

**BCHPCA COVID – 19 Hospice Impact Report**  
**Vancouver - Friday, May 29, 2020, 1:30 PM**

The British Columbia Hospice Palliative Care Association (BCHPCA) has launched its COVID – 19 Hospice Impact Report on May 29, 2020, to provide a snapshot look into the impacts that hospices have been undergoing since the pandemic.

This report is to highlight the **three** critical areas impacted: Donor and fundraising, Service and Program Delivery and Volunteer retention along with recommendations.

While hospice societies in BC are still providing care and support to their communities, they are doing this on a minimal budget and some hospices are concerned for their future existence.

With over 40 years of providing service to their communities and an added value of 40M in service delivery (2019), hospices are uniquely positioned to aid with this COVID – 19 pandemic with financial and core funding support.

The current COVID-19 crisis has highlighted the value that hospice societies can bring to our communities in our current evolving situation. The reputation of hospice societies within their communities coupled with over approximately 6,000 active volunteers, with over half of those volunteers trained in bereavement and grief support and over 65% of hospices equipped with qualified bereavement support staff and councillors, hospices are well equipped and available to serve their communities and the public to assist in coping with the psychosocial grief this pandemic brings.

Please find the report attached for your perusal.

Thank you,

**BCHPCA Board of Directors**

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**About the association**

BC Hospice Palliative Care Association is a not-for-profit, membership organization, which has been representing hospice societies, individuals and organizations committed to promoting and delivering hospice/palliative care to British Columbians since 1986. Our Members provide a broad range of services to British Columbians who are dying and to their loved ones who are grieving; BCHPCA Members deliver these services in all regions of the Province.

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[www.facebook.com/bchospice.palliativecare](https://www.facebook.com/bchospice.palliativecare)



<https://twitter.com/BCHPCA>

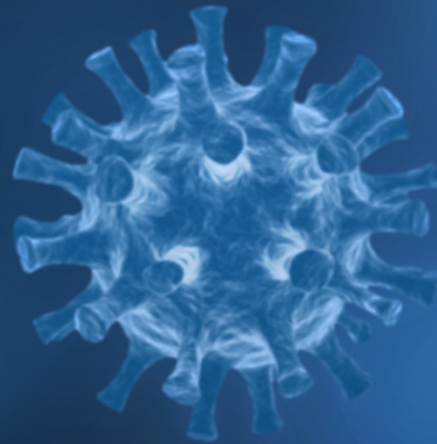
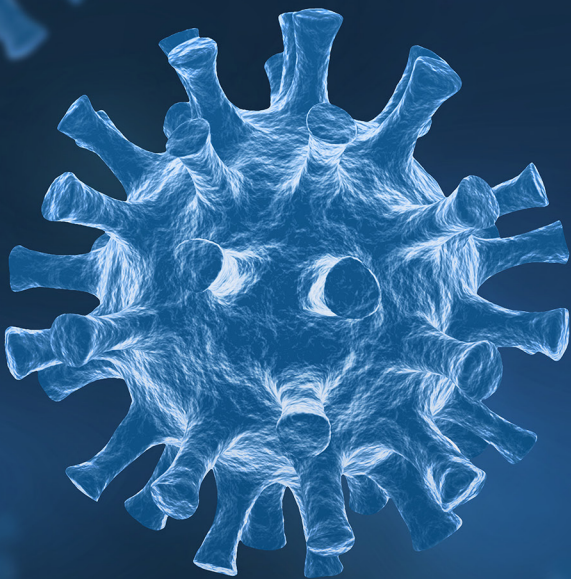


British Columbia  
**HOSPICE**  
PALLIATIVE CARE  
Association

## COVID-19 HOSPICE IMPACT SURVEY REPORT

*An early snapshot of how hospices across  
B.C. are being impacted by the pandemic.*

*May 29, 2020*



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# BC Hospice Palliative Care Association

## About Us

BC Hospice Palliative Care Association, **BCHPCA**, is a not-for-profit, charitable, membership organization, which has promoted responsive, quality hospice palliative care and bereavement services in British Columbia since 1986. **BCHPCA** is focused on the representation of BC Hospices, educating the residents of BC and community groups on the importance of advance care planning and advocating for equitable access to responsive, quality care for those at end-of-life and their loved ones in their grieving.

**BCHPCA** is a vital organization, bringing together the hospice palliative care societies, volunteers and professional caregiver sectors in caring for and supporting those in BC facing death and their families, caregivers and loved ones.

## Vision

To ensure that people have the choice and deserve to live, love, die and say goodbye in our own way.

## Mission

To SPARK action through conversations, relationships and partnerships which support dying and grieving well.

## Values

BCHPCA

- respects its relationships and partnerships
- is compassionate and caring
- is progressive and focused
- is trustworthy

# Acknowledgements

The BCHPCA would like to thank all of the respondents of the survey, as well as the Board. A special thank you to Dr. Shannon Freeman, BCHPCA Vice President, Assistant Professor in the School of Nursing at the University of Northern British Columbia, current Vice President of the International Association on Geriatrics and Gerontology Coalition of Student Organizations, and an interRAI Canada researcher who worked hand and hand with staff to generate the survey and analysis.

Thank you to our dedicated Hospice volunteers, Naomi Saunders and Gayle Magrath for their efforts to engage hospice providers to participate, providing valuable data for this survey.

The BCHPCA would also like to thank CanadaHelps for its Gore Mutual Foundation fund that has helped us in providing added resources for our members during this pandemic and the compiling resources for this survey report.

# Executive Summary

British Columbia hospices are facing severe threats as a result of COVID-19:

- an abrupt and continued loss of revenue from the cancellation of fundraising events and donor giving;
- cancellation of programs and service deliveries due to pandemic restrictions;
- reduced volunteer engagement, and
- resource challenges in terms of both volunteer and paid staff.

The BCHPCA conducted a survey to examine how hospices across British Columbia are being impacted by the pandemic.

Hospice leaders are concerned about the impact COVID - 19 has had and will continue to have on their organization's existence. They are also deeply worried about the capacity of their organizations to carry out their missions amid the crisis.

Nonetheless, hospices remain resilient, some working on the frontlines to support those nearing death and their grieving families and others supporting their communities they serve in an unparalleled time of need.

The survey was open to hospice societies aimed specifically at executive directors, board chairs and other senior leaders. It was conducted between April 6th and April 17th, 2020, and garnered 52 responses via an online tool, which resulted in an 80% response rate.



# What is Hospice Palliative Care?

Hospice Palliative Care (HPC) is an approach to care that aims to alleviate suffering and improve the quality of life for people who are dealing with serious, chronic or life-threatening illnesses.

The role of hospice palliative care is to keep clients comfortable, provide symptom management and to help them deal with the difficult medical and personal decisions that they may need to make. The person-centred approach, which differentiates hospice palliative care from traditional medical care, helps patients to have the best quality of life possible by addressing their psychological, social, spiritual, and practical needs. Another unique feature of hospice palliative care is that it extends beyond the patient's needs to address the physical and emotional burden on families through the provision of respite and grief support during the illness and after the loss of their loved one.

In British Columbia, there are more than sixty-six (66) not-for-profit hospice societies that provide care to adults, youth and children affected by life-threatening illnesses as well as their caregivers and loved ones who are grieving and bereaved.

The hospice society's clinical staff and volunteers work with care partners to ensure each person receives the type of care and support that matters most to them in the place of their choice.

Hospice societies have been delivering hospice care to BC residents for over 40 years.

66

HOSPICE SOCIETIES

40

YEARS OF CARE

# Key Findings

## Revenue Impact

### Fundraising Revenue

- 82 percent of respondents have or will see reduced revenue from cancelled fundraising events.
- The impact of the COVID-19 pandemic will cost 61 percent of organizations a 10%- 50% revenue loss. Another 22 percent estimate the financial impact to be 51% - 100%. 17 percent had no impact as of yet.

### Program & Services Revenue

- 72 percent of respondents have seen reduced revenue from cancelled programs and services.
- The impact of the COVID-19 pandemic will cost 46 percent of organizations a 10%- 50% revenue loss. Another 26 percent estimate the financial impact to be 51% - 100%. 28 percent had no impact as of yet.

## Program & Service Delivery Impact

- 91 percent of respondents have had to cancel programming.
- 87 percent of respondents have had to reduce volunteer engagement.
- 27 percent of respondents have had to adjust their services.

## Operations & Human Resources Impact

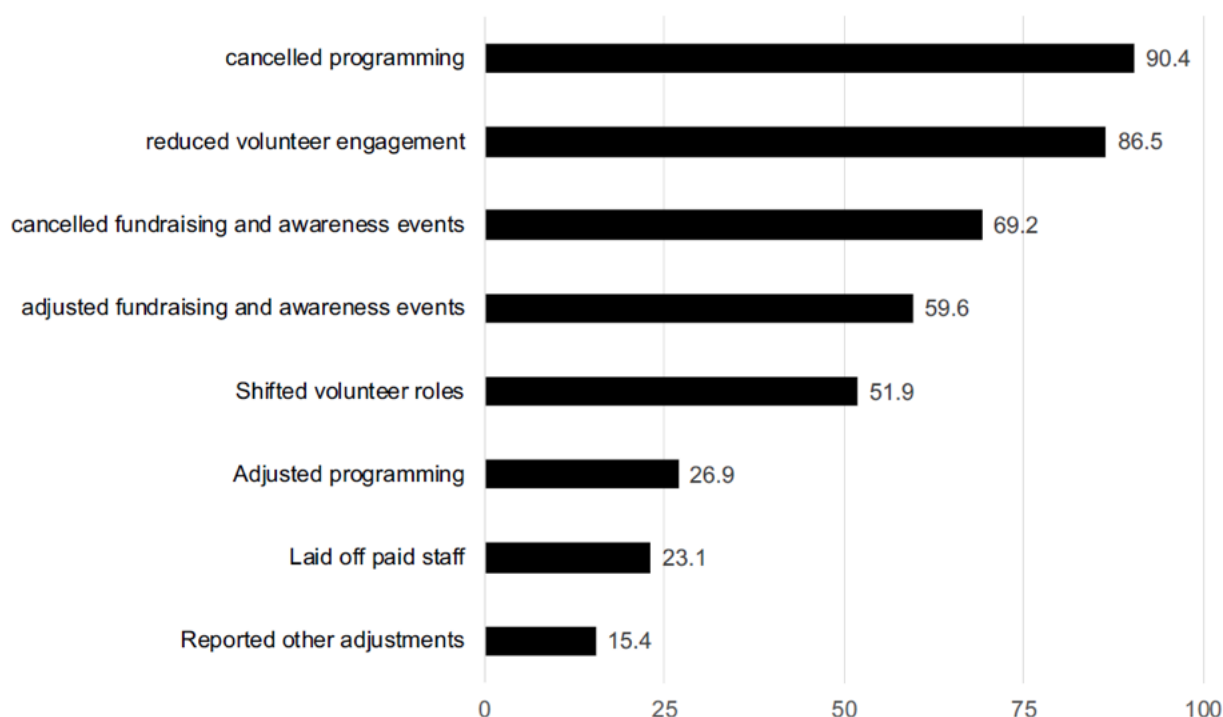
- Almost all respondents have experienced disruption of services to communities.
- 86.5 percent of hospices have experienced reduced volunteer engagement due to concerns about contagion in doing their work. Respondents performing essential services commented on a lack of personal protective equipment (PPE).
- Over one-third of respondents indicated that their organization has had to lay off staff.



## Key Findings (cont.)

Hospices are demonstrating the depth of their resilience. 96% of respondents are open and operating but have modified their regular operations - in some cases rapidly moving their work online or over the phone, in other cases transforming services to accommodate the requirement for physical distancing.

**96% STILL  
OPERATING**



### What we heard from our industry:

*"Staff changing quickly to using new technology."*

*"We are doing all our work by phone and email"*

*"We have established a phone support network to communicate with our clients and anyone else who we are advised is isolated and lonely"*

*"Currently organizing delivery of food and prescriptions to vulnerable people, manufacturing PPE and maintaining a helpline"*

# BCHPCA Covid-19 Impact Recommendations

With continued financial uncertainty, many hospices do not know how they can continue to pay staff and have begun to lay off workers and significantly reduced volunteer support. BCHPCA is deeply concerned about the impact of COVID-19 and the related economic downturn on the industry and the communities they serve.

The current COVID-19 crisis has highlighted the value that hospice societies can bring to our communities in our current evolving situation. The reputation of hospice societies within their communities coupled with over approximately 6,000 active volunteers, with over half of those volunteers trained in bereavement and grief support and over 65% of hospices equipped with qualified bereavement support staff and councillors, hospices are well equipped and available to service their communities and the public to assist in coping with the psychosocial grief this pandemic brings.

