HPCO's Annual Conference

JUNE 14-16, 2026

HPCO
Hospice Palliative Care Ontario

Biennial Provincial Paediatric Palliative Care Symposium - **June 17, 2026**

Collaboration • Excellence • Innovation

HPCO2026
Program Syllabus

Sheraton Parkway Toronto North
Richmond Hill, Ontario

Presented By: Saint Elizabeth Foundation

Dear Colleagues and Friends:

It’s a pleasure to welcome you to the 2026 Hospice Palliative Care Ontario Conference. Over the days ahead, we’ll learn from thought-provoking keynote speakers, hear diverse perspectives in plenary sessions, and engage with workshops, oral presentations, and scientific posters designed to spark inspiration and thoughtful takeaways. We hope this event leaves you feeling connected to colleagues across Ontario and equipped with new ideas you can put into action.

Bringing a conference of this scope to life takes an extraordinary amount of behind-the-scenes effort. Thank you to our Conference Manager and team, the Conference Program Advisory and Scientific Committees, the Abstract Review Team, and the many Volunteers who support sessions throughout the program. We are also grateful to the moderators, oral presentation and poster judges, and the Hospice Palliative Care Ontario staff whose time, care, and expertise make this gathering possible.

We also extend sincere appreciation to our sponsors and exhibitors. Their partnership helps strengthen the conference experience, and their presence adds valuable opportunities to explore tools, programs, and services that support hospice palliative care. Please take time to visit the exhibitor area and connect with them during breaks.

Most of all, thank you to everyone who is presenting, attending, and contributing to conversations throughout the conference. Your commitment to sharing experiences, evidence, and innovations moves our sector forward. Together, we continue working toward a future in which every person in Ontario can access high-quality hospice palliative care when and where it is needed.
Welcome to the 2026 HPCO Conference!

N. Valk
Nadine Valk
Conference Co-Chair
Hospice Palliative Care Ontario Conference
2026

Amanda Maragos
Conference Co-Chair
Hospice Palliative Care Ontario Conference
2026

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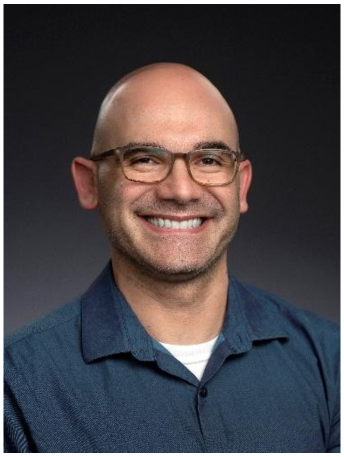
Opening Keynote
Sunday June 14, 2026



What We Talk About When We Talk About Palliative Care, *Jared Rubenstein*

Jared Rubenstein is a pediatric palliative care doctor and medical educator. He spent the first 10 years of his career at Baylor College of Medicine and Texas Children's Hospital where he served as fellowship program director and co-founder of the pediatric hospice and palliative medicine fellowship. He has recently relocated to Vancouver, BC where is humbled to accept the roles of Division Head of Pediatric Palliative Care at BC Children's Hospital and medical director of Canuck Place Children's Hospice. His academic interests include serious illness communication, biases around palliative care, and antiracism training.

He is passionate about helping people talk about difficult things and believes that the use of satire, animation, and humor can facilitate these conversations. His Youtube channel contains original animated videos utilizing these principles and addresses topics including serious illness, mental health, gender equity, and racism in medicine. The videos have been viewed over 200,000 times and are used nationally and internationally as teaching tools.

When he's not talking about palliative care, he loves traveling and spending time in nature with his wonderful wife and two hilarious kids.

Plenary Keynote

Monday June 15, 2026

Being here is enough: How palliative care teams come together to make a difference, *Philip Larkin*

Hospice Palliative care is built on a foundation of team engagement to address the complex needs of patients and their families. In this way, the team provides innovative caring ways to alleviate suffering and navigate the transitions towards end-of-life. The team concept speaks to the vision of Cicely Saunders in advocating for a Total Pain approach to embrace holistic assessment across the life experience. Each team is unique and that individuality can be a strength in determining best clinical and supportive approaches to care.

However, team as a construct is difficult to unpack? How can a team not only be developed, but nurtured and sustained? What practical considerations are needed to enable work to be both impactful and rewarding for all concerned – patient, family and professional caregiver?

This presentation will explore the place of a Hospice Palliative Care team as a compassionate community in and of itself. From the standpoint that effective Hospice Palliative Care is framed by small acts of kindness which make a difference in people's lives, this presentation will explore:

- How we can shape the development of a team,
- The meaning of leadership in the context of Hospice Palliative Care teams,
- Managing change,
- The essential component of self-care for team well-being.

The presentation will conclude with a reflection on the importance of inner resilience as a precursor to excellence in team dynamics.

Closing Keynote

Tuesday June 16, 2026

Honouring and elevating those who serve — in healthcare, education, public service, long-term care, and other mission-driven fields, *Peter Katz*

A Juno Award- and Canadian Screen Award-nominated singer-songwriter, Peter Katz is an expert in helping teams recognize, value, and celebrate their individual and collective impacts. His interactive keynote concerts feature songs and stories of resiliency, authenticity, and unexpected joy that guide audiences through challenging transitions and prime them for transformational change that endures.

Katz's unique approach sets an industry standard for care and customization. With each event tailored to meet his clients' needs, he helps leaders and employees at every level create new opportunities for connection and elevation. Audiences leave feeling recognized and empowered, with a deep sense of connection aligning them to a central values-driven vision.

Katz's perspective on service has been cultivated from nearly two decades as an internationally touring singer-songwriter. After a serious injury and a global pandemic interrupted his plans, he discovered that the skills he had honed through a life on the road — like creating space for deep communication and communal joy — were applicable to people from any industry and any walk of life.

A four-time TEDx fellow, Katz has delivered his highly customized keynote concerts and facilitations to organizations and associations from nearly every industry, including Bell, Johnson & Johnson, Xerox, Royal Lepage, American Express, Sick Kids Hospital, Sun Life, Mars, Trillium Health, and Royal Bank. His in-person events have been praised as "transformational" and he is recognized as a pioneer in creating highly engaging virtual experiences. Katz has also performed for over 150,000 people virtually from his state-of-the-art broadcast studio, including being invited to address the House of Commons of Canada.

HPCO2026 Program Framework

SUNDAY, JUNE 14

7:30-9:00	**Registration, Continental Breakfast & Exhibitor Showcase**	**Grand York Foyer**
9:00-10:00	**Welcome Remarks**	**Grand York Ballroom**
10:00-11:15	**Plenary Keynote:**	**Grand York Ballroom**
11:15-11:30	**Brief 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 WORKSHOP SESSIONS - SERIES 100 Sunday, June 14 1:00-2:15

Series 100	Stream	Title	Presenters	
101	Program Design, Delivery, and Innovation	Bringing Hospice to the Hospital: The Value and Impact of a Palliative Resource Nurse in a Community Hospital	Alanna Roylance, Trish Rawn	
102	Caring for the Care Team	Unicorns, Retreats, & Ice Cream: Building a Culture & Priority of Staff Wellness	Caitlin Agla	
103	Organizational Development	Part 1: Beyond the Gut and Guesswork: Building an Energizing Strategic Roadmap for Hospice Excellence	Kevin Huinink, Chris Bosch	
104	Clinical Practice	Transforming Dementia Care: Integrating Management of Responsive Behaviours With a Palliative Care Approach	Amit Arya, Donna Spaner and Nadine Persaud	
105	Organizational Development	Honouring Lives, Sustaining Care: Building Legacy and In-Memory Giving Programs with Confidence	Aimée Lindenberger	
106	Program Design, Delivery, and Innovation	Telepalliative Care: Working Smarter, Not Harder	Amanda Burcher	
107				
108	Program Design, Delivery, and Innovation	Advancing Specialized Hospice Palliative Care for Structurally Vulnerable Populations: Practice, Policy, and System Innovation	Felicia Kontopidis, Fr. Dr. Matthew Durham	
109	Program Design, Delivery, and Innovation	Creating Camp Opportunities for Grieving Children, Youth & Families	Aundrea Larocque	
110	Program Design, Delivery, and Innovation	HPCO's Advance Care Planning Initiative: Empowering Seniors to Lead ACP Community Presentations	Camryn Berry and Kenneth Hook	
111	Clinical Practice	Meeting Grief with Compassion: Integrating an Internal Family Systems (IFS) Lens into Community-Based Spiritual Care Support	Gord Alton, Daina Colbourne	
112	Program Design, Delivery, and Innovation	Hospice Care In Rural Setting	Brad Dowdall	

LIGHTNING TALKS PRESENTATIONS - SERIES 1 -2 Sunday, June 14 1:00-2:15

1:00-2:15	Lightning Talks Series 1	Paper1	The Art of the Visit: Supporting Grief and Bereavement in Community Palliative Care	Alisha Leventis; Carly McPhee; Wendy Boyle; Julia Taylor	**Aurora**
		Paper 2	Mindfulness-based practices for pain and symptom management: A scoping review	Celina Carter; Irene Boldt; Mary Anne Olalio	
		Paper 3	Storytelling as Care: Reducing Caregiver Burden Through Guided Celebration of Life Planning	Derrick Valenzuela	
		Paper 4	The Invisible Load: Supporting Unpaid Caregivers in Hospice Palliative Care through Social Prescribing	Joy Friesen	
	Lightning Talks Series 2	Paper 1	Professional Development and Continuing Education in Palliative Care: Perspectives of Health Professionals in Primary Healthcare	Katarina Vojvodic	**Newmarket**
		Paper 2	Implementing the HOMR Algorithm into the Electronic Medical Record to Promote Early Palliative Care: A Quality Improvement, Implementation Project	Aynharan Sinnarajah, Vincent Ho, Caitlin Tumey, Connie Stamp, Karen Law, Rachel Howe, Colleen Wilkinson, Julie Lapenskie, Pete Wegier, Sara	
		Paper 3	Supporting Ones Journey Into the Spirit World Project	Natalie DiFebo	
		Paper 4	Holistic mental health support for older adults: acceptability of the Mental Health Conversations Initiative in the hospice palliative care context	Chelsea Coumoundouros, Elizabeth Kalles, Katie Aubrecht, Nelly Oelke, Carrie McAiney, Paul Holyoke, Justine Giosa	
2:15-2:45	**Refreshment Break, Exhibitor Showcase & Poster Presentations**				

CONCURRENT WORKSHOP SESSIONS - SERIES 200 Sunday, June 14 2:45-4:00

Series 200	Stream	Title	Presenters	
201	Program Design, Delivery, and Innovation	Virtual Reality: Exploring New Dimensions to Support Residents in Residential Hospice	Brianna Kennelly, Morgan Puusaari, Akul Limaye	
202	Caring for the Care Team	Grief Songs: Caring for the Care Team Through Communal Singing	Jordan Topp, Kate Keenan	
203	Organizational Development	Part 2: Beyond the Gut and Guesswork: Building an Energizing Strategic Roadmap for Hospice Excellence	Kevin Huinink, Chris Bosch	
204	Organizational Development	Scaling Compassion: Workforce Recruitment During Hospice Expansion	Yvonne Nasri	
205	Organizational Development	Managing Growth Without Losing Quality: Volunteer Onboarding, Training, and Risk Management in an Expanding Hospice	Alexandra Allen and Diana Cooke	
206	Program Design, Delivery, and Innovation	Large Group Advance Care Planning: Lessons and Opportunities	Caroline L. Duquette, Julie Aube, Jennifer Gosselin, Renee Guertin, Amber Tooley, Christine Pun, John C. Hogenbirk	
207	Caring for the Care Team	Mindfulness, Metta and the Care Team: Attending to Provider Suffering in Hospice Palliative Care	Nadine Valk; Celina Carter; Tara Cohen; Pamela Grassau	
208	Program Design, Delivery, and Innovation	Hack the System: Advancing Harm Reduction and Equity in Palliative Care	Felicia Kontopidis, Fr. Dr. Matthew Durham	
209	Clinical Practice	Space for Connection and Expression: An Art Therapy Open Studio Practice Integrated into Hospice Community Supports	Erica Palmer	
210	Program Design, Delivery, and Innovation	Grief Uprooted: Exploring Grief Through Land-Based Camp Models of Care	Christine Dernederlanden	
211	Organizational Development	Fundraising Metrics That Matter in Hospice: What to Track, Share, and Ignore	Sandra Sullivan	
212	Program Design, Delivery, and Innovation	The Role of the Palliative Pain and Symptom Management Consultants (PPSMCs) in Advancing the Ontario Health Services Delivery Framework	Maria Rugg	

LIGHTNING TALKS PRESENTATIONS - SERIES 3-4 Sunday, June 14

2:45-4:00	Lightning Talks Series 3	Paper 1	Ritual Is a Clinical Intervention	Jesse Lawther	**Aurora**
		Paper 2	Music, Loss, and Grief Rituals: A review of music-based mourning and music therapy approaches in bereavement care	Sara Klinck	
		Paper 3	Integrating Psychiatry into a Community Based Palliative Care Team for Structurally Vulnerable Populations: A Descriptive Retrospective Cohort Study	Ovini Thomas, Jude Sanon, Lauren Thomson, Naheed Dosani, Daniel Rosenbaum, Trevor Morey	
		Paper 4	A New Text-Based Approach to Delivering Quality Bereavement Care	Emma Payne	
	Lightning Talks Series 4	Paper 1	From Bedside to Policy: The Multi-Level Practice of Hospice Care	Taylor Kierdorf	**Newmarket**
		Paper 2	The Multidisciplinary Metastatic Spine Clinic: Advancing Timely, Comprehensive Care	Dr. Nadine Gebara, Dr. Haley Draper	
		Paper 3	How the representation of palliative care in art and entertainment might impact clinical practice	Wilson Kwong	
		Paper 4	Using artificial intelligence and machine learning to promote early palliative care referral	Adam Rapoport, Santiago Eduardo Arciniegas, Adam Paul Yan, Aamir Jeewa, Rugambwa Michael Muhame, Lin Lawrence Guo, Agata Wolochacz, Lillian Sung, Anne Dipchand, Kate Nelson	
4:15-5:15	**Carmelita Lawlor Lecture in Palliative Care** *unaccredited session*				**Grand York Ballroom**
5:15	**Free Time / Dinner on your own**				

MONDAY, JUNE 15

7:30-8:30	**Registration, Continental Breakfast & Exhibitor Showcase**	**Grand York Foyer**
8:30-9:00	**Welcome Remarks**	**Grand York Ballroom**
9:00-10:15	**Plenary Keynote:**	**Grand York Ballroom**
10:15-10:45	**Refreshment Break, Exhibitor Showcase & Poster Presentations**	

CONCURRENT WORKSHOP SESSIONS - SERIES 300 Monday June 15 10:45-12:00

Series 300	Track	Title	Presenters	
301	Organizational Development	Part 1: Beyond the Thank You Letter: Building a Donor Stewardship System That Retains and Grows Support	Robyn Knickle	
302	Clincial Practice	Stories of Family-Centered Songwriting in Paediatric Palliative Care: Building Legacy and Continuing Bonds	Kristen DiMarco	
303	Organizational Development	Operational Lessons from St Joseph's Hospice of London: Reducing Admin Burden	Emily Nielsen	
304	Program Design, Delivery, and Innovation	HPCO's Grief and Bereavement Data Collection Tool: Updated Results	Camryn Berry	
305	Program Design, Delivery, and Innovation	Bridging the Gap: A Practical Toolkit for Providing IFHP-Funded Hospice Palliative Care to Refugee Claimants	Vilma Oliveros, Priya Gupta, Humaira Saeed, Dipti Purbhoo, Heidi Bonner	
306	Caring for the Care Team	Caring at Home and at Work: Building a Culture that Supports Working Caregivers	Katie MacDonald	
307				
308	Clincial Practice	"I have never told anyone this" When Your Patient Discloses A Historical Trauma.	Eugene Dufour	
309	Program Design, Delivery, and Innovation	Building Resilience Through Connection: Lessons from Madawaska Valley Hospice's First Widows Retreat	Jenna Stamplicoski	
310	Program Design, Delivery, and Innovation	Knot easy: Massage therapy, pediatric palliative care, and overcoming barriers to privately-funded healthcare	Dave Lysecki, Costa S, Marshall S,	
311	Organizational Development	HPCO Quality Management Platform: Findings and Opportunities	Brian Tramontini	
312	Program Design, Delivery, and Innovation	Harmony in Grief: A Music-Centred Peer Support Model for Bereavement in Long-Term Care	Kyla Lance & Kieran Race	
313	Interest Group Meeting	Coordinator of Volunteers Interest Group *by invitation only, unaccredited session*	Christine Gordon	

