

# **Erie St. Clair End-of-Life Care Network Hospice Palliative Care Education Blueprint**

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## **Year Two System Mapping and Integration**

Final Evaluation Report

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**For:**

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## Glossary of Terms

Average (+/-)	Average is calculated as the mean score; +/- = standard deviation, which is the average distance between individual scores from the overall average score.
AHCPE	Advance Hospice Palliative Care Education
CAPCE	Comprehensive Advanced Palliative Care Education
CCAC	Community Care Access Centre
COPD	Chronic Obstructive Pulmonary Disease
DNR	Do Not Resuscitate
ED/ ER	Emergency Department / Emergency Room
EOL/ EOLC	End of Life / End-of-Life Care
EOLCN	End-of-Life Care Network
ESC	Erie St. Clair
ESAS	Edmonton System Assessment Scale
HPC	Hospice Palliative Care
IT	Information Technology
LHIN	Local Health Integration Network
LTC	Long-Term Care
NP	Nurse Practitioner
OPQRSTU	Assessment acronym standing for onset, precipitating and alleviating factors, quality, region and radiation, severity, timing, affect of symptoms
OT	Occupational Therapy
OTN	Ontario Telemedicine Network
PCR	Palliative Care Resource
PON	Palliative Oncology Nurse
PPS	Palliative Performance Scale
PPSMC	Palliative Pain and Symptom Management Consultant
RT	Respiratory Therapist

SBAR	Communication tool acronym standing for: Situation, background, assessment, recommendation
SRK	Symptom Response Kit
SWO PPSMCP	Southwestern Ontario Palliative Pain and Symptom Management Consultation Program
PSW/HSW	Personal Support Worker/ Home Support Worker
PPI	Palliative Prognostic Indicator
RN/ RPN	Registered Nurse/ Registered Practical Nurse
VON	Victoria Order of Nurses – home care and community support provider agency
WHO	World Health Organization
WIFN	Walpole Island First Nation
WRCC	Windsor Regional Cancer Centre

# Education Blueprint Year 2 Evaluation Executive Summary

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## Erie St. Clair End-of-Life Care Network Hospice Palliative Care Education Blueprint

### INTRODUCTION

The Erie St. Clair End-of-Life Care Network (ESC EOLCN) has received funding from the Erie St. Clair Local Health Integration Network (LHIN)<sup>1</sup> to develop a LHIN-wide integrated and cross-sector hospice palliative care education program. An evaluation of the Year One initiatives of the Blueprint demonstrated that the stated objectives were largely met;<sup>2</sup> Year Two of the Blueprint builds on the initiatives of Year One and was informed by the evaluation. The following education initiatives make up the Year Two ESC HPC Education Blueprint:

- 1. Skill Specific Education for Care Providers:** An education session (*Right Patient, Right Place, Right Time*) designed to enhance the knowledge, confidence, and skill of nurses with novice through to expert capability in hospice palliative and end-of-life care. Four identical sessions were conducted, two in Kent County and two in Lambton County. As part of this session, information was provided on available community resources to support HPC service recipients to receive care at home for as long as possible or as they wish and to reduce unnecessary use of acute care.
- 2. Implementation of Nursing Guidelines for End-of-Life Care in Long-Term Care Settings:** Assessment of the implementation status of these guidelines and the identification of factors that facilitate and challenge implementation, which will inform the development for further supports to facilitate successful implementation and the development of a communications strategy to share and promote this initiative.
- 3. Expansion of Video-Conferencing Capacity:** Ongoing support and education to video-conferencing (Ontario Telemedicine Network, OTN) at two sites (Windsor and Sarnia).
- 4. Volunteer Education:** Building on Year One experiences, Year Two focused on: i) an environmental scan to describe the supply and demand for HPC volunteers in ESC, ii) continued promotion and support for the 'Share the Care™' model, and iii) standardization of volunteer education with the development/ sharing of one to two education sessions for HPC volunteers across Erie St. Clair.
- 5. Cultural Education:** Year Two focused on continued engagement of this community to increase their awareness of available HPC support and services in ESC and provision of the Advanced Hospice Palliative Care Education (AHPCE) Program<sup>3</sup> (as developed by and

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<sup>1</sup> The ESC LHIN consists of three counties: Windsor-Essex, Sarnia-Lambton, and Chatham-Kent.

<sup>2</sup> Hillier, L.M. (April 30, 2009). Erie St. Clair End-of-Life Care Network Hospice Palliative Care Education Blueprint. London, ON: Author.

<sup>3</sup> The AHPCE Program, along with the Fundamentals of Hospice Palliative Education Program and the Comprehensive Advanced Palliative Care Education Program (CAPCE), are palliative care education programs developed by the Southwestern Ontario Palliative Pain and Symptom Management Consultation Program that are widely delivered across the province. More information on these programs is available at: [www.palliativecareswo.ca](http://www.palliativecareswo.ca).

delivered through the Southwestern Ontario Palliative Pain and Symptom Management Consultation Program) and expanding First Nation Community relationships in ESC by introducing the Share the Care™ model to four First Nation communities in Southwestern Ontario.

- 6. System Mapping and Integration:** This component of the Blueprint aimed at continued planning for this initiative, namely the development of: a planned approach to HPC education across ESC to ensure that the HPC system is fully supported by a sustainable education structure, a strategic approach to the use of OTN within the ESC EOLCN, and a communication strategy to promote the work of the Education Blueprint.

A comprehensive evaluation of this Education Blueprint was undertaken, examining both outcomes (summative evaluation) and development and implementation (formative evaluation). The evaluation report describes the methods and results of this evaluation.

## EVALUATION METHODS

Evaluation objectives across all of the components of the Blueprint were aimed at:

- i) Providing feedback on education sessions
- ii) Identifying impacts associated with education
- iii) Describing the development and implementation of initiatives
- iv) Describing progress to date

A mixed methods approach (quantitative and qualitative) was used to achieve the objectives of this evaluation. Sources of information included:

- **Feedback surveys** completed by education participants to obtain reactions to the sessions (Skill Specific Sessions, Share the Care™ information sessions); responses rates ranged from 80-90%.
- **Follow-up surveys** to assess impacts of the education delivered in Year One (Physical Skills, Hands on Care, Fundamentals Program); response rates ranged from 41 -100%.
- **Environmental scan:** Surveys and interviews with volunteer coordinators/ managers to assess the current state of volunteerism in ESC.
- **Individual and group interviews** with key stakeholders to gather in-depth information on impacts and to describe development and implementation of various initiatives (Skill Specific education, Share the Care™ with various First Nations communities, Nursing Guidelines for EOL Care in LTC, Story Telling Project); in total 30 individuals participated in the evaluation interviews.

