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THE SALVATION ARMY AGAPÉ HOSPICE

Strategic Business Plan

2011-2014

Developed in Collaboration with the members of
The Salvation Army Agapé Hospice
Management & Leadership Teams and Community Council

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I. EXECUTIVE SUMMARY

The Salvation Army Agapé Hospice is governed by the Salvation Army which is an international Christian Church. Its **Message** is based on the Bible; its ministry is motivated by love for God and the needs of humanity. The **Mission** of the Salvation Army exists to share the love of Jesus Christ, meet human needs and be a transforming influence in the communities of our world.

Nestled in a peaceful garden setting in the heart of the community of Kensington in Calgary, Agapé provides a peaceful, compassionate and caring environment where those in need of end of life care can fully live out their remaining days with respect and dignity. Agapé's interdisciplinary team is sensitive to the needs of our residents and their loved ones, ensuring unconditional love and support 24 hours a day, 7 days a week.

Agapé is a leader in providing palliative care services in Calgary and as a contracted service with Alberta Health Services; we value our partnership with them. The Agapé team has the expertise to care for residents at the end of life and includes, but is not limited to those with special needs such as: cancer; brain tumors (such as glioblastoma); difficult pain and symptom management; end stage renal failure where dialysis may have been discontinued; heart disease; ALS; AIDS; and residents and families experiencing difficulty with the concept of life coming to an end.

When home or hospital is no longer an option, Agapé provides a serene, loving and home-like environment for individuals to live out their final days and to die with peace and dignity. Our Caregivers are experts in providing excellent **individualized physical, spiritual, social and emotional care**. This allows family members the freedom to be fully present in their journey with their loved one. Agapé's environment provides comfort, support and a safe place with comfortable lounges, gardens, and sitting areas for peaceful respite and visiting. We want our residents to have as much quality of life as possible. Our residents are encouraged to continue enjoying their personal interests. Through our Volunteer Resources Department and in collaboration with the Resident & Family Council, we provide our residents and their loved ones with various opportunities for social interaction. Respite care is also available whenever the waitlist can accommodate these needs.

AGAPÉ MISSION STATEMENT

The Salvation Army Agapé Hospice provides unconditional love and acceptance to individuals in need of end of life care. Agapé is a leader in giving excellent individualized physical, social, emotional and spiritual care. Residents and their loved ones are assured of dignity, respect, and hope in a home like, welcoming setting.

AGAPÉ VISION STATEMENT

In the Christian tradition of servant leadership, we foster a caring community of unconditional love, peace, and hope.

AGAPÉ CODE OF ETHICS

Our code of ethics includes: respect, integrity, excellence, accountability, and communication.

Values/Beliefs & Best Practice

The Values and Beliefs have been identified by management and staff at Agapé and are a declaration of our values and beliefs towards our **staff** and that of our **residents and their loved ones**. These are consistently demonstrated through our commitment to the **Core Values and Belief** and that of **Best Practice in the Care of our Residents and their Loved Ones**.

VALUES AND BELIEFS

We consistently seek to identify and embrace the core beliefs of all staff at Agapé as they carry out their responsibilities each day. As a team of dedicated inter-disciplinary clinical and non-clinical staff, we value the creativity, integrity, efficiency, excellence, competency, and responsibility within each other and encourage an environment where each staff member is ensured of safety and treated with fairness, flexibility, equity, comparability, and respect.

BEST PRACTICE IN THE CARE OF OUR RESIDENTS AND THEIR LOVED ONES

We strive to provide best practice at all times in the care of our residents and their loved ones by: respecting the dignity of all; being sensitive to and respectful of the residents and their loved ones wishes; using the most appropriate measures that are consistent with the residents choices; making alleviation of pain and other physical, spiritual, and emotional symptoms a high priority; recognizing that good care for the dying person requires quality care and a safe environment; and by the consistent promotion of clinical and evidence-based research in the provision of end of life care.

Strategic Action Plan

During the Fall of 2010 and into the Spring of 2011, the Management team met to develop a Strategic Action Plan. It is with this plan that we give God the glory and present the pillars of our strategic plan for the next three years (2011-2014). These pillars of wellness are laid out specifically in the Action Plan in Section IV of the overall Strategic Planning document and include:

PILLARS OF WELLNESS	STRATEGIC ACTIVITY
Staff Wellness	Attract and retain, succession planning, compensation
Financial Wellness	Enhanced relationships w/funders-resources; develop relationships with new funders; strategic fund development plan/operational plan
Organizational Wellness	External recognition as a leader; cohesive message; expression of ownership/self-worth

BACKGROUND & HISTORY

The Salvation Army Agapé Hospice is governed by the Salvation Army which is an international Christian Church. Its **Message** is based on the Bible; its ministry is motivated by love for God and the needs of humanity. The **Mission** of the Salvation Army exists to share the love of Jesus Christ, meet human needs and be a transforming influence in the communities of our world.

Agapé is a twenty bed “faith-based” hospice located in northwest Calgary. Our **Mission** is to provide unconditional love and acceptance to individuals in need of end of life care; Agapé is a leader in giving excellent individualized physical, social, emotional, and spiritual care; residents and their loved ones are assured of dignity, respect and hope, in a home like, welcoming setting. The **Vision** of Agapé states that “in the Christian tradition of servant leadership, we foster a caring community of unconditional love, peace, and hope”. The **Code of Ethics** is expressive of the principles and the purpose of the Salvation Army providing a framework for the delivery of efficient and effective service and includes respect, integrity, excellence, accountability, and communication. The **Values and Beliefs** that have been identified are a declaration of our core values and beliefs towards our staff and that of the residents and their loved ones (see Appendix A). These overarching principles, coupled with a strong desire and willingness to adjust and make responsible changes to a “living” strategic action plan, consistently demonstrates the true commitment of management and staff to provide the highest degree of excellence in care to our residents and their loved ones. Since its’ inception in 1992, Agapé’s interdisciplinary clinical and non-clinical team has established and maintained a mission, vision, and set of core values and beliefs that responds appropriately to the unique needs of residents and their loved ones in an end of life care facility.

