

Pallium Project – Introductory Note

This Project Development Plan document is posted here as an example/template of considerations for others in Canada looking at developing local bereavement services/programs.

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Project Development Plan For the Regina Bereavement Centre of Excellence

Draft #6 – Working Document

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Note: To provide input on any of the following outline sections please email your comments to Marilyn Komick at.... . Please type your comments/input/updates in **blue** and your questions in **red**. Marilyn will act as a facilitator to get the questions in red answered from the appropriate sources for the next update.

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Synopsis or Executive Summary

We have a “dream” (need to qualify definition of our dream). Our “dream” is not only visionary but it is a response to real needs in the community.

- 1.1 What are the needs of the clients and community? This should indicate the impetus or justification for the project. The needs of the clients/community are the foundation for the vision and business strategy of the Bereavement Centre. Determining the client/community needs provides the opportunity for services to be delivered where they can have the greatest impact.
- 1.2 Who does the dream/vision (outcome) serve? (clients and community) The vision statement should include key phrases or words associated with the Centre and should resonate with community stakeholders (ie., patients, families, health care organizations, municipalities, the province and federal governmental agencies that support the Bereavement Centre initiative.
- 1.3 Who are our customers/clients? While patients and their families may constitute the primary clients, there is also a substantive list of secondary clients as well as stakeholders who are involved and whose clients/customers also will benefit from Bereavement Centre programs and services.
- 1.4 Who is the community and who are our collaborative partners? The collaborative partners may refer clientele or may benefit from bereavement services now available on a broader scale in the community. Collaborative partners, based on the nature of their role with the Bereavement Centre, may provide input, sponsorship or play a special role in policy development, provision of staff and/or volunteers.
- 1.5 How will the outcomes (ie. programming, design, delivery, etc) address the needs? Meet the increased service pressures? (Describe types of service pressures.) This is the strategic approach outlining the competitive advantage of the Bereavement Centre.
- 1.6 What will the future unfold? (outline areas of expanding growth, new trends, possible new needs) This could include a description of the anticipated development of the Centre over time. For example, there may be an initial phase (Phase 1), followed by a subsequent phase (Phase 2) or phases that feature growth and diversification of services and/or clientele.
- 1.7 Values, Guiding Principles for Bereavement Centre (where do we want to be)
Discussed at Mar 15th meeting (collaborative effort of partners in attendance):
 - Accessible to all (although not all may be served)

- Compassionate approach delivered in competent manner
- Wholeness within “health and wellness” (primary health care model)
- Exists to address a range of expected and unexpected death situations (ie. tragic and traumatic deaths)
- Responsiveness – right resources, right place, right time in the right form

1.8 Key Message (Slogan) for Project Plan (Business Case)

Discussed at Mar 15th meeting:

- Bereavement important to primary health care
- Bereavement care equals wellness
- Death is the one experience that unites us as human beings
- Honoring the grieving process while having the patience and courage to live productively (referring to the stages of grief common to all survivors of loss).
- Staying connected and remaining an interactive participant in life

Note: Is “Bereavement Centre of Excellence” the name we want- is it suitable – any further clarification – or will the key message/slogan cover what the name doesn’t? Centre of Excellence in the name denotes a specific meaning relating to involvement of University research under umbrella of Centre. Name should be descriptive and in alignment with delivery of programming and image to the community.

Actual examples of Centres in the U.S.:

“Centre for Loss & Life Transition” – *Helping people help others.*

“Bridges Center” – descriptor message: “Our name Bridges reflects our belief that our programs and services provide just what other bridges provide; a clear direction and path to get from one place to another. Bridges frequently span great lengths over deep chasms. Grief is like that, too. It requires journeying over and through deep and treacherous places for a long time. When people make the journey through grief, just as when they cross a bridge, they find a new land with firm, solid ground.”

2. Vision

The vision is a positioning statement of the organization’s overall contribution in the larger context of an industry/environment.

3. Mission

The mission statement is an integral step in the first stage of strategic planning. When creating a mission statement it is important to recognize this formal statement as describing “the organization’s overall purpose and what it hopes to achieve in terms of its customers, products/services and resources”. (“Marketing – Real People Real Decisions” by Solomon, Stuart et al.)

As of September, 2005, Dr. Michael Maclean from the University of Regina will be leading his graduate students through the exercise of developing “an approach to drafting a mission statement for the Bereavement Centre as well as a plan about the refinement of this mission statement with significant stakeholders of the Center”.

4. Purpose of Project Development Plan

Objectives – The mission statement should be developed into a set of supporting objectives that can be defined by specific measurable goals as denoted by time or size. (A typical business objective would be stated as such: increase market share by 25% within 24 months.) In the case of the Bereavement Centre it may be reasonable to state, as an objective, the size of the population-in-need that will be served by the Center when it is fully operational. Dr. Michael Maclean’s graduate students will be putting together a “plan about how to gather information on goals, objectives and actions that the Bereavement Centre would need in order to begin to become established” beginning Sept, 2005.

Why is the Bereavement Centre an important concept at this time? What is the Community need? National and provincial trends in bereavement-related services can be mentioned in order to provide a broader context for this initiative. Dr. Michael Maclean’s graduate students in September will undertake a “brainstorming session about what would be potentially needed in this Bereavement Centre of Excellence in order to make it a Centre that would serve the needs of people in and around Regina (urban & rural considerations) in such a way that it would lead to the best practice, research, education and policy initiatives in bereavement in Canada”.

