

BUSINESS PLAN

BARBADOS HOSPICE & PALLIATIVE CARE INITIATIVE

1.0 Executive Summary

With the cooperation of the Government of Barbados, the Barbados Diaspora Collaborative USA (BDC USA) aims to establish a free-standing facility to provide hospice and palliative care services for Barbadians dying of cancer and other chronic diseases.

A 20-bed 9,000 square foot facility located in a serene environment at a location to be determined is envisaged. The Government of Barbados has pledged to partner with the collaborative on this project and discussions have centered on providing land for a de novo structure or a building for retrofitting.

1.1 Objectives

Financial objectives for the first year are:

- The raising of adequate funding for start-up and construction.
- Development and implementation of strategies for ongoing funding needs for the first five years of the project.

Non-financial objectives:

- To provide a quiet, caring environment for those at end of life.
- To provide palliative care for those at end of life.
- To provide training for health care workers and students on hospice and palliative care principles.

1.2 Mission

- To provide the option of hospice and palliative care services in a free-standing setting otherwise unavailable in Barbados.

1.3 Keys to Success

- Support of the Government of Barbados.
- Buy-in of the Barbados medical community, the Barbados public, corporate Barbados, NGOs and other stakeholders.
- Utilization of a small, core paid staff to control costs.
- Utilization of volunteer retired professionals in appropriate disciplines such as counseling and pastoral care to minimize costs.

2.0 Organization Summary

The Barbados Diaspora Collaborative USA draws its support from the Barbados Cancer Association USA (BACA), Inc. and three umbrella groups of Barbadian organizations in the US: the Council of Barbadian Organizations, NY (CBONY), Inc., the National Association of Barbados Organizations (NABO), Inc. and the United Barbados Planning Committee (UBPC), as well as non-umbrella Barbadian organizations, unaffiliated Barbadians and friends of Barbados.

A number of committees have been formed to manage the project: an Oversight Committee comprising the leadership of BACA, CBONY, NABO and UBPC; an Advisory Committee (comprising the members of the Oversight Committee; the Barbados Association for Cancer Advocacy, a Barbados-based charity; and invited others such as the Barbados Cancer Society; Cancer Support Services - Barbados; the Chronic Disease Research Centre, Barbados); a Public Relations Committee; a Fundraising Committee; an Events Committee, and a Facilities Committee. See Attachment 1.

Financial operations will be under the control of the Oversight Committee. Accounting safeguards will ensure transparency and accountability.

2.1 What Makes the Barbados Hospice Project Unique

While it is preferable for dying patients to do so at home surrounded by loved ones, this is often not realistic for a variety of reasons detailed elsewhere in this document.

Some end of life support is provided by the Barbados Cancer Society, Cancer Support Services - Barbados, the Barbados Association for Palliative Care and government in the hospital and institutional settings by default.

The proposed hospice and palliative care facility would be unique in that it would provide a free-standing tertiary option for Barbadians at end of life. Various room configurations will be employed: quads, doubles and singles with the usual furnishings including hospital beds, dressers, and seating for family members. Rooms will open onto a central area containing the nursing station, pharmacy, kitchen, family lounges, administrative office(s) and storage facilities.

2.2 Legal Entity

Incorporation of BDC USA will be in New York State and 501 (c) 3 status will be pursued.

Day-to-day operations will be under the control of:

Chairman

Vice Chairman

Secretary

Treasurer

Public Relations Officer/Assistant Secretary Treasurer

A Board of Directors will provide overall guidance.

2.3 Start-up Summary

Start-up Expenses

One of the key elements in the start-up budget is the development of informational materials and the use of social media to promote the project.

Start-up Assets

Assets of BDS \$35,610 were raised at a BDC USA Hospice Fundraiser held Sunday, September 25, 2011 at Floral Terrace, Floral Park, NY. Since then, this has been augmented to BDS \$51,000 (as of August 2012).

Long-Term Assets

Long-Term assets will include the facility which, it is expected, will be leased long-term to the collaborative by the Government of Barbados at a nominal sum per annum. Construction or renovation costs are projected at BDS \$1,000,000 (with concessions). BDS \$50,000 is being allocated for initial furnishings and medical equipment.

Medical Equipment: see Attachment 1

Medical Supplies: see Attachment 2

Other Equipment & Supplies: see Attachment 3

Furnishings: see Attachment 4

Room Furnishings:

Facility Furnishings:

Funding:

To fund these costs, BDC USA will seek donations from individuals, businesses and corporations in the US and Barbados as well as from US foundations and international funding agencies. It is hoped that the Barbados Canadian and UK diasporas will be supportive as well.

2.4 Location and Facilities

The location of the facility is still to be determined. The Barbados Ministry of Health is open to providing either land or a building that can be retrofitted for our purposes.

