

# HPCO 2019 ANNUAL CONFERENCE PROGRAM AT-A-GLANCE

**SUNDAY, APRIL 28, 2019**

| Times  |  |   |
|--|--|---|
| 8:00 - 9:00 am   | Registration, Continental Breakfast, Exhibitor Showcase Opens        |   |
| 9:00 - 9:45 am   | Welcome Remarks  |   |
| 9:45 - 10:45 am  | <b>Opening Keynote Presentation: HIT Talks</b>                       |   |
| 10:45 - 11:00 am   | Stretch Break  |   |
| 11:00 - 11:45 am   | <b>June Callwood Circle of Outstanding Volunteers Award Ceremony</b> |   |
| 11:45 - 1:00 pm  | Luncheon Buffet & Exhibitor Showcase                                 |   |
| 1:00 - 2:15 pm CONCURRENT WORKSHOP SESSIONS - SERIES 100 |  |   |
| Session #  | Stream   | Session Title and Speaker(s)  |
| 101  | QWPC   | Psychosocial Supports for Parentally Bereaved Young Children: A Comprehensive Community- Based Approach to Service <ul style="list-style-type: none"> <li>• Sheila Bourgeois</li> </ul>   |
| 102  | QWPC   | Pause: Creative Self-Care Strategies, Part 1 <ul style="list-style-type: none"> <li>• Jennifer Page</li> </ul>  |
| 103  | LSDQ   | Advance Care Planning Initiatives to Assist You to Comply with the Ontario Law, Part 1 <ul style="list-style-type: none"> <li>• HPCO Health Care Consent Advance Care Planning Community of Practice</li> </ul>   |
| 104  | QWPC   | Consideration of Patients' Personal Interpretations of their Faith and Culture in Approach to Palliative Care <ul style="list-style-type: none"> <li>• Dr. Anwar Parbtani, Kelly Hubbard, Tammy Pollard, Lori Scholten-Dallimore, Dr. James Shaver</li> </ul> |
| 105  | QCP  | Increasing Capacity for Medical Learners and Educators to Pursue a Palliative Approach to Care <ul style="list-style-type: none"> <li>• Erin Gallager</li> </ul>  |
| 106  | QCP  | Voluntary Stopping Eating and Drinking [VSED]: Another EoL Option or Unacceptable Practice <ul style="list-style-type: none"> <li>• Peter Allatt, Jordon Pelc</li> </ul>  |
| 107  | QCP  | Providing Reflective Compassionate Care During the MAID Process <ul style="list-style-type: none"> <li>• Eugene Dufour</li> </ul>   |
| 108  | QCP  | Impact and Reach of CAPCE and Fundamentals - A Retrospective Look <ul style="list-style-type: none"> <li>• Kim Rogers, Melissa Chadwick</li> </ul>  |
| 109  | LSDQ   | Development of A New Ambulatory Model of Care: Nurse Led Palliative Care Triage and Navigation <ul style="list-style-type: none"> <li>• Dr. Laura Harlid, Nancy Lee Brown</li> </ul>  |
| 110  | LSDQ   | Authentic Collaboration: Lessons learned from a Regional Palliative Care Network <ul style="list-style-type: none"> <li>• Margaret Paan, Jehanara Chagani</li> </ul>  |
| 111  | EAQC   | Opening Closed Doors: An Adapted Grief Curriculum <ul style="list-style-type: none"> <li>• Melissa Fleishman, Louise Brazier</li> </ul>   |
| 1:00 - 2:15 pm   | Oral Paper Presentations - Series 1 and 2                            |   |
| Times  |  |   |
| 2:15 - 2:45 pm   | Refreshment Break, Exhibitor Showcase & Posters                      |   |

## SUNDAY, APRIL 28, 2019

| 2:45 - 4:00 pm |        |   | CONCURRENT WORKSHOP SESSIONS - SERIES 200 |
|----------------|--------|---|---|
| Session #      | Stream | Session Title and Speaker(s)  |   |
| 201            | QWPC   | Living Out Loud: AYAs with Advanced Cancer Shatter the Silence and Create a Space of their Own<br><ul style="list-style-type: none"> <li>• <i>Simone Stenekes', Teva Harrison</i></li> </ul>                              |   |
| 202            | QWPC   | Pause: Creative Self-Care Strategies, Part 2<br><ul style="list-style-type: none"> <li>• <i>Jennifer Page</i></li> </ul>  |   |
| 203            | LSDQ   | Advance Care Planning Initiatives to Assist You to Comply with the Ontario Law, Part 2<br><ul style="list-style-type: none"> <li>• <i>HPCO Health Care Consent Advance Care Planning Community of Practice</i></li> </ul> |   |
| 204            | QWPC   | Creating a 'Home' under the New Hospice Capital Program Design Standards<br><ul style="list-style-type: none"> <li>• <i>David Woods, Joyce Loney-Brenes</i></li> </ul>  |   |
| 205            | LSDQ   | A Voice for Change: Demystifying the HPCO Hospice Metrics Platform<br><ul style="list-style-type: none"> <li>• <i>Annalise Stenekes, Brian Tramontini, Jessica Estabrooks, Kelly Hubbard, Mark Godin</i></li> </ul>       |   |
| 206            | QCP    | Taking off our Coat(s) before Entering the Room<br><ul style="list-style-type: none"> <li>• <i>Eunice Gorman, Laura Lewis</i></li> </ul>  |   |
| 207            | QCPFC  | Cultivating a Death Positive Generation One High School Class at a Time<br><ul style="list-style-type: none"> <li>• <i>Amanda Black, Jenn Jowlabar</i></li> </ul>   |   |
| 208            | QCPFC  | Interdisciplinary Palliative Care and Resident Health Wishes<br><ul style="list-style-type: none"> <li>• <i>Rebecca George, Marie Cagas</i></li> </ul>  |   |
| 209            | QCPFC  | When MAiD will be the Cause of Death: Workshopping how we Support the Families and Friends of the Dying<br><ul style="list-style-type: none"> <li>• <i>Carolyn Smith, Jo-ann Leake</i></li> </ul>                         |   |
| 210            | LSDQ   | Collaborative Quality Care Across Sectors: Empowering Informal Caregivers<br><ul style="list-style-type: none"> <li>• <i>Marta Milks</i></li> </ul>   |   |
| 211            | LSDQ   | From Competencies to Clinical Practice: Promoting Learner-Centered Education through Creativity<br><ul style="list-style-type: none"> <li>• <i>Kath Murray, David Wright, Tammie McParland, Tara Walton</i></li> </ul>    |   |
| 2:45 - 4:00 pm |        | Oral Paper Presentations - Series 3 and 4   |   |
| 4:15 - 5:15 pm |        | <b>The Carmelita Lawlor Lectureship in Palliative Care</b><br><b>Recipient: Dr. Adam Rapoport</b><br><br><i>(Lecture open to non-conference participants)</i>   |   |
| 5:30 - 8:00 pm |        | <b>OMA Section on Palliative Medicine AGM</b><br><i>(Meeting Open to OMA Member Physicians Only)</i>  |   |

## MONDAY, APRIL 29, 2019

| Times                                     |  |   |
|---|--|---|
| 7:30 - 8:30 am                            | Registration, Continental Breakfast, Exhibitor Showcase & Posters  |   |
| 8:30 - 9:00 am                            | Welcome Remarks  |   |
| 9:00 - 10:15 am                           | <b>Keynote Presentation: Improving Access and Quality in Hospice Palliative Care - A Panel Discussion</b><br><ul style="list-style-type: none"> <li>• <i>Dr. Joshua Tepper, Andre Picard, Michael Decter, Jennifer Mossop</i></li> </ul> |   |
| 10:15 - 10:45 am                          | Refreshment Break, Exhibitor Showcase & Posters  |   |
| 10:45 am - 12:00 pm                       |  |   |
| CONCURRENT WORKSHOP SESSIONS - SERIES 300 |  |   |
| Session #                                 | Stream   | Session Title and Speaker(s)  |
| 301                                       | QWPC   | Listening & Responding Made Easier: How to Handle the Toughest Questions in Palliative Care<br><ul style="list-style-type: none"> <li>• <i>Paul Davidson</i></li> </ul> |

## MONDAY, APRIL 29, 2019

| 10:45 am - 12:00 pm |        | CONCURRENT WORKSHOP SESSIONS - SERIES 300 (cont'd)  |
|---------------------|--------|---|
| Session #           | Stream | Session Title and Speaker(s)  |
| 302                 | QCP    | A Hand in MAiD's Tale<br><ul style="list-style-type: none"> <li>• <i>Dr. Sharon Koivu</i></li> </ul>  |
| 303                 | QCP    | Approach to Perinatal Hospice and Palliative Care: A Toolkit<br><ul style="list-style-type: none"> <li>• <i>Dr. Stephanie Veldhuijzen van Zanten, Lynn GrandMaison-Dumond</i></li> </ul>  |
| 304                 | LSDQ   | Forging Ahead: An Overview of the HPCO Hospice Standards Framework and Accreditation Process<br><ul style="list-style-type: none"> <li>• <i>Annalise Stenekes, Dena Silverberg, Melanie Honsinger, Nadine Persaud, Rami Shami</i></li> </ul>  |
| 305                 | QCPFC  | Improving Caregivers Experience: A Quality Improvement Initiative<br><ul style="list-style-type: none"> <li>• <i>Jehanara Chagani, Margaret Paan</i></li> </ul>   |
| 306                 | QCPFC  | Designing Quality, Client Centred Palliative Care - Culturally and Linguistically Appropriate<br><ul style="list-style-type: none"> <li>• <i>Nazira Jaffer</i></li> </ul>   |
| 307                 | QCPFC  | Compassionate Teen Program<br><ul style="list-style-type: none"> <li>• <i>Karen Wagner, Lisa Hubers</i></li> </ul>  |
| 308                 | QCPFC  | The Measurement of Quality is Found within their Story: We may Listen, but are they Heard? Enhancing the Quality of Care for Patients, Families and Caregivers by Enhancing the Engagement of Grieving Loved Ones, as they Share their Stories, Part 1<br><ul style="list-style-type: none"> <li>• <i>Amy Archer</i></li> </ul> |
| 309                 | LSDQ   | Involve, Engage, Empower: The Roger Neilson House Volunteer Advisory Committee<br><ul style="list-style-type: none"> <li>• <i>Bruno Perrier, Carole Brule, Scott Gunn</i></li> </ul>  |
| 310                 | LSDQ   | Primary Level Palliative Care Integration Within the Prevalent Patients Receiving In-Centre Hemodialysis<br><ul style="list-style-type: none"> <li>• <i>Rebecca Ellerson</i></li> </ul>   |
| 311                 | EAQC   | MAiD in a Residential Hospice Setting<br><ul style="list-style-type: none"> <li>• <i>Kelly Hubbard</i></li> </ul>   |
| 312                 | LSDQ   | A Profile of Compassionate Communities in Ontario<br><ul style="list-style-type: none"> <li>• <i>HPCO Compassionate Communities Community of Practice</i></li> </ul>  |
| 10:45 - 12:00 pm    |        | Oral Paper Presentations - Series 5 and 6   |
| 12:00 - 1:15 pm     |        | Luncheon Buffet, Exhibitor Showcase & Posters   |
| 1:15 - 2:30 pm      |        | CONCURRENT WORKSHOP SESSIONS - SERIES 400   |
| Session #           | Stream | Session Title and Speaker(s)  |
| 401                 | LSDQ   | Tell Your Story & Win Support<br><ul style="list-style-type: none"> <li>• <i>Jennifer Mossop</i></li> </ul>   |
| 402                 | QWPC   | Up & Away<br><ul style="list-style-type: none"> <li>• <i>Nancy Forgrave, Laura Balint</i></li> </ul>  |
| 403                 | QCP    | Symptom Management in the Midst of an Opioid Epidemic: An Expert Consensus Guideline for Safer Opioid Use in Palliative Care<br><ul style="list-style-type: none"> <li>• <i>Dr. Paolo Mazzotta, Dr. Jenny Lau</i></li> </ul>  |
| 404                 | QCPFC  | Developing an Ontario Palliative Care Competency Framework<br><ul style="list-style-type: none"> <li>• <i>The OPCN Provincial Education Steering Committee</i></li> </ul>   |
| 405                 | QCPFC  | Sustaining You: Grief and Resiliency in Hospice Palliative Care Staff and Volunteers<br><ul style="list-style-type: none"> <li>• <i>Tara Cohen</i></li> </ul>   |
| 406                 | QCPFC  | Pregnancy and Infant Loss Bereavement Support: Creating Supportive Communities<br><ul style="list-style-type: none"> <li>• <i>Amy Muhr, Ryan Alexander</i></li> </ul>   |
| 407                 | QCPFC  | A Clinician (CNS) Discusses Sexuality even when Individuals are Affected by a Terminal Illness<br><ul style="list-style-type: none"> <li>• <i>Dr. Paul-Andre Gauthier</i></li> </ul>  |

## MONDAY, APRIL 29, 2019

| 1:15 - 2:30 pm |        | CONCURRENT WORKSHOP SESSIONS - SERIES 400 (cont'd)   |
|----------------|--------|--|
| Session #      | Stream | Session Title and Speaker(s)   |
| 408            | QCPFC  | The Measurement of Quality is Found within their Story: We may Listen, but are they Heard? Enhancing the Quality of Care for Patients, Families and Caregivers by Enhancing the Engagement of Grieving Loved Ones, as they Share their Stories, Part 2 <ul style="list-style-type: none"> <li>• <i>Amy Archer</i></li> </ul> |
| 409            | LSDQ   | Palliative Care Health Services Delivery Framework: Recommendations for a Model of Care to Improve Palliative Care in Ontario - Taking the Next Steps <ul style="list-style-type: none"> <li>• <i>Dr. Robert Sauls</i></li> </ul>  |
| 410            | LSDQ   | How to Interact with Families as a Fundraiser - Respecting Privacy while Building Trust <ul style="list-style-type: none"> <li>• <i>Janet Fairbridge</i></li> </ul>  |
| 411            | EAQC   | Paediatric Project ECHO® for Palliative Care: Empowering Providers, Increasing Access, and Supporting Patients and Families in the Community <ul style="list-style-type: none"> <li>• <i>Dr. Adam Rapoport</i></li> </ul>  |
| 412            | EAQC   | The End of Life is an Auspicious Opportunity for Healing: Decolonizing Death and Dying for Urban Indigenous People <ul style="list-style-type: none"> <li>• <i>Michael Anderson</i></li> </ul>   |
| 1:15 - 2:30 pm |        | Oral Paper Presentations - Series 7 and 8  |
| 2:30 - 3:00 pm |        | Refreshment Break, Exhibitor Showcase & Posters  |
| 3:00 - 4:15 pm |        | CONCURRENT WORKSHOP SESSIONS - SERIES 500  |
| Session #      | Stream | Session Title and Speaker(s)   |
| 501            | QWPC   | Diverse Sounds: Inter-Cultural Soundscapes at End of Life <ul style="list-style-type: none"> <li>• <i>Aaron Lightstone, Bev Foster</i></li> </ul>  |
| 502            | LSDQ   | Leadership Values: Caring for my Father at the End-of-His-Life <ul style="list-style-type: none"> <li>• <i>Janic Gorayeb</i></li> </ul>  |
| 503            | QCP    | MAID Access as an End of Life Option for Patients Receiving Palliative Care: A Case Review <ul style="list-style-type: none"> <li>• <i>Nikita Matichuk</i></li> </ul>  |
| 504            | QCPFC  | Building a Model of Support that includes All Children and Families <ul style="list-style-type: none"> <li>• <i>Jodi Pereira</i></li> </ul>  |
| 505            | QCPFC  | One Team, One Goal: Collaborative Approaches to Interdisciplinary Palliative Care Across the Disease Trajectory in Muskoka <ul style="list-style-type: none"> <li>• <i>Norma Connolly</i></li> </ul>   |
| 506            | LSDQ   | Palliative Care Early and Systematic (PaCES): Beginning Alberta's Journey for Advanced Cancer Patients <ul style="list-style-type: none"> <li>• <i>Aynharan Sinnarajah, Camille Bond</i></li> </ul>  |
| 507            | LSDQ   | Building a Successful Annual Giving Campaign - From 0 to 250K+ in 8 Years <ul style="list-style-type: none"> <li>• <i>Pamela Blackwood, Amanda Black</i></li> </ul>  |
| 508            | EAQC   | Developing Palliative Care Education for Inner City Workers Supporting People who are Structurally Vulnerable <ul style="list-style-type: none"> <li>• <i>Dr. Naheed Dosani, Dr. Paul Holycoke, Dr. Alissa Tedesco</i></li> </ul>  |
| 509            | EAQC   | Knowledge Co-Creation: Developing Recommendations for Palliative Models of Care with Direction from Indigenous Communities <ul style="list-style-type: none"> <li>• <i>Lindsey Thompson, Joanna Valtour</i></li> </ul>   |
| 510            | EAQC   | Educating Multicultural Communities in Hospice Palliative Care <ul style="list-style-type: none"> <li>• <i>Vilma Oliveros</i></li> </ul>   |
| 511            | LSDQ   | Organizational Performance and Oversight Tools (Governance, Quality, Risk Management and Strategy) <ul style="list-style-type: none"> <li>• <i>Brian Tramontini</i></li> </ul>   |
| 3:00 - 4:15 pm |        | Oral Paper Presentations - Series 9 and 10   |

