HPCO
Hospice Palliative Care Ontario

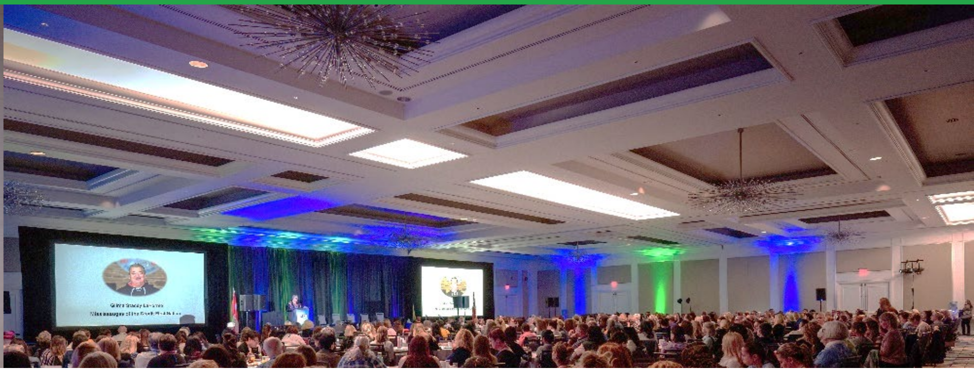
JUNE 8-10, 2025

HPCO's Annual Conference

Collaboration • Excellence • Innovation

HPCO2025
Program Syllabus

Sheraton Parkway Toronto North
Richmond Hill, Ontario



Presented By: Saint Elizabeth Foundation

HPCO
Hospice Palliative Care Ontario

2025 Annual Conference

Collaboration • Excellence • Innovation

Welcome to HPCO2025!

Dear Colleagues and Friends:

We are thrilled to welcome you to the **2025 Hospice Palliative Care Ontario Conference: *Collaboration*, *Excellence*, and *Innovation*!** This year, we are excited to delve into these themes through engaging keynotes, multiple plenary panels, dozens of interactive workshops, oral paper presentations, and our always popular scientific posters. Our goal is to connect and gain new insights that will help us continue to provide top-quality care in our communities now and in the future.

The success of this conference is a testament to the hard work and dedication of many individuals. We extend our heartfelt thanks to the Conference Manager and Team, the Conference Program Advisory Committee, the Abstract Review Team, the Conference Volunteers, moderators, oral presentation and poster judges, and the entire staff of Hospice Palliative Care Ontario. Your contributions are invaluable and make it possible for us to host an event of this magnitude.

We are also deeply grateful to our sponsors and exhibitors for their generous support. Their involvement is crucial to the success of this conference, and we encourage all delegates to visit their booths in the Exhibitor Hall to learn more about their offerings.

We would like to take this opportunity to celebrate the contributions of all conference participants. Your valuable work and your willingness to share ideas and engage in meaningful dialogue exemplifies the themes of ***Collaboration*, *Excellence*, and *Innovation***. It is because of you that we can strive for a future where every person in Ontario has access to quality hospice palliative care.

Welcome to the 2025 Hospice Palliative Care Ontario Conference! We look forward to seeing you in person!

Nadine Valk
Conference Co-Chair
Hospice Palliative Care Ontario Conference 2025

Amanda Maragos
Conference Co-Chair
Hospice Palliative Care Ontario Conference 2025

Ministry of Health

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and Minister of Health

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Ontario

June 8, 2025

Hospice Palliative Care Ontario
2025 HPCO Conference

Dear friends,

I want to send my best wishes to everyone attending the 2025 Hospice Palliative Care Ontario (HPCO) Conference. Our government is proud to work with partners like HPCO to support patients and families at home and in their communities.

Under the leadership of Premier Ford, our government is expanding access to palliative care by making it faster and easier for people of all ages to connect to the care they need. This includes investing up to $147.4 million over three years to expand access to palliative care services, including increasing funding by 45 per cent for all hospice beds across the province. We are also supporting the first Indigenous hospice in Canada and the first hospice in Mississauga. Since 2018, our government has invested over $26.5 million to add 153 new hospice beds, bringing the total to 768 residential hospice beds, giving more families the option of high-quality and dignified end-of-life care.

Thank you to HPCO and everyone in attendance for your important work connecting Ontarians to compassionate and specialized care, closer to home.

I wish you a successful and memorable conference.

Sincerely,

Sylvia Jones
Deputy Premier and Minister of Health

Keynote Speakers

Sunday, June 8, 2025 10:00 AM Opening Keynote

Grief, Love, and the Will to Go On: Lessons from Resilient Grieving,
Dr Lucy Hone

How do we support people in the aftermath of devastating loss—without falling back on outdated models or deficit-based assumptions?

In this uplifting and evidence-informed keynote, Dr Lucy Hone—globally respected resilience researcher, bereaved mother, author of *Resilient Grieving*, and top-rated TED speaker—shares the lessons she's learned from both personal tragedy and decades of academic work.

Rejecting the passive and prescriptive Five Stages model, Lucy offers a more hopeful, strengths-based path through grief—one that honours individual agency, connection, and meaning. She replaces three unhelpful myths with insights drawn from modern bereavement science, and applauds the essential work of hospice and palliative care professionals. This keynote is both a practical toolkit and a powerful reminder: when we show up with courage and compassion, we help people do the hardest thing imaginable—go on living.

Participants will:
- Learn to recognise and move beyond three outdated grief myths that can unintentionally limit or pathologise the grieving process.
- Gain new, research-informed strategies that support healthy adaptation to loss—focusing on agency, connection, and meaning.
- Develop a more accurate and hopeful understanding of the human capacity to cope with loss, grounded in data showing that resilience and post-traumatic growth are not rare—but built on everyday strengths and "ordinary magic."

Dr. Lucy Hone Regarded as a global thought leader in the field of resilience psychology, tragedy tested everything Dr Lucy thought she knew about resilience in deeply personal circumstances when her daughter and friends were killed in a tragic accident. Adjunct senior fellow at the University of Canterbury and at the University of Pittsburgh's Medical School, Lucy is an internationally sought-after professional speaker, best-selling author, and award-winning academic. Covid-19 saw her TED talk go viral making it one of the Top 20 of 2020. With clients ranging from Apple and Amazon, to Hospice and the UN, she helps individuals, teams and communities navigate tough times. Her work is regularly featured in global media, including the Guardian, the Hidden Brain, the Washington Post, and the BBC, the Sydney Morning Herald, CBS and ABC. Author of best-seller, *Resilient Grieving,* Dr Lucy is co-founder of the hugely popular *Coping With Loss* programme.

Monday, June 9, 2025 9:00 Keynote

Death is But a Dream,
Dr. Christopher Kerr

Experiences at the end of life, including dreams and visions, testify to our greatest needs: to love and be loved, to be nurtured and feel connected, to be remembered, and forgiven. Although medically ignored, such experiences are near universal experiences often provide comfort and meaning. To date, the research team at Hospice Buffalo has published multiple studies on this topic and documented over 1,500 end-of-life events, many of which are videotaped.

The lecture will focus on published research that describes and validates patients dreams and visions at the end of life. Dr. Kerr will explore how these near universal experiences often provide comfort and meaning as well as insight into the life led. The presentation includes videos of patients and families describing the meaningfulness of these powerful end of life experiences.

Christopher Kerr is the Chief Medical Officer and Chief Executive Officer at Hospice & Palliative Care Buffalo where he has worked since 1999. Born and raised in Toronto, Canada, Chris earned his MD as well as a PhD in Neurobiology. Outside of direct patient care, Chris' focus is in the area of patient advocacy. His passion is palliative care and a belief that such care should be throughout the continuum of illness. Under Dr. Kerr's medical leadership, Hospice Buffalo now serves 1,200 patients a day, the majority of whom receive services upstream of hospice care. Dr. Kerr's background in research has evolved from bench science towards the human experience of illness as witnessed from the bedside, specifically patient's subjective experiences at the end of life. To date, the research team at Hospice Buffalo has published multiple studies on this topic and documented over 1,500 end-of-life events, many of which are videotaped. This work was the subject of his TEDx Buffalo Talk which has been viewed 5.4 million times. It has been the subject of numerous reports around the world as well as The BBC, CBC, NPR, The New York Times, The Washington Post, The Atlantic Monthly, Scientific American Mind, Huffington Post, NY Times Magazine and Psychology Today. It is also featured in a docu-series on Netflix called Surviving Death and a PBS Documentary called Death Is but A Dream. He is also involved in a third documentary, Edge of Life, to be released in 2025. Dr. Kerr's work has also been published in a book (Death Is but A Dream) by Penguin Random House which was released in 2020 in over 10 languages. Dr. Kerr lives on a horse farm in East Aurora, NY.

HPCO
Hospice Palliative Care Ontario

2025 Annual Conference

Collaboration • Excellence • Innovation

Program At-A-Glance

(Detailed program begins on page 7, posters on page 45)

SUNDAY, JUNE 8, 2025			
7:30-8:30	**Continental Breakfast & Exhibitor Showcase**		**Sponsor/Exhibit Halls**
9:00-10:00	**Opening Remarks & Ceremony**		**Grand York Ballroom**
10:00-11:15	**Opening Keynote** ***Grief, Love, and the Will to Go On: Lessons from Resilient Grieving,* Dr. Lucy Hone**		**Grand York Ballroom**
11:15-11:30	**Stretch Break**		**Grand York Ballroom**
11:30-12:00	**June Callwood Circle of Outstanding Volunteers - Induction Ceremony**		**Grand York Ballroom**
12:00-1:00	**Lunch Buffet, Exhibitor Showcase & Poster Presentations**		**Grand York Ballroom**
CONCURRENT SESSIONS - SERIES 100 Sunday, June 8 1:00 to 2:15			
Workshop 101	A Song For You. Music as a Wellness Tool	Joy Friesen, Kyla Lance	
Workshop 102	Community Paediatric Palliative Care Through the Ages	Amanda MacLennan, Anusha Rayar	
Workshop 103	Lifting up the Power of Volunteering: How to Retain and Recognize your Volunteer Team	Alex Allen, Caitlin Agla	
Workshop 104	Circle of Care Supporting Caregivers	Danielle Marshall	
Workshop 105	Transforming Palliative Care Through Trauma Awareness	Tara Cohen	
Workshop 106	Healing Our Spirits: Sharing of Cedar Teachings	Kelly Jeffords	
Workshop 107	Building Bridges Behind Bars: Increasing HPC Capacity in a Correctional Facility	Louise Brazier	
Workshop 108	Navigating Grief Through Innovative Resources	Krista Naugler	
Workshop 109	Implementing HPCO's Grief and Bereavement Data Collection Tool	Camryn Berry	
Workshop 110	Write for Wellness: Therapeutic Writing and Songwriting for Self-Preservation	Maureen Pollard	
Workshop 111	Waiting Room Revolution Workshop in a Box: Start the Revolution in your Own Community PART 1	Hsien Seow, Sammy Winemaker	
Interest Group 112	Fund Development Interest Group Meeting	n/a	
Lightning Talk 121	Joys & Sorrows in Developing a University-level Palliative Course	Tamiza Kassam	Aurora (LL)
Lightning Talk 122	Exploring the Impact of Palliative Care Education and Training on Nurses' Perceived Competence and Self-Efficacy in Home-Based Palliative Care.	Joanne Ta, Joanne Tay, Kathryn Pfaff	Aurora (LL)
Lightning Talk 123	Equipping the Future of Care: An Innovative Palliative Consultation Program. Authors: Disa Clifford, Donna Lawrence, Tara Moffat	Disa Clifford, Donna Lawrence, Tara Moffatt	Aurora (LL)
Lightning Talk 124	Nurse Practitioners as Change Agents in Hospice: Driving Innovation, Advocacy, and Excellence	Gillian Armstrong	Aurora (LL)
Lightning Talk 125	Challenges and Benefits of Establishing a Nurse Practitioner Led Hospice in Ontario	Donna Kearney	Newmarket (LL)
Lightning Talk 126	Integration of a palliative approach to care pathway in an interdisciplinary healthcare team and its effect on provider uptake, increased ability to serve orphaned patients, and patient/caregiver satisfaction.	Erin Gallagher	Newmarket (LL)
Lightning Talk 127	Preparation for Practice: A student-led initiative to enhance end-of-life care conversations in undergraduate nursing education. Authors: Aileen Gencturk, Cassie Wilson, Katie Browne, Katie Goldie, Marnie Chapman	Aileen Gencturk, Cassie Wilson	Newmarket (LL)
Lightning Talk 128	Mississauga Health Integrated Palliative Care Program: A New Model for Delivering Care	Laura Harild, Dipti Purbhoo, Heather Gale	Newmarket (LL)
2:15-2:45	**Refreshment Break, Exhibitor Showcase & Poster Presentations**		**Sponsor/Exhibit Halls**

CONCURRENT SESSIONS - SERIES 200 Sunday, June 8 2:45 to 4:00			
Workshop 201	MAID Curious? Reflecting on Shifting Landscapes	Elspeth MacEwan	
Workshop 202	Diagnosing, staging and prognosticating Dementia in LTC: turning difficult conversations into meaningful care plans.	Benoît Robert, Sandy Shamon	
Workshop 203	Understanding Spiritual Care: Enhancing Collaboration, Excellence and Innovation	Cindy Beggs	
Workshop 204	HPCO Hospice Standards and Accreditation Program Session	Selina Abetkoff	
Workshop 205	The New HPCO Quality Management Platform	Brian Tramontini	
Workshop 206	Advance Care Planning, The Musical: It's Always Too Early, Until It's Too Late	Lori Scholten-Dallimore	
Workshop 207	Inspiring Action Via Volunteer Newsletter	Sunni Rochelle, Michael Nelson	
Workshop 208	Governance for a Caring Organization: Going Beyond Fiduciary Duty	Benjamin Miller	
Workshop 209	There are Doughnuts in Purgatory - A Taste of Trauma-informed Palliative Care	Christine Fader	
Workshop 210	Putting People First - The Impact of Policy on Healthcare Provider Grief & the Intersection where Personal & Professional Lives	Mahoganie Hines	
Workshop 211	Waiting Room Revolution PART 2 - Train the Trainer	Hsien Seow, Sammy Winemaker	
Workshop 212	Walking Alongside Indigenous Peoples who are Seriously Ill: Developing Curriculum to Empower and Support Community Caregivers on their Learning Journey	Holly Prince, Jessica Wyatt, Kassandra Fernandes	
Workshop 213	InfoAnywhere - New Features, Questions and Answers With The Founder	Ian Farr	
Lightning Talk 221	The Impact of Compassionate Care Funds	Maria Empringham, Gillian Shane	Aurora (LL)
Lightning Talk 222	Not so fast – does the community want what you got? Community engagement to improve a palliative approach to care for urban Inuit	Valerie Fiset	Aurora (LL)
Lightning Talk 223	What is Time at the End-of-Life? Reflections from a Public Interactive Installation	Kate Sellen	Aurora (LL)
Lightning Talk 224	Associations Between Symptom Complexity and Acute Care Utilization Among Advanced Cancer Patients Followed by a Palliative Care Service	Philip Pranajaya	Aurora (LL)
Lightning Talk 225	Psychosocial Team Rounds as Bereavement Support for Palliative Care Providers	Maria Rugg, Sabrina Agnihotri	Newmarket (LL)
Lightning Talk 226	Crafting Legacies: Innovative Approaches to grief and bereavement at The hospice of Windsor and Essex County	Maria Giannotti	Newmarket (LL)
Lightning Talk 227	A grief and bereavement Community Partnership : The Butterfly Project	Margaret Paan	Newmarket (LL)
Lightning Talk 228	GRACE: Grief Relief and Community Empowerment—A Community-Based Model for Equitable Bereavement Support.	Nirmal Niazi	Newmarket (LL)
4:15-5:15	**Carmalita Lawlor Lecture in Palliative Care**		**Grand York Ballroom**
5:15	**Free Evening**		

Care Partner Sponsors:

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MONDAY, JUNE 9, 2025			
7:30-8:30	**Continental Breakfast & Exhibitor Showcase**		**Sponsor/Exhibit Halls**
8:30-9:00	**Welcome Remarks**		**Grand York Ballroom**
9:00-10:15	**Keynote** ***Death is But a Dream*, Dr. Christopher Kerr**		**Grand York Ballroom**
10:15-10:45	**Refreshment Break, Exhibitor Showcase & Poster Presentations**		**Sponsor/Exhibit Halls**
CONCURRENT SESSIONS - SERIES 300 Monday, June 9 10:45-12:00			
Workshop 301	Building a More Equitable and Inclusive Practice: From Personal Journey to Collective Action	Priya Gupta, Vilma Oliveros	
Workshop 302	Navigating the Grey Liminal Spaces: Embedding Ethics into the Palliative Approach to Care	Mahoganie Hines	
Workshop 303	Cybersecurity. Managing and Mitigating Risk		
Workshop 304	304 Using the Palliative Care Health Services Delivery Framework to design palliative care integration in health system transformation	Elan Graves	
Workshop 305	Hack the System: Innovating Harm Reduction Strategies for Palliative Care of Vulnerable Populations	Felicia Kontopidis, Mary Lou Ackerman, Matthew Durham	
Workshop 306	Maximizing Philanthropy: Growing Hospice Donations from Gifts of Securities and Donor-Advised Funds	Sandra Sullivan	
Workshop 307	Sociodemographic Data Collection in Hospice	Christine Gordon	
Workshop 308	Let’s look at the future of direct mail. Lessons Learned in 2024 and What’s Next.	Kelly O'Neil	
Workshop 309	Exploring Innovative Tools to Enhance Supportive Care Decision Making at End-of-Life (Pt 1)	Kate Sellen	
Workshop 310	Caring for the Caregiver: Supporting Young Caregivers In Palliative Care	Alicia Pinelli	
Workshop 311	Exploring medical assistance in dying (MAiD)-related grief and bereavement through virtual digital storytelling workshops	Keri-Lyn Durant, Kathy Kortes-Miller	
Workshop 312	Stay Out Of The News: Information Security For Hospice Staff	Ian Farr	
Lightning Talk 321	Challenges and complexities to the implementation of a novel early identification tool for palliative care in retirement homes in Renfrew County, Ontario. Authors Amy Hsu, Carol Bennett, Douglas Manuel, Gail McMillan, Jacob Crawshaw, Justin Presseau, Lauren Konikoff, Lysanne Lessard, Maya Murmann, Sarah Beach	Amy Hsu, Carol Bennett, Gali McMillan, Lauren Konikoff, Jacob Crawshaw, Justin Presseau, Maya Murmann, Douglas Manuel, Sarah Beach, Lysanne Lessard	Aurora (LL)
Lightning Talk 322	Building system capacity for home visits for patients near end of life A mixed methods, pan-Canadian study	Sarina Isenberg	Aurora (LL)
Lightning Talk 323	Development of a novel approach to identifying home care clients who could potentially benefit from a palliative approach to their care	Nicole Williams	Aurora (LL)
Lightning Talk 324	Developing Patient-Facing Resources: Using Co-Design to Create Early Palliative Care Tools	Bethany Bocchinfuso, Kayla McMillan	Aurora (LL)
Lightning Talk 325	hospice@Home – Integrated Care to Improve Palliative Care Access for an Underserved Community	Beatrise Edelstein, Dipti Purbhoo	Newmarket (LL)
Lightning Talk 326	Mindfulness as a tool for equitable change: Planning for ways to protect workforce capacity of staff and volunteers providing hospice palliative care to the homeless	Celina Carter, EJ Davis, Hephzibah Orelaja, Justine Giosa	Newmarket (LL)
Lightning Talk 327	Nurturing Ease: A Holistic Design Approach for hospices in Ontario	Olivia Pereira	Newmarket (LL)
Lightning Talk 328	Bridging the Gap: Addressing Barriers to hospice Care for People Who Inject Drugs. Authors: Gary Rodin, Ivan Ntale, Nadine Persaud, Naheed Dosani, Scott Blommaert, Tara-Marie Watson, Tavis Apramian	Gary Rodin, Ivan Ntale	Newmarket (LL)
Lightning Talk 329	How do we know what we don’t know : Journey mapping to describe palliative and end-of-life care needs for urban Inuit	Valerie Fiset	Ballantrae (LL)
Lightning Talk 330	Leftover Opioids in Paediatric Palliative Care: Investigating Storage and Disposal in Bereaved Families' Homes	Lara Navarro	Ballantrae (LL)
Lightning Talk 331	Integrating Pediatric Palliative Care Patients into an Adult hospice Setting	Vicky Wilton	Ballantrae (LL)
Lightning Talk 332	Children’s hospice Palliative Care in Canada: A Cross-Country Qualitative Descriptive Study on the State of Care	Liana Bailey, Kira Goodman	Ballantrae (LL)
12:00-1:00	**Lunch Buffet, Exhibitor Showcase & Poster Presentations**		**Grand York Ballroom**

CONCURRENT SESSIONS - SERIES 400 Monday, June 9 1:00-2:15

Workshop 401	401 No Right Place to Die, A Palliative Approach to Care: Serious Mental Health Illness	Julie Leighton-Phelps RN, BScN, CHPCN	
Workshop 402	The Unseen Grief: Helping Children and Youth Cope with Anticipatory Loss	Joy Friesen, Melissa Penner, Danielle Vassallo	
Workshop 403	Unseen, Unheard, Underserved: An Approach to Providing Palliative Care to the Uninsured	Naheed Dosani, Humaira Saeed, Nadine Persaud, Utina Colla	
Workshop 404	Facilitating Your Patient's Historical Trauma Shortly Before Death	Eugene Dufour	
Workshop 405	Specialized Hospice Palliative Care for Structurally Vulnerable Populations Knowledge Exchange PART 1	Felicia Kontopidis, Hana Irving, Matthew Durham	
Workshop 406	Enhanced Understanding and Engagement of Family Medicine in the Palliative Approach	Erin Gallagher	
Workshop 407	Advancing Palliative Care in Ontario with the implementation of the Palliative Health Service Delivery Framework Community Model of Care: Insights from Implementation & Collaborative Problem-Solving – A participatory Workshop	Anita Roopani, Genevieve Lalumiere, Laura Wilson, Jessica Laliberte	
Workshop 408	Our grief: The disenfranchised grief of palliative care workers	Meghan MacMillan	
Workshop 409	Part 2 of 309 Exploring Innovative Tools to Enhance Supportive Care Decision Making at End-of-Life (	Kate Sellen	
Workshop 410	Caring for the Caregiver – Going Beyond Survival Mode	Cari Ferguson, Lisa Bonneville	
Workshop 411	The Canadian Atlas of Palliative Care: Mapping the State of Access to Palliative Care Across Ontario	Dr. Leonie Herx, Jeffrey Moat	
Workshop 412	Introduction For Non-InfoAnywhere Users: Learning About Electronic Recordkeeping & Reporting	Ian Farr	
Lightning Talk 421	Fulfilling End-of-Life Dreams A Scoping Review of Bucket Lists in Palliative and hospice Care	Michael Bennett	Aurora (LL)
Lightning Talk 422	Beyond Words: Bridging Cultures, Faiths, and Abilities in hospice Care	Maria Giannotti	Aurora (LL)
Lightning Talk 423	Optimizing hospice Care: A Scoping Review of Staffing Strategies to Enhance Practice. Authors: Amanda Ross-White, Craig Goldie, Danielle Kain, Hannah McDonald, Jayne Kang, Katie Goldie, Kiana Aghakhani Barfeh, Sarah Vasram-Moore, Victoria Kao, Vidhi Patel	Amanda Ross-White,	Aurora (LL)
Lightning Talk 424	Supporting the Journey Home: Community-Based Palliative Care Education with Health Care Providers in First Nations Communities	Bethany Bocchinfuso, Kathlene Bartlett	Aurora (LL)
Lightning Talk 425	HPCO Pilot of the All providers Better Communication Skills program (ABCs): Improving Serious Illness Communication among Interprofessional Clinicians	Anish Arora	Newmarket (LL)
Lightning Talk 426	Evaluating the Quality of Outpatient Oncology Palliative Care Clinics: A Narrative Review of Quality Indicators to Enhance Practice	Jean Mathews, Madeleine Wong	Newmarket (LL)
Lightning Talk 427	Enhancing Staff Wellness on an inpatient Palliative Care Unit Authors: Caroline Muir, Koby Anderson, Maya Albert, Maura Eleuterio, Lindsey Reed, Brigitte Lorenz, Marie-Claude Legacy, Julie Lapenskie	Caroline Muir, Koby Anderson	Newmarket (LL)
Lightning Talk 428	Availability of inpatient Palliative Care Services in Ontario Facilities: A Survey Study Authors: Allison Martineau, Camilla Zimmermann, Ebru Kaya, Jenny Lau, Mai Inagaki, Patricia Murphy-Kane, Rebecca Bagnarol, Suraj Tandon	Mai, Inagaki, Allison Martineau, Camilla Zimmermann	Newmarket (LL)
Lightning Talk 429	Transforming Care: Strengthening Nursing Practice Supports for Medical Assistance in Dying	Jill Henderson	Ballantrae (LL)
Lightning Talk 430	Final Wishes: Engaging Community to Cultivate Joy in ones Final Days.	Lindsey Jones	Ballantrae (LL)
Lightning Talk 431	Down with Domains: Reimagining Palliative Care as a Relational and Integrated Practice	Amalissa Hum	Ballantrae (LL)
Lightning Talk 432	No One Dies Alone (NODA) Initiative: Designing, Implementing, and Evaluating a Pilot Project	Caitlin Tumey, Dr. Vance Tran, Dr. Aynharan Sinnarajah	Ballantrae (LL)
2:15-2:45	**Refreshment Break, Exhibitor Showcase & Poster Presentations**		**Sponsor/Exhibit Halls**