Does this project reflect who we are as a community? Lots of experience exists in this community for palliative care and to some extent bereavement services. The desire exists for community bereavement needs to be met as reflected in the research by Melvin.

Describe what we currently provide and how programs are delivered. Who delivers what programs? What options are available through our collaborative partners? What is currently relevant in programming and how to expand upon services and the delivery/availability of services. (ie. What does Hospice provide as support to the family after the patient is deceased? Do services include opportunities for group support of provision of information about the grief process, contact with counselors, and referral to other resources in the community when needed?) Will programming for the community include the less traditional views of grief and loss such as major life changes surrounding loss of job, divorce, moves or serious illness? What will be the timeline parameters for delivery of bereavement programming? ie. up to 13 months following the loss or longer?

Current available resources? Examination of the following parameters, current and potential–

Infrastructure

Research

Learning Programs

Staff

Complementary Service Programs

Other contributing factors. It is important to mention that Regina has been recognized as a leader in Palliative Care (Inger Frombach’s research will elaborate on this as well) and that a Bereavement Centre in this region would be the first of its kind nationally.

Answer the questions:

1. Concept – what is it we are agreeing to do?
2. Who is involved? (identify and acknowledge Collaborative Partners)
note: identify and explain Communities of Practice

3. Where and when are we going to implement?
 note: concept that it is important to remove grief/bereavement counseling from hospital environments
 - Satellite Centers – where and timing of roll-out
4. What is it going to cost? What are the actual and potential sources of cash and in-kind resources? A budget template to outline the expenses and revenues is required.

To date, an acceptable outline has been prepared and submitted by Marilyn Komick to the RPCI Board for review and input. Board Members have provided input. The Project Development Plan Outline will now be provided to collaborative partners for the purpose of discussion and input at meetings. Information collected during these meetings will in turn be incorporated into the Project Development Plan. The Outline provides Collaborative partners an overview of the framework of the components of the Bereavement Centre and becomes a tool that allows for input/concepts/ideas/expertise to be exchanged and included. Communication of the Project Development Plan in this method provides for an interactive community-oriented incorporation of information that is applicable to and required from the development of a Bereavement Centre of Excellence.

5. Historical Overview (Review of past to where we are now)

- Grief and Bereavement Programming available in target market area (ie. Regina and surrounding area – need to identify this area succinctly and use appropriate label/term).
- How currently existing programming came on-stream and the role that it plays within the provision of primary healthcare services. (note: the historical role/contribution of funeral homes)
- Inter-relationship between palliative (end-of-life) care and bereavement needs in the community. (need to identify all areas and the inter-relationship that exists – ie. hospice, palliative, victim services, tragedy, mental health, impact on rural vs. urban etc. and the linking with bereavement)
- Increasing service pressures
 - Increasing crisis response
 - Increasing children's grief support
 - Increasing clinical counseling
 - Increasing program volumes
 - Increasing culturally appropriate care
 - Increasing referrals from outside agencies for non-palliative deaths
 - Increasing trauma/multiple losses – concern of Aboriginal groups
- We are not starting from scratch, many programs already in place but we need to bridge the gap to more comprehensive programs/services that are required. It is a natural evolution of the provision of more services to increase the contribution to overall health and wellness of clients and to meet increasing community need.

Stakeholders Process Development Meeting - March 15th at Science Centre

- Meeting hosted by Michael Aherne, Pallium Project and Dr. Bert Einsiedel, Facilitator
- Purpose was to determine issues identification, mapping and interest with regard to Bereavement Centre of Excellence
- Participants asked:

Why should we care enough to commit to this project?

What would you like to benefit from this?

What do you hope to contribute to it?

Collaborative input - 19 in attendance:

Colleen Molnar - Manager, Mental Health - Regina Qu'Appelle Health Region (RQHR)

Terry Nielsen – Intake Manager Mental Health - RQHR

Joe Gaucher - Speers Funeral Home

Harriet Greenhow – Bereavement Coordinator - RQHR

Roxanne Boekelder – Native Health Pasqua Hospital – RQHR

Kevin Veitenheimer – Regina Palliative Care Inc. – Board Member, Bereavement Committee

Pam Kendel-Goodale – Regina Palliative Care Inc. – Board Member, Bereavement Committee

Marlene Jackson – Bereavement Coordinator - RQHR

John Allen – Regina Palliative Care Inc. Board Member

Deb Kupchanko – First Nations Health – Health Canada

Bev Birns – Manager for Home Care & Community Services – Fort Qu'Appelle

Mary Hampton – Professor of Psychology – University of Regina

Inger Frombach – Social Worker – University of Regina

Donna Smeets – Services Supervisor Home Care - Broadview

Velda Clark – Director of Palliative Care Services - RQHR

Sandra Hubenig – Administrative Assistant, Palliative Care Services - RQHR

Dr. Bert Einsiedel – Professor Emeritus – Facilitator, Shiraz Management Inc.

Michael Aherne – Director of Initiative Development Pallium Project Phase II

Marilyn Komick – Project Development Plan Coordinator

Some Input/Comments from participants:

...unresolved grief often means the person ends up back in the health care system... Roxanne Boekelder, Native Health Pasqua Hospital

...over 30 years of experience I have learned that grief can become terminal... Joe Gaucher, Speers Funeral Chapel

...need to spend time on mental health rather than bereavement... Terry Nielsen, Intake Manager Mental Health

...outreach (bereavement counselling) is important especially where there are communities of 200 - 1000 people... Donna Smeets, Services Supervisor Home Care

...also need to remember to reach out to support the parties who support people through bereavement... Bev Birns, Manager Home Care & Community Services - Fort Qu'Appelle

Research support for a Bereavement Centre (historical documentation)

A recent research study was conducted by Shawna M. Melvin for the Faculty of Graduate Studies and Research in December, 2002 titled "A Community Assets/Needs Assessment of Bereavement Services: Gathering Support for a Bereavement Resource Centre in Regina, Saskatchewan". Examining Committee Approval included Dr. Mary Hampton from the University of Regina.