## MONDAY, APRIL 29, 2019

|                 |   |
|-----------------|---|
| 6:00 - 7:00 pm  | Pre-Dinner Reception                                      |
| 7:00 - 11:00 pm | <b>Gala Dinner, Entertainment and Awards Presentation</b> |

## TUESDAY, APRIL 30, 2019

| Times   |  |  |
|---|--|--|
| 7:30 - 8:30 am  | Registration, Continental Breakfast & Posters  |  |
| 8:30 - 9:00 am  | <b>Welcome Remarks</b>   |  |
| 9:00 - 10:00 am   | <b>Keynote Presentation: Psychotherapeutic Interventions in Palliative Care: From Evidence to Implementation</b><br><ul style="list-style-type: none"> <li>• <i>Dr. Gary Rodin</i></li> </ul>                            |  |
| 10:00 - 10:30 am  | Refreshment Break, Last Chance for Posters and Hotel Check-out   |  |
| <b>10:30 - 11:45 am CONCURRENT WORKSHOP SESSIONS - SERIES 600</b> |  |  |
| Session #   | Stream   | Session Title and Speaker(s)   |
| 601   | QWPC   | Storycare: Integrating a Story-Based Care Model into a PCU Setting<br><ul style="list-style-type: none"> <li>• <i>Laura McMaster, Dan Yashinsky</i></li> </ul>   |
| 602   | EAQC   | The Crossroads of Grief: Reflecting on Our Work with Marginalized Grieving Youth<br><ul style="list-style-type: none"> <li>• <i>Dr. Victoria Pileggi, Jodi Pereira, Julie Pehar</i></li> </ul>   |
| 603   | QCPFC  | Caregiver Evening Out: Creating Space for Community and Self-Care<br><ul style="list-style-type: none"> <li>• <i>Shauna Daly</i></li> </ul>  |
| 604   | QCPFC  | Promoting Quality Care Through Organizational Resilience<br><ul style="list-style-type: none"> <li>• <i>Maureen Pollard</i></li> </ul>   |
| 605   | QCPFC  | Back to Basics: How the History of Hospice Palliative Care Can Inform Care<br><ul style="list-style-type: none"> <li>• <i>Matthew Durham, Hanna Irving, Felicia Kontopidis</i></li> </ul>  |
| 606   | LSDQ   | <b>Session Cancelled by the Presenters</b>   |
| 607   | LSDQ   | Looking Beyond the Traditional Donor Base: Grow your Pipeline by Engaging a Culturally and Racially Diverse Donor Population<br><ul style="list-style-type: none"> <li>• <i>Muthoni Kariuki</i></li> </ul>                                   |
| 608   | EAQC   | "The Creator's Care" First Nation Palliative Care and End of Life Service<br><ul style="list-style-type: none"> <li>• <i>Edith Mercieca</i></li> </ul>   |
| 609   | EAQC   | Working Together to Make a Difference - The Creation of the Timmins Integrated Palliative Care Team<br><ul style="list-style-type: none"> <li>• <i>Celine Plante-Lamb, Dr. Patrick Critchley</i></li> </ul>                                  |
| 610   | EAQC   | Community-Based Pain-Management & Palliative Care for Marginalized Individuals: A Patient-Centred Risk Management Approach<br><ul style="list-style-type: none"> <li>• <i>Stephanie Skopyk, Dr. Naheed Dosani, Dr. Vincent Ho</i></li> </ul> |
| 611   | QCP  | Palliative Care in the Community - Kits and Concentrations<br><ul style="list-style-type: none"> <li>• <i>Pamela Simpson</i></li> </ul>  |
| 11:45 - 1:00 pm   | Luncheon Buffet<br><ul style="list-style-type: none"> <li>• Best Oral Paper and Poster Presentations</li> </ul>  |  |
| 1:00 - 2:00 pm  | <b>Closing Keynote Presentation: Shifting the Perspective and Stigma around Chronic Illness, Mental Health and Death</b><br><ul style="list-style-type: none"> <li>• <i>Jeremie Saunders, Sickboy Podcast</i></li> </ul> |  |
| 2:00 - 2:15 pm  | Closing Remarks, Draw Prizes, Adjournment  |  |

## WORKSHOP STREAMS

The workshop sessions have been scheduled into the program by streams, so conference participants can easily zero in on sessions most relevant to their discipline or practice. They are only guidelines to help you choose from the over 65 concurrent workshops being offered.

### Quality Caring for Patients, Families & Caregivers (QCPFC)

Examples:

- Interdisciplinary team-based care
- Leadership development and team approaches a culture of quality and results
- Measuring and closing human resource gaps
- Competencies, skills, and education for health care providers and volunteers
- Empowering volunteers as members of the interdisciplinary care team
- Reflecting the face of the community – success in volunteer diversity and inclusivity
- Reaching and engaging new generations of volunteers
- Advance Care Planning
- Enhancing patient and caregiver engagement
- Education for patients, substitute decision makers, families, and caregivers
- Person-centred care planning
- Compassionate communities

### Equity & Access to Quality Care (EAQC)

Examples:

- Innovations in providing palliative care in rural and remote communities
- Hospice palliative care by First Nations, Inuit, Metis, and Urban Indigenous Communities
- Access to care for diverse populations and marginalized people
- Palliative care for incarcerated populations

### Quality Clinical Practice (QCP)

Examples:

- Pain and Symptom Management
- Pediatrics
- Enabling early identification of people who would benefit from hospice palliative care
- Enabling palliative care in primary care
- Health Care Consent, Goals of Care, difficult conversations
- Palliative care for people with end-stage dementia, ALS, and other non-Cancer diseases

### Quality Whole Person Care (QWPC)

Examples:

- Psychosocial, Spiritual, and Bereavement Care
- Measuring Impact
- Meeting the needs of diverse populations
- Complementary therapies

### Leadership and System Design for Quality (LSDQ)

Examples:

- Regional hospice palliative care Hospice development
- Connecting hospice palliative care providers
- Removing regulatory and policy barriers to improving care
- Measuring quality, outcomes, and impact
- Hospice development and partnerships
- Models of care to increase access and enable quality care
- Best practices in fundraising

## **101 Psychosocial Supports for Parentally Bereaved Young Children: A Comprehensive Community-Based Approach to Service**

**Sheila Bourgeois**, Msc, CCLS, Bereavement and Wellness Coordinator, Hospice Peterborough, Peterborough, ON

This workshop discusses the service gap in bereavement supports for parentally bereaved young children, those under 6 years of age, in most communities in Ontario. Current research regarding young children's understanding of death and experience of grief as well as the unique impact of the death of a parent in early childhood will be discussed. The potential effects of adverse childhood events (ACEs) and stress on development, as well as physical and mental health into adulthood, are delineated. Evidence-based interventions and guiding principles are presented, highlighting protective and risk factors when working with parentally bereaved young children. A model of service is proposed based on bringing together an existing childhood bereavement framework, the Irish Childhood Bereavement Care Pyramid (2014), with 3 Principles to Improve Outcomes for Children and Families (2017) from the Center on the Developing Child at Harvard University

### **Learning Objectives:**

1. Understand the rationale for providing bereavement support to young parentally-bereaved children (under the age of 6)
2. Identify 3 key themes in the evidence-based intervention research
3. Use the Irish Childhood Bereavement Care Pyramid (2014) and 3 Principles to Improve Outcomes for Children and Families (2017) as a foundation for a comprehensive community-based approach to providing bereavement support for young children

**Workshop Stream:** Quality Whole Person Care (QWPC)

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## **102 Pause: Creative Self-Care Strategies, Part 1**

**Jennifer Page**, DTATI, RP-Qualifying, Art Therapist, Grief and Bereavement Coordinator, Doane House Hospice & Margaret Bahen Hospice, Newmarket, ON

As hospice workers, we all know the importance of taking care of ourselves. Mental, emotional, and physical aspects to our well-being and our work-life balance are challenged daily as we support our clients. One of the ways that we support ourselves is through creative means. This hands-on experiential workshop will provide participants with the opportunity to engage in creative practices for their own self-care, as well as highlight the importance of creating an accessible and sustainable self-care routine. Maximum participants with ideas of how to engage other providers, including primary care physicians, in their daily work and strengthen professional relationships.

### **Learning Objectives:**

1. The importance of self-care for hospice workers
2. Recognize warning signs and when to apply self-care strategies
3. Create new tools to help build self-care routines

**Workshop Stream:** Quality Whole Person Care (QWPC)

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**103 Advance Care Planning Initiatives to Assist You to Comply with the Ontario Law, Part 1****HPCO Health Care Consent Advance Care Planning Community of Practice**

In Ontario, the law requires all health care providers to get informed consent, or refusal of consent, before providing a patient with any treatment or care. This is called health care consent and it is a basic patient right to decide what health care to receive. True person-centred decision-making involves incorporating patient wishes, values, beliefs and goals throughout an illness trajectory from advance care planning through to treatment discussions and informed consent. In fact, this important process has now been incorporated into the HQO Quality Standards for Palliative Care in Standards #3 Advance Care Planning- Substitute Decision-Maker and #4 Goals of Care Discussions and Consent. So how do we ensure that our current practices are correctly adhering to these expectations based on the Ontario Legal Framework?

This double workshop session will provide information to advance your knowledge of HCC ACP GoC in Ontario and better prepare you to meet the Quality Standards for PC. Part One will share a panel of rapid-fire success stories across different care settings including LTC, hospital, primary care and community that illustrate practical examples of how to meet the current expectations. Part Two will offer an interactive capacity building fair to ask questions of the initiative leads, receive inside tips and tools on how it could potentially fit with work that you may already be undertaking. Lastly, participants will also be introduced to new Ontario based tools, resources and education to help advance and sustain current work, as well as engage and support new projects.

**Learning Objectives:**

1. To learn from successful and compliant Ontario based HCC ACP initiatives
2. To advance knowledge and skills in undertaking and applying HCC ACP in Ontario
3. To become familiar with tools and resources that aim to support HCC ACP across Ontario

**Workshop Stream:** Leadership and System Design for Quality (LSDQ)

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**104 Consideration of Patients' Personal Interpretations of their Faith and Culture in Approach to Palliative Care**

**Dr. Anwar Parbtani**, PhD, MD, CCFP, FCFP, DFCM University of Toronto and FMTU - RVH, Barrie, ON

**Kelly Hubbard**, RN BScN MHSc CHPCN, Executive Director, Hospice Simcoe, Barrie, ON

**Tammy Pollard**, RN BScN CHPCN, Residential Care Manager, Hospice Simcoe, Barrie, ON

**Lori Scholten-Dallimore**, B.A., M. Div., Spiritual Care Coordinator, Hospice Simcoe, Barrie, ON

**Dr. James Shaver**, MD, Assistant Professor, DFCM University of Toronto and FMTU - RVH, Barrie, ON

**Statement of Purpose:** Understanding patients' religious and cultural beliefs as a group/ethnic entity is important for a meaningful palliative care approach but understanding how an individual patient interprets and expresses these beliefs would afford more valuable guiding principles for setting care goals.

**Method:** The lead author will present a narrative: Palliative care providers had difficulty understanding decisions made by a patient/family declining pain medication. What was the patient's faith/cultural perspective?

**Interactive Sessions:** Attendees will be divided into 4 groups (5 to 7 participants), led by an author-moderator. Groups will discuss their experiences and come up with questions that could shed light on patients' personal interpretations of faith/cultural beliefs with respect to care goals.



Conclusion of Interactive Sessions: Each group will discuss and provide ~ 5 main questions/inquiries that could guide care plans in consort with patients' personal interpretations of faith/cultural beliefs.

Anticipated Knowledge Transfer: This workshop will reflect on how considering patients' personal interpretations of their faith/cultural beliefs can lead to a more holistic and respectful palliative care approach. This workshop aligns with the conference's stream of Quality Whole Person Care.

### Learning Objectives:

1. Understand how individual patient's interpretation of faith/cultural beliefs determines acceptance of care goal
2. Explore how gaps in knowledge of patient's personal interpretation of faith would hinder holistic care approach
3. Come up with key questions/inquiries that would help establish care goals in consort with the patient's interpretation of faith/cultural beliefs

**Workshop Stream:** Quality Whole Person Care (QWPC)

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## 105 Increasing Capacity for Medical Learners and Educators to Pursue a Palliative Approach to Care

**Dr. Erin Gallager**, MD, CCFP (PC), MPH, Assistant Professor, Department of Family Medicine, McMaster University, Hamilton, ON

As a group, the majority of Canadian family medicine residents report their exposure to palliative care as inadequate. This workshop aims to increase the capacity of all medical learners and educators to pursue a palliative approach to care within the populations they serve. This will be done through combining synergistic elements of public health, specialist palliative care and primary care approaches. Barriers to initiating a palliative approach to care will be identified and challenged. Benefits to initiating a palliative approach to care will also be identified, on an individual and profession level. Finally, specific strategies for increasing capacity within our learners and educators will be entertained, built upon and personalized.

### Learning Objectives:

1. Identify and challenge barriers to initiating a palliative approach to care
2. Identify benefits of initiating a palliative approach to care on an individual and professional level
3. Identify specific strategies for increasing capacity within our learners and educators to pursue a palliative approach to care

**Workshop Stream:** Quality Clinical Practice (QCP)

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## 106 Voluntary Stopping Eating and Drinking [VSED]: Another EoL Option or Unacceptable Practice?

**Peter Allatt**, MA, MHSc, CHE., Clinical Ethicist, Sinai Health System, Bridgepoint Health, Toronto, ON  
**Dr. Jordan Pelc**, MD, BA, MSc, Sinai Health System, Toronto, ON

"VSED is a conscious, voluntary and deliberate decision by a capable person experiencing intolerable suffering from a serious medical condition to intentionally refrain from receiving food or fluids by mouth with the primary intention to relieve suffering by hastening death." [1],[2],[3] VSED has attracted little research; there are few standards of practice; there is no Canadian statute law and few common law cases. In light of this vacuum, what should health care

professionals do when VSED arises in their practice? Should physicians (and other HCPs) participate in treatment of a patient who chooses VSED? If so, to what extent? We will propose potential criteria for VSED and a decision-making process for clinicians. Three cases will illustrate common challenges.

[1] Ivanović, N., Büche, D., and Fringer, A. (2014). Voluntary stopping of eating and drinking at the end of life – a 'systematic search and review' giving insight into an option of hastening death in capacitated adults at the end of life. *BMC Palliat. Care* 13:1.

[2] Berry ZS: Responding to suffering: providing options and respecting choice. *J Pain Symptom Manage* 2009, 38(5):797–800.

[3] Pope, T., West, A. Legal Briefing: Voluntarily Stopping Eating and Drinking," *The Journal of Clinical Ethics* 25, no. 1 (Spring 2014): 68-80

### Learning Objectives:

1. To understand what is VSED and situation in which it might arise
2. To analyze the clinical and ethical controversies associated with VSED
3. To critically evaluate potential criteria and decision-making process

**Workshop Stream:** Quality Clinical Practice (QCP)

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## 107 Providing Reflective Compassionate Care During The MAID Process

**Eugene Dufour**, B.A., MDiv., South West Local Health Integration Network, Stratford, ON

This workshop will present the current research and practice in providing psychosocial and spiritual care to clients and their family members as they journey through the MAID process. Special focus will be directed toward assisting the family members after the death through the grieving process. This workshop will also cover difficult issues of when your client does not want family to know about their decision to have MAID and when the family is conflicted about MAID. Information on how to talk to children and teenagers about MAID will also be presented. Participants of the workshop will be given an opportunity to reflect on their own attitudes, values and belief system to enable them to provide excellent compassionate care. A number of tools will be presented that help the care giver reflect and evaluate their caregiving skills. Handouts and case study will be used to present this information. Supporting your team during the MAID process will also be presented.