CONCURRENT SESSIONS - SERIES 500 Monday, June 9 2:45-4:00			
Workshop 501	Building capacity for palliative care in the community through education and coaching	Dr. Darren Cargill, Susan Blacker	
Workshop 502	Improving LGBTQ+ Palliative Care Using Relational Practice and Cultural Safety	Amalissa Hum	
Workshop 503	Improving Palliative Care for Patients with Dementia: Organizational Development Strategies to Address Symptom Management and Reduce Inappropriate Antipsychotic Use	Carolyn Wilson, Shawna Peddar	
Workshop 504	Training Tomorrow's Palliative Care Leaders: Integrating Academic Learners into In-residence Community Hospice Programs	Michael Shin, Nadine Persaud, Naheed Dosani	
Workshop 505	Specialized Hospice Palliative Care for Structurally Vulnerable Populations Knowledge Exchange PART 2	Felicia Kontopidis, Hana Irving, Matthew Durham	
Workshop 506	Creating and Maintaining a Palliative Care Program in an Evolving Community Hospital Setting: Lessons Learned	Brian Berger	
Workshop 507	What a difference it can make: changing the game with the new Client Sociodemographic Model	Andrea Binkle, Annalise Stenekes	
Workshop 508	Navigating Burnout: Thriving, Not Just Surviving	Kate Cholewa, Nadine Valk	
Workshop 509	Quality Huddles, an innovative practice for LTC	Chitra Jacob	
Workshop 510	Echoes of Love: The Transformative Power of Legacy Work in Hospice Care	Maria Giannotti	
Interest Group 511	Coordinator of Volunteers Interest Group Meeting	n/a	
Lightning Talk 521	Confident decisions support resident care, staff and volunteer well-being, and less organizational risk	Marleen Van Laethem	Aurora (LL)
Lightning Talk 522	The Moment of Apsis Improving the hospice Continuum of Care via Post-Death, Pre-Transport Clinical Consistency and a Client-Tailored, Integrated Approach	Anne Molnar	Aurora (LL)
Lightning Talk 523	Enhancing Patient Transitions: The EMS Transportation Service to Hospice	Amber Jarrold	Aurora (LL)
Lightning Talk 524	Enhancing Palliative Care through Streamlined Processes: Reducing Emergency Department Transfers and Re-visits	Dorie Dulay	Aurora (LL)
Lightning Talk 525	Bringing Palliative Care principles to long -Term Care	Kenneth Hook	Newmarket (LL)
Lightning Talk 526	Beyond Prognosis: Addressing long-Term Palliative Needs	Valerie Fiset	Newmarket (LL)
Lightning Talk 527	Barriers and enables to using a novel digital early identification tool in long-term care homes in Ontario, Canada. The experience of implementing the Risk Evaluation for Support Predictions for Elder-life in their Communities. Authors: Amy Hsu, Ishika Tripathi, Jacob Crawshaw, Justin Presseau, Lauren Konikoff, Maya Murmann, Sarah Beach	Amy Hsu, Ishika Tripathi, Lauren Konikoff, Maya Murmann, Sarah Beach, Jacob Crawshaw, Justin Presseau	Newmarket (LL)
Lightning Talk 528	PoET's potential impact for Long-Term Care residents and the System: Results of the PoET Southwest Spread Project (PSSP) Authors: Dawn Elston, Henry Siu, Jill Oliver, Megan Bailey, Paula Chidwick, Theresa Nitti	Dawn Elston, Henry Siu	Newmarket (LL)
Lightning Talk 529	Under-resourced and under-utilized: The role of specialist palliative care social workers in supporting patients' non-physical suffering	Cheryl-Anne Cait, Maxxine Rattner	Ballantrae (LL)
Lightning Talk 530	No news is good news: Rethinking documentation of patient centred conversations on a General Internal Medicine ward	Peter Munene	Ballantrae (LL)
Lightning Talk 531	Heartbeat Song Recordings: A Meaningful Intervention in End-of-Life Care	Victoria Di Giovanni	Ballantrae (LL)
Lightning Talk 532	Unlocking Excellence in Palliative Care: The Impact of Mentorship and Micro-Credentials on Client Experience	Hillary Asemota	Ballantrae (LL)
6:00-6:45	**Awards Gala Reception**		**Grand York Foyer**
6:45-11:00	**Awards Gala Dinner & Entertainment**		**Grand York Ballroom**

Tuesday, June 10, 2025

7:30-8:30	**Continental Breakfast**		**Grand York Foyer**
8:30-8:45	**Welcome Remarks**		**Grand York Ballroom**
CONCURRENT SESSIONS - SERIES 600 Tuesday, June 10 8:45-10:00			
Workshop 601	How to Provide Palliative Care to Refugee Claimants Under the Interim Federal Health Plan (IFHP) - Everything That You Need to Know! PART 1	Dipti Purbhoo, Heidi Bonner, Humaira Saeed, Lisa Gregg, Priya Gupta, Sonia Pekic, Vilma Oliveros	
Workshop 602	The VON Durham Hospice Services BIPOC Initiative	Stephanie Byfield	
Workshop 603	Paving the Road: The Scarborough Palliative Care Collaborative's work to smooth the palliative care journey through local integration	Chelsea Braun	
Workshop 604	Voices Matter: Ensuring Autonomy Through Supported Decision Making and Advance Care Planning	Karine Diedrich, Merry Parkinson	
Workshop 605	Pivotal experiences: Moving beyond good will and after-the-fact interventions to establishing formal Child Life Programs in Adult Healthcare Environments	Dave Lysecki	
Workshop 606	Narrative Prescriptions: A “Dose of Stories” to Care for Hospice Clinicians, Staff and Volunteers	Mireille de Reland, Paula Holmes-Rodman	
Workshop 607	Building and Leading a Successful Community Engagement Program utilizing Ambassador Volunteers	Alex Allen	
Workshop 608	Learning and Unlearning: The Birth of a Standalone Undergraduate Nursing Course in Palliative and End-of-Life Care	Kathryn Pfaff, Rita Di Biase, Jane Simanovski, Joanne Ta	
Workshop 609	Pathways to Children's Bereavement Services	Joan Kennedy	
Workshop 610	Discover the complimentary therapy Therapeutic Touch	Lillian Hutchinson	
Workshop 611	From a Spark to a Flame: How to turn an idea into a successfully funded project	Caitlin Agla	
Interest Group 612	Hospice Residences Clinical Leads Interest Group	n/a	
Interest Group 613	Grief & Bereavement Interest Group	n/a	
10:00-10:15	**Break**		**Grand York Foyer**
CONCURRENT SESSIONS - SERIES 700 Tuesday, June 10 10:15-11:30			
Workshop 701	How to Provide Palliative Care to Refugee Claimants Under the Interim Federal Health Plan (IFHP) - Everything That You Need to Know! PART 2	Dipti Purbhoo, Heidi Bonner, Humaira Saeed, Lisa Gregg, Priya Gupta, Sonia Pekic, Vilma Oliveros	
Workshop 702	Integrating Certified Child Life Specialists into Hospice Care: Enhancing Support for Children, Youth, and Families in Residential & Community Settings	Julia Zinn, Sheila MacPherson	
Workshop 703	Strengthening Hospice Care Through Collaboration: Developing Feedback Surveys for Quality Improvement.	Maria Borczyk	
Workshop 704	Mourning Transitions. Who am I now?	Sharon Sbrocchi, Winnie Visser	
Workshop 705	Cultivating Deeper Roots – Using Horticultural Therapy to Provide Care to our Residents, Care Team and Community	Lynn Leach	
Workshop 706	Moving with Grief	Rachel Claire - Barth	
Workshop 707	Tools You Can Use: A Collaborative Regional Approach to Practical Caregiver Training	Tristan Lindsay, Brittani Sabourin	
Workshop 708	Self-Preservation for a Career in Trauma-Exposed Environments	Maureen Pollard	
Workshop 709	Nature and Grief: A Retreat for Families Affected by SUID/SIDS Loss	Loralee McInroy	
Workshop 710	Five Minutes to Connection: Understanding, Validating, and Supporting Clients while Improving Your Resilience	Lisa Bonneville Peggy Helkaa	
Workshop 711	From Crisis to Compassion: Developing Grief Programs That Work in Schools	Joy Friesen, Melissa Penner, Danielle Vassallo	
Interest Group 712	Complimentary Therapy Interest Group.	n/a	
11:30-12:15	**Lunch Buffet**		**Grand York Ballroom**
12:15-1:15	**Closing Keynote**		**Grand York Ballroom**
1:15-1:30	**Prize Draws and Closing**		**Grand York Ballroom**

SUNDAY, JUNE 8, 2025		
7:30-8:30	**Continental Breakfast & Exhibitor Showcase**	**Exhibit/Sponsor Halls**
9:00-10:00	**Opening Remarks & Ceremony**	**Grand York Ballroom**
10:00-11:15	**Opening Keynote** ***Grief, Love, and the Will to Go On: Lessons from Resilient Grieving,* Dr. Lucy Hone**	**Grand York Ballroom**
11:15-11:30	**Stretch Break**	**Grand York Ballroom**
11:30-12:00	**June Callwood Circle of Outstanding Volunteers - Induction Ceremony**	**Grand York Ballroom**
12:00-1:00	**Lunch Buffet, Exhibitor Showcase & Poster Presentations**	**Grand York Ballroom**
CONCURRENT SESSIONS - SERIES 100 Sunday, June 8 1:00 to 2:15		
Workshop 101 Clinical Practice	**A Song For You. Music as a Wellness Tool** This workshop, developed by Hospice Niagara, will explore how to use the music wellness tool, A Song For You, created by Music Therapist Kyla Lance, in clinical settings. Participants will: • Learn about music therapy and the benefits of songwriting for clients in bereavement and palliative care, supported by research. • Understand the difference between music therapy and music wellness. • Discover how to apply the A Song For You template in clinical practice, even without being a trained music therapist. The session will include role-playing activities, giving clinicians hands-on experience with songwriting. By the end of the workshop, participants will have a clear understanding of music therapy, music wellness, and clinical songwriting. They will also learn how to use the A Song For You template with clients of various ages, diagnoses, and languages. The workshop highlights the potential for collaboration, excellence, and innovation in palliative and bereavement care across Ontario.	Joy Friesen, Kyla Lance
Workshop 102 Clinical Practice	**Community Paediatric Palliative Care Through the Ages** The philosophy behind palliative care is to promote the best possible quality of life and care, as well as bereavement support, for patients with serious illnesses and their families. While the main focus is the same throughout one's lifetime, in paediatrics, there is an additional level of complexity given the physical and emotional growth a child goes through from infancy to their teens, as well as the longer illness trajectories. With the increased understanding and integration of palliative care in paediatrics, more and more families are choosing to keep children home for their end-of-life care. Thus, it is important as healthcare professionals to understand the needs of these children and their families, no matter what stage of illness or age. The aim of this workshop is to provide health professionals with a better understanding of the variability in paediatric care compared with adult palliative care and how to support families as a whole through their journey. The format will include clinical case-based discussions involving children at different ages and stages of development, with real-time audience interaction by way of polling and open discussions. The session will end with an escape room type game where participants will have to apply the knowledge they have gained.	Amanda MacLennan, Anusha Rayar
Workshop 103 Organizational Development	**Lifting up the Power of Volunteering: How to Retain and Recognize your Volunteer Team** Volunteers are essential to the programs and operations of many hospices, yet volunteer shortages across Canada are causing some programs to be in danger of closing. This session will explore the successful methods of recognition and retention efforts that Hospice Waterloo Region has developed over the past 30+ years. We will discuss the annual retention efforts HWR utilizes to ensure a strong workforce; the three annual recognition events we run; newsletter, meetings, and tools; as well as the monthly educational and social offerings HWR provides. We will also address the ways in which we weave together our retention and recognition efforts with our ongoing commitment to our HPCO accreditation requirements. Attendees of this session will be invited to discuss recognition events and activities that they utilize at their hospices so that we can all learn from each other. This session is designed for volunteer coordinators, program planners and leadership staff. Join us to learn about our successful retention program and to learn from others about their recognition achievements!	Alex Allen, Caitlin Agla

CONCURRENT SESSIONS - SERIES 100 Sunday, June 8 1:00 to 2:15 …continued

Workshop 104 Program Design, Delivery, & Innovation	**Circle of Care Supporting Caregivers** In this workshop, participants will gain insight into Hospice Simcoe's Circle of Care group, designed to support caregivers of terminally ill family members. We will explore the group's structure, including effective group size, participant engagement, relevant topics, and the facilitation methods that have contributed to the group's success. Key to the program is collaboration with other organizations and presenters, providing valuable education and resources to caregivers. The session will highlight the creation of compassionate communities within the group, emphasizing the role of volunteers who offer complementary therapies to support caregivers' self-care and wellness. Additionally, we will discuss strategies to engage the entire family, ensuring consistent group attendance through initiatives such as the Living Well Group and Visiting Volunteers who provide in-home support. The workshop will also address the emotional dynamics of caregiving, focusing on countertransference with staff and volunteers, congruency planning, and the importance of processing and incorporating feedback to improve the group's effectiveness. This session is ideal for professionals and volunteers seeking to enhance their understanding of caregiver support in end-of-life care, emphasizing empathy, collaboration, and holistic well-being.	Danielle Marshall
Workshop 105 Caring for the Care Team	**Transforming Palliative Care Through Trauma Awareness** Recognizing the activation of our own and others' nervous systems allows us to respond effectively, meet the needs of the moment, and enhance the delivery of palliative care. This workshop will provide participants the opportunity to explore the prevalence of trauma and how it manifests in their personal response to their work, as well as how to recognize a trauma response in others. In palliative care settings, it is inevitable that team members and clients experience nervous system dysregulation. Using various prompts, participants will be encouraged to look inward and observe somatic indicators of this dysregulation. The group will then discuss strategies to restore more balanced functioning. Lastly, in small groups, participants will explore how to implement trauma-informed practices within different organizations and work environments.	Tara Cohen
Workshop 106 Caring for the Care Team	**Healing Our Spirits: Sharing of Cedar Teachings** This uniquely designed workshop will offer sharing of traditional teachings about cedar medicines for the living, dying and dead. The group will be held in circle, where no one is above or below another as we are all part of the circle. Participants will engage in experiential approaches to gain knowledge of cultural practices, circle-of-life and end-of-life teachings through storytelling and the medicine wheel as a teaching tool. Gaining a deeper understanding of healing our own spirit throughout our life journey.	Kelly Jeffords
Workshop 107 Program Design, Delivery, & Innovation	**Building Bridges Behind Bars: Increasing HPC Capacity in a Correctional Facility** For several years the North Simcoe Muskoka Hospice Palliative Care Network (NSMHPCN) had to aimed to partner with Correctional Facilities within their geographic area. In 2018, two NSMHPCN staff members were involved in a pilot project aimed to provide bereavement support to inmates at Beaver Creek; an all-male minimum/medium level facility in Gravenhurst. This specific project was launched to address issues of loss/grief experienced by the inmates, as identified by a prison Chaplain. This workshop will include an updated overview of the project itself, where we will elaborate on what happened next - spoiler alert- the inmates caught the hospice bug! We'll also share key learnings from the project facilitators. The workshop attendees will be invited to analyze and discuss a case study, applying theoretical knowledge to practical situations. Using multi-media, interactive self-reflective exercises and group dialogue, this experience will be used as an example of working towards building a sustainable palliative approach to care within a non-traditional setting to an underserved population. This intermediate-level workshop will be of value to anyone involved in either HPC service delivery or system integration.	Louise Brazier

CONCURRENT SESSIONS - SERIES 100 Sunday, June 8 1:00 to 2:15 …continued

Workshop 108

Program Design, Delivery, & Innovation

Navigating Grief Through Innovative Resources

Krista Naugler

Join us for a workshop designed to equip caregivers with tools to support young people navigating grief. This session will explore the critical need for accessible grief resources in communities and the innovative solutions available to address this gap. Participants will be introduced to the Kids' Health Links Foundations' UPOPOLIS programming- a free, secure online platform that provides community for youth facing health challenges, including grief. We will highlight how UPOPOLIS connects young people to essential tools that promote healing and resilience.

The workshop will center on Grief Island, a program with the goal of empowering youth to understand, express, and navigate their emotions in a safe and supportive environment. Grief Island fosters connections among peers aimed at reducing the isolated they experience in their grief while providing them with coping strategies and emotional tools.

We will then introduce Wanderings: A Wayfinder's Grief Notebook, a new 100-page guided workbook filled with reflective exercises that complements the Grief Island program. This journal serves as a vital tool for helping youth articulate their thoughts, worries, and wishes as they navigate life after loss.

Attendees will engage in hands-on activities to explore both Grief Island and the journal's potential, discussing practical applications for integrating these resources into their support practices.

Workshop 109

Program Design, Delivery, & Innovation

Implementing HPCO's Grief and Bereavement Data Collection Tool

Camryn Berry

Historically, there has not been a standardized approach to providing grief and bereavement services standardized data collection in Ontario hospices. The number of clients with complex grief is increasing and requires clinical-level support. This lack of standardized data makes it hard to describe the impact and outcomes of grief and bereavement services. As a result, HPCO was provided with funding to develop indicators to assess the impact and outcomes of hospice grief and bereavement programs. This led to the creation of the HPCO Grief and Bereavement Data Collection Tool.

In this workshop, participants will learn how the tool was created as well as how to use it. Participants will be provided with a walkthrough of the different ways to input data as well as the implementation support that HPCO offers. Throughout the presentation, participants will be informed about the many benefits of using the tool in their hospice. This session will also include an opportunity for participants to ask any questions about the tool itself, or the implementation process.

Learning Outcomes:

1. Increase knowledge about the HPCO Grief and Bereavement Data Collection Tool.
2. Learn how to use the HPCO Grief and Bereavement Data Collection Tool.
3. Gain knowledge of the many benefits of using the HPCO Grief and Bereavement Data Collection Tool.

Workshop 110

Caring for the Care Team

Write for Wellness: Therapeutic Writing and Songwriting for Self-Preservation

Maureen Pollard

This experiential workshop will introduce theory about how writing and songwriting strategies support wellness, including the benefits and risks of writing about challenging experiences. Participants will learn how to mitigate the risk of increased emotional distress through the creation of a safer writing practice.

Participants will be introduced to a variety of exercises and gently guided through a sample of writing activities in order to explore strategies that might enhance their own wellness. No writing experience is required and participants will not be asked to share their writing. Discussion will focus on the experience of writing as well as ideas for including writing in a holistic wellness strategy.

Workshop 111

Program Design, Delivery, & Innovation

Waiting Room Revolution Workshop in a Box: Start the Revolution in your Own Community PART 1

Hsien Seow, Sammy Winemaker

PART 1 Drs. Seow and Winemaker have championed the Waiting Room Revolution social movement which aims to put the human back into the centre of healthcare. Their resources and materials (e.g. their podcast, book, and workbook) have been very popular with patients, families, and providers dealing with a life-changing diagnosis.

The workshop will start by inviting participants to experience the first session of the workshop as a patient and family. The session is interactive, with reflections, discussions, small group activities, and large group discussion. Then, the presenters will describe all the resources available in the free "workshop in a box." This new resource is intended for community and health care educators, who want to teach the 7 keys to patients, families, and providers in their own communities. The session will end with a discussion of how participants can use the workshop in their communities and how we can work together for true system change.

Interest Group 112

Fund Development Interest Group. Meeting for members of the Interest Group

CONCURRENT SESSIONS - SERIES 100 Sunday, June 8 1:00 to 2:15 …continued

Lightning Talk 121 Program Design, Delivery, & Innovation	**Joys & Sorrows in Developing a University-level Palliative Course** In this talk, I will share the motivation behind taking a sabbatical to develop a university-level nursing elective course, focused on palliative care. First, I will provide an overview of the current landscape of palliative care education in undergraduate nursing programs, highlighting how it is often limited to a brief overview of the dying process. I will than discuss the growing paradigm shift in palliative care, with an emphasis on the palliative approach, and why it is crucial for all healthcare providers to receive education in this area. I will argue that all nursing students, graduating as generalists, regardless of their practice setting, need foundational knowledge in palliative care. During the presentation, I will outline my course ideas and invite feedback and discussion. To ensure the course is both innovative and engaging, I took a collaborative approach, consulting with experts in the field. Recognizing that many students may have limited exposure to death and dying, I have intentionally incorporated imagery, storytelling, and reflective exercises to make the subject matter more accessible and meaningful. I will share the course outcomes, sample topics, teaching strategies, and resources to stimulate conversation and feedback. This talk will be of interest to anyone who designs and/or teaches palliative care courses.	Tamiza Kassam
Lightning Talk 122 Research	**Exploring the Impact of Palliative Care Education and Training on Nurses' Perceived Competence and Self-Efficacy in Home-Based Palliative Care** Background: Effective home-based palliative care (PC) enhances patients' experiences at home and requires specialized knowledge and skills from nurses. However, nurses' perceived competence and self-efficacy in PC remain under-explored, and the impact of nursing education on these critical factors is unclear. Thus, creating a gap in understanding how education and training may influence the quality of PC. Objective: This cross-sectional study explored the impact of nursing and organizational PC education on nurses' perceived competence and self-efficacy in home-based PC. Methods: An online survey was disseminated by home care and professional nursing organizations. Inclusion criteria were: 1) RN or RPN, 2) working as a home care nurse in Ontario, 3) at least six months of nursing experience, and 4) provided PC in patients' homes. Descriptive and bivariate analyses were completed, including Spearman's correlation, Kruskal-Wallis test, and Wilcoxon signed-rank test. Results: Preliminary findings from 94 home care nurses suggest that those who completed PC education at the undergraduate and graduate levels had higher perceived competence and self-efficacy in PC delivery. Organizational PC training was also found to be significant in preparing home care nurses to provide PC. Conclusion: This study highlights nurses' educational needs and underscores the importance of targeted training to enhance confidence, improve quality of care, and support the retention of community nurses.	Joanne Ta, Joanne Tay, Kathryn Pfaff
Lightning Talk 123 Program Design, Delivery, & Innovation	**Equipping the Future of Care: An Innovative Palliative Consultation Program** Palliative Pain and Symptom Management Consultants (PPSMCs) have been innovators in program design and delivery since 1992, supporting service providers, organizations, and system-wide palliative care advocacy at local, regional, provincial, and national levels. This lightning talk will highlight the reach and vast capacity-building impact of PPSMCs and their ongoing value in delivering high-quality palliative care across Ontario. Authors Disa Clifford, Donna Lawrence, Tara Moffat	Disa Clifford, Donna Lawrence
Lightning Talk 124 Program Design, Delivery, & Innovation	**Nurse Practitioners as Change Agents in hospice Driving Innovation, Advocacy, and Excellence** As hospice leaders, ensuring high-quality, sustainable, and patient-centered care is a priority. The Nurse Practitioner (NP) as Most Responsible Provider (MRP) model is transforming hospice care in Ontario, enhancing access, clinical leadership, and patient outcomes. With their advanced scope, NPs diagnose, prescribe, and manage complex symptoms, ensuring timely access to medication and proactive symptom management. Their role as MRPs provides seamless decision-making, enhances interdisciplinary collaboration, and strengthens bedside leadership, improving staff confidence and reducing moral distress. Beyond clinical care, NPs serve as advocates, educators, and system leaders, driving best practices, mentoring teams, and influencing policy to expand equitable access to hospice services. Their presence ensures a proactive approach to symptom management, reduces delays in care, and fosters a consistent relationship-centered model that enhances both staff and patient experiences. By integrating NPs into leaderships roles, hospices can optimize care delivery and strengthen their capacity to meet complex patient needs. This session will provide actionable insights for hospice leaders on implementing and sustaining an NP-model, including strategies for integration, funding advocacy, and interdisciplinary optimization. By leveraging NPs as clinical and organizational leaders, hospices can strengthen care delivery, enhance access, and improve outcomes at the end of life.	Gillian Armstrong

CONCURRENT SESSIONS - SERIES 100 Sunday, June 8 1:00 to 2:15 …continued

Lightning Talk 125

Clinical Practice

Challenges and Benefits of Establishing a Nurse Practitioner Led hospice in Ontario

Donna Kearney

Two models of prescriber coverage in residential hospices will be compared: primary care physician who oversees palliative care in hospice for their patients and a fulltime prescriber who oversees palliative care for all residents in the hospice at a secondary level of care.

The challenges and benefits of each model will be presented as it relates to:

- quality of care, care planning, goals of care discussions and better client experience through more frequent interactions with prescriber, best practice compliance
- staff education, staff retention, feelings of being supported and complexity of care as a factor for job fulfillment, ease of contact with the prescriber
- safety, reduced critical incidents, better research opportunities, improved data tracking, continuity of practice style, improved team work and opportunity for student placements for other secondary level providers

The example will be provided of Hospice Muskoka where a fulltime prescriber is employed to provide secondary level palliative care to the residents of Andy's House. We will look at the role and scope of the provider compared to a primary care provider. We will demonstrate evidence of high resident and staff satisfaction and present quality of care indicators as well as critical incident data. We will provide evidence of higher staff retention and satisfaction related to availability of a consistent prescriber and the education that is provided to the team on-going.

Lightning Talk 126

Clinical Practice

Integration of a palliative approach to care pathway in an interdisciplinary healthcare team and its effect on provider uptake, increased ability to serve orphaned patients, and patient/caregiver satisfaction.

Erin Gallagher

This study aims to build on existing evidence by evaluating the implementation of a primary care-centric palliative approach pathway that incorporates provider training, resources and mentorship and clinical processes to provide a palliative approach to care for current and orphan patients in a large academic Family Health Team. The research study will assess feasibility and sustainability of integration, impact on resident education, and patient and caregiver satisfaction. Patient and caregivers will be involved throughout the project, with two individuals participating on the research team and broader involvement through surveys and key informant interviews to incorporate patient and caregiver perspectives.

This is a multi-phase mixed-methods implementation study guided by knowledge-to-action (KTA) framework, consisting of three phases:

1. Needs assessment, development of adapted tools and resources
2. Implementation of the palliative approach pathway, provider training, resources, and EMR-integrated tools and mentorship (assessed through EMR data, billing codes, and provider perspectives)
3. Sustainable integration, including clinic-wide maintenance strategies and monitoring a core set of palliative approach indicators over time

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Lightning Talk 127

Program Design, Delivery, & Innovation

Preparation for practice A student-led initiative to enhance end-of-life care conversations in undergraduate nursing education

Aileen Gencturk, Cassie Wilson

Background: Despite the critical role of end-of-life (EOL) care in nursing practice, gaps persist in undergraduate nursing curricula, leaving many students unprepared due to insufficient training in communication techniques, practical strategies and emotional resilience. Objective: To develop an engaging and accessible educational resource to enhance nursing students' preparedness for EOL care by leveraging the experiences of practicing nurses.

Methods: Undergraduate nursing students, supported by faculty mentors, did a preliminary assessment of curriculum gaps in EOL care. They then created a 25-minute video featuring interviews with expert nurses who shared insights on communicating with patients and families. The video was launched at an interactive interdisciplinary event in March 2025, where students engaged with the speakers and provided qualitative and quantitative feedback on the resource's effectiveness through a post event survey. Results: Student feedback indicated that the video improved their confidence in addressing EOL care challenges and provided valuable practical strategies. Participants expressed strong support for integrating this resource into formal nursing curricula through video format supported by the quick reference guide.