LIGHTNING TALKS PRESENTATIONS - SERIES 5 to 6 Monday June 15

10:45-12:00	Lightning Talks Series 5	Paper 1	Organizational structure	Phelim Boyle Zhe Peng	**Aurora**
		Paper 2	From education to practice: a mobile handbook for support workers in hospice palliative care	Jeffrey B. Moat, Raquel Meyer, Amy Archer,	
		Paper 3	Cuddlecot and CuddleBlankets Across the Lifespan: Equity-Centered, Trauma-Informed Post-Death Care in Hospice and Palliative Settings	Jessica Fleming	
		Paper 4	Palliative Care Unit Utilization at a Tertiary Hospital in Canada	Arnell Baguio, Asamarah Amin, Danyal Saeed, Alisha Kassam, Micheal Liauw, Jennifer Reyes, Gillian Maraña	
	Lightning Talks Series 6	Paper 1	Time Together: A Two-Tier Peer Support Program on Grief and Loss for Older Adults Living in Long-Term Care	Lea Joy Friesen	**Newmarket**
		Paper 2	Enhancing Care Delivery through Data-Driven Staffing Decisions in Hospice Care	Christine Degan, Abigail Millward	
		Paper 3	Improved competencies in serious illness communication among health care professionals: Results from the national ABCs education trial	Hsien Seow, Daryl Bainbridge, Jeff Myers, Nadia Incardona, Leah Steinberg, Oren Levine, Zhimeng Jia, Karen Zhang, Anish Arora	
		Paper 4	Centering Equity in Palliative Care: Addressing the Needs of Racialized Patients through Inclusive Practices	Fabienne Germeil	
12:00-1:00	**Lunch Buffet, Exhibitor Showcase & Poster Presentations**				

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

Series 400	Track	Title	Presenters	
401	Organizational Development	Part 2: Beyond the Thank You Letter: Building a Donor Stewardship System That Retains and Grows Support	Robyn Knickle	
402	Caring for the Care Team	Silent Losses, Stronger Care: Embracing Disenfranchised Grief	Kimberley Ramsbottom	
403	Program Design, Delivery, and Innovation	Grief on the Margin - Intersectionality of loss & the resulting impact on BIPOC youth	Delaney Holness	
404	Clincial Practice	Caring for patients who don't trust us: You don't owe us trust: Practicing Radical Love at End-of-Life	Dr. Nadine Persaud, Dr. Naheed Dosani	
405	Program Design, Delivery, and Innovation	Family Voices in Pediatric Palliative Care: Insights from the Emily's House Children's Hospice Family Advisory Council	Emily's House Children's Hospice Family Advisory Council	
406	Program Design, Delivery, and Innovation	Part 1: Medicine Wheel Teachings Relating to Death & Dying, Grieving and Release	Dorothy Keon	
407	Program Design, Delivery, and Innovation	From Family Circle to Family Advisory Collective: Family Engagement Innovative Partnership and the Ontario Health Pediatric Model of Care	Cindy van Halderen, Susan Repa	
408	Caring for the Care Team	Moving with Grief	Rachel Carmela	
409	Program Design, Delivery, and Innovation	Squaring the Curve for people with early diagnosed dementia	Donna Flood	
410	Organizational Development	How You Can Change the Politics of Palliative Care: Government Relations 101	Daniel Nowoselski, Cheryl Spencer	
411	Program Design, Delivery, and Innovation	Margaret's Place Hospice Heartbeats Project	Kyla Lance & Jennifer Morritt	
412	Program Design, Delivery, and Innovation	Collaboration to provide Excellence in Care in a Rural setting: Rural Hospice Support in the Madawaska Valley	Dylaina Wood	

LIGHTNING TALKS PRESENTATIONS - SERIES 7 to 8 Monday June 15

1:00-2:15	Lightning Talks Series 7	Paper 1	First Hospice in Canada in a National Park	Laura Lavallee	**Aurora**
		Paper 2	"Is it a friend?": children's experiences of friendship and loss in pediatric hospice	Liana Bailey, Mary Ellen Macdonald, Franco Carnevale, David Kenneth Wright	
		Paper 3	"The Way Through: Reimagining Grief Support Through Japanese Wisdom"	Maria Giannotti	
		Paper 4	"Life-changing": A mixed-methods study of in-home massage therapy for children with serious illness	Dave Lysecki, Costa S	
	Lightning Talks Series 8	~~Paper 1~~	~~Equipping the Future of Care: Strengthening relationships between PPSMC and HSP to advance Palliative Care in Ontario~~	~~Maria Rugg~~	**Newmarket**
		Paper 2	Access, Bridges, and Barriers to Music-Engagement and Music-Based Support in Bereavement	Sara Klinck	
		Paper 3	Cross Sector Patient Journey Mapping to Accelerate Early Identification and System Flow Improvements in a Palliative Approach to Care	Mary Buck, Carma MacKenzie	
		Paper 4	Collaboration to realize Innovative Palliative Care for Inuit in Ottawa	Valerie Fiset, Ben Carroll Janet Jull,	
2:15-2:45	**Refreshment Break, Exhibitor Showcase & Poster Presentations**				

CONCURRENT WORKSHOP SESSIONS - SERIES 500 Monday June 15 2:45-4:00

Series 500	Track	Title	Presenters	
501	Caring for the Care Team	Navigating the Nuance: Differentiating MAiD requests from suicidal expressions in mental illness contexts	Sara Olivier, Ali Ladak, Bridie Hamilton, Morgan Wark, Saumil Dholakia	
502	Clincial Practice	Grief Through Poetry: Using Dante's Divine Comedy in Clinical Practice	Daniele Vassallo; Lea Joy Friesen	
503	Clincial Practice	CANCELLED		
504	Organizational Development	What 25 years of Hospice taught me about the power of Legacy. Transforming connection into sustainable funding.	Debbie Kesheshian	
505	Program Design, Delivery, and Innovation	A Symbiotic Partnership: The Process of Accreditation and the Volunteer Department	Michael R. Nelson and Sunni R. Rochelle	
506	Program Design, Delivery, and Innovation	Legacy as Intervention: Psychosocial Impacts of Legacy Work in a Hospice Residence	Heather MacCuaig and Meghan MacMillan	
507	Organizational Development	Advancing Equitable Palliative Care: Case Based Approaches Towards Health Equity	Gurwinder K. Gill	
508	Program Design, Delivery, and Innovation	Part 2: Medicine Wheel Teachings Relating to Death & Dying, Grieving and Release	Dorothy Keon	
509	Program Design, Delivery, and Innovation	From hesitation to confidence: Building volunteer capacity to facilitate legacy activities in hospice care	Jessica Bytautas, Brianna Kennelly	
510	Interest Group Meeting	Hospice Residence Clinical Lead Interest Group *by invitation only, unaccredited session*	Christine Gordon	
511	Program Design, Delivery, and Innovation	InfoAnywhere: Recent Changes Review & Questions and Answers for InfoAnywhere Users.	Ian Farr	

LIGHTNING TALKS PRESENTATIONS - SERIES 9 to 12 Monday June 15

2:45-4:00	Lightning Talks Series 9	Paper 1	The Mourning Therapist: Exploring the experience of personal, professional, and cumulative grief of music/grief practitioners	Sara Klinck	**Aurora**
		Paper 2	"Nobody was ever going to put a spotlight on it": rendering Canadian specialist pediatric palliative care programs visible	Liana Bailey, Lauren Hanes, Kira Goodman, Shauna Wilcox, Megan Wright, Stacie Colwell, and Mary-Ellen Macdonald	
		Paper 3	A Home Palliative Paracentesis Service in Durham Region: Implementation and Early Outcomes	Vance Tran, Connie Stamp, Caitlin Tumey, Colleen Wilkinson, Katharyn Go, Jocelyn Stewart, Ed Osborne, Natalie Wong, Michael Borchuk, Vincent Ho, Hasan Zaidi, Aynharan	
		Paper 4	New and upcoming interRAI tools to support care planning and decision-making in palliative care	Maya Canham, Nicole Williams, Lynn Martin, Aynharan Sinnarajah, Christina Vadeboncoeur, Margaret Saari,	
	Lightning Talks Series 10	Paper 1	Bridging the Gap: Education-Driven Capacity Building to Serve Refugee Claimants Under IFHP	Vilma Oliveros, Priya Gupta, Humaira Saeed, Dipti Purbhoo, Heidi Bonner, Esther Beatty	**Newmarket**
		Paper 2	Exploring transitions in home care and long-term care using the new interRAI serious illness CAP	Nicole Williams, Lynn Martin, Dawn M. Guthrie, and John P.	
		Paper 3	A look behind the scenes: What it takes to deliver an Integrated Palliative Care Program	Anne McKye, Karin Swift	
		Paper 4	Talking about the hypothetical future: serious illness communication for residents living with dementia in long-term care homes	Elizabeth Wojtowicz	

LIGHTNING TALKS PRESENTATIONS - SERIES 9 to 12 Monday June 15...continued					
2:45-4:00	Lightning Talks Series 11	Paper 1	Ask Me Anything Clinic: Answering the medical questions of siblings of children living with a serious illness	Kate Sutherland & Dr. Gregorio Zuniga	**Ballantrae**
		Paper 2	Financial and Time Toxicity Among Patients with Cancer Enrolled in Pharmacotherapy Clinical Trials: Systematic Reviews	Ronald Chow	
		Paper 3	A Technology-Enabled Interdisciplinary Model to Strengthen Palliative Care in Long-Term-Care Homes: Earlier Integration, Better Residents Outcomes	Bella Grunfeld, Tingna Xu, Manjit Gill	
		Paper 4	Home Care Nurses' Perceived Competence and Self-Efficacy in Palliative Care Delivery: A Cross-Sectional Study	Joanne Ta, Joanne Tay, Kathryn Pfaff	
6:00	**Gala Reception**				**Grand York Foyer**
6:45 - 9:00	**Gala Awards Dinner**				**Grand York Ballroom**
9:00-11:00	**Entertainment**				**Grand York Ballroom**

TUESDAY, JUNE 16

7:30-8:30	**Registration & Continental Breakfast**
8:30-8:45	**Welcome Remarks**

CONCURRENT WORKSHOP SESSIONS - SERIES 600 Tuesday, June 16 08:45-10:00

Series 600	**Track**	**Title**	**Presenters**	
601	Program Design, Delivery, and Innovation	Community Driven Rural Hospice	Marjorie Joly, Cindy Stafford, Debroah Coelho	
602	Caring for the Care Team	Volunteer Supervision: Collaboration & Care for Visiting Hospice Volunteers	Vanessa Voorberg	
603	Program Design, Delivery, and Innovation	How can we teach equity-oriented palliative care? Exploring transformative approaches and its impact in medical education.	Oliver W. Fung, Naheed Dosani, Alissa Tedesco	
604	Program Design, Delivery, and Innovation	Navigating Cancer with Cubs: A Wellness-Based, Family-Centered Approach	Julia Zinn and Nicki Auclair	
605	Clincial Practice	Applying a Hospice Palliative Approach to Wound Care: Symptom Management and Quality of Life at End of Life	Katie Daly	
606	Program Design, Delivery, and Innovation	Strengthening Culturally Safe-r Grief and Bereavement Support in Indigenous Health Services	Holly Prince	
607	Program Design, Delivery, and Innovation	What Now? On the Threshold of Life, Death and Grief: Lessons from a Podcast in Practice	Julie Brown and Red Keating	
608	Clincial Practice	The Healing Voice: Integrating Vocal Psychotherapy Techniques into Hospice and Palliative Care	Hannah Carlson	
609	Program Design, Delivery, and Innovation	Choices at End of Life: Building Partnerships for Dignity and Quality Care	Lisa Wright, Christine Vallis-Page	
610	Organizational Development	MAiD Discernment: Spiritual Care as Clinical Containment	Jesse Lawther	
611	Program Design, Delivery, and Innovation	The Right Place, at the Right Time: Implementing a Direct Home-to-Hospice Transfer Model	Hannah Ballantyne	
612	Program Design, Delivery, and Innovation	HPCO Hospice Accreditation Info Session	Selina Abetkoff	
613	Interest Group Meeting	Grief and Bereavement Interest Group *by invitation only, unaccredited session*	Christine Gordon	

10:00-10:15	**Refreshment Break**

CONCURRENT WORKSHOP SESSIONS - SERIES 700 Tuesday, June 16 10:15-11:30

Series700	**Track**	**Title**	**Presenters**	
701	Program Design, Delivery, and Innovation	Walking Alongside Indigenous Peoples who are Seriously Ill: A Wholistic, Community-based Approach to Education for Caregivers	Holly Prince, Kassandra Fernandes, Jessica Wyatt	
702	Program Design, Delivery, and Innovation	Enhancing Illness Understanding to Better Inform Advanced Care Planning: Lessons learned from a Medical Decision-Making Workshop in the Community	Rachel Goldfarb, Joelle Soriano, Shannon Poyntz, Kyle Albuquerque-Boutilier, Judy	
703	Clincial Practice	Trauma Is the Context: Integrating Trauma-Informed Care Across Palliative Settings	Dr Naheed Dosani; Dr Nadine Persaud; Dr Amit Arya; Dr Donna	
704	Program Design, Delivery, and Innovation	"Giiwe win" - Showing the way home through a Traditional Palliative Care program	Leslie Saunders; Susan Blacker, Lincoln Jackson	
705	Organizational Development	Strategic Data Collection for Hospice: Turning Metrics into System Value and Future Planning	Lisa Wright, Trish Rawn	
706	Program Design, Delivery, and Innovation	Planning for Discharge at Hospice	Ronda Manning, Kate Brubacher, Ashley Tyrrell	
707	Program Design, Delivery, and Innovation	You're Not Alone: Tools and Communities That Help Youth Navigate Grief and Parent Illness	Krista Naugler	
708	Organizational Development	From the Bedside to the (virtual) Boardroom: When Care Becomes Governance	Mahoganie Hines	
709	Program Design, Delivery, and Innovation	Innovation Rooted in Compassion – Using Horticultural Therapy to Respond to Community Care Needs	Lynn Leach, Kerri VanSickle	

710	Clincial Practice	Speaking with Compassion: Conversation Guide for Last Days and Hours	Susan Doucette and Mallory Peters	
711	Program Design, Delivery, and Innovation	Gender Opportunities in Grief Group Therapy	Maddison Wojtus	
712	Program Design, Delivery, and Innovation	Exploring Co-Design Techniques for Hospice and End-of-Life	Maryam Mallakin, Kate Sellen	
713	Research	Collaborative Co-Design – What is the best way to conduct research with people who are dying?	Karen Slonim	
714	Interest Group Meeting	Fund Development Interest Group *by invitation only, unaccredited session*	Christine Gordon	
11:30-12:15	**Lunch and Awards Presentation**			**Grand York Ballroom**
12:15-1:15	**Closing Keynote**			**Grand York Ballroom**
1:15-1:30	**Prize Draw**			**Grand York Ballroom**

SUNDAY, JUNE 14

7:30-9:00	Registration, Continental Breakfast & Exhibitor Showcase	Grand York Foyer
9:00-10:00	Welcome Remarks	Grand York Ballroom
10:00-11:15	Plenary Keynote:	Grand York Ballroom
11:15-11:30	Brief 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 WORKSHOP SESSIONS - SERIES 100 Sunday, June 14 1:00 - 2:15pm

Workshop 101

Bringing Hospice to the Hospital: The Value and Impact of a Palliative Resource Nurse in a Community Hospital

Alanna Roylance, Trish Rawn

Program Design, Delivery, and Innovation

Our team at Hospice Georgian Triangle is requesting consideration to present a workshop at the HPCO conference to share insights into the implementation of the Palliative Care Resource Nurse role as a full-time position within a rural hospital, aimed at improving patient care and outcomes for individuals with life-limiting illness. This collaborative role provides on-site Hospice Palliative Care expertise in the hospital, resulting in improved symptom management for patients with life-limiting illness; earlier integration of palliative care; smoother transitions from hospital to home, hospice, or other supportive settings; reduced repeat emergency department visits and avoidance of unnecessary hospital admissions; and better end-of-life care for patients who die in hospital. Since becoming full-time in June 2024, the Palliative Care Resource Nurse has received over 640 individual patient referrals across all areas of acute care, including the emergency department, ICU, inpatient medicine and surgery, mother-baby, and dialysis. This presentation will highlight both the successes and challenges of the role within the hospital, including role definition, qualitative impacts such as patient stories, testimonials, and physician feedback, and quantitative outcomes related to system utilization and cost savings. The session will explore the value of expert hospice palliative care nursing within interprofessional teams, evolving attitudes toward early palliative care involvement, and the integration of hospice philosophy into acute care. We hope to foster collaborative discussion among our attendees and inspire other hospices to expand their impact beyond traditional hospice settings.