Over the years, these plans have seen expansion of our bed capacity to a total of 20, service provided to approximately 4200 residents, and the transformation of quality services provided as community needs evolve and change. The number of adult hospice beds in Calgary has increased from the few initially provided by Agapé twenty years ago to 108 beds today. In spite of this expansion of beds, requests for the specialized hospice care provided by Agapé remains as one of the first requested by individuals on the Calgary central access waiting list. Reasons for this appear to be: the “excellent individualized” care provided to each resident by a highly skilled, experienced, and professional interdisciplinary team; and the specialized services and programs available for our residents and their loved ones. These programs include, but are not limited to social work, children’s program, spiritual care support, and bereavement counseling.

Family members and loved ones commonly comment about the compassion and care provided by way of feedback from the “family satisfaction survey”. These surveys provide very encouraging comments to the staff and speak as much to the spirit of Agapé as to the care provided through our programs and services: physical, social, spiritual, bereavement, and support services/facility.

Physical Care

The physical care of our residents continues to be provided by a loving and accepting team of individuals who bring the essence of themselves into the facility, as well as their professional skills. In spite of the increasing acuity of care required for residents entering our doors, our staffs continue to accommodate these evolving needs.

During the past eight years, five physicians, supported by a Palliative Consultant from Alberta Health Services and the Medical Director, have provided excellent care offering their support and expertise. An interdisciplinary team of more than ninety employees, including the highly skilled clinical team of direct caregivers, have provided “excellent individualized” care, some from the beginning days of the hospice in 1992. The physicians and employees are supported by a complement of approximately 90 volunteers, some who have been a part of Agapé since 1992 as well. This long-term commitment of employees and volunteers is vital to the continuing support of Agapé’s core values and beliefs.

Social Care

The social aspects of our care are integral in taking a major burden off the shoulders of our residents and their loved ones. The Agapé team realizes and recognizes that our residents do not live in solitude but are surrounded by family and a community of care. The importance of relationships remains uppermost in the minds and hearts of residents at the end of life, requiring sensitivity and innovation on the part of staff. With one social worker providing leadership, and in collaboration with the volunteer resources department, Agapé offers individualized resources for those who are unaware and in need of key social supports.

Spiritual and Bereavement Care

The spiritual and bereavement care of our residents and staff remains foundational to Agapé. It is the only faith-based hospice in Calgary and is one of the many reasons why the dying request to come to Agapé, as evidenced through the feedback on our Family Satisfaction Surveys. Residents from all faiths, including: Christian, Muslim, Buddhist and others request access to Agapé’s love, acceptance, and caring. With two Spiritual Care Coordinators and one Bereavement Coordinator spearheading this component, Agapé has proven itself as a leader in spiritual care.

Support Services/Facility Care

The building may be 80 years old, but it is well cared for, remains inviting to enter, and is enwrapped in a cloak of peace and acceptance. This unique atmosphere is achieved through the dedicated staff and includes: employees in reception, food services, maintenance, housekeeping & laundry, and that of volunteers tending the garden or providing community activities. The provision of comforting food and accommodation is something residents appreciate and also comment about. In comparison to the “institutionalized” nature of larger facilities, Agapé is small and can provide a “home away from home”. This is an environment

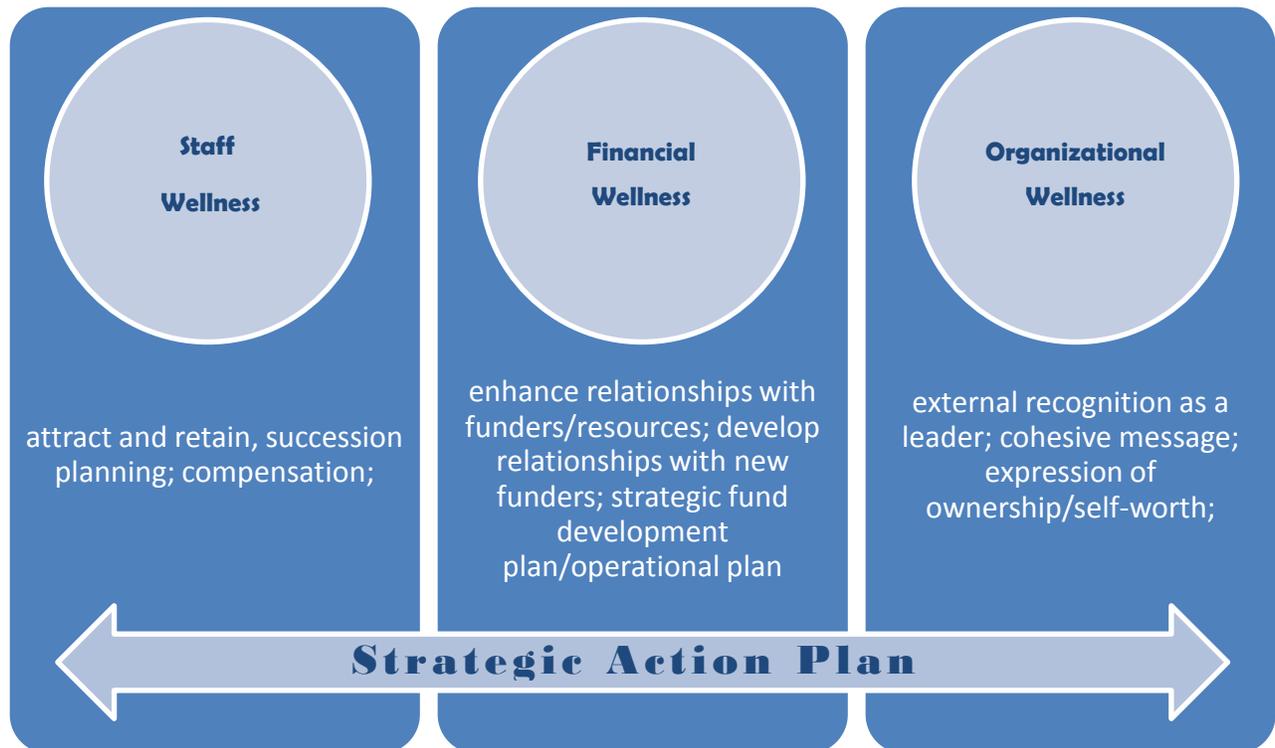
where residents can taste food again and sleep without the constant noise of equipment and activity, and is often very healing to the spirit if not the body. Flowers are donated on a regular basis to Agapé and the caring hands of our volunteers rearrange these bouquets and then display them throughout the building, enhancing an atmosphere of warmth and caring.

