



Together - sharing expertise, experience and resources to help one another

Director's message

It has been said that it takes a village to raise a child. Similarly it takes many care providers and many care settings and services to provide quality hospice palliative care. Patients' care needs vary considerably throughout their palliative journey. No one provider or care setting can do this alone. Since its inception, the Erie St. Clair End-of-Life Care Network (ESC EOLCN) has actively advocated and acted on this principle.

In recent years, I've observed an important shift in the palliative care system. We're no longer using an "either/or" mindset. Instead we're adopting a "both/and" approach. This change in language signifies the ongoing role for community-based care and institutional-based palliative care, as well as the importance of palliative care in other locations.

As Director of the ESC EOLCN, let me once again express my delight in helping to advance our cross sector, integrated work. It is my pleasure to work with providers from all sectors and care settings providing hospice palliative care in Erie St. Clair.

Beth Lambie
Director
Erie St. Clair End-of-Life Care Network



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On December 1, 2010, Beth Lambie (second row, far left), members of the Palliative Care Consultation Team, and Health Care Partners Kaizen Event Team met in Windsor. Working together, they were able to: complete value stream mapping of a client with a palliative illness; clarify organizational roles and responsibilities; and, develop a 24/7 on call model. Talk about a full day!



An exciting first for Erie St. Clair EOLCN

Here it is... the citation for our region's first publication of our best practices for ESC end-of-life care in long-term care settings: Gill, C., Hillier, L.M., Crandall, J., Johnston, J. (In press). Nursing guidelines for end-of-life care in long-term care settings: Sustainable improvements to care. Journal of Palliative Care.

Publication in a reputable and popular medical resource – such as the Journal of Palliative Care – signifies that our work has gone through a formal assessment process and was deemed worthy to serve as a documented reference for academic and practical use in Canada and around the world. Not only does this give further credibility to the importance of nursing guidelines for end-of-life (EOL) care in long-term care (LTC), it shows the merit of partnership and team work in sharing best practices.

About the Guidelines

The concept of nursing guidelines for EOL care in LTC homes began as one participant's project through the Comprehensive Advanced Palliative Care Education (CAPCE) program. CAPCE is an education initiative developed by the Southwestern Ontario Palliative Pain and Symptom Management Consultation Program (PPSMCP) to improve palliative care practice through the development of workplace hospice palliative care resource nurses. (More information about CAPCE is available at: www.palliativecareswo.ca).

As part of this education program, participants were expected to complete a project aimed at improving palliative care within their workplace. In response to the need for improved EOL care in LTC settings, one CAPCE participant built on current initiatives by integrating the standard Palliative Performance Scale (PPS) with a care mapping tool, which became the guidelines to direct EOL care. The Guidelines provide a cueing mechanism for nurses to initiate EOL care activities according to residents' functional status. Funding for further development and implementation of the Guidelines, utilizing peer leaders in three LTC homes, was obtained through the Change Foundation and the Nursing Secretariat via a successful grant application.

As a result of the success of this project and interest in widespread implementation within other LTC homes, the Hospice Palliative Care Education Blueprint (a region-wide program to support cross sector palliative care education with funding from the ESC Local Health Integration Network) supported an educational event to enable regional implementation. Education facilitation was provided through the Southwestern Ontario PPSMCP with the objectives to: increase knowledge and skills related to EOL care; increase confidence in ability to provide quality EOL care; and, enhance hospital transfer decision-making.

What is the Journal of Palliative Care?

The Journal of Palliative Care, published by the Centre de recherche Institut universitaire de gériatrie de Montreal, is a Canadian-based, peer-reviewed, international and interdisciplinary forum for practical, critical thought on palliative care and palliative medicine. The Journal is a quarterly publication now in its 25th year. The Journal publishes 12 types of papers, including reports of original research, opinion papers, case reports, book reviews, and reports on international activities. Each manuscript is submitted for evaluation to at least three reviewers.

For more information:
www.criugm.qc.ca/journalofpalliativecare



Dr. José Pereira inspired many during his visit to Erie St. Clair



Dr. José Pereira, MBChB, DA, CCFP, MSc(Med) (on left) speaking to Dr. Jim Gall, MD, CCFP, FCFP, Palliative Medicine Program of Windsor and Essex County during his visit to The Hospice of Windsor Essex on February 23.

More than 170 people from across Erie St. Clair attended February sessions in Sarnia, Chatham and Windsor to hear from one of Canada’s leading authorities on palliative care, Dr. José Pereira.