Learning Objectives:
To discuss/share: 1) Vision & implementation of the PCRN role and how it has evolved since initiation 2) Successes and challenges of PCRN role within acute care setting 3) Quantitative and qualitative measures of impact of PCRN role

Design Thinking Workshop, Campfire Session

Workshop 102

Unicorns, Retreats, & Ice Cream: Building a Culture & Priority of Staff Wellness

Caitlin Agla

Caring for the Care Team

Staff wellness, team wellness and organizational culture are things we all realize are important – but how do we build this into our own organizations? Wellness can impact everything from staff retention, costs of sick leaves, service delivery, and rising mental health needs in the workforce. While Hospice Waterloo Region has been supporting the community since 1993, our organization has been working through significant transitions over the last 5+ years, adding a hospice residence and doubling our staff. During these transitions, we placed great value on investing in staff well-being and organizational culture. We believe that to live our mission and provide the best care to our community, our staff must be cared for and supported too. This workshop will explore how we arrived at our goals and areas of focus with staff, what staff wellness activities we offer and plan, our overall wellness approach and strategy, how we applied and utilized granting opportunities for this work, and how we evaluate activities. Attendees of this session will be invited to discuss staff wellness events and activities that they utilize at their hospices so that we can all learn from each other. This session is designed for managers, leaders, and staff who support wellness and activities.

Learning Objectives:
Learn about the development of a successful staff wellness and organizational culture program Explore different approaches utilized such as events, de-brief's, feedback mechanisms, & connection Build a repertoire of approaches through group sharing

Campfire Session

Workshop 103

Part 1: Beyond the Gut and Guesswork: Building an Energizing Strategic Roadmap for Hospice Excellence

Kevin Huinink, Chris Bosch

Organizational Development

Hospice leadership often faces the challenge of choosing what matters most in a fast-changing environment with limited resources. Your board, staff and community all bring wonderful ideas and urgent needs to the table. Without focus, it's difficult to know what to say 'yes' and what to say 'no' to, but you can't do it all. This double workshop provides hospice leaders with practical, collaborative exercises to frame the future and begin to chart actions that move away from "gut decisions" to "grounded strategy." Imagine Board meetings that are focused entirely on tracking mission progress and removing barriers for your staff. With the guidance of our experienced strategic planning consultants, participants will, in small groups, apply design thinking principles to assess their readiness for strategic planning, articulate their unique opportunities and aspirations, and identify barriers that prevent them from achieving their mission or from wasting valuable time and resources. By the end of this session, attendees will have sampled elements of a robust strategic planning consultation and will have valuable tools in hand to build vision and identify barriers with their board and/or staff.

Learning Objectives:
Assess Strategic Planning Readiness Develop a 3-5 year opportunity and aspiration statement Identify and prioritize organizational pinch points that are hindering the current mission.

Table Teams, Design Thinking Workshop

Workshop 104

Transforming Dementia Care: Integrating Management of Responsive Behaviours With a Palliative Care Approach

Amit Arya, Donna Spaner and Nadine Persaud

Clinical Practice

People living with dementia often have complex care needs and limited life expectancies. Dementia is a progressive neurodegenerative condition that leads to increasing care needs over time, including the development of behavioural and psychological symptoms of dementia (BPSD), also referred to as responsive behaviours. As the number of people living with dementia continues to rise rapidly in Canada, integrating a palliative care approach to support individuals experiencing responsive behaviours has become increasingly important. Responsive behaviours are frequently rooted in distress related to pain, delirium, trauma, environmental and relational factors, and other unmet needs. Reframing these behaviours as meaningful expressions of distress rather than problems to be controlled highlights why clinical decision-making can be particularly complex for people living with dementia. Substitute decision-makers (often family members) may struggle to navigate choices about comfort-focused care, risk, and intervention in the context of prognostic uncertainty, while also trying to preserve dignity and quality of life. These decisions are further shaped by cultural values and beliefs, as individuals and families from diverse backgrounds may hold differing perspectives on aging, care needs, medication use, and end-of-life care. This workshop brings together an interprofessional specialist palliative care team with extensive experience caring for people living with dementia in long-term care (LTC). Using real-world case scenarios from LTC practice, we will explore how a palliative approach can transform dementia care, including the assessment and management of responsive behaviours. The session will highlight the importance of early advance care planning, trauma-informed and person-centred assessment, and strengthened support for family caregivers, while embedding principles of cultural safety and health equity throughout.

Learning Objectives:
1. Reframe responsive behaviours in dementia as expressions of unmet palliative care needs using holistic, trauma-informed, and person-centred assessment approaches. 2. Apply palliative care principles to support complex decision-making for people living with advanced dementia, aligning care with comfort, values, and quality of life. 3. Integrate cultural safety, health equity, and trauma-informed approaches when supporting families and care teams caring for people living with dementia.

Group Case Study Analysis

CONCURRENT WORKSHOP SESSIONS - SERIES 100 Sunday, June 14 1:00 - 2:15pm....continued

Workshop 105

Organizational Development

Honouring Lives, Sustaining Care: Building Legacy and In-Memory Giving Programs with Confidence

Aimée Lindenberger

Legacy and in-memory giving are deeply aligned with hospice and palliative care—but many organizations struggle to approach them with confidence, consistency, or internal support. This session will address the common myths and emotional barriers that can prevent teams, senior leaders, and Boards from fully embracing these forms of giving, even when they resonate strongly with donors and families. You'll learn practical ways to demonstrate the transformational impact and revenue potential of legacy and memorial giving, assess what these programs could mean for your organization's long-term sustainability, and position them as compassionate, mission-aligned investments rather than uncomfortable conversations. Through concrete tools and real-world examples, we'll explore how to engage Boards and senior leaders in productive discussions, align these giving opportunities with organizational values and care philosophy, and build a compelling internal case for investing in programs that honour lives, deepen connection, and support care for generations to come.

Learning Objectives:
1. Identify and overcome common myths and barriers that limit legacy and in-memory giving 2. Assess the potential revenue and long-term impact of legacy and memorial giving 3. Build a compelling case that engages Boards in investing in a program

Group Case Study Analysis

Workshop 106

Program Design, Delivery, and Innovation

Telepalliative Care: Working Smarter, Not Harder

Amanda Burcher

Telepalliative care is defined as the use of remote monitoring, video conferencing and mobile devices to enhance access to palliative care. The use of telepalliative care is emerging as an innovative solution to improve access to timely palliative care, as well as to improve symptom management and reduce use of Emergency Departments. It is important to design telepalliative care approaches carefully, in a manner that meets the needs of the people it will serve. In this Hackathon, participants will have a short theory burst, reviewing the evidence base for telepalliative care, it's strengths and limitations. We will also examine existing models within Ontario with the aim to learn from their implementation experiences. Participants will then have an opportunity to work collaboratively to design and build an ideal telepalliative care program, and discuss the anticipated barriers and opportunities to their proposed design. Participants from all backgrounds are encouraged to participate, as these programs are best built collaboratively with many different insights and perspectives. Participants will leave empowered with the tools and next steps to look at technological solutions as a means of enhancing palliative care supports for the populations that they serve.

Learning Objectives:
Understand the telepalliative care evidence base Explore key practices in telepalliative program design and development Learn which performance indicators are appropriate as a measure of program success

Hackathon

Workshop 107

Workshop 108

Program Design, Delivery, and Innovation

Advancing Specialized Hospice Palliative Care for Structurally Vulnerable Populations: Practice, Policy, and System Innovation

Felicia Kontopidis, Dr. Matthew Durham

The number of people experiencing structural vulnerability in Canada continues to rise, including people living with poverty, homelessness, involvement with the criminal justice system, disabilities, substance use and mental health challenges, refugee status, and other intersecting forms of marginalization. These populations face persistent and often compounded barriers to accessing appropriate, timely, and compassionate end-of-life care. Hospice and palliative care systems, largely designed for the "average" patient and reliant on informal caregiving networks, frequently struggle to meet the complex needs of individuals who lack stable housing, social supports, or system trust. Building on years of advocacy, program development, and sector-wide knowledge exchange, the Saint Elizabeth Foundation is now advancing this work through the establishment of the National Centre for Equity and Innovation in End-of-Life Care. The Centre serves as a platform for practice innovation, policy influence, research, and cross-sector collaboration focused on improving access and outcomes for structurally vulnerable populations at end of life. This interactive workshop will bring together healthcare leaders, planners, researchers, and community partners from across Ontario and beyond to explore how specialized hospice palliative care models are being implemented, scaled, and sustained in diverse contexts. Participants will engage in shared learning focused on translating evidence into practice, navigating policy and funding environments, and strengthening system-level responses to structural vulnerability. Using a World Café format, the session will explore three interconnected themes: 1. Models of Specialized Care for structurally vulnerable populations; 2. Policy, Funding, and Advocacy Levers to support equitable access; and 3. Research, Innovation, and Learning Systems emerging through the National Centre for Equity and Innovation in End-of-Life Care. Participants will leave with practical insights, peer connections, and tools to advance specialized hospice palliative care in their own communities and contribute to a growing national movement toward equity-informed end-of-life care.

Learning Objectives:
Examine structural barriers to equitable hospice palliative care and their impact on access, experience, and outcomes for structurally vulnerable populations. Explore emerging specialized care models, innovations, and implementation lessons advancing equity in end-of-life care across diverse community and system contexts. Identify practical strategies, partnerships, and policy levers to strengthen, scale, and sustain equitable hospice palliative care through collaborative leadership and system

World Cafe

CONCURRENT WORKSHOP SESSIONS - SERIES 100 Sunday, June 14 1:00 - 2:15pm....continued

Workshop 109 Program Design, Delivery, and Innovation	**Creating Camp Opportunities for Grieving Children, Youth & Families** This workshop explores how to thoughtfully design and plan a grief camp for children, youth, and families that fosters connection, resilience, and healing. Attendees will participate hands-on in guided activities while developing a practical framework to support their own grief camp ideas. Through practical examples, planning tools, and facilitated discussion, participants will build the skills needed to create inclusive, grief-informed camp experiences that nurture belonging, meaningful growth, and healing. The session highlights the intentional use of expressive arts and play-based activities to help camp participants safely express emotions, build peer connections, and strengthen ongoing bonds with the deceased. This workshop also focuses on developing grief literacy among children and youth at camp by normalizing conversations about loss, reducing stigma, and supporting age-appropriate understanding of grief. Active participation and openness to sharing are encouraged to gain the most from this experiential session. Learning Objectives: 1. Learn how to thoughtfully design and plan a grief camp for children, youth, and families 2. Apply expressive arts and play-based approaches to support children and youth who are grieving 3. Promote grief literacy in children and youth Role-Playing Scenarios	Aundrea Larocque
Workshop 110 Program Design, Delivery, and Innovation	**HPCO's Advance Care Planning Initiative: Empowering Seniors to Lead ACP Community Presentations** Advance Care Planning (ACP) is an approach that is proven to improve patient outcomes by promoting informed, person-centred decision making. ACP helps patients and their Substitute Decision Makers to make health care decisions that reflect their values, wishes, and beliefs, and helps to ensure they receive the care they want later in life. From June 2025 to March 2026, HPCO recruited seniors (aged 55+) living in Ontario who were interested in receiving virtual training to learn how to deliver Advance Care Planning presentations in their communities. The goals of this program were to: 1. Train seniors in Ontario to become confident to discuss Advance Care Planning with their community, 2. Help seniors to feel more engaged in their community, and 3. Facilitate opportunities for the public to learn about ACP from those trained volunteers. In this workshop, the results of our program will be discussed, and participants will learn about how this program was created, implemented and evaluated. In small group discussions, participants will be provided with an opportunity to learn more by sharing their own experiences with how they have brought ACP to their own communities. Learning Objectives: 1. Describe the design, implementation and evaluation of a community-based Advanced Care Planning training program for seniors (aged 55+). 2. Identify factors that support seniors' confidence in discussing Advance Care Planning within their Communities. 3. Identify strategies for effectively introducing Advance Care Planning concepts to Ontario communities. Campfire Session	Camryn Berry and Kenneth Hook
Workshop 111 Clinical Practice	**Meeting Grief with Compassion: Integrating an Internal Family Systems (IFS) Lens into Community-Based Spiritual Care Support** Workshop Abstract / Description Spiritual care providers are increasingly encountering complex bereavement shaped by trauma, strain from caregiving, moral distress, and lack of support systems. While spiritual care often emphasizes presence, meaning making, and ritual, clinicians may feel under-equipped when grief presents as internal conflict, emotional overwhelm, or protective coping strategies that appear resistant to traditional interventions. This interactive workshop introduces Internal Family Systems (IFS) as a clinically and spiritually congruent framework to enhance bereavement support. Participants will explore how grief can be understood through "parts" that hold pain, protection, meaning, and spiritual struggle, and how spiritual care providers can compassionately engage these parts. Through case examples and opportunities for discussion, participants will learn how an IFS-informed approach supports client autonomy, deepens spiritual inquiry, and strengthen clinical presence. The session will focus on how IFS can be used to provide support and collaborative meaning-making across care settings and within interdisciplinary teams. Participants will learn how to integrate an IFS lens into spiritual care conversations that foster innovative ways of providing support. Learning Objectives: 1. Describe how an Internal Family Systems (IFS) framework complements spiritually integrated bereavement support. 2. Recognize common grief-related "parts "and their impact on spiritual distress, meaning-making, and relationships. 3. Integrate IFS. Interactive Panel	Gord Alton, Daina Colbourne, Lisaard and Innisfree Hospice
Workshop 112 Program Design, Delivery, and Innovation	**Hospice Care In Rural Setting** This presentation examines both the challenges faced by rural hospice visiting services and the strategies that have proven effective in addressing them. Drawing on practice-based experiences and existing models of care, the session will highlight what works in rural hospice settings, including interdisciplinary collaboration, flexible service delivery, telehealth integration, and partnerships with local healthcare providers and community organizations. Emphasis will be placed on the role of community engagement, cultural sensitivity, and innovative approaches that support sustainability and quality of care. Attendees will gain practical insights and transferable strategies to strengthen rural hospice services and improve end-of-life care outcomes in underserved communities. Learning Objectives: 1. Identify key challenges impacting the delivery of hospice visiting services in rural settings. 2. Describe effective strategies and care models that support high-quality rural hospice care. 3. Examine the role of interdisciplinary collaboration, telehealth, and community partnerships in overcoming rural care barriers. 4. Apply practical, culturally sensitive approaches to enhance patient- and family-centered care in rural hospice services. Campfire Session, Design Thinking Workshop	Brad Dowdall
Lightning Talk LT1 - P1 Caring for the Care Team	**The Art of the Visit: Supporting Grief and Bereavement in Community Palliative Care** At end of life, emotional and spiritual distress is not a problem to be solved but an experience that calls for presence, listening, and compassion. While nurses are highly skilled in clinical assessment and intervention, end-of-life care, death pronouncement, and bereavement visits require relational and reflective competencies that are shaped by experience, education, and organizational support. These moments are pivotal for families and caregivers, and communication that feels rushed, unclear, or overly task-focused may negatively influence the anticipatory grief and bereavement experience. Nurses often form close relationships with clients and families and consequently, are uniquely positioned to support grief within their scope of practice when provided with consistent guidance and resources. Through a collaborative organizational self-assessment with SE Health and feedback from bereaved families, opportunities were identified to strengthen consistency in how anticipatory guidance, presence, death pronouncement, and bereavement support were offered across the care continuum. In response, a standardized grief and bereavement protocol was developed and implemented to support families/caregivers while also attending to the emotional well-being and learning needs of staff. The initiative included cross-shadowing with Hospice partners, LEAP Mini education, and structured self-competency assessments and resources from the Canadian Home Care Association's eiCOMPASS SPRINT Hub. A grief and bereavement training program, The Art of the Visit – Supporting Grief Work, was co-designed with bereaved caregivers and is currently being piloted with community nurses. Learning Objectives: Describe standardized grief/bereavement practices that support families/caregivers while addressing care teams' emotional well-being. Apply compassionate presence, communication, reflection, and organizational supports to strengthen approach. Q&A	Alisha Leventis, Carly McPhee, Wendy Boyle, Julia Taylor