The purpose of Melvin's study was to conduct a formal needs assessment of the community and to make recommendations regarding the implementation and development of a Bereavement Resource Centre.

Melvin noted that some purposes of a Bereavement Centre could include: "1) to provide additional support services for the bereaved; 2) to increase the acknowledgement of death as a social concept in the community; 3) to develop collaboration, cooperation and coordination among existing services, as opposed to competition; 4) to provide specialized bereavement services for individuals and specific populations (for example, community, cultural and religious groups); 5) to develop a bereavement network of support, collaboration and resources for professionals; 6) to provide an organization that would conduct research on bereavement issues."

Research by Melvin also points to the fact that "Support and resource centres often fill a community gap and provide an additional place where community issues can be addressed, without the community relying solely on traditional avenues of assistance and support, such as schools or social services... Support systems for families are more than ever needed in today's changing world, because in many instances, the support systems of the past no longer exist".

Resource Centres are described in Melvin's research as "providing multiple services which have a community based focus... the advantages of such a focus include: having little institutional stigma; empowerment and involvement of community members; being less susceptible to bureaucratic controls; and being perceived as more responsive to community needs." Melvin states "to provide such services, it is necessary to have a philosophical base that encourages collaboration among community service agencies and fosters the belief that access and availability of additional social support networks and services are beneficial to that community".

In summary, Melvin determined common themes from the research on participant responses to "suggest that there is a need for additional services, for additional referral sources, and for more resource materials, especially for service providers that do not specialize in bereavement services. Along with these requests, participants expressed a need for more accessible and available bereavement services specializing in particular areas of grief, i.e. grief for losses other than death, pet loss, and grief over complicated deaths. Consistently, the theme of continued education and training regarding death, dying grief and bereavement for professionals and the public emerged as a need in the community. A second theme described a need for stronger connections and communication among service providers, for more resources, for more referrals, for more professional support, for decreased competition among agencies, and for decreased unnecessary duplication of services."

Melvin's research is a valuable tool in the needs assessment of a community – our community- Regina and region.

Future Research

At the end of August, 2005 research will have been conducted and completed by Inger Frombach at the University of Regina of a “community-based review of local accomplishments and developments in bereavement research and clinical care in the Regina area over the past 15 years”. Her research will be very beneficial to the historical overview of bereavement care and the concept development of a Bereavement Centre and include the following areas of research:

- “Conduct interviews with members of the local palliative and bereavement care community in order to identify noteworthy local accomplishments and projects,
- Organize the review into a retrospective that highlights local developments, challenges and successes,
- Make comments and recommendations about future directions in the area with a specific focus on how grief and bereavement services should be organized and delivered in order to best meet the needs of the local community”.

6. Who are our Customers/Clients (Market segments)

Define primary customers and secondary customers. ie. We could say “our primary customers/clients are bereaved persons who are experiencing grief from the loss of a loved one”, however using “loved one” would be limiting descriptor. We need to put thought into defining the descriptors/parameters on clients/customers, state of bereavement – physical, emotional, spiritual and social needs, and guidelines for the inclusion of “grief” with regards to divorce, job loss etc. It is important to include some statistics about the population-at-risk and the population-in-need. This would be equivalent to the demographics and size of the target markets (or clients/communities) to be served.

Potential clients as identified by The National Hospice and Palliative Care Organization (NHPCO) in “Guidelines for Bereavement Care in Hospice” targets:

- Widowed persons
- Bereaved children and families
- Adults grieving parental loss
- Bereaved parents, including prenatal loss
- Bereaved homicide survivors
- Bereaved suicide survivors
- Disenfranchised mourners (ie. those whose grief is not socially sanctioned nor supported)
- Trauma/disaster survivors
- Funeral Homes’ clients
- Medical facilities (residents and staff)
- Long term care facilities (residents and staff)
- Faith Communities (clergy, bereavement ministry staff, volunteers, etc.)
- Schools (teachers, counselors, students)
- Workplace (employee assistance programs, corporations, employees)
- Child Protective Services
- Foster Care/Out of Home Placement
- Mental Health agencies

- Prison ministries
- Juvenile facilities
- Law enforcement agencies
- Emergency medical staff
- Professional practice organizations

Palliative Care Services in Regina has also identified additional clients to be:

Day care centers,

Occupational Health Nurses

Palliative care referral sources (PCU, Regina Wascana Grace Hospice, Palliative Care Home Care).