Through interactive discussions laced with case studies and recent research, Dr. Pereira presented his “Top 10 Tips for Palliative Care”. Participants also received an overview of effective, compassionate palliative care in different service delivery models. His talk drew on clinical examples and practices from across Canada and around the world.

Dr. Pereira touched on specific topics of interest in each of his audience groups, including: systematic screening of symptoms using standards tools; the role neuroleptics in managing delirium; dignity-conserving care; the role of Methadone and Ketamine in managing pain; and, diagnosing depression in the palliative care context.

Dr. José Pereira is a Professor and Head of the Division of Palliative Care at the University of Ottawa and Medical Chief of the Palliative Care programs at Bruyère Continuing Care and The Ottawa Hospital in Ottawa. In January, Dr. Pereira joined Cancer Care Ontario as their new Clinical Head of the Provincial Palliative Care Program.

Dr. Pereira’s presentation is available on ESC EOLCN’s website under Education-Events:

<http://www.esceolcn.ca/Education/Pereira.htm>

What participants had to say:

- “Pertinent, useful information in a lunch session!”
- “very informative and thought provoking”
- “awesome speaker; appreciated his sense of humour and holistic approach”
- “peer reviewed journals and plenty of evidence to back up his presentation”
- “Great use of research. Learned so much. Please come back!”
- “I wish that, if I ever am in a position of requiring palliative care, I will have caregivers that have been educated with topics discussed today.”



Supported by:





Share the Care™: Forming and sustaining a caregiver group

While the idea of using ‘care groups’ for dealing with life’s adversities is not new, it can be daunting to figure out how to start one and have it be successful – all while the participants maintain their own lives.

In early 2010, under the ESC EOLCN Blueprint initiative, three Share the Care information sessions were held across Erie St. Clair, following a successful one-day workshop led by Sheila Warnock, a co-founder of the Share the Care model, in 2009. The purpose of the sessions was to better understand the model and look at possible use across Erie St. Clair. To date there have been six interest sessions and one training session with two more sessions planned. The goal is to establish small stations, or hubs, in each county where resources and trained individuals are available to help people interested in forming groups. The project includes: Community Hospice Resource Centres in Windsor and Sarnia; VON in Sarnia and Chatham; representatives from a range of ESC-wide community organizations; and, the First Nation communities of Aamjiwnaang, Kettle and Stony Point and Deleware Nation-Moravian of the Thames.

The overall goal is to help people in need through the use of networks within their communities - people helping people. So far so good.



Participants from the volunteer sector discuss the Share the Care concept at a January session in Sarnia.

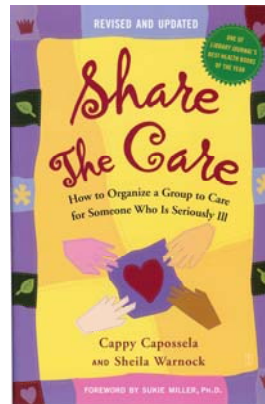


Ann Brignell, RN, CHPCN(C) (standing), talks with First Nation participants from across Kent and Lambton Counties at a February session.



Individual reflection and planning forms part of each session, as seen here in Sarnia.

A valuable resource



**Share the Care:
How to Organize a
Group to Care for
Someone who is
Seriously Ill**

By Cappy Capossela & Sheila Warnock

The message in this unique book is simple, “you don’t have to do it alone”. *Share the Care* offers a sensible and loving solution to caring for a loved one or family member with a serious illness or injury: a group approach that can turn a circle of ordinary people into a powerful caregiving team.

www.sharethecare.org

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“Palliative Care in Acute Care”: A Blueprint pilot project with Windsor’s Hotel Dieu Grace Hospital

Throughout the month of February, nurses and allied health care professionals from Hotel Dieu Grace Hospital (HDGH) participated in a pilot education project called, 'Palliative Care in Acute Care'. More than 90 staff members joined small group sessions to discuss and examine the integration of nationally recognized palliative care concepts and tools in everyday practice.

The session material looked at palliative care from the time of diagnosis to bereavement across all care settings, with a specific focus on the role of acute care. In addition, each session included presentations by key HDGH community partners representing the Hospice of Windsor and Essex, Windsor Regional Hospital Cancer Centre, Malden Park Complex Continuing Care, Erie St. Clair Community Care Access Centre, Palliative Care Consultation Team, Palliative

Pain and Symptom Management Consultation Program (PPSMCP), and Long Term Care. Feedback from participants was very positive. In the words of one attendee, “I learned that the word 'palliative' is not dying, it is how you care for the patient”.

The overall goal was to trial and evaluate foundational palliative care education in the acute care setting in the context of a full system view of care recognizing that people may be cared for in a range of care settings through their journey. Our learning outcomes will inform other potential sessions in acute care settings across Erie St. Clair.