## KEY FINDINGS AND CONCLUSIONS

### Skill Specific Education

- A total of 88% (N = 192) session participants completed reaction surveys. Across all sectors, participants viewed the program positively and perceived the session as very useful/ relevant to their work. Increases to knowledge, comfort and confidence were reported; it was anticipated that practice change was likely as a result of the session.
- Working group members (N = 11) participated individual interviews; factors that assisted with and that challenged the development and delivery of the education sessions were identified (none insurmountable), as well as suggestions for improvements/ sustainability.

These factors and strategies can inform the development and delivery of future sessions as well as provide a focus for improvements. Sessions offered in Year One and Year Two were noted to have an impact at an individual (increased access to information, increased trust in care), health provider (enhanced knowledge and skills, practice improvement), organizational (improved communication, development of policies and procedures to support palliative care), and health system levels (improved quality of care, potential for ED/ acute care diversion).

- Seventy individuals (41%) who participated in last year's Physical Skills sessions completed a follow-up survey. Changes to practice were identified as a result of last year's session, with associated client-related benefits including increased access to resources and supports, better pain and symptom management, and enhanced quality of care/ support. Some respondents identified increases in the amount of and access to palliative care services provided in the community and in the number of clients served at home and dying at home. Challenges exist associated with use of learned knowledge and skills including lack of support/ recognition, limited resources, and lack of integration and continuity of care across sectors. There was much support for ongoing education opportunities.

**Conclusions:** The Skill Specific education sessions were well received and described as a significant learning opportunity, relevant to practice, and likely to facilitate practice change. The significance of this learning opportunity is reflected in requests more palliative care related education and interest in formal palliative care programs. There is anecdotal evidence that this education program has had positive impacts on the system of care for individuals requiring palliative care. Most significantly, the sessions provided nurses with knowledge, skills, and resources to enhance palliative care within the community, thereby reducing the use of acute system resources and enhancing utilization of existing community resources. Challenges/ barriers to knowledge transfer were identified (e.g., limited physician and organizational support) - efforts aimed at reducing these will further enhance palliative care within the community; ongoing education is an important step toward addressing these challenges. Working group attention to evaluation feedback gathered at the Year One sessions served to resolve issues identified and to further develop education that is relevant and immediately applicable to practice. The structures created for this education initiative have the potential to ensure sustainability.

### **Nursing Guidelines for End-of-Life Care in Long-Term Care**

- Five individuals, representing 5 LTC homes (2 that fully implemented the guidelines, and 3 that had limited implementation) were interviewed.
- A number of factors were identified as facilitating both full and limited implementation of the guidelines: Management support ('buy in' prior to the education session, selection of appropriate staff to attend training, support for in-house staff education); peer support (willingness to learn, willingness to discuss and review their EOL practice), support from CAPCE trained nurses and effective education and resources.
- Challenges to implementation focused primarily on competing priorities, namely the implementation of the MDS-RAI, upcoming changes to corporate palliative care policies and procedures, limited staff time and support because of the overwhelming changes currently occurring in LTC and limited management support. Although representatives from homes that were limited in their implementation of the guidelines expressed an interest in perhaps revisiting the guidelines, it was noted that current challenges would continue to hinder

implementation. Interest was expressed in perhaps considering the use of the guidelines to assist in care planning and to increase the use of the PPS.

- There was identified interest in opportunities for on-going education related to palliative and end-of-life care and refresher sessions to sustain implementation of the guidelines. Homes with limited implementation identified the need for more time and dedicated staff to facilitate implementation.
- Impacts associated with the nursing guidelines for EOL care were related primarily to improved resident care, increased staff capacity to manage EOL care and reduced need to transfer patients to hospital as family members are confident in the care that their loved one is receiving.

**Conclusions:** Although the uptake of the nursing guidelines for EOL care in LTC settings has been limited, there continues to be interest and support for this initiative. Representatives from homes in which there has been limited implementation have been challenged by competing priorities, but continue to hope that they will have an opportunity to implement the guidelines fully in the near future; there is perceived value in implementation of the guidelines for residents and family members as well as care providers. Ongoing management and staff support are most likely the critical factors that maintained implementation of the guidelines as a priority despite other competing initiatives. Securing this type of support in other homes is an important factor needed to facilitate implementation. Strategies that focus on ‘baby steps’ towards implementation including opportunities for capacity building (ongoing education/ training opportunities) may maintain interest and momentum towards full implementation and would most likely be welcome by front-line staff. The implementation of an education session targeted to nurses with CAPCE training, along with ongoing support from the PPSMC, represents a significant move towards addressing the support needs of homes interested in implementing the guidelines, particularly in terms of supporting in-house champions for this initiative.

### **Volunteer Education**

- Surveys were completed by 13 individuals representing various organizations across sectors and counties; 7 individuals completed more in-depth interviews regarding HPC volunteerism. Although the response rate for the environmental scan survey and interviews was low, there was representation across sectors and some consistent themes. There are currently unmet needs for hospice palliative care volunteers. The environmental scan generated ideas for improving the recruitment, training and education, and retention of volunteers. Many of the issues raised regarding volunteerism were consistent across sectors; partnerships within and across sectors were identified as opportunities for resolving challenges related to volunteer training and education.
- Six individuals that participated in last year’s Hand on Care Training completed a follow-up survey. Over half of those surveyed had delivered the training (19 sessions) or had sessions scheduled. At least 35 individuals have been trained to date; sessions have been well received. The initial train-the-trainer session and available resources prepared trainers to deliver this training, though they were challenged by the long length of the program, limited volunteer interest in extended training and limited organizational support; suggestions for overcoming these challenges were identified.
- Two individuals participated in interviews regarding the Story Telling Project. It was noted that the tool kit binders, provided through funding from the Education Blueprint, were essential to the delivery of this project and to increase accessibility, as many clients were not able to pay for the binders independently. Benefits associated with this project included

the opportunity to leave a “legacy” for their family, to refocus their attention away from their health challenges to something positive and of interest to them, and to provide social interaction with others.

- Eighty percent (N = 38) participants of the Share the Care™ session completed a session reaction survey. The information session was well received. Respondents valued the case presentations (“stories”) illustrating use of and success with the model, resource materials, and the opportunity to share ideas with others. Great value was seen in this informal model of caregiving as an opportunity to reduce stress for primary caregivers/ family members, provide greater options for care, enhance ability to provide care at home/ remain at home, and improve quality of life for all involved.