### Learning Objectives:

1. Participants will be presented the current research and practice on how to support clients and their families as they go through the MAID process.
2. Special attention will be given to the situations where there is conflict in the family about their loved one receiving MAID.
3. Participant will have the opportunity to reflect on their own attitudes, values and belief systems concerning MAID so they can provide excellent and compassionate care.

**Workshop Stream:** Quality Clinical Practice (QCP)

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## 108 Impact and Reach of CAPCE and Fundamentals - A Retrospective Look

**Kim Rogers**, BA, RN CHPCN(C), HNHB LHIN, Brantford, ON

**Melissa Chadwick**, BScN, RN, CHPCN(C), HNHB LHIN, Brantford, ON

**Ruth Forbes**, MScN, RN, CALMN, CHPCN(C), McMaster University, Brurlington, ON

The Palliative Care Consultancy Program has been offering Palliative Care (PC) interdisciplinary education across Ontario since 1992. This initiative, funded by the Ministry of Health and Long Term Care, has had a cumulative influence on building PC capacity in the community. Participant development of PC knowledge, self awareness and reflective practice competencies consequently influences quality of care and patient outcomes in diverse care and residential settings.

This retrospective review of learner's summative projects highlights the impact and reach of this reflective education in Hamilton Niagara Haldimand Brant Local Health Integration Network as witnessed by 2 PC Consultants. The creative output of a variety of students using different mediums over the past three years in their Fundamentals of Hospice Palliative Care and Comprehensive Advanced Palliative Care Education courses will be showcased. These courses are available to a variety of professional and non- professional learners. The importance of reflection as a core educational approach and flexible tool is well known.

Themes related to shared meanings and connections, common language, communication, and engagement were noticed, resulting in individual growth and changes in performance. This rich experience then empowers individual thinking and practice and inter-professional team relationships by encouraging new ways of approaching care. Mindful practice, the ability to challenge perspectives and routines, understanding of roles and resources improves patient centered care. The creative learning about self and others was profound, meaningful, and inspiring.

### **Learning Objectives:**

1. To identify the potential significance and impact of interprofessional Palliative Care education offered by the Palliative Care Consultants Network on community capacity building
2. To highlight reflective learning as a powerful engagement and advocacy strategy, which promotes personal and professional growth
3. To describe the inspiring and meaningful, creative output from learners from various backgrounds and settings

**Workshop Stream:** Quality Clinical Practice (QCP)

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## **109 Development of A New Ambulatory Model of Care: Nurse Led Palliative Care Triage and Navigation**

**Dr. Laura Harlid**, MD, CCFP (PC), Trillium Health Partners, Mississauga, ON

**Nancy Lee Brown**, RN, MSc(A), CON(C), Trillium Health Partners, Mississauga, ON

By 2014, the Oncology-Palliative Care Clinics at Credit Valley Hospital were experiencing unsustainable volumes of outpatient referrals from across the Mississauga Halton and Central West regions at various stages of a patient's illness trajectory. Recognizing no new net funding would be available to manage the growing volumes, we required a multi-step, multidisciplinary approach to implement an innovation. Over the last 4 years, we have developed and evolved a nurse led model of Triage and Navigation for the Oncology Palliative Care Program. The goals of the model were to encourage and support early identification of patients with palliative care needs; to match patients to the most appropriate palliative care providers in and outside of the centre based on their needs in a timely manner, and to ensure high quality, effective transitions in care. Through better integration and partnerships with community providers, we were able to implement a New Ambulatory Model of Care with outcomes including an immediate reduction in clinic wait times as well as patient and external provider satisfaction. In this workshop we will walk you through the steps from designing the change, implementation, evaluation and sustainability.

**Learning Objectives:**

1. To learn strategies to implement a large practice change
2. To identify and manage facilitators and barriers to achieve success
3. To identify feasible indicators and outcomes to measure success

**Workshop Stream:** Leadership and System Design for Quality (LSDQ)

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**110 Authentic Collaboration: Lessons learned from a Regional Palliative Care Network**

**Margaret Paan**, MN, BScN, RN, Central West LHIN Palliative Care Network, Brampton, ON

**Jehanara Chagani**, RN, BScN, MSc(N), CHPCN(C), Central West LHIN Palliative Care Network, Brampton, ON

The complexity of caring for patients with palliative care needs across sectors and organizations in the system to provide whole person care is further complicated by the historic lack of a simple structure to govern this work. It is with these challenges in mind that a fresh approach to partnership within a regional palliative care network was required.

The Central West Palliative Care Network (CWPCN) embarked on the development of a local network through shared leadership, quality improvement framework and embedded patient/caregiver voice. The CWPCN developed its structure using these three principles resulting in an innovative Authentic Collaboration model informed by work within mental health and community sectors. This model was used to unite its over 90 partners across Central West LHIN.

When the CWPCN identified its priorities through collective work by partners, it was clear to leadership that the partners would need to share in the efforts and be part of the collaboration.

Quality Improvement is the second element of Authentic Collaboration Model. The CWPCN has focused on utilizing the IHI Quality Improvement Framework and building QI knowledge and capacity in its leaders and members.

The third component is the patient and family voice. The CWPCN collaborates with patients and families as partners through meaningful engagement which is central to improving health outcomes.

Lessons learned will be shared which include both qualitative and quantitative results. The CWPCN has established a strong foundation for ongoing authentic collaboration to address the complex palliative care needs of our patients and their families.

**Learning Objectives:**

1. To describe the innovative Authentic Collaboration Model used in the Central West Palliative Care Network including the components of Shared Leadership, Quality Improvement and Patient/Family voice
2. To share key lessons learned
3. To highlight the value and outcomes of the model on providers, patients/families and organizations

**Workshop Stream:** Leadership and System Design for Quality (LSDQ)

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**111 Opening Closed Doors: An Adapted Grief Curriculum**

**Melissa Fleishman**, B.Ph.Ed, M.A. Behaviour Consultant, Mackenzie Health and Centre for Behaviour Health Sciences, Richmond Hill, ON

**Louise Brazier**, Bereavement Services Coordinator, North Simcoe Muskoka Hospice Palliative Care Network, Orillia, ON

## CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 100

Sunday, April 28, 2019

Time: 1:00 - 2:15 pm

North Simcoe Muskoka Hospice Palliative Care Network (NSMHPCN) has partnered with Mackenzie Health and the Centre for Behaviour Health Sciences (CBHS) to deliver bereavement support to individuals living with a developmental disability and mental health concerns (dual diagnosis). This pilot project provides specialized and equitable support to individuals whom historically have had their grief symptoms overlooked and have often met closed doors whilst attempting to access grief services.

The unique nature of this curriculum is it's designed by both community partners and an individual living with developmental disabilities. The purpose is to offer dignified grief support and empower individuals to develop safe coping strategies that can be used well beyond the program.

This workshop includes an overview of the project itself and key learnings from facilitators. Using multi-media, interactive and group dialogue, the facilitators' experience will highlight working towards building a sustainable palliative approach to care for individuals living with a developmental disability. This intermediate-level workshop will be of value to anyone involved in either HPC service delivery or system integration.

### Learning Objectives:

1. Gaining awareness of challenges to providing care to individuals living with a developmental disability and mental health concerns, including: personal assumptions, systemic barriers, inter-agency coordination and communication issues
2. An in-depth look at the high level (and unique) unmet needs of those living with developmental disabilities that could be met utilizing a palliative approach to care
3. Collaboratively gaining tools, recommendations and resources for building HPC capacity with a specific marginalized population, within a non-traditional setting

**Workshop Stream:** Equity & Access to Quality Care (EAQC)

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## CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 200

Sunday, April 28, 2019

Time: 2:45 - 4:00 pm

### **201 Living Out Loud: AYAs with Advanced Cancer Shatter the Silence and Create a Space of their Own**

**Simone Stenekes'**, Clinical Nurse Specialist, Canadian Virtual Hospice, Winnipeg, MB

**Teva Harrison**, Livingoutloud.life Project, Winnipeg, MB

The Canadian Adolescent and Young Adult Cancer Task Force recognized "Terminal Care and Symptom Management" as one of the 10 priorities in its framework. These priorities were identified through extensive consultation. (Rogers et al. 2013). Grounded in the belief that those directly impacted are best positioned to design solutions, the Canadian Virtual Hospice, with funding from the Canadian Partnership Against Cancer, convened AYAs living with advanced cancer to identify the gaps in information and support they encounter. They were tasked with developing content to begin to meet the complex needs of this population.

With a limited budget, access to a documentary filmmaker and a graphic designer, this highly motivated group had 5 months to create a webspace of their own. Hailing from across Canada, they collaborated virtually to give voice to common challenges, share their stories and tackle difficult subjects with honesty and often humour. An Advisory Team

of oncology and palliative care experts was available for consultation and support. Plans for evaluation include website analytics and an online survey.

This initiative reveals the power of personal narratives in communicating health information and the impact knowledge tools can have when people living with advanced illness envision and create tools to meet their own specific needs. This project shatters the silence by giving AYAs space to voice their truths and provides expertly curated information to address AYA-specific needs.

### Learning Objectives:

1. Attendees will be able to identify a range of issues AYAs living with advanced cancer face including coping with diagnosis, maintaining agency, navigating relationships, self-care, legacy and funeral arrangements
2. Attendees will be able to gather insights on how to support the needs of this complex population
3. Attendees will be able to recognize how an online tool can inform, support, and empower AYAs in their use of healthcare services

**Workshop Stream:** Quality Whole Person Care (QWPC)

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## 202 Pause: Creative Self-Care Strategies, Part 2

**Jennifer Page**, DTATI, RP-Qualifying, Art Therapist, Grief and Bereavement Coordinator, Doane House Hospice & Margaret Bahen Hospice, Newmarket, ON

As hospice workers, we all know the importance of taking care of ourselves. Mental, emotional, and physical aspects to our well-being and our work-life balance are challenged daily as we support our clients. One of the ways that we support ourselves is through creative means. This hands-on experiential workshop will provide participants with the opportunity to engage in creative practices for their own self-care, as well as highlight the importance of creating an accessible and sustainable self-care routine. Maximum participants with ideas of how to engage other providers, including primary care physicians, in their daily work and strengthen professional relationships.

### Learning Objectives:

1. The importance of self-care for hospice workers
2. Recognize warning signs and when to apply self-care strategies
3. Create new tools to help build self-care routines

**Workshop Stream:** Quality Whole Person Care (QWPC)

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## 203 Advance Care Planning Initiatives to Assist You to Comply with the Ontario Law, Part 2

### HPCO Health Care Consent Advance Care Planning Community of Practice

In Ontario, the law requires all health care providers to get informed consent, or refusal of consent, before providing a patient with any treatment or care. This is called health care consent and it is a basic patient right to decide what health care to receive. True person-centred decision-making involves incorporating patient wishes, values, beliefs and goals throughout an illness trajectory from advance care planning through to treatment discussions and informed consent. In fact, this important process has now been incorporated into the HQO Quality Standards for Palliative Care in Standards

#3 Advance Care Planning- Substitute Decision-Maker and #4 Goals of Care Discussions and Consent. So how do we ensure that our current practices are correctly adhering to these expectations based on the Ontario Legal Framework?

This double workshop session will provide information to advance your knowledge of HCC ACP GoC in Ontario and better prepare you to meet the Quality Standards for PC. Part One will share a panel of rapid-fire success stories across different care settings including LTC, hospital, primary care and community that illustrate practical examples of how to meet the current expectations. Part Two will offer an interactive capacity building fair to ask questions of the initiative leads, receive inside tips and tools on how it could potentially fit with work that you may already be undertaking. Lastly, participants will also be introduced to new Ontario based tools, resources and education to help advance and sustain current work, as well as engage and support new projects.

### Learning Objectives:

1. To learn from successful and compliant Ontario based HCC ACP initiatives
2. To advance knowledge and skills in undertaking and applying HCC ACP in Ontario
3. To become familiar with tools and resources that aim to support HCC ACP across Ontario

**Workshop Stream:** Leadership and System Design for Quality (LSDQ)

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## 204 Creating a 'Home' under the New Hospice Capital Program Design Standards

**David Woods**, B.S.C., B.ARCH., MRAIC, OAA, LEED AP, IBI Group, Toronto, ON

**Joyce Loney-Brenes**, ARIDO, IDC, LEED AP BD+C, EDAC, IBI Group, Toronto, ON

The vision of hospice and palliative care organizations undertaking capital projects has traditionally been the creation of 'homelike' environments for patients and their families. This goal was readily achieved in the earliest facilities built in Ontario prior to space standardization. However, new MOHLTC Hospice Capital Program Design Standards introduced in 2017 set out space and fit-out requirements intended to right-size facilities while also improving the quality and safety of hospice/ palliative care environments. Currently applicable to MOHLTC-funded projects, these standards are equally relevant to non-funded projects as both must embrace evidence-based, best practices in facility design to support care quality and safety.

The new Design Standards include requirements for space types and organization as well as quantities and placement of hand hygiene sinks, personal protective equipment (PPE) and other similar items. Often times these fixtures appear institutional, detracting from the desired 'homelike' aesthetic of the space. Furthermore, the Design Standards are mainly generic, intended for application across all facilities regardless of location or populations served. As a result, they do not address urban versus rural demands or the unique needs of diverse and marginalized populations. This can present challenges in accommodating specialized requirements while adhering to the prescribed space.

In this workshop, case studies of recent Ontario hospice projects will be presented, highlighting how the MOHLTC Hospice Capital Program Design Standards have been applied to meet Provincial requirements while introducing examples of creative and thoughtful design interventions that transform 'institutional' into 'homelike.'

### Learning Objectives:

1. Understanding and application of MOHLTC Hospice Capital Program Design Standards
2. Meeting unique and specialized needs within the Design Standards framework
3. Design concepts to support safe, high quality care within 'homelike' environments



**Workshop Stream:** Quality Whole Person Care (QWPC)

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## 205 A Voice for Change: Demystifying the HPCO Hospice Metrics Platform

**Annalise Stenekes**, Manager of Hospice Services, Hospice Palliative Care Ontario, Toronto, ON

**Brian Tramontini**, President and CEO, Stratim, Inc., Sudbury, ON

**Jessica Estabrooks**, Manager of Finance, Operations and Quality Improvement, Hospice Niagara, St. Catharines, ON

**Kelly Hubbard**, RN BScN MHSc CHPCN, Executive Director, Hospice Simcoe, Barrie, ON

**Mark Godin**, Director, Strategy and Client Services, Hospice of Waterloo Region, Waterloo, ON

The HPCO Hospice Metrics platform was developed to support the collection and analysis of data related to client experience in hospices while the service is being provided, as well as certain aspects of organizational and system performance. This data:

- Demonstrates the outcomes/impact of the hospice service which can help build your value proposition
- Supports quality improvement and strategic planning processes
- Informs the overall hospice palliative care system

In short, the data helps “tell the story” of why hospice services are important.

This session provides an opportunity to learn about the current status of the HPCO Hospice Metrics platform and to better understand the rationale for investing the time and resources needed to begin and maintain data collection. Hospice representatives with experience using the platform and the data will share their own experiences. This will help to demystify the process and inspire you to get started or refresh your involvement.

Attention will be given to both visiting hospice, hospice residence and “outreach” (Shared Care or PCCT) services.

Some questions we will explore include: What key issues and emerging trends are appearing in the data so far? How are hospices using the data to inform their program planning/development? How else do hospices benefit from the data? How might we use the data in future? What strategies can be developed and adopted to build capacity for data collection at the front line? How does the Hospice Metrics platform relate to other existing tools such as HPCO Accreditation, the Caregiver Voice survey, and the HQO Palliative Care standard?