Continued organizational programs and services enhance both the care and the knowledge base provided in end-of-life care at Agapé. These are integral parts of the excellent leadership for which Agapé strives. Some recent examples of this are:

- a) The **family bereavement program** has been an innovative and valuable service. This program was initiated through a limited matching grant donation which has now ended. Because the need for this program has been well established, Agapé has sustained it through prior year surpluses. The continuation of this program requires ongoing organizational and financial support.
- b) The **Elephant Club** is a child centered anticipatory grief program. Start-up funding was provided through a personal donation of an Agapé Community Council member. Because the need for this program has been well established, Agapé has sustained it through prior year surpluses. In addition to the current service, it has been determined that there is a need for child centered post bereavement support. While a similar service is provided through Hospice Calgary, the vision at Agapé is to provide a similar service in the near future for those children who are grieving the loss of a loved one. The initiation of this program will depend upon support and funding.
- c) **Professional development** for our staff has been realized as society's needs are changing and the acuity of care from our residents increases. Best practice requirements that have been dictated by Alberta Health & Wellness, Accreditation Canada, The Salvation Army Accreditation, and Occupational Health & Safety standards require more time invested to education. Because 90% of the Agapé annual budget is dedicated to salaries, sustainable funding for compulsory education is required.
- d) Practical and innovative **research** has been undertaken and implemented. Peer review articles by our staff have been published. Additional research projects are consistently being explored.
- e) Changes to the **physical facility** are reviewed annually in an effort to overcome barriers to the provision of excellent end-of-life care.

It is with this as background that we give God the glory and present the pillars of our strategic plan for 2011-2014. These pillars of wellness and strategic activities are laid out specifically in the Action Plan found in Section IV:

Pillars of Wellness and Strategic Activities



II. AGAPÉ HOSPICE ORGANIZATIONAL STRUCTURE

Agapé Hospice is owned and operated by The Salvation Army, however as a contracted service, is funded 60% by Alberta Health Services. The Executive Team is accountable to The Salvation Army and to Alberta Health Services for the stewardship and management of financial, organizational and staffing for the facility. Information provided below outlines the day-to-day operations of the facility. A formal organizational chart is included in “Appendix B Formal Organizational Chart”.

Executive Team

Executive Director – reports directly to Divisional Headquarters in Edmonton.

Director of Resident Care – reports directly to the Executive Director and is responsible for managing and supervising all clinical and professional staff, programs, and services.

Director of Medical Care – reports to the Executive Director and is responsible for managing and supervising medical and physician support.

Director of Finance/Facilities – reports directly to the Executive Director and is responsible for

managing and supervising all financial programs and services for the facility as well as maintenance, food services, and contract staff, programs, and services.

Director of Human Resources/Occupational Health & Safety – reports directly to the Executive Director and is responsible for managing all human resources and occupational health programs and services as well as reception.

Interdisciplinary Team – Clinical & Non-Clinical

(includes full time, part time, & casual)

Clinical Care Coordinator – reports directly to the Director of Resident Care and clinically supervises Registered Nurses (29), Graduate Nurse (2), Undergraduate Nurse, Resident Attendants/Health Care Aides (25), Unit Clerks (6)

Physicians (4) – reports directly to the Director of Medical Care

Educator – reports directly to the Director of Resident Care

Accreditation Coordinator – reports directly to the Director of Resident Care

Spiritual Care Coordinator (2) - reports directly to the Director of Resident Care

Bereavement Coordinator – reports directly to the Director of Resident Care

Volunteer Resources Manager – reports directly to the Director of Resident Care and is responsible for supervising the Volunteer Administrative Clerk and for managing volunteers (>90)

Social Worker (2) – reports directly to the Director of Resident Care

Food Services Coordinator – reports directly to the Director of Finance and supervises the Cooks (3) and Dietary Aides (3)

Maintenance Workers (3) – reports directly to the Director of Finance

Administrative Assistant/HR & Benefits Analyst – reports directly to the Director of Human Resources and supervises the Secretary/Receptionists (2) and Administrative Clerk

Contracted Services

Development & Communications – responsible to the Director of Finance and to the Executive Team regarding specific program development

Rexall Pharmacy On Call and Clinical Pharmacist – provide all pharmaceuticals for residents at Agapé. The Clinical Pharmacist attends rounds as a member of the interdisciplinary team

Housekeeping – reports to Sodexo, a contracted service, ultimately responsible to the Director of Finance

Laundry – reports to Sodexo, a contracted service, ultimately responsible to the Director of Finance