**Conclusions:** Generally there is a need for more HPC volunteers, necessitating optimization of recruitment, training, and retention efforts. Strategies and opportunities for enhancing these efforts have been identified; there is much interest in cross-organization partnerships. Train-the-trainer models (e.g., Hands on Care) and promotion of initiatives that expand the volunteer pool (e.g., Share the Care™) provide significant opportunities for capacity building in hospice palliative care within the community.

### **Cultural (First Nation) Education**

- All of the participants of the Fundamentals Program delivered in Year One of the Education Blueprint on Walpole Island completed a follow-up survey. The program was well received by respondents and rated as very useful to their work. The majority of respondents indicated that as a result of the Fundamentals Program they now engage more often in various practice activities (consistent with the performance objectives for this program), and are more knowledgeable and more confident and comfortable in providing palliative care. Generally, it was reported that practice improvements had occurred as a result of the program and there is a strong desire for ongoing opportunities for education and performance improvement.
- A session feedback survey was completed by 90% (N = 17) of participants who attended a Share the Care™ information session, and interviews were conducted with 2 session organizers and representatives from 3 of the 4 First Nation communities in attendance. The Share the Care™ information session was well received and there is much interest in implementing the model within First Nation communities. Implementation of the session was facilitated by leadership support from the First Nation communities, support from the Share the Care™ Coordinator from the South West End-of-Life Care Network, the previous relationship between the Walpole Island First Nation communities and the ESC EOLCN and consistency of the model with the First Nation culture. Key lessons learned in the implementation of the session highlighted important things to consider when introducing the model to First Nation communities. Potential impacts associated with the use of this model within First Nation communities included: capacity building and increased resources for EOL care, improved palliative and EOL care, increased support for home deaths and strengthened relationships within the community. Dedicated leadership support and advocacy, resource support, strategies for caregiver self-care (to prevent burnout) and ongoing opportunities for palliative and EOL education and bereavement and grief support were identified as important for moving the model forward.

**Conclusions:** Over the past year, this initiative has gone a long way toward building the relationships with the Walpole Island First Nation community needed to introduce palliative and

EOL care supports and resources for both formal and informal caregivers. The success of the Share the Care™ information session with participants from four First Nation communities suggests the potential for future events in a similar format. Education provided to date has had a positive impact with participants reporting practice improvements and wanting more opportunities for capacity building (more education, more supportive resources). The lessons learned from the development and implementation of the Share the Care™ session, as well as other education programs with the Walpole Island First Nation community, can be used to inform the implementation of other education initiatives, particularly initiatives with other First Nation communities within the province.

### **System Mapping and Integration**

- The evaluation objectives for this component of the Education Blueprint were to: i) to develop a plan to describe the current state of HPC related education for care providers in ESC (across sectors and disciplines), ii) to assess key stakeholders' perceptions of the potential success of communication methods outlined within a communication strategy, developed in Year Two, for HPC education in this region, and iii) describe the progress in implementing the ESC EOLCN Education Blueprint and the number of individuals participating in the various initiatives.
- A survey has been developed with input from key stakeholders in the field to assess the current state of HPC related education for care providers in ESC. This survey will be administered in Year Three of the Education Blueprint. Similarly, a survey has been developed with input from key stakeholders in the field to explore opportunities for enhancing communications about HPC education. This survey will be administered in Year Three of the Education Blueprint.
- **Conclusions:** Across all of the components of the Education Blueprint, 396 individuals participated in education or information sessions. Year Two objectives were mostly completed or in-progress towards completion.). Year Three plans for further supports to HPC education and communication will be informed, in part, by a consultation process (survey-based) with key stakeholders. Video-conferencing technology is fully operational in two sites; there is much support for the use of the technology and leveraging learnings to date. Opportunities/ strategies to maximize use of the technology for education and meetings will further support the efforts to increase access to palliative care education in this region.

### **FINAL CONCLUSIONS**

Based on the results of the evaluation of the Year Two initiatives of the Erie St. Clair End-of-Life Care Network Education Blueprint the following conclusions can be made:

- The Year Two objectives of the Education Blueprint were mostly all achieved; some are still in progress. Education initiatives delivered in Year Two were well received and support overall efforts to enhance hospice palliative care across sectors in this region.
- Challenges to initiatives as identified in the Year One evaluation were attended to in Year Two and mostly resolved, demonstrating the interest of initiative organizers to reflect on feedback and resolve identified issues. Continued attention to key stakeholder feedback will serve to inform and maximize planning and education efforts for Year Three. Similarly,

identified factors facilitating and hindering implementation of Blueprint initiatives and key lessons learned can serve to inform not only other initiative developed by the Blueprint, but also the application of this Blueprint to other regions of the province.

- Evaluation efforts focused on the identification of impacts associated with education, resources and supports provided to date by the Education Blueprint. Although mostly self-report and anecdotal there are consistent benefits identified across sectors, counties, and key stakeholders. These benefits are namely related to enhanced client and caregiver access to quality of palliative and EOL care within the community, capacity building among care providers (enhanced knowledge, assessment and management skills, confidence), volunteers (increased access to training and supports), organizations (improved communication, development of policies and procedures to support hospice palliative care), with the potential for health system enhancements (improved quality of care, emergency department/ acute care diversion, improved/ more appropriate use of existing system resources). Although it would be difficult to attribute specific outcomes to specific Education Blueprint efforts, it is most likely that combined efforts to provide a coordinated and integrated approach to hospice palliative ad EOL care interact with other palliative care system enhancements (e.g., Hospice programs, expert consultation teams) to affect improvements to care. Plans to develop a more structured and standardized approach to volunteer and care provider education as well as efforts to develop a communication strategy to promote the hospice palliative care education will further support capacity building in this region.
- Many of the relationships (e.g., across sectors, with the Walpole Island First Nation community) and structures (e.g., working groups, committees) developed as result of the Education Blueprint have the potential to ensure sustainability. There is much support for more education regarding palliative and end-of-life care. The Blueprint has stimulated interest in and raised the “bar” for practice improvements; this can be sustained through exploration of strategies and opportunities to support ongoing HPC education.

