St. Joseph's Care Group

North West LHIN
Regional Palliative Care Program

Ontario Palliative Care Network Update

Recently, the Ontario Palliative Care Network (OPCN) was able to showcase and share with the Regional Palliative Care Networks and Programs the summary of findings from the capacity planning survey results conducted in December 2016 and January 2017. The work represents extensive consultations with member of the Regional Palliative Care Networks from across the province to establish an important baseline of the current state of hospice palliative care in Ontario. The work builds on capacity planning for residential hospice beds initiated in 2015/16, and describes the current state of palliative care service use across care settings by patients in their last year of life. The summary provides each region with information on where services are delivered, who delivers palliative care services in that region, and the variation in palliative care service use and service delivery across the province at the LHIN level. In addition to the summary of

findings, OPCN has created a Regional Profiles Excel tool that will allow regions to see their metrics and compare metrics across LHINs and service areas. This tool will provide detailed metrics of health service use in patients' last 30 days and last year of life; and help regions with local planning. If you are interested in learning more about the survey results for the North West Region, please contact the North West LHIN Regional Palliative Care Program at **RPCP@tbh.net**

North West LHIN Regional Palliative Care Program

In February, the Regional Palliative Care Program (RPCP) Advisory Committee hosted a face to face retreat to discuss the current 2016-2017 work plan and identify future priorities for the upcoming years. Participants attended from across the region and represented the health care system from across the continuum, including primary care, acute care, long term care, hospice volunteers, and community home care. The retreat commenced with a review of the 2016/17 work plan and a review of deliverables that were complete/incomplete. Building on the work from the previous year, the RPCP has identified a number of objectives for 2017/18 that fall within the RPCP key priorities 1) Communications and Engagement 2) Development of Palliative Care Programming 3) Access to Expertise 4) Education and Capacity Building 5) Developing Palliative Care in First Nations Communities and 6) Measurement and Evaluation. Two key clinical priorities the Regional Clinical Co-Leads will be supporting this year are improving access to medication and supplies in the region, and improving access to 24/7 nursing care.

National Hospice Palliative Care Week May 7th-13th, 2017

National Hospice Palliative Care Week takes place at the beginning of May every year. To celebrate, we thought we'd introduce you to some care providers who are passionate about their work and embody the spirit of hospice palliative care.

HPC Champions at Work

Sherri is a registered nurse who has worked on the Hospice Palliative Care Unit at St. Joseph's Hospital in Thunder Bay for 8 years. She entered nursing later in life but has always been comfortable with death and dying. A study of the work of Kubler-Ross and conversations with her grandmother influenced her in pursuing palliative care as an area of interest.

Sherri says that patient autonomy is what makes working in palliative care special. *"On hospice the patients are truly listened to as staff try to understand and meet their needs. In palliative care, the patients are the ones who dictate their care, not the staff."*

On why she enjoys working on the hospice unit, Sherry says "*Working in palliative care is a very meaningful and wonderful experience. It is a privilege to enter someone's space at that time in their life and it is very rewarding work. Sharing laughter, tears, and joy with patients and families gives you a good feeling."*

Sherri's words of advice to other providers are "*Don't react, respond. Maintain balance in your life and incorporate a reflection practice into your self-care. Use laughter and humour to break the ice and connect with the patients and families you serve."*

In the future, Sherri hopes that palliative care will be a priority for government and that it will be offered to people earlier on in their journeys. "*Palliative care needs to be available to everyone. It promotes comfort and alleviates pain and suffering. It is the type of care that everyone deserves.*"

HPC Champions at Work

Amy

Amy is a registered nurse who has worked many years in British Columbia on the Tertiary Hospice Palliative Care Unit at the Burnaby Hospital then on the oncology unit at the Thunder Bay Regional Health Science Centre (TBRHSC). Currently Amy works as the Palliative Care Support RN within the TBRHSC engaging with patients and families and the health care team to provide guidance in goals of care & advanced care planning, a palliative approach, complex discharges, and end of life care.