Conclusion: This student-led initiative demonstrates the power of peer-driven innovation in addressing curricular deficiencies in nursing education and serves as a scalable model for enhancing EOL care education.

Authors: Aileen Gencturk, Cassie Wilson, Katie Browne, Katie Goldie, Marnie Chapman

CONCURRENT SESSIONS - SERIES 100 Sunday, June 8 1:00 to 2:15 …continued

Lightning Talk 128

Program Design, Delivery, & Innovation

Mississauga Health Integrated Palliative Care Program: A New Model for Delivering Care

Laura Harild

The Mississauga Health Ontario Health Team, also known as Mississauga Health, has been focused on improving the lives of those who would benefit from a palliative approach to care since its inception in 2019. Strong partnerships between community providers including home care, residential and community hospices, hospital, local specialist physician teams, service provider organizations, and caregiver partners, among others, form the foundation of this work. Through visionary and strategic leadership, broad stakeholder co-design, and building on the OPCN Palliative Care Health Services Delivery Framework, Mississauga Health developed an Integrated Model of Palliative Care. The model focuses on building capacity and competency in palliative care locally and connecting people earlier for a supported and fully integrated care experience. The model incorporates a population health approach and articulates equity-based considerations.

Implementation of the model has focused on 4 key innovations to date: 1) Integrated Care Team, 2) Home Care Delivery Transformation, 3) Digital Collaboration and 4) Integrated Governance. Initial advancement of these innovations has been through the implementation of the Ministry of Health and Ontario Health supported Leading Project for home care modernization. This presentation will provide an overview of the implementation of our key innovations and early learnings for scalable advancement of integrated models of care.

2:15-2:45	**Refreshment Break, Exhibitor Showcase & Poster Presentations**

CONCURRENT SESSIONS - SERIES 200 Sunday, June 8 2:45 to 4:00

Workshop 201

Clinical Practice

MAID Curious? Reflecting on Shifting Landscapes

Elspeth MacEwan

The evolution of medical assistance in dying (MAID) as an end of life option in Canada has resulted in some shifting landscapes for patients and for practitioners. The purpose of this workshop is to create a space for reflective conversations, to explore some challenges related to MAID and to highlight some common threads and opportunities for collaboration among MAID and palliative care practitioners.

A brief overview of the Canadian MAID Curriculum (CMC) will be presented, outlining the 8 Topics of the CMC. These Topics are the key aspects of MAID practice which are taught to Canadian MAID Assessors and Providers. Of particular interest in hospice/palliative care are Topic 2: Clinical Conversations that Include MAID, and Topic 8: Reflection and Resilience "Reflective practices designed to address the social and emotional challenges of MAID, and to increase clinician engagement and wellbeing, are woven throughout all modules". Through case vignettes, the process of MAID assessment, conversations with patients who request MAID in hospice/palliative care, communication among team members and families, and preparation for MAID will be highlighted. Through guided small group conversations, workshop participants will be invited to reflect on the clinical cases presented, and on their own experiences of caring for patients who request MAID.

Workshop 202

Clinical Practice

Diagnosing, staging and prognosticating Dementia in LTC: turning difficult conversations into meaningful care plans".

Benoît Robert,
Sandy Shamon

Based on CIHI long-term care data, 69% of residents had dementia in 2015–2016. The proportion of those having any form of cognitive impairment was 87%. Despite this, many residents and families disclose poor illness understanding and suboptimal preparedness for future planning upon admission to long-term care. The reasons for this are multifactorial and include fragmented communication and sharing of health records in the healthcare system, limited continuity of care during transitions between acute care and community care, and lack of proactive processes that aim to review this information with residents and caregivers.

Capacity building amongst health care providers to develop and scale knowledge and tools around the diagnosis, staging and prognostic outcomes along the illness trajectory of dementia are necessary to build trust, ensure residents and caregivers are equal partners in the care process and enable person centered care plans for residents living with dementia in LTC. This reform approach will also ultimately translate to better palliative approach and end-of-life care.

Workshop 203

Clinical Practice

Understanding Spiritual Care: Enhancing Collaboration, Excellence and Innovation

Cindy Beggs

Spiritual care is a core yet often misunderstood aspect of hospice palliative care, addressing clients' existential, spiritual, & religious needs. This presentation shares the findings of primary qualitative research on spirituality & spiritual care conducted at Hospice Mississauga between April & October 2024.

Through semi-structured interviews with clinical & non-clinical staff this research revealed obstacles that contribute to spiritual care being an underutilized resource in hospice care. It sparked deeper understanding of what spirituality & spiritual care mean to staff & seeded a shared understanding of the evolution of spiritual care within our Hospice. Challenges around how to introduce spiritual care to our clients were captured & ideas discussed, definitions of spirituality & spiritual care were presented & thinking around how to innovate for the future of spiritual care was launched. Additional secondary research was presented which emphasizes the vital contribution spiritual care makes to clients' and caregivers' ability to cope when faced with the inevitable existential issues that arise in the context of dying and death.

Participants at this presentation will be invited to share thoughts & ideas around spiritual care in their settings. By fostering a shared understanding among staff and collaboratively creating accessible, non-denominational spiritual care services, we can achieve excellence in meeting the spiritual & existential needs of clients, families & staff in hospice.

CONCURRENT SESSIONS - SERIES 200 Sunday, June 8 2:45 to 4:00 …continued

Workshop 204

Program Design, Delivery, & Innovation

HPCO Hospice Standards and Accreditation Program Session

Selina Abetkoff

What are the key benefits of accreditation and what does it take for a hospice to be fully accredited? What are potential pitfalls you'd wish you knew before starting the process? What are some factors that increase success and what can hinder your process?

This session is designed to answer these questions and more, setting hospices up for success as they embark on their Accreditation process with HPCO. Learn about the role of the HPCO Hospice Standards and Accreditation Program in differentiating the operations, work, and philosophy of hospice-based services from other health and community support services, while ensuring the delivery of consistent, high-quality hospice palliative care.

Participants will be taken through the process of Accreditation itself, highlighting the benefits of Accreditation and identifying common challenges and pitfalls, and peer recommendations to overcome them. This session will offer an opportunity to hear from and interact with a member of the Accreditation Review Panel – a Peer Reviewer – who will provide tips on what they look for during a review.

Learning Outcomes:

1. Increase familiarity with HPCO Hospice Standards Framework and the Accreditation Program.
2. Recognize the value of adhering to HPCO Hospice Standards and pursuing HPCO Accreditation within your organization.
3. Explore common challenges and strategies for success as identified by hospice staff and Peer Reviewers.
4. Develop a game plan for moving forward in the process.

Workshop 205

Organizational Development

The New HPCO Quality Management Platform

Brian Tramontini

In the context of a changing healthcare landscape, it is critical for organizations to tell their story with data. HPCO has unveiled a new Quality Management Platform to support members in doing just this.

The focal point of the HPCO Quality Management Platform is the Client Sociodemographic dataset. HPCO has been given the responsibility to collect this data on behalf of Ontario Health. The platform provides the ability to automatically extract data from your system to gather data with no manual intervention. This eliminates the need to manually enter hospice residence stats and provides new, powerful measures and analytical capabilities to communicate to your OHT.
A key feature is an Organizational Balanced Scorecard for your organization aligned with the Quintuple Aims.
This will help better understand your operational performance and its impact on the system. In this workshop we will:

- Describe how the HPCO Quality Management Platform aligns performance measures with the Quintuple Aims within a Balanced Scorecard template.
- Demonstrate new tools and streamlined automated data collection processes which provide new measures and powerful analytical capabilities.
- Discuss how to extend these to your organization to tell your story and influence your OHT.

Workshop 206

Program Design, Delivery, & Innovation

Advance Care Planning, The Musical: It's Always Too Early, Until It's Too Late

Lori Scholten-Dallimore

How can we effectively promote Advance Care Planning education within our communities? In this workshop, we will dive into the topic of Advance Care Planning and Health Care Consent, in keeping with the Ontario legal framework (Health Care Consent Act 1996, Substitute Decisions Act 1992) and explore creative ways to overcome avoidance and resistance when attempting to engaging family and the general public in discussion and education.

The workshop will include a 15-minute presentation of Hospice Simcoe's "It's Always Too Early, Until It's Too Late," which is a short musical written and performed by a group of Hospice Simcoe volunteers. The musical was written as a fun and non-threatening way of approaching the subject, while relaying important facts and helpful tools for making decisions for future health and personal care. After the performance, there will be discussion on how the project was developed over the past year, its presentation within Simcoe County and the interest and feedback generated from the public. Following a question and answer session, there will be opportunity for round table discussion and exploring scenarios on the challenges and benefits of Advance Care Planning, such as empowering individuals to control their healthcare decisions, improving communication with health care providers, addressing unexpected medical situations and reducing stress among families.

CONCURRENT SESSIONS - SERIES 200 Sunday, June 8 2:45 to 4:00 …continued

Workshop 207

Program Design, Delivery, & Innovation

Inspiring Action Via Volunteer Newsletter

Sunni Rochelle,
Michael Nelson

A well-designed volunteer newsletter inspires, engages, and appreciates volunteers while encouraging action. This session covers content ideas, design tips, and best practices for volunteer managers in formatting, layout, and distribution to create an impactful and visually appealing newsletter, that speaks to hospice volunteers.

Attendees will benefit from the experience of cross-pollination of hospices, sharing their experiences of practices that may help others in developing best practices. Discovering the rewards of a well-developed newsletter and how it can support you in the volunteer manager role, including recruitment, engagement, retention and camaraderie amongst staff & volunteers!

Workshop 208

Organizational Development

Governance for a Caring Organization: Going Beyond Fiduciary Duty

Benjamin Miller

We traditionally conceive of care as being delivered by individual caregivers, whether staff, volunteers, family or friends. But an organization is greater than the sum of its parts. What does it mean for governance when we conceive of the hospice itself as the caregiver? In this workshop, we will ask this question collaboratively by taking a team-based approach to applying Joan Trento's five-phase ethics of care framework, as described in Caring Democracy.

Firstly, we will look at what needs of patients are only met collectively by the hospice.

Secondly, we will look at the current practices and limits of organizational practices to:

- be attentive: How does information flow to the board and leadership and throughout the organization to inform meeting these collective needs?
- take responsibility: What are the distinct responsibilities of the board and leadership in the face of these collective needs? Is it always clear whose job it is to do what?
- grow competence: How does the organization learn and regularly grow its ability to meet these collective needs?
- Engage in reciprocity: How does the organization take in feedback to gauge how effectively it is meeting the collective needs of those it serves?
- Engage in democracy: What opportunities and rights do those cared for have to direct how collective care is done?

For each phase of care, participants will identify gaps and opportunities for growth towards making truly caring organizations.

Workshop 209

Program Design, Delivery, & Innovation

There are Doughnuts in Purgatory - A Taste of Trauma-informed Palliative Care

Christine Fader

What happens when patients with previous trauma face a life-limiting illness? How can this substantial population's needs be better met and understood in palliative or end-of-life care? Join Christine Fader, Caregiver Advocate for the Lung Health Foundation as she shares her experiences supporting her husband through two primary cancers, trauma re-activating treatments, two years of palliative care, MAiD discussions, and end-of-life. Drawing on her 25 years in higher education and lived experience as the caregiver to a trauma survivor, Christine will provide a glimpse into the world of affected patients and families and offer clinicians, caregivers, and organizations an opportunity to develop strategies to improve care for this deserving population.

CONCURRENT SESSIONS - SERIES 200 Sunday, June 8 2:45 to 4:00 …continued

Workshop 210

Caring for the Care Team

Putting People First - The Impact of Policy on Healthcare Provider Grief & the Intersection where Personal & Professional Lives

Mahoganie Hines

The intersection of personal and professional realms can profoundly impact healthcare providers, particularly in the context of grief and bereavement. This presentation will explore the often-overlooked implications of policy frameworks on the ability of healthcare professionals to navigate personal loss while maintaining their professional responsibilities.

By examining our own current policies related to bereavement leave, support systems, and workplace flexibility, we highlight how these measures—or the lack thereof—affect the emotional and psychological well-being of healthcare providers. Through this discussion it is revealed a significant gap between the human need for compassionate support during times of loss and the institutional policies that govern healthcare settings.

Underscoring the need for a paradigm shift that prioritizes the emotional needs of healthcare providers, proposing recommendations for policy reforms that better balance personal grief with professional obligations. The goal is to foster a healthcare environment where providers are supported not just as workers, but as people, ultimately enhancing both their well-being and the quality of care they deliver.

Workshop 211

Program Design, Delivery, & Innovation

Waiting Room Revolution PART 2 - Train the Trainer

Hsien Seow, Sammy Winemaker

PART 2 Train the Trainer. Drs. Seow and Winemaker have championed the Waiting Room Revolution social movement which aims to put the human back into the centre of healthcare. Their resources and materials (e.g. their podcast, book, and workbook) have been very popular with patients, families, and providers dealing with a life-changing diagnosis.
The workshop will start by inviting participants to experience the first session of the workshop as a patient and family. The session is interactive, with reflections, discussions, small group activities, and large group discussion. Then, the presenters will describe all the resources available in the free “workshop in a box.” This new resource is intended for community and health care educators, who want to teach the 7 keys to patients, families, and providers in their own communities. The session will end with a discussion of how participants can use the workshop in their communities and how we can work together for true system change.

Workshop 212

Program Design, Delivery, & Innovation

Walking Alongside Indigenous Peoples who are Seriously Ill: Developing Curriculum to Empower and Support Community Caregivers on their Learning Journey

Holly Prince, Jessica Wyatt, Kassandra Fernandes

Indigenous community caregivers are essential in supporting loved ones with chronic and life-limiting illnesses. However, many caregivers often lack access to culturally relevant, community-based training resources. In response to this need, the Centre for Education and Research on Aging & Health (CERAH), Lakehead University, has developed the Walking Alongside Indigenous Peoples Who are Seriously Ill – Education for Community Caregivers curriculum to equip health and social care providers with the tools to support Indigenous community and family caregivers.

This design-thinking workshop invites participants to help refine this train-the-trainer curriculum through structured discussion, interactive exercises, and live polling. Learning outcomes include:

- Identifying community caregiver training resources, including culturally relevant teachings, knowledge systems, and traditional processes.
- Assessing challenges in accessing and utilizing training materials.
- Articulating key topics and skills that should be included in an effective training model.

This session provides participants with a space for shared learning and collaboration, as well as the opportunity to contribute to actionable strategies that improve caregiver training through a sustainable and culturally safe training model responsive to community needs.

Workshop 213

Program Design, Delivery, & Innovation

InfoAnywhere - New Features, Questions and Answers With The Founder

Ian Farr

This session is ideal for existing users of InfoAnywhere, both community and residence users and administrators.
In this presentation, Ian Farr, Founder of InfoAnywhere will present some of the new features and changes within InfoAnywhere. The floor will then be opened up for a question and answer period where you can ask questions about any part of InfoAnywhere and everyone can learn and grow together. We will discuss best practices and share tips for using the InfoAnywhere case management system.

CONCURRENT SESSIONS - SERIES 200 Sunday, June 8 2:45 to 4:00 …continued

Lightning Talk 221

Program Design, Delivery, & Innovation

The Impact of Compassionate Care Funds

Maria Empringham, Gillian Shane

In 2019, Lisaard and Innisfree Hospice initiated a Compassionate Care Fund to support individuals experiencing financial barriers in accessing hospice care. This presentation evaluates the impact of the fund and demonstrates how organizations can implement a sustainable program to support individuals experiencing financial barriers to hospice care and take purposeful steps towards removing these barriers and avoiding personal loss for individuals accessing hospice care.

Lightning Talk 222

Research

Not so fast – does the community want what you got? Community engagement to improve a palliative approach to care for urban Inuit

Valerie Fiset

Ottawa has the largest proportion of Inuit in southern Canada many of whom experience high rates of poverty, unemployment, vulnerable housing, and food insecurity. We wondered how these social determinants hinder access to palliative end of life care for Inuit in Ottawa.

Community engagement was undertaken in advance of a project using the collaborative research framework to better understand the experiences of urban Inuit facing homelessness or structural vulnerability when they need to access palliative and end of life care for themselves or for those they care for. We sought common ground, mutual understanding and validation regarding whether the problem of culturally unsafe palliative care for urban Inuit in Ottawa resonated among community members.

This presentation will describe the event planning and content of three community outreach gatherings held in the autumn of 2024 hosted by the research team and partner community organizations. We will underscore the ethical considerations in palliative care and end of life community partnerships, particularly culturally safer and trauma informed practices, assembling an advisory council, and navigating across organizational and interest-based communities within a community-partnered study.

We will share our experience in the crucial stage of community engagement in advance of a community partnered research project as a culturally safer practice in research on serious illness, caregiving, palliative care, end of life support and grieving.

Lightning Talk 223

Research

What is Time at the End-of-Life? Reflections from a Public Interactive Installation

Kate Sellen

End-of-life decision-making is often avoided due to societal taboos, highlighting the need for innovative approaches to normalize discussions about death. Interactive art installations provide a unique platform for exploring these sensitive topics through creative expression and collective interaction.

This study aimed to promote dialogue on end-of-life decision-making through the 'Threads of Time' interactive installation, using time as a theme to encourage reflection on mortality. The installation was featured at two public events where participants anonymously shared their responses to the question, "What is time at the end-of-life?" on paper tags. The data (63 tags from the first event and 158 from the second) were analyzed using an inductive qualitative coding approach to identify common themes. Four main themes emerged: ‘Philosophical Reflections on Death and Time’, ‘Embracing Purposeful Time’, ‘Self-Affirmation and Personal Reflections’, and ‘Grief’.

Analysis revealed consistent themes across both events, with potential age-related differences in temporal orientation and varying emphasis on acceptance, self-affirmation, and personal reflection. The 'Threads of Time' installation effectively stimulated reflection on end-of-life topics eliciting public participation to further enhance awareness of supportive care related decision making at end-of-life.

CONCURRENT SESSIONS - SERIES 200 Sunday, June 8 2:45 to 4:00 …continued

Lightning Talk 224

Research

Associations Between Symptom Complexity and Acute Care Utilization Among Advanced Cancer Patients Followed by a Palliative Care Service

Philip Pranajaya

Among advanced cancer patients already accessing palliative care, differential access to follow-up care may contribute to unplanned acute care utilizations, which can disrupt care and worsen patient outcomes.

We examined how a novel symptom complexity algorithm, using patients' ratings of the nine Edmonton Symptom Assessment System–Revised (ESAS-r) symptoms to assign "low", "medium", or "high" complexity, predicts acute care utilizations. We evaluated factors associated with higher odds of acute care utilization within 7 and 14 days of patients' first ESAS-r reports after their first palliative care interaction. Of 447 patients, 144 exhibited low complexity, 116 exhibited medium complexity, and 187 exhibited high complexity on their first ESAS-r report. 41 patients accessed acute care within 7 days and 76 patients accessed within 14 days of their first ESAS-r report. Controlling for demographic and clinical covariates, compared to low-complexity patients, high-complexity patients had higher odds of acute care utilization within 7 days (OR 3.38, 95% CI 1.21–9.45), but not within 14 days (OR 1.96, 95% CI 1.00–3.87).

Thus, as a clinical decision-making tool, ESAS-r symptom complexity may help identify patients who would benefit from more intensive follow-up.

Lightning Talk 225

Caring for the Care Team

Psychosocial Team Rounds as Bereavement Support for Palliative Care Providers

Maria Rugg, Sabrina Agnihotri

Background: Palliative care providers (PCPs) lack formal settings to process patient deaths, despite bereavement being a major cause of burnout. Psychosocial team rounds offer an interdisciplinary platform to discuss the psychological and social aspects of care. Embedding bereavement debriefing in these rounds may address burnout and support well-being.

Objective: To explore PCPs’ experiences with bereavement debriefing during psychosocial rounds.

Methods: An online survey, based on a literature review of bereavement support needs for healthcare providers, was distributed to all palliative care staff at a Toronto community hospital, where biweekly psychosocial team rounds occur. The survey included Likert-scale and open-ended questions.

Results: Thirteen respondents, including nurses, physicians, and a clinical ethicist, participated. Nearly half (47%) had never attended a formal bereavement debriefing outside psychosocial rounds. Most (70%) found discussing patient deaths during rounds helpful for processing their experiences. Key benefits included addressing professional distress, sudden/unexpected deaths, long-term relationships with patients, and critical incident review.

Implications: Embedding bereavement debriefing in psychosocial rounds provides a support system that promotes shared perspectives, enhances team understanding and supports provider well-being.

Lightning Talk 226

Program Design, Delivery, & Innovation

Crafting Legacies Innovative Approaches to grief and bereavement at The hospice of Windsor and Essex County

Maria Giannotti

In the heart of Windsor and Essex County, our Hospice has been pioneering compassionate care since 1979. Recognizing that grief is as unique as a fingerprint, we've developed innovative programs that honor individual journeys and foster enduring legacies. Our comprehensive approach includes:

- Personalized Legacy Projects: Collaborating with patients and families to create tangible mementos—be it Comfort Bears, Blankets, memory boxes, recorded stories, or crafted artworks—that celebrate life and provide comfort during bereavement.
- Community-Driven Support Groups: Facilitated sessions that bring together individuals with shared experiences, offering a safe space to navigate grief collectively and build lasting connections.
- Educational Workshops: Providing tools and resources to empower caregivers and community members, enhancing their understanding of the grieving process and effective support strategies.

Through these initiatives, we aim to transform the landscape of palliative care, ensuring that every story is cherished, and every individual finds solace in their unique journey. Join us as we share insights, successes, and the profound impact of our work on the community we serve.

CONCURRENT SESSIONS - SERIES 200 Sunday, June 8 2:45 to 4:00 …continued

Lightning Talk 227

A grief and bereavement Community Partnership: The Butterfly Project

Margaret Paan

Program Design, Delivery, & Innovation

Supporting the grief and bereavement needs of a community is a key priority for Hospices. The challenge of ensuring all of those in need of services and care are aware can be a challenge. In the region of Dufferin and Caledon, a collaboration has evolved over the last 3 years to ensure that bereaved community members could receive support and honour those they have lost. In partnership with the Hills of Headwaters Collaborative Ontario Health Team Bereavement Working Group, Bethell Hospice lead a community wide initiative to grow a unique grief and bereavement initiative, The Butterfly Bereavement Project. This community project engaged the public in personalizing vellum butterflies with colour and expressions of personal grief, love and hope. Whether it was through community agencies, libraries or through Bethell Hospice or Headwaters Health Care Centre, participants were creating something which would not only honour those who have experienced grief but also visually present the idea that loss is a universal experience and while there are lonely moments, one does not need to feel alone in it.

Over 15 Community partners and their clients created over 4000 unique individual butterflies. To commemorate National Grief and Bereavement Day, and National Children’s Grief Awareness Day during the month of November, an art installation of the butterflies was housed in the lobby of our local Hospital. The Art Installation sent a beautiful message to the community that those who have been lost will always be honoured and remembered, and that our community cares about those who are suffering from grief.

We hope to share and inspire other leaders, Hospices and community organizations to think about how working together differently can have tremendous positive impact on the grief and bereavement of their communities.

Lightning Talk 228

GRACE grief Relief and Community Empowerment—A Community-Based Model for Equitable bereavement Support.

Nirmal Niazi

Program Design, Delivery, & Innovation

Program Objectives: GRACE (Grief Relief and Community Empowerment) provides accessible, culturally sensitive bereavement support to marginalized communities in Toronto’s housing buildings through West Toronto OHT’s iHelp Centers. This initiative fosters grief understanding, community-building, and peer-led grief networks to enhance resiliency.

Methods: GRACE, in collaboration with West Toronto OHT and community agencies, is in the model development phase. Structured in three phases—Understanding Grief, Creating Community, and Building Peer-Led Support—the program integrates informal data collection from needs assessments, community discussions, and direct resident engagement. Planned implementation begins with psychoeducation on culturally sensitive grief expressions, followed by safe-space remembrance events. The final phase establishes peer-led networks. Ongoing implementation will refine the model’s adaptability and cultural relevance.

Results and Conclusion: Expected outcomes include enhanced emotional expression, stronger community connections, and sustainable peer support. GRACE offers a replicable framework which is culturally relevant and accessible and addresses the needs of underserved population.