***Evaluation Limitations:*** Response rates for some of the evaluation components (environmental scan on volunteerism, interviews on the implementation of the EOL nursing guidelines in LTC) were very low. Identified reasons for the poor response rates and potential solutions can inform the implementation of the Year Three evaluation in order maximize key stakeholder involvement, as for example in the survey of key stakeholders to inform the development of a sustainable education structure and communication strategy for education. Identified impacts associated with the initiatives that make up the Education Blueprint were largely self-reported and anecdotal. Although difficult to develop, objective measures of impacts (e.g., increase in inquiries/ registration in formal palliative care education programs, ED diversions/ reduction in crisis visits to ED, increase in deaths in preferred location) would provide further support for the work of the Education Blueprin

## 6.0 System Mapping and Integration

### Executive Summary: System Mapping and Integration

**Introduction:** This process and planning component of the Blueprint aims to: i) develop a planned approach to HPC education across ESC to ensure that the HPC system is fully supported by a sustainable education structure, ii) develop a strategic approach to the use of the Ontario Telemedicine Network (OTN) within the ESC EOLCN, iii) develop a communication strategy to promote the work of the Education Blueprint, and iv) evaluate the outcomes associated with the Education Blueprint in terms of its impact on the delivery and quality of palliative and end-of-life care in ESC (across sectors).

**Evaluation Methods:** The evaluation objectives were to: i) to develop a plan to describe the current state of HPC related education for care providers in ESC (across sectors and disciplines), ii) to develop a plan to assess key stakeholders' perceptions of an effective communication strategy for HPC education in this region, and iii) describe the progress in implementing the ESC EOLCN Education Blueprint and the number of individuals participating in the various initiatives.

#### Key Findings

**HPC related education:** A survey has been developed with input from key stakeholders in the field to assess the current state of HPC related education for care providers in ESC. This survey will be administered in Year Three of the Education Blueprint.

**Communication Strategy:** A survey has been developed with input from key stakeholders in the field to explore opportunities for enhancing communications about HPC education. This survey will be administered in Year Three of the Education Blueprint.

**Conclusions:** Across all of the components of the Education Blueprint, 390 individuals participated in education or information sessions. Year Two objectives were mostly completed or in-progress towards completion. Year Three plans for further supports to HPC education and communication will be informed by a consultation process (survey-based) with key stakeholders guided by a communication strategy. Videoteleconferencing technology is fully operational in two sites; there is much support for the use of the technology and leveraging learnings to date. Opportunities/ strategies to maximize use of the technology for education and meetings will further support the efforts to increase access to palliative care education in this region.

### 1.0 Introduction

This process and planning component of the Blueprint aims to: i) develop a planned approach to HPC education across ESC to ensure that the HPC system is fully supported by a sustainable education structure, ii) develop a strategic approach to the use of the Ontario Telemedicine Network (OTN) within the ESC EOLCN, iii) develop a communication strategy to promote the work of the Education Blueprint, and iv) evaluate the outcomes associated with the Education Blueprint in terms of its impact on the delivery and quality of palliative and end-of-life care in ESC (across sectors).

## 2.0 Evaluation Objectives and Methods

The identified objectives of the evaluation of the system mapping and integration component of the Blueprint were:

- i) to develop a plan to describe the current state of HPC related education for care providers in ESC (across sectors and disciplines):
  - What education/ training programs were delivered in the past 12 months?
  - Who delivered these programs?
  - How were they delivered?
  - How many learners' were in attendance?
  - How were these education/ training initiatives funded?
  - What accountability mechanisms are currently in place for HPC related education/ training?
  - What education/ training gaps currently exist?
  - What resources are needed to optimize education/ training in ESC?
  - What are the impacts associated with the Education Blueprint initiative to-date?
  - What are the funding sources for HPC education?
  - What are the associated funding expectations or accountabilities?
  - Perceived duplication of training efforts (if there is duplication, what strategies can be implemented to reduce redundancy?).
  - Potential strategies for increasing efficiencies across the system.
  
- ii) to develop a plan to assess key stakeholders' perceptions of an effective communication strategy for HPC education in this region:
  - What challenges do key stakeholders currently experience related to communication regarding HPC education (e.g., learning about what is available, sharing information with other organizations, promoting their own activities)?
  - What suggestions do they have for overcoming these challenges?
  - What are preferred vehicles/ mechanisms for communications (e.g., written or electronic communication, web-based)?
  - What opportunities exist for enhancing communications about HPC education?
  - What are their opinions about potential internet-based vehicles (e.g., Facebook, LinkedIn)?
    - What features do they need? What features do they think have potential for use? What training or support do they need to use these?
  - What is their comfort level with using technology-based communication vehicles?
  
- iii) describe the progress in implementing the ESC EOLCN Education Blueprint and the number of individuals participating in the various initiatives:
  - What initiative plans have been achieved? Which plans are still in progress?
  - How many participants have attended the various education initiatives?

### **3.0 Results**

#### **3.1 Objective I: To develop a plan to describe the current state of HPC related education for care providers in ESC (across sectors and disciplines)**

A survey was developed for completion by individuals responsible for HPC education in their respective organizations, across sectors within all three counties, to assess key outcome indicators (as described above in objective i). This survey was developed with input from a variety of key stakeholders within the field. Plans for distribution of this survey will be implemented in Year Three of the Blueprint. There will be an opportunity to review and revise the survey prior to distribution.

This survey is presented in Appendix A.

#### **3.2 Objective II: To develop a plan to assess key stakeholders' perceptions of an effective communication strategy for HPC education in this region**

A survey was developed for completion by a broad sample of key stakeholders (e.g., education coordinators, managers, initiative organizers, committee members) involved with palliative care education to explore opportunities for enhancing communications about HPC education (as described above in objective ii). This survey was developed with input from a variety of key stakeholders within the field. Plans for distribution of this survey will be implemented in Year Three of the Blueprint, with support and advice from the consultants<sup>4</sup> retained to develop a communication strategy for this initiative. There will be an opportunity to review and revise the survey prior to distribution.

This survey is presented in Appendix B.

#### **3.3 Objective III: To describe the progress in implementing the ESC EOLCN Education Blueprint and the number of individuals participating in the various initiatives**

##### **Progress to Date**

Table 1 summarizes the progress of the implementation of the ESC EOLCN Education Blueprint in terms of the number of education/ training sessions provided and the number of individuals in attendance. Across all of the initiatives of the Education Blueprint, various information and education sessions were delivered, with 396 individuals in attendance.

- Four Skill Specific education sessions were delivered (2 in Chatham-Kent, 2 in Sarnia Lambton), with 219 frontline workers from across health sectors in attendance.
- Despite minimal implementation to date of the Nursing Guidelines for End-of-Life Care in Long-term Care Settings (full implementation in 18% of homes, partial implementation in 21% of homes), there continues to be support for the development and delivery of additional supports for the implementation of the guidelines, An education session was

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<sup>4</sup> Macmillan Marketing Group: Doug Macmillan and Jaime Bickerton. Mr. Macmillan provided feedback on the survey; there will be an opportunity to review the survey prior to distribution to ensure it is current.

delivered to support nurse champions to implement the guidelines in their LTC homes; ongoing support will be provided by the local PPSMC. Further opportunities for supporting this initiative will be explored further in Year Three of the Education Blueprint, according to the needs of LTC stakeholders. The publication of a manuscript describing and promoting this initiative is forthcoming.