Amy has always had a keen interest in the relief of suffering, & in providing good care to all people as they approach end of life. *" So often in our culture, we deny the realities of living and therefore are unprepared for our aging, illness and dying. Palliative care provides compassionate care to ease the burden of suffering to improve the quality of living & dying."*

Words of advice Amy provides are that the philosophy of palliative care is in direct alignment with the tenets of nursing, which is to provide holistic care to the individual and their family with attention to all aspects of personhood: physical, psychological, spiritual and practical.

Amy's tips for self care for nurses in palliative care settings: *"Our colleagues are our strength. Be good to each other. Although we may have different approaches & priorities we all want the same things for our patients & families: comfort & quality of living. Find the things in life that bring you joy: family, friends, hobbies, pets and enjoy them."*

First Nations Update

On March 31,2017, Dr. Mary Lou Kelley and Holly Prince completed a project funded by Health Canada's First Nations and Inuit Health Branch, National Office (2016-2017). The overall goal of the project was to mentor community leads from the 24 First Nations communities involved in the First Nations and Inuit Health Branch (FNIHB) Ontario Region Palliative Care project in order to help them develop their own local palliative care programs and teams. The project focused on advising, supporting and mentoring them in implementing the "Developing Palliative Care Programs in First Nations Communities: A Workbook." An outcome from the project was the creation of a Guide which is intended for use by external health care providers, policy and programs developers to help First Nations communities in their efforts to implement the Workbook and develop a local palliative care program. The Guide articulates the role that external partners can play in the community capacity development process and situates the external partners as supporting the local environment for success. The Guide provides a foundation for external health care providers to better understand the *Process of Palliative Care Program Development in First Nations Communities* created in the EOLFN project and also provides resources to help external care partners engage with communities in implementing the Workbook. The Guide will be completed in June 2017 and will be available on the EOLFN website: **www.eolfn.lakeheadu.ca**

The Ministry of Health and Long-term Care (MOHLTC) is working with the Chiefs of Ontario, Health Canada and other partners to explore initial steps to build community capacity and improve access to palliative services in First Nations communities. CERAH is currently collaborating with the Ministry on the implementation plan for the delivery of palliative care training for First Nations communities in Ontario. In 2017-2018, CERAH will be organizing and delivering 2-day workshops across Ontario utilizing our curriculum "Palliative Care for Front Line Workers in First Nations Communities."

REGIONAL UPDATE

Local Health Hubs

This year the RPCP Team would like to engage with additional Local Health Hubs (LHHs) to facilitate the development of palliative care programs within their communities. If you are interested in starting a palliative care committee in your community and would like more information about where to begin contact the North West LHIN Regional Palliative Care Program.

If you are interested in joining the Palliative Care Committee in any of the Local Health Hubs (LHHs), please contact Hilary at the RPCP (mettamh@tbh.net)

5th International Public Health & Palliative Care Conference

RPCP Team and LHHs to Present at International Conference

This year Canada has the honour of hosting the International Public Health & Palliative Care Conference, taking place in Ottawa from September 17th-20th.

The Regional Palliative Care Program will be teaming up with some of our Local Health Hub facilitators to deliver a workshop on "Developing Community Palliative Care Programs Using a Capacity Building Approach: The Northwestern Ontario Experience." This is an exciting opportunity to showcase the work being done in our region and by our communities at the local level, and also learn from people engaged in similar work around the world.

More information on this conference can be found at: **www.iphpc2017.com**

Clinical Tools of Practice - PPS

The Palliative Performance Scale (PPSv2), is an assessment tool used to monitor general functioning, mobility, cognitive changes and disease progression of clients receiving palliative care. The PPS number is expressed as a percentage and referred to as the client's PPS score. The PPS allows common language about performance status that is relevant in palliative care.

The PPS may be used for several purposes. First, it is an excellent communication tool for quickly describing a patient's current functional level. Second, it may have value in resource allocation related to changes in a client's physical needs. Thirdly, it is a way to track the decline of a client receiving palliative care.

The PPS can be used by health professionals who are familiar with the person's functional status. The score is based on five categories: Ambulation, Activity and Evidence of Disease, Self Care, Intake and Conscious Level.

