Palliative Care at

St. Peter’s Hospital
HAM pTON HEALTH SCIENCES

Enhancing Lives

October 2014
What is Hospice Palliative Care?

Hospice Palliative Care denotes a concept of care rather than a place. It is delivered across a continuum of care providers from family practitioners, to specialists, to community workers, to family caregivers. Palliative care also occurs in a variety of settings from client homes, to community service organizations, to hospice and supportive housing locations, to long term care facilities, chronic care facilities and acute care facilities. Palliative care is provided to patients of all age groups with a breadth of diagnoses.

In October 2001 the membership of the then Canadian Palliative Care Association (CPCA) overwhelmingly supported a motion from the Board of Directors to change the name of the association to the Canadian Hospice Palliative Care Association (CHPCA). In recognition that "hospice care" and "palliative care" are no longer recognized as separate entities. The term that is now widely accepted in Canada is "hospice palliative care".

Definition of Hospice Palliative Care:

“Hospice palliative care aims to relieve suffering and improve the quality of living and dying.

Hospice palliative care strives to help patient and families:
• Address physical, psychological and practical issues, and their associated expectations, needs, hopes and fears
• Prepare for and manage self-determined life closure and the dying process
• Cope with loss and grief during the illness and bereavement.

Hospice palliative care aims to:
• treat all active issues
• prevent new issues from occurring
• promote opportunities for meaningful and valuable experiences, personal and spiritual growth, and self-actualization.

Hospice palliative care is appropriate for any patient and / or family living with, or at risk of developing, a life-threatening illness due to any diagnosis, with any prognosis, regardless of age, and at any time they have unmet expectations and / or needs, and are prepared to accept care.

Hospice palliative care may complement and enhance disease-modifying therapy or it may become the total focus of care.

Hospice palliative care is most effectively delivered by an interdisciplinary team of healthcare providers who are both knowledgeable and skilled in all aspects of the caring process related to their discipline of practice. These providers are typically trained by schools or organizations that are governed by educational standards. Once licensed, providers are accountable to standards of professional conduct that are set by licensing bodies and / or professional associations.”

Canadian Hospice Palliative Care Association, 2002
St. Peter’s Hospital Palliative Care Program

Our Purpose:

To provide expert, interprofessional palliative / end of life care to people experiencing any life threatening illness, within an environment that fosters clinical excellence, education and research. Our Palliative Care Program promotes:

- Patient/family-driven decision making to maintain the comfort, quality of life, spirituality, autonomy and dignity of each dying person while supporting families through this difficult period and in bereavement
- A seamless system of care for the dying

Program Criteria - Our Patients Must Meet All Six Criteria:

1) **Require the expertise of an on-site, palliative care interprofessional team to manage symptoms and distress:**
   a. Require a treatment regime to address pain and symptom management
   b. May be experiencing complexities associated with their end-stage disease including delirium, aggression, agitation, etc.
   c. Require involvement of a palliative trained physician 1 to 2 times per week / daily skilled nursing interventions / active interprofessional goals involving some other professionals, such as: SW / OT / PT / Chaplain / Pharmacy / Dietitian / SLP / Therapeutic Recreation, etc.
   d. Significantly decreased functional abilities (Palliative Performance Scale (PPS) score of 50% or less)

2) **Are in the final stages of a life threatening illness** (e.g.- metastatic cancer, end-stage cardiac or lung diseases, end-stage neurological disorders, end-stage organ failure, end-stage HIV/AIDS, etc.) - AND

3) **Have goals of care promoting a comfort approach rather than aggressive treatment** (a completed POST / Advanced Directives is encouraged) - AND

4) **Have a life expectancy ranging from several hours up to 12 months duration** – AND

5) **Have care needs that cannot be met at home or in another setting with the available resources** (cannot be eligible or referred to LTC) - AND

6) **Are aged 18 years or older**

Our patients may have any of the Following **Goals of Care:**

- To receive comprehensive assessment and **ongoing** management of distressing symptoms: pain, nausea/vomiting, shortness of breath, restlessness, confusion, etc.
- To receive **short-term** intervention to bring symptoms under control and allow discharge home.
- To receive 24 hour supportive care during the actively dying phase of illness.
- To receive temporary placement to provide caregiver relief/respite.

Our patients may have **very Complex Care Needs**, such as:

- Various modalities for pain management (including - epidurals & PCA Pain Pumps)
- Management of IV therapy (peripheral & central lines)
- Hypodermoclysis
- TPN
- High flow oxygen therapy + BiPAP & CPAP
- On-site blood transfusions
- Management of complex skin wounds
- Ongoing management of chest tubes
- Specialized ostomy care (including - pigtail catheters & nephrostomy tubes, etc.)
- Specific complimentary therapies for pain management (including - acupuncture, Jobst pump application, TENS, etc.)
- Determination of specialized therapeutic mattresses, seating & support surfaces
- On-site bloodwork, X-rays & EKGs

Our patients may be receiving **Shared Care**, coordinated by us, such as:

- Day visits for Palliative radiation therapy and/or chemotherapy at the Juravinski Cancer Centre
- Follow-up visits with their specialist physician
We Believe Our Role in Each Patient's Journey:

- Affirms life
- Regards dying as a normal process
- Provides relief from pain and other distressing symptoms
- Meets patients and families where they are at, on their journey
- Respects that everyone approaches death from their own unique perspective based upon their individual values, spiritual beliefs, cultural roots, family dynamics and life experiences.
- Should be patient & family-centred and respond to the needs of the body, mind and spirit.
- Ensures that every patient & family has the right to participate in informed discussions about treatment options
- Understands patients and families facing similar situations will make very different choices.
- Offers a support system to help patients live as actively as possible until death
- Offers a support system to help the families cope during the patient's illness and in their bereavement
- Should be responsive to community needs through community partnerships

Our Palliative Care Team Membership:

“Hospice palliative care is most effectively delivered by an interdisciplinary team of healthcare providers who are both knowledgeable and skilled in all aspects of the caring process related to their discipline of practice. These providers are typically trained by schools or organizations that are governed by educational standards. Once licensed, providers are accountable to standards of professional conduct that are set by licensing bodies and / or professional associations.”

Canadian Hospice Palliative Care Association, 2002

Our on-site Palliative Care Team provides a complete milieu dedicated to the holistic provision of palliative care services. Our program resides within a fully accredited Complex Continuing Care Hospital under the Public Hospitals Act. We adhere to the standards of the Canadian Council on Health Services Accreditation (CCHSA). We have designed our program in keeping with the National Principles and Norms of Practice developed by the Canadian Hospice Palliative Care Association in 2002 (CHPCA). All of our interprofessional team members are licensed professionals governed by the professional practice standards of their respective Colleges. We have a trained, dedicated staff of over 100 individuals, both full-time and part-time:

<table>
<thead>
<tr>
<th>Physicians</th>
<th>Clinical Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Managers</td>
<td>Dietitians</td>
</tr>
<tr>
<td>Nursing Staff</td>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>Social Workers</td>
<td>Clinical Pharmacy</td>
</tr>
<tr>
<td>Occupational Therapists &amp; Assistants</td>
<td>Respiratory Therapy Support</td>
</tr>
<tr>
<td>Physiotherapists &amp; Assistants</td>
<td>Therapeutic Recreationist</td>
</tr>
<tr>
<td>Chaplains</td>
<td>Speech Language Pathologist</td>
</tr>
<tr>
<td>Program Clerks</td>
<td>Environmental Assistants</td>
</tr>
</tbody>
</table>

We also have a core group of specially trained Palliative Volunteers who provide essential social and emotional support to our patients.
Our Process of Providing Care:

Direct referrals can be made by printing, completing and faxing back a referral form from our Website (http://www.hamiltonhealthsciences.ca/body.cfm?id=1663). Urgent admission to the St. Peter’s Palliative Care Program can usually be arranged within 48 hours following a referral. Any individual involved in a patient’s care can make a referral.

Potential patients for our program are identified by:

- Palliative Care Consultation Teams and/or social workers/discharge planners in acute care (e.g. Hamilton Health Sciences sites, St. Joseph’s Health Care, West Lincoln Memorial Hospital, Joseph Brant Memorial Hospital, etc.)
- Specialist physicians / clinics (i.e. – oncologists at JCC, cardiologists and Heart Function Clinics, respirologists and Firestone Clinic, etc.)
- Palliative Care Shared Care Community Outreach Teams
- Palliative Care Coordinators at Hamilton CCAC (and CCAC Care Coordinators from other areas within our LHIN – Niagara, Haldimand-Norfolk, Brant, Halton, etc.)
- Area Family physicians
- Health care professionals from area long-term care facilities and retirement homes
- Self-referrals or family / friend referrals are followed up by contacting the appropriate involved, health care resources with the consent of the patient / substitute decision maker

New referrals are processed daily by our team of 4 Palliative Care Nurse Case Managers and available beds are offered, accordingly:

1. To urgent patients at home to avoid a potential emergency room visit
2. To patients in Emergency Rooms who are more appropriate to come to our setting vs. acute care
3. To patients in acute care ready to be discharged to our Palliative Care Program

Our 4 Palliative Care Nurse Case Managers have all successfully achieved their Certification in Hospice Palliative Care Nursing Canada through RNAO (only available since 2004). They are each responsible for an overall caseload of 15 patients. Our Case Managers are primarily scheduled on day shift from Mondays to Fridays with some weekend coverage to ensure that they can provide coordination of care and continuity between patients/ families and the entire Interprofessional Palliative Care Team.