1. Informed by these findings and our member advocacy plans, BCHPCA will advocate for:
  - a) An emergency hospice palliative care fund, that incorporates hospice bereavement and grief support that will adequately address the urgent needs of hospices and the vulnerable populations in our communities. This fund will also help administer a virtual Hospice Palliative Care training program for hospice volunteers that equate to over 209,470 hours (2019) of hospice palliative care and bereavement services delivered in B.C., which will allow volunteers to confidently continue providing the services they have been able to in the past, via virtual means. And, developing a virtual hospice delivery support system for the community and focusing on sudden death bereavement and grief in response to COVID-19 and post.
  - b) Flexible funding agreements from both public organizations and government so that hospices can continue to support their communities during any crisis and/or rapidly re-start operations post-isolation restrictions.
  - c) A seat for BCHPCA, hospice leaders and stakeholder alliances at planning tables, focus groups, and economic recovery and palliative care discussions and discussions.
2. BCHPCA will continue its government relations and advocacy as attention turns to economic recovery. We will advocate for a recovery strategy that ensures our provincial and local economies meet the needs of hospice palliative care communities across BC. The strategy must also recognize hospices as this industry provides health care, community support, and a strong volunteer base that strengthens communities, enhancing the quality of life of all British Columbians.



**OVER 209,470  
VOLUNTEER  
HOURS**

# Survey Respondent Characteristics

BCHPCA's survey was conducted between April 6th and April 17th, 2020, to examine how hospices across BC are being impacted by the COVID-19 pandemic. The survey was open to BC Hospices and garnered 52 responses via an online tool, which resulted in an 80% response rate.

## Summary of respondent characteristics:

- 27 (51.9%) of respondents were from the Interior Region, 8 (15.4%) from Fraser Region, 7 (13.5%) from Northern, 7 (13.5%) from Vancouver Island and 3 (5.8%) from Vancouver Coastal.
- 38.5% of respondents provided services to rural/small-town areas, 32.7% of respondents provided services to Remote areas, 15.4% Medium town/city areas and 13.5% provides services in Urban areas.
- Largest target group primarily served by responding organizations:

Those nearing end of life (98.1%)

People with life-limiting illness (88.7%)

Seniors (86.8%)

Grieving family members/friends (84.9%)

Caregivers (84.9%)

People of all ages (73.6%)

Professionals/corporate employees (1.9%)

- Over 71% of respondents depend on fundraising and donor giving as a means of core operational funding.
- Some hospices are made up of FTE's or solely volunteer positions. 90% of respondents have at least 2 FTE's at any given time throughout the year.
- Respondents' volunteer teams range from 10 to 350, with approximately 209,470 hours in service delivery for 2019 with a value-added of approximately \$4.2 million to the BC health care system.
- Mostly Executive Directors and Board Chairs filled out the survey at a 95% representation rate.

# COVID - 19 Impact on Hospices in BC

The coronavirus pandemic has erupted in communities in BC with a flood of system-changing impacts that hospices have had to conform to while still providing services.

Our survey findings show that hospices in BC are facing an abrupt and continued loss of revenue from the cancellation of fundraising events; cancellation of programs and service deliveries due to pandemic restrictions; reduced volunteer engagement and resource challenges in terms of both volunteer and paid staff.

*"We are doing all our work by phone and email. Our volunteers would not be willing to enter facilities, hospitals or homes at this time. The bulk of our volunteers are all seniors and at-risk to the virus. They were looking for a directive back at the beginning of March so as not to enter homes etc. They are very happily maintaining contact by phone with their clients. They are also respecting the wishes of all the facilities to stay at home in our community area."*

## A. Revenue Impact

### What has happened

In BC, hospices have operated with unsustainable and volatile limited budgets that are sourced from fundraising, donor giving, and community grants with a handful of hospices that receive funding by public health agencies to manage beds. Though there are different funding models that some hospices receive through government funding, the majority of funding is raised by hospices, their volunteers and communities. In 2019, hospices were funded \$24,381,045 from health authorities and gaming grants (public funding). In that same year, hospices raised \$40,324,634 from fundraising, donor giving, thrift shop, program deliveries, etc. (hospice funding). These funding instruments change year to year and do not allow for effective core operational budgeting for upcoming fiscal years, meanwhile absorbing inflation costs without increasing substantial revenues. It is no overstatement to say that, with this pandemic, the hospice industry is facing a financial cliff as over 40M of valued added (hospice funding) services will not be rolled out to communities due to COVID 19 in 2020 and perhaps for the next 2 – 3 years. Support during the crisis and post-COVID-19 will be critical for hospice sustainability.

### Fundraising Revenue Loss – What we heard from the industry

*"Future fundraising losses will be in excess of \$200K. No lost revenue yet"*

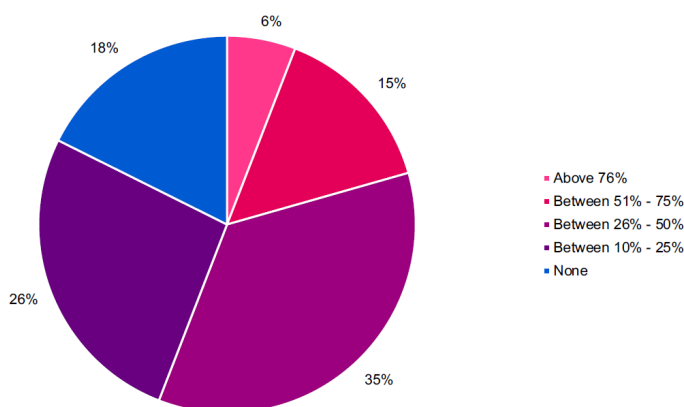
*"We are a rural and remote program working with Indigenous Bands, co-funding events has been cancelled"*

*"All fundraising and general grants have been cancelled"*

# COVID - 19 Impact on Hospices in BC (cont.)

## Fundraising Revenue Loss

% Lost Revenue from Lost Fundraising Events



Hospices have seen a loss of fundraising revenue anywhere from 10% to 100%. For some hospices, this may equate to all of their operational and service delivery budget.

Events that have been affected are community engagement and awareness events, Advance Care Planning, Hike for Hospice, galas and other bereavement and grief fundraising events that bring in significant funds to the societies.

*With over 71% of respondents depending on fundraising and donor giving as means of core operational funding, the impact of 22 percent of hospices estimating the financial loss to be 51% - 100%, this could mean some communities losing their hospices and the service they provide.*

### Programs & Services Revenue Loss – What we heard from the industry

*"awareness and fundraising - had a lot of big events set up for May - August - now unsure"*

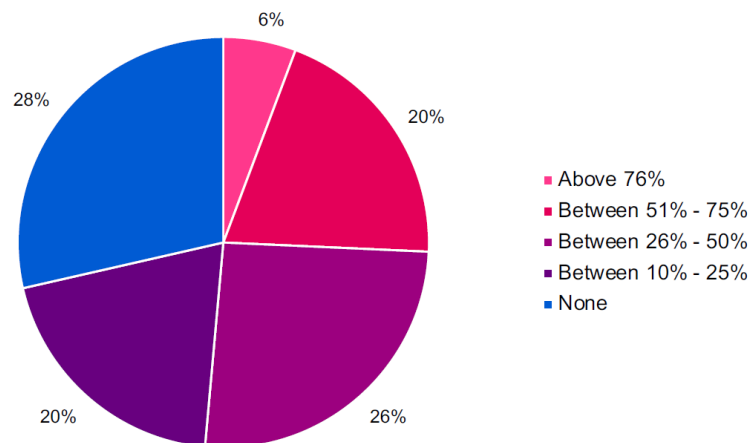
*"all things have been cancelled until I'm ready to continue working again"*

*"I have vacated my office in hospice, and am now working from home, so I am not seeing staff, patients or families at this time, and I feel that they are left hanging a bit while I revamp our volunteer services to virtual visiting"*

# COVID - 19 Impact on Hospices in BC (cont.)

## Programs & Services Revenue Loss

### Percentage of Revenue Lost



Hospices have seen a dramatic decrease in programs and services.

Programs and Services that have been cancelled that generate revenue for hospices include supply loans, wellness programs and more.

Most hospices provide many of these programs and services for free to their communities, and others may charge a minimal fee to cover admin or overhead costs for the delivery of that program or service.

All hospice societies in BC are non-profit and do not profit from any programs or services delivered.

*With over 72% of respondents seeing a reduced revenue from cancelled programs and services, the impact of 26 percent of hospices estimating the financial loss to be 51% - 100%, is another financial blow to hospices.*

# COVID - 19 Impact on Hospices in BC (cont.)

## Revenue Impact – What Hospices Need

### Emergency hospice palliative care bereavement and grief stabilization fund

A stabilization fund that focuses on core funding, service and program delivery will be critical for hospices and the bereavement services they provide, especially given the significant loss of revenues they are facing at this time. Given that almost one - third of respondents estimate that the total financial impact of the COVID-19 pandemic on their organization will be 51% or more, a stabilization fund would help them to manage this crisis. It is imperative that the stabilization fund account for short-term stabilization and longer-term program and service delivery with an emphasis on core funding. Knowing that regional emergency funding will take time to flow, a short-term bridge funding in the form of community or public health emergency grants (which include operational budgets) and emergency seed funding would help hospices keep their doors open and delivering critical community support.

## B. Program & Service Delivery Impact

### What has happened

Hospices in BC provide a person-centred approach to care, which drives the philosophy of hospice palliative care. With that in mind, programs and services are not only delivered to the individual in care but to their family, friends and support team during and post-care via the palliative care team.

Services such as bereavement and grief support, respite, spiritual services, wellness, counselling and more are all part of the hospice palliative care approach.

Due to the unique blend of hospice providers in BC, these services may be provided in hospice facilities, long - term care facilities, homes, hospitals and the community.

With the limited operational budgets that hospices manage, they are able to provide all these programs and services with a dedicated volunteer team. This may range from 10 to 1000 volunteers, depending on the organization.

Hospice volunteers are well trained (*over 30 + hours of basic hospice training with additional annual training*) and provide support and delivery of these services in all areas of hospice care, operational maintenance, administration along with community and education outreach. Not to mention, volunteers also provide the bulk of the support in fundraising and awareness campaigns within the hospice community.



## COVID - 19 Impact on Hospices in BC (cont.)

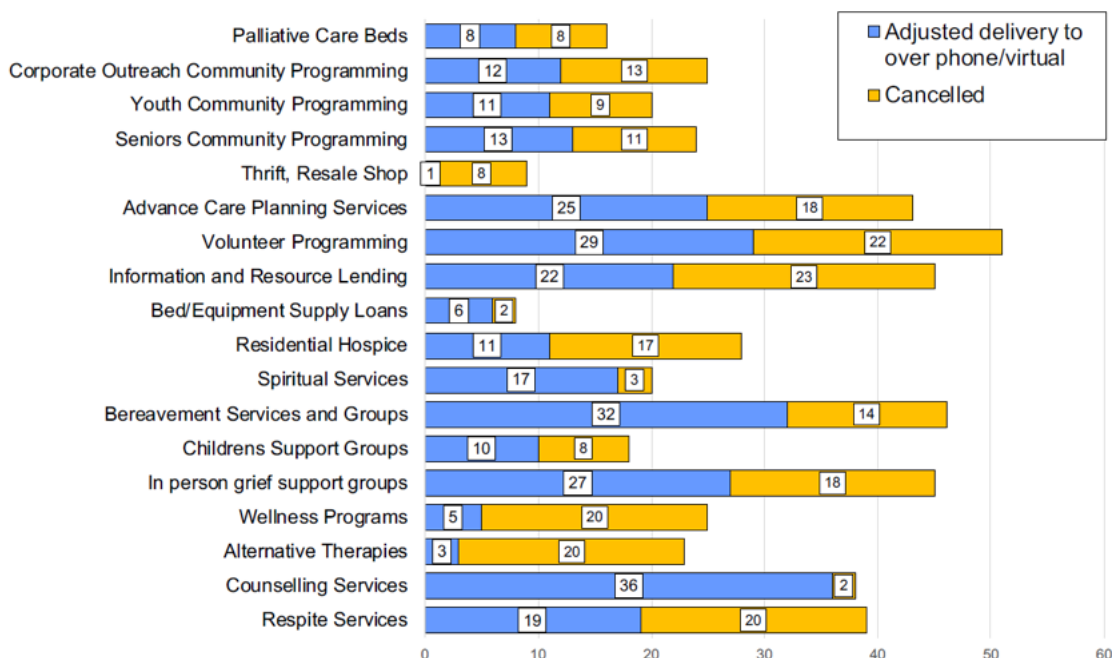
These individuals play a critical role in the existence and program delivery of hospice palliative care in BC. Along with hospice fundraising and donorship, volunteers and hospice societies infuse over \$40 million in value added programs and to their communities.

With the emergence of this pandemic, the cancelled programming and services that hospices have had to undertake, have also seen a direct correlation with the lack of volunteer engagement and a reduced volunteer team.

Concerns on retention of volunteers and continued engagement of training and programs are heightened within hospice providers. Hospice volunteers are at the core of hospice care.