Other collaborative partner input suggests organizations such as:

Alzheimer's Society

Cancer Society

Mental Health

Regina Public Schools and Regina Catholic Schools

Compassion Friends

Survivors of Suicide

Family Service

Catholic Family Services

Shawna Melvin's study also lists the following groups/organizations:

- Aids Regina
- Perinatal Memorial Observance
- Caring Place
- Child & Youth Services
- University of Regina Counselling Services
- SIAST Counselling Services
- Circle Project
- Native Counselling Services

How will we assess our customers/clients for applicability to programs? The National Hospice and Palliative Care Organization (NHPCO) states that bereavement assessment should address the following areas:

Physical

Current health status and impact of grief

Medical concerns for/of identified family members/significant others and their impact upon care giving

Ability to take care of self and perform activities of daily living

Impairment as a result of substance abuse

Change in sleeping/eating habits/patterns, stamina and energy levels

Prepared by Marilyn Komick

on behalf of Pallium Project (as at 31 January 2006)

Emotional

- Ability to engage in emotional expression
- Feelings of loss, sadness, hopelessness, conflict, frustration, anger, irritability, guilt, self-reproach, fear
- Suicidal ideation and risk
- History of mental health and/or psychiatric problems/intervention
- History of loss/grief

Social

Family interaction and function
Relationship with patient
Degree of satisfaction with life closure tasks of patient/family prior to death
Support system
Social outlets, work, career and/or meaningful activities
Culture/ethnicity factors

Spiritual

Degree of spiritual distress
Outlook (attitude), direction and purpose in life
Meaning and value of life
Sense of “community”
Role of faith and spirituality
Ability to access hope for the future

Economic

Financial stability, employment status, dependents and debt burden

Intrapersonal

Self-esteem, self-worth, self-confidence and self-perceptions of competence
Independence vs. dependence
Ability to adapt to new roles/responsibilities
Personal strengths and weaknesses
Coping resources and strategies

We also need to address the locale of our customers as this affects our resources needed, delivery of programming, methods of marketing and communication strategies used to reach our customers ie. Urban, Rural, “rurban”. Identifying and addressing the needs related to ethnicity and culture also defines our clients.

7. Provision of Services

7a. SWOT evaluation

Most businesses evaluate their Strengths, Weaknesses, Opportunities and Threats on an ongoing basis as elements in their environment continually morph and change and in this context, a Bereavement Centre will be no different. Under the discussion of research by Shawna Melvin's study, it can be determined that the Strengths a Bereavement Centre would provide are several to the community. Along with ongoing Opportunities that Melvin's study outlines for a Bereavement Centre, new opportunities will present themselves pertaining to growth and expansion as well. Some weaknesses and/or threats as determined by Melvin's study include barriers in the form of: "Funding, Territorialism, Having a Fee for Services, Convincing others of the need, and Public awareness".

7b. Potential Scope of Services

Input from Collaborative partners will be important in determining the potential scope of services offered at the Bereavement Centre.

Potential scope of services offered will include:

- Support Groups - loss in the family, sudden unexpected loss, adult loss of sibling, loss of adult child, workplace loss
- Workshops - scrapbooking, relax & renew, journal writing, coping with holidays, men grieve differently, cooking, quilts
- Children's grief support - groups, child life specialist, school outreach
- Kid's camps
- Critical incident response
- Information and referral
- Individual or family counseling
- Lending Library of resource materials
- Consultation and education
- Conferences and education

8. Evaluation Methods of Programming/Services

Need the feedback loop of evaluation of services in order to assess, to make revisions and to determine the impact of program delivery to the clients and their overall health assessment. It is important to determine the need for development of new programs or increased availability of certain types of programs and services within operational resources.

9. Necessary Conditions

- Adequate base funding
- Mental Health Involvement
- Victims services (Regina Police) – key referral partner
- RQHR sign-off
- Phased approach
- People to activate the plan

10. Resources

What are our current resources: budget, staff, space? What additional resources do we need?

10a. Staffing requirements

There has been much discussion surrounding staffing. Funding is the question here. An interim Administrator who perhaps could become the Centre Administrative Manager will be required shortly. This position would assist Velda Clark who has many full-time “hats” as Director of Palliative Care, in order to start laying the building blocks into place if a Fall opening is the timeline commitment for a Bereavement Centre.

A PhD Psychologist and a Masters level Social Worker would be required as per the University of Regina participation request as a collaborative partner. The current Bereavement Coordinator responsible for programming/services is Masters Level.

Counsellors are required – number yet to be determined; dependent upon determination of revenue streams and anticipated volumes.

The current Bereavement Coordinator position would be relocated to the new space and deliver the programming that is currently being delivered at the Pasqua Hospital.

10b. Physical/Concrete Requirements

A list of criteria determined for the Bereavement Centre includes ample parking, handicap accessibility, location accessibility (public transit), safety, cost-effectiveness, after-hours entry, green space, as well as kitchen facilities for programming needs. Will need to determine equipment, furniture and if any lease-hold improvements are required.

Different persons were sourced in the community: realtors, independent property-owners, real estate developers and contact with the United Way (a similar organization in the community who looked for space for 2 years before locating suitable premises) to determine what their space identification research uncovered.

Fortunately, through referral, we were able to locate suitable space at a cost-effective price that meets our list of criteria and more. (There is an auditorium for conferences and residences available for rent as well). The space is located at the Western Christian College on Lewvan and 4th Avenue.

10c. Virtual/Electronic requirements

- What elements of virtual/electronic delivery of services will be incorporated into the Bereavement Centre concept? Items such as videoconferencing, support and info communicated via email, IT support, database management, website development should be considered.
- An interesting example of a virtual component to a Bereavement Centre is Griefjourney.com www.griefjourney.com, a website sourced by Shawna Melvin's research. Griefjourney is an electronic centre that assists and supports people in a grieving process by providing membership to access electronic products. Once a member, persons

receive the following web-based products: free e-book written by Dr. Bill Webster, TV Program, Living with Loss, on demand 24/7, access to a Library of over 30 articles, meditations, “Let’s Talk” Message Boards, place a memorial to loved ones, e-card sympathy or encouragement, monthly newsletter, teleconferencing support groups, and opportunities to purchase resource materials or gifts related to the grieving process. The Virtual Centre sees its mission as offering “ Empathy – compassionate support and solace, Sympathy - Establishing a caring community, and Sensitivity – Realizing we meet people at a vulnerable time.” Membership costs are 1 month - \$9.99, 3 months - \$19.99 and 6 months - \$29.99. Once a membership is paid, users are emailed a username and password to access the site.