Our program has always included the services of Palliative Care Physicians with a group of family physicians with experience in palliative care. We have explored a few variations of physician models with these resources over the past several years. We have recently launched a Clinical Teaching Unit (CTU) Physician Model whereby our two Palliative Care Physicians work Monday to Friday (9:00am – 5:00pm), and supervise a group of multi-level medical learners. We also have part-time Family Physicians covering 2 & ½ days per week between Monday & Friday to assist with workload. Our Palliative Care Physicians work collaboratively with medical learners and family physicians with enhanced palliative experience to admit patients seven days per week and provide round the clock care. Our Palliative Care Physicians share on-call responsibilities with our family physician group at St. Peter’s to manage our palliative patients after hours and on weekends. Our Palliative Care Physicians enjoy a fully integrated role within the medical staff and Interprofessional Palliative Care Team. In collaboration with our expert Interprofessional Palliative Care Team, the Palliative Care Physicians play a leadership role in the teaching of medical students and physicians in the Palliative Care Fellowship Program. Our Palliative Care Physicians have a cross appointment in the Department of Family Medicine, Division of Palliative Care of McMaster University. We have enjoyed the active involvement of Division of Palliative Care at McMaster University, as we have evolved our Palliative Care Physician model over the past couple of years.
Currently, our palliative care patients are assessed by our Palliative Care Physicians or our family physicians with palliative experience within 24 hours of admission. There is a physician rounding our palliative care units every day, seven days per week, and physician on-call support 24/7.

Our palliative admissions are assessed by each of our **interprofessional disciplines**. Our Nurse Case Managers provide a care coordination role and they will flag for team members when there is urgency for specific professions to be involved on the day of admission. Generally, all professions will initiate their assessments within 72 hours of admission. All patients are reviewed during regular Palliative Care Team Meetings (attended by representatives of all professions) twice weekly. Goals of care are patient and family driven and developed in collaboration with the interprofessional team. Patients and families are able to schedule Family Meetings with our Team to review goals of care as needed.

We have two 30-bed Units all on the third floor at St. Peter’s for a total of 60 beds. Our 4 Nurse Case Managers are responsible for a caseload of 15 patients each and they follow their patients from pre-admission to death or discharge. The Nurse Case Managers work ten-hour shifts from 7am – 5pm daily, 7-days per week. There are 2 – 4 Case Managers present from Monday to Friday with 1 Case Manager working every weekend. All of our palliative patients receive daily **nursing care from registered staff only**. We have two twelve-hour shifts in 24 hours. They run from 7:00am to 7:00pm (Days) and 7:00pm to 7:00am (Nights). In addition to our Nurse Case Managers, on each unit of 30 patients there is 1 RN and 5 RPNs on Days daily and 1 RN and 3 RPNs on Nights daily.

Our trained **Palliative Care Volunteers** are scheduled throughout the week, during the day and evening hours, to provide support and companionship to our patients. They will provide vigilling at a dying patient’s bedside, if requested, according to availability.

**Our Setting:**

- Our Palliative Care Program operates a cohesive program within two dedicated in-patient units of up to 60 beds (12 private, 8 semi-privates & 8 ward rooms).
- We offer 24-hour open visiting hours.
- We have a large homelike, Palliative Care Family Room right on the Unit which includes a living room, kitchen and quiet rooms for enhanced privacy and comfort.
- Rooming-in is also available for immediate family members when the death of a loved one appears imminent.
- Our units have been renovated through our Body / Mind / Spirit Project. We have aimed to create a homelike atmosphere with colour schemes inspired from nature, adjustable lighting, coordinating homelike fabrics, fireplaces and comfortable homelike furnishings and millwork.
- We have a large supply of specialty wheelchair seating available to ensure that patients can enjoy our beautiful, professionally landscaped, hospital courtyard gardens.
- Temporary visits, of up to 72 hours, to home or family/friends can be arranged by the Team.
- We offer a weekly Pet Visiting Program and our patients’ personal pets can visit them here by obtaining a pet visiting permit. Inquire at the Nursing Station.
- We provide a regular, weekly schedule of Therapeutic Recreation Group Activities and entertainment opportunities plus one-to-one programming.
- We offer an on-site wheelchair adapted hairdressing salon and barber services.
- Our Chapel and adjoining Reflection Room are open 24/7.
- There is a private Dinning Room available for the booking of family gatherings/ celebrations.
- There is a homelike apartment suite available for the booking of private relaxed visits.
- We offer a non-denominational Worship Service every Sunday in the Chapel and a Catholic Worship Service in the Chapel every Saturday.
- Complimentary bereavement refreshment trays for families / friends.
- We provide a Memorial Service on a regular basis for the families of our recently deceased patients.
- Our Chapel can be booked for the funeral services of our patients through our Chaplain.
Our Important Team Contacts to Answer Your Questions:

Our Clinical Manager: Carol McKenna
905-777-3837 x12264

Our Social Workers: Nola Bachiu Lisa Petsche Caroline Sears
905-777-3837 x12295 x12210 x12210

Our Nurse Case Managers: Chris Stevens & Donna Theroux Donna Chovaz & Sue MacKay
905-777-3837 x12251 905-777-3837 x12416

Our Admitting Department: Jennifer Murphy
905-777-3837 x12300

Our Business Office: Allison Stoneburgh (Re: Co-payment)
905-777-3837 x12411