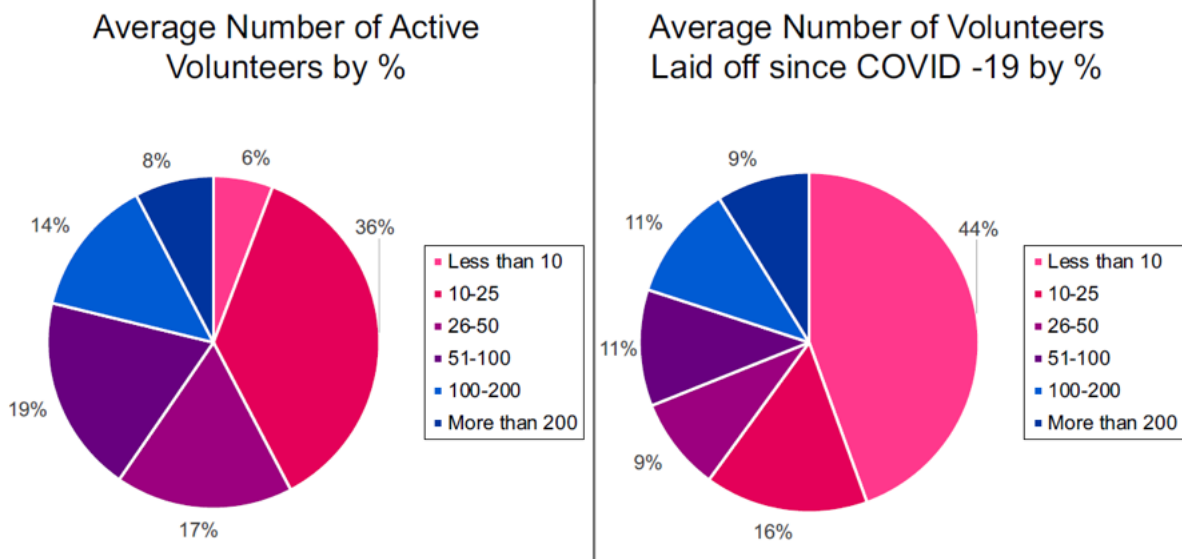
**OVER \$40  
MILLION IN  
VALUE ADDED  
SERVICES**

### Effects on Services Provided by Actual # of Hospices



# COVID - 19 Impact on Hospices in BC (cont.)

## Impact on Volunteers



### Program & Service Delivery Impact – What we heard from the industry

*“Public and professional education programs currently cancelled, looking at offering education and grief groups via online”*

### Program & Service Delivery Impact – What Hospices need

For the continued success of hospice support programs, an on-line volunteer and virtual hospice program delivery will need to be considered to ensure the continued community reach that hospices and volunteers have been able to obtain successfully pre - COVID - 19.

This virtual support needs to be hospice led and will include an emphasis on sudden loss and grief interruption around bereavement and grief; a service that hospices and bereavement organizations have seen a rapid increase in since COVID and will continue to see post COVID.

*This will help with volunteer engagement and retention as 75% of hospices report more than half their volunteers have grief support training and 85% report more than half of their volunteers have bereavement support training.*

## COVID - 19 Impact on Hospices in BC (cont.)

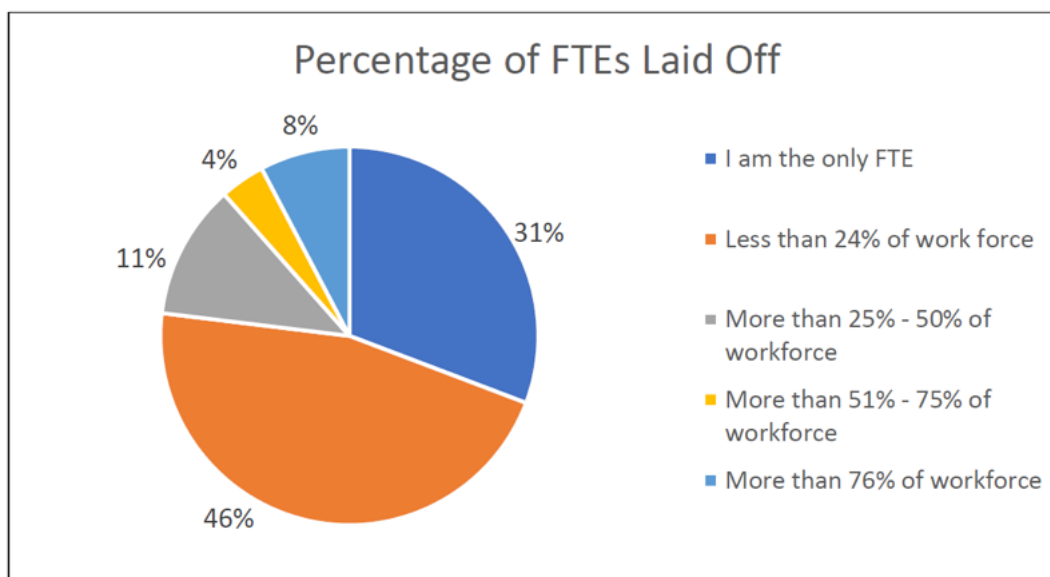
This puts hospice palliative care volunteers at a unique position to provide much-needed services to their communities and can continue to support virtually while allowing hospices to continue delivering programs and services to those that need it most.

### C. Operations & Human Resources Impact

#### What has happened

With over 23 percent of hospices laying off staff, that plays a great impact considering that 32.7% of respondents have between 1- 5 FTE, 23% of respondents have 5 or more FTE and the other 44% equates to some hospices not knowing the % of FTE's laid off. Some hospices provide services with less than 1 FTE, which represents anything from 1 part-time staff, seasonal workers or volunteer-led organization.

With this reduction of laid-off staff to an already thinly run industry, this poses some concerns for those hospices and their operational capacity to continue providing care and community support.



# COVID - 19 Impact on Hospices in BC (cont.)

## **Operations & Human Resources – What we heard from the industry**

*“Reduced service to those at end of life and who are bereaved. No caregiver respite. Grief support and caregiver support cancelled. We have laid off our staff who provides this service”*

*“Not having enough PPE for staff and volunteers to stay safe - even just gloves and masks; Some grant funding not being approved for services/postponed, even though we are still offering services to assist clients; Staff changing quickly to using new technology”*

## **Operations & Human Resources Impact – What Hospices need**

In order for hospices to ensure the retention and mental well-being and health of their staff, a support program during and post COVID - 19 will need to be considered. Currently, hospice essential workers have been putting their lives at risk to ensure that those needing end of life care are being supported. With limited PPE and resources, hospice societies have continued caring for the most vulnerable people of our community.

During these times, a focus on hospice essential workers’ PPE and mental health is critical for the retention of these frontline workers and the continued services they provide.

A provincial essential and care provider program needs to be implemented to ensure our workers feel safe and are also being helped and cared for, during these uncertain times.

A sudden end of life and hospice palliative care lens needs to be included in the delivery of this provincial wide essential worker support initiative.

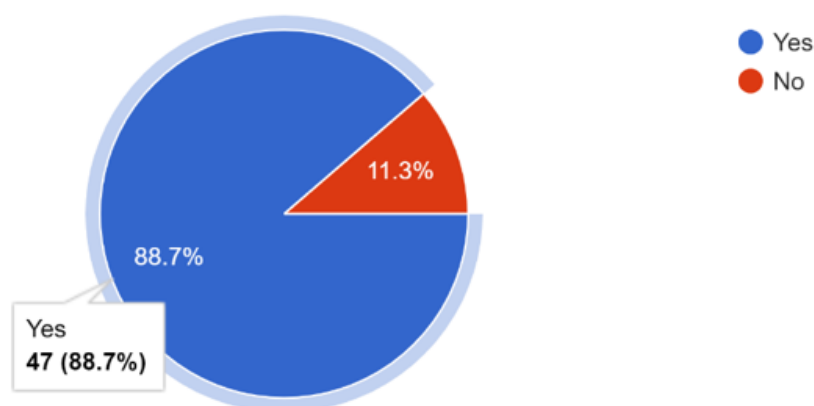
This service must focus on grief support with a frontline provider lens.

## Final Reflections

Even with the losses that hospices have undergone, they still see the need for support and community outreach. When asked about supporting the community, over 88 percent of hospices would be willing to support during these unprecedented times. The key is to support the Hospice Societies to enable them to recruit, train and retain the volunteers needed to provide the needed services. A relatively small investment will provide more than ample returns in the form of support to a person who is at their most vulnerable.

If called upon to support community needs during the time of COVID 19, would your organization be willing to respond?

53 responses



The existence of hospice palliative care in BC has been built by passionate, caring donors in the communities that they serve. But, given the current landscape that our country is facing, emergency funding and program service delivery support are ever so critical in ensuring the existence of hospices within BC. We as a province cannot afford to see another hospice close their door, due to lack of core operational funding and government support.

With the crisis of COVID-19, the BCHPCA sees the need for services that hospices can provide both in supporting those that have seen loss due to COVID-19 and those that are isolated and caring for loved ones while socially distant from friends and family. Hospice societies have trained and vetted volunteers that are ready and able to provide these services with very little training required. They also have trained and well-qualified counsellors that are specially trained in loss of life and sudden death, a service that is unique to Hospice care and that can be instrumental in the current environment of COVID-19.

Let us support hospices during these unprecedented times so that they can help individuals and our communities while being leaders in the bereavement, grief, and end of life support to all BC residents during these trying times and for the next 40 years to come.

# Appendix A

## Survey Methodology & Analysis

### Designing the Survey

The survey was drafted by BCHPCA staff and Dr. Shannon Freeman, Vice President of BCHPCA with Board input.

The survey focused on 19 questions to gauge the impact of the COVID-19 pandemic on BC Hospice Societies. We also wanted to see if hospices have the capacity to provide community support in partnership with other organizations to help their communities.

Our focus was the following:

1. Hospice Society characteristics (regional location, programs offered, size of FTE and volunteer team, communities they served, etc.);
2. Program and service delivery impacts
3. Financial impacts and financial forecast

Given the diverse hospices and service deliveries in BC, we focused on these areas to be able to analyze the current and projected impacts on the industry as a whole and regionally.

There was also a need to understand what hospices have done to convert to a virtual delivery method in supporting their communities.

### Distribution

The survey was sent via email to 66 hospice societies across BC. This represents all of the registered hospices in BC as per CRA 2019.

The online survey was available in English and consisted of 19 questions. The survey was administered using Google Forms over ten days (April 6 - April 17, 2020). BCHPCA Board and staff along with two of our volunteers promoted the survey questionnaire online, over the phone and via text. Information was also shared with members via our monthly newsletter, InTouch.

# Appendix A (cont.)

## Response Rate

A total of 52 hospice respondents answered the survey, which represents approximately 80% of all hospice societies in the province. Therefore, it is important to note that the data presented only represents the situation of the organizations that responded and cannot be generalized to other hospices across the province.

The survey analysis was based on the number of respondents who answered the questions. A random representative sample was not conducted for the survey.

## Limitations

- Some questions such as financial impact were difficult to gauge by some hospices as it was too early to tell.
- Hospices are funded differently in BC. An in-depth review on how these funding programs differ within each hospice would provide further insight regionally and provincially on the impacts of COVID -19 on hospices and core funding in BC.
- Smaller hospices that do not have FTE's or deliver certain services felt that some of the questions did not pertain to them.
- The only indicator of hospice size was the number of FTE's and volunteers.