4:15-5:15	**Carmalita Lawlor Lecture in Palliative Care**	**Grand York Ballroom**
5:15	**Free Evening**	

MONDAY, JUNE 9		
7:30-8:30	**Continental Breakfast & Exhibitor Showcase**	**Sponsor/Exhibit Halls**
8:30-9:00	**Welcome Remarks**	**Grand York Ballroom**
9:00-10:15	**Keynote** ***Death is But a Dream*, Dr. Christopher Kerr**	**Grand York Ballroom**
10:15-10:45	**Refreshment Break, Exhibitor Showcase & Poster Presentations**	**Sponsor/Exhibit Halls**

CONCURRENT SESSIONS - SERIES 300 Monday, June 9 10:45-12:00

Workshop 301 Clinical Practice	**Building a More Equitable and Inclusive Practice: From Personal Journey to Collective Action** Healthcare providers increasingly serve diverse populations, yet many struggle to understand how their own social identities and lived experiences influence care delivery. While cultural competency training exists, there's limited exploration of how personal journeys and intersecting identities shape healthcare practices, particularly in palliative care. This workshop addresses this gap by connecting personal narrative with theoretical frameworks of intersectionality and cultural humility. This interactive workshop combines personal narrative with guided self-reflection exercises. Beginning with the facilitator's journey from refugee to palliative care advocate, participants engage in structured activities including: Individual self-reflection on social identity and professional practice Small group discussions on privilege and disadvantage in healthcare Identity mapping exercise exploring intersectionality in professional contexts Action planning for implementing insights into daily practice. The workshop creates a brave space for vulnerability and learning while respecting participant comfort levels with sharing.	Priya Gupta, Vilma Oliveros
Workshop 302 Clinical Practice	**Navigating the Grey Liminal Spaces: Embedding Ethics into the Palliative Approach to Care** Have you ever had a challenging patient, or worse, a family who you could not seem to see eye to eye with? Have you ever had to implement a policy you did not agree with or felt that it wasn't true to what you felt you should be doing? Have you ever had a co-worker share personal information that made you feel uncomfortable? If you answered yes to any of these you may have experienced an ethical tension. What is an ethical tension you may ask? Ethics examines the rational ways in which we apply our moral judgements. More simply put, it explores what is right and wrong. Bioethics is the study of ethical, social as well as legal tensions or issues that frequently come up in healthcare/medicine/research. Ethical dilemmas exist where we believe the boundaries of right and wrong to be and are challenged. These tensions can happen between people and other people, people and organizations/policies, people and laws/rules, people and themselves. When left unmanaged these tensions can lead to frustration, compassion fatigue, moral distress and even burnout. Palliative care is a healthcare sector that is fraught with ethical tensions/dilemmas. It is important for us to remember the roles that we play in people's lives when these difficult situations arise and know how to best navigate the grey liminal spaces where there is not always a clear roadmap of how to address difficult situations. This session aims to explore and address different ways to address these situations.	Mahoganie Hines
Workshop 303 Organizational Development	**Cybersecurity. Managing and Mitigating Risk** Protecting against cybersecurity threats to healthcare systems has become a fundamental fiduciary responsibility for organizations and their Directors. According to a 2021 global survey, more than one-third of responding health institutions reported at least one ransomware attack in the preceding year, and a third of them reported paying a ransom. (United Nations 2024). This session with provide an overview of cybersecurity threats, protection practices, and tools to mitigate your risk. Coalition is the world's first Active Insurance provider designed to help prevent digital risk before it strikes. It combines comprehensive insurance coverage with cybersecurity tools to help businesses manage and mitigate digital risks. Cowan Insurance Group has been providing customized, comprehensive insurance and risk management professional advice and placement to meet insurance needs since 1927. Proudly independent and Canadian-owned, their award-winning client-centric approach and commitment to innovation and excellence have established Cowan Insurance Group us as a true market leader and HPCO insurance provider of choice.	David Outa

CONCURRENT SESSIONS - SERIES 300 Monday, June 9 10:45-12: 00 …continued

Workshop 304

Program Design, Delivery, & Innovation

Using the Palliative Care Health Services Delivery Framework to design palliative care integration in health system transformation

Dr. Darren Cargill, Susan Blacker

The Palliative Care Health Services Delivery Framework (The Delivery Framework) is comprised of three models of care.

Focus Area 1: Adults Receiving Care in Community Settings was released in 2019, with
Focus Area 2: Adults Receiving Care in Hospital-Based Settings and
Focus Area 3: Pediatric Populations Receiving Care in all Care Settings expected in 2025. The Delivery Framework helps us move towards a provincial system that:

Provides patients and their care partners with timely, equitable access to high-quality care as close to home as possible
Optimizes the use of health human resources
Supports broader integration and coordination of healthcare resources to deliver seamless palliative care

This workshop will focus on exploring the aim of planning for an enhanced system of palliative care services, to optimize the use of resources and improve the experience of care for patients. Participants will work in small groups to discuss how the Delivery Framework will impact their work, in organizing services or in delivering care.

Workshop 305

Program Design, Delivery, & Innovation

Hack the System: Innovating Harm Reduction Strategies for Palliative Care of Vulnerable Populations

Felicia Kontopidis, Mary Lou Ackerman, Matthew Durham

Join us for a dynamic hackathon-style workshop aimed at creating harm reduction policies and best practices for hospice palliative care for structurally vulnerable populations. Building on the success of Journey Home Hospice—Saint Elizabeth's innovative program launched in 2018—this session invites participants to collaborate intensively to develop practical solutions for individuals experiencing homelessness, substance use, and other marginalized conditions.

The workshop's objectives are to co-create actionable harm reduction policies and procedures tailored to palliative care settings. Participants will work in multidisciplinary teams—comprising healthcare providers, social workers, and policy experts—to design evidence-based solutions within a fixed timeframe. Drawing from Journey Home Hospice's proof-of-concept model, teams will adapt strategies to address the unique needs of vulnerable groups, ensuring the integration of lived experiences into the solutions.

This hands-on, fast-paced environment will encourage creative, real-time problem-solving, empowering participants to rethink traditional care models and build systems that foster compassionate, inclusive care. Teams will present their ideas, including policy frameworks, protocols, and educational tools, at the end of the session.

By the end of the workshop, attendees will be equipped with actionable strategies to improve palliative care access and quality for marginalized individuals, driving positive change in healthcare delivery.

Workshop 306

Organizational Development

Maximizing Philanthropy: Growing Hospice Donations from Gifts of Securities and Donor-Advised Funds

Sandra Sullivan

In our current state of healthcare philanthropy, securing sustainable funding is more critical than ever. This seminar will explore how hospices can effectively increase donations through Gifts of Securities and Donor-Advised Funds (DAFs)—two powerful yet often underutilized giving vehicles.

Attendees will gain insights into the financial and tax advantages these options offer to donors, strategies for identifying and cultivating prospects, and practical steps for integrating these gifts into their fundraising efforts. Through real-world case studies and expert guidance, participants will leave with actionable tools to engage donors, strengthen relationships, and ultimately expand their organization's philanthropic impact.
Join us to unlock new opportunities in major giving and ensure the long-term financial health of your hospice.

Workshop 307

Program Design, Delivery, & Innovation

Sociodemographic Data Collection in Hospice

Christine Gordon

The modern hospice movement has its roots in end-of-life care for patients with cancer. While hospices have traditionally mainly cared for white, middle-class clients with cancer, efforts have been made to be more inclusive of those with non-cancer diagnoses and other underserved and vulnerable groups. Evidence suggests that while advances have been made, inequalities in access to hospice persist, with patients with non-cancer diagnoses, the oldest old, ethnic minorities and those living in rural or deprived areas are under-represented in hospice populations. Collecting sociodemographic data will allow for hospices to gain a comprehensive understanding of the community they serve. Sociodemographic data can help an organization identify and address disparities in access, quality of care, experiences, and outcomes for different sub-populations.

In this workshop, participants will learn about HPCO's sociodemographic data collection and analysis tools. This session will include a demonstration of the sociodemographic data tools as well as suggestions on how to implement the tools in your local hospice. Additionally, participants will learn about how the data can be used to identify and address inequalities in access to hospice services.

Learning Outcomes:

4. Learn how to implement the HPCO Sociodemographic Data Collection Tool in hospices.

5. Gain knowledge of the many benefits of collecting sociodemographic data.
6. Learn how to use sociodemographic data to identify and address inequalities in access to hospice services.

CONCURRENT SESSIONS - SERIES 300 Monday, June 9 10:45-12: 00 …continued

Workshop 308

Program Design, Delivery, & Innovation

Let’s look at the future of direct mail. Lessons learned in 2024 and what’s next.

Kelly O'Neil

Direct mail has been referred to as king in fundraising strategy over decades. When I started fundraising 20+ years ago, direct mail was all the rage. Recently, significant challenges have emerged that leave fundraisers questioning, what the future of direct mail looks like. 2024 stands out as the most challenging year. A Canada Post strike over the holiday giving season, the rising cost of paper supplies and postage, and a lower number of Canadians giving to charity have changed the landscape.

Let’s take a look at what to expect next. Since January 2025, the cost of mail and postage in Canada has increased significantly at approximately 25% with a single domestic stamp now costing $1.44. (Ref: CanadaPost.ca) To top this off, Canadian charitable giving has declined over the past decade, the Giving Report by Canada Helps shows in 2024, only 17% of Canadians claimed gifts on their tax returns. Over the past two years, digital marketing has taken off, and more Canadian charities are shifting to use digital strategy to encourage online giving. A local study of charities in the South Georgian Bay region to collect opinions on direct mail and inform on strategy. Attendees can expect to learn insights on key components to include in direct mail, how to best manage strategy, and where to enhance holiday giving appeals.

Workshop 309

Program Design, Delivery, & Innovation

Exploring Innovative Tools to Enhance Supportive Care Decision Making at End-of-Life (Part 1)

Kate Sellen

Objectives: Explore design led tools for communication around end-of-life (EOL) decision-making, grief, and loss in an exploratory group setting with game play and role play.

Method: The workshop introduces five innovative toolkits designed to foster meaningful conversations, support decision-making, provide emotional guidance, and encourage personal reflection at the end of life:

Life Café Toolkit: Sparks discussions about life and care. Hello Game: Cards for expressing values and wishes. Bite Size Future: Prompts to ease difficult conversations. Marie Curie Talk about Conversation Cards: Start conversations about EOL planning. Self Journey Card Deck: A roadmap for navigating major life transitions like illness and grief. Facilitators will lead small group exercises in game play with these tools.

Results: Participants will leave with increased awareness of approaches for facilitating EOL discussions, and ways for integrating these tools into care settings. Additionally, insights gathered during the workshop will contribute to ongoing understanding of the role of such toolkits and similar design innovations across EOL care.

Conclusions: This workshop will equip hospice and palliative care professionals with exposure to structured, empathetic tools for addressing end-of-life challenges, potentially contributing to access to such tools to enhance meaningful and person-centered EOL experiences for patients, families, and caregivers.

Workshop 310

Caring for the Care Team

Caring for the Caregiver: Supporting Young Caregivers In Palliative Care

Alicia Pinelli

Worldwide, over 56.8 million people are estimated to require palliative care every year, out of which 27% are aged 50–69 and around 26% aged 20–49, and being supported either fully or in part by a family caregiver. With individuals within these age brackets likely to have children, or grandchildren, some of these family caregivers fall into the child and youth bracket. Within Canada, there are an estimated 1.25 million young caregivers who provide support or are impacted by a loved one who is living with a diagnosis or experience that impacts their mental and physical health/well-being.

When we think of the term “caregiver” many times images of adult-aged individuals, however, research shows that not only are children aware of their family situations but naturally take on roles as early as 4 years old, becoming integral to their loved one’s care. While many young people are provided with options for mental health support if their loved one is palliative, their caregiving and the potential impacts can be overlooked. Research shows young caregivers are at heightened risk of increased stress, anxiety and depressive symptoms, high levels of loneliness, isolation and low self-esteem, and difficulty relating to peers. By expanding the knowledge of professional and stakeholders that may come in contact with young caregiver, and identifying them, we can make space to allow them to engage in meaningful, supported caregiving within the palliative and hospice settings.

CONCURRENT SESSIONS - SERIES 300 Monday, June 9 10:45-12: 00 …continued

Workshop 311

Research

Exploring medical assistance in dying (MAiD)-related grief and bereavement through virtual digital storytelling workshops

Keri-Lyn Durant,
Kathy Kortes-Miller

This workshop will provide attendees an enhanced understanding of the experience of family and friends who have accompanied someone who chose to access medical assistance in dying. The presentation will provide a brief overview of the Digital Storytelling process and the SSHRC funded study that supported the creation of 12 digital stories with people who accompanied someone who chose to access MAiD.

It will then screen 3-4 digital stories, with each followed by audience discussion (small groups) about what palliative care providers and volunteers could take away from the stories and apply to their own clinical practice. These were understood within the contexts of two overarching categories: MAiD-specific grief and bereavement factors and elements of digital storytelling workshops conducted solely in virtual spaces. MAiD-bereaved digital storytellers in this study wanted to create authentic stories about their person who chose MAiD, and wished to do so within spaces that provided the appropriate amount of emotional and technological support.

This combination was understood to be integral to participants' ultimate goal: the production of stories that would ideally garner understanding and empathy, and provide education in the face of falsehoods and disinformation about MAiD.

Workshop 312

Organizational Development

Stay Out Of The News: Information Security For Hospice Staff

Ian Farr

This presentation will discuss Information Security and Data Privacy Best Practices For Hospice In Our Connected World. We will discuss the emerging cyber security threats and share actionable best practices for yourself and your colleagues that you need to implement in order to keep your client, volunteer, financial and donor information safe.

Lightning Talk 321

Research

Challenges and complexities to the implementation of a novel early identification tool for palliative care in retirement homes in Renfrew County, Ontario

Amy Hsu, Carol Bennett, Gali McMillan, Lauren Konikoff, Jacob Crawshaw, Justin Presseau, Maya Murmann, Douglas Manuel, Sarah Beach, Lysanne Lessard

Discussing end-of-life care is often challenging. To support these conversations, we developed the RESPECT Tool, a predictive algorithm that estimates life expectancy to guide advance care and palliative planning.

We report qualitative findings from a pilot study to evaluate the implementation of RESPECT in retirement homes in Renfrew County, Ontario. We conducted semi-structured interviews with home care managers involved in the implementation. Interviews were guided using the Consolidated Framework for Implementation Research (CFIR). Data were analyzed using deductive content analysis. Our sample comprised 6 home care managers. Key barriers included a need to prioritize provincially mandated initiatives over RESPECT implementation (CFIR domain: Outer Setting) and insufficient time to incorporate tasks into workflow (Inner Setting). Key enablers included a desire to change within the organization (Inner Setting), high staff engagement (Individuals), and ongoing support from leadership (Implementation Process). Key to the high engagement was the belief that the implementation of the RESPECT tool would improve care delivery for home care clients (Outcomes). Unfortunately, the pilot project was terminated early due to shifting priorities at the provincial level. This project has highlighted a range of barriers and enablers which could be targeted to enhance the implementation process of the RESPECT tool and define its best uses.

Authors: Amy Hsu, Carol Bennett, Douglas Manuel, Gail McMillan, Jacob Crawshaw, Justin Presseau, Lauren Konikoff, Lysanne Lessard, Maya Murmann, Sarah Beach

Lightning Talk 322

Research

Building system capacity for home visits for patients near end of life: A mixed methods, pan-Canadian study

Sarina Isenberg

Background: Despite benefits, many Canadians do not receive adequate physician and nurse practitioner (NP) home visits in the last year of life. We sought to better understand physician and NP perceptions of factors that influence the provision of these end-of-life home visits.

Methods: Sequential explanatory mixed methods study with a pan-Canadian survey followed by interviews. Physicians and NPs from across Canada who do and do not provide end-of-life home visits to adults completed an online survey (April to November 2024), with the option for a follow up interview. Semi-structured interviews investigated the deeper meanings of the survey findings and were analyzed using applied thematic analysis.

Results: There were 74 survey and 16 interview physician and NP participants. Survey participants did not highlight financial incentives as a barrier/facilitator. To scale up home visits, interview participants suggested provincial/territorial governments should address workforce shortages, prioritize education/training, and promote interprofessional teams.

Discussion: This is the first pan-Canadian study exploring facilitators/barriers to home visits at the end of life. Resulting practice and policy change could improve access to home visits.

Lightning Talk 323

Research

Development of a novel approach to identifying home care clients who could potentially benefit from a palliative approach to their care

Nicole Williams

Background: A palliative approach is known to improve the quality of life of persons with serious illness. Improved access to a palliative approach is key to improving the experiences and outcomes of individuals and their families. This research developed a new clinical assessment protocol (CAP) as a unique strategy for identifying home care clients who could benefit from a palliative approach to their care.

Methods: The CAP was designed for use with the interRAI Home Care (interRAI HC) assessment. Creating the CAP involved multiple, iterative stages, including meetings with advisory groups who suggested items from the interRAI HC to include in the CAP and analysis of Ontario home care data (N=568,586).

Results: Though not finalized, expert feedback and analysis suggested the importance of the interRAI Changes in Health, End-Stage Disease, Signs and Symptoms (CHESS) score and prognosis to trigger the CAP; the CHESS score is a strong predictor of mortality. Of those that trigger the CAP, 10% trigger as high priority for a palliative approach to care, with 32% triggering as potentially benefiting from a palliative approach to care. Approximately 20% of clients who triggered the CAP had cancer, 50% had been recently hospitalized and 25% experienced severe pain.

Conclusions: The palliative approach CAP is not meant to be prescriptive but rather acts as a flag to support home care clinicians to engage in conversations and promote awareness of the benefits of a palliative approach for symptom management and wellbeing.

Lightning Talk 324

Research

Developing Patient-Facing Resources: Using Co-Design to Create Early Palliative Care Tools

Bethany Bocchinfuso,
Kayla McMillan

Authors: Hsien Seow, Samantha Winemaker, Kayla McMillan, Bethany Bocchinfuso Maggie Civak, Sue Tan

Research shows patients and families could benefit from an early palliative care approach along the illness journey. However, the label of palliative care remains stigmatized and scary for many patients. In collaboration with Health Canada, we embarked on a co-design process to develop tools that patients and families could use to help de-mystify an early palliative care approach without the labels, which will ultimately improve the illness experience. This presentation will share insights from co-designing four disease-specific tools (roadmaps) designed to help achieve an early palliative care approach for patients and families diagnosed with Alzheimer’s, Chronic Obstructive Pulmonary Disease (COPD), Amyotrophic lateral sclerosis (ALS), and Ovarian Cancer.

The co-design process revealed several insights into how patients and families wanted information early in an illness journey. It also showed how clinicians can use these tools in their practice to provide support for their patients. We will present the rationale for changes made, the learnings from our co-design process, and the final tools that resulted from the co-design feedback. These Roadmaps offer accessible language and information to support patients and families in navigating their illness journey right from the time of diagnosis.

Lightning Talk 325

Program Design,
Delivery, & Innovation

hospice@Home – Integrated Care to Improve Palliative Care Access for an Underserved Community

Beatrise Edelstein,
Dipti Purbhoo

While 87% of Canadians prefer to die at home, only 36% have access to quality palliative care in a home setting. Marginalized groups face even greater barriers, underscoring the need for integrated care models to ensure dignified end of life care for all. In North Western Toronto (NWT), a community marked by socio-economic disparities, 60-64% of palliative patients died in a hospital from 2020-2024 - well above the provincial average, highlighting the urgent need to improve access to palliative care in the community.

To address these challenges, a cross sectoral collaboration was formed among hospital, hospice and community partners to develop and implement an integrated model of care, Hospice Care at Home (Hospice@Home). This model aims to enhance care quality, patient and caregiver experiences and equitable access to services while optimizing costs. Hospice@Home integrates care across acute, community and hospice settings, providing 24/7 clinical and psychosocial support, including grief and bereavements. A comfort fund was created to alleviate financial barriers to palliative care at home for marginalized patients, covering meals, caregiver respite, transportation and medical supplies.

This presentation will share the outcomes of the program to date which include improved patient and caregiver experience, reduced hospital deaths and ER visits, demonstrating the model's potential in improving equity and access to palliative care in the community.

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Lightning Talk 326

Caring for the Care Team

Mindfulness as a tool for equitable change: Planning for ways to protect workforce capacity of staff and volunteers providing hospice palliative care to the homeless

Celina Carter, EJ Davis

Objective: To improve equitable access to hospice palliative care (H/P/C), several communities in Canada developed hospices for the homeless (H4H). Sustaining and growing H4H is only possible if staff and volunteers' capacity is protected. Work-related stressors can increase risk for burnout – leading to exhaustion and compromised care. An H4H organization asked us to explore mindfulness for wellbeing. Our objective was to co-develop a future study to advance H4H workplace capacity.

Method: We brought together leaders, staff, and volunteers (n=16) from three Canadian H4H organizations (2 in ON, 1 in NS), and mindfulness experts (n=3) for a two-day planning meeting. Guided by the Participatory Research to Action framework we facilitated game-storming activities. Demographics, worksheets, and recordings of discussions were collected. Data was analyzed descriptively and interpretively.

Results: We will present 1) the factors shaping H4H workplace stress; 2) the function and delivery of mindfulness practices identified as most promising for addressing these factors; and 3) the scope of our co-developed future research study.

Conclusion: Diverse H4H experts-by-experience believe mindfulness can help improve their emotional regulation, strengthen communication and connections, and better equip them to address structural inequalities. Through meaningful participatory research these H4H providers will continue co-designing solutions to protect their capacity to provide equitable H/P/C.

Authors: Celina Carter, EJ Davis, Hephzibah Orelaja, Justine Giosa

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Lightning Talk 327

Program Design, Delivery, & Innovation

Nurturing Ease: A Holistic Design Approach for hospices in Ontario

Olivia Pereira

Objectives: This study seeks to define a holistic approach to hospice design, building upon existing compassionate architecture to prioritize human experience and create opportunities for meaningful moments of connection for all occupants. The research aims to contribute to the growing body of research on hospice architecture, providing a design approach that enriches the spatial requirements for future hospices in Ontario.

Methods: The study integrates literature reviews on biophilic design and evidence-based design considerations for care environments, and case studies of care typologies. It is further contextualized to Ontario through a provincial architectural catalogue of hospices and fieldwork insights from care providers of hospices in Waterloo Region. These methods show opportunities beyond what is prescribed in the current design standards informing hospice design in the province.

Results: Findings indicate that a human-centered design approach can significantly improve hospice environments by prioritizing nature, light, and flexible spaces, enhancing the emotional well-being of all occupants and offering them comfort, agency, and peace during end-of-life care.

Conclusions: This research supports the development of hospice residences that foster environments where the last moments of life are supported with sensitivity and compassion. This study on hospice design emphasizes the role of architecture in shaping dignified and meaningful end-of-life experiences.

Lightning Talk 328

Clinical Practice

Bridging the Gap Addressing Barriers to hospice Care for People Who Inject Drugs

Gary Rodin, Ivan Ntale

Study Objectives: Hospice care provides essential end-of-life (EOL) support, yet individuals with substance use disorders (SUD), particularly people who inject drugs (PWID), face significant barriers to access. This study explores challenges Ontario hospices face in caring for PWID and identifies strategies to improve inclusivity.

Methods: We conducted a mixed-methods study with hospice directors across Ontario, collecting data from 30 of 53 adult hospice organizations through structured interviews. Quantitative data assessed policies and practices, while qualitative analysis identified barriers related to admission, harm reduction, and staff perceptions.

Results: Findings reveal a gap between willingness to provide care and formal policies supporting PWID admission. While 79.4% of hospices admitted patients with SUD, only 11.8% admitted PWID, and 50% had never received an application. Few had formal policies (29.4%), harm reduction programs (23.5%), or naloxone protocols (47.1%). Key concerns included space constraints, safety risks, stigma, and staff education gaps. While 38.2% of hospices expressed willingness to consider harm reduction spaces if legally permissible, only 2.9% would consider offering safe supply.

Conclusions: Limited access to hospice care for PWID is driven by stigma, policy gaps, and inadequate staff training. Addressing these barriers requires clear guidelines, expanded education, and harm reduction integration to ensure equitable EOL care.

Authors: Gary Rodin, Ivan Ntale, Nadine Persaud, Naheed Dosani, Scott Blommaert, Tara-Marie Watson, Tavis Apramian

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Lightning Talk 329

How do we know what we don't know: Journey mapping to describe palliative and end-of-life care needs for urban Inuit

Valerie Fiset

Research

Our presentation describes the study protocol for the Improving Palliative Approaches to Care for Urban Inuit project (IPACUI), a community-partnered initiative between palliative care and health researchers, Inuit-run and Inuit-serving community health organizations and urban Inuit. The goal of this project is to improve a palliative approach to the care of urban Inuit in Ottawa.

Inuit experience disproportionate health burdens and mortalities combined with having to negotiate complex and sometimes unwelcoming health care systems in Ottawa. Anecdotally, we have heard from organizations working with Inuit that often people do not to return home to their community, many lack access appropriate health care, transportation, and caregivers to help navigate the medical system. Further, many die in hospital or short-term housing without access to culturally appropriate end-of-life care. There are no statistics documenting the prevalence of these issues.

Guided by the collaborative research framework, journey mapping will be used to explore the palliative approach to care experiences of urban Inuit as well as those of service providers serving this community. This process will identify the needs, gaps, supports and challenges in access to culturally safe palliative and end of life care for Inuit in Ottawa. This research addresses a gap in the knowledge about culturally safer palliative approaches to practice for urban Inuit, particularly those facing structural vulnerabilities such as homelessness.

Lightning Talk 330

Leftover Opioids in Paediatric Palliative Care: Investigating Storage and Disposal in Bereaved Families' Homes

Lara Navarro

Research

Background: Opioids are often essential for providing compassionate and comfortable end-of-life care for children at home. However, after a child dies, leftover opioids in the household pose a risk for misuse or diversion, thereby contributing to the international opioid crisis.

Learning Objectives: This exploratory study sought to identify the prevalence and status of leftover opioids in bereaved families' homes, with the aim of informing future interventions designed to remove them in a compassionate and timely manner.

Methods: We invited 121 families from a large tertiary hospital in Ontario, Canada to participate in an online survey. Participants were eligible if: (1) their child died at home between Jan. 2020 and Jul. 2024 (up to 3 months prior to study commencement), (2) they had an email on file, and (3) they did not require an English interpreter.

Results: Of 45 respondents (37.2%), 34 (75.6%) reported having leftover opioids in their home at the time of their child's death, with 5 (14.7%) still having them at the time of completing the survey. Twenty-nine of the 34 families (85.3%) eventually disposed of all leftover opioids, with 10 (34.4%) taking longer than a month. Eighteen of these families (62.1%) used a pharmacy 'take-back' program, the preferred method for disposal.

Conclusion: Most families had leftover opioids in their home at the time of their child's death. These opioids may pose a risk for misuse. Disposal Methods varied, revealing the need for a streamlined process for safe disposal.

Lightning Talk 331

Integrating Pediatric Palliative Care Patients into an Adult hospice Setting

Vicky Wilton

Program Design, Delivery, & Innovation

Background and Aim: In many areas in Ontario, there is no access to pediatric palliative services. Many areas do have adult funded palliative care resources. We were able to tap into this established service, for pediatric oncology patients and intergrade them into adult hospice care.

Method: The POGO Satellite Staff in Sudbury, collaborated with management and staff at the Sudbury hospice, to allow children access to palliative care at their adult residential hospice. The process started with meeting and surveying the staff to evaluate the interest in providing care. Open dialogue and discussion, regarding the issues, similarities, differences between adult and pediatric palliative care was held. The next steps were providing education, establish policies, eligibility requirements and ensuring board approval. A pilot project was initiated to accept children age 12-18 years of age, for one year.

Results: There were three children eligible for services and received optimal, competent, evidences based care. Symptoms management was a priority and monitored closely. All families shared that they were happy to have the option of hospice care for their child.

Conclusion: Pediatric oncology patients in Northern Ontario, now have the option of dying in hospice in a competent, educated, well-supported environment.

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Lightning Talk 332

Research

Children's hospice Palliative Care in Canada: A Cross-Country Qualitative Descriptive Study on the State of Care

Lauren Hanes,
Liana Bailey

Over the past 30 years, Canada has seen significant growth in pediatric palliative care (PPC) services, research, advocacy, education, and policy. Despite these advancements, limited research exists documenting how these programs have developed, their current strengths and challenges, or the supports needed to ensure their sustainable growth.