- Melvin’s research (Appendix A of her study – pages 57, 58) lists grief-related internet websites and resource centres.

10d. Role of Volunteers

- Role of Volunteers – training of volunteers is imperative to the delivery of bereavement services. Quality of programming and ability to provide enough programming most likely will be dependent on quality of the training provided to volunteers.
- A higher level of skill set is required by bereavement workers/volunteers given the nature and complexity of the topic of grief and bereavement.

10e. Roles of Professionals and other disciplines

- Defining roles of professionals and other disciplines – who is accountable for which services?
- Roles of professionals and representation from other disciplines at the Bereavement Centre will truly need to meld in order to create a “Centre of Excellence”. Professionals would need to contribute to the Centre, not only in various roles but also relating to various principles agreed upon by the Centre. For example, the Regina & Region Economic Development Authority has definitive principles on Communities of Tomorrow which include the following principles “Client- Centered, Capacity Building, Collaborative, Innovative and Leading Edge, Practical and Applied, Holistic and Integrated, and Respect Individual Roles of the Partners”.

11. Marketing

- Need to determine marketing communications (types of marketing communications, how distribution and delivery of information to collaborative partners will occur). Recommend preparation of a marketing plan specific to clients and collaborative partners.
- Marketing targeted at which outreach points: schools, psychiatrists, RCMP, Regina Police Service, Doctors, Churches, Funeral Homes, University and educational institutions etc. How to target and process referrals. Will need to reach out to support

the professionals and other family members that are supporting the clients through bereavement.

- Need an interim communications plan for reaching collaborative partners and EFAP partners. Also communications plan for the “opening” phase of the Bereavement Centre would be required as well as a long-term communications plan for when the Centre is operational.

12. Other Bereavement Centre models

1. Bridges Center, Louisville, Kentucky (note: Barbara Bouton, Director, Bridges Center is also on the Steering Committee in the “Guidelines for Bereavement Care in Hospice” as published by NHPCO.

- Located in an office building near green space that is in close proximity to hospice
- Ample parking, bus line accessible, handicap accessibility
- Staffing (counselors are a mix of trauma and grief)
 - 2 FT child counselors
 - 3 FT adult counselors
 - 2 PT adult counselors
- Anticipatory grief and bereavement groups
- Art therapy, music therapy, activities (sewing, cooking)
- Mix of community programs and fee for service programs (occasionally presents a challenge determining designation of client cost re: pro-bono or fee-for-service)
- All clinical staff share one room (sharing of information)
- 3-4 counseling rooms
- 3 larger rooms for adult groups
- art room
- pre-school room

2. Hospice of Lancaster County, Pennsylvania – Grief and Bereavement Care
Calendar of Events

Fundraising (Silent Auction - 6000 people, 2 day event, raised \$200,000)

Path of Remembrance for loved ones – one brick at a time

Web links to Bereavement resources

3. Walter E. Schwartz – “Center for Compassionate Care” – Las Vegas

- Provides bereavement services as well as educational training

13. Operational Planning and Implications

13a. Governance

Clarification of Governance of the Bereavement Centre of Excellence is necessary prior to the Centre being operational. Who are the legal entity/entities for the Centre? The answer to this question is RPCI initially. Since the mandate of RPCI is a community advocacy and fundraising body, with the purpose of creating new projects that benefit the community, it has been suggested that RPCI will not be in the position long-term to be responsible as the legal

entity for the Bereavement Centre. This is a logical premise that RPCI will want to continue creating new community projects and does not have the manpower to oversee the operations of the projects for which they have been the impetus. Therefore, a Memorandum of Understanding with signatures and timeframes should be documented regarding the Bereavement Centre of Excellence and the phase out of RPCI as the governing body and the introduction of an independent Board to govern the Centre. The RPCI will oversee the Bereavement Centre operations initially through Velda Clark's position as Director, Palliative Care Services.

Having a Bereavement Centre of Excellence attached to Palliative Care Services provides for a framework of national standards. Under the directive of Palliative Care, the Bereavement Centre can become a national model correlated with primary health services. This is an important distinction to developing a Bereavement Centre with credibility.

The terms of reference for the Bereavement Centre governance should be clearly outlined in writing in a time-dated document with regards to such roles as responsibilities, voting, fiduciary and accountability. Roles of the RPCI Board, the Advisory Group, in addition to Centre Staff and operations need to be defined before the Centre opens.

Stakeholders participating in the funding or delivery of programming for the Bereavement Centre of Excellence would be the collaborative partners that would form the consortium of an independent board for the governance of the Centre.

Who will perform the audit every year of the Bereavement Centre operations?

What will the conflict management and dispute management processes entail?

The RPCI Board will provide funding for the lease of independent premises for the Bereavement Centre for a period of 3 years at \$40,000 per year. However, this does not cover operational costs necessary for the Bereavement Centre to open its doors.

Within 3 years, the Centre should be self-sustaining through Fee for Services, Donations, Sponsorships and additional Collaborative Partners. If it is not financially viable, options include staff and/or cost reductions or dispersing the Centre. A plan should be devised for evaluation at the 2 year timeline prior to expiration of the lease for space.