Each category is divided into sections:

1. Ambulation has three areas – mainly sit/lie, mainly in bed, totally bed bound.
2. Activity and Extent of Disease has three areas – some, significant and extensive
3. Self Care has four areas – occasional assistance, considerable assistance, mainly assistance, total care
4. Intake has three areas – normal intake, reduced intake, minimal intake
5. Conscious level has four areas – full consciousness, confusion, drowsiness and coma

The PPS level is indicated in 10% increments 0% – 100%. 0% is death – 100% is fully functioning. Scores are determined by reading each row horizontally and finding the 'best fit' for the client.

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100 %	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90 %	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80 %	Full	Normal activity *with* Effort Some evidence of disease	Full	Normal or reduced	Full
70 %	Reduced	Unable Normal Job/work Significant disease	Full	Normal or reduced	Full
60 %	Reduced	Unable hobby/house work Significant disease	Occasional Assistance necessary	Normal or reduced	Full or Confusion
50 %	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40 %	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30 %	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20 %	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10 %	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0 %	Death	-	-	-	-

Retrieved from: http://www.npcrc.org/files/news/palliative_performance_scale_PPSv2.pdf

For a copy of the Palliative Performance Scale Pocket Tool please email Marlene at **benvenum@tbh.net**

Regional Education

CERAH
Centre for Education and Research on Aging & Health

At the end of March CERAH wrapped up another full year of palliative care education initiatives. The Centre hosted a total of 72 education sessions for approximately 3,582 health care professionals working in palliative care. Highlights from the past year include the Northwestern Ontario Regional Palliative Care Conference in November with keynote speaker, Dr. Mike Harlos who spoke to challenges in providing quality palliative care to remote First Nations communities. Other highlights include: hosting a total of 6 LEAP events (Thunder Bay [2], Marathon, Geraldton, Red Lake, and Atikokan); 3 Palliative Care for Front-Line Workers courses (Thunder Bay and via the Ontario Telemedicine Network [OTN] to regional sites, and face-to-face in Fort Frances); as well as several video conferenced education sessions in partnership with the Palliative Pain and Symptom Management Program (PPSMP) and two in collaboration with the Northern Ontario School of Medicine, all delivered broadly via OTN. CERAH continues to work closely with the Regional Palliative Care Program (RPCP) to meet the education needs identified throughout Northwestern Ontario.

Looking forward to the coming year, planning is underway for more LEAP and Palliative Care for Front-Line Workers courses. Our goal is to deliver a LEAP Core in Sioux Lookout, a LEAP in Long-Term Care course in Fort Frances, and a LEAP Paramedic in Thunder Bay. CERAH will host PC FLWs sessions in Thunder Bay (via OTN) and also plans to travel to Geraldton to deliver this education face-to-face to providers from that area. We will continue to offer our Palliative Care Lunch and Learn series (in collaboration with the PPSMP), our Palliative Care Education Series with NOSM, as well as other learning events as identified and when possible. CERAH will also continue to support volunteer education training through Hospice Northwest and the Kenora Rainy River Volunteer Program.

UPCOMING EVENTS

June 8-9, 2017: In collaboration with the RPCP, Hospice Northwest, Dilico, and the local palliative care physician group, CERAH will co-host a symposium and workshop on delivering palliative care to the homeless. The keynote speaker is Dr. Naheed Dosani, the founder of PEACH (Palliative Education And Care for the Homeless) based in Toronto. Dr. Dosani will participate in a public **Die-alogue** session on the evening of **June 8th** and the Symposium and Workshop will be hosted June 9th. All events will take place in Thunder Bay at the Victoria Inn. Details can be found on the CERAH website: **https://cerah.lakeheadu.ca/events/**

November 2-3, 2017: CERAH will host the bi-annual **Palliative Care Booster** event in Thunder Bay. There will be a half day of education on Advance Care Planning and Medical Assistance in Dying (MAiD), and a half day on Self-Care for the Care Provider. Details will be posted to the CERAH website later this summer.

Canadian Hospice Palliative Care Association
Association canadienne de soins palliatifs

#Top5WhileImAlive

National Hospice Palliative Care Week 2017

More info at:
www.chpca.net/week

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