### Learning Objectives:

1. Deepen your familiarity with the HPCO Hospice Metrics platform
2. Gain an understanding of how the data is being used or how it could be used
3. Learn about strategies that other hospices have adopted to build their capacity for data collection

**Workshop Stream:** Leadership and System Design for Quality (LSDQ)

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## 206 Taking off our Coat(s) before Entering the Room

**Eunice Gorman**, RN, PhD, RSW, Professor, King's University College @ UWO, London, ON

**Laura Lewis**, BSW, MSW, PhD, RSW, Professor, King's University College @ UWO, London, ON



## CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 200

Sunday, April 28, 2019

Time: 2:45 - 4:00 pm

When we first begin working in end of life care we are alert, present, and fearful of misunderstanding something that is central to the lifeworld of the dying individual, their family and friends. We are often struck with wonder at the beauty of the moments we are privy to in palliative care, times of sacrifice, deep abiding love and even conflicts that arise at the bedside. Our work is new, fascinating and frequently fills us with awe.

As time goes by, politics in the workplace become more apparent, the stress of balancing a caseload with administrative duties, the complete engagement of those early days can wane. We may enter the person's room with many conflicting responsibilities and worries, both professional and personal, that draw us away from giving our full attention, finding wonder and using it clinically. We often fail to add elements of wonder to our growing practice wisdom in ways that would complement our compassion, and ability to connect deeply at this critical juncture in peoples' lives.

This presentation will examine wonder in the clinical encounter, stepping in to each room with a renewed sense of the sacredness and offer ways to rekindle professional wonder. We will discuss being fully present, grounding, self-care, mindfulness, and ways of leaving other concerns and prejudices at the door before entering the persons' room. We will elicit ways participants rekindle wonder day to day and offer other methods. We will invite people to take their personal and professional coats off.

### Learning Objectives:

1. Examine Presence
2. Develop Tools for Deep Connection
3. Reawaken Wonder in Clinical Practice

**Workshop Stream:** Quality Clinical Practice (QCP)

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### 207 Cultivating a Death Positive Generation One High School Class at a Time

**Amanda Black**, B.A., McNally House Hospice, Grimsby, ON

**Jenn Jowlabar**, M.A., CCC, RP, McNally House Hospice, Grimsby, ON

**Arthur Loik**, M.A. CCC, RP(Q), McNally House Hospice, Grimsby, ON

Canadians are a death-denying, death-defying, death-fearing society. These perceptions around death, dying, loss and grief have hindered our ability to plan for, deal with and cope with one of life certainties. Those in the hospice palliative care field are up against these fears and denials all the time; the family that hasn't discussed an advance care plan, the child who doesn't want to admit their mother is dying, the widow crippled with grief but unwilling to ask for help. What if teenagers could not only openly and confidently talk about death and dying but also initiate difficult conversations with their parents about their end of life wishes? What if you could teach teenagers to be death positive?

McNally House Hospice has taken ten years of learning within the hospice walls and brought it into the classroom in a death positive curriculum. Working with school boards can be difficult, the workshop will offer creative workarounds to bypass the bureaucracy.

Through a series of activities (including aspects developed by Zen Hospice Project, Playing with Sparks and Hospice Northwest's Die-alogues), the curriculum encourages students to think about the language we use around death and dying. Students openly discuss what brings meaning to their life and what really matters at the end. Students are encouraged to take their learning home and continue the conversations with their families, breaking down the barriers that stop families from having difficult conversations. This workshop will share the curriculum that has been develop and the rationale behind the activities.

**Learning Objectives:**

1. How to engage teenagers in conversations about death, dying, loss and grief
2. How to implement a death positive curriculum and what a sample curriculum looks like
3. How to work within the school system

**Workshop Stream:** Quality Caring for Patients, Families & Caregivers (QCPFC)

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**208 Interdisciplinary Palliative Care and Resident Health Wishes**

**Rebecca George**, MN, BScN, NP-PHC, CCRN, Harmony Hills Care Community Sienna Senior Living, Toronto, ON

**Marie Cagas**, RN, GNC (C), Director of Care, Harmony Hills Care Community Sienna Senior Living, Toronto, ON

In December 2017, Harmony Hills Care Community have been involved in the PAC-LTC initiative, led by our Nurse Practitioner, to improve our palliative approach to care in the home. Our aim was to reduce the number of residents being sent to ED near end of life by 25%, by June 2018. (Our process was triggered by change in health status or CHES score changes). Program Results :

1. We were able to reach our goal in the first 6 months. We started with 3-7 transfers per month, and now we are averaging 0-1 transfers per month.
2. We have improved our communication with residents/families, by discussing health care wishes and specialized care plans.
3. Team members are more educated regarding early identification, pain and symptom management
4. Goals of care discussions were introduced early upon admissions or within the first 6 weeks or with significant changes in resident condition.

To accomplish our goal in reducing our ED transfer, what stood out the most in our success was the introduction of the Resident Health Care Wishes Assessment. The Resident Health Care Wishes is the residents' expressed wishes regarding health care delivery when they are near end of life.

The outcome of this personalized wishes was well received by families and staff, as it respected the resident's values and provided them with comfort near the end of their life.

**Learning Objectives:**

1. Education and empowerment regarding early identification in Palliative Care
2. Reduced emergency department visits at End of Life
3. Enhanced family education and building trust

**Workshop Stream:** Quality Caring for Patients, Families & Caregivers (QCPFC)

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**209 When MAiD will be the Cause of Death: Workshopping how we Support the Families and Friends of the Dying**

**Carolyn Smith**, BSc, MSW (2019), University of Windsor, Toronto, ON

**Jo-ann Leake**, MSW, RSW, Hazel Burns Hospice, Toronto, ON

## CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 200

Sunday, April 28, 2019

Time: 2:45 - 4:00 pm

As we encounter MAiD requests and MAiD deaths, we are challenged both personally and professionally. We can also see the impact MAiD has on the caregiving family and friends of the dying, for better or worse. Join interdisciplinary end-of-life colleagues in a collaborative workshop where we will pool our professional or volunteer experiences. Together, we can begin to articulate our competencies in providing psychosocial support to friends and families of those dying by MAiD.

As a starting point, we will review the literature from various jurisdictions and compare our experiences around questions like:

- What is the impact of MAiD deaths on formal/informal caregivers and supportive friends and family? Can we identify patterns that help predict the psychosocial support they may require?
- How are the final days, and the bereavement period, the same or different from those whose loved ones experience natural death?
- What are best practices for communicating with friends and family members?
- Are paradigms such as anticipatory grief, various bereavement models, and continuing bonds altered when MAiD is the cause of death? Does MAiD sometimes result in disenfranchised grief?
- What kinds of supports are most useful after the death?
- How do we see needs varying according to culture or community in which the MAiD death occurs?

*This workshop may be recorded so that a summary of the discussion can be made available to the participants.*

### Learning Objectives:

1. Be able to describe what the current international literature demonstrates, and local colleagues say, about the experience of friends and family whose loved ones choose a MAiD death
2. Know how to provide psychosocial support to supportive friends and family throughout end-of-life and bereavement, based on their responses to learning about the choice of MAiD, and keeping cultural and religious differences in mind
3. Demonstrate an understanding of how the psychosocial needs of supportive friends and family may differ between a natural death and a MAiD death

**Workshop Stream:** Quality Caring for Patients, Families & Caregivers (QCPFC)

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### 210 Collaborative Quality Care Across Sectors: Empowering Informal Caregivers

**Marta Milks**, RegN, BScN, North East LHIN, Sudbury, ON

**Barbara Ballantyne**, RN, MScN, CONc, CHPCNc, Health Sciences North- Symptom Management Clinic, Sudbury, ON

**Trish Lafantaisie**, RN BScN, CHPCN(C), Maison McCulloch Hospice, Sudbury, ON

Sudbury is a northern Ontario city (population 161,000) with a demonstrated need for additional palliative care supports and resources. Ongoing development of the community's collaborative palliative care programs by cross-sectoral providers, will address this need.

In keeping with HQO's Excellence in Care Across Ontario plan<sup>1</sup>, HPCO conference theme<sup>2</sup> and Sudbury's cross-sectoral palliative care providers, there is recognition that informal caregivers are an integral part of the patient care team. This is reflected in HQO's Quality Standard for Palliative Care, including Identification and Assessment of Needs, Caregiver Supports and Interdisciplinary Team-Based Care. One novel initiative includes the development of short-stay symptom

management beds at a local hospice focusing on maximizing patient care and caregiver support throughout the end of life journey.

Sudbury's efforts aim to support patients and identify situations where caregivers require support. A primary focus is to empower caregivers with access to information, tailored hands-on education, tools and resources required to continue to care for the patient at home. In doing so we anticipate a positive impact on OPCNs3 quality metrics of end-of-life hospital visits, admissions and percentage of deaths in hospital.

This workshop will describe, using metrics, the successful collaboration in this urban geography, and solicit input from multi-disciplinary providers from across Ontario.

### Learning Objectives:

1. Validate draft care streams for demonstration beds
2. Review screening resources to help identify caregiver needs and development of a multi-disciplinary plan to meet these needs
3. Discuss how such an opportunity might be enacted in other LHINS

**Workshop Stream:** Leadership and System Design for Quality (LSDQ)

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## 211 From Competencies to Clinical Practice: Promoting Learner-Centered Education through Creativity

**Kath Murray**, RN, BSN, MA, CHPCN(C), FT, Liffe & Death Matters, Victoria, BC

**Dr. David Wright**, PHD, RN, CHPCN(C), University of Ottawa, Montreal, QC

**Tammie Mcparland**, RN, MN, PHD, CCNE, Nippising University, North Bay, ON

**Tara Walton**, BSc, MPH, Team Lead, Clinician Engagement, Ontario Palliative Care Network Secretariat at Cancer Care Ontario, Toronto, ON

The Ontario Palliative Care Network recently developed provincial competencies for hospice palliative and end-of-life care, which reflect expectations of health care providers in care of patients and families facing life-limiting illness. With the advent of these competencies, nurse leaders are challenged to promote their uptake amongst colleagues. This is not a straightforward task; many Ontarians receive end-of-life care in environments where palliative principles are perceived to clash with other priorities and realities.

In this workshop, designed for nurse leaders and educators (intermediate and advanced), participants will collaborate in a 'think tank' about how to inspire adoption and enactment of palliative competencies in everyday practice. We will introduce participants to the competencies and to lenses of learner-centered and relationship-centered education, before proceeding to interactive small group discussions. Questions for discussion include "What strengths and what challenges, specific to our context(s), exist in relation to developing these competencies?" and "What education resources/strategies would be helpful?" The final part of the workshop will be a large group brainstorm, highlighting commonalities and differences emerging from the smaller group discussions, and identifying promising ideas that might inspire competency development amongst colleagues

### Learning Objectives:

1. Analysis of the provincial competencies in relation to participants' own practice contexts

## CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 200

Sunday, April 28, 2019

Time: 2:45 - 4:00 pm

2. Reflection on a variety of strategies for promoting competency-based practice, through lenses of learner- and relationship-centered education.
3. Commitment to one specific initiative that participants will take back to their practice setting, with an invitation to report back in three months time

**Workshop Stream:** Leadership and System Design for Quality (LSDQ)

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## CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 300

Monday, April 29, 2019

Time: 10:45-12:00pm

### **301 Listening & Responding Made Easier: How to Handle the Toughest Questions in Palliative Care**

**Paul Davidson**, Chaplain, Grief & Bereavement Counsellor, Philip Aziz Centre & Emily's House Children's Hospice, Toronto, ON

The session is designed to equip participants with tools and confidence needed when they face the toughest questions or statements presented to them by patients or caregivers in the context of receiving palliative care. Participants will explore some common questions: "Why is this happening to me/him/her?"; "How does my faith support me when I need help the most?"; and angst such as "I/we had plans for retirement/for the future/for my child!" Additional examples of difficult questions and statements will be solicited from the audience and tabled for discussion later in the session.

Participants will learn how to respond by staving off their anxiety and felt need for an answer and instead tune into the patients' (may be the patient and/or the caregiver) emotional, spiritual and psychological pain. Participants will then explore safe conversation 'bridges' which acknowledge anxiety while encouraging continued conversation, the ultimate objective. Following the workshop, participants will recognize how a well structured conversation and skill development in the art of listening will result in understanding the patient more completely and, for the people whom we serve, feeling deeply listened to and understood.

#### **Learning Objective:**

1. Encourage participants to replace the urge to fix or provide answers with quietude and attunement in the face of emotional, spiritual and psychological pain

**Workshop Stream:** Quality Whole Person Care (QWPC)

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### **302 A Hand in MAiD's Tale**

**Dr. Sharon Koivu**, MD MCFP PC, London Health Sciences Centre, London, ON

I have been a Palliative Care physician for 17 years. I also do Assessments for Medical Assistance in dying both in hospital and the community. I have had the honour and privilege of being a part of amazing deaths but naturally and through MAiD. I have also witnessed unnecessary suffering through both paths.

Through case-based studies we will discuss Medical Assistance in Dying. We will celebrate the beauty of a patient centred death. And we will also explore the unintended beast. We may ponder questions such as:

## CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 300

Monday, April 29, 2019

Time: 10:45-12:00pm

Does iatrogenic suffering affect a decision for MAiD? Could patients be suffering waiting for MAiD? How does access to Palliative Care and to MAiD affect suffering? Do patients understand their Palliative option? Should Assessors/Providers be required to have experience or training in Palliative Care? What is the role of the Case Coordinator and should they be monitored or regulated? How can we prevent unnecessary suffering? What can we do as Palliative Care health care providers to ensure high quality, patient-centred care, autonomous, informed care?

This workshop is intended for Physicians, Nurse Practitioners and Health Care providers who may have patients contemplating or requesting Medical Assistance in Dying.

### Learning Objectives:

1. Review current MAiD guidelines
2. Reflect on the role of Palliative Care in the MAiD process
3. Discuss how Palliative Care health providers can best enhance quality of care in the dying process when MAiD is being contemplated or requested

**Workshop Stream:** Quality Clinical Practice (QCP)

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### 303 Approach to Perinatal Hospice and Palliative Care: A Toolkit

**Dr. Stephanie Veldhuijzen van Zanten**, MD, FRCPC Pediatrics, Children's Hospital of Eastern Ontario, Ottawa, ON, Roger Neilson House, Ottawa, ON, University of Ottawa, Ottawa, ON

**Megan Doherty**, MD, FRCPC Pediatrics, Children's Hospital of Eastern Ontario, Ottawa, ON, Roger Neilson House, Ottawa, ON, University of Ottawa, Ottawa, ON, World Child Cancer, London, UK

**Lynn GrandMaison-Dumond**, RN(EC), CHPCN(C), Children's Hospital of Eastern Ontario, Ottawa, ON, Roger Neilson House, Ottawa, ON

**Carol Chevalier**, MSW, RSW, Children's Hospital of Eastern Ontario, Ottawa, ON, Roger Neilson House, Ottawa, ON

**Kathryn Brooks**, Recreational Therapist, Children's Hospital of Eastern Ontario, Ottawa, ON, Roger Neilson House, Ottawa, ON

Perinatal Hospice is a relatively new frontier in the provision of Pediatric Palliative Care. In Ontario, Bill 141: Pregnancy and Infant Loss Awareness, Research and Care Act, 2015 has helped solidify the importance of addressing the needs of this previously underserved population. Perinatal hospice is a patient and family centered approach which supports families who are expecting the birth of a child with a known potentially life limiting illness who have chosen a comfort-based approach to care.

This workshop will outline essential considerations of a holistic interdisciplinary team model for providing Perinatal Hospice. Key expected learning outcomes include:

- Importance of establishing therapeutic relationships and timely collaboration between care teams
- How to develop a Specialized Birth Plan, which reflects and respects families individual choices
- How to support grieving and celebrating in the same moment including creating lasting memories in difficult and challenging situations through photography and other techniques
- Addressing the psychosocial needs of siblings, parents, grandparents and other family members, through dedicated bereavement groups and counselling

The workshop will present a "Toolkit for Perinatal Hospice" that can be used to integrate aspects of the model into various clinical settings including community hospitals, tertiary care facilities, hospices, and existing palliative care

services to improve access and quality of care received. We will also discuss the unique considerations of the grief associated with perinatal loss. Participants will have opportunities to interact with faculty members and will receive resource materials which can be adapted to support perinatal hospice development in their workplace.