The health region, RQHR has confirmed that they will permit the positions of Director, Palliative Care Services (Velda Clark) and Bereavement Coordinator (Marlene Jackson) to be involved with the Bereavement Centre. The Bereavement Coordinator position will relocate to the new Bereavement Centre premises. RPCI is the host employer for these 2 positions.

13b. Advisory Group

A list of potential persons who could provide expertise in various areas to participate in an Advisory Group for the Bereavement Centre is listed below. This is a tentative list and as collaborative partners are engaged, suggestions for persons to join the Advisory Group continue to be brought forth.

The Advisory Group will provide input regarding the concept of a Bereavement Centre and the necessary oversight of concept theory as well as the details for its inception. Clarification on links to the urban, rural and aboriginal nature of the region also need to be given attention in

relation to the inception and delivery of services for these groups within the Bereavement Centre concept.
The duration of the Advisory Group has been suggested to be a one-year period beginning shortly. However, the length of duration of input from the Advisory Group certainly could be extended if deemed to be advantageous to the ongoing growth and success of the Bereavement Centre.

**Suggested Advisory Group
Bereavement Centre of Excellence**

**Brenda Caswell
Don Stevenson
Donna Braun
Kellie Garrett
Pam Kendel Goodale
Murray Sawatzky
Kevin Veitenheimer
Marlene Jackson
Velda Clark
Marilyn Komick**

**Communications
EFAP's – Public Service Commission
formerly with Family Service Bureau
FCC – familiar with EFAP's
Board Member, RPCI
McDougall, Gauley
Accountant, former RPCI Board Member
Bereavement Co-ordinator
Director, Palliative Care Services
Project Development Plan**

13c. Regulatory requirements

It is important to determine the legal obligations of a Centre required by Legislation (any provincial and/or national legislation).
Where there are no external rules, a suggestion of models will be taken into consideration ie. Family Service Bureau model

13d. Best Practices/ Standards

13e. Liability issues/ Insurance requirements

13f. Privacy Issues

14. Financial Costs and Considerations

An overview of possible collaborative partners and sources of revenue are listed below. Throughout the list an evaluation must be made with regards to financial contribution in the following categories: a) revenue determination; b) sponsorship; c) fundraising and d) financing. Examining funding options from potential collaborative partners is a priority. Under this section we determine funding to be in hard dollars. Should a collaborative partner come to the table with offerings “in kind”, those offerings will be listed under the appropriate sections – ie. University of Regina – Research section; once the partners have been approached, discussions taken place and their contributions determined. Since there are many ways a collaborative partner can contribute and in multiple ways, ie. financing and programming, we must approach each potential partner directly to discuss how they wish to contribute.

- Regina Palliative Care Inc. (RPCI) support – Financing & Programming
- Regina Qu'Appelle Health Region (RQHR)– Endorsement – Resource allocation
- Fee for Services – Revenue Stream
- Insurance (SGI) - Sponsorship
- Public and Separate School Boards – not approached yet
- University of Regina- research component & research grants
- FNUC- not approached yet
- Grants – Health Care and other categories need to be determined
- Donations
- Fundraising opportunities – List of fundraising priorities needs to be determined
- Aboriginal Initiatives – need research on this point
- Victim Services (City Police and RCMP) – need to be approached
- Catholic Family Services – need to be approached
- Family Service Bureau – need to be approached
- Clergy – plan for connecting with various groups needed
- Pallium – providing funding for Business Case and other research components
- Indigenous Peoples Health Research Centre – not approached yet
- Funeral Homes – not approached yet
- Various Community organizations with an interest in sponsorship of such a concept

Funding - if a consortium of collaborative partners band together, often the new business concept will more readily be endorsed by established positions of profile in the community such as the Mayor, Police Commissioner etc. and applying for funding dollars is easier to attain.

RQHR Position as Collaborative Partner

After a meeting with the Executive Committee of RPCI and RQHR Vice-President, John Labatt, the following points were clarified as to the role of RQHR and RPCI – Bereavement Centre:

1. RQHR gives their support/endorsement to the development of the concept of a Bereavement Centre.
2. At this point in time, they can lend their support to the current status with Palliative Care Bereavement programming by allowing the Bereavement Coordinator to participate and be relocated to the Bereavement Centre space. They remain involved with the Bereavement Centre through the direct link of Velda Clark, Director of Palliative Care, as their RQHR employee.
3. However, if the Bereavement Centre wants any financial contribution at a later date when it fits into the RQHR budget timeline, say fall 2006 for 2007, information would need to be submitted requesting funds and the request would be in competition with other health care initiatives in the region (note: John stated that there are no dollars in the budget for 05/06). In order to solicit financial resources for that timeline the information on a)Service Plan, b)Governance, c)Short and long term Considerations and d)what the Bereavement Centre wishes the RQHR region to commit to in specifics ie. the financial request for 4 staff members.

What John Labatt can do immediately, is call Duncan Fisher, Assistant Deputy Minister, briefing him so that RPCI can make contact directly with him to see what funding is available elsewhere.

14a. Revenue determination

- How are current programs funded? Is that funding available for future use? Financially who do we support as our clients? Which clients are under fee-for-service?

EFAP's (Employee and Family Assistance Programs – provided by employers)

Determining revenue streams for the Bereavement Centre has initially included information collection on Fee for Services, EFAP's and trying to determine volumes of potential clients that would use the Bereavement Centre in these categories. The purpose of EFAP's is to provide assistance to employees and their immediate family who experience personal issues that may affect their quality of life at work and/or at home. Different EFAP's provide different categories of coverage and different levels of coverage.

