

Pallium Project Introductory Note

The following Powerpoint presentation and supporting notes were used to brief stakeholders in Regina on January 31, 2006.

It appears at pallium.ca as a Phase II legacy to help support others in Canada who are seeking design/development support and insights for local bereavement centre programming.

Michael Aherne



Regina Bereavement Centre

**Review of Business Planning Support
Enabled by Pallium Project (Phase II)**

**Stakeholder Update Meeting
January 31, 2006**

Marilyn Komick, B.Com
Prairie Sage Productions
Regina, Saskatchewan, CANADA

Review of Process

- Original Stakeholder Meeting
- Pallium's involvement in the process
- Project Development Plan
- Priorities in moving forward

Stakeholders Development Meeting March 15th, 2005 at Science Centre

- Meeting hosted by Michael Aherne, Pallium Project and Dr. Bert Einsiedel, Facilitator
- Purpose was to determine stakeholder interest, issues identification, mapping and areas of input with regard to the development of a 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 (interim) - 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

Analogy made to a historical “barn-raising” type of experience – where the community comes together to contribute to and achieve a significant accomplishment.

In this case, to increase access to, and quality of bereavement care, programming and education within the community.

Input / Comments (March 05)

- ...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

Pallium Project's Involvement in the Development Process

- Pallium Project is but one of the contributors to the foundational concept of a Bereavement Centre of Excellence.
- Initial key contributors to the concept of a Bereavement Centre are RQHR, RPCI, and the University of Regina.
- Other Collaborative Partner stakeholders have a keen interest in a Bereavement Centre.

Initial contributors to the foundational concept of a Bereavement Centre of Excellence are: Regina Qu'Appelle Health Region (RQHR), Regina Palliative Care Inc (RPCI), University of Regina and the Pallium Project.

The Palliative Care program, as part of the RQHR, has identified important unmet needs in relation to the bereavement services within the RQHR. Their determination is that the current nature and volume of demand greatly exceeds current capacity.

Regina Palliative Care Inc. (RPCI) has put forth the initiative and substantial funding for a project, namely the Bereavement Centre of Excellence.

In collaboration, the stakeholders of RPCI, RQHR, Pallium and the University of Regina (Departments of Social Work and Psychology) have initiated the process of development of a Bereavement Centre.

Pallium's involvement in the process was funding support for a Business Case (Project Development Plan). The purpose of the Project Development Plan is to provide the framework and reference material for the many business aspects of development of a such a Centre.

Information collected on some courses of action yielded 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 – with the review of priorities being a constant determiner of next steps required.

The Project Development Plan was presented to the RPCI Board and input was requested and received from Board Members.

The various drafts of the Project Development Plan (6 in total) were circulated over a 7 month period for input.

The ongoing drafts with updated information were sent to University of Regina (Dr. Michael Maclean, Dr. Mary Hampton) RPCI (Board Member Pam Goodale acting as Bereavement Centre liaison to the Board), Velda Clark representing RPCI and RQHR, Sandra Hubenig for RPCI, and Michael Aherne and Dr. Bert Einsiedel (Pallium Project).

Project Development Plan for Bereavement Centre of Excellence

Project Development Plan outline includes:

- 1. Synopsis or Executive Summary**
- 2. Vision**
- 3. Mission**
- 4. Purpose of Project Development Plan**
- 5. Historical Overview**
- 6. Who are our Customers/Clients**

The Project Development Plan contains several components.

Time does not permit an explanation of each component today, but the Project Development Plan is available – from Deb or Velda.

The Project Development Plan is a Knowledge tool for increasing the market intelligence of moving forward.

1. Synopsis or Executive Summary
2. Vision
3. Mission
4. Purpose of Project Development Plan
5. Historical Overview
6. Who are our Customers/Clients?

Bereavement Centre Project Development Plan – Outline (continued)

- 7. Potential Scope of Services**
- 8. Evaluation methods of Programming/Services**
- 9. Necessary Conditions**
- 10. Resources**
- 11. Marketing**
- 12. Other Bereavement Centre models**
- 13. Operational Planning & Implications**
- 14. Financial Costs and Considerations**
- 15. Future Considerations**

7. Provision of Services
8. Evaluation Methods of Programming/Services
9. Necessary Conditions
10. Resources
 - 10a. Staffing requirements (An organizational Chart was prepared for use as a template)
 - 10b. Physical/Concrete requirements
 - 10c. Virtual/Electronic requirements
 - 10d. Role of Volunteers
 - 10e. Roles of Professionals and other disciplines
11. Marketing
12. Other Bereavement Centre models
13. Operational Planning & Implications for Centre Set-up
 - 13a. Governance; 13b. Advisory Group; 13c. Regulatory requirements
 - 13d. Best Practices/ Standards; 13e. Liability issues/ Insurance req.
 - 13d. Privacy Issues
14. Financial Costs and Considerations
(A budget template of revenue and expenses was prepared as part of the Project Development Plan).
 - 14a. Revenue determination; 14b. Sponsorship; 14c. Fundraising; 14d. Funding
15. Future Considerations
 - Sustainability
 - Program Management
 - Areas of Growth & Innovation
 - Leadership
 - Succession Planning

The Project Development Plan is a living document that creates the path for the vision to unfold.