CONCURRENT WORKSHOP SESSIONS - SERIES 100 Sunday, June 14 1:00 - 2:15pm....continued

Lightning Talk LT1 - P2 Clinical Practice	**Mindfulness-based practices for pain and symptom management: A scoping review** Many hospice palliative care clinicians report feeling most comfortable attending to the physical clinical aspects of dying while being less certain about how to attend to nonphysical suffering or how to alleviate physical symptoms that are exacerbated by emotional, spiritual or social pain. Mindfulness-based interventions (MBI) are thought to support total pain at the end-of-life yet little is known about which MBI are most useful in practice. The objective of our scoping review was to explore, 'what is known about using MBI at the end-of-life'? With the support of a research librarian, searches were conducted in Medline, Embase, Cochrane Central Register of Controlled Trials, APA PsycInfo, and CINAHL Complete in August 2021, February 2024, and January 2026. This scoping review includes 38 articles from international sources published between 2005 and 2025 with a range of research designs including randomized control trials (n=17). Five types of MBIs were noted, short single-session, multi-session mindful movement; supplemented meditation; mindfulness-based stress reduction; and acceptance and commitment therapy. Outcome objectives of the MBIs were numerous including dyspnea, pain, spiritual wellbeing, suffering, and anxiety. The majority of this talk will consider how these interventions might be applied in a broad range of clinical and non-clinical palliative and hospice settings to support patients and the people who care for them. Our findings indicate that interventions endeavouring to cultivate ways of paying of attention to the present moment, non-judgmentally with intention, offer many benefits to patients and their care-partners. Learning Objectives: 1. Describe how mindfulness-based approaches may address suffering and the interaction between emotional, spiritual, social, and physical pain 2. Identify a range of mindfulness-based interventions used at end-of-life care and the outcomes they aim to support. 3. Consider applications of mindfulness-based interventions across hospice and palliative care settings to support patients and caregivers Q&A	Celina Carter; Irene Boldt; Mary Anne Olalio
Lightning Talk LT1 - P3 Caring for the Care Team	**Storytelling as Care: Reducing Caregiver Burden Through Guided Celebration of Life Planning** Caregivers supporting a loved one at end-of-life carry heavy emotional and logistical burdens, often while experiencing anticipatory or acute grief. Despite the importance of memorialization in meaning-making and bereavement, Celebration of Life planning is rarely integrated into hospice palliative care in a structured or supportive way. Fond Farewells has developed a storytelling-led Celebration of Life planning model that reduces caregiver burden by shifting focus away from logistics and toward guided narrative reflection. Through structured conversations, caregivers explore the person's values, relationships, life milestones, and legacy. These stories naturally inform memorial design, allowing decisions to emerge with greater clarity, confidence, and less emotional strain. Drawing on real-world consultations and case examples, this presentation explores storytelling as both a therapeutic and practical tool that supports caregivers before and after death. Participants will gain adaptable tools—including story-based prompts, guidance on timing, and a caregiver-centered framework—that can be applied across hospice, palliative, and community care settings, offering a compassionate and innovative approach to memorial planning. Learning Objectives: Recognize caregiver burden; apply storytelling-based conversations to reduce stress and decision fatigue; integrate caregiver-centred Celebration of Life planning into hospice and community care. Q&A	Derrick Valenzuela
Lightning Talk LT1 - P4 Program Design, Delivery, and Innovation	**The Invisible Load: Supporting Unpaid Caregivers in Hospice Palliative Care through Social Prescribing** "I'm exhausted, overwhelmed, and I don't know where to turn but everything depends on me." This reflection is shared by many unpaid caregivers supporting loved ones with life-limiting illness. While hospice palliative care recognizes the importance of family involvement, the emotional, physical, and logistical labour caregivers provide often remains unseen and insufficiently supported. Caregiving unfolds alongside anticipatory grief, complex system navigation, and mounting strain on caregivers' own wellbeing. Unpaid caregivers frequently manage expanding responsibilities such as symptom monitoring, coordinating appointments, advocating across fragmented healthcare pathways, and offering continuous emotional presence. Despite their central role, many caregivers experience isolation, lack of preparedness, and limited access to timely, non-clinical supports. Hospice Niagara identified these gaps and responded by developing caregiver-focused initiatives grounded in lived experience, peer support, and community collaboration. These initiatives include Caregiver Connect peer support groups, the four-week Caring with Compassion education series, the Navigating a Life-Changing Diagnosis community event, and leadership of the Caregiver Network of Niagara, a cross-sector collaborative desi Learning Objectives: • Identify the emotional and practical burdens experienced by unpaid caregivers in palliative care • Understand how peer support, education, and social prescribing can strengthen caregiver wellbeing • Explore how collaborative, community-driven appro Q&A	Joy Friesen
Lightning Talk LT2 - P1 Caring for the Care Team	**Professional Development and Continuing Education in Palliative Care: Perspectives of Health Professionals in Primary Healthcare** This study aimed to assess opportunities for professional development and continuing education among professionals working in palliative home care units in primary healthcare institutions in the Belgrade region. Learning Objectives: Assess professional development and continuing education opportunities. Identify differences by role and intention to leave. Understand the impact on satisfaction and stress. Q&A	Katarina Vojvodic
Lightning Talk LT2 - P2 Program Design, Delivery, and Innovation	**Implementing the HOMR Algorithm into the Electronic Medical Record to Promote Early Palliative Care: A Quality Improvement, Implementation Project** This quality improvement project focused on integrating the Hospital One-year Mortality Risk (HOMR) tool into the electronic medical record (EMR) to identify hospitalized patients with high palliative care needs. Using change management frameworks, the team adapted and implemented the flagging system to trigger early nursing palliative care assessments and advance care planning (ACP) documentation. In the first eight months, ACP documentation increased and there were palliative care consults. The project demonstrated that EMR-based risk tools can facilitate earlier palliative interventions, improving care delivery for seriously ill hospitalized patients. Learning Objectives: 1. Explain the role of a mortality risk tool in identifying hospitalized patients with high palliative care needs. 2. Describe the steps involved in adapting, implementing, and sustaining an EMR-embedded flagging system using change management. Q&A	Aynharan Sinnarajah, Vincent Ho, Caitlin Tumey, Connie Stamp, Karen Law, Rachel Howe, Colleen Wilkinson, Julie Lapenskie, Pete Wegier, Sara Subramaniam, James Downar

CONCURRENT WORKSHOP SESSIONS - SERIES 100 Sunday, June 14 1:00 - 2:15pm....continued

Lightning Talk LT2 - P3 Caring for the Care Team	**Supporting Ones Journey Into the Spirit World Project** Maamwesying North Shore Community Health Services (MNSCHS) and the SE Health First Nations, Inuit and Métis Program partnered to develop the Supporting Ones Journey Into the Spirit World Project, a CPAC-funded initiative aimed at improving palliative and end-of-life care for Indigenous communities. Working collaboratively and guided by the wisdom and advice from the MNSCHS Senior Patient Advisory Council (Sr PAC), the partners co-created culturally relevant tools to support caregivers and care receivers. The vision was to ensure Indigenous communities, caregivers, and care receivers are equipped with culturally safe support to help honour end-of-life wishes. A central outcome was ten caregiver skills videos that provide accessible, culturally grounded education. The videos were filmed locally with Seniors and Elder community members in homes and settings reflective of Indigenous Communities. To ensure broad accessibility, the skills videos are located on an Indigenous-specific landing page on the CareChannel.ca website and available in English, French, and Ojibway. In this lightning talk, the presenters will showcase one of the videos and share the results of the project in the contexts of: supporting caregivers and care recipients; approaches in community engagement; and arts-based evaluation. They will then facilitate a question-and-answer period with participants. Learning Objectives: 1. Experience a caregiver skills video that provides accessible, culturally grounded education 2. Understand and relate to the results of the project in the contexts of community engagement and arts-based evaluation 3. Discuss lived experiences in supporting caregivers and care recipients in Indigenous communities in the context of palliative care Q&A	Natalie DiFebo
Lightning Talk LT2 - P4 Program Design, Delivery, and Innovation	**Holistic mental health support for older adults: acceptability of the Mental Health Conversations Initiative in the hospice palliative care context** Objectives: The Mental Health Conversations Initiative (MHCI) was co-designed to meet the needs of older adults receiving home and community-based care. The MHCI gives providers evidence-informed training and tools to spark holistic, non-diagnostic mental health conversations with clients. This study explored acceptability of the MHCI within eleven organizations across Canada, with this presentation focusing on MHCI acceptability within the hospice palliative care (HPC) context. Methods: Providers (n=72), including 6 HPC providers, completed MHCI training and used the initiative with older adults and caregivers for 8 weeks. Surveys and interviews explored MHCI acceptability and implementation. Results: HPC providers (nurses, social worker, volunteers) reported 'good' acceptability of the MHCI with an average acceptability score of 4 out of 5. Interview feedback from HPC providers suggested the MHCI fit well in the HPC context and minimal adaptations would be needed to develop an HPC tailored version of the MHCI given "Palliative is everywhere [...] as a home care nurse I don't feel there is a difference [between palliative care and home care]". The MHCI enabled HPC providers to support older adults and caregivers when mental health concerns were identified via routine screening, with one provider sharing that "Until this mental health tool came along, depression was a dead end". Conclusions: The MHCI is a promising approach to addressing the holistic needs of older adults receiving HPC and their caregivers. Future research will explore spread and scale of the MHCI within the HPC sector and broader health and social care system. Learning Objectives: 1. Learn about the Mental Health Conversations Initiative - a new strategy to provide holistic, non-diagnostic mental health support to older adults and caregivers 2. Understand how acceptable the initiative was to hospice palliative care providers and how they integrated the initiative into their practice 3. Consider potential for spread and scale of the Mental Health Conversations Initiative in the hospice palliative care sector, including into your own context Q&A	Chelsea Coumoundouros, Elizabeth Kalles, Katie Aubrecht, Nelly Oelke, Carrie McAiney, Paul Holyoke, Justine Giosa
2:15-2:45	**Refreshment Break, Exhibitor Showcase & Poster Presentations**	

CONCURRENT WORKSHOP SESSIONS - SERIES 200 Sunday, June 14 2:45 - 4:00pm

Workshop 201

Virtual Reality: Exploring New Dimensions to Support Residents in Residential Hospice

Brianna Kennelly, Morgan Puusaari, Akul Limaye

Program Design, Delivery, and Innovation

Objectives: This interactive workshop explores the use of virtual reality (VR) as a comfort-focused legacy activity for residents in residential hospice. Participants will (1) explore the potential benefits of VR for resident well-being and mental health; (2) understand the technical set-up and accessibility of VR technology for use by hospice volunteers to support residents; and (3) examine administrative and safety considerations for implementing VR programs in hospice or community settings. Methods: Drawing on VR testing conducted in a residential hospice in southern Ontario, this workshop will include a brief presentation outlining the functionality of VR, how it was implemented in a hospice setting, and practical examples of its use. Participants will observe a live demonstration of a VR headset and engage in facilitated group discussion and Q&A focused on program integration, volunteer and clinical use, safety and accessibility, and cost considerations. Results: Guided VR experiences – ranging from familiar home environments to international destinations – enabled residents to reconnect with meaningful place and memories. These experiences supported meaningful reflection, emotional comfort, and opportunities for shared connection between residents and their families. Conclusions: Integrating VR into hospice settings offers a flexible, non-pharmacological approach to enhancing resident well-being and person-centered care. This workshop equips participants with practical tools, considerations, and implementation strategies to support the safe and meaningful use of VR in residential hospice.

Learning Objectives:
Participants will (1) explore the potential benefits of VR for resident well-being and mental health; (2) understand the technical set-up and accessibility of VR technology for use by hospice volunteers to support residents; and (3) examine administrative and safety considerations for implementing VR programs in hospice or community settings.

Role-Playing Scenarios, Other, Live interactive demonstration

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Workshop 202

Grief Songs: Caring for the Care Team Through Communal Singing

Jordan Topp, Kate Keenan

Caring for the Care Team

Hospice palliative care providers and caregivers carry cumulative grief—personal, professional, and collective—yet often lack access to structured supports for acknowledging and holding this grief. This 75-minute interactive workshop offers an experiential, evidence-informed approach to caring for the care team through communal singing in the oral tradition. Grounded in grief theory, expressive arts therapy, and research on the physical and mental health benefits of group singing, the workshop creates a safe space where grief can be witnessed without personal disclosure. Evidence shows that group singing supports emotional regulation, reduces stress, increases social connection, and enhances resilience—protective factors against burnout, compassion fatigue, and moral distress. Participants will be guided through simple, accessible songs honouring multiple forms of loss, including personal grief, unacknowledged sorrow, unmet expectations, and the sorrows of the world. No singing experience is required, all songs are taught by repetition, and participants may engage at their own comfort level. The workshop models a low-cost, replicable practice that can be integrated into hospice teams, caregiver groups, and community settings.

Learning Objectives:
Understand how collective singing supports wellbeing and resilience for care teams. Experience a communal singing practice where grief can be witnessed and held, without personal disclosure. Identify ways to adapt this practice across care settings.

Facilitated group singing in the oral tradition, brief teaching, experiential learning

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Workshop 203

Part 2: Beyond the Gut and Guesswork: Building an Energizing Strategic Roadmap for Hospice Excellence

Kevin Huinink, Chris Bosch

Organizational Development

Hospice leadership often faces the challenge of choosing what matters most in a fast-changing environment with limited resources. Your board, staff and community all bring wonderful ideas and urgent needs to the table. Without focus, it's difficult to know what to say 'yes' and what to say 'no' to, but you can't do it all. This double workshop provides hospice leaders with practical, collaborative exercises to frame the future and begin to chart actions that move away from "gut decisions" to "grounded strategy." Imagine Board meetings that are focused entirely on tracking mission progress and removing barriers for your staff. With the guidance of our experienced strategic planning consultants, participants will, in small groups, apply design thinking principles to assess their readiness for strategic planning, articulate their unique opportunities and aspirations, and identify barriers that prevent them from achieving their mission or from wasting valuable time and resources. By the end of this session, attendees will have sampled elements of a robust strategic planning consultation and will have valuable tools in hand to build vision and identify barriers with their board and/or staff.