Meetings have taken place with Corinne Bokitch – former Director of the Family Services Bureau in Regina, as well as a meeting with Donna Braun who was directly involved in their Centre's set-up and operations. Much valuable information was exchanged, especially regarding EFAP's and the appropriate accredited staffing requirements. The Family Service Bureau did do a business assessment on EFAP's with regard to their Centre. Perhaps this study could be reviewed for our Centre's EFAP research, if it is available. Pertaining to EFAP administration, Donna Braun revealed that most clients prefer evening and weekend bookings to morning bookings. Often the client does not feel comfortable returning to work after an intensive, emotional appointment. Donna also suggested that if a niche in EFAP's is specified, it would make marketing to other agencies easier. This is a good suggestion for the initial communications strategy to other agencies.

The Bereavement Centre should be accredited if dependent on EFAP revenue streams. The accreditation process requires documentation and proof of practice in the following areas as per the Employee Assistance Society of North America: "Administration, Program Design and Implementation, Record Keeping, Confidentiality Procedures, Case Management, Staffing and staff development, and Evaluation and Research". The contact for EASNA accreditation is Tim Stockert at tstockert@coanet.org.

Conferences

Palliative Care has organized successful conferences in the past, on a registration fee basis. There is ample opportunity for conferences, seminars and lectures to be organized on grief and bereavement topics. The leased space has access to the rental of an auditorium in the Western Christian College which seats 900 on a preferred tenant basis.

Collaborative partners such as SGI may be interested in sponsoring speakers and/or the conference in general as a presenting sponsor.

14b. Sponsorship

There are many ways to coordinate sponsorships with business partners. Building strategic alliances, partnerships and sponsorships is an endless creative process creating a win-win for everyone, including the client.

Sponsorship – Meetings have been organized and discussions will continue with identified organizations that could benefit from the services of a Bereavement Centre. We have met with SGI (Sask. Gov't Insurance) and SGI will do some exploratory work on their possible avenues for contribution and sponsorship.

14c. Fundraising

- Fundraising potential – readiness of community to respond
 - Examples of fundraising used by other model Centres ie. kids kits, comfort arms etc.
- Fundraising – At the June 08, RPCI Annual General Meeting, the Greek Community addressed the RPCI group and confirmed their ongoing financial commitment focused towards a Bereavement Centre of Excellence through their “Greek night” community fundraiser. Fundraising is an important component to ensuring that a Bereavement Centre remains a viable healthcare choice in the community.

14d. Financing/ Funding

- Financing – RPCI is able to commit to the costs of a 3 year lease for the Bereavement Centre at a current assessed rate for appropriate space at \$40,000/year.
- Bereavement Centre concept needs to attract both provincial and national funding for research and development, innovation, inter-professional and collaborative patient-centred initiatives. The interdisciplinary aspect of the Bereavement Centre could include: research (students and practicum), social work, psychology, nutritional education, music and art therapies, health & wellness, aboriginal and other cultural elements, bereavement/grief education and placements of students from all of the above listed disciplines.
- Some funding suggestions have been brought forth under the “Rurban” initiative and the Aboriginal relations initiative.

In the health-care system, much public expenditure is directed toward the “beginning of life” – we need more funds and resources directed toward the end-of-life issues.

Foundation funding

Suggestions for possible Foundation funding:

Sask Health Research Foundation

Muttart Foundation

Prairie Foundation (survivors of domestic violence)

Preparation of a Budget for the Bereavement Centre.

Impact on Business community – Return on Investment

The cost savings and return on investment are pertinent concepts to bottom lines when services from the Bereavement Centre are evidenced to decrease services used in other health areas. A research component is relevant as part of the University research to investigate linkages to

other areas of health care and the impact on provision of health services elsewhere in the system (ie. mental health use).

A suggestion has been made to contact the President of the Chamber of Commerce to discuss the possibility of a Bereavement Centre contributing to increased return and participation of workers to the workplace and positive effects on quality of work-life/productivity.

15. Timeline & Next Steps -

Priorities Identified in the Project Development Plan (Business Case)

Financial – i. Revenue Determination

ii. Sponsorship

iii. Fundraising

iv. Financing

Research - i. Input

ii. Availability of funding for research projects

Collaborative Partner Input and/or Funding Contributions

Governance

Space identification

Regulatory/Liability/ Risk Management/ Centre Set-up

Staffing

Mission Statement

Communications Strategy

Advisory Group

Although the above listed items in the business case were identified as priorities for the progress of the development of a Bereavement Centre concept, the order of priority is interchangeable between listed items. Often the information gathered on one point requires information collection on another point simultaneously; bearing in mind, that information collected on some items yields results more quickly than research conducted on other points. Therefore, developing the Bereavement Centre concept is not a linear process with one step predicating the next, but rather, an interactive involvement of input and progress combined.

Financial – Next Steps

Revenue determination - Fee for Services needs further research ie. Family Service Bureau, contact Shellie Pociuk, (EFAP revenue information)

We need to identify possible collaborative partners that can offer financial aid and towards which purposes that the aid would be directed. Collaborative Partners on the priority list include: Rurban, Victim Services (City Police and RCMP), and Funeral Homes.

We need to identify and approach more sponsorship partners, organizations such as the Cooperators, Conexus, and Insurance Brokers of Sask. Consideration will be given to sponsors that are connected to the Bereavement Centre concept first.