III. ACTION PLAN

ACTION PLAN TEMPLATE						
YOUR STRATEGIC ACTIVITY: Staff Wellness – Attraction and Retention						
ACTIONS & STEPS	BY WHEN & HOW LONG	WHO IS RESPONSIBLE	RESOURCES REQUIRED	WHO NEEDS TO KNOW	POTENTIAL ISSUES	INDICATORS
Continue with “caregiver” wellness program – increased opportunities for staff engagement	Ongoing	<ul style="list-style-type: none"> Wellness Steering Committee Faculty of Nursing Director of Resident Care 	<ul style="list-style-type: none"> Money Creativity Interaction with various consumers of service (i.e. Staff) 	<ul style="list-style-type: none"> Staff The Salvation Army Alberta Health Services Community / Funders 	<ul style="list-style-type: none"> Sustainability <ul style="list-style-type: none"> Ongoing funding Interest Relevance Communication 	<ul style="list-style-type: none"> Attendance Staff feedback (evaluation) Interest from others (other hospice)
Training and education <ul style="list-style-type: none"> Creating opportunities for palliative care education Safety awareness & training (legislation, legal requirements, protection) 	Ongoing	<ul style="list-style-type: none"> Educator Volunteer Resources Manager Professional Development Committee Director of Human Resources Joint Health & Safety Cmt 	<ul style="list-style-type: none"> Special funding to attend education programs Facilitators Alberta Health Services - interagency Occupational Health & Safety 	<ul style="list-style-type: none"> Staff The Salvation Army Community / Funders 	<ul style="list-style-type: none"> Time Sustainability 	<ul style="list-style-type: none"> Evaluations (increase knowledge and skills) Number of events Attendance Standards met for First Aid, Non Violent Crisis Intervention,
Continue the mentoring of students	Ongoing	<ul style="list-style-type: none"> Clinical Care Coordinator Educator Senior Staff Medical Director Director of Resident Care 	<ul style="list-style-type: none"> University / College partnerships Preceptors Contracts 	<ul style="list-style-type: none"> Staff The Salvation Army Community / Funders University / Colleges 	<ul style="list-style-type: none"> Sustainability (people side) Legal liability Recruiting New staff 	<ul style="list-style-type: none"> Number of staff hired from practicums Number of practicums Increase demand
ACTIONS: Outline the planned actions with the logical sequence of steps required to implement your activity.	WHEN & HOW LONG State when each of the actions steps will begin, and how long each step will take. Completed will be indicated in red.	RESPONSIBILITIES Define who is responsible for each action as well as each of the steps.	RESOURCES REQUIRED Specify the resources needed to achieve each action. Include people, relationships, materials and knowledge resources.	WHO NEEDS TO KNOW Describe who needs to be informed, what they need to know, and at what stage of the action plan.	POTENTIAL ISSUES Identify potential issues that might arise, impacts on the community, and emerging opportunities	INDICATORS Identify one or more indicator to measure change or progress.

ACTION PLAN TEMPLATE

YOUR STRATEGIC ACTIVITY:

Staff Wellness – Succession Planning

ACTIONS & STEPS	BY WHEN & HOW LONG	WHO IS RESPONSIBLE	RESOURCES REQUIRED	WHO NEEDS TO KNOW	POTENTIAL ISSUES	INDICATORS
Groom and mentor staff	Ongoing	<ul style="list-style-type: none"> All people in a leadership role Senior Staff The Salvation Army 	<ul style="list-style-type: none"> Funding Succession planning budget Knowledgeable / experienced people 	<ul style="list-style-type: none"> Staff The Salvation Army Funders Other hospices 	<ul style="list-style-type: none"> Lack of appropriate fit (skill set) Resignation / Retention Aging workforce population 	<ul style="list-style-type: none"> Successful mentees Qualified staff Retention Job satisfaction Internal promotions
Define what qualities are needed for appointed Executive Directors to be successful	September 2011	<ul style="list-style-type: none"> The Salvation Army Existing leadership 	<ul style="list-style-type: none"> Appropriate orientation Good Documentation (job description) 	<ul style="list-style-type: none"> The Salvation Army Management Team 	<ul style="list-style-type: none"> Communication Gain acknowledgement of our recommendations Lack of qualified personnel 	<ul style="list-style-type: none"> Definition of role and qualities needed Two way communication with The Salvation Army
Discover when staff who are approaching retirement	End of December 2011 and ongoing basis	<ul style="list-style-type: none"> Director of Human Resources Volunteer Resources Manager 	<ul style="list-style-type: none"> Database HR newsletter Yearly evaluation tool Succession Plan 	<ul style="list-style-type: none"> The Salvation Army Management Team 	<ul style="list-style-type: none"> Privacy Law Human Rights Loss of intelligence quotient Better skills transfer Security of unit (impact of change) Unintended consequences 	<ul style="list-style-type: none"> Number of individuals coming forward New Hires Successful transition
<p>ACTIONS: Outline the planned actions with the logical sequence of steps required to implement your activity.</p>	<p>WHEN & HOW LONG State when each of the actions steps will begin, and how long each step will take. Completed will be indicated in red.</p>	<p>RESPONSIBILITIES Define who is responsible for each action as well as each of the steps.</p>	<p>RESOURCES REQUIRED Specify the resources needed to achieve each action. Include people, relationships, materials and knowledge resources.</p>	<p>WHO NEEDS TO KNOW Describe who needs to be informed, what they need to know, and at what stage of the action plan.</p>	<p>POTENTIAL ISSUES Identify potential issues that might arise, impacts on the community, and emerging opportunities</p>	<p>INDICATORS Identify one or more indicator to measure change or progress.</p>

ACTION PLAN TEMPLATE

YOUR STRATEGIC ACTIVITY:

Staff Wellness – Compensation

ACTIONS & STEPS	BY WHEN & HOW LONG	WHO IS RESPONSIBLE	RESOURCES REQUIRED	WHO NEEDS TO KNOW	POTENTIAL ISSUES	INDICATORS
Continue to create an environment of equity and fairness	Ongoing	<ul style="list-style-type: none"> • Management team • Staff 	<ul style="list-style-type: none"> • Adequate funding • Ongoing commitment to integrity • Awareness of mission and values 	<ul style="list-style-type: none"> • Everyone • Union representatives • The Salvation Army • Alberta Health Services 	<ul style="list-style-type: none"> • Bound by collective agreement • Economy • Alberta Health Services funding model • The Salvation Army funding 	<ul style="list-style-type: none"> • Satisfied staff • Low turnover • Organizational Culture audit
<p>ACTIONS: Outline the planned actions with the logical sequence of steps required to implement your activity.</p>	<p>WHEN & HOW LONG State when each of the actions steps will begin, and how long each step will take. Completed will be indicated in red.</p>	<p>RESPONSIBILITIES Define who is responsible for each action as well as each of the steps.</p>	<p>RESOURCES REQUIRED Specify the resources needed to achieve each action. Include people, relationships, materials and knowledge resources.</p>	<p>WHO NEEDS TO KNOW Describe who needs to be informed, what they need to know, and at what stage of the action plan.</p>	<p>POTENTIAL ISSUES Identify potential issues that might arise, impacts on the community, and emerging opportunities</p>	<p>INDICATORS Identify one or more indicator to measure change or progress.</p>

ACTION PLAN TEMPLATE

YOUR STRATEGIC ACTIVITY:

Financial Wellness – Enhance Relationship with Funders / Resources

ACTIONS & STEPS	BY WHEN & HOW LONG	WHO IS RESPONSIBLE	RESOURCES REQUIRED	WHO NEEDS TO KNOW	POTENTIAL ISSUES	INDICATORS
Renew regular quarterly meetings with Alberta Health Services representatives for palliative care	Ongoing First meeting April 26, 2011	<ul style="list-style-type: none"> Executive Director Director of Finances Director of Resident Care Director of Human Resources 	<ul style="list-style-type: none"> Time Clinical expertise Financial expertise Human Resources expertise 	<ul style="list-style-type: none"> The Salvation Army Alberta Health Services Senior Management Group 	<ul style="list-style-type: none"> Communication Constant change of players Commitment from Alberta Health Service 	<ul style="list-style-type: none"> Consistent meetings Knowing who is supposed to be at meeting and what the meeting is about Partnering and decision making Cordiality Sharing of resources
Develop regular quarterly meetings with The Salvation Army divisional headquarters representatives	September 2011	<ul style="list-style-type: none"> Executive Director Director of Finances Director of Resident Care Director of Human Resources 	<ul style="list-style-type: none"> Time Clinical expertise Financial expertise Human Resources expertise 	<ul style="list-style-type: none"> The Salvation Army Alberta Health Services Senior Management Group 	<ul style="list-style-type: none"> Communication Constant change of players Commitment from The Salvation Army 	<ul style="list-style-type: none"> Consistent meetings Knowing who is supposed to be at meeting and what the meeting is about Partnering and decision making Cordiality Sharing of resources
Develop a stewardship process - Thank you letters / cards - Opportunities to become more engaged with Agapé	Ongoing	<ul style="list-style-type: none"> Fund Development Manager Volunteer Resources Manager Director of Finance 	<ul style="list-style-type: none"> Admin support Improved Database support Budget for recognition Community Council 	<ul style="list-style-type: none"> Funders Community The Salvation Army Alberta Health Services Senior Management 	<ul style="list-style-type: none"> Budget Availability Admin support Maintaining reputation for levels of support Community Resources 	<ul style="list-style-type: none"> Donor retention Balanced budget Moves management (relationship building from small donor to major gifts)
ACTIONS: Outline the planned actions with the logical sequence of steps required to implement your activity.	WHEN & HOW LONG State when each of the actions steps will begin, and how long each step will take. Completed will be indicated in red.	RESPONSIBILITIES Define who is responsible for each action as well as each of the steps.	RESOURCES REQUIRED Specify the resources needed to achieve each action. Include people, relationships, materials and knowledge resources.	WHO NEEDS TO KNOW Describe who needs to be informed, what they need to know, and at what stage of the action plan.	POTENTIAL ISSUES Identify potential issues that might arise, impacts on the community, and emerging opportunities	INDICATORS Identify one or more indicator to measure change or progress.

ACTION PLAN TEMPLATE

YOUR STRATEGIC ACTIVITY:

Financial Wellness – Develop Relationship with New Funders

ACTIONS & STEPS	BY WHEN & HOW LONG	WHO IS RESPONSIBLE	RESOURCES REQUIRED	WHO NEEDS TO KNOW	POTENTIAL ISSUES	INDICATORS
Strategic Financial Plan	Basic plan completed fall 2010 Start conversation in September 2011	<ul style="list-style-type: none"> • Fund Development Manager • Resource Management Committee • Public Relations from The Salvation Army 	<ul style="list-style-type: none"> • Fund Development Manager • Resource Management Committee • Community council 	<ul style="list-style-type: none"> • Fund Development Manager • Resource Management Committee • Community council • The Salvation Army • Community / funders 	<ul style="list-style-type: none"> • Apathy • Risk management • Division of perspective • Develop relationship with The Salvation Army 	<ul style="list-style-type: none"> • Strong balanced budget • Ability to develop new programs • Meeting obligations • Meeting goals • Evaluations • Shared resources between partners
<p>ACTIONS: Outline the planned actions with the logical sequence of steps required to implement your activity.</p>	<p>WHEN & HOW LONG State when each of the actions steps will begin, and how long each step will take. Completed will be indicated in red.</p>	<p>RESPONSIBILITIES Define who is responsible for each action as well as each of the steps.</p>	<p>RESOURCES REQUIRED Specify the resources needed to achieve each action. Include people, relationships, materials and knowledge resources.</p>	<p>WHO NEEDS TO KNOW Describe who needs to be informed, what they need to know, and at what stage of the action plan.</p>	<p>POTENTIAL ISSUES Identify potential issues that might arise, impacts on the community, and emerging opportunities</p>	<p>INDICATORS Identify one or more indicator to measure change or progress.</p>