Learning Objectives:
Assess Strategic Planning Readiness Develop a 3-5 year opportunity and aspiration statement Identify and prioritize organizational pinch points that are hindering the current mission.

Table Teams, Design Thinking Workshop

Workshop 204

Scaling Compassion: Workforce Recruitment During Hospice Expansion

Yvonne Nasri

Organizational Development

As hospice organizations expand services and facilities to meet growing community needs, recruiting and sustaining a skilled, values-aligned workforce becomes both a critical challenge and a strategic opportunity. This session explores how hospice leaders can successfully scale their workforce, particularly frontline staff, without compromising compassionate, person-centred care. Drawing on real-world experience from hospice expansion initiatives, participants will learn practical recruitment strategies that support growth, strengthen employer brand, and attract mission-driven talent in a highly competitive healthcare labour market. The session will highlight approaches to frontline staffing, candidate experience, and internal culture-building that reinforce organizational values while meeting operational demands. Attendees will leave with actionable insights to align recruitment practices with organizational vision, leverage employer branding as a workforce tool, and build sustainable staffing models that support both expansion and long-term retention in hospice and palliative care settings.

Learning Objectives:
1. Implement recruitment strategies that effectively support hospice expansion while sustaining compassionate, person-centred care. 2. Apply practical frontline staffing approaches to address workforce shortages during periods of organizational growth. 3. Use employer branding tools to attract, engage, and retain mission-driven hospice professionals.

Live Polling or Word Cloud

Workshop 205

Managing Growth Without Losing Quality: Volunteer Onboarding, Training, and Risk Management in an Expanding Hospice

Alexandra Allen and Diana Cooke

Organizational Development

In the past five years, Hospice Waterloo Region has grown significantly from providing community services, six volunteer roles, and minimal on-site programming. We now work in a 27,000 square foot facility that houses an 11-bed hospice and on-site community programming, a satellite office in Cambridge, and services across all of Waterloo Region. Through this work we have more than a dozen volunteers active each day and a portfolio of more than 20 volunteer roles. To meet this growth in a way that maintains quality and meets accreditation standards, we have established five streams of volunteering at HWR: Client Support Volunteer, Organizational Volunteer, Youth Volunteer, Event Volunteer and Board of Directors. In this session, we will explore how we grew our onboarding, training and risk management practices to accommodate the changing needs of our volunteers and the organization. For each stream, we will share what onboarding, training, screening and documentation is required. We will also explain how we have aligned our processes and streams with HPCO Accreditation standard. This session will be most helpful to organizations that are growing their volunteer opportunities and/or growing from community to include hospice residence.

Learning Objectives:
1. Participants will explore ways to structure their volunteer programs to align with volunteer management best practices 2. Participants will learn more about HPCO accreditation standards around volunteer onboarding, screening and training

Group Case Study Analysis, Interactive Panel

CONCURRENT WORKSHOP SESSIONS - SERIES 200 Sunday, June 14 2:45 - 4:00pm....continued

Workshop 206

Program Design, Delivery, and Innovation

Large Group Advance Care Planning: Lessons and Opportunities

Caroline L. Duquette, Julie Aube, Jennifer Gosselin, Renee Guertin, Amber Tooley, Christine Pun, John C. Hogenbirk

Background: Patients who complete Advance Care Planning (ACP) activities are more likely to receive health care that is in line with their values and wishes. Unfortunately, barriers to ACP limit patient uptake. Large group ACP led by a nurse or allied health care professional offer a novel way to facilitate ACP for over 25 participants at a time. This study evaluated the effectiveness and practicality of large group ACP.

Methods: The research team conducted three separate, two-hour, large group, ACP workshops with a target audience of community dwelling older adults aged 55+. Recruitment methods included word of mouth, sign up tables, snowball sampling, posters, and media campaigns. At the end of the workshop, participants were invited to complete a voluntary survey.

Results: There were approximately 150 total workshop participants and 108 surveys were submitted. Over 83% of survey respondents had partially or fully completed an ACP document by the end of the workshop. Only 56% of respondents planned to share their completed ACP document with their health care providers. Of those who did not have an intention to share, the following reasons were provided: sharing ACP is not a priority right now; it is too awkward of a conversation to have with my healthcare provider; I would only share if my provider brought it up first; and I would only share if my healthcare provider requested it.

Conclusion: Large group ACP workshops offer a pragmatic way to facilitate the completion of ACP for community dwelling older adults.

1) Share tools, resources and recruitment strategies required to deliver a large group ACP workshop.
2) Discuss the reasons why participants did not intend to share completed ACPs with health care providers and how this may impact care.
3) Explore how large group ACP could best be incorporated into existing hospice palliative care programing to build capacity for ACP locally, regionally and provincially.

Campfire Session

Workshop 207

Caring for the Care Team

Mindfulness, Metta and the Care Team: Attending to Provider Suffering in Hospice Palliative Care

Nadine Valk; Celina Carter; Tara Cohen; Pamela Grassau

Within the context of Ontario’s health human resource shortages, widening health inequities, and increasing moral and emotional strain on care teams, hospice palliative care providers are experiencing unprecedented levels of burnout and demoralization. Alongside these systemic pressures, providers face repeated exposure to suffering, loss, moral distress, and cumulative grief. There is an urgent need for approaches that address both structural conditions and the lived experience of care teams. This intermediate, interactive workshop introduces an innovative mindfulness informed framework that integrates attunement, death thought systems, contemplative perspectives on suffering, and loving kindness (metta) practices — an approach not yet widely applied in hospice palliative care team development. Grounded in Mindfulness Informed End of Life Care (MIEOL), the session will support providers in recognizing and relating to their suffering without avoidance or over identification. Participants will examine how stress activates the nervous system, shapes team dynamics, and contributes to burnout and demoralization. The workshop also explores compassion-based practice and the development of a shared language of suffering that fosters understanding, care, and connection. Educational methods include brief didactic teaching, guided mindfulness and loving kindness practices, small group reflection (Table Teams), and facilitated large group dialogue (Campfire format). Designed for frontline providers, interprofessional team members, and leaders, the session offers evidence informed tools that extend beyond traditional resilience training. By strengthening provider wellbeing and relational capacity, participants will gain transferable skills that enhance team functioning and contribute to more equitable, culturally safer care environments across Ontario.

Learning Objectives:
1. Identify how suffering is expressed at individual and team levels. 2. Apply mindfulness and loving kindness practices to attend to suffering and demoralization. 3. Develop a compassionate language of suffering that supports understanding, connection, and team healing.

Campfire Session, Table Teams

Workshop 208

Program Design, Delivery, and Innovation

Hack the System: Advancing Harm Reduction and Equity in Palliative Care

Felicia Kontopidis, Fr. Dr. 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.

Learning Objectives:
Develop harm reduction policies and procedures for hospice palliative care serving structurally vulnerable populations through collaborative, multidisciplinary problem-solving. Apply evidence-based practices from Journey Home Hospice and the National Centre for Equity and Innovation to improve equity and access in end-of-life care. Build scalable innovation capacity by using rapid prototyping and cross-sector collaboration to strengthen inclusive palliative care systems.

Hackathon

Workshop 209

Clinical Practice

Space for Connection and Expression: An Art Therapy Open Studio Practice Integrated into Hospice Community Supports

Erica Palmer

This workshop seeks to provide an overview of the Art Therapy Open Studio program facilitated at Hospice Wellington by art therapist, Erica Palmer. This group has been facilitated by Erica since 2022, supporting people in Guelph and Wellington County with palliative, caregiver, and bereavement needs. All populations are welcome in the Open Studio space resulting in a collaborative, community environment where all forms of creativity are celebrated. Individuals attending often pursue a variety of art making activities alongside one another resulting in a rich environment characterized by compassion, learning and personal growth. Participants joining this workshop can anticipate the following learning outcomes: 1.) gain an understanding of the role art therapy has in a community hospice setting, 2.) awareness of methods present within an open studio model and delivery of care, 3.) increased awareness/appreciation of art therapy’s potential to make space for self-expression, healing and personal growth. The workshop will also include an experiential activity offered at each table.

Learning Objectives:
1Gain understanding of the role art therapy has in a community hospice 2Awareness of methods present within an open studio model and delivery of care3Increased appreciation of art therapy’s potential to make space for self-expression, healing, growth

Campfire Session, Table Teams

CONCURRENT WORKSHOP SESSIONS - SERIES 200 Sunday, June 14 2:45 - 4:00pm....continued

Workshop 210 Program Design, Delivery, and Innovation	**Grief Uprooted: Exploring Grief Through Land-Based Camp Models of Care** Step into a camp inspired experience of grief and healing for all ages. This interactive workshop invites participants to explore how grief is lived in the body and in community through land based practices, storytelling, and gentle reflection. Drawing on Indigenous grief camp experiences from Camp SOAR Spirits Our Ancestors Rekindled and the Grief Uprooted framework, participants will engage with meaningful tools, including the Forever Heart of Healing, and shared dialogue to discover new ways of supporting grief in hospice palliative care and community settings. Participants will also explore different ways grief has been understood over time, including traditional stage based models, and take part in open conversation about the language used to describe grief. Guided storytelling, reflective dialogue, and gentle body based practices support awareness, expression, and healing. Drawing on stories from Indigenous camps, the author leads group discussion and experiential activities using tools such as the Spirit Tree and the Forever Stone. Attention is given to how space, symbolism, and pacing create safety, meaning, and connection. Learning Objectives: Explore how different grief models and language shape experience, meaning, and care. Recognize how grief is held in the body and supported through gentle practices. Apply Land-based camp approaches to grief care across diverse settings. Campfire Session, Table Teams	Christine Dernederlanden, C.B.T., C.T.S.S., IAC-MP, Reiki Master
Workshop 211 Organizational Development	**Fundraising Metrics That Matter in Hospice: What to Track, Share, and Ignore** Hospice fund development teams are increasingly expected to demonstrate impact, efficiency, and sustainability, often with limited staff capacity and highly engaged volunteer boards. At the same time, many hospices struggle with too many metrics, unclear KPIs, and reporting that overwhelms rather than informs. This session focuses on simplifying fundraising measurement to support better decision-making, board engagement, and donor confidence. This seminar will explore fundraising metrics that align with hospice values, community-based funding models, and Ontario regulatory realities. Participants will learn how to identify a focused set of meaningful KPIs that reflect both financial performance and long-term sustainability, without reducing compassionate care to numbers alone. The session will place CRA cost-to-raise guidance in proper context, addressing common misconceptions and helping organizations communicate financial efficiency responsibly and transparently. Equal attention will be given to integrating story-based reporting alongside quantitative data, ensuring that fundraising performance reflects human impact as well as dollars raised. Participants will be introduced to simple, board-ready dashboard models designed to promote clarity, consistency, and action. These dashboards are intended to support productive governance discussions, reduce reporting fatigue, and align fundraising performance with organizational goals. An interactive KPI prioritization exercise will allow participants to assess their current reporting practices, identify high- and low-value metrics, and leave with a practical framework for what to track, what to share, and what to stop reporting. Intended Audience: Hospice and foundation leaders, fund development professionals, board members, and finance or governance committee chairs. Learning Objectives: By the end of this session, participants will be able to: • Identify 8–12 core fundraising KPIs that are most relevant to hospice organizations • Apply CRA cost-to-raise guidance appropriately and communicate it with confidence • Integrate storytelling and qualitative outcomes into fundraising performance reporting • Design a simple, effective fundraising dashboard that boards will read and use • Evaluate existing metrics and eliminate low-value or misleading indicators Campfire Session	Sandra Sullivan
Workshop 212 Program Design, Delivery, and Innovation	**The Role of the Palliative Pain and Symptom Management Consultants (PPSMCs) in Advancing the Ontario Health Services Delivery Framework** This participatory workshop will demonstrate how the provincially mandated PPSMCs utilize mentorship, consultation, collaboration research and evaluation to support the OPCN models of care implementation across all disease trajectory's and all ages. Specifically, this workshop aims to identify ways PPSMCs across the province can support HSPs(Health Service Providers) in the implementation of Ontario Palliative Care models. Methods: Workshop facilitators will utilize case-based analysis to draw from Ontario's Palliative Care Health Services Delivery Framework to engage discussion and reflection. Case studies will illustrate current challenges and optimal practices in system design. Facilitated focus groups will engage participants to explore perspectives from conference attendees through interactive methods to highlight how PPSMCs assist service providers in applying assessment tools and best practice guidelines outlined in the Canadian Hospice Palliative Care Association's Model to Guide Hospice Palliative Care. Results: Participants will identify how PPSMCs enable integration between tertiary centres, hospitals, and community providers; strengthen interprofessional collaboration; and support timely identification and management of pain and other symptoms across all ages and illness trajectories. Findings will demonstrate current and potential future contributions for PPSMCs to embed equity; advance innovative design principles, and align provincial standards with local realities. Conclusions: PPSMCs function as critical system consultants, educators, and facilitators that bridge policy, practice, and lived experience. This workshop will show not only show how PPSMCs contribute to the advancement of the Ontario Provincial Framework for Palliative Care, but it will also connect participants with local secondary level palliative care specialists to support local system design and implementation. Learning Objectives: Objective 1 Describe how PPSMCs use mentorship, consultation, collaboration, and evaluation to advance Ontario's Palliative Care Health Services Delivery Framework across ages, diagnoses, and care settings. Objective 2 Analyze case based scenarios to identify how PPSMCs support Health Service Providers in applying best practice tools, improving integration, and aligning provincial palliative care standards with local system needs. Group Case Study Analysis, Design Thinking Workshop	PPCN
Lightning Talk LT3 - P1 Clinical Practice	**Ritual Is a Clinical Intervention** Ritual has long been present in hospice palliative care, yet it is often understood as symbolic, informal, or adjunct emotional support. This lightning talk reframes ritual as a clinically responsive spiritual care intervention that requires training, assessment skill, and ethical accountability.When facilitated by clinically trained spiritual care providers, ritual can support containment, meaning-making, relational coherence, and transition at end-of-life thresholds. When delivered without appropriate training or clinical grounding, ritual may unintentionally overwhelm patients, bypass distress, or impose meaning, thereby introducing ethical and organizational risk.Drawing on practice informed by competencies associated with Canadian Association for Spiritual Care training, the presentation distinguishes ritual as performance from ritual as intervention. Brief case illustrations, including bedside rituals near death and communal remembrance practices, demonstrate how ritual functions most effectively when grounded in spiritual assessment, consent-based engagement, cultural humility, and careful attention to timing.This talk explicitly names ritual design as a form of clinical judgment rather than instinct-driven care. By situating ritual within a clinical framework, it highlights how trained spiritual care providers mitigate emotional and ethical risk, support interdisciplinary teams, and align ritual practice with standards of quality, safety, and person-centred care. Participants will leave with clearer language to articulate when ritual is clinically indicated, when referral to spiritual care is appropriate, and why ritual belongs within trained spiritual care practice rather than as informal or ad hoc support. Learning Objectives: 1. Differentiate ritual as a clinically delivered spiritual care intervention from informal or adjunct emotional support. 2. Identify when ritual is clinically indicated and requires referral to a trained spiritual care provider. 3. Recognize ethical and organizational risks associated with untrained or poorly timed ritual practices. Q&A	Jesse Lawther

CONCURRENT WORKSHOP SESSIONS - SERIES 200 Sunday, June 14 2:45 - 4:00pm....continued