Our qualitative descriptive explores the evolution and current state of pediatric hospice and palliative care programs across Canada. By conducting surveys and interviews with 17 specialized PPC teams nationwide, this research aims to uncover key structures, successes, and barriers to care delivery. In this presentation, we will share preliminary insights from six Ontario-based specialized PPC teams, focusing on their journeys and current care models. We will also provide an overview of the study's design and highlight early themes emerging from Ontario sites.

This presentation will offer practical recommendations to strengthen pediatric hospice palliative care across the province. By understanding the evolution of these programs, healthcare leaders, policymakers, and care providers will be better equipped to advocate for sustainable growth and high-quality PPC for children and families in the region.

12:00-1:00	**Lunch Buffet, Exhibitor Showcase & Poster Presentations**	**Grand York Ballroom**

CONCURRENT SESSIONS - SERIES 400 Monday, June 9 1:00-2:15

Workshop 401

Clinical Practice

No Right Place to Die, A Palliative Approach to Care: Serious Mental Health Illness

Julie Leighton-Phelps

Providing a palliative approach to care to those suffering from Serious Mental Health Illness is a complex and significantly challenging feat. There are multiple obstacles in providing high-level, holistic, and quality care to this vulnerable population. Those who have been diagnosed with Serious Mental Health disorders are cared for in different healthcare institutions including acute care hospitals, long-term care homes, community and psychiatric facilities. Waypoint Centre is one such facility providing a range of services for acute and long-term psychiatric care for their psycho-geriatric and forensic inpatients and community-based programs.
This workshop will discuss various assessment and management strategies for those caring for individuals suffering from Serious Mental Health Illness, while also elaborating on the current challenges in providing this care in various settings.

Workshop 402

Clinical Practice

The Unseen Grief: Helping Children and Youth Cope with Anticipatory Loss

Danielle Vassallo, Joy Friesen, Melissa Penner

"My child is struggling, and I feel helpless. He isolates himself, can't concentrate, and says his friends don't understand." This is just one of many heartbreaking statements from caregivers, reflecting the reality that children navigating anticipatory grief often lack the support they need.

Grief doesn't only begin after death—it can start long before. Anticipatory grief occurs when individuals experience loss before the actual death of a loved one, typically due to a terminal illness. For children and youth, this can be especially challenging, as they may lack the emotional tools to process their feelings, leading to anxiety, confusion, and isolation.
In 2018, a study by the Canadian Alliance for Grieving Children revealed that 1 in 14 children will lose a parent or sibling before age 18. Despite the prevalence, there's limited research on anticipatory grief, leaving families without a clear support framework.

Hospice Niagara identified this gap and developed a program, in collaboration with resident staff, to support children and youth through anticipatory grief. This program was shared with community partners like healthcare workers and schools, emphasizing a connected, community-driven approach to grief support.

Workshop 403

Clinical Practice

Unseen, Unheard, Underserved: An Approach to Providing Palliative Care to the Uninsured

Humaira Saeed, Nadine Persaud,
Naheed Dosani, Utina Colla

Over 500,000 people in Canada lack access to basic health insurance, often due to immigration status, mental health challenges, poverty, or homelessness. This includes newcomers, asylum seekers, refugees, and temporary foreign workers, who face unique barriers to healthcare, particularly palliative care. These gaps in access are so critical that the World Health Organization has identified the lack of coverage for palliative and home care services as a significant global issue.

As clinicians & clinical leaders working with the Palliative Education and Care for the Homeless (PEACH) Program (a program of the Inner City Health Associates, Kensington Health & Ontario Health At Home Toronto Central) and Kensington Hospice (a program of Kensington Health), we regularly witness the struggles of uninsured patients seeking end-of-life care. These individuals often encounter systemic obstacles, such as restrictive policies and limited service options, which exacerbate their suffering.

This workshop will: a] Review provincial and federal policies affecting uninsured populations b] Describe the challenges these populations face in accessing palliative care c] Provide practical strategies and tools for clinicians to support uninsured patients effectively.

Aligned with HPCO's focus on equity and innovation, this session contributes to fostering inclusive palliative care practices across Ontario.

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Workshop 404

Facilitating Your Patient's Historical Trauma Shortly Before Death

Eugene Dufour

Clinical Practice

"I have never told this to anyone....but I need to tell you before I die!" When I first heard this statement, I froze. I did not know what to do. The patient revealed to me how important this task was and that she needed me to "walk with her". I spent the next 30 years learning how to do this walk.

Facilitating a patient's historical trauma before death can be overwhelming and frightening. Often our patients choose their medical caregiver to help them process their trauma, and in many cases, just days before their death. This exchange of vulnerability and compassion can bring a sense of peace to our patients. And, it can be done well, by you!

This interactive workshop will develop an understanding of trauma through instruction and group discussion, using helpful case presentations. The framework of the discussion will highlight the Four R's of Trauma Informed Care (Realize, Recognize, Respond and Resist-Retraumatization) and the six Trauma Informed Principles. The workshop will provide practical tools on how to listen and respond to your patient in a way that can bring closure and healing. Participants will learn how to enhance resiliency and recovery and to provide this in the spirit of cultural humility and responsiveness.

Workshop 405

Specialized Hospice Palliative Care for Structurally Vulnerable Populations: Knowledge Exchange PART 1

Felicia Kontopidis, Hana Irving, Matthew Durham

Program Design, Delivery, & Innovation

PART 1 The rising number of structurally vulnerable individuals in Canada — such as those experiencing poverty, homelessness, criminal justice involvement, disabilities, substance use, and mental health issues, and more — face significant barriers to accessing appropriate end-of-life care. Our healthcare systems, including hospice and palliative care, are often designed for the “average” patient, relying on family or friends for caregiving. However, those who are structurally vulnerable typically lack this support and encounter additional challenges related to trauma, substance use, and mental health issues.

Since 2018, the Saint Elizabeth Foundation has been advocating for and developing specialized care programs for these populations. This workshop brings together healthcare leaders from across Ontario and beyond to exchange knowledge, foster conversations, and share resources on hospice palliative care for structurally vulnerable groups. The session, structured as a World Café, will focus on three key themes: models of care, policy and advocacy, and research to advance evidence-informed practices for this underserved population.

Workshop 406

Enhanced Understanding and Engagement of Family Medicine in the Palliative Approach

Erin Gallagher

Program Design, Delivery, & Innovation

In Canada and elsewhere, it is recognized that family medicine is a specialty in which a primary palliative approach would be ideally situated due to the provision of comprehensive, continuous care across the lifespan.

Many variables influence a family practice's comfort and competency in providing a palliative approach, from how training is delivered to the numerous system pressures faced by family medicine on a day-to-day basis.

This session provides an opportunity to explore the aforementioned variables and create strategies for overcoming the barriers often experienced when trying to engage family medicine in education, care delivery and local system planning. Together we can work smarter, rather than harder, to implement a palliative approach within all types of family medicine practices and simultaneously reap the rewards inherent in this type of work.

Workshop 407

Advancing Palliative Care in Ontario with the implementation of the Palliative Health Service Delivery Framework Community Model of Care: Insights from Implementation & Collaborative Problem-Solving – A participatory Workshop

Anita Roopani, Genevieve Lalumiere, Laura Wilson, Jessica Laliberte

Program Design, Delivery, & Innovation

This interactive workshop will explore the implementation of the Ontario Palliative Health Service Delivery Framework’s Community Model of Care (MOC), focusing on fostering collaboration across sectors to improve access to integrated palliative care.

Participants will engage in case-based discussions and practical action planning to address challenges in various community organizations such as primary care, long-term care and home care. They will apply the MOC’s 13 recommendations to real-world scenarios and develop actionable solutions for integration. Palliative Clinical Coaches (PCCs) will share insights and real-life examples of their work, providing valuable perspectives on overcoming barriers and driving quality improvement initiatives.

The session will highlight the role of PCCs in fostering cross-sector collaboration, enhancing care delivery, and promoting the proactive identification of palliative care needs. Participants will leave with practical tools, strategies, and examples of how to implement the MOC in their own contexts to improve care for individuals with life-limiting illnesses. This session is designed for healthcare professionals, community leaders, and anyone involved in advancing palliative care across community sectors.

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Workshop 408 Caring for the Care Team	**Our grief: The disenfranchised grief of palliative care workers** Meghan MacMillan Working within palliative care, it is expected that we will build relationships that end with a death. While this is 'part of the job', grief remains part of the job as well. Each person we connect with impacts us differently. Some may be more passing connections, while others may have a story or circumstance that impacts us in a different way. Disenfranchised grief is grief of a loss that can not be publicly acknowledged or mourned. Due to the confidential nature of our relationships with patients we are often not able to publicly mourn their loss. Simultaneously, stigma around appearing unable to cope with our work may prevent us from acknowledging our grief with coworkers. There are often few places that may feel appropriate and safe to discuss feelings of grief. This presentation seeks to highlight and validate the grief palliative care workers experience through the loss of their patients. Grief impacts all of us, but may appear differently depending on our therapeutic and cultural settings. The presentation will explore some of the ways disenfranchised grief may manifest and how we can support ourselves and our colleagues. The presentation will attempt to highlight how the grief culture within our socio-cultural locations impacts our ability to grieve.. Participants will be asked to reflect on their own assumptions of how they "should" manage the loss of their patients, and how this aligns with their past experiences of patient loss.
Workshop 409 Program Design, Delivery, & Innovation	**Part 2 of 309 Exploring Innovative Tools to Enhance Supportive Care Decision Making at End-of-Life** Kate Sellen This is part 2 of Workshop 309
Workshop 410 Caring for the Care Team	**Caring for the Caregiver – Going Beyond Survival Mode** Cari Ferguson, Lisa Bonneville Caregiving is often described as an act of love, but what happens when love becomes exhaustion, financial strain, and self-neglect? The emotional, physical, and financial toll of caregiving can creep in slowly—until one day, the caregiver is running on empty. This interactive and unconventional session will take attendees beyond the standard self-care clichés to explore the deeper dynamics that affect caregivers. Instead of focusing on what caregivers "should" do, we'll dive into why they often don't: why asking for help feels impossible, why exhaustion becomes the norm, and why financial worries are quietly ignored. We'll discuss how caregivers can break the cycle of burnout and step into healthier, more sustainable caregiving practices. In addition to offering realistic, tangible solutions to the challenges that caregivers face, we'll examine financial strategies, boundary-setting, and restructuring support systems. Importantly, we will also establish how friends, family, and healthcare professionals can offer meaningful, practical support to caregivers. We'll focus on practical, effective ways to lighten caregiver load and provide tangible relief. This session offers a unique space for honest reflection, new perspectives, and actionable change. Let's go beyond survival mode and create a caregiving experience that is not only manageable but sustainable and fulfilling.
Workshop 411 Research	**The Canadian Atlas of Palliative Care: Mapping the State of Access to Palliative Care Across Ontario** Dr. Leonie Herx, Jeffrey Moat The state of access to palliative care remains inconsistent across Canada, leaving many without the support they need. Historically, no comprehensive mechanism has existed to consolidate data on palliative care service availability, limiting our ability to measure key areas, such as the integration of the palliative care approach, access to specialist services, and community engagement. To address this gap, Pallium Canada, with support from McMaster University, has led the development of the Canadian Atlas of Palliative Care, the first of its kind in Canada. The first three provincial editions—Ontario, Alberta, and British Columbia—serve as the foundation, mapping out existing strengths, areas of excellence, and gaps in palliative care service availability across each province. By providing a visual representation of the state of palliative care access, the Atlas helps identify benchmarks for excellence and empowers leadership to drive system improvements. This workshop will present the key findings from the Ontario edition of the Canadian Atlas of Palliative Care. Join us to gain an understanding of how the Atlas can inform evidence-based decision-making and enhance policy, resource allocation, and service delivery in palliative care. We will explore strategies for leveraging the Atlas to drive meaningful improvements in palliative care services and outcomes.
Workshop 412 Organizational Development	**Introduction For Non-InfoAnywhere Users: Learning About Electronic Recordkeeping & Reporting** Ian Farr Now is the time to upgrade your organization to paperless client, volunteer and donor recordkeeping. This session will give you an overview of the benefits to going paperless, and present the unique benefits and time savings of using InfoAnywhere in your organization. We will review program features, reporting as well as review our integrations with HPCO to support their work. This session is suitable for both community and residence users, fundraisers and administrators. This session is beneficial for organizations that are not currently using InfoAnywhere for their recordkeeping system.

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Lightning Talk 421 Research	**Fulfilling End-of-Life Dreams A Scoping Review of Bucket Lists in Palliative and hospice Care** Fulfilling end-of-life wishes and dreams can instill hope, affirm life's value, and provide a sense of wholeness in physical and emotional aspects. We present the findings of a scoping review that examined end-of-life dream experiences and/or bucket lists among terminally ill individuals receiving hospice and/or palliative care, highlighting their impact as end-of-life interventions. The purpose of this scoping review was to provide a comprehensive understanding of how end-of-life dreams and bucket list fulfilment can enrich an individual's quality of life. The review included all scholarly (e.g., peer-reviewed) research studies published from January 1, 2000, through May 31, 2024. A total of 12 studies met the inclusion criteria out of 2234 search results. The included studies used Quantitative (8), Qualitative (2), and Mixed-methods (4) study design. The participants' aged from 5-83 years, with sample sizes ranging 15–3056 participants. Findings and implications for practice will be discussed.	Michael Bennett
Lightning Talk 422 Program Design, Delivery, & Innovation	**Beyond Words Bridging Cultures, Faiths, and Abilities in hospice Care** embraced, honoured, and woven into the fabric of care. In a field where every moment matters, ensuring that patients and families feel seen, heard, and respected is at the heart of our mission. Through innovative DEI initiatives—including cultural competency training, multilingual communication tools, real-time translation devices, accessibility resources, and faith-based protocols—our hospice is breaking barriers in end-of-life care. We have fostered partnerships with diverse communities, including Muslim, Jewish, Indigenous, and disability advocacy groups, to ensure that hospice care is truly inclusive, reflecting the values and beliefs of those we serve. Our presentation will share real-life stories of impact—how a communication board gave a non-verbal patient a voice, how hosting a Sacred Drum Making workshop helped raise awareness for community healthcare providers and contributed to creating a culturally safe environment., and how language-accessible resources have eased the emotional burden on families. We will explore the challenges, lessons learned, and the transformative power of truly meeting people where they are. As we move forward, we ask: How can hospice care continue evolving to serve an increasingly diverse population with dignity and cultural humility? Join us as we share our journey, insights, and the profound ways in which inclusion shapes the legacy we leave behind.	Maria Giannotti
Lightning Talk 423 Organizational Development	**Optimizing hospice Care: A Scoping Review of Staffing Strategies to Enhance Practice** Background: Effective hospice staffing is essential for optimizing patient care and supporting workforce performance and retention, especially as the demand for end-of-life care grows. This scoping review investigated adult hospice care models, staffing characteristics, and key operational metrics to identify best practices for effective hospice staffing. Methods: A scoping review of the published and grey literature after 2013 was conducted using MEDLINE, CINAHL, Embase, and Google, following the PRISMA-ScR framework. Results: Forty-seven articles were included (33 peer-reviewed publications and 14 grey literature sources), covering hospice and palliative care settings across 11 countries, with the United States being the most represented. Key themes emerged around care delivery challenges, staffing models, and volunteer roles, with findings emphasizing the importance of interdisciplinary and patient-centered approaches. Many studies highlighted optimal staffing ratios and composition, while addressing challenges such as high turnover, funding gaps and resource limitations through innovative care models. Conclusion: This review identified best practices for effective hospice staffing, including, interdisciplinary collaboration, acuity-based models, and resource allocation strategies. These findings support evidence-based staffing guidelines and emphasize the need for further research on standardized metrics to optimize hospice care and workforce management. Author: Amanda Ross-White, Craig Goldie, Danielle Kain, Hannah McDonald, Jayne Kang, Katie Goldie, Kiana Aghakhani Barfeh, Sarah Vasram-Moore, Victoria Kao, Vidhi Patel	Amanda Ross-White, Craig Goldie

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Lightning Talk 424

Program Design, Delivery, & Innovation

Supporting the Journey Home: Community-Based Palliative Care Education with Health Care Providers in First Nations Communities

Bethany Bocchinfuso, Kathlene Bartlett

Authors: Hsien Seow, Joanna Vautour, Bethany Bocchinfuso, Shilpa Jyothi Kumar, Daryl Bainbridge, Lillian Souliere-Lamb

Healthcare providers (HCPs) working in First Nations (FN) communities are knowledgeable and resourceful and understand the unique strengths and needs of FN communities and the accessibility of home-based care and local palliative care services. Supporting the Journey Home: Growing the Community Bundle to Care for Those with Serious Illness (SJH) is a virtual education program co-designed with 12 interdisciplinary HCPs working in FN communities across Ontario. The co-design process ensured SJH was a culturally relevant palliative care education program for HCPs providing care in FN communities. SJH gives HCPs working in FN communities practical resources to operationalize an early palliative care approach that is culturally appropriate.

This presentation will provide an overview of the SJH program and highlight the participants' learning experiences from the three modules on early identification, communication skills, and coordination of care. We conducted in-depth interviews with 19 individuals. We followed a qualitative descriptive design, completing a thematic analysis of interview data. Findings from our evaluation indicate that SJH helped shift their thinking from end-of-life care to an early palliative care approach and increased their confidence in initiating this care.

Lightning Talk 425

Research

HPCO Pilot of the All providers Better Communication Skills program (ABCs): Improving Serious Illness Communication among Interprofessional Clinicians

Anish Arora

Background: The "All providers Better Communication Skills" (ABCs) is a three-month long person-centred training program that focuses on interprofessional clinicians core communication skills. The aim of this study was to evaluate the preliminary impact of the ABCs course.

Methods: A single cohort mixed methods pilot study comparing participants' communication skills was conducted through assessing pre- and post-intervention differences in standardized patient (SP) encounters. The primary outcome was paired difference in expert rater assessments of SP encounters. Secondary outcomes were self-reported efficacy and learning experience, and SP-rater perceptions.

Results: Forty participants affiliated with Hospice Palliative Care Ontario completed the ABCs and all pre/post measures (80% completion rate): 38% registered nurses, 23% social workers, 18% physicians or nurse practitioners, and 21% other. Two-thirds of participants had prior training in serious illness conversations. All outcomes significantly improved following the ABCs (p<.001).

Discussion: These findings outline the preliminary effectiveness for the ABCs course in improving communication skills. This study also highlights the feasibility of delivering the ABCs program with interprofessional clinicians, which informs the development of a Canada-wide randomized controlled trial that will be conducted to more robustly assess effectiveness of the ABCs program.

Lightning Talk 426

Research

Evaluating the Quality of Outpatient Oncology Palliative Care Clinics: A Narrative Review of Quality Indicators to Enhance Practice

Jean Mathews, Madeleine Wong

Background. Timely palliative care (PC) improves quality of life for patients with advanced cancer by addressing physical, emotional, and psychological burden. While early PC is usually delivered as an outpatient intervention, there is no consensus on standardized quality metrics to assess its effectiveness. Our research question explores the quality metrics used to evaluate an oncology PC clinic.

Objective. To review published literature and identify the quality metrics used to evaluate outpatient oncology PC clinics.

Methods. A narrative review was conducted using Ovid MEDLINE and Ovid Embase, searching for studies that examined quality metrics in outpatient oncology PC clinics. We report on the quality metrics used to evaluate clinics and key findings related to quality of service delivery.

Results. Seven studies met inclusion criteria. Quality metrics in these studies included: (1) timeliness of PC referral and consultations, (2) healthcare utilization patterns (e.g., hospitalizations, ICU admissions, chemotherapy use at end-of-life), (3) documentation of advance care planning, (4) patient-reported symptom outcomes, and (5) location of death. The findings indicate that timely outpatient PC reduces aggressive end-of-life interventions, increases hospice referrals, and enhances patient-centered care. Conclusion. Standardized quality metrics for outpatient PC clinics are critical for evaluating effectiveness of care and guiding quality improvement interventions.

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Lightning Talk 427 Caring for the Care Team	**Enhancing Staff Wellness on an inpatient Palliative Care Unit** Background: Staff working on an inpatient Palliative Care Unit (PCU) face emotional, intense situations. Psychological health and safety is critical, as staff wellbeing affects the quality of care they provide. Objective: To understand perceived wellness needs and strategies to support psychological health and safety among PCU staff at a large inpatient PCU in Ottawa, ON. Methods: We developed a 4-item point-of care survey to ask PCU staff (physicians, nurses, allied health, unit admin) what existing wellness initiatives were helpful and what supports could be implemented to improve wellness. Responses were coded using content analysis and mapped onto the Workplace Psychological Health and Safety Framework. Results: We had a 63% (41/65) response rate. We found existing initiatives are strong in Recognition & Reward, but there is a need for unit- and system-level improvement in Protection from Moral Distress and Psychological & Social Support. Supports proposed included on-site relaxation tools, psychotherapy, and grief support. Findings showed a need for diverse supports to meet the needs of a multidisciplinary team. Next Steps: A PCU Wellness Committee has been established to implement and evaluate wellness interventions that address high-priority areas identified by PCU staff. Authors: Caroline Muir, Koby Anderson, Maya Albert, Maura Eleuterio, Lindsey Reed, Brigitte Lorenz, Marie-Claude Legacy, Julie Lapenskie	Caroline Muir, Koby Anderson
Lightning Talk 428 Research	**Availability of inpatient Palliative Care Services in Ontario Facilities: A Survey Study** Study Objectives: Our province-wide study aimed to garner a comprehensive understanding of the inpatient palliative care services available in Ontario. Methods: All facilities providing inpatient palliative care in Ontario were identified through a comprehensive internet search and organizational partners. An electronic survey was sent to the administrative leads at each facility. Survey questions were developed by an interdisciplinary team of palliative care experts. Descriptive statistics were used to summarize the facilities' characteristics. Results: We have preliminary data from 56 surveys completed by 10 palliative care units (PCU), 35 hospices, and 11 acute care wards (ACW) with palliative care beds. The average number of palliative care beds was 5-10 for hospices, 16-20 for PCUs, and 2-4 for ACWs. A "do not resuscitate" order was required for 74% of hospices and 70% of PCUs, while only for 36% of ACWs. PCUs and ACWs were most likely to provide IV antibiotics (p<0.01), IV diuresis (p<0.001), and IV hydration (p<0.001). PCUs and hospices were most likely to provide tracheostomy tubes (p<0.05) and hypodermoclysis (p<0.05). Lack of human resources and financial support were the most frequent perceived barriers to providing high quality palliative care. Conclusions: The availability of services differs considerably, depending on the setting in which inpatient palliative care is provided. Further resources and funding are imperative to provide high quality inpatient palliative care in Ontario. Authors: Allison Martineau, Camilla Zimmermann, Ebru Kaya, Jenny Lau, Mai Inagaki, Patricia Murphy-Kane, Rebecca Bagnarol, Suraj Tandon	Allison Martineau, Camilla Zimmermann
Lightning Talk 429 Clinical Practice	**Transforming Care: Strengthening Nursing Practice Supports for Medical Assistance in Dying** This lightning talk presents findings from a Master's-level thesis project exploring nursing practice in Medical Assistance in Dying (MAiD). The qualitative research utilized the Critical Incident Technique to investigate Registered Nurses' experiences caring for patients seeking MAiD. The research aimed to understand how nurses feel supported in providing high-quality care for these patients while identifying barriers to forming therapeutic connections. Findings from the inquiry highlight the impact of role ambiguity, limited education on therapeutic connections with patients seeking MAiD, and systemic barriers to quality nursing care. The conclusions provide recommendations to address professional, interprofessional, and systemic obstacles, enhancing the capacity for meaningful therapeutic nursing connections and improving the quality of care. Overall, this Lightning talk presents strategies to empower nurses with communication skills and confidence to engage relationally with patients. It promotes a quality, patient-centered approach to care and elevates interprofessional collaboration.	Jill Henderson

CONCURRENT SESSIONS - SERIES 400 Monday, June 9 1:00-2:15 …continued

Lightning Talk 430 Program Design, Delivery, & Innovation	**Final Wishes: Engaging Community to Cultivate Joy in ones Final Days.** In the fall of 2024, Nipissing Serenity Hospice approached our local Community Paramedics Program to propose a partnership in fulfilling end-of-life wishes. Often, we are admitting directly from the emergency room or an in-patient bed in the hospital and those admitted from these locations, often, did not anticipate that when they left their home prior to admission, it would be their last time. The Community Paramedics Program was extremely enthusiastic about the prospect of supporting this request and whole heartedly agreed to set up a process to facilitate. Consequently, as a hospice, we are now able to propose the facilitation of end of life wishes for relatively stable residents within our care (PPS of 20-30%). The turnaround time from initiation to execution is very swift and the community response has been fantastic. An example of this partnership can be viewed here and here. This partnership has been rewarding and fulfilling for the paramedics as well. These health care professionals are often called to the scene of MVCs, overdoses, domestic violence, etc. The vicarious trauma associated with the paramedics program can often be significant, however, being afforded the opportunity to support EOL palliative residents in facilitating final wishes has brought a renewed sense of purpose to many of these participating paramedics.	Lindsey Jones
Lightning Talk 431 Clinical Practice	**Down with Domains: Reimagining Palliative Care as a Relational and Integrated Practice** Dame Cicely Saunders first introduced the concept of total pain in 1964, revolutionizing the treatment of pain and suffering for the hospice palliative care movement by incorporating different domains of care: biological, psychological, social, and spiritual. Since then, this domains-based model has been widely adopted by the World Health Organization and within Canadian palliative care frameworks. This model is readily utilized to assess and create interventions for patients and families receiving palliative care, splitting facets of a person's care into parts. It is considered the gold standard approach for holistically assessing and treating suffering in persons receiving palliative care and has gone widely unchanged and unchallenged. This talk will illustrate how this dominant model is paradoxical to the central palliative care values of relational and whole person care. Using critical analysis, this presentation will show how this empirical model causes harm to patients by oversimplifying the patient and their experiences into pre-conceived parts, reducing personhood, and fostering epistemic injustice. This talk calls for a shift in the ways in which healthcare providers assess and treat patients, moving away from a domains-based model towards more narrative and relational ways of caring, which align more closely with palliative care values. A case study is discussed, exemplifying an imagining what this shift might look like in practice and implications for nursing in Canada are discussed.	Amalissa Hum
Lightning Talk 432 Program Design, Delivery, & Innovation	**No One Dies Alone (NODA) Initiative: Designing, Implementing, and Evaluating a Pilot Project** Background: The No One Dies Alone (NODA) program, founded in Oregon, enlists trained volunteers to provide companionship and support to patients at the end of life, without loved ones able to be with them. In 2023, NODA was piloted at Lakeridge Health (LH) at the Ajax-Pickering site. Methods: Design and implementation plan was developed by the Palliative Clinical Nurse Specialist and Volunteer Resources with departmental approval. A community partner was invited to provide volunteer training opportunities in palliative and end-of-life care. Evaluation metrics included referral volume, volunteer assignment success and referral-to-visit and referral-to-death time. Results: Referral criteria included patients with identified isolation, a short prognosis (<72 hours) and comfort goals of care. Five volunteers joined the program. A memorandum of understanding with VON Durham Hospice Services leveraged existing volunteer training from Hospice Palliative Care Ontario. From June 2024 to January 2025, 4 referrals occurred. Two patients died within 24 hours of referral before a volunteer was secured. One patient required a single visit due to family presence. The last referral resulted in 3 volunteer visits in the patient's last 3 days of life. Positive feedback was provided by volunteers and families. Conclusions: Pilot implementation was successful. Key insights from late referrals suggest the need to expand criteria and volunteer recruitment. Expansion to further LH sites is being considered.	Caitlin Tumey, Dr. Vance Tran, Dr. Aynharan Sinnarajah
2:15-2:45	**Refreshment Break, Exhibitor Showcase & Poster Presentations**	**Sponsor/Exhibit Halls**

CONCURRENT SESSIONS - SERIES 500 Monday, June 9 2:45-4:00

Workshop 501

Clinical Practice

Building capacity for palliative care in the community through education and coaching

Darrin Cargill, Susan Blacker

The Ontario Palliative Care Network has developed a model of care for adults living in community settings (Palliative Care Health Services Delivery Framework, Focus Area 1: Adults Receiving Care in Community Settings). Implementation of the community model of care involves working closely with community organizations to make palliative care part of usual care. Community organizations participate in an assessment to understand their current state and to identify opportunities for improvement. To facilitate practice change, participating organizations have support from a Clinical Coach. The Clinical Coach is a palliative care expert who can provide coaching, mentorship, and assist with quality improvement efforts, including supporting education.