# Appendix B

## Highlights from Hospice Survey

**Dr. Shannon Freeman**

Vice-President, BCHPCA

Assistant Professor, School of Nursing, University of Northern British Columbia

# HIGHLIGHTS FROM HOSPICE SURVEY

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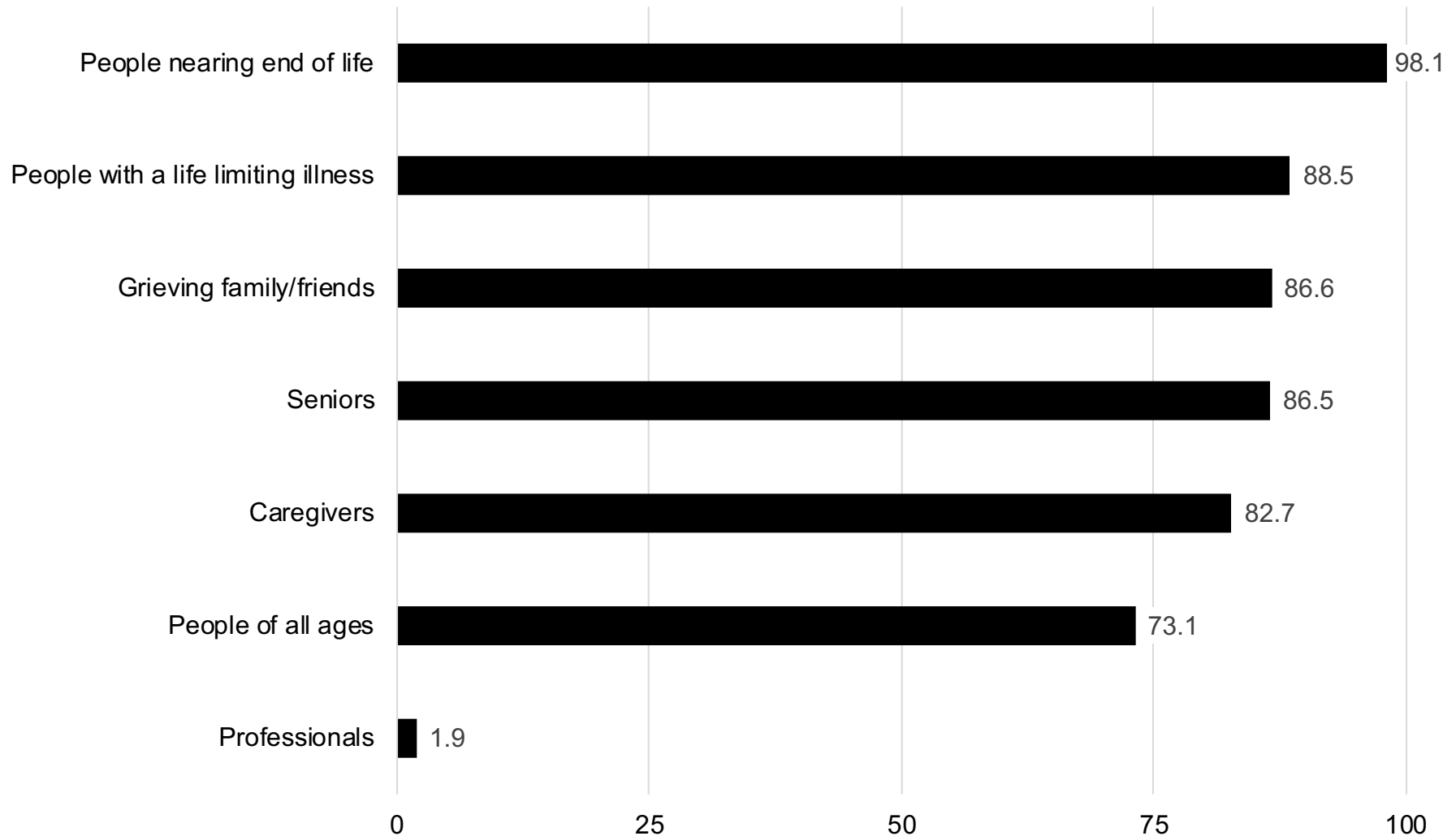
Dr. Shannon Freeman

Vice-President, BCHPCA

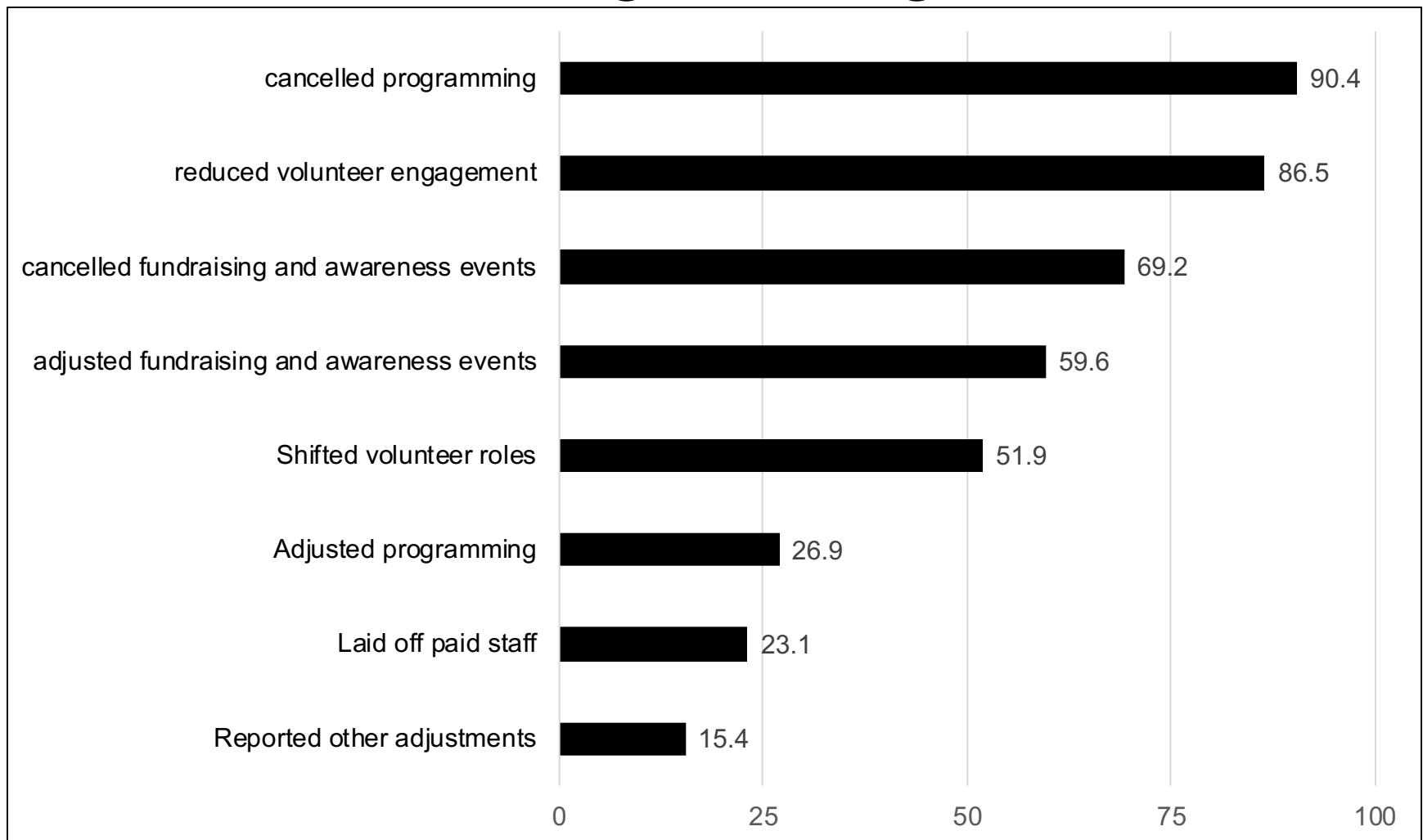
Assistant Professor, School of Nursing

University of Northern British Columbia

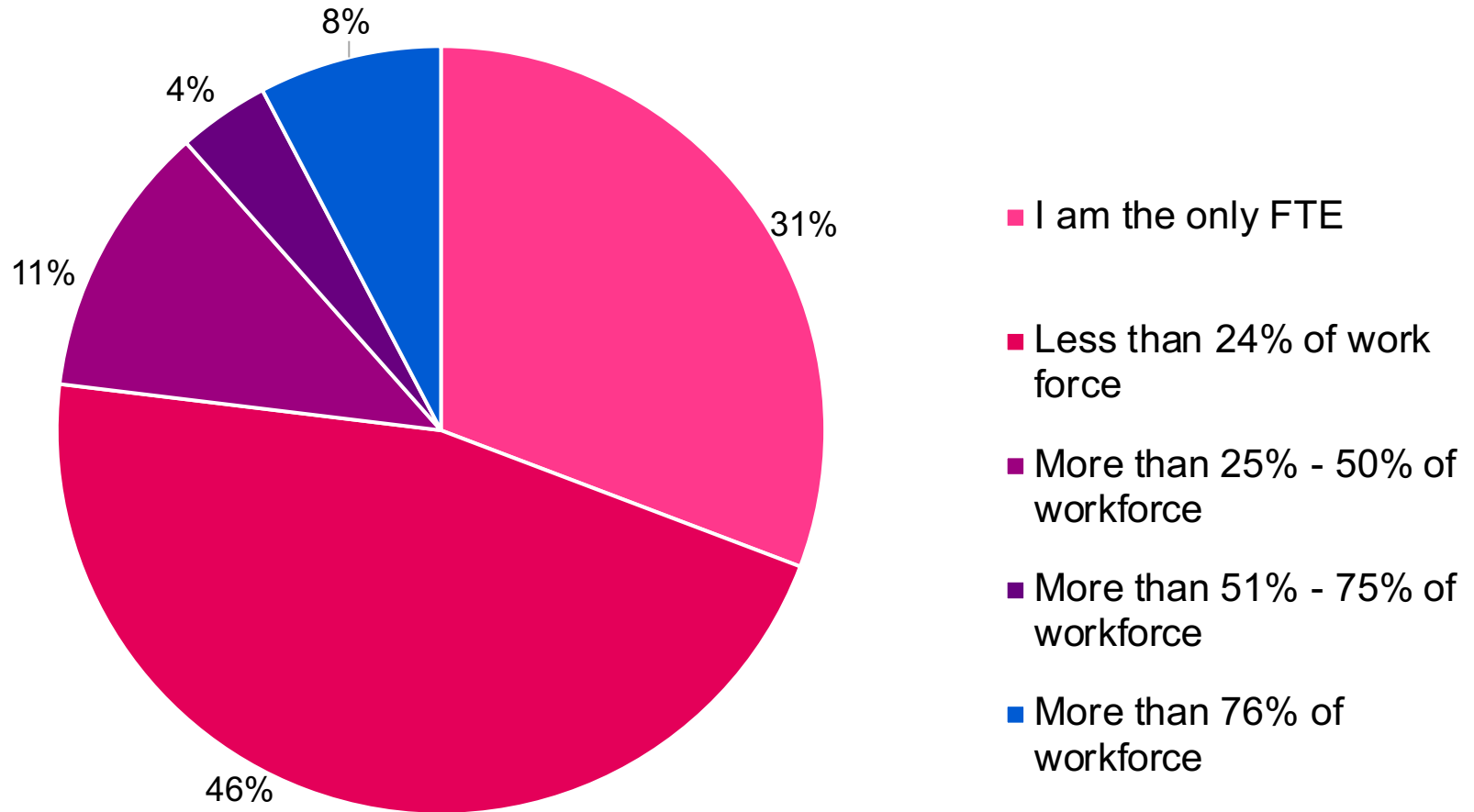
# Populations Hospices Provide Care To



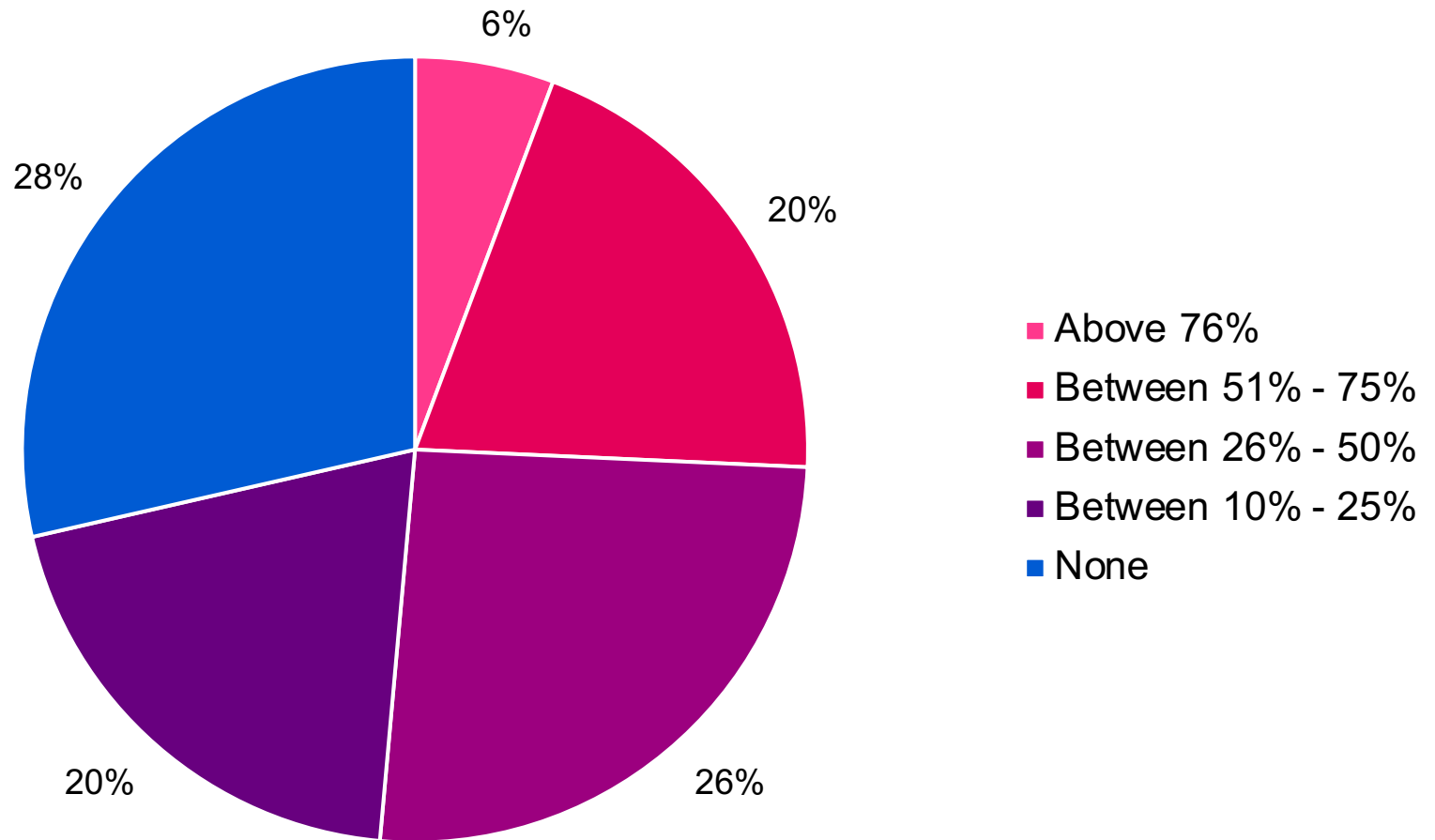
# Effects of COVID-19 of Hospice Programming