- An environmental scan of volunteerism in ESC was conducted and will inform further Blueprint supports in this area. Efforts towards standardizing volunteer education within the region are in progress; planning and development of education and resources is underway. A Share the Care™ information session was held with 41 participants, with the potential of increasing the volunteer pool for informal caregiving. Within the First Nation community, 15 PSWs completed the AHPCE Program; 4 First Nation communities gathered together for a Share the Care™ information session.
- A survey has been developed (for administration in Year Three) to describe the current state of HPC education in ESC in order to inform a planned approach to HPC education across ESC. Questions will be asked related to currently used education models, delivery (frequency, staff attendance), accountability, challenges, gaps, and needed resources and supports to provide optimal HPC education. Questions will also be asked regarding satisfaction with the initiatives of the Education Blueprint and impacts to patients / caregivers, care providers and the health system.
- A survey has been developed (for administration in Year Three) to inform the development of a communications strategy for HPC education. Questions will be asked about current challenges related to communication about education, potential strategies for overcoming these challenges including the identification of on-line opportunities for communication, preferred ways of communicating and suggestions for enhancing communication.
- The Windsor and Sarnia OTN sites are fully functional; the development of a regional network of OTN users is currently underway with one network event having been delivered to date. The first webcast event was delivered at the Windsor site on March 30, 2010 (*Existential Pain*, presented by Dr. Jim Gall, followed by a panel discussion). This session was well received, with the majority of feedback survey respondents (93%) providing overall session ratings of “excellent” or “very good”; 85% of respondents indicated that they would recommend webcasts in the future and the OTN website to view webcasts (See Appendix Y for summary of the feedback survey results). There is much support for the use of the technology and leveraging learnings to date. Opportunities/ strategies to maximize use of the technology for education and meetings will be explored further.

**Table 1: Education Blueprint: Year Two Initiative Tracking Initiative Tracking**

Initiative/ Event	Progress to Date
<p><b>Skill Specific Education</b> Right Patient, Right Place, Right Time/ Community Resource Fair</p>	<p>Blueprint objectives <b>achieved</b>:</p> <ul style="list-style-type: none"> <li>✓ Four education sessions held in February 2010 (2 in Sarnia-Lambton, 2 in Chatham-Kent)</li> <li>✓ 219 in attendance across all four sessions (range: 44 - 62 per session)<sup>5</sup></li> <li>✓ Cross sector representation: Acute care (29%), CCAC (7%), Hospice (11%), LTC/RH (10%), Community Service Provider Agencies (45%)</li> </ul>
<p><b>Nursing Guidelines for End-of-Life Care in LTC</b></p> <p>Assessment of implementation status</p>	<p>Blueprint objectives <b>achieved</b>:</p> <ul style="list-style-type: none"> <li>✓ Assessment completed (January 2010) by Carole Gill (PPSMC)</li> </ul>
<p>Development and delivery of further supports to facilitate successful implementation</p>	<p>Blueprint objectives <b>achieved</b>:</p> <ul style="list-style-type: none"> <li>✓ Education session delivered to 6 CAPCE trained nurses, representing five LTC homes, to support their efforts to implement the guidelines in their home; the PPSMC will remain available as a resource to these initiative champions.</li> </ul>
<p>Publication of evaluation findings</p>	<p>Blueprint objective <b>in progress</b>: Anticipated submission date to a peer reviewed scientific journal: June 30, 2010</p>
<p><b>Volunteer Education</b></p> <p>Environmental scan</p>	<p>Blueprint objective <b>achieved</b>:</p> <ul style="list-style-type: none"> <li>✓ Environmental scan completed</li> </ul>
<p>Share the Care™ information sessions (Maximum attendance = 50)</p>	<p>Blueprint objective <b>achieved</b>:</p> <ul style="list-style-type: none"> <li>✓ Session held October 29, 2009</li> <li>✓ 47 people in attendance</li> </ul>
<p>Standardization of volunteer education</p>	<p>Blueprint objective <b>in progress</b>:</p> <ul style="list-style-type: none"> <li>✓ Working group planning in progress <ul style="list-style-type: none"> <li>✓ Common priority education areas identified</li> <li>✓ Approach to education identified</li> </ul> </li> </ul>

<sup>5</sup> 277 participants registered (79% attended); reduced attendance was attributed to inclement weather and competing priorities (patient caseload).

Initiative/ Event	Progress to Date
	<ul style="list-style-type: none"> <li>✓ Potential distant &amp; local resources to support top priority education areas identified and contacted</li> <li>✓ Supportive resources ordered</li> </ul> Due to competing commitments, planned education events have been positioned for Year 3
<p><b><i>Cultural (First Nation) Education</i></b></p> <p>Advanced Hospice Palliative Care Education</p>	<p>Blueprint objective <b>achieved</b>:</p> <ul style="list-style-type: none"> <li>✓ Education delivered in February – March 2010</li> <li>✓ 15 PSWs in attendance</li> </ul>
<p>Share the Care™ Information Session</p>	<p>Blueprint objective <b>achieved</b>:</p> <ul style="list-style-type: none"> <li>✓ Session held March 23, 2010</li> <li>✓ 19 people in attendance</li> </ul>
<p><b><i>Expansion of Video-Conferencing Capacity</i></b></p> <p>Use of technology in two sites (Hospice of Windsor &amp; Essex County, Sarnia Site)</p>	<p>Blueprint objectives <b>achieved</b>:</p> <ul style="list-style-type: none"> <li>✓ Both sites fully operational</li> <li>✓ On site staff training on use technology and support provided</li> </ul>
<p>Documentation of 'set-up' progress</p>	<p>Blueprint objective <b>achieved</b>:</p> <ul style="list-style-type: none"> <li>✓ Document developed</li> </ul>
<p>Development of a regional OTN network</p>	<p>Blueprint objective <b>achieved</b>:</p> <ul style="list-style-type: none"> <li>✓ Networking event delivered in partnership with OTN and Windsor Hospice<sup>6</sup> <ul style="list-style-type: none"> <li>✓ 27 people in attendance (21 in person; 6 video conference attendees)</li> </ul> </li> <li>✓ E-mail distribution list developed</li> <li>✓ Support garnered from attendees for further development of network</li> </ul>

<sup>6</sup> This event was held on March 31, 2010 was presented by Lori Feltz and Allan Zahara, OTN. The session included background information on OTN, potential benefits, best practices and OTN success stories. Participants from three OTN were in attendance (excluding the hosting site Hospice of Windsor Essex, the participating video sites were, Hotel Dieu Grace Hospital, Harrow Health Centre, and St. Joseph's Hospice of Sarnia).