The Project Development Plan contains multiple steps for moving forward. As an encompassing document it is important as a working tool in keeping priorities focused.

Let's have a look at some of the priorities in moving forward.

Priorities in moving forward

- Revenue determination & financial overview of the Bereavement Centre
- Governance
- Regulatory & legal requirements
- Client identification
- Collaborative Partner development
- Staffing
- Program development

Priority - Action forward

1. Revenue determination & Financial Overview of Bereavement Centre

Identify potential revenue streams from EFAP's (Employee Family Assistance Programs). The Bereavement Centre should be accredited if dependent of EFAP revenue streams. After identification of types of clients, which clients will be under fee-for service? As a community enterprise, will clients who cannot pay but require service, be provided service, and how will this category of client be accounted for in the fiscal management of the Bereavement Centre as a business entity? (Evaluation of ROI impact on community valuable here.)

Having a clear picture of the revenue streams, sponsorship, fundraising and existing financial backing is a priority in administrating the Bereavement Centre as a business enterprise. (Profitability is not necessarily the issue here, but rather, appropriate fiscal management.)

2. Governance

Documenting the governance of the Bereavement Centre is an important task. Since the mandate of RPCI has never been long-term responsibility for the community projects that they have initiated, what is the anticipated governance of the Bereavement Centre, once the 3 year financial commitment of RPCI is completed? Will an independent Board be introduced to govern the Bereavement Centre? Once the Centre opens, items such as annual audits need to be conducted under a governing body willing to be accountable.

3. Regulatory & Legal requirements

An assessment of the regulatory and legal requirements for the Bereavement Centre with regard to any municipal, provincial, federal regulations. Basic questions such as "Is a business license required?" and insurance requirements need to be asked and fulfilled. Healthcare best practices and Bereavement Centre policies need to be determined and available in documentation. Note: Where there are no external rules, a suggestion or compilation of models can be taken into consideration. For example, Family Service Bureau model.

4. Client identification

To date, not much focus has been given to determining the primary and secondary clients and of course, the financial aspects correlated with delivery of services depending on the type of client.

Which clients resonate with stakeholders as being first priority? Consider identifying which clients to serve that will have the greatest impact until someday in the future when ideally, the needs of all clients can be met – business model permitting.

5. Collaborative Partner development/Identification of Collaborative Partners

Discussions and meetings to determine input and/or involvement.

Documenting roles/contributions from involved Partners (Receiving letters of intent from Partners and keeping track of Collaborative Partner involvements are important to document.)

6. Staffing

Determining Staff levels. Some consideration has been given to staff levels as outlined in the budget and org. chart. However, staff levels will need to be phased in as finances permit and as client demand increases. This will require an assessment process to be in place for staffing the Bereavement Centre as measured by benchmarks in financial ability and client demand. Recruiting qualified staff requires a plan as well.

Priorities in moving forward (continued)

- Infrastructure/physical requirements
- Advisory group
- Regional & National profile
- Research
- Communications Strategy
- Sustainability

7. Program development

Determination of program development depends to some degree on determination of primary and secondary clients and qualified staff to deliver the programs. A service plan for program delivery should be underway.

8. Infrastructure/physical requirements

A considerable amount has been done in this category, with the Lease having been signed for October 1, 2005 and some office furniture having been donated. An evaluation of the physical requirements occurred prior to selecting appropriate space. The current budget provides a guideline for tasks that need to be done, as per the expense line items required for Centre set-up.

9. Advisory Group

A tentative Advisory Group was determined at one point, and listed in the Project Development Plan (section 13b). This is not a definitive list and those on the list have not been approached as of yet until more consideration has been given to the functions required of the Advisory Board.

10. Regional & National profile

Not a lot of consideration has been given to how the Bereavement Centre can have regional profile and move on to become a national leader in bereavement programming, services and education. A plan needs to be laid out as to the course of action to attain this status and the characteristics by which a Centre of such caliber would be benchmarked.

11. Research

Currently, the University of Regina has become very involved with research efforts relating to the Bereavement Centre. Determining annual research planned for the Bereavement Centre will be important to the overall profile and promotion of the Centre in the communications strategy.

12. Communications Strategy

A communications strategy is required in phases. A strategy should be developed for Collaborative Partners and their clientele, and also for the opening and ongoing promotion of the Bereavement Centre.

13. Sustainability

Once the 3 year lease is completed, will the Centre be sustainable without RPCI financial backing? What type of report card will be developed? Areas such as profitability, reinvestment, programming costs, growth & expansion need to be evaluated.