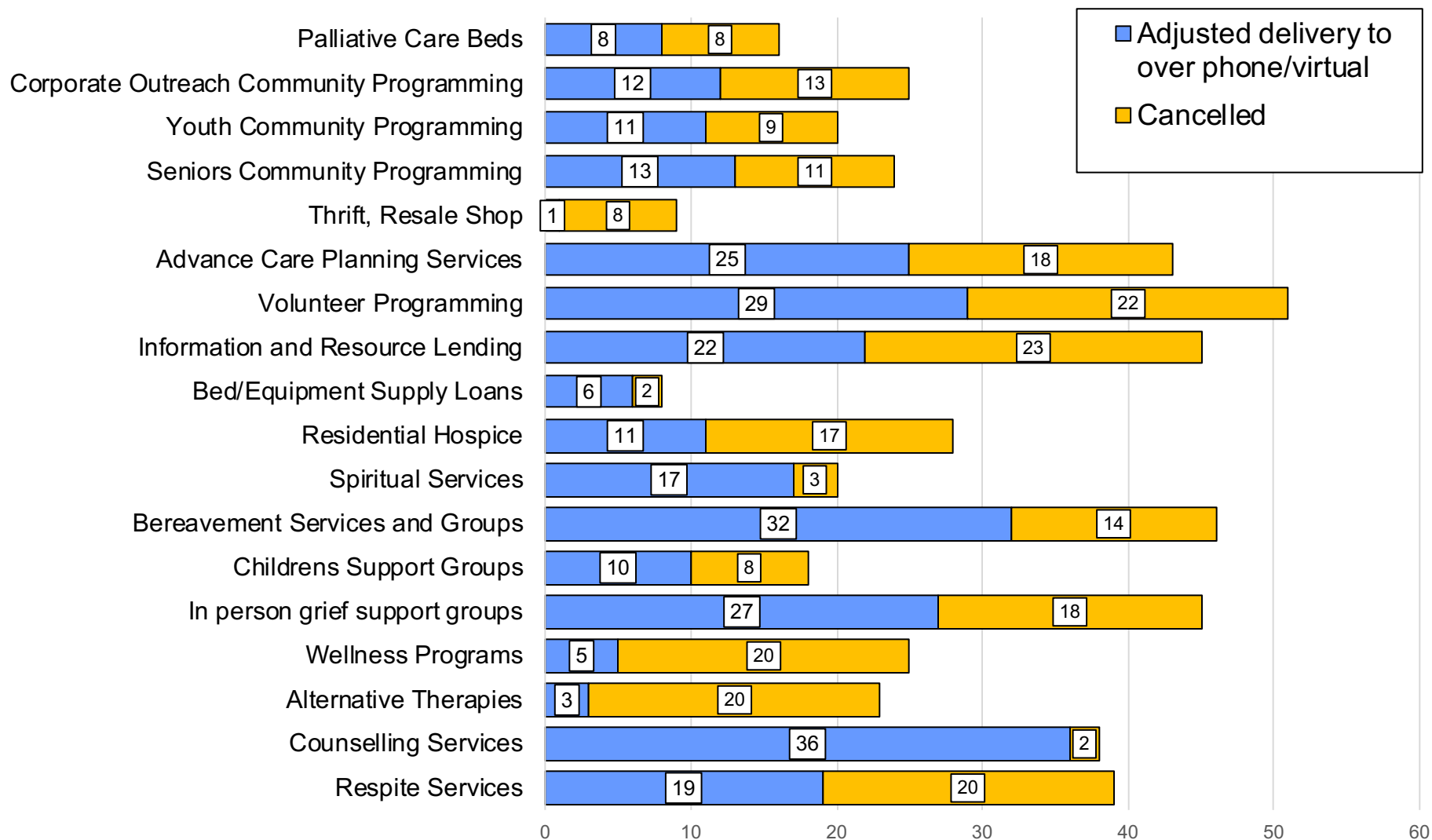
# Percentage of FTEs Laid Off



# Percentage of Revenue Lost

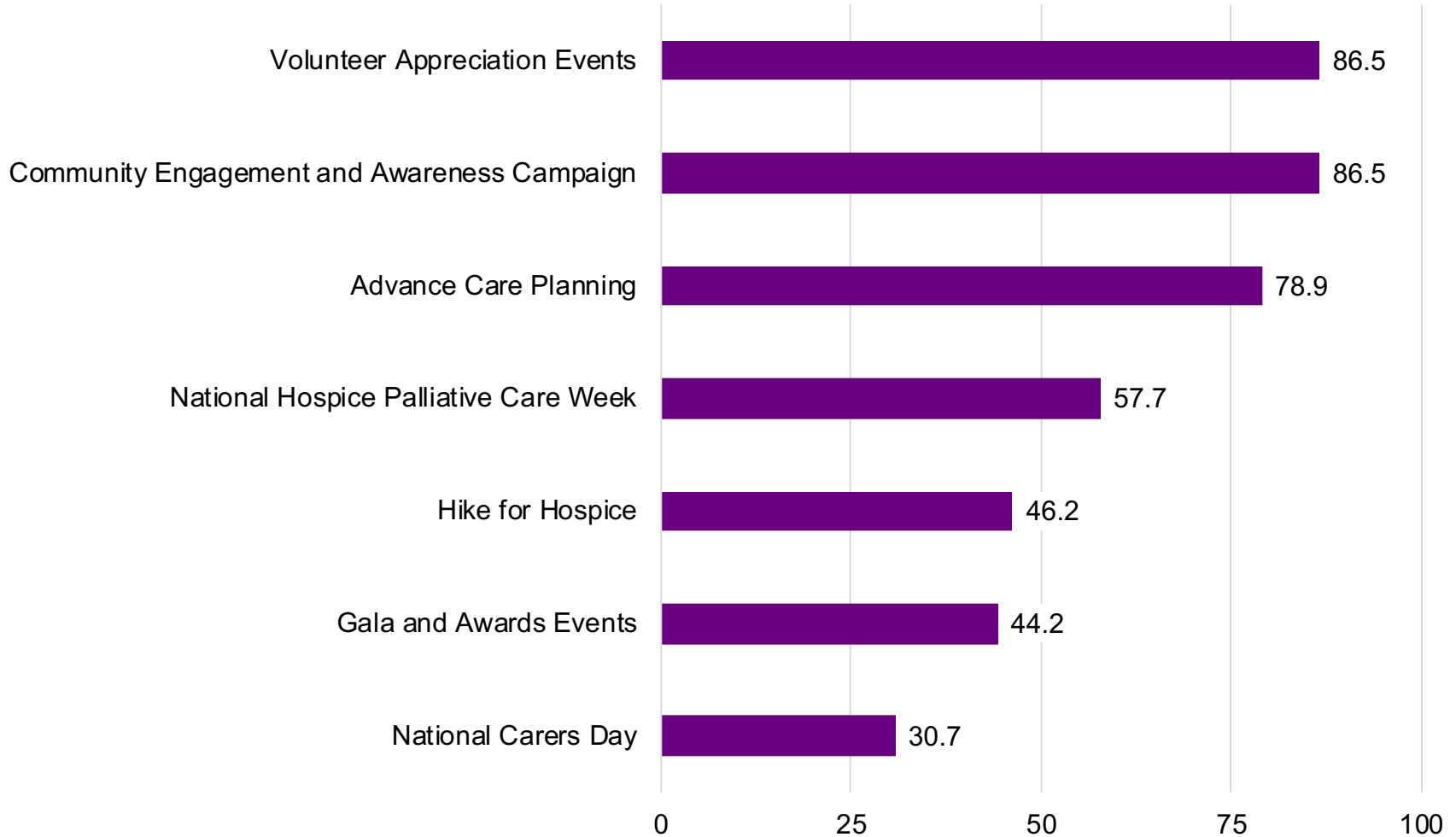


# Effects on Services Provided by Actual # of Hospices

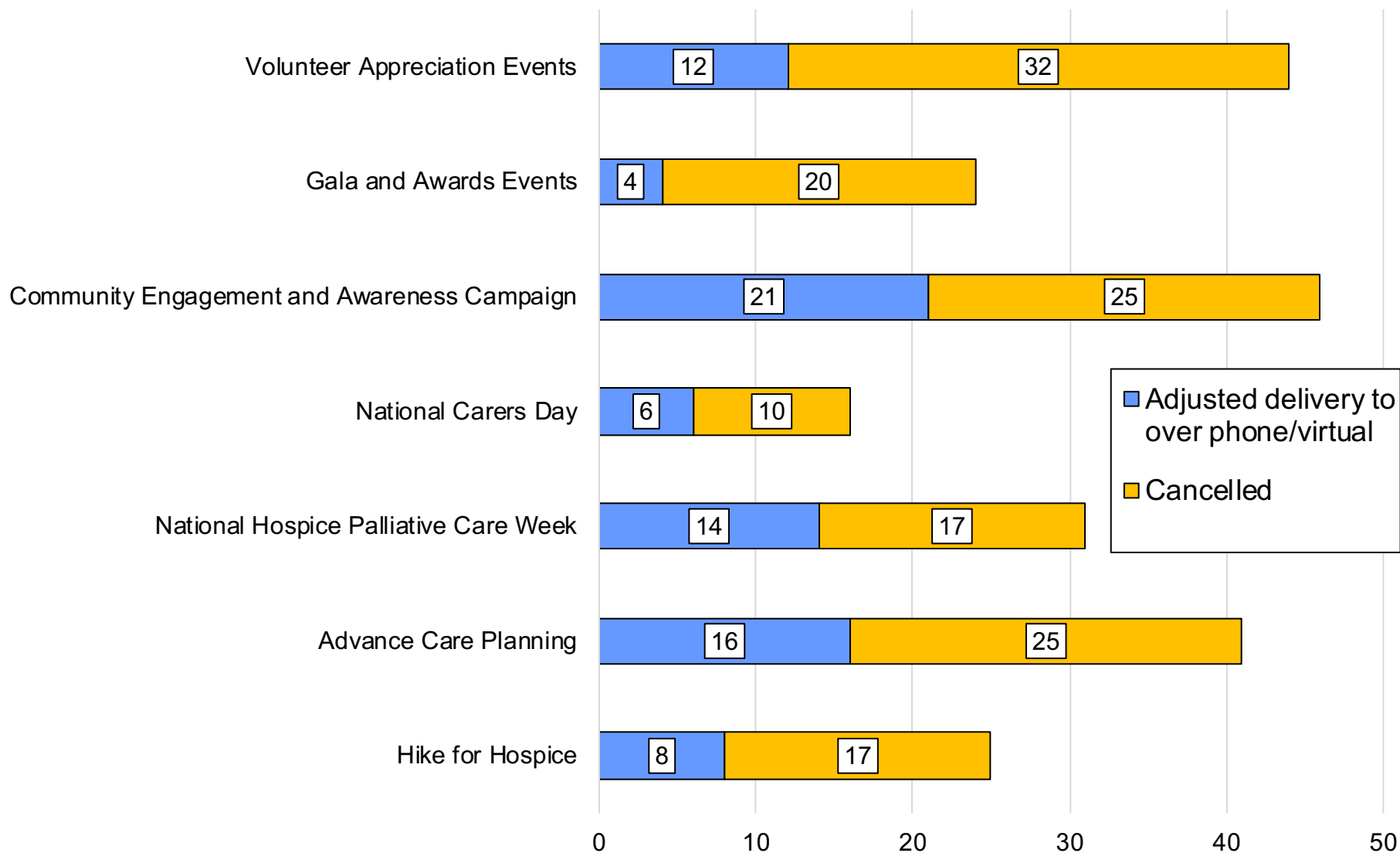




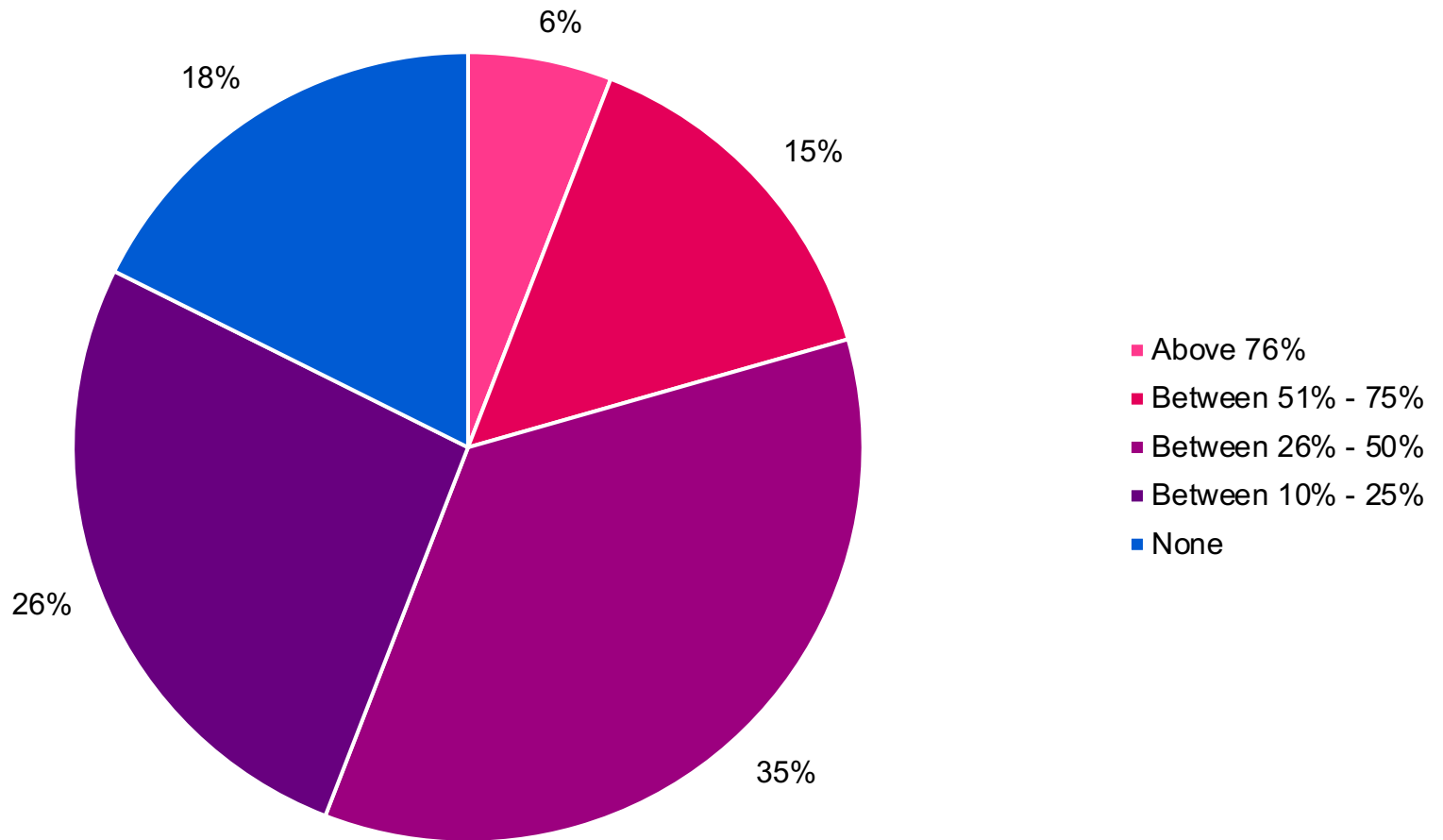
# % of Hospice Organizations Who Provide These Activities



# Effects on Activities by Actual # of Hospices

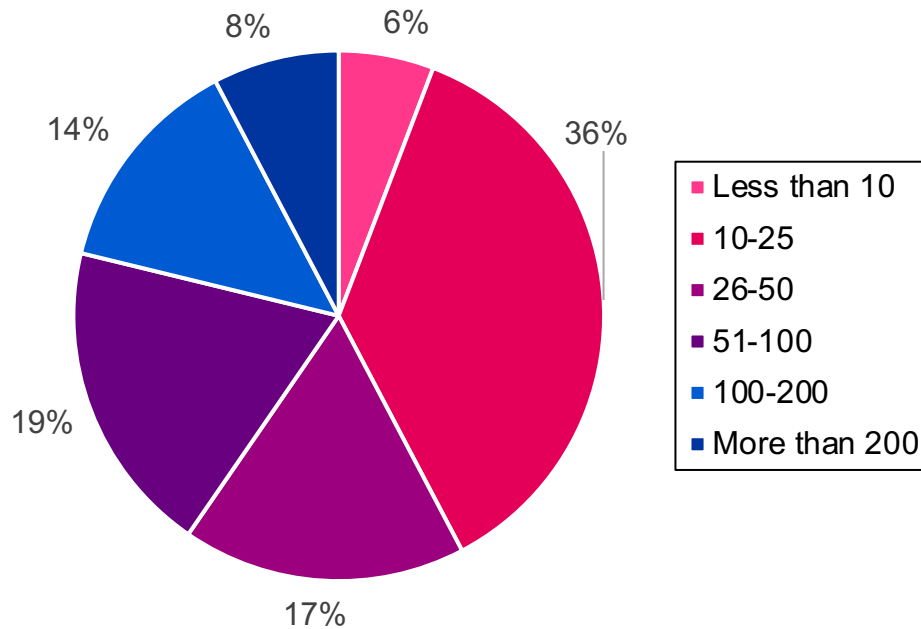


# % Lost Revenue from Lost Fundraising Events

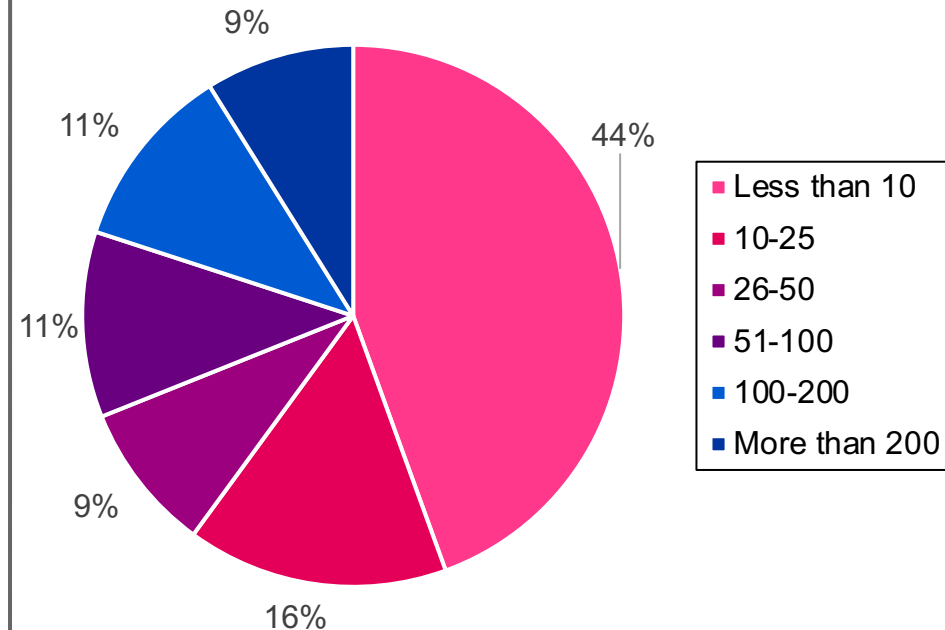


# Impact on Volunteers

Average Number of Active Volunteers by %



Average Number of Volunteers Laid off since COVID -19 by %



# Capacity to Respond to COVID-19

- If called upon to support community needs during time of COVID 19
  - 88.5% of organizations would be willing to respond
  - 73.1% would have less than 25 volunteers available
  - 69.2% would have less than 50 hours of volunteer capacity that they can commit
  - All hospices have at least half of their volunteers with a Criminal Reference Check
    - 75% report that all volunteers have a Criminal Reference Check
  - 75% report more than half of their volunteers have grief support training