Initiative/ Event	Progress to Date
Education on how to leverage OTN for HPC education	<p>Blueprint objective <b>achieved</b>:</p> <ul style="list-style-type: none"> <li>✓ Webcast session offered to health care providers on essential pain (Windsor Hospice) <ul style="list-style-type: none"> <li>✓ 63 people in attendance</li> <li>✓ 54 (86%) completed a feedback survey<sup>7</sup></li> </ul> </li> <li>✓ Pilot videoconference session offered; marketing/promotion assessed</li> </ul>
<p><b>System Integration and Mapping</b></p> <p>Development of a planned approach to HPC education across ESC</p>	<p>Blueprint objective <b>achieved</b>:</p> <ul style="list-style-type: none"> <li>✓ Survey for education coordinators developed</li> <li>✓ Plans for survey distribution in place (Year 3)</li> </ul>
Development of a strategic approach to the use of OTN	<p>Blueprint objectives <b>achieved</b>:</p> <ul style="list-style-type: none"> <li>✓ Part of Technology Networking session (described above) focussed on how to best use technology to leverage learning</li> <li>✓ Commitment from Education Committee to explore opportunities/ strategies for better use of technology to support Blueprint work including meetings</li> <li>✓ Contacts made in other LHIN areas for partnerships in use of technology</li> </ul>
Development of a communication strategy for HPC education	<p>Blueprint objective <b>achieved</b>:</p> <ul style="list-style-type: none"> <li>✓ Survey for key stakeholders developed</li> <li>✓ Plans for survey distribution in place (Year 3)</li> <li>✓ Communication consultants retained to develop and implement a communications strategy for this initiative</li> </ul>
Evaluation of outcomes associated with Blueprint	<p>Blueprint objective <b>achieved</b>:</p> <ul style="list-style-type: none"> <li>✓ Year Two evaluation completed</li> </ul>

<sup>7</sup> This survey was developed, distributed, analyzed by the session organizers. Results of the feedback survey are presented in Appendix C.

## Acknowledgements

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## List of Appendices

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Appendix A	Survey for Education Coordinators / Managers on Education Blueprint Impacts
Appendix B	Survey for Initiative Wide Key Stakeholders on Communication
Appendix C	Evaluation Survey Results for OTN Webcast on Existential Pain

## Survey for Education Coordinators / Managers on Education Blueprint Impacts<sup>8</sup>

### Hospice Palliative / End-of-Life Care Education in Your Organization

1. Please indicate which of the following education models are used in your organization (Please check all that apply)
  - We provide staff education on hospice palliative / end-of-life care in-house (internally)
  - We partner with other organizations for staff education on hospice palliative /end-of-life care
  - Staff education on hospice palliative / end-of-life care is provided externally by other organizations, agencies, or groups
  - We do not provide any staff education on hospice palliative/ end-of-life care (Go to last page – this is the end of the survey for those who provide this response)
  - Other, please specify: \_\_\_\_\_
2. Briefly describe the education on hospice palliative and end-of-life care that was delivered to staff members in your organization in 2009. Please specify the key topic/ content area.
3. Is this education program mandatory for all staff members?
  - Yes
  - No
4. Is the content of the education program standard for all staff members?
  - Yes
  - No
5. How is this education provided? (Please check all that apply)
  - One-on-one sessions with trainer/ educators
  - Group sessions
  - Independent reading by staff members
  - On-line
  - Other, please specify
6. How often is education provided to staff members?
  - Weekly
  - Bi-monthly (twice a month)
  - Monthly
  - Quarterly (every 3 – 4 months)
  - Every 6 months
  - Yearly
  - Other, please specify:

<sup>8</sup> This is a “draft” survey, as there will be an opportunity to review the survey prior to distribution to ensure it is current.

7. Please estimate how many hours of hospice palliative care education were provided in 2009 to staff in your organization.

Hours of staff education in 2009: \_\_\_\_\_

8. Please estimate how many staff members received education related to hospice palliative / end-of-life care in your organization last year.
9. What is the primary funding source for hospice palliative /end-of-life education in your organization? (Please check all that apply)

- Government funding<sup>9</sup>
- Organization operating budget
- Organization fund-raising
- Other, please specify: \_\_\_\_\_

10. For those who selected “government funding” above: Which government Ministry is providing this funding?

10.1 What is the funding designation (i.e., funding code or functional centre code)?

10.2 What is the annual amount of ministry funding received?

11. Does your organization have specific performance targets as a funding expectation?

- Yes
- No
- Not sure

12. Who is primarily **responsible** for providing staff education on hospice palliative / end-of-life care in your organization? Please provide the title of the person/ people responsible for education (Please do not identify these people by name).

10.1 What level of hospice palliative care expertise does this individual(s) have? For example, what level of palliative care training do they have (e.g., Fundamentals, CAPCE, Certified Hospice Palliative Care Nurse in Canada designation).

13. Who is primarily **accountable** for staff education on hospice palliative / end-of-life care in your organization? Please provide the title of the person/ people accountable education (Please do not identify these people by name).

14. Are there any other mechanisms for accountability related to hospice palliative / end-of-life care in your organization (e.g., organizational policy, professional requirements)

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<sup>9</sup> If respondents select “government funding” they will be directed to questions asking about source and amount of funding; otherwise they will be directed to the next question.

15. What do you think are some the current gaps in staff education related to hospice palliative /end-of-life care - what education are you currently unable to provide within your organization?
16. What are the key challenges you experience in educating staff in your organization?
17. Do you have any suggestions for overcoming these challenges?
18. Do you think that there is any duplication of education efforts related to hospice palliative care?
  - No
  - Yes, please describe this duplication.
19. What strategies or opportunities exist to reduce this duplication?
20. What resources or supports are needed to optimize hospice palliative / end-of-life care education in your organization?
21. What resources or supports are needed to optimize hospice palliative / end-of-life care education in this region (Erie St. Clair)?
22. What strategies exist for increasing the efficiency of education related to hospice palliative / end-of-life care across sectors in this region?