**Learning Objectives:**

1. Understanding the importance of establishing therapeutic relationships and timely collaboration between care teams
2. How to develop a specialized birth plan which reflects and respects families individual choices
3. Understand how to support grieving and celebrating in the same moment including memory making
4. How to support the psychosocial needs of family members including siblings, parents and grandparents through dedicated bereavement and counselling supports

**Workshop Stream:** Quality Clinical Practice (QCP)

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## **304 Forging Ahead: An Overview of the HPCO Hospice Standards Framework and Accreditation Process**

**Annalise Stenekes**, Manager of Hospice Services, Hospice Palliative Care Ontario, Toronto, ON

**Dena Silverberg**, Vice President of Community Development, Better Living Health & Community Services, Toronto, ON

**Melanie Honsinger**, Executive Director, Hospice West Parry Sound, Parry Sound, ON

**Nadine Persaud**, BSW, MSW, RSW, Ph.D. Candidate, Director of Client Services, Kensington Health Centre, Toronto, ON

**Rami Shami**, Manager of Volunteer Services, Journey Home Hospice, Toronto, ON

The HPCO Hospice Standards framework and accreditation process can motivate overall quality improvement within a hospice, promote alignment with organizational policies, and provide a rationale for change to address challenges while ensuring best practice. This session provides an opportunity to deepen your familiarity with the HPCO Hospice Standards framework and enhance your understanding of the accreditation process. An interactive panel featuring members of the HPCO Accreditation Review Team will explore common themes observed across many accreditation submissions, validate the benefits of pursuing accreditation with HPCO, and share strategies to increase confidence as you move forward in the process.

The primary focus of the session is Visiting Hospice and Hospice Residence standards and accreditation.

**Learning Objectives:**

1. Deepen your familiarity with the HPCO Hospice Standards framework and accreditation process
2. Explore common themes identified by members of the Accreditation Review Panel
3. Recognize the value of pursuing HPCO accreditation within your organization
4. Develop strategies for moving forward in the process

**Workshop Stream:** Leadership and System Design for Quality (LSDQ)

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## **305 Improving Caregivers Experience: A Quality Improvement Initiative**

**Jehanara Chagani**, RN, BScN, MSc(N), CHPCN(C), Central West LHIN Palliative Care Network, Brampton, ON

**Margaret Paan**, MN, BScN, RN, Central West LHIN Palliative Care Network, Brampton, ON



## CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 300

Monday, April 29, 2019

Time: 10:45-12:00pm

Caregivers are providing 90 percent of the unpaid personal care to their family, friends and neighbours, who have physical and/or mental health care needs. These caregivers are at risk of burnout if they remain unsupported. Reports have identified the importance of caregivers, the risk of caregiver burnout and the need to support them. At Central West we have many organizations that support caregivers, however, they still face challenges finding and accessing appropriate information and supports.

Central West Palliative Care Network is committed to improving palliative care and supporting the programs and policies that reflect the needs of patients and caregivers. A working group has been initiated and includes variety of partners across the system including caregivers with lived experience. Based on the information and experiences shared by the group and using quality improvement tools, the working group have identified and prioritized the unsupported needs of the caregivers. The group has identified opportunities to influence caregivers experience by creating awareness and connecting them to appropriate resources using PDSA cycle (Plan do act study) model. The planning, process and results of these PDSA cycles will be shared with the participants who are supporting caregivers in the community.

### Learning Objectives:

1. To inform on the identified gaps and areas for improvement, specific to caregiver experience.
2. To discuss the process used to create the PDSA cycle, based on groups experience and identified needs
3. To share the quality improvement initiatives in form of PDSA cycle and subsequent recommendations.

**Workshop Stream:** Quality Caring for Patients, Families & Caregivers (QCPFC)

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### 306 Designing Quality, Client Centred Palliative Care - Culturally and Linguistically Appropriate

**Nazira Jaffer**, BSc, MHA, MBA, CHE, Bethell Hospice, Caledon, ON

**Angela Samra**, BA, MSW, Bethell Hospice, Caledon, ON

**Shebina Amlani**, BSc, Postgrad Dip., Bethell Hospice, Caledon, ON

A strategic priority for Bethell Hospice is to improve access to palliative care and bereavement services for diverse communities. A quality improvement study using culturally sensitive presentations, surveys and focus group sessions was conducted by Bethell Hospice in 2018. The study focused on exploring issues around awareness, knowledge, understanding of palliative care, advanced care planning, decision making, bereavement support and end of life practices for the South Asian communities. Bethell Hospice strategically partnered with South Asian community organizations within the Central West LHIN and conducted six sessions engaging 271 participants including seniors and caregivers. This study highlighted end of life practices and values of South Asian communities. It looked at barriers to access palliative care services and highlighted the cultural values and newcomer adaption factors that influence palliative care support needs and practices, hence, breaking the silence about death and dying in the South Asian culture. These findings have helped improve programs and services at Bethell Hospice for diverse clients.

### Learning Objectives:

1. Understand the end of life practices of South Asian communities
2. Understand the cultural needs in advanced care planning and healthcare consent
3. Share a framework and model of care which can be used with other diverse communities

**Workshop Stream:** Quality Caring for Patients, Families & Caregivers (QCPFC)

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## 307 Compassionate Teen Program

**Karen Wagner**, RN, CCHPCN, Clinical Director, Madawaska Valley Hospice Palliative Care, Barry's Bay, ON  
**Lisa Hubers**, BA, Executive Director, Madawaska Valley Hospice Palliative Care, Barry's Bay, ON

This workshop describes how a small rural community hospice developed a high school volunteer-based program for visiting not only palliative patients but also aging and fragile seniors with dementia. A four hour training workshop uses aging simulations to help teens understand the aging process. Youth volunteers put corn kernels in shoes to experience sore feet, Vaseline on glasses to experience diminished sight, earphones to muffle sounds, and wore gloves while asked to do simple daily tasks to understand stiff joints and loss of dexterity.

By educating youth about aging and dementia, we can create a dementia-friendly generation. Young people would recognize dementia and know instinctively how to help their grandparent or others. It is hoped their experience will foster a dedication to community volunteering and social responsibility. It also exposes teens to the natural cycle of life and death.

### Teen and community benefits

- Youth learn to be reliable and work as part of a team to support their community
- Youth learn that the palliative approach to end of life care is about the whole person and not just managing the disease and is focused on living well with dignity up to death
- Youth offer a younger outlook and presence to the people they visit and gain a strengthened sense of community and inter-generational connectedness

### Learning Objectives:

1. Learn how the compassionate teen program was developed and implemented and the successes to date
2. Learn about the tool box that was developed, for the teen visits, to interact with mildly demented clients

**Workshop Stream:** Quality Caring for Patients, Families & Caregivers (QCPFC)

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## 308 The Measurement of Quality is Found within their Story: We May Listen, but are They Heard? Enhancing the Quality of Care for Patients, Families and Caregivers by Enhancing the Engagement of Grieving Loved Ones, as they Share their Stories, Part 1

**Amy Archer**, BScN, RN, CHPCN(C), Palliative Pain and Symptom Management Consultation Program, Durham Service, Whitby, ON

Part 1: Paediatric Perspective and Part 2: Adult Perspective

Patients and families offer the most valuable metric that go beyond statistics and that is found within the quality of sharing their story. This resource has been systemically attacked due to time constraints and the decreased value we place on active listening. Active listening conveys respect, dismantles the harmful hierarchy and builds therapeutic relationships and demonstrates the high value we place on patient and family centred care. Their story can be incredibly powerful and can inspire effective communication, team function and can bring the human experience to light, to positively impact change.

Part 1: Through this workshop we will hear through an interview style, from parents whose child died. One of the children died from Acute Myeloid Leukemia and the other from a rare genetic syndrome called Aicardi's Syndrome. Part 2: Family members share their stories of their loved ones death in the adult sector. In both workshops, family members

share their palliative care journey from the time of their loved ones diagnosis, through the illness journey, to their death and share their current grief journey. Gaps and barriers that existed within the healthcare system and also within themselves and families are highlighted. Positive experiences are also highlighted regarding the quality care that wrapped around them throughout their journey and as they intersected with multiple care teams in hospital, home and hospice.

**Learning Objectives:**

1. Recognize the power in listening to the patient and family's story
2. Identify the gaps that exist in the care delivery of palliative care from the family's perspective
3. Recognize the value in individualized patient and family centred care

**Workshop Stream:** Quality Caring for Patients, Families & Caregivers (QCPFC)

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**309 Involve, Engage, Empower: The Roger Neilson House Volunteer Advisory Committee**

**Bruno Perrier**, M.S.W., Roger Neilson House, Ottawa, ON

**Carole Brule**, B.A. Hons, Roger Neilson House, Ottawa, ON

**Scott Gunn**, B.Sc., Vice-chair, Volunteer Advisory Committee, Roger Neilson House, Ottawa, ON

At Roger Neilson House (RNH), volunteers work alongside staff, with a shared vision to enrich the quality of lives, no matter how short. In 2017, RNH began looking to formally engage volunteers in improving their own experience and in obtaining their perspective and advice on the many programs in which they are actively involved. Our approach was to create a Volunteer Advisory Committee (VAC) that is co-chaired by two volunteers with the participation of RNH management, staff and additional volunteers. To date, this new engagement strategy has resulted in concrete improvements and collaborations on longer term changes. Drawing upon successes and challenges, the presenters will share knowledge and lessons learned throughout the process, such as:

- Initial steps to implementing a VAC;
- Fostering participation and momentum;
- Creating an achievable work-plan;
- Avoiding potential pitfalls;
- The role of management;
- Initial accomplishments.

The presenters will also lead an exercise to help participants assess their readiness for establishing a VAC in their own hospice.

**Learning Objectives:**

1. Be able to evaluate how a VAC may benefit an organization and align with their current volunteer engagement strategy
2. Get practical advice and tools to implement a VAC in a hospice
3. Understand how to build and foster on-going VAC engagement

**Workshop Stream:** Leadership and System Design for Quality (LSDQ)

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**310 Primary Level Palliative Care Integration Within the Prevalent Patients Receiving In-Centre Hemodialysis**

**Rebecca Ellerson**, BSc, BScN, RN, CON(C), CHPCN(C), NSM RPCN, Huntsville, ON

Although hemodialysis patients have a very high risk of serious illness and death, it is not standard practice to have goals of care discussions with this population. This workshop will focus on the experiences of the staff at Orillia Soldiers' Memorial Hospital in Orillia, ON in implementing routine GOC discussions with their in-centre, prevalent patient hemodialysis group as part of a Palliative Care IDEAS Cohort. Baseline survey data captured patient and clinician perceptions of goals of care. A training program on goals of care, advanced care planning using Ontario-framework compliant tools was provided to the multidisciplinary team. Survey findings drove a mentorship-based approach to facilitating these discussions using PDSA cycles and palliative care subject matter experts. We were also able to embed a palliative care nurse consultant in the clinic weekly to support these discussions and improve connection to local palliative care resources as goals of care evolve. Participants in this workshop will receive an overview of the challenges of implementing a new process using a quality improvement approach, a review of the project, strategies for getting buy-in + shifting culture and a summary of the lessons learned that lead us achieving our project aim. The intended audience is any individual hoping to learn more about how implement a quality improvement project and learn more about GOC discussions in the context of end-stage renal disease.

**Learning Objectives:**

1. An overview of the challenges of implementing a new process using a quality improvement approach
2. A review of the project, strategies for getting buy-in + shifting culture
3. A summary of the lessons learned that lead us achieving our project aim

**Workshop Stream:** Leadership and System Design for Quality (LSDQ)

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**311 MAID in a Residential Hospice Setting**

**Kelly Hubbard**, RN BScN MHSCh CHPCN, Executive Director, Hospice Simcoe, Barrie, ON

We understand that the Supreme Court of Canada's decision to offer medical assistance in dying (MAID) to Canadians can be difficult, both philosophically and morally, for individuals, faith groups and hospice palliative care providers. We recognize the conflict between this new understanding of self-determination and sanctity of life.

This workshop seeks to articulate the decision making process, community impact, and broad ethical dimensions (accountability, collaboration, dignity, equity, respect and transparency) and implications of implementing MAID in a residential Hospice setting. We will provide our findings through an ethical lens that informed the development of a MAID policy and our supporting practices.

We determined, when it comes to MAID, we cannot legally refuse to provide care to an individual who has chosen this medical treatment option. We do not promote MAID as a service we provide but we will not abandon or deny compassionate end-of-life care to residents who have made this decision. Person-centered compassionate palliative care respects people's wishes, beliefs, and values by promoting autonomy, dignity, and inclusion in decision making without judgement. We believe in promoting fair and just access to MAID for all eligible individuals irrespective of healthcare setting or geographic area. We support procedural fairness. We believe in improving the dying experience for our community members and their loved ones is essential to the delivery of high quality hospice palliative care.

## CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 300

Monday, April 29, 2019

Time: 10:45-12:00pm

### Learning Objective:

1. Understand broad ethical dimensions and implications of implementing MAID

**Workshop Stream:** Equity & Access to Quality Care (EAQC)

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### 312 A Profile of Compassionate Communities in Ontario

#### HPCO Compassionate Communities Community of Practice

Hospice Palliative Care Ontario is supporting a provincial strategy called “Compassionate Communities” to catalyze whole person care throughout the province of Ontario, to benefit patients, family caregivers, and the formal health care system. Using a Healthy Communities framework, the compassionate communities movement intends to ensure seniors and people with life-altering conditions and their caregivers live well from diagnosis to death. Our intersectoral approach is designed to strengthen community action, develop personal skills, create supportive environments, reorient health services and to enable, mediate and advocate for all people who could benefit from wholistic care and their caregivers to optimize their quality of life, deal with loss, and improve population health.

This workshop will provide an overview of the compassionate communities landscape across Ontario. It will enable participants to understand what this movement involves, who is currently participating, how it potentially fits with work that you may already be undertaking, and how it aligns with other provincial initiatives such as Advance Care Planning, Age Friendly Projects and Public Health initiatives. This interactive dialogue will share fun facts and experiences to date, as well as show you how to stimulate engagement and create partnerships to help advance the provincial strategy in your area. Participants will also be introduced to tools and resources to help sustain current work as well as support new projects and budding interests.

### Learning Objectives:

1. To understand and appreciate the current Compassionate Communities Movement in Ontario
2. To advance knowledge and skills in undertaking and applying a compassionate communities approach
3. To become familiar with tools and resources that aim to support compassionate communities projects across Ontario

**Workshop Stream:** Leadership and System Design for Quality (LSDQ)

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## CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 400

Monday, April 29, 2019

Time: 1:15 - 2:30 pm

### 401 Tell Your Story & Win Support

**Jennifer Mossop**, veteran journalist, former MPP, and strategic communications consultant, Grand Bend, ON

Whether it's a donor, the media or the Government, knowing how to tell your story well is critical to success. In this session, we'll look at identifying what's important to your audience, developing content and conversation, and leveraging all opportunities to Tell Your Story and Win Support.

## Workshop Stream: Leadership and System Design for Quality (LSDQ)

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### 402 Up & Away

**Nancy Forgrave**, B. Comm, Manager, Volunteer Programs and Outreach, Bruce Peninsula Hospice, Wiarton, ON  
**Laura Balint**, M.Sc, Bruce Peninsula Association for Community Living, Wiarton, ON

Based on Up & Away, A Facilitators' Guide for Providing Grief Support Groups for Adults with a Developmental Disability, presenters will introduce participants to ideas and different methods to engage in sharing feelings, memories, worries, and other manifestations that people experience after the death of someone significant to them. It is important that people with intellectual disabilities get the same support during the grieving process that any other member of the community or culture would receive. Their pain cannot go unnoticed. Families', friends', and support workers' ability to access supports in the community is essential in aiding the person to deal with the feeling of grief, experience support, and have their voices heard. The four session Support Group Guide was created by Bruce Peninsula Hospice in collaboration with Bruce Peninsula Association for Community Living, based on an earlier program created in 2013 by Huron Hospice Volunteer Service.

In this workshop, we will provide the principles and general approach of co-design, and provide some perspectives on the co-design experience from two hospice organizations. Then, we will enter into a dialogue with workshop participants about co-design and how it works, and how it might benefit future work participants will be undertaking in their own hospice palliative care work.