This workshop will provide a snapshot of implementation efforts to date, through the lens of support for healthcare providers and the firsthand experience of Clinical Coaches from across Ontario.

Workshop 502

Clinical Practice

Improving LGBTQ+ Palliative Care Using Relational Practice and Cultural Safety

Amalissa Hum

It is well documented that LGBTQ+ populations face discrimination in healthcare settings. Actions to mitigate this are important in all areas of healthcare, however palliative care is an excellent place to start this examination, as its underlying relational, person-centered, and holistic approaches should support good LGBTQ+ care. This workshop explores how discrimination towards LGBTQ+ clients and families is enacted in palliative care settings and uses cultural safety and relational care practices to begin to address this.

The workshop has 3 sections

1. Understanding cultural safety and how it applies to the LGBTQ+ population.
2. Relational practice and building trust within LGBTQ+ client/practitioner relationships.
3. Integrating cultural safety and relational practice into everyday care practices.

This workshop intends to start a dialogue, foster critical thinking, and provide practical recommendations to those working in all areas of palliative care, from front line workers to managers and administrators to policy developers in order to improve care and safety for LGBTQ+ community members accessing palliative care. This workshop is grounded in evidence-based literature, best practices, and findings from the presenter's thesis work, including examples and case studies.

Workshop 503

Clinical Practice

Improving Palliative Care for Patients with Dementia: Organizational Development Strategies to Address Symptom Management and Reduce Inappropriate Antipsychotic Use

Carolyn Wilson, Shawna Peddar

In palliative care settings, patients with dementia often experience complex symptoms, including pain, agitation, and behavioral disturbances, which may not be effectively addressed through standard clinical practices. Often, these patients are prescribed antipsychotics or sedatives as default treatments, despite evidence suggesting these medications are linked to significant adverse effects and lack efficacy in managing dementia-related symptoms (Ayalon et al., 2017; Turner et al., 2018). This session will focus on implementing organizational development (OD) strategies to improve symptom management for dementia patients in palliative care settings, with a particular emphasis on using evidence-based tools like the PAIN-AD (Pain Assessment in Advanced Dementia) scale to ensure care is both effective and person-centered.

The session will present the following OD strategies: Leadership and Training for Symptom Management; Reducing Antipsychotic Use; Promoting Interdisciplinary Collaboration; Systemic Changes for Better Care Delivery

This session will offer evidence-based strategies to reduce inappropriate medication use and enhance the quality of care for dementia patients in palliative settings. By implementing organizational development frameworks, healthcare organizations can better support patients and families, improve clinical outcomes, and enhance the overall care experience.

Workshop 504

Program Design, Delivery, & Innovation

Training Tomorrow's Palliative Care Leaders: Integrating Academic Learners into In-residence Community Hospice Programs

Michael Shin, Nadine Persaud, Naheed Dosani

The Kensington Hospice Medical Learner Program exemplifies the integration of academic medical education with community-based palliative care, creating an immersive, interdisciplinary learning environment.

In partnership with the University of Toronto, we offer medical learners—from family and internal medicine trainees, specialty trainees to Nurse Practitioners—an opportunity to engage in palliative care teams. Additionally, we have integrated postgraduate psychiatry medical trainees to conduct regular patient assessments, ensuring that medical learners experience a comprehensive, interprofessional approach to care.

Central to our program is the Radical Love equity-oriented care model, which prioritizes compassionate and equitable care for structurally vulnerable populations. By fostering an inclusive and collaborative environment, we cultivate skills in Postgraduate Medical Trainees for providing holistic care that addresses the complex needs of patients at the hospice.This presentation will showcase the transformative impact of this educational model, including data from the 2022-2023 and 2023-2024 academic years. We will explore how integrating diverse Postgraduate Medical Trainees in community settings enhances patient outcomes and contributes to the evolution of compassionate, equitable palliative care.

Our goal is to inspire other hospices to adopt similar models that not only elevate medical education but also enrich the care provided to the most vulnerable.

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Workshop 505

Program Design, Delivery, & Innovation

Part 2 of 405 Specialized Hospice Palliative Care for Structurally Vulnerable Populations: Knowledge Exchange

Felicia Kontopidis, Hana Irving, Matthew Durham

This is part 2 of Workshop 405

Workshop 506

Program Design, Delivery, & Innovation

Creating and Maintaining a Palliative Care Program in an Evolving Community Hospital Setting: Lessons Learned

Brian Berger

Dr Brian Berger has been Physician Lead for a palliative care program in a community hospital setting for close to 25 years. The program has evolved from 4 beds under Oncology to a close to 40 bed Unit across 3 sites.

It is well renowned and includes complementary therapy, music therapy and seamless care with community patients, and a consistent most responsible physician. Dr Berger discusses the journey to get to this point-the challenges and the successes. The key message is how a successful program can be developed with patience and enthusiasm and a lot of advocation.

Workshop 507

Organizational Development

What a difference it can make: changing the game with the new Client Sociodemographic Model

Andrea Binkle, Annalise Stenekes

This workshop outlines the measures, mechanisms & techniques available in the new & improved Client Sociodemographic Lifecycle Model (Client SDL) for HPCO's Quality Platform. Specific strategies for identifying & addressing data quality issues & real-world examples of using data to tell your story will be discussed.

As a result of this workshop, participants will be able to effortlessly improve their organizational data quality & their performance reporting. This workshop demonstrates the evolution of the HPCO Quality Platform & increases value to HPCO members & the HPC sector as whole. HPCO Quality Platform.The Client Sociodemographic Lifecycle is a Game Changer!!

Key features of the upgrade include:

- Pulls data automatically from your client-system into HPCO Quality Platform
- Eliminates the need to enter or push Hospice Residence stats
- Shows trends and patterns soonerCalculate Pre-service and Short Service death rates (for your OHT Team discussions)
- Reveals sociodemographic patternsSupports Hospice Residence and Community Programs
- Provides a foundation for organizational & palliative care system data quality improvement
- Creates a new data for organizational & system-wide DEI
- Provides audit tools that help you ensure data integrity

Participants will work through case studies to further understand the impact of data quality & how to conduct audits to monitor to improve their organizational data integrity.

Workshop 508

Caring for the Care Team

Navigating Burnout: Thriving, Not Just Surviving

Kate Cholewa, Nadine Valk

Burnout is a significant challenge in the palliative care field, often felt acutely by those who bring their whole selves to work. As caregivers, clinicians, and leaders, we are not isolated from our personal experiences, emotions, and struggles; they are integral to how we approach our professional lives and interact with others. This interactive workshop will explore the complex connection between personal identity and professional burnout, using the story of "Sally"—a character representing a palliative care professional who navigates burnout and recovery.

Throughout the session, participants will follow Sally's journey as she navigates the impact of stress, compassion fatigue, and systemic challenges within palliative care. By the conclusion, the audience will gain insight into her progress in the recovery process.

In this session, participants will be guided by the presenter and an experienced professional wellness coach. The presenter will be exploring the navigation of the trenches of burnout and utilizing Sally's story. Handouts and sharing of resources within small groups will aim to provide attendees actionable tools and strategies to help identify burnout risks, develop support systems and transform their approach to self-care, burnout identification & recovery. By recognizing the signs of risk to burnout and taking proactive steps, the aim is that participants will leave with practical techniques for thriving in their careers and lives, not just surviving.

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Workshop 509

Quality Huddles, an innovative practice for LTC

Chitra Jacob

Program Design, Delivery, & Innovation

St. Joseph's Lifecare Centre Brantford (SJLCB) is transforming patient safety culture through the implementation of Quality Huddles, an initiative supported by the 2023 HIROC Safety Grant. These huddles, introduced across its long-term care and hospice settings, provide a structured approach to reviewing safety data, implementing process improvements, and fostering a culture of proactive problem-solving.

Key events are discussed at quality huddles held at a predetermined time. Staff are encouraged to provide ideas for improvement using improvement tickets. Change ideas are tested, improvements are monitored, and new learnings shared with teams and cross units. Metrics are tracked on huddle boards- falls, medication errors, pressure ulcers, concerns, and compliments. Data is shared with teams and reported to the Continuous Quality Improvement Committee (CQI) on a bi-monthly basis.

The sustainability metrics are evaluated monthly by the project working group and reported to the Project Team on a quarterly basis. SWOT analyses are conducted periodically to identify the pressure points, and a process is developed to manage barriers with the help of the project team and sponsor.

A total of 60 improvements have been completed to date, through collaborative work of clinical and allied staff.

Workshop 510

Echoes of Love: The Transformative Power of Legacy Work in Hospice Care

Maria Giannotti

Program Design, Delivery, & Innovation

At the end of life, the need for connection, meaning, and remembrance becomes profound. Legacy work offers patients and families the opportunity to create lasting imprints—both physical and emotional—that transcend time. At the Hospice of Windsor, initiatives such as heart prints, hand photos, 'hugs,' heartbeat prints, memory books, and art pieces serve as powerful tools that foster communication, strengthen family bonds, and enhance emotional well-being.

This session will explore the profound impact of legacy work, not only on patients and families but also on the caregivers and hospice teams who facilitate these deeply personal experiences. Attendees will gain practical tools and creative strategies to implement or enhance similar programs within their own organizations. Through real-life stories and evidence-based insights, we will demonstrate how legacy work transforms grief into love, loss into connection, and fleeting moments into enduring memories. Join us to discover how legacy work honors the past, comforts the present, and leaves an imprint for the future.

Interest Group 511

Coordinator of Volunteers Interest Group Meeting. Meeting for members of the Interest Group.

Lightning Talk 521

Confident decisions support resident care, staff and volunteer well-being, and less organizational risk

Marleen Van Laethem

Organizational Development

From clinical end-of-life issues to funding challenges and managing staff and volunteers, there's no end of decisions to be made and implemented at Ontario hospices. Sometimes we could use some help in clarifying why we do what we do. An ethics framework can help work through hospice dilemmas.

This presentation will demonstrate how ethics frameworks can help work through challenges, demonstrate due diligence in making decisions, and manage potential risk to the organization. Such frameworks clarify the facts of the issue, including identifying the appropriate decision-maker(s). Have all relevant stakeholders been included? Have we identified the underlying values or principles driving the various perspectives? Have we discerned a doable option for resolving the issue or do we still need to gather more information?

Using an ethics framework supports confident decisions, especially in high-stakes or emotional issues.

Lightning Talk 522

The Moment of Apsis Improving the hospice Continuum of Care via Post-Death, Pre-Transport Clinical Consistency and a Client-Tailored, Integrated Approach

Anne Molnar

Clinical Practice

Objectives: Each step of the client (patient/family) hospice journey is curated and communicated to educate, comfort and personalize care. However, "The Moment of Apsis" (MOA)- the time post-death, pre-transport of a resident from hospice - isn't systemically approached this way. Only 19% of clinical staff polled regularly discuss customizing post-death care with clients (as personal, not mandated practice). Recognizing MOA as clinically significant and creating consistent, related pre-death communications/practices improves person-centred, individualized care.

Methods: Informing clients of hospice-specific MOA processes by incorporating standard communications (written material, talking points) into the pre-death continuum of care (COC). This communication invites custom MOA care requests. Compiling a dossier of unique MOA wishes acts as a reference for staff/future clients.

Results: 1. Improved transparency, comprehension, and preparedness for clients before/during MOA. 2. Enhanced client autonomy and equity via personalized post-death processes. 3. Optimized recency bias, ensuring final moments of care are as considered/bespoke as prior ones (increasing satisfaction, memory of care). 4. Expanded staff cultural competency via experience and dossier reference.

Conclusions: Consistently embedding MOA process communication/information into COC is an efficient, effective opportunity to improve and tailor client experience beyond time of death to time hospice service ends.

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Lightning Talk 523

Program Design, Delivery, & Innovation

Enhancing Patient Transitions: The EMS Transportation Service to hospice

Amber Jarrold

The EMS Transportation Service to Hospice represents an innovative approach to facilitating seamless, compassionate transitions for patients moving to hospice care. Developed in response to the growing need for timely transportation for patients from home to the Chatham-Kent Hospice, this program ensures EOL patients can access hospice care efficiently, with dignity. With collaboration between Chatham-Kent Hospice, EMS providers, and healthcare teams, this program focuses on reducing unnecessary hospitalizations and providing equitable access, while honoring the patient's wish to receive care in their preferred setting.

Once a bed offer is accepted, Hospice staff initiates call to EMS dispatch. Dispatch follows standard procedures, creates an ambulance response according to protocol. Once the ambulance arrives, patient is assessed as per patient care standards. EMS transports the patient to the Chatham-Kent Hospice for admission. EMS transfers patient to the assigned room, Hospice staff takes over care.

Since inception in August 2023, occupancy rates have risen from 64.6% (2023 Calendar year) to 81.5% (2024 Calendar year). Transfers from home using EMS have gone up from 49% (August- December 2023) to 69% (2024 Calendar year).

This service has improved patient outcomes, increased hospice admissions from the community, and improved overall occupancy rates. This program sets a model for compassionate, patient-centered transportation at the end-of-life.

Lightning Talk 524

Clinical Practice

Enhancing Palliative Care through Streamlined Processes: Reducing Emergency Department Transfers and Re-visits

Dorie Dulay

Palliative care residents often experience unnecessary transfers to emergency departments (ED), resulting in heightened clinical risks, emotional stress, and anxiety for both residents and their families. Maple Health Centre has successfully developed and implemented a strategic process aimed at reducing avoidable ED transfers and re-visits. This initiative focuses on proactive symptom management, continuous monitoring, and enhanced communication among care teams, leading to improved resident outcomes and overall quality of care. By fostering a holistic approach to palliative care, Maple Health Centre has significantly decreased the need for emergency interventions, minimizing stress for residents and their families while ensuring more appropriate care in the comfort of the resident's long-term care home. This achievement highlights the importance of integrated care solutions in palliative clinical practice, with a focus on optimizing both resident well-being and system efficiency.

Lightning Talk 525

Clinical Practice

Bringing Palliative Care principles to long -Term Care

Kenneth Hook

We will share what we learned in our journey to bring the principles of good palliative care to long-term care. We will explain how, by working with a long-term care management company, we worked to educate the staff of several LTC homes about the unique principles involved in providing palliative care, and to develop useful tools. A working group of LTC staff from several homes was struck to create a Goals of Care conversation guide, specific to the needs of LTC. Several different conversation guides currently available were used in this process. A brochure explaining what the conversation was about was developed to assist residents and families in understanding the purpose of this conversation. Another brochure was used to explain CPR and another to explain the role of the Substitute Decision Maker. Management was introduced to the additional tools available from Health Quality Ontario for evaluating the quality of palliative care efforts.

Lightning Talk 526

Program Design, Delivery, & Innovation

Beyond Prognosis: Addressing long-Term Palliative Needs

Valerie Fiset

Some patients live longer than expected in palliative care settings (hospices and palliative care units), but little is known about their profile and prognosis, or which model of care would best serve them. During this presentation, we will share the results of work done to address the long-term palliative care needs of people that live longer than the typical length of stay in these settings.

A regional working group was started in response to the observation that the local palliative care unit and hospices had patients that were admitted for end-of-life care who lived longer than anticipated on admission. This created a situation where these organizations were not able to meet the immediate needs for end-of-life care for those in the community and local hospitals.To support the working group, a rapid scoping review of the literature was conducted. Extended length of stay may be associated with sex (women), older age, and health complexities. Models described in studies included: extensions to existing palliative care units and a home-based palliative care model.

The palliative bedded levels of care framework describes possible location, anticipated trajectory, care needs and medical care needs for a variety of populations requiring palliative and end-of-life care. It is guiding the determination of local solutions for meeting the needs of the patients and their families, at the same time as ensuring the right care in the right location. These local solutions will be shared in the presentation.

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Lightning Talk 527

Program Design, Delivery, & Innovation

Barriers and enables to using a novel digital early identification tool in long-term care homes in Ontario, Canada. The experience of implementing the Risk Evaluation for Support Predictions for Elder-life in their Communities.

Amy Hsu, Ishika Tripathi, Lauren Konikoff, Maya Murmann, Sarah Beach, Jacob Crawshaw, Justin Presseau

The ability of LTC homes to embed palliative care approaches may be hindered by poor prognostication and challenges with communication about goals of care. In this project, we sought to implement an early identification tool for palliative care needs called RESPECT across LTC homes in Ontario.

We conducted 31 interviews with LTC leaders and 11 focus groups with LTC staff across 8 LTC homes in Ontario. To understand the current palliative care practices of each home, we applied the AACTT (action, actor, context, target, time) framework for analysis. We used the Theoretical Domains Framework (TDF) to assess potential barriers and facilitators to RESPECT's implementation.

Respondents in all homes noted that early identification of palliative care needs is a key goal (TDF - Goals). In most homes, goals of care are discussed at care conferences following admission (AACTT - Action, Time). The RESPECT tool generates a report with a life expectancy estimate, which staff can share with families and residents to facilitate goal discussions (TDF – Intentions). Staff will need training on how to use the tool and how to have difficult conversations (TDF – Skills).
This project has highlighted typical palliative care processes in LTC homes in Ontario, and barriers and enablers to implementing digital early identification tools like RESPECT. We seek evaluate the implementation process and assess RESPECT's impact on palliative care delivery.

Authors: Amy Hsu, Ishika Tripathi, Jacob Crawshaw, Justin Presseau, Lauren Konikoff, Maya Murmann, Sarah Beach

Lightning Talk 528

Research

PoET's potential impact for long-Term Care residents and the System Results of the PoET Southwest Spread Project (PSSP)

Dawn Elston, Henry Siu

The PoET (Prevention of Error-based Transfers) Project is an award-winning Ethics Quality Improvement Project that helps Ontario long-term care home staff and physicians align their habits, policies, and practices (HCCA).

The PoET Southwest Spread Project (PSSP) was a joint venture between William Osler Health System's Ethics Quality Improvement Lab and McMaster University's Department of Family Medicine, made possible through a $1.5 million contribution from Health Canada. Between 2019-2022 PSSP made PoET available to 54 long-term care homes in Ontario.

Over a 1-month period, the homes worked with a PoET Spread Leader to make changes and promote alignment with the HCCA. Results from PSSP found that residents in long-term care homes that participated in PSSP experience lower transfer rates (27% lower rate), lower transfer rates at the end of life (45% lower rate), and higher rates of palliative care encounters (147% higher rate). These findings hold great promise for both long-term care home residents, and the health care system.

Authors: Dawn Elston, Henry Siu, Jill Oliver, Megan Bailey, Paula Chidwick, Theresa Nitti

Lightning Talk 529

Clinical Practice

Under-resourced and under-utilized: The role of specialist palliative care social workers in supporting patients' non-physical suffering

Cheryl-Anne Cait, Maxxine Rattner

Introduction: There is little if any research focusing specifically on social workers' experiences working in palliative care settings in Canada. This study helps to fill this research gap.

Objectives: To explore social workers' experiences working with patients' nonphysical suffering in diverse palliative care settings.

Methods: A qualitative study was conducted in 2020 with 24 palliative care clinicians across Canada working in diverse settings (e.g., PCU, hospice, long term care, home care); the sample included 6 social workers, whose experiences will also be highlighted in this presentation. The study aimed to 1) identify what discourses exist within how palliative care clinicians talk about their experiences working with patients' non-physical suffering, and 2) understand how these discourses may affect palliative care clinicians and impact clinical care.

Results: Limited access to specialist palliative care social workers, in both inpatient and home care settings, poses a barrier to supporting patients' nonphysical suffering; social workers are either entirely absent in some settings or insufficiently staffed. Supporting patients' complex practical needs, and high caseloads, leaves social workers with little time for patients' non-physical suffering.

Conclusion: Specialist palliative care social workers are under-resourced and under-utilized. Findings add urgency to existing calls for the inclusion of specialist palliative care social workers across diverse settings in Canada.

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Lightning Talk 530 Clinical Practice	**No news is good news: Rethinking documentation of patient centred conversations on a General Internal Medicine ward** Introduction: Patients who have conversations with their clinicians about their values and goals are more likely to receive care that reflects what is important to them. Unfortunately, these conversations are not documented consistently in the medical record. Poor documentation can result in patients receiving inappropriate end-of-life care. Methods: We implemented the Serious Illness Care Program (SICP) on a GIM ward at The Ottawa Hospital to increase the quality of documented serious illness conversations for patients at high risk of death in the next 12 months. We adapted the components of the SICP to the GIM ward setting, trained clinicians and monitored the quality of documented serious illness conversations using a validated chart review tool that measured the quality of documentation. The tool assessed four domains: patient values and goals, understanding of prognosis and illness, planning for end-of-life care and discussion of life-sustaining treatments for a maximum score of 17. Results: 33/40 (83%) of eligible Attending Physicians and 47/70 (67%) eligible Internal Medicine residents completed SICP training. Over the 12 months of our implementation, the mean documentation score increased from 3.48/17 in the first quarter to 6.03/17 in the fourth quarter (P < .0001). Discussion: We successfully adapted and implemented the SICP using iterative Plan-Do-Study-Act improvement cycles to improve the quality of documented conversations about serious illness on a GIM ward.	Peter Munene
Lightning Talk 531 Clinical Practice	**Heartbeat Song Recordings: A Meaningful Intervention in End-of-Life Care** As a certified music therapist working in hospice and palliative care, I have had the privilege of conducting over 70 heartbeat song recordings for patients nearing the end of life. These recordings pair the unique sound of a patient’s heartbeat with a song of meaning, creating a deeply meaningful legacy project for their loved ones. In this presentation, I will explain the process of creating a heartbeat song, starting with the technical aspects of recording the heartbeat and the appropriate equipment used. I will also explore the collaborative process of choosing a song that holds emotional and cultural resonance for the patient and their family. Lastly, I will share stories from my practice that illustrate the profound impact these recordings have on patients and their families. Each step of the process is designed to honour the individuality of the patient while fostering connection and legacy-building. This presentation will highlight the therapeutic value of legacy work in end-of-life care, offering insights and inspiration for clinicians seeking innovative interventions to support patients and families during this sacred time.	Victoria Di Giovanni
Lightning Talk 532 Clinical Practice	**Unlocking Excellence in Palliative Care: The Impact of Mentorship and Micro-Credentials on Client Experience** The demand for complex palliative care in community care settings is ever increasing. SE Health's Central Toronto Service Delivery Center launched a pilot micro-credentialing program designed to elevate nurses' palliative competencies and enhance novice nurses' confidence in caring for palliative clients. The four sequential levels of the program were created based on case-based learning, recognition and peer mentorship to build capacity within teams. Completion of each level also dictated the complexity of clients that the nurse could care for, thereby matching the nurse’s competency to the complexity of the client. While levels 1-3, focused on case-based learning and care for clients with a PPS < 40%, level 4 required the completion of the CAPCE course. Nurses who completed level 4, were considered "Mentors". Implementation of this program revealed that 100% of nurses enrolled completed level 1 and 2; 85% had completed level 3. None of the nurses had completed level 4. To support the completion of level 4, four experienced palliative nurses were chosen and provided paid incentives to complete CAPCE. Structured guidelines were created which included 2 virtual monthly visits for novice nurses, support with complex assessments, troubleshooting CADD pumps, and pronouncement procedures. Pre and post surveys demonstrated program's impact: 80% of novice nurses reported improved management of complex conditions. The model strengthened mentorship capacity and enhanced client care.	Hillary Asemota
6:00-6:45	**Awards Gala Reception**	**Grand York Foyer**
6:45-11:00	**Awards Gala Dinner & Entertainment**	**Grand York Ballroom**

Tuesday, June 10, 2025

7:30-8:30	**Continental Breakfast**	**Grand York Foyer**
8:30-8:45	**Welcome Remarks**	**Grand York Ballroom**

CONCURRENT SESSIONS - SERIES 600 Tuesday, June 10 8:45-10:00

Workshop 601

How to Provide Palliative Care to Refugee Claimants Under the Interim Federal Health Plan (IFHP) - Everything That You Need to Know! PART 1

Dipti Purbhoo, Heidi Bonner, Humaira Saeed, Lisa Gregg, Priya Gupta, Sonia Pekic, Vilma Oliveros

Program Design, Delivery, & Innovation

Background: The Framework on Palliative Care stipulates palliative care (PC) as an essential service. Unfortunately, PC is restricted for marginalized populations.