### **The Erie St. Clair Education Blueprint**

As you are aware the Erie St. Clair Education Blueprint has implemented and facilitated a number of initiatives aimed at both volunteers and care providers to improve hospice palliative / end-of-life care in this region. Some of these initiatives have included skill specific workshops for care providers in the community and acute care sectors, education and implementation support for nursing guidelines for end-of-life care in long-term care, volunteer training activities such as Share the Care™ information sessions and Hands-On-Training, and education of personal support workers within the Walpole First Nations Community.

23. Prior to receiving this survey, how aware were you of the activities of the Erie St. Clair Education Blueprint?

1	2	3	4	5
Not at all aware				Extremely aware

24. How satisfied are you with the activities to date of the Erie St. Clair Education Blueprint?

1	2	3	4	5
Not at all satisfied				Extremely satisfied



	Not Sure	Not impact at all 1	2	Some impact 3	4	Maximum impact 5
Enhanced relationships/ partnerships among those people working across Erie St. Clair in Hospice Palliative Care education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Are there any other benefits/ impacts for patients/ caregivers as a result of the activities of the Erie St. Clair Education Blueprint?

28. Are there any other benefits/ impacts for care providers as a result of the activities of the Erie St. Clair Education Blueprint?

29. Are there any other benefits/ impacts for palliative and end-of-life system of care (organizations/ agencies aimed at providing hospice palliative care) as a result of the activities of the Erie St. Clair Education Blueprint?

30. Are there any other benefits/ impacts for the health system as a result of the activities of the Erie St. Clair Education Blueprint?

31. Overall, how would you describe the Erie St. Clair Education Blueprint's efforts related to hospice palliative and end-of-care education?

Poor                  Fair                  Good                  Very Good                  Excellent

**Additional Comments**

Do you have any additional comments you would like to make about the Education Blueprint or education related to hospice palliative and end-of-life care?

**Tell us about yourself!**

Which of the following best describes your title?

- Manager
- Education Coordinator
- Staff Educator
- Other, please specify: \_\_\_\_\_

In what health sector do you work? (Select your primary work setting)

- Community
- Long-Term Care
- Hospital
- Other, please specify: \_\_\_\_\_

How many years have you been involved with education? \_\_\_\_\_

Please estimate the percentage of clients served by your organization that are being provided with palliative or end-of-life care.

Percentage of clients receiving palliative or end-of-life care: \_\_\_\_\_

Please estimate the number of staff employed in your organization: \_\_\_\_\_

## Appendix B

### Survey for Initiative Wide Key Stakeholders on Communication<sup>10</sup>

#### Communication Challenges

We are interested in learning more about the communication challenges you currently experience regarding **hospice palliative care education**.

1. To what extent are you experiencing challenges with the following issues regarding palliative or end-of-life care education?

	<b>Not at all challenging 1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Extremely challenging 5</b>
Learning about what education/ training is available within Erie St. Clair.	1	2	3	4	5
Learning about what education/ training is available outside Erie St. Clair.	1	2	3	4	5
Learning about speakers or experts available in Erie St. Clair to speak on hospice palliative or end-of-life care..	1	2	3	4	5
Sharing information about education/ training offered by your organization with other organizations or appropriate target audiences.	1	2	3	4	5
Promoting your education programs with others.	1	2	3	4	5
Accessing resource information to assist in the development/ delivery of education programs.	1	2	3	4	5
Accessing technology for delivering or participating in education (video-teleconferencing, web-based sessions, such as 'webinars').	1	2	3	4	5

<sup>10</sup> This is a "draft" survey, as there will be an opportunity to review the survey prior to distribution to ensure it is current.

2. Are you experiencing any other communication challenges related to hospice palliative / end-of-life care education?

- No  Yes, please specify:

3. What suggestions do you have for overcoming these challenges? What suggestions do you have for improving communication about hospice palliative or end-of-life care education across the region?

4. Do you know of any existing opportunities that could be used for improving communication about education in this region?

**Methods of Communication**

5. Where do you go for information (e.g., up-dates, new knowledge, tools, or skills) about palliative care? Please select your top three sources of information.

- My professional association
- Scientific/ professional journals
- My peers and colleagues
- My local Pain and Symptom Management Consultant
- The internet<sup>11</sup>
- Other, please specify:

6. Which internet sites do you usually use to get information on palliative care?

7. How useful do you think the following methods of communication are for sharing information about hospice palliative/end-of-life care education? <sup>12</sup>

	<b>Not at all useful 1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Extremely useful 5</b>
E-mail distribution list.	1	2	3	4	5
Media (newspaper, radio, television)	1	2	3	4	5
Written information (distributed by mail).	1	2	3	4	5
Posters or flyers posted in visible areas within my organization.	1	2	3	4	5

<sup>11</sup> Skip logic will be used here – if the respondent selected “the internet” they will be directed to the next question asking them which internet sites they go to; otherwise they will be directed to question 7.

<sup>12</sup> Note: average scores for these methods will be rank ordered to provide an indication of preferences.

	<b>Not at all useful 1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Extremely useful 5</b>
Professional networks or associations	1	2	3	4	5
Word-of-mouth from friends or colleagues/ mentors	1	2	3	4	5
Web-site focused on available education (in and outside of Erie St. Clair).	1	2	3	4	5
Technology based methods such as video-teleconferencing, webinars, or internet based conferencing.	1	2	3	4	5

### **Opportunities for Improving Communication in Erie St. Clair**

We are interested in learning more about how communication regarding palliative care education initiatives could be improved in this region.

8. Do you have any suggestions for improving communication regarding palliative care education initiatives in this region?
9. Does your organization have any methods of communication (e.g., newsletter, website, etc) that could serve as opportunity to share information about palliative care education?
  - No
  - Yes, please describe.<sup>13</sup>
10. If we wanted to inquire more about this potential opportunity to share information about palliative care education, who would we contact (please provide a name or title of the person responsible and the name of the organization).
11. Are there people in your organization who have the skills to assist with communications regarding palliative care education, for example, writing, computer layout/ design?
  - Not sure
  - No
  - Yes
12. A potential strategy for managing communications about palliative care education is the development of a communications team/ committee that would meet a few times a year to develop plans for sharing information about palliative care education. Would you be interested in participating in this type of committee, or do you think there would be others in

<sup>13</sup> Skip logic will be used here – if the respondent selects “yes” they will be directed to the next question, otherwise they will be directed to question 11.

your organization who would be interested in participating in this type of committee? Note: we are not asking you to volunteer or to commit yourself or others to this work; at this point we are interested in knowing if there is interest in this type of committee. Please select all that apply.