#### Learning Objectives:

1. Understanding the bereavement needs and benefits of this support group in the lives of individuals with developmental disabilities
2. Learning of activities and approaches that can be used
3. Building confidence in supporting people with developmental disabilities in the community who are experiencing grief

## Workshop Stream: Quality Whole Person Care (QWPC)

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### 403 Symptom Management in the Midst of an Opioid Epidemic: An Expert Consensus Guideline for Safer Opioid Use in Palliative Care

**Dr. Paolo Mazzotta**, MD HBSc MSc CCFP(PC) FCFP, University of Toronto, Sinai Health System, Temmy Latner Centre for Palliative Care, Toronto, ON

**Dr. Jenny Lau**, MD CCFP, University of Toronto, Princess Margaret Cancer Centre, Toronto, ON

Patients receiving Palliative and End of Life Care (PEOLC) are at risk of Opioid Misuse, Abuse, or Diversion (OMAD). We will present expert consensus guidelines developed for clinicians practicing PEOLC that will promote safe and effective use of opioids for symptom management by adult patients, their circle of care and health care professionals. The modified Delphi technique is used to formulate opioid safety guidelines for prescribers based on existing literature and clinical practices in palliative care, addictions, and pain medicine in adults. An interdisciplinary group of experts is engaged to develop consensus recommendations on the following topics: (1) Patient and caregiver risk assessments for

OMAD; (2) Monitoring, dispensing, storage and disposal of opioids by palliative clinicians and programs; (3) Patient and caregiver education on opioid use. The goal of this workshop is to present and discuss newly developed expert consensus guidelines on opioid safety in palliative care and address the following:

1. How can institutions that provide palliative care services promote opioid safety?
2. Identify two patient characteristics that increase an individual's likelihood of misusing, abusing and/or diverting opioids.
3. Identify two strategies that can increase patients' adherence to using opioids as prescribed.
4. Name two patient behaviours that could suggest opioid misuse, abuse and diversion.
5. When should urine drug screens be performed for patients with life-threatening illnesses?

### Learning Objectives:

1. Explore how institutions that provide palliative care services can promote opioid safety
2. Identify two patient characteristics and two strategies that allow for best screening and management for patients with life-threatening illnesses at risk persons for opioid misuse, abuse and diversion
3. Identify when urine drug screens be performed for patients with life-threatening illnesses

**Workshop Stream:** Quality Clinical Practice (QCP)

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## 404 Developing an Ontario Palliative Care Competency Framework

### The OPCN Provincial Education Steering Committee

Advancing High Quality, High Value Palliative Care in Ontario: A Declaration of Partnership and Commitment to Action (2011) identifies a shared priority to establish consistent and standardized education and competency requirements for all levels of care provision across care settings was identified. To address these needs, the Ontario Palliative Care Network established a Provincial Education Steering Committee (PESC) to develop recommendations on the required competencies for health care providers delivering palliative care. In reviewing existing work focused on palliative care competencies, the PESC identified the development of a Palliative Care Competency Framework led by the Nova Scotia Health Authority. Recognizing the rigorous and comprehensive process implemented to develop their framework, the PESC elected to leverage both their framework and their development approach, and adapt this to the Ontario context. This workshop will focus on sharing the completed Ontario Palliative Care Competency Framework and our proposed recommendations for implementation. All leaders in health systems will need to support continuing education and robust quality improvement efforts to deliver timely, high-quality palliative care services. This framework will help to inform those efforts by outlining the range of core competences providers should have if they are providing palliative care. It is envisioned that the Framework will inform academic curricula and professional development programs, and so will enhance the care of people with a life-limiting condition. The primary objective will be to seek advice from the diverse perspectives of the workshop participants on ways to encourage uptake of the competencies, and implementation of the Framework.

### Learning Objectives:

1. Describe the process for developing the Ontario Palliative Care Competency Framework
2. Identify opportunities to encourage uptake of the competencies among providers
3. Identify opportunities to promote implementation of the Framework

**Workshop Stream:** Quality Caring for Patients, Families & Caregivers (QCPFC)

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## 405 Sustaining You: Grief and Resiliency in Hospice Palliative Care Staff and Volunteers

**Tara Cohen**, SW, RSW, Program Manager, Champlain Hospice Palliative Care Program, Ottawa, ON

**Pam Grassau**, MSW, PhD Social Work, Professor, Carleton University, Ottawa, ON

This workshop will explore the impact on staff and volunteers of working with individuals and families experiencing chronic illness, dying and death. Recognizing that grief is a naturally present in workplace, we will honour the simultaneous joy and suffering that may be present. Central to this discussion will be how to strengthen self-awareness and self-kindness; sustain meaning in the work; and create compassionate and resilient teams.

We will explore a model and practical strategies to address staff and volunteer needs. The exercises presented will help cultivate awareness and respond to grief in the workplace. Participants will work in dyads and small groups to reflect on their purpose and meaning in their work; as well as have opportunities to share with others and collectively engage in narrative exercises to promote healing and wellness.

### Learning Objectives:

1. Recognize, attend and respond to suffering that surrounds us
2. Strengthen, cultivate and sustain meaning in everyday work
3. Explore how communication and rituals can foster team connectedness

**Workshop Stream:** Quality Caring for Patients, Families & Caregivers (QCPFC)

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## 406 Pregnancy and Infant Loss Bereavement Support: Creating Supportive Communities

**Amy Muhr**, BAA, CCLS, Sunnybrook Health Sciences Centre - PAIL Network, Whitby, ON

**Ryan Alexander**, BA, MSc, Manager, Hospice Services, Community Care Health & Care Network, Lindsay, ON

Pregnancy and Infant Loss (PAIL) Network is a provincial program funded to provide peer-led support to families who have experienced the loss of a pregnancy at any stage or the death of their baby, up to 12 months of age. Recognizing the many intersections and commonalities of support that is shared, PAIL Network endeavours to explore a collaborative relationship with hospices in Ontario and bring this much needed support to communities throughout the entire province. By attending this workshop you will better understand the importance of pregnancy and infant loss support and the unique needs of these bereaved parents, learn more about PAIL Network's peer support model and how, together, we can work collaboratively to bring this much needed support to families in your community.

### Learning Objectives:

1. Review the importance of pregnancy and infant loss support and the unique experience and needs of the bereaved parent
2. Discuss Pregnancy and Infant Loss (PAIL) Network's peer support model and identify the many intersections of commonalities that are shared with community hospices
3. Explore the collaborative relationship between Pregnancy and Infant Loss Network and local community hospices

**Workshop Stream:** Quality Caring for Patients, Families & Caregivers (QCPFC)

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**407 A Clinician (CNS) Discusses Sexuality even when Individuals are Affected by a Terminal Illness**

**Dr. Paul-Andre Gauthier**, RN, CNS; B.Sc.N., TCC, DMD, MN, PhD (nursing), Clinical Nurse Specialist-Consultant, Sundbury, ON

During our education in school, little details are given on how to assess and discuss concerns and even fears related to sexuality. Some professionals feel uncomfortable to approach this subject. Sexuality is part of our human nature and we should be ready to discuss it. As a clinical nurse specialist (CNS) for the past 28 years, any topics that are brought up by clients/ patients/residents are discussed. When individuals are facing health problems or concerns regarding their sexual organs such as cancer (e.g. breast, uterus, prostate, testicular), infection of sexual organs or STD/ STI, HIV, or a heart attack, they are preoccupied. It is preferable to initiate the "sex topic" and discuss concerns that they may have about sexuality. The clients' health or diseases may have a big impact on their sex life and vice versa. Why not seize the moment and the opportunity, and be direct, to consider the person's point of view when looking their situation and at their options, and move beyond facts, and talk also about their feelings.

**Learning Objectives:**

1. Share our approach when discussing sexuality with clients / patients
2. Share how to assess concerns related to sexuality and to understand how to manage the information afterward
3. Discuss with the participants the issues that they have encountered and how they can improve the care provided (if time permits)

**Workshop Stream:** Quality Caring for Patients, Families & Caregivers (QCPFC)

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**408 The Measurement of Quality is Found within their Story: We May Listen, but are They Heard? Enhancing the Quality of Care for Patients, Families and Caregivers by Enhancing the Engagement of Grieving Loved Ones, as they Share their Stories, Part 2**

**Amy Archer**, BScN, RN, CHPCN(C), Palliative Pain and Symptom Management Consultation Program, Durham Service, Whitby, ON

Part 1: Paediatric Perspective and Part 2: Adult Perspective

Patients and families offer the most valuable metric that go beyond statistics and that is found within the quality of sharing their story. This resource has been systemically attacked due to time constraints and the decreased value we place on active listening. Active listening conveys respect, dismantles the harmful hierarchy and builds therapeutic relationships and demonstrates the high value we place on patient and family centred care. Their story can be incredibly powerful and can inspire effective communication, team function and can bring the human experience to light, to positively impact change.

Part 1: Through this workshop we will hear through an interview style, from parents whose child died. One of the children died from Acute Myeloid Leukemia and the other from a rare genetic syndrome called Aicardi's Syndrome. Part 2: Family members share their stories of their loved ones death in the adult sector. In both workshops, family members share their palliative care journey from the time of their loved ones diagnosis, through the illness journey, to their death and share their current grief journey. Gaps and barriers that existed within the healthcare system and also within themselves and families are highlighted. Positive experiences are also highlighted regarding the quality care that wrapped around them throughout their journey and as they intersected with multiple care teams in hospital, home and hospice.



## Learning Objectives:

1. Recognize the power in listening to the patient and family's story
2. Identify the gaps that exist in the care delivery of palliative care from the family's perspective
3. Recognize the value in individualized patient and family centred care

**Workshop Stream:** Quality Caring for Patients, Families & Caregivers (QCPFC)

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## 409 Palliative Care Health Services Delivery Framework: Recommendations for a Model of Care to Improve Palliative Care in Ontario - Taking the Next Steps

**Dr. Robert Sauls**, MD, CCFP(PC), FCFP, Ontario Palliative Care Network, Toronto, ON

**Hasmik Beglaryan**, MPP, Cancer Care Ontario, Toronto, ON

**Lindsay Thompson**, RN, BScN, MPH, Cancer Care Ontario, Toronto, ON

**Deanna Bryant**, Bah, MPA, Ontario Palliative Care Network Secretariat, Toronto, ON

**Yuna Chen**, BSc, MPH, Ontario Palliative Care Network Secretariat, Toronto, ON

**Dr. Ahmed Jakda**, MD, MBA, CCFP(PC), Ontario Palliative Care Network, Toronto, ON

**Susan Blacker**, MSW, RSW, Ontario Palliative Care Network, Toronto, ON

Among the people who died in 2016/17 in Ontario, less than 60% had a record of having received palliative care services in their last year of life[1]. The Ontario Palliative Care Network's Health Services Delivery Framework ('HSDF') aims to improve equitable access to palliative care for patients, their families, and caregivers. The goal of the HSDF is to recommend a model of care that delivers high-quality, culturally safe palliative care in Ontario. Focus Area 1 of the HSDF recommendations provides guidance on the organization and delivery of palliative care for adults with a life-limiting illness living in community settings. Recommendations are based upon evidence and guidance from a Working Group comprised of healthcare providers with experience in palliative care, administrators, and patient/family advisors from across Ontario. The HSDF focuses on key elements in the care system where changes to organization and service delivery have the greatest potential to improve how we provide palliative care, while allowing flexibility to ensure the model fits local communities. This workshop provides an opportunity to provide an overview of the recommendations and provincial implementation approach with a focus on proposed priorities. The primary objective will be for the interdisciplinary workshop participants to identify opportunities where they can leverage existing strengths of local programs, support existing relationships, and create new ones for the implementation of HSDF. [1] Measuring Up 2018: A yearly report on how Ontario's health system is performing

## Learning Objectives:

1. Define the role of the Health Services Delivery Framework in increasing access to high quality, culturally safe palliative care
2. Describe the priorities within the Framework that will guide implementation
3. Describe the roles and functions of the interdisciplinary palliative care team
4. Identify how the provincial Health Services Delivery Framework can be aligned with their local models of care for adults receiving care in community settings

**Workshop Stream:** Leadership and System Design for Quality (LSDQ)

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## 410 How to Interact with Families as a Fundraiser - Respecting Privacy while Building Trust

Janet Fairbridge

Come to an open discussion about how to interact with families in a hospice as a fundraiser - how do you respect privacy while building trust? Bring information on your own approach to share, ask questions of your peers, and let's compare notes on best practice.

**Learning Objectives:**

1. Communication techniques
2. Foster trust
3. Connect with fellow fundraisers to share ideas/best practices

**Workshop Stream:** Leadership and System Design for Quality (LSDQ)

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**411 Paediatric Project ECHO® for Palliative Care: Empowering Providers, Increasing Access, and Supporting Patients and Families in the Community**

**Dr. Adam Rapoport**, MD, The Hospital for Sick Children, Toronto, ON  
**Dr. Christina Vadeboncoeur**, MD, Children's Hospital of Eastern Ontario, Ottawa, ON  
**Dr. Kevin Weingarten**, MD, The Hospital for Sick Children, Toronto, ON  
**Dr. Adam McKillop**, PhD, The Hospital for Sick Children, Toronto, ON  
**Dr. Jennifer Stinson**, PhD, The Hospital for Sick Children, Toronto, ON

Project ECHO® (Extension for Community Healthcare Outcomes) is an innovative model of clinical education that improves access to evidence-informed specialized care. The model leverages digital technology to increase knowledge and self-efficacy among community healthcare providers (HCPs), ultimately improving patient outcomes. The Paediatric Palliative Care ECHO at SickKids and CHEO is facilitated by inter-professional specialists providing a supportive community of practice and ongoing mentorship to HCPs through an 'all teach, all learn' philosophy. Since January 2017, this ECHO program has registered over 360 community-based HCPs in Ontario and globally.

This workshop will include a short presentation about the ECHO model's history, its international success, and a description of our ECHO program in Ontario. A live demonstration of a TeleECHO Clinic will follow, including: 1) a de-identified patient case presentation by a community HCP; 2) a specialist-facilitated case discussion involving the TeleECHO Clinic participants (i.e., the audience); and 3) a summary of case-management strategies and best-practice recommendations. This workshop is appropriate for beginner- to advanced-level learners. Training methods will include didactic style teaching, audience polling software, small-group discussions, and case-based learning. By the end of this workshop, participants will know how to participate in future ECHO sessions as a free, virtual continuing educational opportunity.

**Learning Objectives:**

At the conclusion of this workshop, participants will be able to:

1. Describe the ECHO model as it relates to paediatric palliative care in Ontario
2. Differentiate the ECHO model from other forms of clinical education
3. Participate in an interactive "TeleECHO Clinic" demonstration

**Workshop Stream:** Equity & Access to Quality Care (EAQC)

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**412 The End of Life is an Auspicious Opportunity for Healing: Decolonizing Death and Dying for Urban Indigenous People**

## CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 400

Monday, April 29, 2019

Time: 1:15 - 2:30 pm

**Michael Anderson** MD, MSc, FRCSC, Clinical Associate, The Temmy Latner Centre for Palliative Care, Division of Palliative Care, Sinai Health System, Research Team Member, Waakebiness-Bryce Institute for Indigenous Health, Dalla Lana School of Public Health, University of Toronto, Toronto, ON

The majority of Indigenous peoples on Turtle Island (North America) now live in urban settlements, and likely may die in urban spaces. Based upon academic and grey literature searches in 2018 of Indigenous death, dying, grieving, and palliative care in Canada, there is a near absence of information exploring this pivotal life event in the urban context. The diversity of urban Indigenous identities, lived experiences, and degree of connection to Indigenous culture highlights the complexity of the interconnection of death, Indigeneity, and urbanity. Fortunately, signs exist of Indigenous cultural and ceremonial revitalization in urban spaces, and the end of life offers an auspicious opportunity for healing from the intergenerational trauma arising from colonization.

Despite the plurality of cultures in urban settlements on Turtle Island, colonization informs and dominates most systems, including the framing of death and dying as a medical event. However, in my experience, death is more about culture and community. Reconciliation for urban Indigenous communities involves negotiating this challenging paradox between colonial and Indigenous worldviews. Rather than developing new strategies, I posit that existing knowledge – the Medicine Wheel and the Two Row Wampum – offer a vision for restoring respect, balance, and spirit to the end-of-life journey. The Medicine Wheel and the Two Row Wampum teachings offer an Indigenous theoretical framework to consider the complex space created by the interconnection of death, Indigeneity, and urbanity and offers a strength-based approach to guide future end-of-life research, policy, and practice to improve the end-of-life experience for urban Indigenous communities.