Lightning Talk LT3 - P2 Clinical Practice	**Music, Loss, and Grief Rituals: A review of music-based mourning and music therapy approaches in bereavement care** Death-specific grief is both universal and deeply personal, with mourning influenced by several mediators. Music can mirror the complexity of grief and provide versatile avenues for expression, mourning, and coping individually or communally. Scholarly and research literature focused on music engagement in adult bereavement (between 2000 and 2024) was reviewed and analyzed for themes. Various cultural grief rituals incorporating music and creative art forms were highlighted, alongside music methods/techniques for formal individual and group-work. Key gaps and implications for clinical practice/research were identified and will be shared in this presentation. Learning Objectives: 1. Overview of scholarly literature highlighting music engagement in adult grief and bereavement. 2. Learn about the potential benefits/uses of music in bereavement, specific music interventions, and the experience of music/grief practitioners. Q&A	Sara Klinck
Lightning Talk LT3 - P3 Program Design, Delivery, and Innovation	**Integrating Psychiatry into a Community Based Palliative Care Team for Structurally Vulnerable Populations: A Descriptive Retrospective Cohort Study** Background Structurally vulnerable populations have higher morbidity rates and lower life expectancy than the general population. There is a high prevalence of mental illness and substance use disorders within this group, which adds complexity to providing palliative care. The Palliative Education and Care for the Homeless (PEACH) program in Toronto provides palliative care to this population and includes an integrated psychiatry service. This paper describes a novel model of integrated psychiatric care and palliative care for structurally vulnerable populations living with life-threatening illness and complex mental health needs. Methods We conducted a retrospective cohort study, collecting data from all patients referred to the PEACH psychiatry service from 2019 to 2023. The study included patients currently followed by PEACH psychiatry, those deceased or discharged, and those referred but not assessed. Descriptive statistics were used for data analysis. Results Of 62 patients referred to PEACH psychiatry, 48 were included in the analysis. Most were male (77.1%) aged 50-70 (68.7%). Referrals were primarily for psychiatric symptom management (45.8%) and support around coping with life-threatening illness (22.9%). Half the patients had two or more psychiatric diagnoses, with depressive disorders, substance use disorder, and psychotic disorders being most common. Substance use disorder was the most common diagnostic impression post-assessment by psychiatry (25.0%). Therapies provided included medication management, psychotherapy, and diagnostic clarification. Conclusions Integrated psychiatric care within a community-based palliative team represents an interesting model for improving delivery of palliative and psychiatric care for structurally vulnerable populations. Further research is needed to evaluate such care models. Learning Objectives: By the end of this talk, attendees will be able to: 1. Identify barriers to high-quality community-based palliative care, including psychosocial care, for people with life-threatening illness experiencing structural vulnerabilities 2. Describe the PEACH integrated psychiatry care model 3. Reflect on key principles that can enhance access to and engagement in care for this population Q&A	Ovini Thomas, Jude Sanon, Lauren Thomson, Naheed Dosani, Daniel Rosenbaum, Trevor Morey
Lightning Talk LT3 - P4 Program Design, Delivery, and Innovation	**A New Text-Based Approach to Delivering Quality Bereavement Care** Hospice bereavement programs face significant barriers: staff shortages, difficulty reaching hard-to-reach populations (older adults, men, rural communities, non-English speakers), geographic and transportation limitations, and low engagement with traditional outreach methods like voicemails and mailers. Consequently, only a small percentage of grieving family members who need support actually receive it. This presentation introduces an innovative solution: Help Texts, a clinically sound text-based grief support program that meets people where they are. Grounded in contemporary grief and coping models and aligned with a public health approach to bereavement care, Help Texts delivers ongoing support, information, and encourages adaptive coping behaviors via text messages offered as a hospice benefit. Attendees will hear compelling research data demonstrating high retention rates, strong satisfaction scores, and particularly positive outcomes among traditionally underserved populations, including older adults and men. These findings suggest text-based grief support effectively overcomes traditional barriers and offers an accessible, equitable, and impactful way to expand quality bereavement care. Learning Objectives: Describe where text-based grief support is integrated into the public health approach to bereavement care Examine available data on a text-based intervention for grief support Identify the potential value and limitations of text-based support Q&A	Emma Payne
Lightning Talk LT4 - P1 Clinical Practice	**From Bedside to Policy: The Multi-Level Practice of Hospice Care** This presentation highlights the essential role of social work in hospice and palliative care, emphasizing the profession's commitment to dignity, person-centered practice, and social justice at the end of life. Hospice social work requires practitioners to integrate empathy, cultural humility, clinical assessment, and systems thinking to support patients and families during complex and emotionally charged transitions. Using a micro–mezzo–macro framework, this presentation examines how social workers address individual needs while navigating organizational structures and broader policy environments. By integrating theoretical grounding, case examples, and practice reflections, this presentation demonstrates how social workers bridge personal and systemic needs, strengthening compassionate, holistic, and justice-oriented palliative care. Learning Objectives: 1. Identify and describe the micro, mezzo, and macro roles of Hospice Social Workers 2. Apply Social Worker Competencies 3. Analyze how organizational structures, policies and cultural narratives shape access to and quality of hospice services Q&A	Taylor Kierdorf
Lightning Talk LT4 - P2 Program Design, Delivery, and Innovation	**The Multidisciplinary Metastatic Spine Clinic: Advancing Timely, Comprehensive Care** Introduction: Spine metastasis affects approximately 9,500 Canadians annually, with 10% resulting in compression fractures. Timely referral and assessment remain challenging, often leading to pain, disability, and reduced quality of life. Purpose: To address these gaps, the Multidisciplinary Metastatic Spine Clinic (MMSC) was established to provide comprehensive care for patients with pain and dysfunction from complex spinal metastases. Methods: The MMSC delivers a collaborative approach involving Neurosurgery, Neuro-interventional Radiology, Radiation Oncology, and Palliative Care. Each patient undergoes multidisciplinary assessment and receives an individualized treatment plan, which may include vertebral augmentation, radiotherapy, spinal surgery, and pharmacologic pain management. Results: Since its inception, the MMSC has improved access to specialized care for patients with spinal disease in the region. Most patients are offered a procedure within two weeks of consultation. Patients have reported improved pain control, mobility, and reduced hospital visits following timely interventions. Conclusion: The MMSC represents an important advancement in addressing early palliative care needs for patients with spine metastasis. Routine integration of palliative care within a multidisciplinary framework is likely to improve pain management and overall quality of life for individuals and families affected by cancer-related spinal disease. Ongoing evaluation will focus on outcomes and cost-effectiveness to support broader adoption. This model aligns with national priorities for integrated cancer care and timely access to palliative services. Learning Objectives: 1) Explain the importance of early integration of palliative care in managing spine metastasis and its impact on quality of life. 2) Describe how the Multidisciplinary Metastatic Spine Clinic incorporates palliative care into collaborative treatment planning. 3) Share early experiences and patient-reported benefits of timely palliative interventions within the MMSC model. Q&A	Dr. Nadine Gebara MD, Dr. Haley Draper MD,

CONCURRENT WORKSHOP SESSIONS - SERIES 200 Sunday, June 14 2:45 - 4:00pm....continued

Lightning Talk LT4 - P3 Clinical Practice	**How the representation of palliative care in art and entertainment might impact clinical practice** Patients and families are often exposed to palliative care through art and entertainment, and this certainly plays a role in shaping their understanding of the topic. In fact, the way that end of life care is depicted in film and television is not always accurate, and this may impact the reception of palliative medicine for the general public. The following session will outline how palliative care is depicted in art and entertainment, and how its broad depiction might impact clinical practice. Having a better understanding of how the general public might perceive palliative medicine, might help guide clinicians into providing better clinical care. Learning Objectives: - Understanding how palliative care is represented in art and entertainment - Understanding how the general public perception of palliative care is shaped through art and entertainment - Understanding how the representation of palliative care in art and entertainment might (and should) impact clinical care Q&A	Wilson Kwong
Lightning Talk LT4 - P4 Research	**Using artificial intelligence and machine learning to promote early palliative care referral** Artificial intelligence and machine learning are increasingly being integrated into clinical care, however adoption by palliative care teams remains low. One potential use case for machine learning in palliative care is to identify which patients may benefit most from a palliative care referral. In this session, we will describe the development of a machine learning model based on retrospective electronic health records data from over 51,000 unique admissions. The model predicts the risk of a serious cardiac outcome (death, ventricular assist device insertion, or heart transplant) within the next three months among patients admitted at the Hospital for Sick Children. Patients identified by the model can then be flagged to the staff cardiologist or cardiac intensivist, on a daily basis, to be considered for referral to palliative care. The session will then describe how the model performed in a 6-month prospective silent trial, which involved 515 admissions. The model is currently being deployed in the clinical setting as a REB approved study. We will share early experiences and outcomes from the study, including impact on palliative care referral and patient care. Learning Objectives: 1. To explore the role of artificial intelligence and machine learning in palliative care 2. To describe the development of a machine learning model to predict serious outcomes in pediatric cardiac patients, to promote palliative care referral 3. To share early results and experiences after live deployment of the machine learning model in the clinical setting Q&A	Adam Rapoport, Santiago Eduardo Arciniegas, Adam Paul Yan, Aamir Jeewa, Rugambwa Michael Muhame, Lin Lawrence Guo, Agata Wolochacz, Lillian Sung, Anne Dipchand, Kate Nelson
4:15-5:15	**Carmalita Lawlor Lecture in Palliative Care** *unaccredited session*	**Grand York Ballroom**
5:15	**Free Time / Dinner on your own**	

MONDAY, JUNE 15

7:30-8:30	**Registration, Continental Breakfast & Exhibitor Showcase**	**Grand York Foyer**
8:30-9:00	**Welcome Remarks**	**Grand York Ballroom**
9:00-10:15	**Plenary Keynote:**	**Grand York Ballroom**
10:15-10:45	**Refreshment Break, Exhibitor Showcase & Poster Presentations**	

CONCURRENT WORKSHOP SESSIONS - SERIES 300 Monday, June 15 10:45am - 12:00pm

Workshop 301 Organizational Development	**Part 1: Beyond the Thank You Letter: Building a Donor Stewardship System That Retains and Grows Support** Donor retention is one of the most persistent challenges facing hospice development teams, yet it is also one of the greatest opportunities for sustainable revenue growth. This interactive, two-part workshop explores why donors disengage, and how intentional, realistic stewardship practices can significantly improve retention, even with limited staff and resources. Using real-world hospice fundraising scenarios, participants will examine common stewardship gaps, challenge prevailing myths about donor engagement, and identify the practices that most influence donor loyalty. Through small-group case study analysis, guided discussion, and hands-on planning, attendees will assess their current donor journey and design a practical stewardship framework tailored to their organization's size, capacity, and community. Participants will leave with actionable tools, peer-tested ideas, and a clearer understanding of how to move from transactional thanking to relationship-based stewardship that strengthens donor trust, deepens connection to hospice mission, and increases long-term support. Learning Objectives: Identify the key causes of donor attrition in hospice fundraising Apply a scalable donor stewardship framework to improve donor retention Develop practical improvements to the donor journey using case studies and peer discussion Group Case Study Analysis	Robyn Knickle
Workshop 302 Clinical Practice	**Stories of Family-Centered Songwriting in Paediatric Palliative Care: Building Legacy and Continuing Bonds** Clinical songwriting is a powerful music therapy intervention that supports emotional, psychosocial, spiritual, and communication needs within a wide range of settings. In collaboration with a music therapist clients brainstorm themes, write lyrics, and compose and record music to create a deeply unique and personal song. This presentation will specifically explore families' experiences of clinical songwriting in paediatric palliative care. Within this context, families have the opportunity to integrate their experiences of illness, relationship, and loss through sharing thoughts, emotions, and memories that are then set to music. Both the clinical songwriting experience and the completed songs encapsulate meaningful messages and memories, facilitating an ongoing connection to those who have died. Through this introductory workshop participants will: 1) Learn about the therapeutic process of clinical songwriting in music therapy and identify indications for its use within palliative care settings; 2) Examine how clinical songwriting facilitates the expression of emotions, supports legacy-building, and creates memories for children and their families facing serious illness and loss; and 3) Explore family perspectives of clinical songwriting through case studies and song sharing, highlighting its impact on communication, coping, and ongoing connection. Learning Objectives: Learn about the therapeutic process of clinical songwriting in music therapy and identify indications for its use within palliative care settings; Examine how clinical songwriting facilitates the expression of emotions, supports legacy-building, and creates memories for children and their families facing serious illness and loss; Explore family perspectives of clinical songwriting through case studies and song sharing, highlighting it's impact on communication, coping, and ongoing connection. Group Case Study Analysis	Kristen DiMarco
Workshop 303 Organizational Development	**Operational Lessons from St Joseph's Hospice of London: Reducing Admin Burden** Hospice and palliative care organizations do deeply meaningful work — often with small teams, limited resources, and increasing operational complexity. While much attention is rightly placed on patient care, the administrative systems working quietly behind the scenes play a critical role in sustainability, continuity, and staff wellbeing. This 75-minute interactive workshop will explore how hospice organizations can strengthen their administrative and operational foundations without adding complexity or burden to already stretched teams. Through facilitated discussion and a real-world case study, participants will examine common challenges such as managing contracts and vendors, tracking assets and equipment, retaining institutional knowledge, and navigating staff transitions. St. Joseph's Hospice of London is currently piloting a new approach to administrative management and Executive Director Janet Groen will share her experience after four months in practice — including what prompted change, what's working, what's still evolving, and what surprised them along the way. The session will highlight practical lessons, best practices, and mindset shifts that any hospice organization can apply, regardless of tools or budget. Participants will leave with: • A clearer understanding of how administrative systems impact risk, continuity, and staff burnout • Real examples of small operational changes that create meaningful relief • Insight into how centralized approaches support succession planning and organizational memory • New ways to think about "back-office" work as a form of care support This session is ideal for executive directors, operations managers, and administrative professionals looking to strengthen the systems that support their teams — so they can focus on what matters most. Learning Objectives: 1. Understand how administrative systems impact organizational risk, continuity, and staff burnout in hospice settings, and why strengthening operations is essential for long-term sustainability. 2. Identify practical, real-world operational improvements to reduce administrative burden without adding complexity or overwhelming already stretched teams. 3. Explore how centralized approaches to managing contracts, assets, and knowledge can support succession planning. Campfire Session	Emily Nielsen
Workshop 304 Program Design, Delivery, and Innovation	**HPCO's Grief and Bereavement Data Collection Tool: Updated Results** The aim of this workshop is to give participants a clear understanding of how standardized data can strengthen grief and bereavement services across Ontario hospices. Historically, grief and bereavement services have lacked consistent approaches and unified data collection, making it difficult to measure impact, identify trends, and support clients with increasingly complex grief needs. Building on last year's introduction of the HPCO Grief and Bereavement Data Collection Tool, this session will present an updated snapshot of the results gathered to date. Participants will explore how these findings can answer a wide range of clinical, program, and system-level questions, and will discuss practical ways the data can inform decision-making and future implementation within their own settings. Through group discussion and guided interpretation of the results, participants will leave with a clearer sense of how this tool can be used to improve service delivery, demonstrate high-level outcomes, and support the evolving needs of grief and bereavement programs. Learning Objectives: 1. Describe the purpose and structure of the HPCO Grief and Bereavement Data Collection Tool. 2. Interpret current results generated from the HPCO Grief and Bereavement Data Collection Tool. 3. Explain how the collected data can be used to answer clinical, program, and system-level questions in the hospice sector. Small group discussions and Q&A following the initial presentation	Camryn Berry

CONCURRENT WORKSHOP SESSIONS - SERIES 300 Monday, June 15 10:45am - 12:00pm....continued