- Yes, I would be interested in participating in this type of committee
- No, I am not interested this
- Not sure
- I think there would be others in my organization who would be interested in participating in this type of committee
- I don't think that anyone from my organization would be interested in this

### **Internet-Based Communication Methods**

13. Do you use a social networking website such as Facebook or LinkedIn?

- No
- Yes – please identify which website you use:<sup>14</sup>

14. Do you use these websites professionally (i.e., for work-related activities)?

- Yes
- No

15. Do you “blog” (personally or professionally)?

- Yes<sup>15</sup>
- No

16. Which of the following describe your blogging habits? Please select all that apply.

- I read blogs (conversations)
- I follow specific bloggers
- I comment/ join in on the blog (conversation)

There are currently a number of internet based methods for communication that can be used to share information about education and to host on-line meetings in which presentations are conducted with the use of a computer and telephone system.

17. Does your organization use an internet based communication vehicle to host or attend on-line meetings, or for presentations or in-services?

- Yes
- No
- Not sure

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<sup>14</sup> Skip logic will be used here – if respondents select “yes” they will be directed to the next question; otherwise they will be directed to question 15.

<sup>15</sup> Skip logic will be used here – if respondents select “yes” they will be directed to the next questions; otherwise they will be directed to question 17.





## Appendix C

### Evaluation Survey Results for OTN Webcast on Existential Pain<sup>16</sup>

Question	Number	Percent
Professional Background		
▪ Nurse	31	57.4%
▪ Social Worker	3	5.6%
▪ Physician	5	9.3%
▪ Pharmacist	1	1.9%
▪ O.T.	1	1.9%
▪ R.T.	2	3.7%
▪ Volunteer	8	14.8%
▪ Student	2	3.7%
▪ Other	1	1.9%
What was your overall rating for today's presentation?		
▪ Excellent	27	50.0%
▪ Very good	23	42.6%
▪ Good	4	7.4%
▪ Fair		
▪ Poor		
▪ No answer		
Organization and clarity of content		
▪ Excellent	25	46.3%
▪ Very good	22	40.7%
▪ Good	4	7.4%
▪ Fair		
▪ Poor		
Quality of presentation		
▪ Excellent	26	48.1%
▪ Very good	20	37.0%
▪ Good	5	9.3%
▪ Fair		
▪ Poor		
Relevance to your work		
▪ Excellent	32	59.3%
▪ Very good	16	29.6%
▪ Good	3	5.6%
▪ Fair		
▪ Poor		
Three participants did not respond to the above three questions		

<sup>16</sup> Note: This survey was developed, distributed, and analyzed by session organizers and included in this report for information only.

Question	Number	Percent
Offsite Participants: Technical Problems?		
▪ Yes	34	63.0%
▪ No	13	24.1%
▪ N/A	7	13.0%
Adequate opportunity to ask questions?		
▪ Yes	47	87.0%
▪ No	4	7.4%
▪ N/A	3	5.6%
Opportunity to interact with other sites?		
▪ Yes	49	90.7%
▪ No	1	1.9%
▪ N/A	4	7.4%
Other colleagues with a scheduling conflict?		
▪ Yes	18	33.3%
▪ No	19	35.2%
▪ Unsure	14	25.9%
▪ N/A	3	5.6%
Recommend OTN website to view this webcast?		
▪ Yes	46	85.2%
▪ No	1	1.9%
▪ N/A	7	13.0%
Recommend webcasts in future?		
▪ Yes	46	85.2%
▪ No		
▪ N/A	8	15.8%
If unable to attend, would you have watched webcast?		
▪ Yes	25	46.3%
▪ No	4	7.4%
▪ Unsure	16	29.6%
▪ N/A	9	16.75%
Preferred method of receiving education?		
▪ Live	52	96.3%
▪ Videoconference		
▪ Webcast later		
▪ N/A	2	3.7%
Two attendees checked all options		

**Comments:**

Really need microphone – sound was uneven, specially when audience members spoke

Very valuable to me in passing my exam

Nice to hear others’ experiences also very helpful to put a name to this experience

Very well done, uplifting

Panel group – hard to hear them

Good presentation – glad I attended

Enjoyed depth and breadth of material - thanks  
Need microphones for people who comment  
Well done!  
Reflecting on past experiences and just being there is helpful in healing  
Love George Harrison  
Chairs are uncomfortable  
Excellent presentation and content  
Loved the music  
Very interesting and relevant topic. The flow of powerpoint / lecture / music / discussion - then back to lecture was great. Only criticism – group was too big for open discussion  
Really touched my heart and soul and brought back so many powerful memories  
Thank you – we need more like this!  
Food – excellent  
Need more work on your webcast  
Enjoyed your presentation – thank you for doing it  
Note: All 3 music pieces reference to “Lord” – too much religious aspects  
New concept for me – or at least a name on something not new!  
Good food and lots of vegetarian choices – Thanks!  
More cartoons (a.k.a. educational tools). Music is good too ☺  
Just reinforced what just being with client/listening/feeling where they are on their journey most  
N.B.  
Thank you - very interesting  
Very useful information – gives us the freedom to be and do our best  
Very beneficial for all  
Thank you for bringing experience and giving it a name  
There was a short time to ask questions  
Very thought provoking  
Good use of musical component – I enjoyed this Powerful, Meaningful  
Thank you for a wonderful meal and meaningful evening!  
Thank you for such personal experiences “real life” stories  
Thank you for taking time from your busy schedules Dr. Gall and Rev. Sharrow  
It’s my first time to attend Hospice workshop. It’s a good experience  
Every health care worker would benefit from this – so we remember that we are dealing with souls and not just bodies  
First presentation I’ve attended – very informative by Dr. Gall  
Importance of the gift of personal presence in end-of-life care  
Very valuable presentation  
Very thoughtfully prepared, presented and closed. Thank you!

### **Suggestions for Other Topics and Speakers**

Communication – verbal and non verbal as the dying patient moves through stages to death – could use patients caregivers, family members  
Naturopathic medicine  
Pain and symptom management resources available  
Any topics related to palliative care

Compassion fatigue  
Update on reporting guidelines  
Management of breakthrough pain  
Variety of ways to support personal process with existential pain  
Similar topics in existentialism or self-transcendence  
Funeral: pre arrangement planning/what to expect  
Anything on pain management and EOL  
Refractory cases for Palliative Care  
Review as part of a palliative potpourri day – treatments for respiratory comorbidities, use of inhalers, puffers, nebulizers –what’s available, how to use – resp. rehab person to present  
Pain control through meditation  
Alternative methods of relieving pain