**Workshop Stream:** Equity & Access to Quality Care (EAQC)

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## CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 500

Monday, April 29, 2019

Time: 3:00 - 4:15 pm

### 501 Diverse Sounds: Inter-Cultural Soundscapes at End of Life

**Aaron Lightstone**, MMT, RP, MTA, Music Therapy Toronto, Toronto, ON

**Bev Foster**, MA, BEd, BMus, ARCT, AMus, Room 217 Foundation, Port Perry, ON

In hospice/palliative care settings, music, both live and recorded, has been shown to impact quality of life and care in a variety of ways including pain and symptom management support, psychosocial processing of emotion, helping individuals achieve awareness of limitations and losses assistance with life review, and relationship completion. In a country where the population is increasingly ethnically diverse, how do caregivers use music to meet the needs of families at end of life? Can the same outcomes be achieved? What kind of music works? The meaning of soothing sounds and music may be different across Canada's diverse cultural groups. What are the most universal (soothing) sounds that are associated with various cultural populations? How can these sounds be most relevant, universal and authentic at end of life? Can music still act as a caring agent in quality whole person care? These are some of the questions Room 217 is exploring with palliative music therapists, ethnomusicologists, and culturally diverse musicians as they produce their next music collection for palliative and end of life care. This workshop will describe the ethnographic methodology, creative process, performance parameters, and creative results of a new project being developed to expand the use of music at end of life within six diverse cultural groups in Canada.

**Learning Objectives:**

1. Use recorded music to meet the needs of diverse populations at end of life
2. Differentiate the meaning of soothing sounds at end of life in diverse cultural populations
3. Describe musical parameters of inter-cultural soundscapes

**Workshop Stream:** Quality Whole Person Care (QWPC)

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**502 Leadership Values: Caring for my Father at the End-of-His-Life**

**Janic Gorayeb**, MA in Leadership, Ripple Effect Leadership & Brain Tumour Foundation of Canada, London, ON

Just seven weeks after my father's metastatic cancer diagnosis, he died in hospice. Leading up to my father's diagnosis, his health quickly declined. I knew his prognosis would be shorter than what was originally communicated to our family. Upon reflection, my experience working in healthcare as a Senior Health Information Specialist at Brain Tumour Foundation of Canada and my leadership background prepared me for this phase of my life. Establishing good channels of communication with my father's entire healthcare team was vital to achieving physical and emotional comfort for both him and our family.

Navigating home care, doctors' appointments and working alongside the community palliative care team, my family quickly came to terms with the importance of communicating with each other and acknowledged what our individual roles were going to be. My role was to communicate with the healthcare team including his case manager. The frustrations and difficulties my family experienced with certain aspects of the palliative care system illuminated the importance of the core values I learned in my leadership training: advocacy, communication, adaptability and transparency.

This workshop will focus on what caring for my father at the end-of-his-life taught me about leadership; not only for healthcare providers but for loved ones as well. End-of-life-care is not limited to providing direct assistive care. Leadership traits and styles intersect in the world of caregiving and having the courage to speak up is important.

**Learning Objectives:**

1. Learn the importance of living organizational core values when working with clients
2. Review how leadership traits and styles intersect in the world of caregiving
3. Foster leadership in the field of palliative medicine

**Workshop Stream:** Leadership and System Design for Quality (LSDQ)

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**503 MAID Access as an End of Life Option for Patients Receiving Palliative Care: A Case Review**

**Nikita Matichuk**, NP-PHC, MPH, North West LHIN, Atikokan, ON

Traditionally, the philosophy of Hospice Palliative seeks to neither hasten nor postpone death. However, with the introduction of Bill C-14 hastening death with medical assistance is now a legal option for Canadians and more and more people are choosing MAID as part of their End of Life care plan. This workshop will explore why Palliative Care Providers are the most appropriate clinician to be involved in the MAID process. Using a case review approach this workshop will also discuss the challenges of providing MAID in a small community when the patient and family are well known to the MAID providers.

## CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 500

Monday, April 29, 2019

Time: 3:00 - 4:15 pm

Palliative sedation as an alternative to MAID for refractory symptoms, or when there is loss of capacity to consent to the MAID procedure will also be discussed. The case review will focus on Todd, a 46 year old male with colorectal CA secondary to Familial Polyposis (Gardener's Syndrome) and malignant small bowel obstructions who received MAID.

MAID should be viewed as a final option for those with intolerable suffering. The Palliative Care Providers are in a unique position as they are able to use their knowledge to ensure all pain and symptom management options have been explored prior to the provision of MAID. MAID fits into the palliative care philosophy by providing comfort and dignity to the patient and their family while addressing their physical, social, psychological and spiritual needs. Therefore it is our moral and ethical responsibility to include MAID as a part of palliative care.

### Learning Objectives:

1. Understand why MAID belongs in the toolbox of Palliative Care
2. Understand why Palliative Care Providers are the most appropriate MAID providers/assessors
3. Review palliative sedation for refractory symptoms or loss of capacity at end of life

**Workshop Stream:** Quality Clinical Practice (QCP)

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### 504 Building a Model of Support that includes All Children and Families

**Jodi Pereira**, BA, Heart House Hospice, Mississauga, ON

Alan Wolfhet refers to the children as the forgotten mourners. In 2014 Heart House Hospice realized that we had more than 150 "forgotten mourners" in our midst and in the homes of the people we were supporting. This led us to initiating the HUUG (Help Us Understand Grief) Program for children, youth and families in 2015. It also prompted questions, research, collaboration and a review to help us understand the needs of all grieving families. Essentially the start of the HUUG program, and the collaborations that resulted, transformed our thinking on what our responsibility was as a community hospice. Without intention, we realized the model we had begun to adopt was an example of a public health approach to end of life care. A model that encourages, inspires and in some ways equips communities to develop their own approach to grief, dying, death: A model that inspires caring and compassion.

The benefits we have seen are far reaching. By engaging community partners we are improving awareness, access and support: We are inspiring conversations about illness, grief, dying and death. We are reaching families that experience loss outside of hospice and the anticipated loss of illness. By engaging our partners, we are equipping those very important informal supports that families require such as teachers, colleagues and neighbors, often the first, and maybe the only, support a person or family, with the skills and confidence to be present and supportive as they live through illness, grief, dying and death.

### Learning Objectives:

1. Review research
2. Share our experience and learnings
3. Inspire ideas for collaboration
4. Provide resources and tools to guide others

**Workshop Stream:** Quality Caring for Patients, Families & Caregivers (QCPFC)

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**505 One Team, One Goal: Collaborative Approaches to Interdisciplinary Palliative Care Across the Disease Trajectory in Muskoka**

**Norma Connolly**, RN, CHPCN c, Algonquin Family Health Team - Hope Huntsville Palliative Care Team, Huntsville, ON

Research has supported the early involvement of multidisciplinary palliative care teams as foundational in the provision of high-quality palliative care. This workshop connects the core principles of the HQO Palliative Care Quality Standard to the collaborative approach to palliative care adopted by HOPE Huntsville palliative care team and Algonquin Grace Residential Hospice. Participants will hear an overview of the structure, roles and practices of this interagency team as they work together to support patients across the palliative care trajectory. Information will be shared about how this team has developed strategies in collaboration with other community agencies as well as neighbouring communities to ensure well supported transitions and high-quality care. The intended audience is anyone hoping to learn more about interdisciplinary palliative care team development and implementation.

**Learning Objectives:**

1. Learn the advantages of a multidisciplinary team in providing high quality care
2. Learn how the core principles of the HQO standards can be applied
3. Learn how the strategies can be applied to your practice

**Workshop Stream:** Quality Caring for Patients, Families & Caregivers (QCPFC)

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**506 Palliative Care Early and Systematic (PaCES): Beginning Alberta's Journey for Advanced Cancer Patients**

**Aynharan Sinnarajah**, MD, MPH, CCFP(PC), University of Calgary, Calgary, AB

**Camille Bond**, RN, Alberta Health Services, Calgary, AB

**Goal:** This knowledge translation project studies methods to adapt and implement evidence-based practices for delivering early and systematic Palliative Care (PC) at the health system level for patients with advanced colorectal cancer. Strong evidence show early PC improves patient, caregiver and health system outcomes. Multiple sub-studies include assessing current gaps and barriers in oncology, family physician and rural areas using qualitative and quantitative methods. The final output is an early palliative care pathway with implementation.

**Implementation:** The pathway will be released provincially for use by anyone. A Calgary implementation team will support pathway uptake and use of key resources to support patients, caregivers and health care professionals, such as improved screening methods, list of local resources, symptom guides, shared care letter and how to introduce palliative scripts.

**Evaluation:** The primary outcome is the number of patients receiving PC  $\geq 3$  months before death. Secondary outcomes are patient and caregiver-focused (e.g., quality of life), system-focused (e.g. number of days spent in hospital), and health-care professional focused (survey and focus groups of experiences).

**Challenges:** Challenges have included securing project funding, developing an implementation plan that will work across the province (given resource diversity and needs by region) and engaging stakeholders across the province, avoiding change fatigue, and sustaining engagement to effect change.

**Lessons Learned:** Identify dedicated local clinical champions. Get buy-in from overall health system leaders, including each clinical area (e.g. Cancer Control Alberta, Community Care). Project success requires proper: funding for project personnel, process mapping and quality-improvement methodology, and culture/change management expertise.

**Learning Objectives:**

1. Learn about the importance of using a Knowledge Translation framework to implement best evidence on early palliative care
2. Learn about the practical aspects on how to start this work and how to engage all stakeholders in this work
3. Learn about challenges and barriers faced during this project

**Workshop Stream:** Leadership and System Design for Quality (LSDQ)

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**507 Building a Successful Annual Giving Campaign- From 0 to 250K+ in 8 Years**

**Pamalea Blackwood**, Executive Director, McNally House Hospice, Grimsby, ON

**Amanda Black**, B.A., Community Engagement Coordinator, McNally House Hospice, Grimsby, ON

Over last 8 years, McNally House Hospice has designed, developed and honed their Annual Giving Campaign and have seen great success. This workshop will take participants through five steps that McNally House believes are key to a successful giving campaign: data management, telling your story, using multiple channels, making donating easy and following up. McNally House uses a grassroots approach therefore can be applied to any hospice, in any community, with any budget.

The presenters will share their learnings from the last eight years; what strategies have been successful and what didn't work in their community. An overview of the different types of campaigns will be given along with suggestions on how and when to use the various types. Participants will leave the workshop with practical tools, examples and materials to start their own or augment their current annual giving campaign.

**Learning Objectives:**

1. Participants will learn the various types of mail campaigns and how to use them successfully
2. Participants will be introduced to the five components of a successful campaign and how to apply them to their organization
3. Participants will learn how to analyze and work with the donor data that they already have and how to build their donor base.

**Workshop Stream:** Leadership and System Design for Quality (LSDQ)

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**508 Developing Palliative Care Education for Inner City Workers Supporting People who are Structurally Vulnerable**

**Dr. Naheed Dosani**, M.S.C, MD, CCFP(PC), BSc, Inner City Health Associates, Toronto, ON

**Dr. Paul Holycoke**, PhD, Saint Elizabeth Research Centre, Toronto, ON

**Dr. Alissa Tedesco**, MD, CCFP, University of Toronto, Toronto, ON

**Dr. Kelly Stajduhar**, RN, PhD, FCAHS, Institute on Aging & Lifelong Health & School of Nursing, University of Victoria, Victoria, BC

**Ashley Mollison**, MA, Institute on Aging & Lifelong Health, University of Victoria, Victoria, BC

**Dr. Simon Colgan**, MD CCFP(PC), Calgary's Allied Mobile Palliative Program, Calgary, AB

**Dr. Sonya Jakubec**, RN, PhD, School of Nursing and Midwifery, Mount Royal University, Calgary, AB



Access to palliative care remains a challenge, especially for those suffering from structural inequities such as homelessness, racialization, and stigmatization of substance use and mental illness. Compounding these barriers is a mistrust of healthcare professionals, resulting from perceived stigma and discrimination. Given outreach, housing, and addiction workers are uniquely positioned to be able to build trusting relationships with structurally vulnerable people, an opportunity exists to foster these relationships to improve palliative services. However, this group often lacks knowledge and training about a palliative approach to care. In this workshop, three facilitators will describe how, in collaboration with partners in Toronto, Victoria and Calgary, we developed a curriculum on the palliative approach to care for non-healthcare care workers. Participants will learn about 1) an inclusionary approach to co-designing programs for palliative care and the palliative approach to care, 2) adapting, adopting and embedding principles of palliative care to enable a palliative approach for a non-healthcare learner group, and 3) a new curriculum on the palliative approach to care for social care workers. We will discuss the curriculum development process, provide an opportunity to experience “learning” the curriculum and finally, brainstorm ideas about how to enhance uptake and adoption of this valuable resource. This workshop is intended for all those in the palliative care field who are interested in creating linkages to allies outside the healthcare field to increase access to palliative care and the palliative approach, and who are interested in equitable access to palliative care among homeless and other structurally vulnerable people.

### Learning Objectives:

1. An inclusionary approach to co-designing programs for palliative care and the palliative approach to care
2. Adapting, adopting and embedding principles of palliative care to enable a palliative approach for a non-healthcare learner group
3. A new curriculum on the palliative approach to care for social care workers

**Workshop Stream:** Equity & Access to Quality Care (EAQC)

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### 509 Knowledge Co-Creation: Developing Recommendations for Palliative Models of Care with Direction from Indigenous Communities

**Lindsay Thompson**, RN, BScN, MPH, Cancer Care Ontario, Toronto, ON

**Joanna Valtour**, BSW, RSW, Ontario Palliative Care Network Secretariat, Toronto, ON

To develop the First Nation, Inuit, Métis and urban Indigenous (FNIMul) recommendations in the Palliative Care Health Services Delivery Framework (HSDF) for adults living in the community, the Ontario Palliative Care Network, through a dedicated FNIMul Engagement Plan, developed a strategy to engage communities and service providers across Ontario (meetings with Indigenous communities, leaders, organizations, providers and researchers). This led to rich feedback on Indigenous palliative care community-based services delivery. The Engagement Plan included a designated role to work collaboratively with Indigenous communities and the HSDF project team to create recommendations reflective of feedback received; indigenous histories, knowledge, beliefs, culture and practices. This workshop guides participants through the development of these recommendations; emphasizing collaboration, community capacity approaches, cultural safety and reflection and response to the Truth and Reconciliation Calls to Action.

### Learning Objectives:

1. Understand the importance of establishing partnerships with indigenous communities to when developing palliative models of care
2. Learn processes to synthesize broad-based indigenous palliative care knowledge (feedback)
3. Develop tailored recommendations informed by indigenous communities, leaders and providers
4. Identify key learnings for partnering with Indigenous communities; ‘nothing about us without us’



**Workshop Stream:** Equity & Access to Quality Care (EAQC)

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## **510 Educating Multicultural Communities in Hospice Palliative Care**

**Vilma Oliveros**, Bachelors in Counselling Psychology specializing in Logotherapy, The Dorothy Ley Hospice, Etobicoke, ON

Newcomers to Canada are grieving the loss of what they knew as their life. They have left behind their support systems and everything that was known and familiar. When struck by illness and/or death they usually don't have the information needed to get the right supports in place, and they might not know who or how to ask for help.

By 2036, Statistics Canada predicts that up to 30 percent of all residents will have been born out of the country, with another 20 percent of the population native-born but with at least one immigrant parent. By providing education to these marginalized groups we empower them to ask the right questions, to request the right services, to volunteer and to give back to their new community. In early 2018 the Dorothy Ley Hospice secured the Multicultural Community Capacity Grant from the Ministry of Citizenship and Immigration to address the knowledge gap that new immigrants have about Hospice Palliative Care services and programs. To date over 100 new immigrants have participated in this project.

We will be presenting what we have learned during this project. Participants will receive practical guides in how to incorporate newcomers into their education plans. They will be given materials such as vocabulary and presentations that are being used, as well as the feedback we have received from the participants and partner agencies.

### **Learning Objectives:**

1. Participants will understand the importance of engaging multicultural communities in Hospice Palliative Care education
2. Participants will develop skills to deliver meaningful Palliative Care Education to multicultural communities
3. Participants receive tangible resources to implement Hospice Palliative Care Education to newcomers in their communities

**Workshop Stream:** Equity & Access to Quality Care (EAQC)

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## **511 Organizational Performance and Oversight Tools (Governance, Quality, Risk Management and Strategy)**

**Brian Tramontini**, President and CEO, Stratim, Sudbury, ON

We live in a world with increasing demands for reporting and accountability. Accreditation processes look for evidence of good management and governance practices. Stratim helps your organization implement them. Stratim tools are designed to help organizations plan, communicate, organize, monitor and report on organizational performance in a simple and effective manner.