This project is a joint partnership between the ESC EOLCN, ESC LHIN, PPSMCP and HDGH.



Sharon Allen, Nurse Practitioner from HDGH (standing), was the site leader for the Palliative Care in Acute Care session.



Carole Gill, RN, CHPCN(C) (standing), co-facilitated the design and delivery of four education sessions at Hotel Dieu Grace Hospital (HDGH) in Windsor.

Supported by:





Members of the Palliative Care Consultation Teams for Chatham-Kent and Sarnia-Lambton, Jon Ann Meko (far left) and Jennifer Phillips, both Nurse Practitioners and Team Leaders, join Dr. Donald Brisbin, MD, Lead for the Chatham Kent Health Alliance Oncology Program, and an unidentified participant in discussion following a December session for LEAP (Learning Essential Approaches to Palliative and End-of-Life Care).

The LEAP program provides inter-professional palliative care education. Each session provides evidence-based and theory-informed practice within an experiential and group-based learning environment. The program also facilitates networking between professionals working in different sectors and deepens hospice palliative care capacity across Erie St. Clair.

Better data means more informed decisions for support

During the month of March, two activities are taking place to learn more about the state of palliative care education across Erie St. Clair.

1. Environmental Scan (or Survey) of ESC volunteer organizations

The goal is to better understand the current state of palliative care volunteer education across the region, including key challenges and future direction. The Scan will build on initial data collected last year to form the basis to recommendations for improvements in managing challenges and issues supporting the important contributions of volunteers in hospice palliative care.

2. Current state analysis: HPC education across ESC

The aim of this work is to develop a comprehensive picture of palliative care education by sector and role across Erie St. Clair. The survey will help determine the scope of palliative care education provided in the area, including the type of education, timing and funding sources. The survey and subsequent follow-up activity will provide important information about how to improve palliative care education.

The combined results will support the ongoing work of the ESC End-of-Life Care Network's HPC Education Blueprint project. Your input into either or both of these surveys is greatly appreciated.

For more information, please contact Maura Purdon, Project Manager for ESC End-of-Life Care Network's HPC Education Blueprint at maura@brightharbour.ca.



Who's Who in Erie St. Clair

The Palliative Care Consultation Team (PCCT) provides quality care to individuals living with a life threatening illness, using a multidisciplinary team of health professionals. As an integral part of this team, the Nurse Practitioner works in collaboration with the Most Responsible Physician (MRP) to improve access to quality end-of-life care, including expert pain and symptom management. The Nurse Practitioner responds to the person's and family's needs with the goal of reducing symptoms, improving quality of life and preventing unnecessary emergency room visit and/or a hospital admission.

Nurse Practitioners and Team Leaders from Erie St. Clair Community Care Access Centre



Angela Deneweth, BScN, PHCNP - PCCT Windsor-Essex

Angela worked as an RN in critical care and education for ten years before pursuing her Primary Health Care Nurse Practitioner (PHCNP) designation three years ago. Through her earlier work with ESC CCAC, Angela developed the hands-on experience and knowledge that would help launch the PCCT Windsor-Essex site last fall. Recently, Angela has continued her education by completing the Fundamentals of Hospice Palliative Care program, Learning Essential Approaches to Palliative and End-of-Life Care (LEAP) and Comprehensive Advanced Palliative Care Education (CAPCE).



Suzanne Meyer, BA, BScN, PHCNP - PCCT Windsor-Essex

Suzanne knew she had a passion for palliative medicine and nursing during her two years as a visiting nurse with VON. Having completed a clinical rotation at the Windsor Regional Cancer Centre last year, Suzanne decided to put her passion into practice by joining the PCCT in Windsor-Essex. Her past nursing experience includes seven years with the Detroit Receiving Hospital Burn ICU and the Detroit Medical Center Electronic Medical Record Implementation team. Suzanne plans to complete her Master's of Science in Nursing in April.



Jennifer Phillips, MScN, PHCNP - PCCT Sarnia-Lambton

Jennifer's "first love" in nursing was palliative care during her early student years. As a new graduate, a term with the oncology and palliative care unit at Kelowna General Hospital in B.C. proved to be too emotional and overwhelming. Now, having completed her Master's of Science in Nursing Administration and PHCNP designation, her years working in other areas of nursing have brought her full circle – as Nurse Practitioner in palliative care. It is in this role where Jennifer has come to "embrace all the silent gifts that the dying person has to offer".