Workshop 305 Program Design, Delivery, and Innovation	**Bridging the Gap: A Practical Toolkit for Providing IFHP-Funded Hospice Palliative Care to Refugee Claimants** This workshop introduces a comprehensive toolkit developed by GPS Health Navigators that provides hospice organizations with practical guidance for serving refugee claimants through IFHP funding. Participants will gain step-by-step knowledge of IFHP provider registration through Blue Cross/Medavie, billable service navigation, and strategies for accessing sustainable federal funding streams that reduce dependence on charitable donations. Learning Objectives: 1. To improve refugee claimant access to palliative care by guiding hospices through IFHP registration and service provision. 2. To build hospice staff capacity in IFHP navigation, refugee health needs, and trauma-informed care delivery. 3. To establish sustainable federal funding for refugee palliative care services while reducing reliance on charitable donations. Design Thinking Workshop	Vilma Oliveros, Priya Gupta, Humaira Saeed, Dipti Purbhoo, Heidi Bonner
Workshop 306 Caring for the Care Team	**Caring at Home and at Work: Building a Culture that Supports Working Caregivers** One in four working-age adults is an unpaid caregiver - supporting a child with complex needs, an aging parent, or a family member with a disability while continuing to show up at work every day. Many of these caregivers are part of your care team workforce, balancing professional responsibilities with caregiving demands. As the role of caregivers grows rapidly, supporting working caregivers is not a “nice to have” - it is essential to sustaining a healthy, resilient care team. This intermediate-level, conversational workshop is designed for both organizational leaders and working caregivers who want to better understand and navigate the intersection of work and care to create meaningful support within the workplace. Expected learning outcomes include: (1) understanding who working caregivers are and why they matter to care team sustainability; (2) identifying key elements of caregiver-inclusive workplace culture, policies, and practices; and (3) applying actionable strategies to support working caregivers within participants’ own roles, organizations, and communities. Participants will also learn how OCO can support organizations investing in their care teams through consultation and guidance, and how to connect caregivers to free programs and supports across the province. Learning Objectives: (1) understanding who working caregivers are and why they matter to care team sustainability; (2) identifying key elements of caregiver-inclusive workplace culture, policies, and practices; and (3) applying actionable strategies Campfire Session	Katie MacDonald
Workshop 307		
Workshop 308 Clinical Practice	**"I have never told anyone this" When Your Patient Discloses A Historical Trauma.** This workshop will give participant on how to navigate a discloser of historical abuse by your patient. This is an overwhelming experience for even the most experience health care provider. Case presentations will be used on how to support, assist and empower your patient as they work through this trauma in the final days of their lives. The practice of "listening to understand" will be explained with a focus on how to learn this skill. The presentation will take a trauma informed approach that will help the patient and the caregiver. This will be a presentation with deliver tools and case studies to demonstrate how to provide compassionate care during this important time in our patient's lives. The workshop will also present practical self-care suggestions to assist the caregiver to live with these types of disclosers. Learning Objectives: 1. Participants will learn how to support a patient that is disclosing a historical trauma before they die. 2. The skill of Listening to Understand" will be presented and practiced. 3. Trauma Informed Care Principles will be used to demonstrate how to help our patients work through a historical trauma discloser in a caring and compassionate manner. Self-care practices will also be presented to support the caregiver. Group Case Study Analysis	Eugene Dufour
Workshop 309 Program Design, Delivery, and Innovation	**Building Resilience Through Connection: Lessons from Madawaska Valley Hospice’s First Widows Retreat** Session Description: This session explores the development, delivery, and impact of Madawaska Valley Hospice’s first widows retreat, a three-day peer-based program designed to support resilience following spousal loss. Grounded in resilient grieving principles and adapted for the realities of rural communities, the retreat combined psychoeducation, emotional processing, and practical life-navigation tools. Participants engaged in workshops focused on intention setting, emotional regulation, secondary losses, financial transitions, and integrating grief into daily life. Facilitators used trauma-informed approaches, peer storytelling, and collaborative activities to create safety and foster connection. The session will highlight program design considerations, facilitation strategies, and lessons learned, including the importance of accessibility, cultural humility, flexible scheduling, and ongoing peer support. Evaluation findings will be shared to demonstrate how structured, community-based bereavement retreats can reduce isolation, strengthen coping capacity, and build long-lasting supportive networks. Attendees will leave with practical guidance and adaptable components for implementing similar bereavement programming within their own hospice or community settings. Learning Objectives: 1. Describe key elements of a peer-based bereavement retreat. 2. Identify strategies that foster connection and reduce isolation. 3. Apply practical tools to enhance bereavement support programs. Design Thinking Workshop, Campfire Session	Jenna Stamplicoski

CONCURRENT WORKSHOP SESSIONS - SERIES 300 Monday, June 15 10:45am - 12:00pm....continued

Workshop 310 Program Design, Delivery, and Innovation	**Knot easy: Massage therapy, pediatric palliative care, and overcoming barriers to privately-funded healthcare** This workshop will provide participants an interactive and layered learning opportunity. At clinical level, participants will learn about the science of massage therapy, its role and potential in palliative care, and obstacles to integration. With a quality improvement lens, participants will be guided through two clinical-research collaboratives which examined the impact of massage therapy for children with serious illness. Participants will hear about the results of such studies, including the exploration of seven parent-reported themes: (i) relief of illness-related distress and physiological dysfunction; (ii) positive sensory–motor experiences supporting body awareness and movement; (iii) positive emotional and relational experiences; (iv) safe-touch as a counternarrative to painful, non-consensual healthcare contact; (v) integration with and enhancement of existing care; (vi) access facilitated by home-based, financially supported delivery; and (vii) strong desire for ongoing and routine access. At a health systems level, participants will be challenged to consider how and when, in their own care environments, standard healthcare funding and infrastructure fail to meet individual needs - particularly where care is only available to those with private benefits. Participants will learn about approaches to such challenges and the road to sustainable solutions through the use of real-world case examples addressing the topic of massage therapy in pediatric palliative care. Learning Objectives: 1. Learn about the science behind massage therapy and its role in palliative care 2. Learn about small-scale, closed loop approaches to research design and implementation to promote clinical change 3. Learn about the evidence for massage therapy in pediatric palliative care derived from these two centres. Design Thinking Workshop	Costa S, Marshall S, Lysecki DL
Workshop 311 Organizational Development	**HPCO Quality Management Platform: Findings and Opportunities** The evolution of the HPCO Quality Management Platform (QMP) has opened a new window on palliative care and healthcare system performance. Standard healthcare metrics do not tell the story properly for palliative care. They were never designed to. We need measures which make sense and translate the anecdotes, that all palliative care workers understand, into evidence to give their story a stronger voice with data. This session will present patterns and trends based on tens of thousands of data points from the majority of palliative care service providers in Ontario. We will describe the nature and significance of the new measures and analytical tools. Case studies will demonstrate how organizations are using this data to tell their story and change the game. Learning Objectives: Increase awareness of the HPCO QMP measures and data Present new findings on patterns, trends and new correlations discovered Discuss how the new findings might be used to change the game and evolve Attendees will be presented some never before seen data and encouraged to discuss how they might use it. Some organizations who have used the data will be available to share their experiences in a Q&A format.	Brian Tramontini
Workshop 312 Program Design, Delivery, and Innovation	**Harmony in Grief: A Music-Centred Peer Support Model for Bereavement in Long-Term Care** Harmony in Grief is a structured peer-support program designed to help long-term care residents navigate ongoing and cumulative grief through the therapeutic use of music. Co-facilitated by a Bereavement Specialist and a Music Therapist, the program integrates lyric analysis, guided discussions, culturally relevant music (including French selections), and group singing to promote emotional expression, connection, and normalization of grief. This workshop will outline the program’s development, structure, and implementation, including session elements such as land acknowledgement, grounding, grief education, lyric exploration, and closing sing-along. Presenters will describe adaptations for residents with cognitive changes, sensory needs, and varying emotional readiness. Participants will engage in experiential exercises, small-group discussions, and lyric-based reflection activities used in resident sessions. The workshop concludes with a collaborative playlist activity modelled after the program’s culminating practice. Learning Objectives: 1. Describe a music-based bereavement support model for LTC. 2. Apply lyric analysis, discussion strategies, and music selection to facilitate emotional expression. 3. Implement adaptations that support diverse cognitive, sensory, and cultural needs. Campfire Session, Table Teams	Kyla Lance & Kieran Race
Workshop 313 Interest Group Meeting	**Coordinator of Volunteers Interest Group** *by invitation only, unaccredited session*	Christine Gordon
Lightning Talk LT5 - P1 Organizational Development	**Organizational structure** ABSTRACT This talk examines the relationship between the ownership status of hospice organizations and the quality of care provided. While the empirical studies available are based on US data, the paper contains lesson for the Canadian hospice sector. In many countries, the privatization of health care is a highly relevant issue for policymakers, regulators and society at large. The hospice sector provides a fertile niche to study this issue. The purpose of hospice is to provide compassionate care for individuals with a terminal illness. Originally, most US hospices were not-for-profit whereas now the majority are for-profit. In recent years, private equity firms have played a major role in converting non-profit hospices into with- profit organisations. We examine the impact of ownership status on the hospice sector along two dimensions. These are the quality of patient care and the cost of providing the service. The quality of patient care is an important metric for all hospices and its accurate measurement is a challenging issue in its own right. One of the main concerns is that the quality of care may be compromised by the profit motive. The evidence indicates that the average quality of care provided by not-for-profit hospices is higher than that provided. Learning Objectives: Impact of ownership on quality of care Measurement of quality of hospice care care Implications for Canada's hospsices Q&A	Phelim Boyle Zhe Peng
Lightning Talk LT5 - P2 Program Design, Delivery, and Innovation	**From education to practice: a mobile handbook for support workers in hospice palliative care** This lightning talk shares the design approach used to develop the PSW Handbook as a quick, practical mobile guide for learning and everyday care. Guided by the question, “What does a support worker need to know today, on this shift?”, the Handbook uses a consistent, second-person narrative voice to provide direct, immersive guidance with warmth, respect, and psychological safety. A multi-pathway structure mirrors real workflow: Care Moments and Care Journeys focus on supporting care in the moment and across the illness trajectory, while the Skills pathway supports learning, reflection, and practice development. Brief audience interaction (e.g., live polling or reflective prompts) will invite participants to connect these design choices to their own workforce contexts. Learning Objectives: 1. Identify design principles that support both learning and everyday care for support workers in hospice palliative care. 2. Describe how narrative voice, structure, and mobile navigation were used to support confidence and usability in real care situations. 3. Recognize how complementary mobile resources can support onboarding and confidence alongside foundational education. Q&A	Jeffrey B. Moat, Raquel Meyer, Amy Archer,

CONCURRENT WORKSHOP SESSIONS - SERIES 300 Monday, June 15 10:45am - 12:00pm...continued

Lightning Talk LT5 - P3 Program Design, Delivery, and Innovation	**Cuddlecot and CuddleBlankets Across the Lifespan: Equity-Centered, Trauma-Informed Post-Death Care in Hospice and Palliative Settings** CuddleCots and CuddleBlankets are cooling devices designed to slow physical changes after death, allowing families time to remain with their loved one in a calm, supported environment. A CuddleCot is a portable, temperature-controlled bassinet, while a CuddleBlanket provides flexible cooling that can be used in beds, chairs, or arms, making them suitable for adults and children. This presentation explores the use of these tools in hospice and palliative care through an equity-centered, culturally safe, and trauma-informed lens. Participants will learn how early, transparent conversations about post death options can support family choice, honor cultural and spiritual practice. The session also addresses practical and logistical considerations, including staff education, infection prevention, documentation, and planning for the respectful transport of bodies in hospice, home, and community settings. Case examples will demonstrate how thoughtful policies can balance compassion, safety, and operational realities while centering family-defined comfort and dignity. Learning Objectives: Understand what cuddlecots and cuddle blankets are and how they can be used with adults, children, and babies after death. Learn how to talk with families about these options in ways that are respectful, culturally safe, and sensitive to trauma. Recognize the practical steps needed to use these tools safely, including staff roles, documentation, and planning for respectful body transport. Q&A	Jessica Fleming
Lightning Talk LT5 - P4 Research	**Palliative Care Unit Utilization at a Tertiary Hospital in Canada** There is limited data available to describe palliative care unit (PCU) admissions in a tertiary hospital setting. This session will discuss the results of a descriptive observational study conducted on adult patients referred to the PCU at Southlake Health, between 01-Jul-2023 to 30-Jun-2024. The study aimed to determine wait times prior to admission to PCU. We analyzed characteristics of the study population, specifically: 1. length of stay of patients admitted to PCU; 2. patient demographics such as age, gender, primary diagnoses of the patients referred to and admitted in the PCU; 3. Proportion of patients with > 1 comorbid illnesses; 4. Proportion of those with malignant vs non-malignant diagnoses; 5. Reason for admission to PCU; 6. Outcomes of PCU admission; and, 7. Referral sources. The study identified opportunities to improve utilization of in-patient palliative care services. It would help with resource allocation and planning to improve effective and appropriate utilization of the PCU. Learning Objectives: 1. Discuss study results 2. Appreciate potential barriers to appropriate utilization/allocation of PCU beds 3. Identify future research opportunities Q&A	Arnell Baguio, Asamarah Amin, Danyal Saeed, Alisha Kassam, Micheal Liauw, Jennifer Reyes, Gillian Maraña
Lightning Talk LT6 - P1 Program Design, Delivery, and Innovation	**Time Together: A Two-Tier Peer Support Program on Grief and Loss for Older Adults Living in Long-Term Care** Older adults living in long-term care experience multiple ongoing losses, including changes in health, independence, identity, social roles, and community connection. These abstract or non-death-related losses have a profound impact on emotional well-being yet are rarely acknowledged in structured support settings. Many residents are not immediately ready to discuss death-related grief; however, they are often comfortable starting with everyday transitions and identity shifts. Evidence on ambiguous loss and peer-based grief interventions shows that beginning with these accessible forms of loss can increase emotional safety, normalize grief as a universal experience, and gradually build readiness for deeper bereavement discussions. A two-tier program model supports this progression: Tier 1 focuses on abstract losses and emotional literacy, and Tier 2 provides a dedicated space for individuals who feel prepared to explore bereavement and coping strategies. The model is flexible and accommodates diverse cultural expressions of grief. Time Together provides a compassionate, scalable, and evidence-informed model for grief and loss support in LTC communities. The tiered approach ensures residents receive support that matches their readiness while fostering gradual progression toward Learning Objectives: Recognize how abstract losses affect older adults' readiness for grief support. Understand the two-tier model and Tier 1's role in preparing residents. Identify key facilitation strategies and staffing needs for safe peer-based grief programs. Q&A	Lea Joy Friesen
Lightning Talk LT6 - P2 Research	**Enhancing Care Delivery through Data-Driven Staffing Decisions in Hospice Care** This presentation introduces an evidence-based, standardized staffing assessment tool designed for residential hospice care in Ontario. Piloted at Hospice Muskoka, the tool translates hospice-specific clinical complexity—such as patient acuity, symptom burden, interdisciplinary workload, and environmental factors—into measurable indicators to guide staffing decisions. By aligning staffing levels with resident needs, the approach supports quality end-of-life care, fiscal accountability, workforce sustainability, and transparency. The session will highlight outcomes related to care quality, staff workload equity, and cost-effective resource allocation, offering a scalable model for other hospices Learning Objectives: Describe an evidence-based tool for assessing clinical staffing needs in residential hospice. Demonstrate how hospice-specific indicators support transparent, data-driven staffing decisions. Examine the tool's impacts and scalability. Q&A	Christine Degan, Abigail Millward
Lightning Talk LT6 - P3 Research	**Improved competencies in serious illness communication among health care professionals: Results from the national ABCs education trial** Background: The "All providers Better Communication Skills" (ABCs) is a virtual education program (7 modules, 3 workshops) for interdisciplinary healthcare providers (HCPs) that teaches the building blocks of skillful communication, transferable to a wide range of conversations with seriously ill patients and their families. We will report on a rigorous evaluation of the ABCs using objective outcomes of HCP behaviour change. Methods: A Canada-wide, step-wedge randomized controlled trial comparing communication skills between HCPs that did (intervention) or did not (control) receive ABCs. Participant-reported outcomes included the Self-Efficacy Questionnaire-12 (SE-12) and the End-of-Life Professional Caregiver Survey (EPCS). Participants were also evaluated through simulated encounters by standardized patients (SPs) using the Questionnaire on Quality of Physician-Patient Interaction [QQPPI] and Feeling Heard and Understood scale [FHU] and by expert raters using the Assessment of Clinical Encounter-Communications Tool (ACE-CT). Analyses consisted of descriptive statistics and a repeated measures general linear model. Results: 200 HCPs (76% of enrolled) completed pre and post ABCs simulated encounters (intervention-91, control-109). Most common professions were registered nurse (38.0%) and social worker (15.5%). Post-ABCs, the control group scored 3.29(/5) vs. 3.71 (intervention group) on the ACE-CT, representing a mean paired improvement between groups of 0.41 (95% CI: 0.18-0.64). There were also significantly larger increases among the intervention group for the participant [SE-12/ EPCS] and SP [QQPPI/FHU] reported measures (all p<0.001). Discussion: The ABCs significantly increased HCPs' quality in serious illness communication based on self-reported, SP, and expert-assessed measures of behaviour change. Learning Objectives: By attending this session, participants will be able to: 1. Describe the purpose, structure, and content of the virtual ABCs program. 2. Explain the randomized controlled trial approach used to evaluate the impact of the ABCs. 3. Discuss the potential for interprofessional training to enhance serious illness communication across healthcare disciplines. Q&A	Hsien Seow, Daryl Bainbridge, Jeff Myers, Nadia Incardona, Leah Steinberg, Oren Levine, Zhimeng Jia, Karen Zhang, Anish Arora