Stratim has created an integrated framework and toolset built upon general best practices in areas such as: strategic planning; project management; quality improvement; risk management; governance; and organizational change. These have been designed:

- To support evolving HPCO accreditation standards; and HQO reporting and quality improvement standards;
- To integrate with the work done on the HPCO metrics project;

## CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 500

Monday, April 29, 2019

Time: 3:00 - 4:15 pm

- To minimize data collection and simplify reporting and analysis.

Using the Stratim platform, organizations will: save a time, effort and frustration. Without it organizations will probably need to cobble together their own tools using things like Excel and PowerPoint... requiring a lot more thought, time and effort to try to keep up with evolving standards.

The partnership between HPCO and Stratim will allow HPCO members to improve organizational performance and reporting as well as maintain consistency will evolving best practices in a consistent, cost-effective manner.

### Learning Objectives

1. Learn how to simplify and streamline accountability reporting
2. Learn about 10 specific oversight measures related to Strategy, Risk and Governance
3. Understand the relationship with: HPCO metrics project; HPCO Accreditation requirements; HQO Quality Improvement; and the Stratim Portal suite being offered to HPCO members

**Workshop Stream:** Leadership and System Design for Quality (LSDQ)

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## CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 600

Tuesday, April 30, 2019

Time: 10:30-11:45am

### 601 Storycare: Integrating a Story-Based Care Model into a PCU Setting

**Laura McMaster**, R/TRO, CTRS, Recreation Therapist, Baycrest Health Sciences, Toronto, ON

**Dan Yashinsky**, Storyteller, Author and Community Animator, Baycrest Health Sciences, Toronto, ON

**Melissa Tafler**, MSW, RSW, Arts and Health Coordinator and Interprofessional Art Based Learning Specialist, Baycrest Health Sciences, Toronto, ON

**Anna Berall**, RN, Research Coordinator, Kunin-Lunenfeld Centre for Applied Research and Evaluation (KL-CARE), Baycrest Health Sciences, Toronto, ON

**Rosalind Sham**, MSc, PMP, Project Coordinator, Kunin-Lunenfeld Centre for Applied Research and Evaluation (KL-CARE), Baycrest Health Sciences, Toronto, ON

Since 2016, Baycrest's storyteller in residence has collaborated with the PCU's Recreation Therapist to implement "storycare", a model of storytelling practice for patients, family members and staff. Storycare is an innovative set of ideas and practices that create opportunities within a healthcare environment for stories to be exchanged, valued, imagined, and remembered. Storycare within the PCU at Baycrest has been effective as a way to:

- affirm patient identity;
- celebrate personal history;
- build intergenerational bridges;
- support a sense of community on the unit;
- develop legacy material;
- create positive and fulfilling interactions in a high-stress care setting;
- remind family members to be "storykeepers";
- reinforce cultural connections;
- promote patient-centred care

## CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 600

Tuesday, April 30, 2019

Time: 10:30-11:45am

This workshop is intended for all staff and volunteers working in palliative and hospice settings. Participants will learn how to use the three elements of storycare in their practice: storytelling, storylistening, and storykeeping. Specifically, participants will learn a) how to draw on their own personal and family stories to make connections with patients and family members; b) how to use observation, questions, and props to engage in responsive storylistening; c) how to model and encourage family members to be compassionate storykeepers for their loved ones. The skills and knowledge taught in this workshop can be intergrated across professional and paraprofessional practice. The storycare approach was developed at Baycrest, where it continues to be the subject of a research study.

### Learning Objectives:

1. How to draw on their own personal and family stories to make connections with patients and family members
2. How to use observation, questions, and props to engage in responsive storylistening
3. How to model and encourage family members to be compassionate storykeepers for their loved ones

**Workshop Stream:** Quality Whole Person Care (QWPC)

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### 602 The Crossroads of Grief: Reflecting on Our Work with Marginalized Grieving Youth

**Dr. Victoria Pileggi**, PhD, University of Guelph, Department of Family Relations & Applied Nutrition, Research & Evaluation Coordinator, The Children & Youth Grief Network, Mississauga, ON

**Jodi Pereira**, BA, Heart House Hospice, Mississauga, ON

**Julie Pehar**, R.R.T., B.A., Med., Director, Children & Youth Grief Network, Mississauga, ON

In the four years since its inception, the Children & Youth Grief Network (CYGN) has recognized a lack of awareness around the interplay of sociological barriers (i.e. race, low income, immigration, disability, sexuality) with grief, which can be considered a barrier in and of itself. This gap is particularly critical to address given this intersection can render youth more vulnerable to other social and emotional challenges in their lifetime. In an effort to enhance the knowledge and skills of our community partners, the CYGN sought funding to formally explore the existing literature that highlights the needs and experiences of marginalized grieving youth and develop new Canadian data on organizations' process and capacity to work with this population in Ontario. This workshop will share a number of findings, including: up-to-date population estimates of marginalized grieving youth using the 2016 Canadian Census; themes within palliative care and bereavement literatures; and interviews conducted with service providers on their readiness around, experiences with, and future visions for working alongside marginalized grieving youth.

### Learning Objectives:

1. Learn about the CYGN, its partners, available resources and impact data to date
2. Familiarize themselves with statistics on the number of marginalized grieving young people in their community
3. Better understand the organizational opportunities and obstacles that exist in serving these communities, while reflecting on their personal/organizational/disciplinary work with marginalized grieving youth

**Workshop Stream:** Equity & Access to Quality Care (EAQC)

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### 603 Caregiver Evening Out: Creating Space for Community and Self-Care

**Shauna Daly**, M.A., R.P., Hospice Care Ottawa, Ottawa, ON

**Lisa Sullivan**, Executive Director, Hospice Care Ottawa, Ottawa, ON

Caregivers play an integral role in caring for individuals diagnosed with a life limiting illness (Linderholm et al., 2010). We know family caregivers can experience difficulties related to their mental, physical, and social wellness as a result of caregiving (Blum, et al., 2010) and that they have a need for discussions around coping and gaining support during palliative care (Jansma et al., 2005). Facilitators to caregiving have been identified as gaining emotional and practical care support, from both formal health care teams and informal networks (Woodman, et al., 2015). Interventions aimed to educate caregivers on both patient care and self-care techniques have been found to improve various aspects of caregivers' wellbeing (Harding, et al., 2012).

Hospice Care Ottawa's Caregiver Evening Out program provides caregivers an evening off from their caregiving role to focus on personal wellness, and a space to share their experiences in a non-formal way. Through connecting with other caregivers, hospice volunteers, and counselling staff, participants enter into a caring community where they feel heard and supported in their efforts. They are also able to relax and feel taken care of with a fresh cooked healthy meal and complementary therapies. In-home volunteers are also offered to visit hospice clients at home while caregivers attend. This cost-efficient model allows a strong rapport to build with caregivers and for staff to address needs/changes caregivers share are occurring in-home. This workshop will breakdown this effective caregiver support program into simple implementation steps to support other organizations in introducing such caregiver programming.

### **Learning Objectives:**

1. How to implement caregiver evening out model of support
2. Caregiver perspectives of relaxed, self-care support
3. Impact of model on community team collaboration

**Workshop Stream:** Quality Caring for Patients, Families & Caregivers (QCPFC)

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## **604 Promoting Quality Care Through Organizational Resilience**

**Maureen Pollard**, BSW, MSW, RSW, Maureen Pollard Social Work Services, Coburg, ON

While rewarding, work in Hospice and Palliative Care may at times contribute to profound emotional and physical exhaustion. This experience can impact an entire workplace as those affected become increasingly discouraged and disengaged, leaving them more prone to errors in judgment and performance. This workshop will provide participants with an overview of factors that contribute to organizational resilience, effective strategies to help team members manage the emotional toll of working in the field of death and dying, and practical approaches to enhance organizational resilience.

### **Learning Objectives:**

1. 6 factors that contribute to organizational resilience
2. 4 effective debriefing and engagement strategies as well as 6 ways to help an employee who is struggling
3. More than 15 practical activities designed to enhance organizational resilience

**Workshop Stream:** Quality Caring for Patients, Families & Caregivers (QCPFC)

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## 605 Back to Basics: How the History of Hospice Palliative Care Can Inform Care

**Rev. Dr. Matthew Durham**, Dmin, Saint Elizabeth Health Care, Windsor, ON

**Hana Irving**, BA, BEd, MA, Director of Public Relations & Community Affairs, The Basilian Fathers of Sandwich in Ontario, Windsor, ON

**Felicia Kontopidis**, RN, Director of Care, Journey Home Hospice, Toronto, ON

Providing hospice palliative care has become increasingly complex in the modern context. Services must be responsive, holistic, and inclusive of patient, families and caregivers. Accountability structures, accreditation standards, and emerging research all complicate the method and methodology of care delivery. Working from their graduate and doctoral research, Rev. Dr. Matthew Durham and Hana Irving will offer a historical review of the hospice palliative care movement and argue for a basic approach to the mission of care delivery. This presentation caters to leaders and will offer suggestions for refocusing service delivery around individualized care that is responsive to modern demands, while still embracing fundamental principles of holistic person-centred care. Attendees will be equipped with an understanding of the history of modern hospice palliative care, lessons in administration and care from visionary founders, and practical tips to serve patients and families with increased employee engagement.

### Learning Objectives:

1. Understand the historical context and evolution of modern hospice palliative care
2. Identify the foundational principles of individualized holistic care and how they can transform care delivery in the midst of complex care systems
3. Equip participants with practical ideas for patient care and employee engagement

**Workshop Stream:** Quality Caring for Patients, Families & Caregivers (QCPFC)

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## 606 **Session Cancelled by the Presenters**

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## 607 Looking Beyond the Traditional Donor Base: Grow your Pipeline by Engaging a Culturally and Racially Diverse Donor Population

**Muthoni Kariuki**, CFRE, Masters, MPNL, The Dorothy Ley Hospice, Toronto, ON

**Mide Akerewusi**, CSR-P, CDEP, AGENTSc, Toronto, ON

By 2031, one in three Canadians will belong to a diverse population. Canada is in the midst of a dramatic cultural shift, but evidence suggests that organized philanthropy may be stuck in the past. As the country becomes more ethnically and racially diverse, it is more important than ever to consider whether the fundraising playbook we as fundraisers have used over the past generations, is due for an overhaul.

The influence of Canada's changing demographics is something non-profit organizations (hospices) cannot ignore if they are to continue to exist. The traditional donor model of giving is evolving, and fundraising professionals will need to figure how to engage and attract a racially and culturally diverse pool of donors. Drawing on recent research, real-life scenarios and the shared experiences of participants, this practical session will ensure delegates understand why it is important to include an inclusive, racially diverse lens in their fundraising strategy in order to grow, maintain healthy donor pipelines and increase revenue.

## CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 600

Tuesday, April 30, 2019

Time: 10:30-11:45am

### Learning Objectives:

1. Practice how to collect, manage and use data in meaningful ways to drive fundraising revenue that helps to track inclusive practices.
2. Discuss ways to capitalize on diverse local staff and volunteers to extend their reach in underrepresented communities.
3. Review tools and practices that will assist charitable organizations to reach diverse communities to help sustain and grow their operations

**Workshop Stream:** Leadership and System Design for Quality (LSDQ)

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### 608 “The Creator’s Care” First Nation Palliative Care and End of Life Service

**Edith Mercieca**, Director of Community Support Services, Maamweysing North Shore Community Health Services Inc., Cutler, ON

A candid discussion describing a multi-year endeavour, in partnership with the seven-member First Nation communities of the North Shore Tribal Council and external allies, to develop a culturally safe service delivery model to support the palliative and end of life journey. The collaborative approach to program development has been guided by the “Improving End-of-Life Care in First Nations communities” Lakehead University research project resources and toolkits. The workshop will showcase “The Creator’s Care” video. The workshop will guide participants through the community engagement process and the recommendations for “Health Transformation” in the delivery of Indigenous health services. The workshop will describe a quality improvement approach to improving and driving excellence across sectors.

### Learning Objectives:

1. Understand the collaborative approach to program development undertaken to develop a palliative care service model
2. Understand the importance of establishing the Elder Advisory Council to ensure the cultural and traditional approach to care is incorporated in the service design
3. Understand the barriers and challenges experienced in our efforts to transform the current norm, as well as the opportunities for ongoing learning and development

**Workshop Stream:** Equity & Access to Quality Care (EAQC)

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### 609 Working Together to Make a Difference - The Creation of the Timmins Integrated Palliative Care Team

**Celine Plante-Lamb**, P-PHC, CHPCN(c), IDEAS Cohort 15 graduate, Palliative Pain and Symptom Management Consultant, Palliative Care Consultant Network (PCCN) Member, VON Canada, Timmins Family Health Team, Timmins, ON

**Dr. Patrick Critchley**, MD CCFP (PC) FCFP, Regional Primary Care Lead - Northern District, Northeast Regional Cancer Program, CCO Family Physician, Timmins Family Health Team and Misiway CHC, Timmins, ON

The delivery of palliative care services can be fragmented in rural communities. The aim of this intermediate workshop is to assist participants in:

1. recognizing the need for innovation
2. developing connections amongst various palliative care services providers
3. developing a collaborative model with improved access and efficiency
4. ensuring quality care delivery to all patients living with a progressive, life-limiting illness

Our focus is to demonstrate a practical approach to high quality seamless care through the enhancement of overall communication, collaboration, trust, service planning and delivery. We will also share lessons learned from our journey.

### Learning Objectives:

1. Understand the practical aspects of building an integrated palliative care team utilizing existing community resources with limited funding
2. Define and address primary care providers' educational needs, including: earlier identification of patients living with a progressive, life-limiting illness / knowledge of and access to local and regional palliative care services
3. Create a simplified "same door" referral process to local palliative care services

**Workshop Stream:** Equity & Access to Quality Care (EAQC)

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## 610 Community-Based Pain-Management & Palliative Care for Marginalized Individuals: A Patient-Centred Risk Management Approach

**Stephanie Skopyk**, MN, NP-PHC, Canadian Mental Health Association Durham, Oshawa, ON

**Dr. Naheed Dosani**, M.S.C, MD, CCFP(PC), BSc, Inner City Health Associates, Toronto, ON

**Dr. Vincent Ho**, MD, CCFP(PC), Lakeridge Health Oshawa, Oshawa, ON

Providing palliative care for marginalized populations poses unique challenges. It demands that sectors work better together to reduce barriers which prevent the delivery of community-based palliative care services, particularly pain management, in a location of the individual's choosing. How can the healthcare system prepare to care for those who are homeless? How can services be inclusive of those with psychiatric illness and/or addictions who do not wish to die in a hospital setting?

Our team will present literature and share key strategies for improving choice and dignity in death for all persons, including those who may desire palliative care services in higher-risk environments, environments that they call home.

### Learning Objectives:

1. Identify high-risk individuals and environments for opioid diversion in a community-based palliative care setting
2. Apply a framework for navigating community-based pain management for marginalized palliative patients
3. Work more effectively across sectors to maintain choice and dignity in death for the complex marginalized patient

**Workshop Stream:** Equity & Access to Quality Care (EAQC)

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## 611 Palliative Care in the Community - Kits and Concentrations

**Pamela Simpson**, BScPhm, RPh, Robinson's Pharmasave, North Bay, ON



## CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 600

Tuesday, April 30, 2019

Time: 10:30-11:45am

This presentation will look at tools to help manage common palliative care symptoms in the community setting. There will be sharing of sample protocols and templates on the following key areas:

- 1) Symptom Relief Kits
- 2) Constipation Kits
- 3) Pain Management and Converting to Subcutaneous Opioids
- 4) Palliative Care Passport

We will be reviewing the list of medications commonly used in the above kits with some general guidelines on their prescribing, dispensing and administration. We will then look at pain management with a focus on opioid prescribing and then use a case study to demonstrate the dose conversions and titrations involved with the subcutaneous route of administration. The session will include a facilitated open forum of “information sharing” to help collaborate and build on effective strategies with the goal of enhancing quality care for palliative patients in all regions.

### **Learning Objectives:**

#### **Enhancing Palliative Care Services in the Community through information sharing and capacity building tools:**

1. Identify common medications used in Symptom Relief Kits with associated prescribing and use
2. Provide sample protocols and procedures to effectively manage both pain and constipation
3. Receive tools and resources to streamline the prescribing and delivery of palliative care in the community

**Workshop Stream:** Quality Clinical Practice (QCP)