ACTION PLAN TEMPLATE

YOUR STRATEGIC ACTIVITY:

Financial Wellness – Strategic Fund Development Plan - Operational plan

ACTIONS & STEPS	BY WHEN & HOW LONG	WHO IS RESPONSIBLE	RESOURCES REQUIRED	WHO NEEDS TO KNOW	POTENTIAL ISSUES	INDICATORS
Look at needs of the organization	Ongoing October thru December Follow SA budget process	Executive and Management team	Individual department Input	Management Team Staff The Salvation Army Alberta Health Services Community Council	Funding Salvation Army priorities Alberta Health Services priorities Economy Government policies	Implementation of new and sustainable programs Feedback from staff and residents and families How much of the budget is spent Adequate resources
Encourage management team and staff to sit on Fund Development committees	By September 2011 And ongoing	Fund Development and Communications Manager Team	Comprehensive event plan Expectations outlined Personnel for committees are required Budget	Management Team Staff The Salvation Army Community Council	Not enough time Unclear expectations Lack of support Not priority	Number of committees formed and active. Number of active members on committees
Look at different hospices and what they are doing for fund development activities	By September 2011 and ongoing	Fund Development and Communications Manager	Conferences Internet Virtual Hospice St. John Conference Hospice Contacts Other fund development partners	Management Team Staff The Salvation Army Community Council	Support staff Lack of communication with others (communication network)	New portfolio Developed partnerships Information shared Collaborations
ACTIONS: Outline the planned actions with the logical sequence of steps required to implement your activity.	WHEN & HOW LONG State when each of the actions steps will begin, and how long each step will take. Completed will be indicated in red.	RESPONSIBILITIES Define who is responsible for each action as well as each of the steps.	RESOURCES REQUIRED Specify the resources needed to achieve each action. Include people, relationships, materials and knowledge resources.	WHO NEEDS TO KNOW Describe who needs to be informed, what they need to know, and at what stage of the action plan.	POTENTIAL ISSUES Identify potential issues that might arise, impacts on the community, and emerging opportunities	INDICATORS Identify one or more indicator to measure change or progress.

ACTION PLAN TEMPLATE

YOUR STRATEGIC ACTIVITY:

Organizational Wellness – External Recognition as a Leader

ACTIONS & STEPS	BY WHEN & HOW LONG	WHO IS RESPONSIBLE	RESOURCES REQUIRED	WHO NEEDS TO KNOW	POTENTIAL ISSUES	INDICATORS
Acquire Accreditation – Accreditation Canada / Salvation Army	Accreditation Canada – December 2012 Salvation Army – 2013 And ongoing	Executive Director Management Team Accreditation Teams Staff	Funding Personnel Time Accreditation standards Required Organizational Practices	Agapé Staff Public Government Resident / Families The Salvation Army Alberta Health Services Other hospices	Conflict between the two accreditation bodies Conflict between standards and Agapé philosophy	Accreditation achieved with both bodies
Obtain National and community recognition	Ongoing	Management Team Staff Fund Development and Communication Manager	Time Research opportunities Partnerships with educational institutions Ethics Committee Association with media The Salvation Army Public Relations and Development Department	Management Team The Salvation Army Staff Alberta Health Services Community Council	Ethical conflicts Privacy Funding Resources	Participate in conferences and research opportunities Publish Wellness Program
Develop best practice	Ongoing	Management Team Staff Professional Development Committee	Time Research of best practice Commitment Interdisciplinary team	Management Team The Salvation Army Staff Alberta Health Services Community Council Public Other Hospices Residents / Families Accreditation bodies	Time Implementation Sustainability Obtaining updated information Difference in agreement on best practice (internal and external)	Participate in conferences & research Completion of Agapé Professional Standards Document Completion of an Employee Handbook Completion of a Volunteer Handbook Completion of a Resident / Family admission package Publish Wellness Program
ACTIONS: Outline the planned actions with the logical sequence of steps required to implement your activity.	WHEN & HOW LONG State when each of the actions steps will begin, and how long each step will take. Completed will be indicated in red.	RESPONSIBILITIES Define who is responsible for each action as well as each of the steps.	RESOURCES REQUIRED Specify the resources needed to achieve each action. Include people, relationships, materials and knowledge resources.	WHO NEEDS TO KNOW Describe who needs to be informed, what they need to know, and at what stage of the action plan.	POTENTIAL ISSUES Identify potential issues that might arise, impacts on the community, and emerging opportunities	INDICATORS Identify one or more indicator to measure change or progress.

