit Hospice and families with mesothelioma. Since 2011, they've raised \$126,000, and we're thrilled to be a part of their inspiring story.

The **Distinguished Service Award** is bestowed on a local group with a long history of supporting



FROM LEFT: *Claudia Prewett; Michele Paget, Hillside Centre; Brett Hyslop, Anneswer to Cancer; Jameson Prewett; Doreen Hall, Cedar Hill Ladies Division*

Hospice. The first *Cedar Hill Ladies Field Day* was held in 1968. In 1986, when the event built up a surplus, the ladies decided to donate it to charity, choosing Victoria Hospice as recipient. From simple beginnings, the tournament has grown to include lunch, a fashion show and a Hospice Thrift mini-boutique, benefiting Hospice to date with donations in excess of \$70,000.

How You Can Be a Hospice Hero

Just as there are no boundaries to heroism, there are no limits to how you can become a Hospice Hero, helping Hospice support end-of-life care in our community and making a difference in the lives of our patients and families. Whether a gift of life insurance, or property, of cash or art or the inestimable gift of your volunteer time,

here are just a few of the ways you can help us help our patients, the community and you:

- ◆ Annuities
- ◆ Bequest
- ◆ Corporate Sponsorship
- ◆ Life Insurance
- ◆ Membership
- ◆ Memorial Giving
- ◆ Residual Interest in Property
- ◆ RRSP & RRIF Funds
- ◆ Third Party Fundraising Events
- ◆ Securities
- ◆ Volunteering

Victoria Hospice Thrift Boutique: Your Fashion Stop

Our goods come from all over the community, offering a style and flair hard to find anywhere else. From designer handbags to funky necklaces, sandals to sundresses, Victoria Hospice Thrift Boutique has something for every woman's taste.

Staffed almost entirely by volunteers dedicated to Hospice and customer service, the Victoria Hospice Thrift Boutique first opened in 2006. One hundred percent of sales – as with all store profits – help Victoria Hospice provide end-of-life care to local patients and families.

- ◆ This year, 60 Volunteer Sales Associates contributed \$105,000 in saved wages by volunteering over 7,000 hours of service.



- ◆ Over 29,000 items were purchased by customers this year. Other revenues such as the Hospice Unit window, Big Brothers, recycling of metals, sale of vintage wear and damaged silver and gold, brought our total sales this year to \$220,800.
- ◆ We gladly accept donations of new and gently used items, please call for details.
- ◆ Have a flair for retailing? Love people? Join our team and become a Victoria Hospice Thrift Boutique Volunteer Sales Associate today.

Victoria Hospice Thrift Boutique

Store Hours: 10am – 5pm Monday–Saturday

1315 Cook St, Victoria BC 250-361-4966

Between Johnson and Yates Streets; parking available.

Statement of Combined Operations Fiscal Year ending March 31, 2013

Operating Revenues			
	Fiscal 2013	Fiscal 2012	Fiscal 2011
Government Contracts	3,805,694	3,738,341	4,135,703
Donations & Fundraising	2,788,793	3,077,356	2,639,499
BC Gaming Commission	100,000	0	100,000
Thrift Boutique	287,647	245,625	246,461
Publications / Courses	356,854	350,995	356,392
Interest & Dividends	176,268	113,691	81,494
Other	17,914	18,291	25,801
	<u>7,533,170</u>	<u>7,544,299</u>	<u>7,585,350</u>
Operating Expenditures			
In Patient Nursing	2,498,568	2,493,692	2,510,299
Community Nursing	187,058	199,524	194,318
Medical	697,397	671,881	675,926
Counselling / Bereavement / Spiritual	950,635	923,638	1,031,709
Palliative Response Team	623,314	599,563	540,510
Volunteer Services	114,431	120,444	129,515
Publications / Courses	242,141	248,875	211,555
Education Services	191,035	138,645	150,260
Administration / Communications	570,757	493,294	489,167
Donor Development & Fundraising	763,646	745,111	623,561
Thrift Boutique	164,808	172,324	180,933
Research / Committees / Projects	238,720	243,886	228,116
Amortization	117,161	142,750	174,896
	<u>7,359,671</u>	<u>7,193,627</u>	<u>7,140,765</u>
Operating Surplus (Deficit)	<u>173,499</u>	<u>350,672</u>	<u>444,585</u>
Endowment & Investment Items			
Donations to Endowments	50,000	600	577,274
Endowment Funds Valuation Gains (Losses)	165,420	(2,946)	114,359
Investment Funds Valuation Gains (Losses)	137,721	(39,962)	50,504
	<u>353,141</u>	<u>(42,308)</u>	<u>742,137</u>
Change in Net Assets	<u>526,640</u>	<u>308,364</u>	<u>1,186,722</u>