3.0 Services

Hospice and Palliative Care services will be provided. It is anticipated that services will start in 2014.

3.1 Service Description

Patients can expect dignified, respectful and sensitive care, pain relief and other medications and appropriate medical therapies as well as psychological and pastoral support. Standard visiting hours will be 10 am to 10 pm with flexibility at other times to accommodate individual patient circumstances.

RN and medical assistants will be the mainstay of the 24-hour operation. Day time staff would consist of a clerk, a cook, a laundry attendant, and janitor/maintenance worker for facility and grounds upkeep.

All other providers such as psychologists and clergy will be on a volunteer basis drawn from the extensive cadre of retired persons/professionals in Barbados.

3.2 Printed Materials

A brochure is under development and will describe the services offered.

Our fundraising packet will include the brochure, mission statement and means of donation.

4.0 Needs Analysis Summary

"In the old days" families just took care of their elderly and dying at home, but this is no longer always possible.

Factors that play a role in promoting this initiative are:

- Aging of the Barbados population.
- Increase in chronic non-communicable diseases (NCDs) in Barbados (and the world).
- Fewer relatives to provide at home end of life care due to smaller family size, emigration, career demands, costs.
- Stressed public sector and private sector elder care hospice/palliative care services.
- Unavailability of such a free-standing model in Barbados.

4.1 The Needs of the dying

- To be treated with dignity and respect.
- To be cared for by knowledgeable caregivers working as a team.

4.2 The Needs of the Family

- Peace of mind about their dying relatives.
- Respite from the time-consuming job of caring for dying family members themselves.
- To be relieved of feelings of guilt which often develop when family caretakers do not have the physical, emotional or intellectual resources to personally provide appropriate care for those they love.

4.3 Alternatives

Currently some default hospice care is provided in the Queen Elizabeth Hospital tying up acute care beds in this stressed facility. Some is also provided in nursing homes at government expense. There is some limited in-home hospice by NGOs such as Cancer Support Services and the Barbados Cancer Society. Also, the recently formed Barbados Association for Palliative Care is providing some services.

5.0 Management Summary

Overall Management:

A management board comprising representatives of BDC USA, government, elder care experts, clergy, law, accounting, appropriate NGOs and individuals, will set management goals and standards.

Standing committees will include Budgeting and Finance and Public Relations & Fundraising.

Caregiving Management

Primary caregivers will be nurses and medical assistants under the direction of (a) part-time volunteer medical director(s). Morning rounds will be held daily to discuss the ongoing needs of each patient. Rounds will include volunteer caregivers such as clergy, psychologists and various therapists. The Medical Director(s) will round at least once weekly with the team and will be available for consultation at all times.

Patients with private doctors can have their services supervised by that doctor, but overall responsibility resides with the Medical Director(s).

Public Relations & Fundraising

These will be key to sustainability.

5.1 Caregiving Organizational Chart



5.2 Personnel Plan

Staffing goals:

- Medical Director
- Full-time RNs
- Full-time Medical Assistants
- Cook
- Housekeeping
- Janitorial and grounds

Administrative and development personnel:

- Part time Business Manager
- Part time Public Relations Officer

6.0 Strategy and Implementation Summary

Timeline

Fundraising: ongoing:

- BDC USA
- Regional Initiatives (USA)
- Canadian Diaspora (anticipated)
- UK Diaspora (anticipated)

Site finalization: 2012

Construction completion: 2013

Establishment of Management Board: 2013

Hiring of Staff: 2013

Timeline (cont'd):

Completion of Furnishings: 2013

Open House: December 2013

First Patients Accepted: January 2014

First Review: June 2014

7.0 Financial Plan (projected out 5 years)

Contact us at info@bdcusa.org if interested in more details.

Ongoing financial support is anticipated from:

- Ongoing fundraising by the BDC USA and the Barbados Diaspora in other countries
- Government subvention
- Income generation from paying patients

Attachment 1

Medical Equipment:

- Equipment includes:
- Blood pressure apparatus
- ECG machine
- Glucometers
- IV poles
- Wheelchairs
- Walkers
- Canes
- Call-button system

Attachment 2

Medical Supplies

- Pain medications
- Intravenous solutions
- Oxygen
- Dressings
- Wound care supplies

Attachment 3

Other Equipment & Supplies

- Desks
- Stationery
- Telephones
- Medical charts
- Computers
- Refrigerators
 - Medical use
 - Staff use
- Stoves
- Cooking equipment
- Utensils
- Gowns
- Curtains/blinds
- Towels
- Washcloths
- Adult diapers
- Chucks
- Washing machines
- Clothes dryer
- Laundry detergent
- Irons
- Ironing board
- Garbage bags

Attachment 4

Furnishings:

Room Furnishings: hospital beds, dressers, closets, side tables, chairs

Facility Furnishings: couches, chairs, tables,