Refugee claimants are only eligible for the Interim Federal Health Plan (IFHP), which provides basic medical and social coverage until provincial healthcare coverage begins. Since the launch of GPS Health Navigators in 2024, our team has successfully serviced refugees with PC needs through the creation of a unique and innovative community-based navigation service.

We aim to build capacity for care for refugees through education to community agencies, health care professionals, and pharmacies, and mentoring them in the process of becoming registered IFHP providers.

Workshop 602

The VON Durham Hospice Services BIPOC Initiative

Stephanie Byfield

Program Design, Delivery, & Innovation

Grief and bereavement care for the BIPOC community in Durham Region face significant barriers, including financial constraints, cultural stigmas, and inadequate healthcare infrastructure. According to the Regional Municipality of Durham (2021), visible minorities comprise 36.3% of the population, with South Asian, Black, Filipino, and Chinese communities being the largest groups.

These communities often experience cultural and systemic challenges, such as mistrust of healthcare systems and a lack of culturally competent services. As a result, they face heightened disparities in bereavement care, leading to unnecessary suffering and a lack of dignity in the grieving process. The VON Durham Hospice Services BIPOC Initiative seeks to address these challenges by creating accessible, culturally sensitive grief support for BIPOC individuals. Through a collaborative, community-driven approach, the initiative will engage local BIPOC community members, leaders, and cultural experts to co-design grief services that align with their values, traditions, and spiritual needs.

The initiative's focus will include language support, culturally relevant rituals, and policy development to ensure equitable, culturally competent care. Additionally, hospice staff and volunteers will receive training on cultural competency to enhance their ability to serve diverse populations.

Workshop 603

Paving the Road: The Scarborough Palliative Care Collaborative's work to smooth the palliative care journey through local integration

Chelsea Braun

Program Design, Delivery, & Innovation

Accessing palliative care services in an increasingly complex health care system can be a challenge for patients, families, and health care providers alike. There are often multiple teams or providers involved, concerns over the right time in a patient's illness to refer, and disruptions in care when a patient is admitted to hospital. In addition, new referrals to palliative care often happen at care transition points, particularly after hospital stays. It is well-known that care transitions can be one of the most difficult points in a patient's journey, where they are at greatest risk of care delays, missed care, and falling through the cracks.

The Scarborough Palliative Care Collaborative was formed to help improve transitions in care between organizations within Scarborough and to improve access to palliative care across the illness trajectory for all people in Scarborough. This workshop will review the current work the SPCC has done to improve care transitions in palliative care for patients in Scarborough, including integrating the Palliative Care Community Team into the Scarborough Health Network's EMR, creating an urgent patient care pathway, and creating a centralized intake for all palliative care referrals in Scarborough. We will reflect on our lessons learned through these integration efforts and engage in group discussions on how local integration can improve care transitions and make the patient journey a smoother one.

CONCURRENT SESSIONS - SERIES 600 Tuesday, June 10 8:45-10:00 …continued

Workshop 604

Voices Matter: Ensuring Autonomy Through Supported Decision Making and Advance Care Planning

Karine Diedrich,
Merry Parkinson

Program Design, Delivery, & Innovation

For the first time, in 2024, Advance Care Planning Canada polled people with disabilities to better understand barriers to meaningful ACP participation. A key barrier identified was the perceived lack of capacity of individuals living with disabilities.

ACP Canada’s project, “Making Advance Care Planning More Accessible” has created new resources that focus on accessibility, inclusivity, removing barriers, and demonstrating the importance of Supported Decision-Making.

Our workshop will address the lack of understanding and accessibility of Advance Care Planning, with particular focus on key barriers as heard from individuals living with disabilities. Strategies to help address some of these barriers will be presented. Participants of this workshop will gain knowledge in supported decision making, its principles and how to utilize them in practice, the legal landscape of this approach, and the visual communication-based resources available to support them. Live polling/word clouds, group discussions, and group activities will be used throughout the workshop to ensure participation and interactivity.

By sharing these learnings and resources, we will demonstrate to healthcare providers, self-advocates, and families that it is possible to engage everyone in ACP by using different approaches and methods. Everyone has capacity and deserves equitable, accessible and person-centered healthcare and Advance Care Planning.

Workshop 605

Pivotal experiences: Moving beyond good will and after-the-fact interventions to establishing formal Child Life Programs in Adult Healthcare Environments

Dave Lysecki

Program Design, Delivery, & Innovation

Serious illness has dramatic impacts across families. When a family includes minor children, there are unique implications, considerations, and intersections with healthcare systems.

Children require specialised support to understand, process, and cope with the illness and potential loss of their family member. Patients need guidance in communicating with children and support in balancing their own health with their parental or caregiving role. Co-parents and other caregivers benefit from support in taking on new roles, maintaining normalcy and routines, and preparing for the future. Child Life (CL) is a specialty explicitly centred around supporting children and their families facing health challenges. At Hamilton Health Sciences, we successfully launched a pilot CL program within our adult oncology program alongside grant funding for a 360-degree, mixed-methods research. This has led to program permanency, peer-reviewed research publications, national and provincial awards, and international attention, including a full-day workshop at the Association of Chile Life Professionals Conference in Los Angeles and a half-day workshop at the Canadian Association of Psychosocial Oncology Conference.

In this workshop, we will report on our process including: pre-program state, identifying the problem, literature review, gathering allies, raising awareness, establishing funding, research design, program implementation, research findings, highlighted achievements, and ongoing planning.

Workshop 606

Narrative Prescriptions: A “Dose of Stories” to Care for Hospice Clinicians, Staff and Volunteers

Mireille de Reland,
Paula Holmes-Rodman

Caring for the Care Team

Narrative Medicine (NM) is an accessible tool for those working in hospice care, offering healing, nourishment, resilience, and community. NM uses individual and collective practices to foster self-expression and reflection through creative, mindful processes. The practices support hospice personnel to find meaning in end-of-life experiences, honour patient interactions, and process the complex emotions inherent in the death and dying process.

Our innovative well-being program, Narrative Prescriptions, integrates evidence-based NM and mindfulness techniques in an inclusive workshop space. Methods include expressive writing, attentive listening and reading, group discussion and sharing, mindfulness practices, and other creative modalities.

Narrative Prescriptions empowers participants to reconnect with the values that brought them to their profession, deepening empathy and compassion while enhancing patient-care relationships. By reflecting within a peer community, participants strengthen their support networks, reduce isolation, and cultivate a shared sense of purpose.

The program was piloted with Hospice Calgary in 2024 and findings shared with palliative care clinicians and interdisciplinary professionals as part of ‘Edmonton Palliative Rounds’ in early 2025.

Narrative Prescriptions nurtures a sustainable, compassionate approach to hospice care, allowing care teams to continue their essential work with renewed energy, clarity, and commitment.

CONCURRENT SESSIONS - SERIES 600 Tuesday, June 10 8:45-10:00 …continued

Workshop 607

Program Design, Delivery, & Innovation

Building and Leading a Successful Community Engagement Program utilizing Ambassador Volunteers

Alex Allen

Community engagement plays a crucial role in fostering understanding and empowering individuals to make informed health care decisions.

Since 2015, Hospice Waterloo Region (HWR) has been a leader in Advance Care Planning (ACP) education and awareness throughout Waterloo Region. In the first three years of the funded initiative “Advance Care Planning: Conversations Worth Having” project, HWR was able to provide more than 1000 events reaching 12,000+ individuals. Following this initiative, HWR sought ways to continue engaging with the community utilizing highly trained volunteers – our Ambassadors. Since the pandemic, the Ambassador team has grown to provide three standard presentations: “Advance Care Planning 101”, “Hospice 101: More than a bed”, and “Dying is Normal: The Best Kept Secret.”

In 2024 we touched nearly 4000 people in our community with information/education. These sessions are provided to senior’s groups, community centres, libraries, long term care settings, staff meetings and more. In this session, we will share our recipe for a successful Ambassador Volunteer team to deliver ACP and hospice education in your own communities. We will explore what kind of person is best suited to the Ambassador role; the value of a standardized PowerPoint slide deck; scheduling; marketing; equipment requirements; handouts; statistics capture; and Ambassador retention efforts.

Workshop 608

Program Design, Delivery, & Innovation

Learning and Unlearning: The Birth of a Standalone Undergraduate Nursing Course in Palliative and End-of-Life Care

Jane Simanovski, Joanne Ta, Kathryn Pfaff, Rita Di Biase

Background: Recognizing a significant gap in palliative care nursing education in Canada, the Faculty of Nursing Curriculum Committee at the University of Windsor proposed and received senate approval to develop a standalone baccalaureate course in palliative care. Course development involved an iterative process of consultations with community stakeholders, selecting frameworks and content, drafting and aligning course and weekly outcomes, evaluating evidence-based course materials, designing case studies, and developing an exam bank. Over the past three years, instructors and students have moved from a place of trepidation and frustration to one of gratitude, healing, and growth.

Methods: In this workshop, we engage participants in understanding the joy and work involved in ‘birthing’ a palliative care course, as well as the ripple effects that this course has generated within the program curriculum, among our graduates, and within our local community. This session will involve interactive teaching/learning strategies such as live polling, table teams, case study analysis, and Q&A.

Results: Participants will leave the session with templates for selected learning activities, example case studies, and practical advice for course development and delivery.

Conclusions: This is a ‘heads-in’ and ‘hands-on’ workshop that explores best practices, possibilities, and opportunities to advance palliative care knowledge, skills, and attitudes among nursing and allied healthcare disciplines.

Workshop 609

Program Design, Delivery, & Innovation

Pathways to Children's Bereavement Services

Joan Kennedy

Children grieve differently than adults. The expectations that some adults have regarding bereaved children may not be realistic. A child may not understand what death is depending on their age or life experience. Hospice Simcoe-Seasons Centre has 30 years of trials and tribulations supporting bereaved children and teens.

We would like to share this journey, providing ideas and options of various support systems that an organization could provide for the youth in their community.

Workshop 610

Program Design, Delivery, & Innovation

Discover the complimentary therapy Therapeutic Touch

Lillian Hutchinson

Please join us to discover the energy modality Therapeutic Touch that was initially developed in the late 1970s for patient stress management pre-post surgery use in hospitals. Therapeutic Touch proved to be so successful that it has been adopted by hospices and care facilities to support the wellbeing, healing and stress management for those living with illness, their caregivers, the bereaved; as well as supporting volunteers and staff.

The workshop will explore and explain the beginnings of Therapeutic Touch and how it has grown within the wellness services offered at Michael Garron Hospital in Toronto, Dorothy Ley, Bethel House and Hospice Mississauga in Peel, Hospice Wellington in Guelph and numerous hospices throughout the province, country, continent and globe. This is an easy to learn modality that can be used in-person and virtually. Join us for a few fun grounding and interactive exercises that everyone will be able to take part in as well as a demonstration of the very respectful Therapeutic Touch energy work that is both profoundly affective and simply delivered. Meditation will be included in the presentation.

Wellness is about wholeness within the mind, body and spirit, creating a sense of total well-being where every aspect of an individual is supported. Therapeutic Touch speaks to this wellness, this wholeness and this well-being supporting it.

CONCURRENT SESSIONS - SERIES 600 Tuesday, June 10 8:45-10:00 …continued

Workshop 611

From a Spark to a Flame: How to turn an idea into a successfully funded project

Caitlin Agla

Program Design, Delivery, & Innovation

This workshop aims to inform on how to turn a program idea into a successfully funded project. We will share the process from program inception and grant application to completion and scaling.

Participants will learn about our strategy for this grant application and program design considering the following factors: impacts of COVID-19, local/government priorities, our strategic plan, sustainability, and client need. Detailed information will be shared regarding the programs and initiatives made possible at Hospice Waterloo Region (HWR) with our $200,000 OTF grant. This project aims to support the unique needs of people in bereavement by creating a new Bereavement Navigator position that connects people to supports within Hospice Waterloo Region and the community; create more counselling appointments for the community; support complex needs/grief following COVID-19; and implement staff wellness activities to build coping skills and resiliency.

HWR proudly trained over 50 new volunteers in specialized bereavement supports, supported an 82% increase in bereavement clients, and launched the Wellness @ Work program for staff. Participants are encouraged to bring their own program ideas with them, and there will be time for interactive participation and discussion to cultivate their own plans. This workshop is best suited to program planners and leadership staff. Training methods include didactic presentation, live polling and interactive slides, and group discussion.

Interest Group 612

Hospice Residences Clinical Leads Interest Group. Meeting for members of the Interest Group.

Interest Group 613

Grief & Bereavement Interest Group. Meeting for members of the Interest Group

10:00-10:15	**Break**	**Grand York Foyer**

CONCURRENT SESSIONS - SERIES 700 Tuesday, June 10 10:15-11:30

Workshop 701

Part 2 of 601 How to Provide Palliative Care to Refugee Claimants Under the Interim Federal Health Plan (IFHP) - Everything That You Need to Know!

Program Design, Delivery, & Innovation

This is part 2 of Workshop 601

Workshop 702

Integrating Certified Child Life Specialists into Hospice Care: Enhancing Support for Children, Youth, and Families in Residential & Community Settings

Julia Zinn, Sheila MacPherson

Program Design, Delivery, & Innovation

Many children and youth will bear witness to an illness of a close person, including navigation of healthcare and end of life experiences. Evidence suggests that 1 in 14 Canadian children will experience the death of a parent or sibling before the age of 18. When children do not receive adequate support related to serious illness, end of life, and grief, they experience greater vulnerability to negative sequalae, such as increased anxiety, distress, difficulties with school, withdrawal, and coping, amongst other consequences.

Presenters will discuss how Certified Child Life Specialists (CCLS) are uniquely equipped to help address information needs, emotional expression, and support coping from diagnosis through to bereavement. This workshop will increase understanding about the role of CCLS as members of hospice care teams, in both residential and community-based organizations. Presenters will offer an overview of relevant data and research along with practical considerations for integrating developmentally-appropriate psychosocial support into core hospice programming.

Participants will leave with a deeper appreciation for the specialized role and services of CCLSs and how they promote positive outcomes for children, youth, and families. To encourage an interactive atmosphere, this workshop will utilize small and large group discussions. Additionally, participants will have the opportunity to engage in a hands-on activity that they will be able to take back to their respective organizations.

Workshop 703

Strengthening Hospice Care Through Collaboration: Developing Feedback Surveys for Quality Improvement.

Maria Borczyk

Program Design, Delivery, & Innovation

Continuous Quality Improvement (QI) is a required process that hospices must implement to improve hospice programs and services. Feedback from patients, families, volunteers and staff is an important improvement driver for quality improvement plans. The Hospice Palliative Care Collaborative started with approximately 10 hospices that were using a common platform to develop their own organizational scorecards. The leaders from these hospices decided to continue to work together to come up with measures and surveys that were customized for hospice palliative care. Today, there are over 20 hospices in Ontario in the collaborative working together. There have been several surveys that have been created by the collaborative and implemented including a staff survey, a governance survey, a volunteer survey and a hospice residence program survey. These surveys include the feedback questions that are required to meet HPCO accreditation standards. The collaborative has just completed a survey for community hospice programs.

This workshop will discuss the process of creating the surveys, the benefits and challenges of creating common surveys, interesting findings with the implementation of the surveys and the data results to date and the next steps for the collaborative team.

CONCURRENT SESSIONS - SERIES 700 Tuesday, June 10 10:15-11:30 …continued

Workshop 704

Mourning Transitions. Who am I now?

Sharon Sbrocchi,
Winnie Visser

Program Design, Delivery, & Innovation

Over the past 2-3 years we have learned how to advance and grow our bereavement program by listening to the needs of our clients and assessing sustainability.

Using client input, volunteer engagement and clinical expertise we have grown our bereavement program from a humble drop-in, cafe-style program, to a comprehensive program of hosting Grief 101 which consists of 8 weekly sessions of sharing and learning about grief and then participants transition to a continued Mourning Transition group that is 8 sessions every other week. Mourning Transitions encourages people to assess their new purpose and self-identity. Every session intentionally encourages participants to look at who they are without their loved one. Many end up revisioning themselves and creating projects that reflect who they find themself to be now.

We've grown from one small group with mixed losses to 3 new Grief 101 groups (one non-spousal loss and 2 spousal loss groups) as well as 2 mourning Transition groups this winter. Each person involved in Grief 101 begins with a bereavement assessment to be sure they are appropriate for a group context. The growth of our participants is incredible to see.

Workshop 705

Cultivating Deeper Roots – Using Horticultural Therapy to Provide Care to our Residents, Care Team and Community

Lynn Leach

Program Design, Delivery, & Innovation

While providing exemplary person-centred care to our residents and families, Stedman Community Hospice uses Horticultural Therapy to extend that care to build resiliency in our care team and to provide on-going grief and bereavement support to our community.

Workshop attendees will 'walk the garden path' of our stunning therapeutic garden, lovingly maintained by an intergenerational team of volunteers, many of whom are connected through their own experience of loss. You will learn how they are encouraged to find meaning and purpose, creating beauty to be enjoyed by others.

Like tendrils of a vine, Horticultural Therapy is woven into many of the other programs offered at Stedman Community Hospice, supporting the participants and simultaneously, those that deliver the programs. Be inspired by our 'Nurture the Nurturer' series, that uses Therapeutic Horticulture activities designed specifically to meet the needs of our care team. Attendees will be engaged in horticultural activities that will deepen their understanding of why this evidence-based therapeutic modality has been used around the world for thousands of years.

Workshop 706

Moving with Grief

Rachel Claire - Barth

Caring for the Care Team

Following a sequence of seasons, this workshop invites participants to "move with grief" and embrace the present moment, loosening our focus on the past or future. Through a curated setlist of music, we will dance with each season (starting in winter, spring, summer, fall and ending in winter) welcoming the emotional experiences that may arise along the way. Dancing in community is a powerful tool for healing, allowing us to co-regulate, fostering a sense of safety and connection. It also teaches us the profound strength of being together during challenging times.

For caregivers, care team members, and those navigating grief, it can often feel overwhelming and even frightening to share vulnerabilities. This fear frequently leads to feelings of shame and isolation. However, moving together through dance provides a unique and transformative form of self-care. It helps participants connect to their bodies and emotions in a supportive group setting, creating a space where vulnerability is met with compassion rather than judgment.

Unlike traditional talk-based group therapy or peer-led support groups, which are essential for understanding our emotional experiences, this body-centered approach allows emotions to be integrated, experienced, and expressed in ways that transcend words. By moving together, we nurture resilience, emotional release, and the essential human need for connection, reminding us that we are not alone as we move with grief.

Workshop 707

Tools You Can Use: A Collaborative Regional Approach to Practical Caregiver Training

Tristan Lindsay,
Brittani Sabourin

Program Design, Delivery, & Innovation

Learning Outcomes: Participants will be able to: Describe elements of a Regional Practical Caregiver Education Program. Engage in activities within the Practical Caregiver Education Program and provide input and feedback; Gain insight into implementing the Practical Caregiver Education Program within their region through various modalities; and to promote and evaluate the program.

Participants will be provided an overview of practical caregiver education; a description of the working group that conducted an environmental scan, creating a model for regional practical caregiver education; and a description of the program being offered to organizations across Ontario Health-East to deliver in their communities. Participants will be guided through three engagement activities included in the Practical Caregiver Education Program
1) Assembling your care team;
2) Injury prevention through assistance with transfers;
3) Self-compassion activity.

After each activity participants will be asked for their feedback and reactions. Finally, participants will be invited to participate in a small group brainstorming session to describe how they could: use the program materials, promote the program in their communities, and evaluate the program.

CONCURRENT SESSIONS - SERIES 700 Tuesday, June 10 10:15-11:30 …continued

Workshop 708

Caring for the Care Team

Self-Preservation for a Career in Trauma-Exposed Environments

Maureen Pollard

Anyone working in hospice and palliative care is well prepared for the experience of death as part of the job. Still, over the course of a career, there are bound to be times that even well-trained and seasoned professionals struggle with the impact of witnessing suffering and trauma.

Through experiential activities as well as small and large group discussion, participants in this workshop will explore a range of practical strategies proven to support self-preservation. This workshop offers participants an invitation to reflect on how they might adapt their self-care with effective, sustainable personal wellness planning.

Workshop 709

Program Design, Delivery, & Innovation

Nature and Grief: A Retreat for Families Affected by SUID/SIDS Loss

Loralee McInroy

The Pregnancy and Infant Loss Network (PAIL Network) in Ontario, Canada, is dedicated to enhancing bereavement care and providing support to families who have experienced the loss of a pregnancy or infant. Our services are designed to address the specific needs of grieving families, shaped by their feedback.

Many families affected by SUID/SIDS have expressed a strong desire to connect with others who share similar losses, share their stories, and grieve together, but opportunities for this are often limited. In response, we organized a 3-day nature-based retreat for bereaved families, offering a space for those who have lost an infant to SUID/SIDS to come together.

This presentation will highlight the evidence supporting nature-based grief support, explore the planning, implementation, and evaluation process, and provide a thorough overview of our retreat. Session attendees will leave with ideas on ways to innovate or implement similar supports for families in their local workplaces and communities coping with any form of pregnancy or infant loss.

Workshop 710

Caring for the Care Team

Five Minutes to Connection: Understanding, Validating, and Supporting Clients while Improving Your Resilience

Lisa Bonneville,
Peggy Helkaa

Conversations are a vital tool in hospice palliative care, benefiting both the individuals receiving care and those providing support. This workshop offers practical strategies to help patients, and their loved ones recognize how feelings, thoughts, and behaviors are shaped by their unique life experiences, including childhood influences, cultural teachings, and personal traits.

We will explore how these factors influence responses to illness, grief, and stress, and how a brief, intentional conversation can nurture these connections. By dedicating just five minutes to education, de-escalation, support, and emotional validation, care providers can create a meaningful sense of safety and understanding.

This method fosters deeper relationships, alleviating frustration and helplessness for both parties. Participants will gain tools to facilitate compassionate, empathetic conversations that prioritize emotional regulation and well-being for all. We will explore how this practice helps improve resilience and reinforces the impact of conversations.

"People start to heal the moment they feel heard." — Cheryl Richardson

Workshop 711

Program Design, Delivery, & Innovation

From Crisis to Compassion: Developing Grief Programs That Work in Schools

Joy Friesen, Melissa Penner,
Danielle Vassallo

“Help us, we do not have the expertise to support our students on death and grief,” a school staff member implored Hospice Niagara, revealing critical gaps in schools’ capacity to address these sensitive issues. Recognizing widespread stigma and limited resources for children and youth (Canadian Grief Alliance, 2023), Hospice Niagara created an innovative program offering direct grief support within schools. This initiative includes psychoeducational presentations that normalize grief, train school staff, and provide practical strategies during crises, such as a student’s sudden death or when a student has a life-limiting illness.Hospice Niagara’s collaboration with school boards was central to the program's success. Building trust, navigating administrative hurdles, and integrating the program into existing frameworks proved challenging but essential. These efforts ensured seamless adoption, improving the program’s feasibility and impact.Designed for managers and grief program clinicians and coordinators, this workshop shares Hospice Niagara’s experiences and guides participants in developing age-appropriate, equity-focused grief support models for schools. Results: Participants will generate diverse grief program ideas, receive feedback, and enhance their understanding of how schools can support grieving students.

Interest Group 712 — **Complimentary Therapy Interest Group.** Meeting for Members of the Interest Group

11:30-12:15	**Lunch Buffet**	**Grand York Ballroom**
12:15-1:15	**Closing Keynote**	**Grand York Ballroom**
1:15-1:30	**Prize Draws and Closing**	**Grand York Ballroom**

Clinical Practice and Research Posters

Evaluating the Quality of an Outpatient Oncology Palliative Care Clinic in Southeastern Ontario: A Retrospective Review

Ghufran Hodyah, MD, Madeleine Wong

Background. Early palliative care (EPC) enhances quality of life in patients with advanced cancer. EPC is variably defined in literature: Prospective EPC where consultation is within 2 months of advanced cancer diagnosis; or Retrospective EPC where survival is ≥6 months after PC consult. The oncology PC clinic in Kingston sees approximately 500 new consults annually. Assessing service quality is essential for guiding improvements.
Methods. Retrospective cohort study of all adult cancer patients seen as new consults at the PC clinic in 2023. Data extracted included demographics, disease characteristics, PC referral details, and healthcare utilization data in the last month of life.

Results. The cohort included 441 patients (median age 70, 54% male), with 84% having stage 3 or 4 cancer. The most common tumour sites were lung (29%), gastrointestinal (26%), and genitourinary (10%). The median time from diagnosis to PC consultation was 1.8 months, and from PC consultation to death was 2.1 months; 23% died at home. 198 (45%) had a retrospective EPC consult, with high symptom burden, low PPS, and lung and head and neck cancers being associated with prospective EPC. 183 (41%) survived ≥6 months after PC consult, with younger age and head and neck cancer being associated with retrospective EPC, while lung cancer was associated with late PC.

Conclusion. Different definitions of early PC complicate evaluation of service quality and identification of targets for improvement.

Equipping Parents for Tender Conversations: A Call to Action for Healthcare Professionals

Julia Zinn

Evidence suggests that 93% of children will experience the death of a significant person in their life during childhood, with more than 7% of Canadian children experiencing the death of a parent or sibling. These statistics speak to the presence of dying, death, and grief in children's lives, thus underscoring a need to engage children in age-appropriate conversations related to these topics.

Further, studies reveal that – given the caregiving context – parents are well-situated to have tender conversations about dying, death, and grief with their children. However, conversations on these topics remain infrequent due to several barriers, such as pervasive social taboos, the desire to protect children, misconceptions that children are too young to understand, not knowing what to say, and so on.

As such, parents ought to be equipped through actionable strategies and tangible resources rooted in death and grief literacy to have these important conversations. This poster will present a review of the published evidence on conversations about dying, death, and grief between parents and their children, identify current gaps and limitations in this area of study, and discuss ways forward for equipping parents, providing three calls to action for healthcare professionals.

Group-Based Advance Care Planning Workshop Integrated into the Parkinson's Spectrum Disorder Education Program at North York General Hospital: A Retrospective Study

Joelle Soriano

Parkinson Spectrum Disorders (PSDs) cause progressive motor and cognitive decline, making early advance care planning (ACP) essential. However, ACP discussions are often delayed, limiting patient involvement in decision making. Group-based ACP interventions may provide a new approach to fostering ACP but remain unexplored in PSDs. This retrospective study evaluated a 40-minute group-based ACP workshop within a PSD rehabilitation program.