To download complete PDF copies of our audited financial statements and a copy of the Annual Report, please go to www.victoriahospice.org

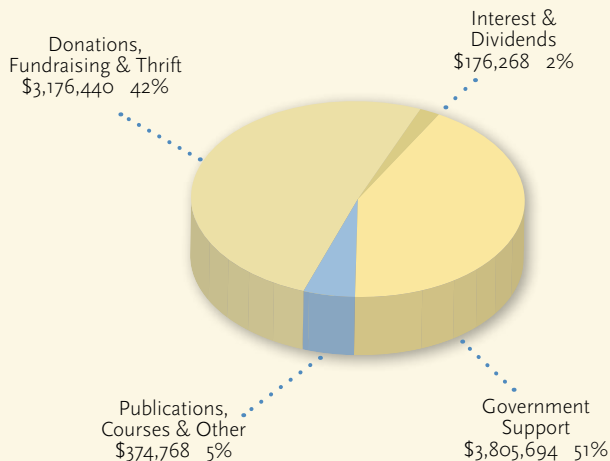
Victoria Hospice investment funds are managed by the Victoria Foundation.

Statement of Combined Financial Position Fiscal Years ending March 31, 2013

Assets	Fiscal 2013	Fiscal 2012	Fiscal 2011
Cash & Prepaids	1,036,916	1,595,219	838,339
Accounts Receivable	149,064	137,073	180,521
Publications Inventory	10,615	15,977	60,222
Endowment Funds	2,582,418	2,313,622	2,328,233
Investment & Insurance Funds	2,155,931	1,208,282	1,217,330
Equipment & Building	252,036	361,478	479,319
Irrevocable Trust Receivable	178,934	178,934	178,934
	<u>6,365,914</u>	<u>5,810,585</u>	<u>5,282,898</u>
Liabilities			
Payable to Vancouver Island Health Authority	210,487	228,137	107,882
Accounts Payable & Accrued Liabilities	344,678	328,549	252,902
Deferred Revenues	<u>399,591</u>	<u>369,381</u>	<u>345,960</u>
	<u>954,756</u>	<u>926,067</u>	<u>706,744</u>
Equity			
Invested in Capital Assets	252,036	361,478	479,319
Endowment Fund Balances (restricted)	2,582,418	2,313,622	2,328,233
Operating Fund Balances (unrestricted)	<u>2,576,704</u>	<u>2,209,418</u>	<u>1,768,602</u>
	<u>5,411,158</u>	<u>4,884,518</u>	<u>4,576,154</u>

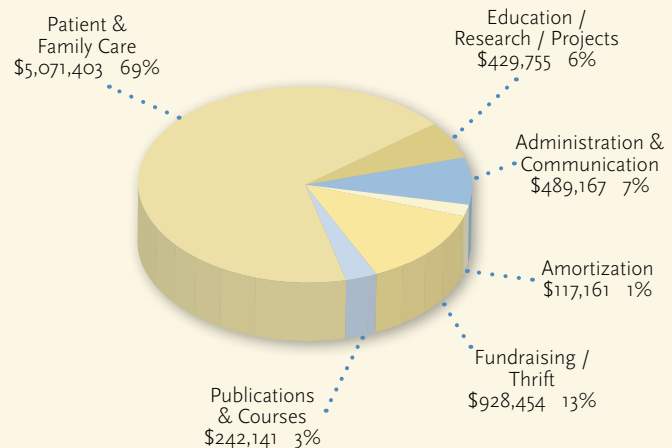
Sources of Operating Funds

Total: \$7,533,170



Uses of Operating Funds

Total: \$7,359,671



MM / 0913 / 2000



Victoria Hospice

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