Jon Ann Meko, BA, BScN, PHCNP – PCCT Chatham-Kent

Early in her career, Jon Ann experienced first-hand the impact of community health care when her mother was diagnosed with terminal metastatic breast cancer. She met an amazing community of nurses that cared for her mother as well as her family—and ultimately inspired Jon Ann to follow in their footsteps. With 22 years of experience in a variety of roles, Jon Ann has recently joined the new PCCT team, bringing with her a background in surgical nursing, clinical education, case management and other related roles.



A personal story: Can “thank you” say enough? Palliative care brings peace to the family

(based on an interview with Sue Gosnell, RN, Loving sister)

How do you express the peace of mind that a death at home gives to a family? Does saying “thank you” to the person who provided comfort and dignity to a cherished sister truly express the depth of gratitude? End-of-life care in the home setting is about so much more than treating the patient.

It’s been a year since Bonnie died. Born the youngest of four and still young at 44, Bonnie’s sister, Sue, continues to wonder how the healthiest and most energetic sibling could have had fourth stage non-small cell cancer of the lung. In less than three months after diagnosis, Bonnie passed away in her home with her husband, two teenage daughters and loved ones by her side. It was an experience Sue felt privileged to be a part of, although nothing could compare to having a healthy, living sister. As a palliative care nurse herself, Sue had supported others through their dying process. But it was her sister’s journey that held certain poignancy.

This time, Sue was not in the role of attending nurse. It was Cheri from St. Elizabeth’s Health Care in Windsor who was Bonnie’s palliative care nurse, and Sue was her sister’s primary care giver. This change in role helped emphasize for Sue how having a nurse in the home environment does so much more than fulfill the patient’s medical care. Cheri had developed an art for balancing her knowledge and expertise with a compassion and grace that helped lead the family to their eventual process of grieving.

Cheri made the family feel as though Bonnie was her only client. When she treated Bonnie, Cheri treated the entire family as a unit. There was never a moment of rushing around or cool distraction as she checked Bonnie’s symptoms. Cheri always maintained an open responsiveness to the unique needs of their family.

Often it was the little things which helped her feel cared for and not abandoned. Cheri knew how to bring a sense of humour and joy into the home at a time when everyone was stressed. Somehow Cheri knew how to match the family’s mood, and help move them along the curve to acceptance.

As a nurse with 35 years experience, Sue noticed a special sense of awareness that Cheri had for her environment. It

went beyond the pain and symptom management Sue had learned in school. There was an anticipation of what would be required, closely monitoring the situation and managing the patient’s needs before they manifested to others. This approach lessened the levels of distress and emotion, so that neither Bonnie nor her loved ones around her suffered. The complexity of palliative care wasn’t evident to anyone present. Cheri was the eyes and ears in the home for Bonnie’s medical team. Yet there was no sense of fear as Bonnie’s condition declined. The family was left with a sense of peace and closure, knowing that Bonnie had

received the best care possible.

Reflecting back on her experience last year, Sue would like to do something that would give some meaning to Bonnie’s death. She was so impressed by her experience with Cheri. If there could be a way to support the development of more nurses like Cheri, Sue would consider those options. She has several ideas in the works. Soon, Sue will be able to say “thank you” to Cheri, and others like her in their profession, with a lasting legacy in Bonnie’s honour.



Sue (left) with her beloved sister, Bonnie, who was “the best of us”. Through the comfort and dignity of her care at home, “Bonnie was able to live well until she died”.





Upcoming events of interest

Third Annual "One Vision, One Voice" Conference

hosted by Ontario Palliative Care Association and Hospice Association of Ontario

featuring Dr. Brian Goldman, Mount Sinai Hospital (Toronto) and host of CBC Radio One show, *White Coat, Black Art*

<http://www.hpcconference.on.ca/>

April 10-12, 2011

Sheraton Parkway North Hotel

Richmond Hill, ON

"Amadouer l'arracheuse de temps... des questions de choix"

21e Congrès du Réseau de soins palliatifs du Québec

<http://www.aqsp.org/frametest1/Congres2011.htm>

Note: available in French only

30 et 31 mai 2011

Hôtel Delta Centre des congrès

Trois-Rivières, QC

"Navigating Safe Pathways to Quality Hospice Palliative Care"

hosted by Canadian Hospice Palliative Care Conference

<http://www.conference.chpca.net/>

September 8-11, 2011

Delta St. John's Hotel & Conference Centre

St. John's, NLD



www.esceolcn.ca

Network News is produced three times per year by the Erie St. Clair End-of-Life Care Network. Volunteer contributors are welcome to submit articles with the intention of sharing information and best practices across the Network. For more information, please contact:

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