Participants completed pre-session, post-session, and three-month follow-up surveys assessing ACP knowledge, comfort, and POA appointment. Quantitative data were analyzed using ordinal logistic regression, while qualitative responses underwent thematic analysis. Results showed improved comfort with ACP and better understanding of substitute decision-makers, though most changes were not statistically significant. Readiness to complete a Power of Attorney for Personal Care (POA-PC) significantly increased ($p = 0.005$). At follow-up, 70% had discussed ACP with a healthcare provider, and 40% had newly completed a POA-PC. Participants valued the relaxed, interactive format and requested more time for discussion. Findings suggest group-based ACP education is feasible and supports earlier ACP discussions. Future research should include larger, more diverse samples to validate these findings.

Olanzapine Use for Cancer-Related Anorexia-Cachexia Among Palliative Care Patients: A Systematic Review

Amal Satih

Systematic review on the use of olanzapine for CAS in palliative care .

Saying goodbye in the age of physical distancing

Cassidy Ivec

This poster presents a research project about experiences at end of life in COVID-19 lockdowns. Data was collected in two Ontario locations: an urban and a more rural. Findings from this qualitative research can be used to better inform healthcare practices and policy development to enhance bereavement support in future public health crises.

Design for Care Conversations: A Qualitative Inquiry into Choices and Care in End-of-Life

Anupama Krishnan

Study Overview: This research investigates strategies to enhance communication between healthcare providers, older adults, and their caregivers, with a particular focus on the role of Social Prescribing at end of life. Preliminary findings suggest a significant communication gap within the healthcare system, compounded by insufficient training for healthcare providers. This gap poses a barrier to delivering compassionate and meaningful care. The study aims to explore these deficiencies in the context of end-of-life care communication.

Where Grief Meets Growth: A Scoping Review of Camp-Based Interventions for Children Experiencing Bereavement

Aaron Yim, Joanna Humphreys, Mya George, Sarah Lopes Sadafi

Background: Camp-based programs provide support for children grieving the loss of a significant person, offering peer connections and professional guidance. Camps collaborate with organizations, including hospices, to create environments where bereaved children engage in educational, therapeutic, and recreational activities.

Objective: This study examines the structure of bereavement camps, explores their goals, and analyzes the grief theories that inform their design, addressing a key gap in literature for grief and bereavement professionals.

Methods: A systematic search across 11 databases was conducted in November 2023, identifying 704 unique studies. Of these, 43 met inclusion criteria.

Results: Bereavement camps vary in programming and structure, reflecting differences in location and objectives. Grief-focused activities fall into three categories: art-based activities, activities centred on emotional processing, and relaxation-focused activities. These activities often align with multiple established grief theories, including the Dual Process Model, Continuing Bonds, and Grieving Styles.

Conclusion: This study underscores the role of camp-based interventions in supporting bereaved children, offering both practical insights and theoretical foundations.

Palliative Care Awareness and Training in Rural Family Medicine Postgraduate Learners: A Mixed-Methods Pilot Study

Dr. Matthew Yau, Dr. Nicholas Tompkins

Background: Rural settings face unique challenges in palliative care provision, such as limited resources, insufficient training, and wide geographic dispersion. Perspectives of rural palliative trainees are understudied: this is the first study worldwide exploring perspectives of rural resident physicians on palliative care

Methods: This pilot and feasibility study assessed rural family medicine residents' knowledge, awareness, and interest in palliative care at McMaster University (Canada) rural sites via surveys and semi-structured interviews. Data was analyzed using descriptive statistics and thematic analysis.
Results: Seven residents completed surveys, and four completed interviews. Prespecified feasibility criteria were met except for enrollment. Surveys highlighted variability in training and comfort, with gaps in addressing psychospiritual needs, artificial nutrition, and social determinants of health. Interviews revealed diverse practice settings, interplay between structural and personal barriers, and the importance of palliative mentorship.
Conclusion: This pilot study demonstrated the feasibility of exploring rural family medicine residents' perspectives on palliative care and yielded emerging perspectives. Results underscore the need for targeted educational interventions to address gaps and barriers specific to rural contexts.

Review of Inpatient Palliative Care Referrals at North York General Hospital

Audrey Cheng, Grace Ma, Joshua Lipszyc, Sarah Yip, Valerie Bessy Caraiscos, Zachary Hallgrimson

The Freeman Centre for the Advancement of Palliative Care at North York General Hospital (NYGH) provides care for patients with advanced malignant and non-malignant illnesses via inpatient consultation, ambulatory clinics, and outreach programs. The inpatient Palliative Care consultation service comprises a significant portion of the program. However, the characteristics of this patient population have not yet been delineated. The purpose of this study was to examine demographics, referral sources, and disposition information for patients referred to the inpatient Palliative Care team at NYGH.

This study is a retrospective chart review of inpatients referred to the NYGH Palliative Care service between January 1, 2017 and December 31, 2022. Following an inpatient Palliative Care consultation, Palliative Care clinicians completed a form summarizing patient demographics, diagnosis, symptoms, reason for consultation, referring service, and disposition details. Additional information, including admission data and trends in Palliative Care consultations over time, are being collected via involvement of Decision Support at NYGH. Descriptive and comparative analyses are being performed to characterize the dataset.

An in-depth exploration of the characteristics of patients referred to the inpatient Palliative Care team at NYGH would allow for better understanding of the needs of this patient population and assist in identifying strategies to improve delivery of inpatient palliative care.

Examining the Role of Social Work in MAiD Care: A Rapid Review of the Literature

Christopher Klinger, Jessica Hiseh, Raza Mirza, Sophie Quastel

Background: Medical Assistance in Dying (MAiD) was legalized in Canada in 2016, significantly re-shaping end-of-life (EOL) care. Despite their growing significance, the role(s) of social workers in supporting individuals and their (chosen) families through MAiD remain underexplored.
Purpose: This knowledge synthesis aims to explore the contributions and involvement of social workers throughout the MAiD process. It is set to examine how social workers support patients and their families in navigating emotional, psychological, and logistical challenges related to MAiD. It will also assess potential avenues toward guidelines and frameworks to better integrate social workers into healthcare teams, and explore likely implications of expanding their roles, particularly with regard to the possible inclusion of mental health conditions in MAiD eligibility.

Methods: A rapid review methodology following Dobbins' approach is employed to explore and synthesize the existing literature. Multiple electronic databases (such as CINAHL, PubMed, Scopus, etc.) alongside grey literature sources are searched for content analysis employed to group results thematically. Reporting follows PRISMA-RR guidelines.

Results: Findings will inform practice, policy, and research, clarifying social workers' roles in MAiD and enhancing their integration into healthcare teams. Ultimately, recommendations aim to expand their scope and interdisciplinary collaboration to enhance comprehensive EOL care.

A Dose of Discrepancy: Analysis of Artificial Intelligence Chatbots Performance on Opioid Calculations

Michael Arnason

Study Objectives: To explore the feasibility and safety of large language models (LLMs) as a decision-support and education tool in palliative care by assessing their ability to perform opioid conversions.

Methods: GPT4, GPT4mini, and Deepseek, as well as an LLM created for our study (OpioidGPT) were prompted to perform 20 opioid conversions of increasing complexity. Variance was calculated for responses from each LLM and between LLMs, as well as against the calculations of 2 physician experts. Responses were also analyzed qualitatively.

Results: When given the same prompt repeatedly, LLMs demonstrated discrepancies in responses up to 143%, with variance in answers correlated with prompt complexity. Additionally, responses between different LLMs and between LLMs and physician experts varied over 10-fold in magnitude. OpioidGPT was most concordant with physician responses and consistency of each LLM improved after training on clinical guidelines.

Conclusions: The use of LLMs as a decision-aid for rotating opioids presents significant patient safety concerns in the hands of inexperienced practitioners. However, given the stepwise nature of their analysis and improved accuracy with training, LLMs may be a useful educational tool for teaching opioid conversions.

Conveying indirectness and politeness: mitigation usage by Chinese immigrant patients, their caregivers, and palliative care clinicians

Siyi Fan

Background: Studies of Chinese immigrant patients' and caregivers' experience with advance care planning consistently demonstrate a preference for indirect communication. Mitigation devices are examples of intended indirect speech (e.g. shields, hedges, bushes, etc.) that reduce unwelcoming effects on the hearer.

Aim/Research question or hypothesis: Our study examines the prevalence and predictors of mitigation devices during inpatient palliative care (PC) consultations with Chinese immigrant patients.

Methods: This is an analysis of consultations between PC physicians, adult Chinese immigrant inpatients, and caregivers at a tertiary academic hospital in Toronto, Canada. We consecutively-recruited eligible participants from September 2022 to September 2023. We obtained participant sociodemographic and clinical characteristics using structured surveys. We used framework analysis at the sentence level to identify mitigation devices in PC consultation transcripts. We descriptively analyzed the frequency, type and distribution of mitigation devices.

Decolonizing Dementia Care for Residential School Survivors in Long-Term Care: A Scoping Review

May Remenda

Background: Indigenous seniors, particularly residential school survivors, face challenges in long-term care (LTC). Many are relocated far from their communities, leading to cultural disconnection and exacerbation of historical trauma. Dementia and disorientation can further intensify re-traumatization in culturally unsafe settings.

Objective: This scoping review explores dementia care for Indigenous seniors in LTC, focusing on reducing re-traumatization and enhancing cultural safety.

Methods: A systematic search of peer-reviewed literature from the past 15 years used terms including “Indigenous,” “dementia,” “long-term care,” and “Canada.” Studies were screened using inclusion/exclusion criteria. Two reviewers independently conducted title/abstract screening and full-text review. Thematic analysis identified patterns in culturally safe dementia care.

Findings: The search yielded 261 articles, with 10 meeting inclusion criteria. Key themes included the need for cultural safety training, integrating traditional knowledge, and community collaboration. Sub-themes highlighted cultural competency, historical awareness, and language accessibility.

Conclusion: This review highlights the urgent need for culturally safer dementia care for residential school survivors in LTC. It calls for staff education on historical trauma and traditional knowledge and urges policymakers to take concrete actions to ensure dignity and cultural connection for Indigenous seniors.

Examining Quality and Equity in Hospice Care: A Narrative Review of Patient and Family Experiences

Harveer Punia, Katie Goldie

Background: With Canada's aging population equitable access to quality hospice care is critical. Expanding residential hospices provide a home-like setting that supports culturally responsive, family-centered care. However, little is known about resident and family perceptions, especially regarding cultural influences on their experiences. Purpose This literature review examined perceptions of hospice care quality among individuals and caregivers, with a secondary focus on equity-deserving groups.

Methods: A search across CINAHL, Ovid Medline, and PsycInfo identified 53 studies (both qualitative and quantitative), 16 of which met inclusion criteria.

Results: Two major themes emerged: (1) Patient-identified quality factors, including a comforting environment and compassionate medical care, and (2) Family and caregiver perspectives, emphasizing communication, coordination, and satisfaction. Equity in hospice care, particularly in residential settings, remains a critically under-explored area. Current studies highlight inequities in access and care experiences, particularly among racialized communities, due to cultural mismatches and inadequate support structures.

Conclusions: With Canada's increasing diversity, further research is needed to explore culturally responsive and equitable hospice care. The next phase of this project will focus on identifying quality indicators specific to residential hospices, ensuring they reflect the needs of diverse populations.

To reassess or not reassess, that is the question. Exploring the use of the interRAI Palliative Care instrument as a reassessment tool across Ontario

Maya C. Canham

Objectives: The main objective of this study was to compare the use of the interRAI Palliative Care (interRAI PC) instrument to reassess palliative home care clients across Ontario. A secondary objective was to identify key factors that influenced these reassessment patterns.

Methods: This retrospective cohort study used interRAI PC assessments from approximately 129,000 unique clients from Ontario Health atHome who received at least one assessment from 2011-2022. Clients with only one assessment served as the reference group for clients reassessed at various intervals. The reassessment interval describes the number of days between clients' first two assessments. Standardized differences were used to identify meaningful differences, with a standardized difference of 0.2 or greater representing at least a small effect size.

Results: Across 14 regions in Ontario, the percentage of clients reassessed ranged from 11-46% and the average reassessment interval ranged from 140 to 296 days. There were significant differences with clients who had a prognosis of less than six months, high levels of health instability, or at least moderate levels of functional impairment being less likely to receive a reassessment at any interval. Pain was not significantly associated with reassessment.

Conclusions: These results point to wide variation in reassessment patterns across Ontario. To further understand these patterns, qualitative interviews will be completed with care coordinators from multiple geographies.

Attitudes of Canadian stroke physicians regarding palliative care for patients with acute severe stroke: A national survey

Giulia-Anna Perri

Background: Palliative care (PC) aims to enhance the quality of life for patients and their families when confronted with serious illness. As stroke continues to inflict high morbidity and mortality, the integration of palliative care within acute stroke care remains an important aspect of quality inpatient care.

Aim: This study aims to investigate the experiences and perceived barriers of PC integration for patients with acute severe stroke in Canadian stroke physicians.

Methods: We conducted an anonymous, descriptive, cross-sectional web-based self-administered survey of stroke physicians in Canada who engage in acute severe stroke care.

Results: Of the 132 physician associate members, 120 were surveyed with a response rate of 69 (58%). Stroke physicians reported that PC services were consulted "sometimes" and that PC services were consulted rarely for prognostication and more often for end-of-life care which they agreed was better delivered off the stroke unit. Several barriers for early integration of palliative care services were identified including uncertainty in prognosis. Stroke physicians endorsed education of both families and physicians would be beneficial.

Discussion: There remain perceived barriers for integration of palliative care within the acute stroke population. Challenges include consultation of PC services, uncertainty around patient prognosis, engagement, and educational barriers.

Validating a tool to measure serious illness communication competency among interprofessional clinicians: Assessment of Clinical Encounters – Communication Tool (ACE-CT)

Anish Arora

Background: Most tools that assess serious illness communication (SIC) skills are physician and treatment-centric. To address this gap, we developed and validated the Assessment of Clinical Encounters – Communication Tool (ACE-CT).

Methods: We used a three-phase multi-methods approach. Phase 1 focused on item development through review of existing validated tools, and a Bayesian process. Phase 2 involved item refinement and preliminary validation through think-aloud interviews. Phase 3 consisted of psychometric analyses where SIC experts used the tool to assess video-recorded standardized patient encounters from interprofessional clinicians completing a SIC training program.

Results: In Phase 1, 37 relevant items from previously validated tools were identified, of which 11 were removed due to redundance. Through the Bayesian process, 14 items were removed and 1 was generated. Through Phase 2, 2 items were generated and remaining items were refined to optimize measurability and understandability. In Phase 3, reliability was demonstrated through evidence of high internal consistency and moderate reproducibility, both over time and across raters. The tool was found to be responsive and have sound construct validity through evidence of congruence, convergence, and credibility.

Discussion: The ACE-CT demonstrates reliability and validity as a tool to measure serious illness communication skills among interprofessional providers.

Programs, Quality, and Self-Care Posters

Age Over Ninety Palliative Consultation Study

Anita Chakraborty, John Cameron, Kalli Stilos

Palliative care improves quality of life for patients with life-limiting illnesses, yet its integration for the oldest-old (aged 90+) remains understudied. This study examines palliative care consultations for the oldest-old at Sunnybrook Health Sciences Centre (2018–2022). Among 877 consultations, 69% involved non-malignant diagnoses, with only 9% having prior palliative care involvement. The median time from hospital admission to consultation was four days, and 78.2% of patients were transferred to a palliative care unit or died in hospital. Common referral reasons included decision-making/goals of care (24.5%), end-of-life care (24.1%), and discharge planning (20.9%).

Most patients (87.7%) had a "do not resuscitate" order at consultation. Findings reveal late palliative care integration, often near end-of-life, and highlight distinct needs of the oldest-old, particularly those with non-malignant conditions. The study underscores the need for earlier palliative care involvement, improved prognostication tools, and enhanced collaboration between palliative care and geriatrics to optimize care for this growing, vulnerable population.

Addressing Burnout and Compassion Fatigue in Palliative Nurses

Pamela Burns

Nurses providing a palliative approach to care are at increased risk of burnout and compassion fatigue. This is due to the expenditure of emotional energy and empathy in caring for patients and families facing a life limiting illness. Other challenges such as nursing workload and resource limitations further contribute to personal health issues that exacerbate compassion fatigue and lead to burnout. In a recent report on the state of nursing in Ontario conducted by WeRPN, 72% of Registered Practical Nurses (RPN) reported their job adversely affected their mental health along with 92% reporting that their work took a toll on their personal well-being and self-care.

These results are comparable to national studies examining rates of burnout among nurses. Therefore, it is essential that the well-being of palliative nurses be prioritized by employers to ensure nurses maintain their capacity to provide compassionate care to patients and families while safeguarding their own mental health. In 2024, Bayshore conducted a survey of its nurses in Ontario regarding support in caring for patients receiving MAID.

Nurses identified the need for employer led debriefing supports, improved education aimed at increasing comfort with the MAID process, and communication strategies to engage with patients and families receiving a palliative approach to care.

Development of Palliative Care in Saudi Arabia: Three Decades of Expertise

Sami Ayed

Palliative care is one of the six care systems in Saudi Arabia and has undergone significant growth over the past thirty years. However, challenges persist regarding this development. This paper examines these obstacles in the context of the rising demand for palliative services and explores potential strategies to address them.

Equipping the Future of Care: An Innovative Palliative Consultation Program

Brenda Derdaele

Palliative Pain and Symptom Management Consultants (PPSMCs) have been innovators in program design and delivery since 1992, supporting service providers, organizations, and system-wide palliative care advocacy at local, regional, provincial, and national levels. This poster highlights the reach and vast capacity-building impact of PPSMCs and their ongoing value in delivering high-quality palliative care across Ontario.

Palliative care pathway expansion in Riyadh Second Health Cluster

Sami Ayed

Palliative care is essential for enhancing the quality of life for patients with life-threatening illnesses, addressing their physical, emotional, and spiritual needs while supporting their families.

This paper explores the expansion of palliative care services in the Riyadh second (R2) Health Cluster, Saudi Arabia, as part of a broader initiative aligned with Vision 2030 health transformation goals. The R2 Cluster, recognized for its leading role with 633 enrolled palliative patients, aims to address gaps in service provision and improve patient care through a structured expansion process. This involves forming Multidisciplinary Teams (MDTs), providing comprehensive training, integrating caregiver and bereavement services, and implementing a robust data collection system. The methodology includes hospital assessments, training, and ongoing support, with a focus on enhancing communication and data management. Key challenges include improving inter-hospital communication and including private hospitals in data collection. The expansion efforts have successfully met and exceeded patient care targets, improved patient satisfaction, and alleviated emergency department pressures.

This research highlights the effectiveness of the expansion strategy and its alignment with national health transformation goals, setting a benchmark for palliative care services across the region

Reducing Violence Risk: Home Healthcare Nurses and Early Identification of Informal Caregiver Burden

Paula Lambert

An expanding body of literature suggests that informal caregiver burden is a growing issue that negatively impacts care recipients, informal caregivers, and formal care providers. In the home health care setting, the costs associated with informal caregiver burden include risks to the caregiver's physical, emotional, and psychological well-being, as well as an increased potential for caregiver burnout and stress.

By 2051, one-quarter of the Canadian population will be 65 and older (Statistics Canada, 2022). Most plan to live in their own homes for as long as possible (Sinha, 2020), with home being the most preferred place for palliative and end-of-life care and death (Pinto et al., 2024). This trend, combined with increasing lifespans, improved management of chronic conditions (including cancer), smaller family sizes, and delayed childbearing, will compound the issue of caregiver burden. Many informal caregivers are themselves 65 or older, highlighting a critical issue in healthcare that connects caregiver burden with the risk of multiple forms of stress and burnout.

Along with a mental health-guided philosophical approach such as the Tidal Model Theory (Buchanan-Barker & Barker, 2007), home healthcare nurses providing care can look to utilize an Informal Caregiver Burden Awareness and Support Model (Lambert, 2024) emphasizing a comprehensive approach to informal caregiver support. By prioritizing caregiver burden as a critical area of focus in reducing violence risk, home healthcare organizations and the nurses who work for them can help address gaps in care while also recognizing informal caregivers' critical role in caring for their loved ones.

A Holistic Approach to Hospice Design: Enhancing the End-of-Life Experience

Olivia Pereira

Objectives: This study seeks to define a holistic approach to hospice design, building upon existing compassionate architecture to prioritize human experience and create opportunities for meaningful moments of connection for all occupants. The research aims to contribute to the growing body of research on hospice architecture, providing a design approach that enriches the spatial requirements for future hospices in Ontario.

Methods: The study integrates literature reviews on biophilic design and evidence-based design considerations for care environments, and case studies of care typologies. It is further contextualized to Ontario through a provincial architectural catalogue of hospices and fieldwork insights from care providers of hospices in Waterloo Region. These methods show opportunities beyond what is prescribed in the current design standards informing hospice design in the province.

Results: Findings indicate that a human-centered design approach can significantly improve hospice environments by prioritizing nature, light, and flexible spaces, enhancing the emotional well-being of all occupants and offering them comfort, agency, and peace during end-of-life care.

Conclusions: This research supports the development of hospice residences that foster environments where the last moments of life are supported with sensitivity and compassion. This study on hospice design emphasizes the role of architecture in shaping dignified and meaningful end-of-life experiences.

Collaborative Efforts for Palliative Care Integration: Meeting the Fixing Long-Term Care Act Mandate in LTC Homes through Change in Culture Practices

Emily Mullins

This poster will highlight a large, successful multi-organization initiative aimed at sustaining a palliative approach to care across long-term care (LTC) homes in Ontario. In response to the new Fixing Long-Term Care Act (FLTCA), which mandates the adoption of a palliative care approach, this initiative focuses on transforming care culture to align with residents' needs, preferences, and end-of-life goals. Through collaboration with various organizations, the project employs evidence-based best practices, quality improvement, and change management strategies to shift from reactive to proactive, palliative-focused care models.

The poster will showcase the initiative's key objectives and quality improvement methodologies used to support the LTC homes, emphasizing the importance of collaboration. It will describe the strategies used to promote culture change including education and coaching for team members in palliative care competencies and the integration of data to measure improvements in care delivery. Results show a stronger workforce equipped to meet the FLTCA requirements. This initiative supports every LTC home seeking to integrate palliative care more deeply into their daily operations. It serves as a practical guide for administrators, directors of care, palliative care champions, and anyone in the LTC sector seeking to embed palliative care more deeply into their daily operations.

Peaceful Presence. Mindfulness and Breathwork: Enhancing Quality of Life and Fostering a Supportive Hospice Community

Jennifer Morritt

In May 2024 Margaret's Place Hospice worked for 4 months with an Intern from the Master's of Applied Gerontology Program at Brock University. This poster is the culmination of the Intern lead quality improvement initiative in mindfulness and breathwork at the Hospice, and outlines both the results of a literature review of the benefits of this approach at end-of-life and the outcome of the implementation of a series of breathwork and mindfulness projects including:

- One-to-one resident programs
- Distribution of resources for families
- "Mindfulness Week" for Hospice staff and volunteers

Programs, Quality, and Self-Care Posters

MH CarePartners Integrated Palliative Rounds

Carling Cisecki, Corina Murdoch

Background: Initiating integrated palliative rounds to improve patient outcomes and experiences in the home care setting.

Integrated care and collaboration among healthcare teams improves patient outcomes, enhances quality of care, and optimizes healthcare delivery. Through interdisciplinary palliative rounds involving nursing and personal support programs, we aim to improve communication, collaboration, shared knowledge translation and patient and caregiver outcomes and experiences.

Advancing Culturally Safer Palliative Care Education for Indigenous Communities

Holly Prince, Jessica Wyatt,
Kassandra Fernandes

Equitable access to health services is a cornerstone of social justice in Canada, including the urgent need to support Indigenous communities in providing palliative care that aligns with their unique values, traditions, and needs. This poster showcases an Indigenous-led suite of educational initiatives co-developed with Elders, Knowledge Carriers, health and social care providers, and partner organizations. These resources empower caregivers—families, community members, and frontline professionals—who support Indigenous peoples facing serious illness.
Highlighted resources include:

- Preparing for the Journey: Caring for Indigenous Peoples Who Are Seriously Ill: A comprehensive bedside manual with culturally relevant guidance, teachings, and tools for home care.
- Palliative Care for Frontline Workers in Indigenous Communities: A workshop-based curriculum for health and social care providers tailored to community realities, now with four newly piloted modules.
- Walking Alongside Indigenous Peoples Who Are Seriously Ill: A train-the-trainer curriculum for community-based caregiver education.
- Delivering Culturally Safe LEAP Education for Indigenous Communities: A training manual for LEAP-certified facilitators emphasizing Indigenous ways of knowing, being, and doing.

This poster explores how these resources build capacity, foster cultural safety, and advance equitable palliative care access for Indigenous peoples in Canada.

A Grief and Bereavement Community Partnership: The Butterfly Project

Margaret Paan

Supporting the grief and bereavement needs of a community is a key priority for Hospices.

The challenge of ensuring all of those in need of services and care are aware can be a challenge. In the region of Dufferin and Caledon, a collaboration has evolved over the last 3 years to ensure that bereaved community members could receive support and honour those they have lost. In partnership with the Hills of Headwaters Collaborative Ontario Health Team (HOHC OHT) Bereavement Working Group, Bethell Hospice lead a community wide initiative to grow a unique grief and bereavement initiative, The Butterfly Bereavement Project.

This community project engaged the public in personalizing vellum butterflies with colour and expressions of personal grief, love and hope. Whether it was through community agencies, libraries or through Bethell Hospice or Headwaters Health Care Centre, participants were creating something which would not only honour those who have experienced grief but also visually present the idea that loss is a universal experience and while there are lonely moments, one does not need to feel alone in it. Over 15 Community partners and their clients created over 4000 unique individual butterflies. To commemorate National Grief and Bereavement Day, and National Children's Grief Awareness Day during the month of November, an art installation of the butterflies was housed in the lobby of our local Hospital. The Art Installation sent a beautiful message to the community that those who have been lost will always be honoured and remembered, and that our community cares about those who are suffering from grief.

We hope to share and inspire other leaders, Hospices and community organizations to think about how working together differently can have tremendous positive impact on the grief and bereavement of their communities.