  - 25% report more than half of their volunteers have advance care planning training
  - 85% report more than half of their volunteers have bereavement support training
  - 55.8% report more than half of their volunteer force are tech savvy

## Appendix C

### Survey Participants

## SURVEY PARTICIPANTS



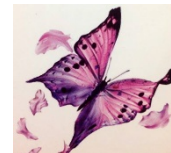
**Ashcroft District Hospice**



**Tumbler Ridge Hospice & Respite Care Society**



**Clearwater and District Hospice Society**



**Hospice Society of North Kootenay Lake**



**Lillooet Hospice Society**





**Revelstoke Hospice**



**Salmo and District Hospice Society**



**Fort Nelson Hospice Society**

**Moog & Friends Hospice House**



**South Peace Hospice Palliative Care Society**

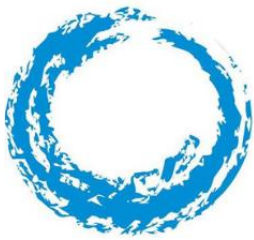


**VICTORIA HOSPICE**



## Appendix D

### **Survey Questionnaire & Responses**



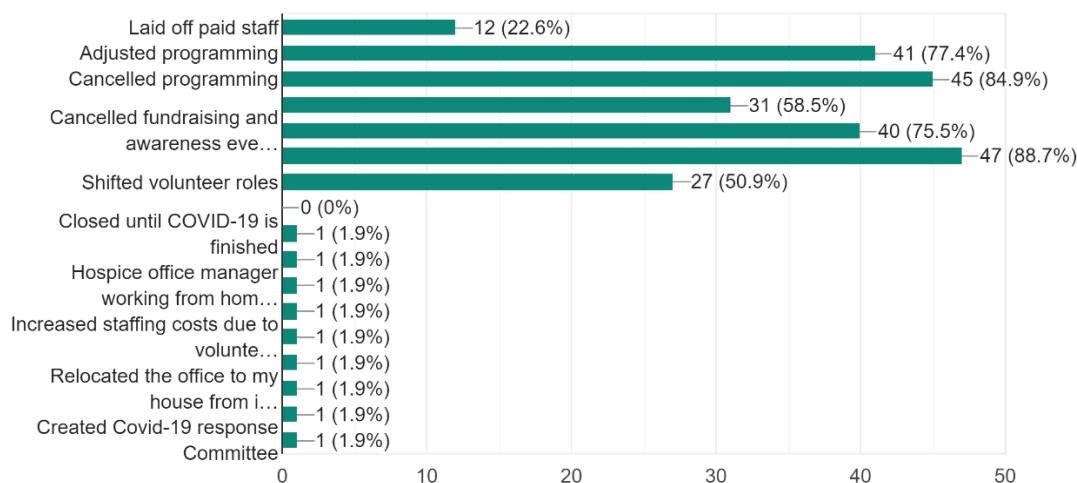
## BCHPCA COVID - 19 Hospice Society Impact Survey Results

Hospice Name: 52 responses

### Organizational Impact

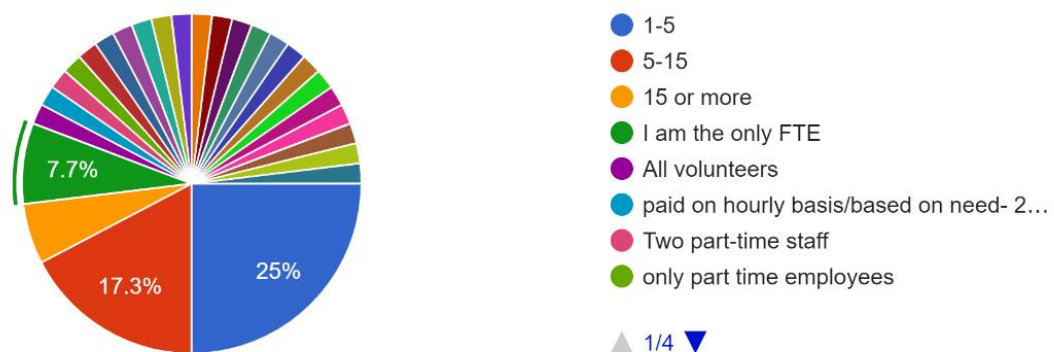
How has COVID 19 affected your organization? (Please check all that apply and add any additional points in the box provided)

53 responses



How many FTE's were employed by your hospice in February 2020?