Update: As of September, 2005 the RPCI Board has created a fundraising committee comprising 4 Board members who will solicit sponsorship in the community. Their goal is \$300-500K. These sponsorship dollars will be directed towards salaries of Bereavement Centre staff.

Budget determination – template developed

Update: A budget template was developed by Marilyn Komick July 31, 2005 which can be referenced for use immediately and updated as expenses are added or deleted and revenue numbers are determined.

Note: As of September 2005, Greystone Managed Investments Inc., courtesy Elaine Bourassa, Board Member of RPCI, has donated some office furniture for the Bereavement Centre. This should decrease some of the expense line items in the current budget.

Research – Status and Next Steps

- Input from the University of Regina has been significant and appreciated. Meetings with Dr. Michael Maclean – Department of Social Work and Dr. Mary Hampton – Department of Psychology have proved valuable and insightful. Mary Hampton is also the Chair for Aboriginal focus at Luther College and therefore is able to provide input on this front. The University of Regina is prepared to commit to providing research at the Bereavement Centre of Excellence. They would require that a PhD trained Psychologist and a Masters level Social Worker be available on staff in order that practicum intern students could complete their research with the required supervisory levels of trained persons. The University is prepared to provide letters of intent for their commitment.
- Availability of funding research is an area that Mary Hampton will investigate with the Vice President of the University and other Foundations that offer research funding (Sask Health Research Foundation, Aboriginal related funding etc.)
- Inger Frombach's research through the University and funding from Pallium is scheduled to be completed August 30, 2005. Inger's research covers 3 areas: 1) in depth investigation of regional developments in grief/bereavement research with National and local recommendations being made regarding future directions for research, policy, care delivery and organization of services; 2) conduct a community-based review of local accomplishments and developments in bereavement research and clinical care in the Regina area over the past 15 years; and 3) conduct an original piece of research on the Caring Hearts Camp for bereaved children.

Collaborative Partner Input and/or Funding contributions – Status

Our Collaborative Partner target list includes: Victim Services – City Police and RCMP, Rurban, and Funeral Homes.

Discussions are underway with collaborative partners and we are moving through the list as quickly as scheduling permits. Input is being collected, needs assessed, benefits outlined and roles and contributions determined. This takes time to identify roles in face-to-face meetings that interest partners and which will build the foundation of an ongoing relationship. Achieving outcomes and results for the collaborative partners is a commitment taken seriously, one which will underscore the benefits of a Bereavement Centre of Excellence for all involved.

Governance – Next steps

RCPI will be responsible for the Governance of the Bereavement Centre.
Determining governance in written documents such as memorandums of understanding.

Space Identification – Next Steps

- Lease negotiation with Kevin Vance, President of Western Christian College
- RPCI Board approval to accept the financial responsibility of a 3 year lease.
- Equipment, furniture, and any lease-hold improvements required to have the Centre ready to use.

Update: Lease negotiation has been completed September 30 for October 1, 2005 tenancy at the Western Christian College.

RPCI Board member, Elaine Bourassa, on behalf of Greystone Managed Investments Inc. has donated some office furniture. Sandra Hubenig to determine further requirements for furniture if necessary as well as office equipment.

Regulatory/ Liability/Risk Management/ Centre set-up - Next Steps

More investigation needs to be done in this category. Determination of Provincial regulation regarding a Centre. Policies need to be determined. RQHR policies may be suitable with adaptation for Bereavement Centre operations.

Contact Don Stevenson with Public Service Commission.

Meet with Shawna Melvin to discuss her research and potential contribution to Bereavement Centre.

Staffing – Next Steps

- An interim Administrator needs to be recruited and hired for Sept 01, 2005
- Develop an organizational chart with reporting structure.
- A suggestion for RPCI to fund salary of Administrative Coordinator, with RQHR permitting secondment, which would still provide the person with benefits.
- Determine staffing costs for budget – can be progressive according to timeline and roll-out of Centre.
- Determine qualified staff availability.

Update: Secondment of Administrative Coordinator, Deb Wisniak, from RQHR for a 6 month period. Start date for Deb is November 1, 2005.

Mission and Vision Statement -Next Steps

A mission and a vision statement both need to be developed. These have been described in the Project Development Plan and some brainstorming will need to occur so that participating collaborative partners have input into what best reflects the Centre.

We need to start with a mission and vision statement that can be circulated for input and refinement.

Update: As of September, 2005, Dr. Michael Maclean from the University of Regina will be leading his graduate students through the exercise of developing “an approach to drafting a mission statement for the Bereavement Centre as well as a plan about the refinement of this mission statement with significant stakeholders of the Center”.

Communications Strategy -Next Steps

We need a communications strategy for Collaborative Partners in the interim and a communications strategy for the promotion of the Bereavement Centre when it is coming into fruition.

The interim communications strategy should include information to bring Collaborative Partners on Board and to inform EFAP's of our existence.

Advisory Group Next Steps

We need to approach the persons considered for the Advisory Group, once the list is more or less complete.

16. Future Considerations

16a. Sustainability

A three-year report card should be slated to evaluate the sustainability of the Centre. This assessment should cover many areas such as programming, growth & expansion, but predominately a financial evaluation of Centre with regards to profitability and reinvestment areas if profitable.

Evaluation of in-kind or cash sponsorships and whether re-sponsorship is forthcoming needs to be done.

16b. Program Management

Ensuring quality of programming and management of HR issues are important. Being understaffed could present new issues if quality of workplace issues surface as program growth increases. Assessment and planning are a priority into the future.

16c. Areas of Growth & Innovation

16d. Leadership

16e. Succession Planning