ACTION PLAN TEMPLATE

YOUR STRATEGIC ACTIVITY:

Organizational Wellness – Cohesive Message

ACTIONS & STEPS	BY WHEN & HOW LONG	WHO IS RESPONSIBLE	RESOURCES REQUIRED	WHO NEEDS TO KNOW	POTENTIAL ISSUES	INDICATORS
Decide what the message is. (brand)	January 2012	Executive Director Fund Development and Communications Manager	Case for support Staff input Resident / family input Satisfaction Survey External Marketing Support Focus group	Community Council All staff Public / donors / stakeholders The Salvation Army Alberta Health Services	Consensus Time Funding implementation	Acceptance of the message Usage / “buy in” Increase support and understanding
Develop a “tag line” (slogan)	January 2012	Executive Director Fund Development and Communications Manager	Case for support Staff input Resident / family input Satisfaction Survey External Marketing Support Focus group	Community Council All staff Public / donors / stakeholders The Salvation Army Alberta Health Services	Consensus Time Funding implementation	Acceptance of the tag line Usage / “buy in” Increase support and understanding
Continue to support an environment of continuous quality improvement (risk and incident management)	Ongoing	All staff Continuous Quality Improvement Committee Joint Health & Safety Committee	Financial Support Staff input and commitment Family awareness Handbooks – Employee, Resident, Family, Volunteer Resident/Family Safety Brochure	AHS Salvation Army Staff Residents Families Visitors	Consensus Funding Time	Incident report trending Safety walk Risk Assessment Hazard Assessment Staff & Resident/ Family buy-in
ACTIONS: Outline the planned actions with the logical sequence of steps required to implement your activity.	WHEN & HOW LONG State when each of the actions steps will begin, and how long each step will take. Completed will be indicated in red.	RESPONSIBILITIES Define who is responsible for each action as well as each of the steps.	RESOURCES REQUIRED Specify the resources needed to achieve each action. Include people, relationships, materials and knowledge resources.	WHO NEEDS TO KNOW Describe who needs to be informed, what they need to know, and at what stage of the action plan.	POTENTIAL ISSUES Identify potential issues that might arise, impacts on the community, and emerging opportunities	INDICATORS Identify one or more indicator to measure change or progress.

ACTION PLAN TEMPLATE

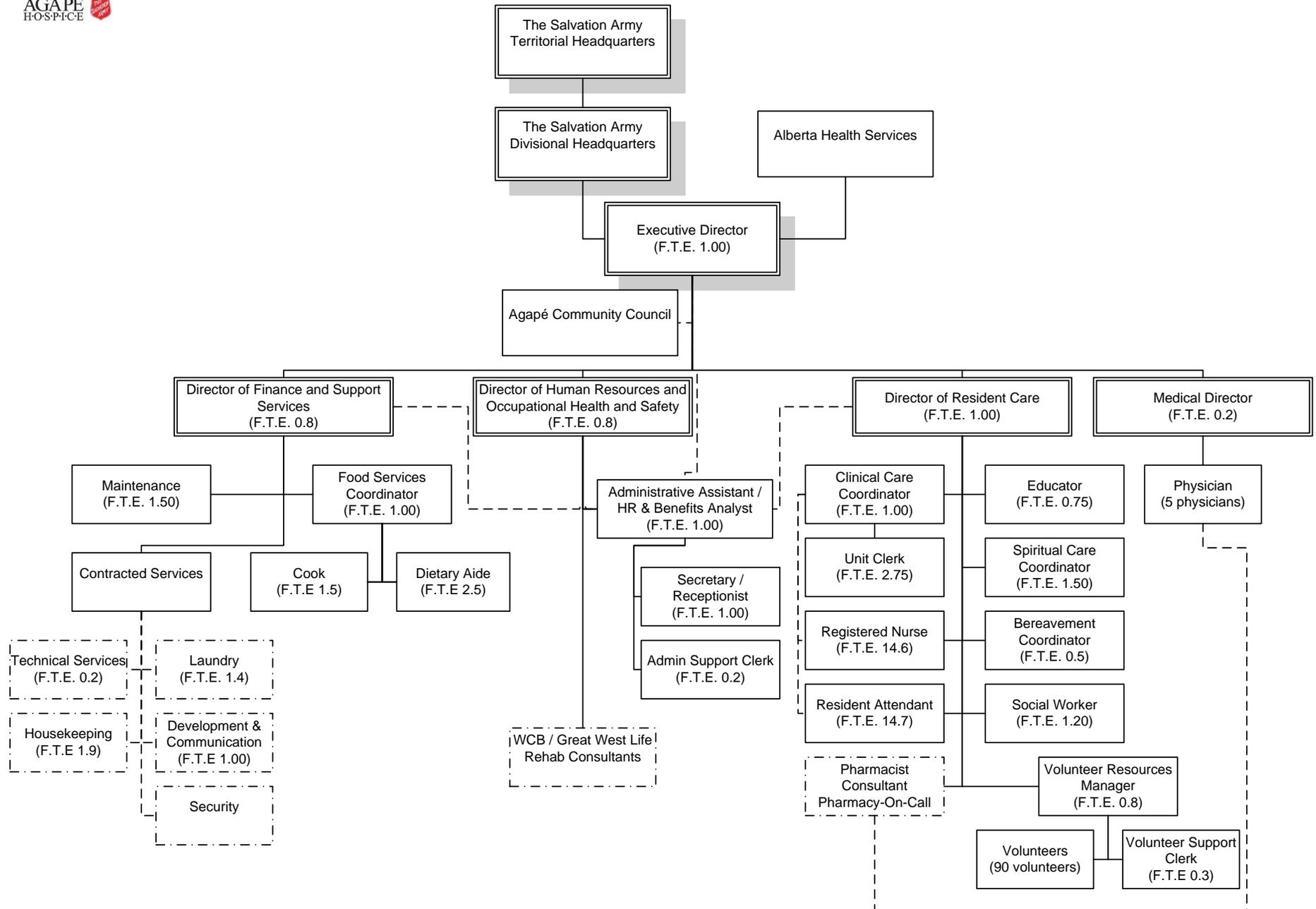
YOUR STRATEGIC ACTIVITY:

Organizational Wellness – Express Ownership of Self-Worth

ACTIONS & STEPS	BY WHEN & HOW LONG	WHO IS RESPONSIBLE	RESOURCES REQUIRED	WHO NEEDS TO KNOW	POTENTIAL ISSUES	INDICATORS
Continue the Wellness project	Ongoing	All staff	Funding Commitment Education institution support / participation Resources Communication strategy	Management Staff Public AHS The Salvation Army	Greater participation needed Lack of communication / clarity of purpose Lack of education	Retention of staff Self-care Completion of evaluation phase of wellness project Cultural Audit Reduction in absences and sick time Greater participation in wellness project
Staff recognition – continue to provide and enhance an environment that recognizes staff individually and collectively	Operational – annually and ongoing	Human Resources Management All staff	Financial Support Organizational commitment Resources Communication	Management Staff The Salvation Army	Lack of commitment to support the program Lack of communication or clarity of purpose	Staff know that they are valued and recognized for their contribution Low turnover Program is effective and works well Increased participation from staff in events
<p>ACTIONS: Outline the planned actions with the logical sequence of steps required to implement your activity.</p>	<p>WHEN & HOW LONG State when each of the actions steps will begin, and how long each step will take. Completed will be indicated in red.</p>	<p>RESPONSIBILITIES Define who is responsible for each action as well as each of the steps.</p>	<p>RESOURCES REQUIRED Specify the resources needed to achieve each action. Include people, relationships, materials and knowledge resources.</p>	<p>WHO NEEDS TO KNOW Describe who needs to be informed, what they need to know, and at what stage of the action plan.</p>	<p>POTENTIAL ISSUES Identify potential issues that might arise, impacts on the community, and emerging opportunities</p>	<p>INDICATORS Identify one or more indicator to measure change or progress.</p>

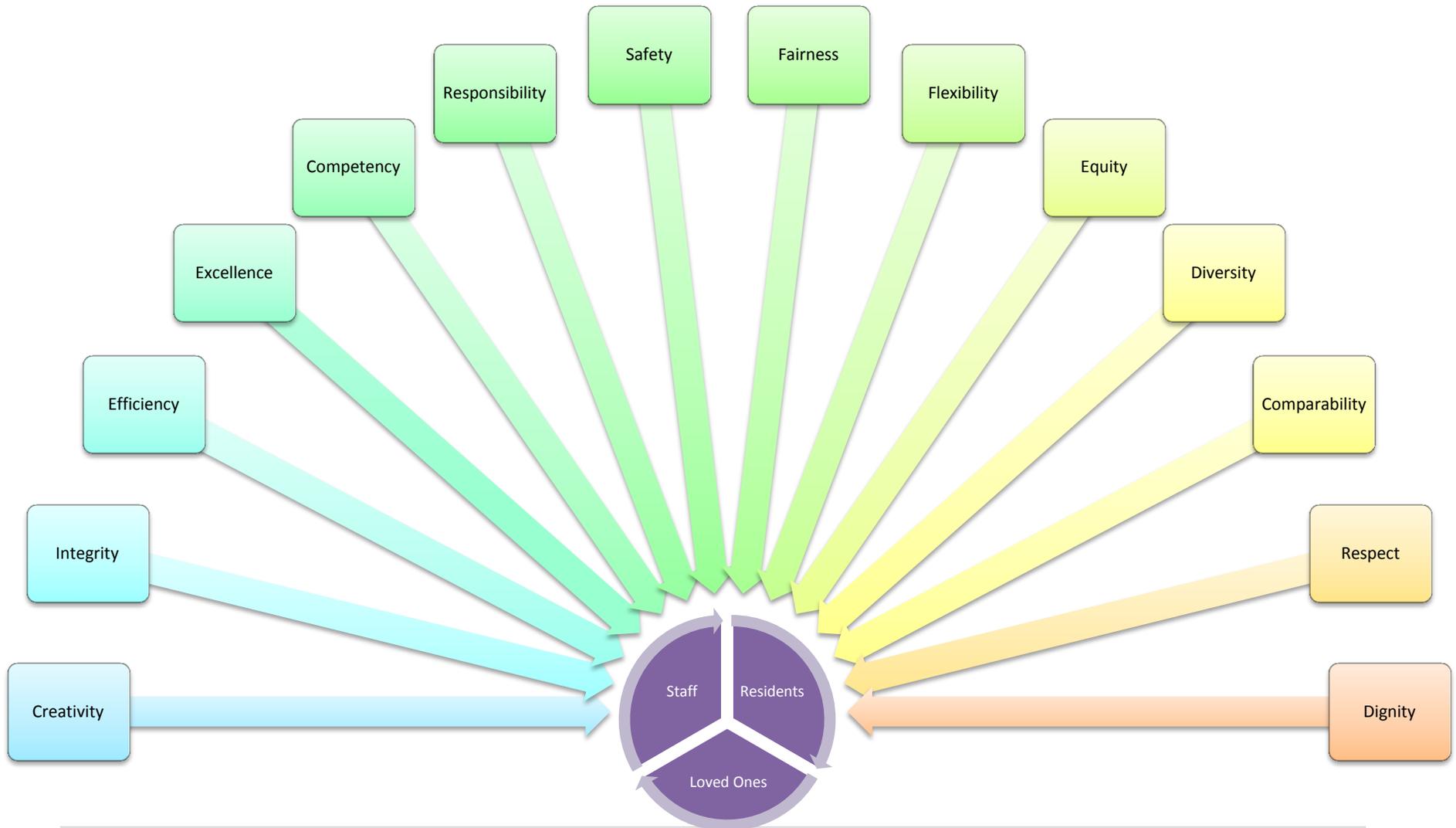


The Salvation Army Agapé Hospice Organization Chart





APPENDIX B (1) – The Salvation Army Agapé Hospice Core Values and Beliefs





APPENDIX B (2)

The Salvation Army Agapé Hospice Best Practice in the Care of Our Residents and Their Loved Ones