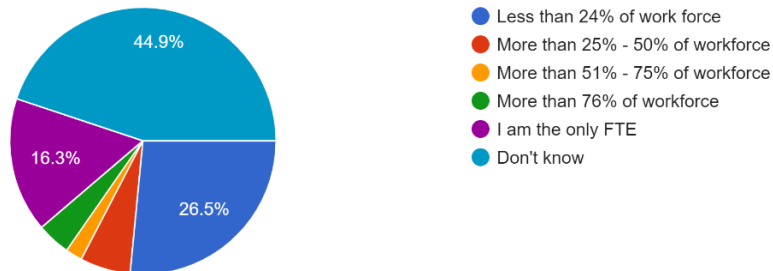
52 responses



## Workforce Impact and Demographics

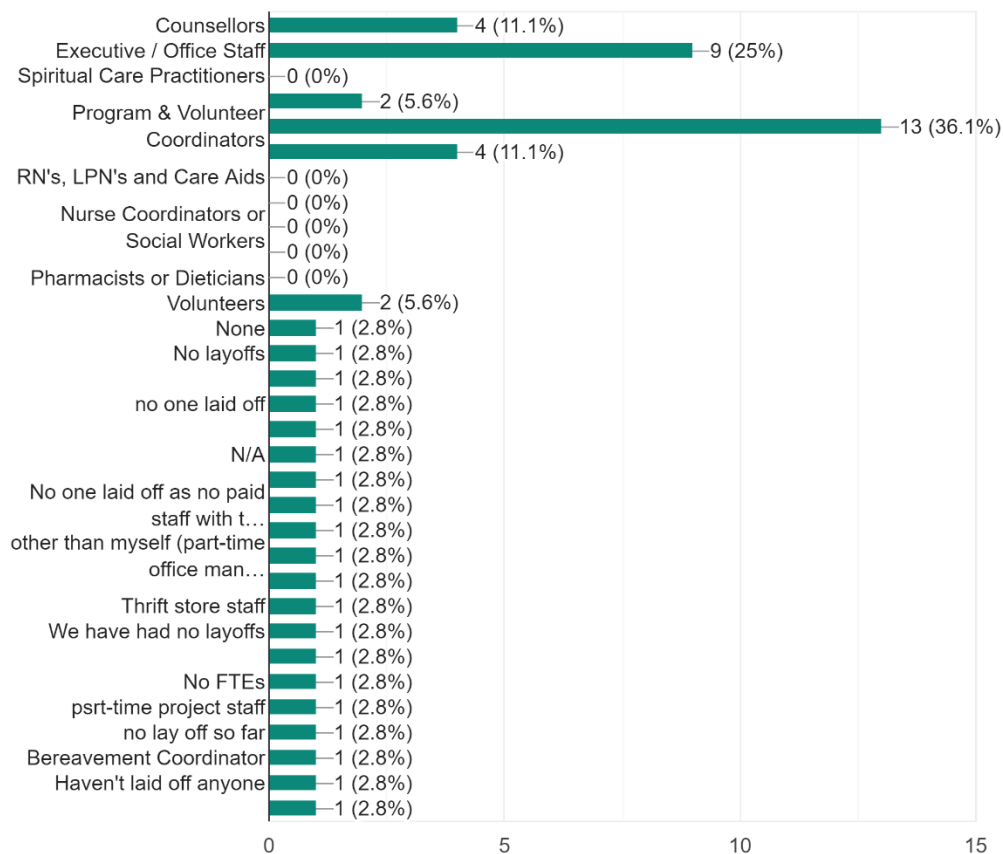
If you have had to lay off any paid staff, what is the percentage of FTE's or equivalent that have been laid off in your workforce?

49 responses



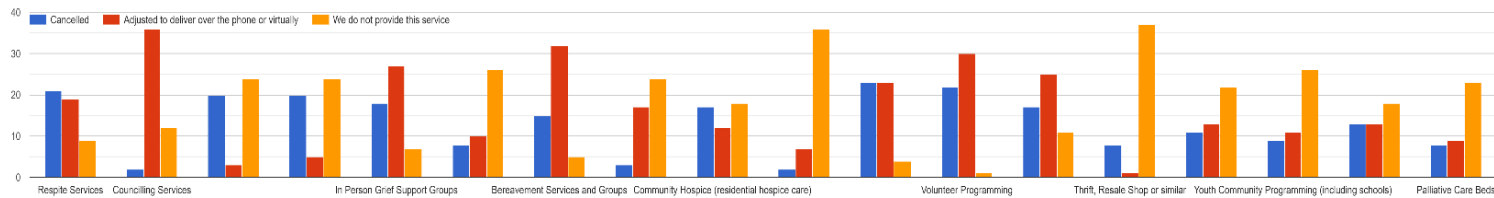
Please describe who makes up your FTE team who have been laid off. (Please check all that apply add any additional points in the box provided )

36 responses



## Cancelled or Adjusted Programming

If you have had to cancel or adjust your programming, please check the appropriate section that best describes your current programming.

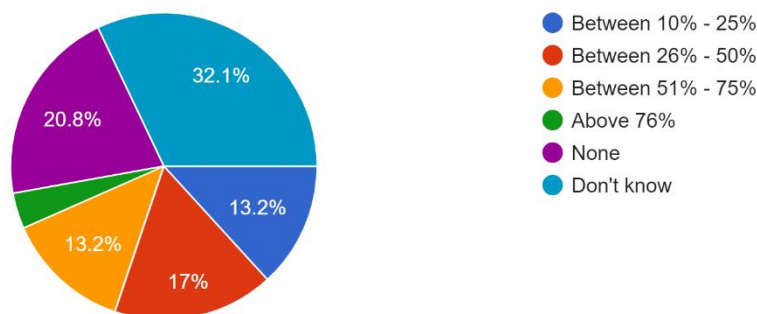


### COMMENTS - Other program services 12 responses

- Currently have no lead for ACP
- 10 bed hospice - we continue to operate this
- We operate our own stand alone residential palliative care facility
- Public and professional education programs currently cancelled, looking at offering education and grief groups via online platforms to carefully screened audiences
- Volunteer support meetings, Volunteer training, 2 days, for new volunteers
- Our Palliative Wing is located in the Hospital
- Currently organizing delivery of food and prescriptions to vulnerable people, manufacturing PPE and maintaining a helpline
- Volunteer training to increase out volunteer base was cancelled
- Clinical and volunteer palliative support services continue virtually.
- all things have been cancelled until I'm ready to continue working again
- We have cancelled all Friendly Visits, but do continue to provide Palliative Care under the direction of the facilities. Our Grief and Bereavement services are limited but, have one volunteer who does offer support by telephone.

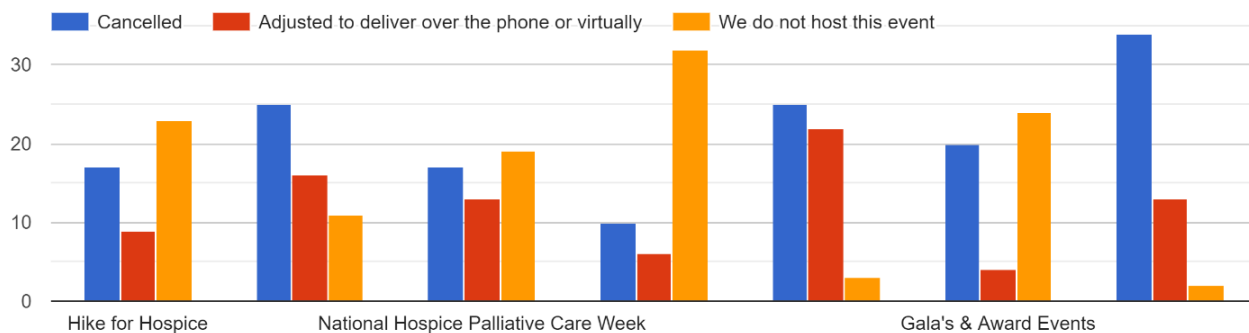
What is the percentage of lost revenue that your organization has incurred with these changes?

53 responses



## Cancelled or Adjusted Fundraising or Community Events

If you have had to cancel or adjust your fundraising or community engagement events, please check the appropriate section.

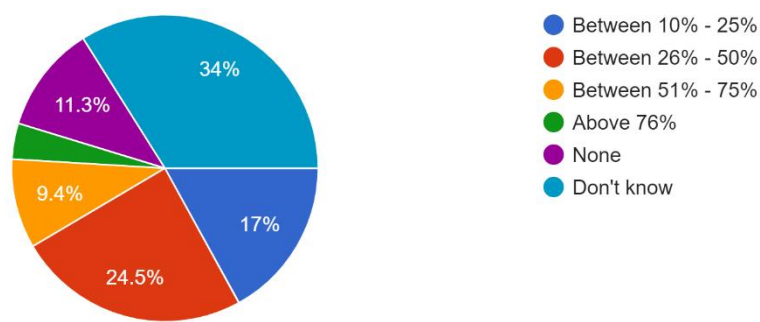


### COMMENTS - Other fundraising or events 23 responses

- Postponed
- Our volunteer appreciation event will be planned as the months ahead unfold as well as future training and awareness events our fundraising movie night has been cancelled for now
- Were going to start a 1yr doner drive in May
- We are a rural and remote program working with Indigenous Bands, co-funding events has been cancelled.
- Bingo
- Cancelled Training
- Our Annual Raffle is on hold for now
- COLT - Cycle Of Life Tour - cancelled
- we are not at some of these yet so dont know if we will cancel or adjust - too soon to know
- Education workshop for community, one day music therapy course; Father Day raffle; May proclamation event for Hospice Month, May resource display at public library, May volunteer appreciation supper and award night, Seniors Tea event ( pr event), Show and Shine event, silent auction booth; all have been cancelled
- All fundraising and general grants have been canceled
- Board Meetings have been cancelled
- We were fortunate to have had our annual gala in February before the outbreak.
- future fundraisng losses will be in excess of \$200K. No lost revenue yet
- Unique grants specifically targeted to Covid-19 related issues and a CanadaHelps campaign
- a raffle was to be held in April
- We will hold a virtual AGM. Reel Alternatives films and Gold Tournament have been cancelled, focus is on communications with donors and public re: services continuing.
- No way to indicate postponement.
- Town donates an amount
- We have cancelled our Advanced Care Planning event and were planning other community events which we are hoping to participate in the fall.

What is the percentage of lost revenue that your organization has incurred with these changes?

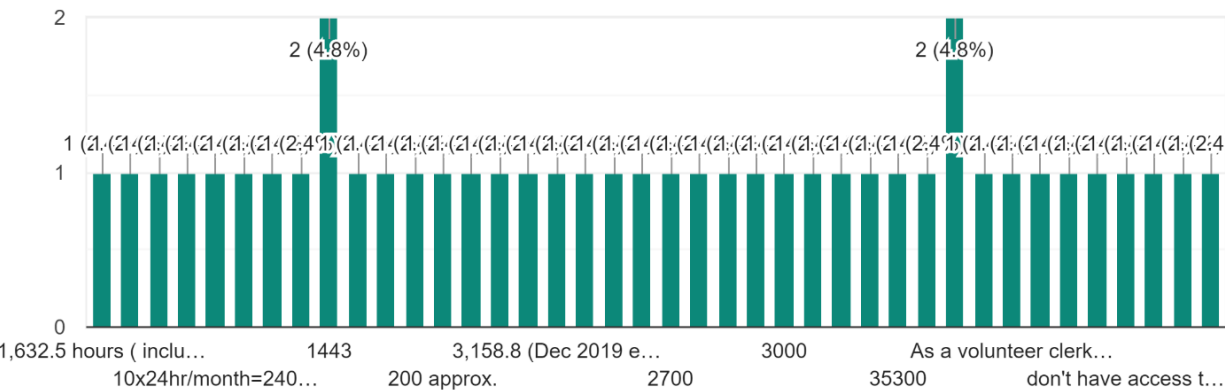
53 responses



Volunteer Service Impact

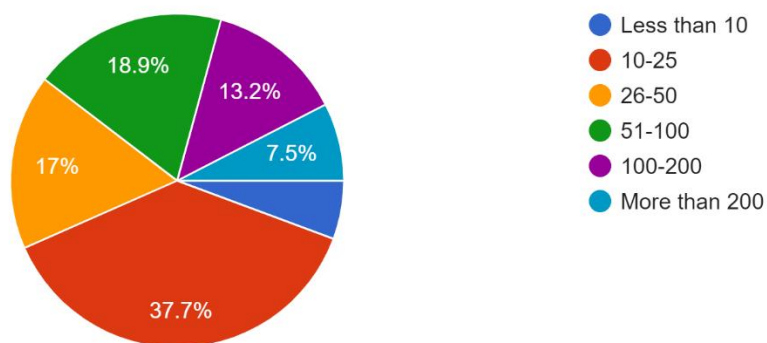
At the end of 2019, what was the total volunteer hours at your organization?

42 responses



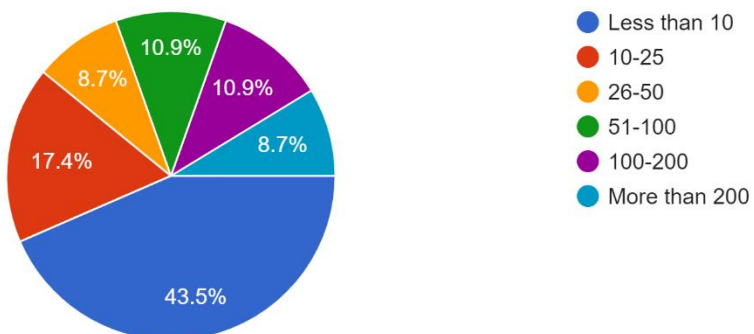
On average, how many active volunteers does your organization have?

53 responses



How many volunteers have been laid off since COVID -19?

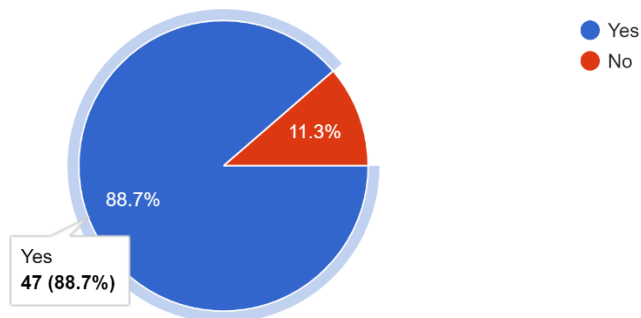
46 responses



## COVID - 19 Organizational Community Response

If called upon to support community needs during the time of COVID 19, would your organization be willing to respond?

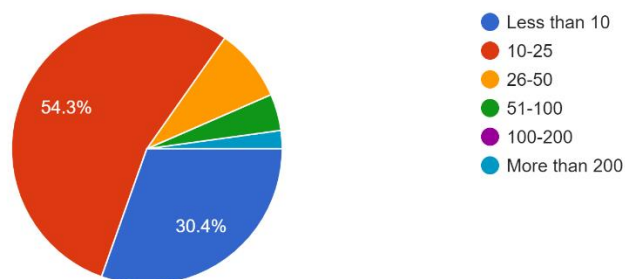
53 responses



## COVID -19 Volunteer Support

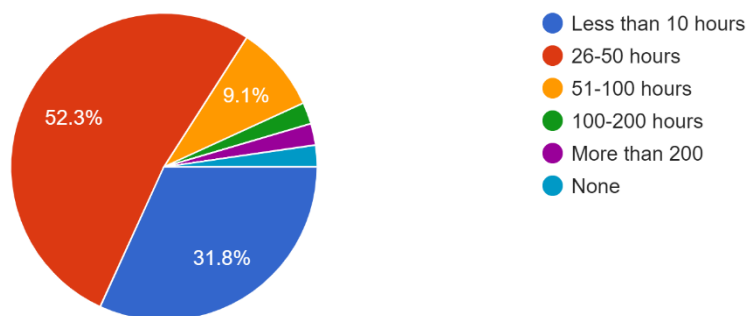
OVERALL, how many volunteers would your organization have available?

46 responses



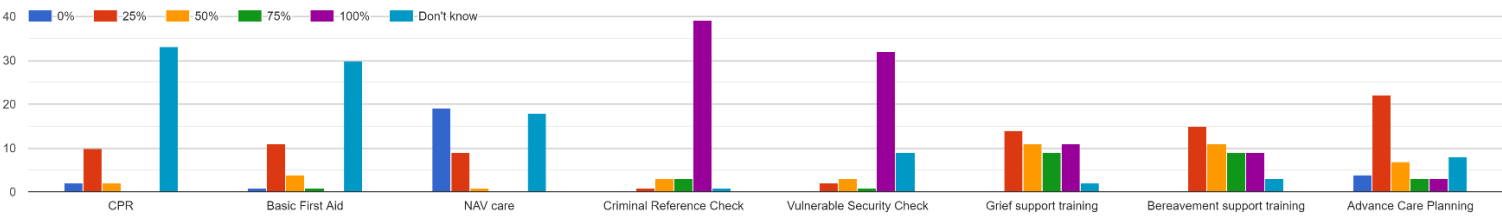
OVERALL, please estimate how many volunteer hours in total your organization may be able to commit per week?

44 responses





What percentage of your volunteers have the following training and certifications?

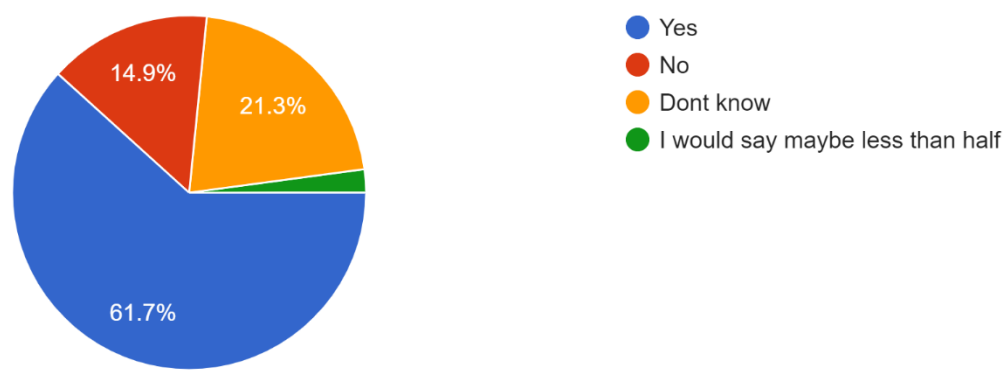


COMMENTS - Other volunteer training 11 responses

- Pet Therapy, Music Therapy, Massage Therapy
- 2 volunteers trained in ACP
- We have on-going training, however volunteers are over 70 yrs of age.
- all depends on what may be asked
- 5 retired RNs
- They have all completed our 30 Hour Training Program
- Suicide grief
- Our volunteers support people during palliative and friendly visits. Our volunteers do not engage in medical or physical care of our clients.

Are more than half of your volunteer force technologically savvy? (i.e., can use video and telephone conferencing, send emails use ipad/phone apps)

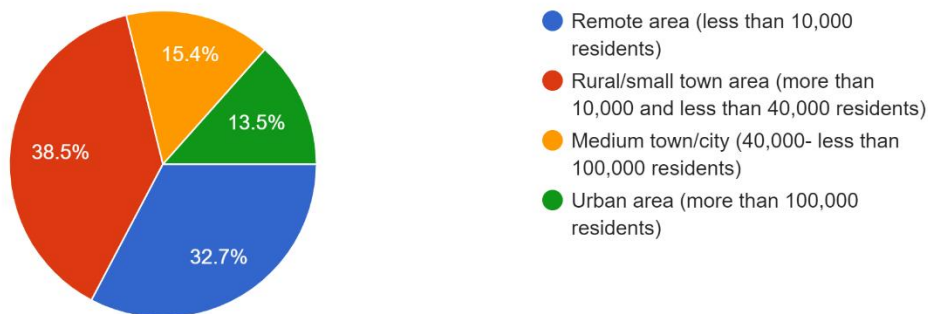
47 responses



## Organizational Demographics

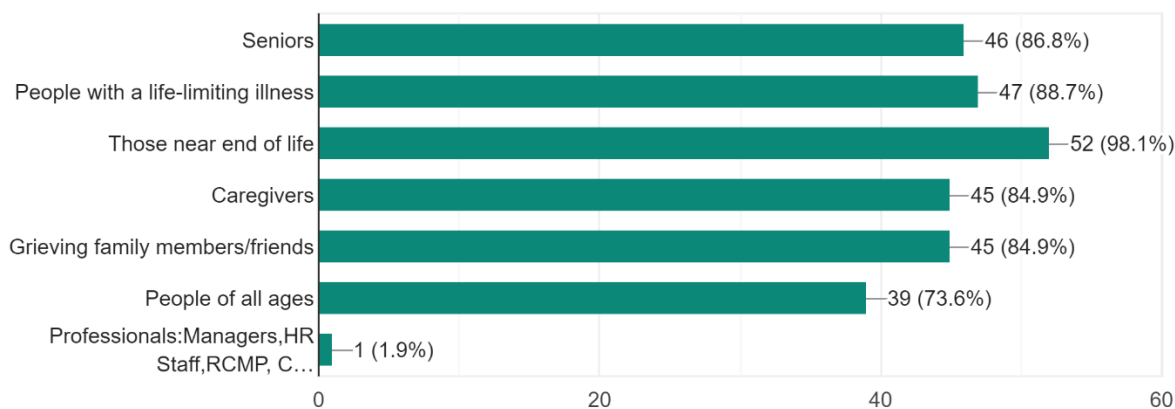
What population do you primarily serve?

52 responses



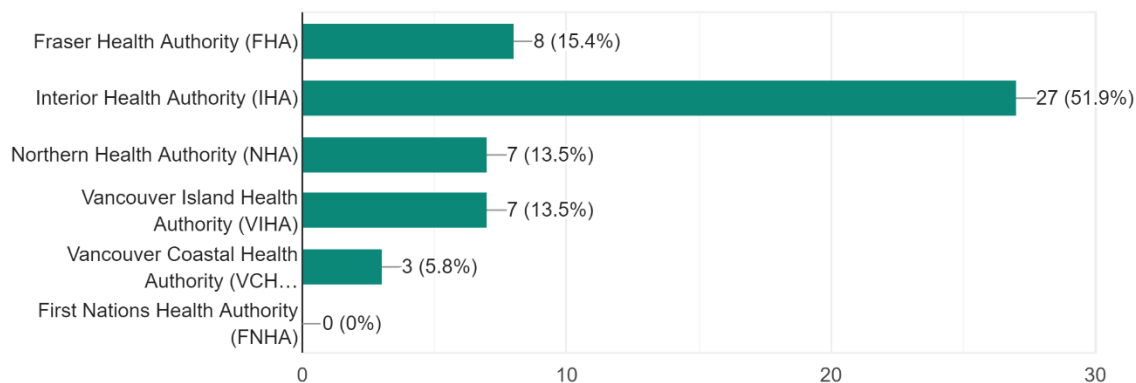
Who does your organization provide services to? (Check all that apply)

53 responses



Which health region do you serve? (Please check all that apply)

52 responses



## COVID - 19 Impact

22 responses

- Reduced service to those at end of life and who are bereaved. No caregiver respite. Grief support and caregiver support cancelled.
- not being able to utilize volunteer vigil support in acute/LTC settings
- Some of these survey questions do not fit our small site. Big impact is isolating us from the frontline workers like Home Care and being able to go to facilities. Trying to find ways to support our volunteers to support volunteers virtually. Provides Board with some time to do good future oriented planning. May have a long term effect of losing volunteers who no longer feel safe visit due to health threats.
- Not having enough PPE for volunteers to stay safe - even just gloves and masks; Some grant funding not being approved for services/postponed, even though we are still offering services to assist clients; Staff changing quickly to using new technology
- Volunteers are seniors many have health issues therefore we have shut down for now.
- we had a lot of events planned for nearness and fundraising from now through August - no way to know the impact at this time
- Huge financial impact, morale and more
- Lack of funding for hospices from federal and provincial gov'ts.
- Mostly how we provide support to our community, and fundraising events
- As our primary service to the community has been that of providing Vigil services and that has had the greatest impact due to the pandemic. We are currently not allowed into the hospital or care homes and many volunteers have chosen not to make in-home visits due to the fact that many of them are themselves considered be part of the vulnerable demographic. We are however delivering (safely) the "My Voice Guide" directly to those who ask for one and are providing phone or on-line support for filling out Advance Care Directives and also for Grief Support. Our walk-in office is closed to the public and administrative duties are being carried out from my home.
- awareness and fundraising - had a lot of big events set up for May - August - now unsure
- Acute Care and residential care only allow one point person to visit even when palliative client.
- We are doing all our work by phone and email. Our volunteers would not be willing to enter facilities, hospital or homes at this time. The bulk of our volunteers are all seniors and at risk to the virus. They were looking for a directive back at the beginning of March so as not to enter homes etc. They are very happily maintaining contact by phone with their clients. They are also respecting the wishes of all the facilities to stay home in our community area.
- I have vacated my office in hospice, and am now working from home, so I am not seeing staff, patients or families at this time, and I feel that they are left hanging a bit while I revamp our volunteer services to virtual visiting.
- Isolation to all volunteers, clients and staff.
- We have received a unique grant from Columbia Basin Trust to address Covid-19 related issues. This has us working hard to set up the capacity to respond to issues as they emerge. In order to do this we established a committee of community stakeholders who are mostly non-hospice members.
- we have established a phone support network to communicate with our clients and any one else who we are advised is isolated and lonely.
- what has not been affected everything is affected
- I have a small population that I serve, currently we are working to put a Friendly Caller service into place along with Salmo Community Resource Society Seniors Coordinator. We are hoping to find the gaps and work to find solutions
- Knowledgeable of all available procedures
- Since COVID we have suspended all friendly visits in community and facilities. We have provided Palliative support to 2 members of our community at the request of the facilities involved. We continue to provide palliative care as best as possible. We have about 6 volunteers that are able to do this at this time.