CONCURRENT WORKSHOP SESSIONS - SERIES 300 Monday, June 15 10:45am - 12:00pm...continued

Lightning Talk LT6 - P4 Research	**Centering Equity in Palliative Care: Addressing the Needs of Racialized Patients through Inclusive Practices** This session will take the format of a lightning talk. The topic will be presented to the audience and will generate discussion, sharing of experiences/storytelling and collective thinking on how we can all contribute as professionals to do better in order to promote safe, equitable and cultural humility within palliative care. This talk will motivate everyone to leave with a sense of : " My voice, my actions can make a difference!" Learning Objectives: • To explore how equity, diversity, and inclusion (EDI) frameworks can be operationalized in palliative care. • To identify systemic barriers faced by racialized patients. • To highlight community-engaged strategies for culturally safer care. Q&A	Fabienne Germeil
12:00-1:00	**Lunch Buffet, Exhibitor Showcase & Poster Presentations**	

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

Workshop 401

Organizational Development

Part 2: Beyond the Thank You Letter: Building a Donor Stewardship System That Retains and Grows Support

Robyn Knickle

Donor retention is one of the most persistent challenges facing hospice development teams, yet it is also one of the greatest opportunities for sustainable revenue growth. This interactive, two-part workshop explores why donors disengage, and how intentional, realistic stewardship practices can significantly improve retention, even with limited staff and resources. Using real-world hospice fundraising scenarios, participants will examine common stewardship gaps, challenge prevailing myths about donor engagement, and identify the practices that most influence donor loyalty. Through small-group case study analysis, guided discussion, and hands-on planning, attendees will assess their current donor journey and design a practical stewardship framework tailored to their organization's size, capacity, and community. Participants will leave with actionable tools, peer-tested ideas, and a clearer understanding of how to move from transactional thanking to relationship-based stewardship that strengthens donor trust, deepens connection to hospice mission, and increases long-term support.

Learning Objectives:
Identify the key causes of donor attrition in hospice fundraising Apply a scalable donor stewardship framework to improve donor retention Develop practical improvements to the donor journey using case studies and peer discussion

Group Case Study Analysis

Workshop 402

Caring for the Care Team

Silent Losses, Stronger Care: Embracing Disenfranchised Grief

Kimberley Ramsbottom

Frontline staff provide deeply personal care and build meaningful relationships with the clients and families they support. For many in healthcare, death becomes an expected part of their job. Yet, when a client dies, frontline staff may be left with grief that is not recognized or supported. When these losses go unacknowledged, staff may struggle to move through their own grief which can be debilitating to the grief process. We recognize this experience as disenfranchised grief for the frontline staff. Disenfranchised grief can impact work productivity, client relationships, mental health and overall well-being. Peer interaction and support across a care team is invaluable and can empower staff by acknowledging loss, creating dialogue, and assisting in processing stressful events. The Quality Palliative Care in Long-term Care Project supported frontline staff in acknowledging their grief and the study resulted in a Peer Led Debriefing Model called INNPUT. The INNPUT model promotes peer led debriefings that are designed to acknowledge the impact of the loss for the frontline staff. This model aims to provide an opportunity for expression of thoughts, validation and promotion of self-care. Throughout this interactive workshop, we will explore how we can acknowledge continued losses, understand the consequences of unprocessed grief, and how we can best support our grief journeys. We will discuss strategies how to promote healthy workplace environments and how to provide Team Check Ins using the INNPUT model of debriefing.

Learning Objectives:
1) Explore grief that goes unacknowledged and the impacts of this type of loss 2) Discuss strategies of how to support frontline staff 3) Introduce and review the components of the INNPUT model and Team Check Ins

Interactive role play using INNPUT Model/Case Study

Workshop 403

Program Design, Delivery, and Innovation

Grief on the Margin - Intersectionality of loss & the resulting impact on BIPOC youth

Delaney

Join Delaney (Community engagement and outreach coordinator from Lighthouse for Grieving Children and families) to learn and explore themes within the intersectionality of loss. This session is an opportunity to learn how to apply frameworks that support BIPOC children's grief while expanding on the concept of cultural humility. You will be given scenarios and Mentimeter questions to practice applying the lenses discussed. Not only is this an educational opportunity, it is also a knowledge exchange to invite you to utilize tools to support diverse children and families.

Learning Objectives:
Learn frameworks, practice applying them, and reflect on individual approaches to care. See how these concepts are applied in a hospice context - anticipatory grief and loss related to illness.

Live polling/Word cloud mixed with thinking workshop

Workshop 404

Clinical Practice

Caring for patients who don't trust us: You don't owe us trust: Practicing Radical Love at End-of-Life

Dr. Nadine Persaud, Dr. Naheed Dosani

Patients at the end of life are often described as "difficult," "non-compliant," or "refusing care." Yet for many people, particularly those who are structurally vulnerable, criminalized, racialized, or repeatedly harmed by institutions, mistrust of healthcare is not pathology; it is survival. This session invites clinicians to reframe mistrust as a rational response to cumulative trauma, systemic violence, and broken promises within healthcare systems. Drawing on trauma-informed practice, harm-reduction principles, and the values of Radical Love, this presentation explores how palliative care teams can remain clinically grounded, ethically accountable, and emotionally present when patients say "no." Through real-world clinical examples, participants will examine how power, consent, and safety operate in end-of-life care, and how trust may be built and not demanded, over time. This session challenges clinicians to move beyond persuasion and compliance toward relational care that honours autonomy, protects dignity, and holds compassion without conditions, even when care plans feel uncertain or incomplete.

Learning Objectives:
1. Critically examine patient mistrust by identifying how individual, historical, and structural trauma shape relationships with healthcare institutions, particularly at end of life. 2. Apply trauma-informed and harm-reduction clinical approaches to palliative care encounters where patients decline, resist, or disengage from recommended care. 3. Top five steps of Radical Love in decision-making, including how to remain ethically present, relationally accountable, and emotionally regulated.

Table Teams

Workshop 405

Program Design, Delivery, and Innovation

Family Voices in Pediatric Palliative Care: Insights from the Emily's House Children's Hospice Family Advisory Council

Emily's House Children's Hospice Family Advisory Council

Families have been instrumental in shaping high-quality pediatric palliative care. Their insights are essential to understanding how compassionate, family-centered care influences both care delivery and the long-term journey through grief. In this panel session, members of the Emily's House Children's Hospice Family Advisory Council (FAC) will share their lived experiences navigating pediatric palliative care. They will highlight the importance of collaborative communication, partnership in decision-making, and support tailored to each family's unique needs. Panelists will also reflect on how meaningful relationships with care teams continue after the loss of their child, contributing to bereavement support, resilience and connection. The session will also explore the work of the FAC and the deeply personal ways bereaved families choose to give back, illustrating how their experiences continue to advance informed care for future families and create opportunities for advocacy.

Learning Objectives:
1) Highlight the importance of a family-centered approach in pediatric palliative care. 2) Demonstrate how meaningful relationships with care teams can extend beyond the loss of a child. 3) Illustrate the diverse and impactful ways bereaved families contribute through advocacy and engagement.

Interactive Panel

CONCURRENT WORKSHOP SESSIONS - SERIES 400 Monday, June 15 1:00 - 2:15pm....continued

Workshop 406 Program Design, Delivery, and Innovation	**Part 1: Medicine Wheel Teachings Relating to Death & Dying, Grieving and Release** Within the teachings handed down through Indigenous family and community relationships, a practice of grieving and understanding life and death resurges. Although colonization cannot be erased from modern Peoples, ancient ways of knowing remain and comfort those who wish to consider their messages. Medicine Wheel Teachings contain a natural flow of life; they follow seasonal rhythms and encourage respect for all beings. This encourages a belief that respect, along with compassion, helps the process of mourning. The emotion of loss encourages us to develop a sense of appreciation and honour towards the life journey of our dearly departed loved ones. The teachings being shared are a few gathered from elders of the Anishinabek and Haudenosaunee Nations. They aid in understanding the interconnectedness of "All in Creation" and help to achieve balance in one's life and harmony with nature around us. This workshop is an introduction to these concepts with an emphasis on the ever changing and cyclical way of life. Change helps us grow, growth develops character, and character guides a path to understanding. Our life path urges one/us to appreciate the life we have been given and to appreciate those who shared their life path with ours. Life is a celebration and is guided within the Medicine Wheel Teachings. Learning Objectives: 1. learn how personal grief affects self and others 2. learn techniques to relieve grief 3. learn personal life experiences translate to grief Design Thinking Workshop	Dorothy Keon
Workshop 407 Program Design, Delivery, and Innovation	**From Family Circle to Family Advisory Collective: Family Engagement Innovative Partnership and the Ontario Health Pediatric Model of Care** From Family Circle to Family Advisory Collective: Family Engagement and the Ontario Health Pediatric Model of Care Keaton's House, a pediatric hospice in development, shares its journey from informal family involvement to a structured Family Advisory Collective aligned with the Ontario Health Pediatric Palliative Care Model of Care. Developed in partnership with McMaster Children's Hospital, this session highlights practical approaches to meaningful family engagement that influence program design, operational readiness, and system planning. Participants will gain transferable insights to strengthen family engagement in hospice and palliative care. Learning Objectives: - showcase an innovative application of the pediatric palliative model of care to regional system planning - co-develop palliative care joint partnerships. - consider innovative partnerships for accessible family engagement. Interactive Panel, Other, Q & A dispersed throughout presentation to gain feedback and insights.	Cindy van Halderen, Susan Repa
Workshop 408 Caring for the Care Team	**Moving with Grief** 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. Learning Objectives: 1.Participants will explore how embodied movement supports grief integration, allowing emotions connected to loss to be expressed and experienced beyond words. 2.Participants will experience co-regulation through shared movement, increasing awareness of safety, connection, and relational support in grief-informed group settings. 3. Participants will learn adaptable movement prompts to support emotional awareness, self-compassion, and resilience in grief-focused personal or professional contexts. Moving with Grief is an interactive, body-based experience that invites participants to actively engage through gentle movement.	Rachel Carmela
Workshop 409 Program Design, Delivery, and Innovation	**Squaring the Curve for people with early diagnosed dementia** Our Squaring the Curve on Dementia program is an evidence-informed initiative developed in partnership with UNBC and grounded in current research. The program is designed to slow functional decline and enhance quality of life by "squaring the curve" through intentional, structured interactions. The program focuses on four key domains proven to support people living with dementia: cognition, physical strength and balance, social connection, and sense of purpose. Participants engage in carefully designed activities that stimulate cognitive function, promote safe movement and mobility, encourage meaningful socialization, and foster engagement in purposeful roles. Delivery of the program is supported by highly trained volunteers who work alongside participants in both individual and group settings. Community involvement and partnerships strengthen continuity of care and reinforce social inclusion beyond the program environment. A structured evaluation tool is embedded in the program to measure outcomes, guide individualized support, and inform continuous improvement. This ensures the program remains responsive, evidence-based, and aligned with best practices in dementia care. Learning Objectives: Identify Community Needs Design and Development Evaluation and implementation Interactive Panel	Donna Flood
Workshop 410 Organizational Development	**How You Can Change the Politics of Palliative Care: Government Relations 101** Public policy decisions play a defining role in shaping access to and quality of hospice palliative care in Canada. Despite growing recognition of the value of early and integrated hpc, significant gaps remain across jurisdictions. Engaging governments effectively is essential to addressing these gaps, yet many hpc professionals and organizations feel uncertain about how government relations work in practice and how to identify and leverage meaningful opportunities to influence change on particular issues. This workshop provides an introduction to government relations for the HPC sector. The session is designed to build participants' confidence and understanding of how to engage governments to advance hpc priorities that complement HPCO's activities. Participants will be guided through the basics of government relations, including who makes what decisions, when engagement is most effective, and where advocacy efforts can have the greatest impact. The session will also introduce practical strategies to help participants determine the why and how of engaging governments, enabling them to identify opportunities and formulate a plan to advocate for policy solutions that improve access to quality hpc. The workshop uses Table Teams to support small-group discussion and problem-solving, followed by Role-Playing in which attendees act out realistic meetings between advocates and decision-makers. Participants will take turns presenting a government relations message and responding from a decision-maker perspective, helping them understand different perspectives and refine their approach. Participants will leave with a clearer understanding of government relations and increased confidence to engage and maintain relationships with governments to create meaningful change in hpc. Learning Objectives: After participating in this session, participants will be able to: • Explain what effective government relations involves within Canadian hospice palliative care system. • Identify appropriate decision-makers and how to engage and maintain relationships with governments on palliative care issues. • Practice developing and delivering a clear and effective government relations message. Role-Playing Scenarios, Table Teams	Daniel Nowoselski, Cheryl Spencer

CONCURRENT WORKSHOP SESSIONS - SERIES 400 Monday, June 15 1:00 - 2:15pm....continued

Workshop 411

Margaret's Place Hospice Heartbeats Project

Kyla Lance & Jennifer Morritt

The Hospice Heartbeats Project is a music therapy–led legacy intervention that supports residents and families at Margaret’s Place Hospice through heartbeat recordings and personalized songs. Inspired by the work of board-certified music therapist Brian Schreck, the project uses recorded heartbeats as a foundation for connection, creativity, and meaning-making at the end of life. In 2025, Margaret’s Place received the Mount Pleasant Innovation Award in recognition of this innovative program. Objectives: This workshop aims to demonstrate how heartbeat recordings facilitate essential family connection, self-exploration, legacy creation, autonomy, and a sense of purpose for residents and families across the lifespan. Methods: Using the Littmann® 3M™ Core Digital Stethoscope, residents‘ heartbeats are recorded and incorporated into audio legacy projects, including heartbeat songs and spoken messages. Recordings are embedded into stuffed animals for children and adults, allowing loved ones to hear the heartbeat, voice message, or song of someone who has died. To date, 24 heartbeat recordings and 15 heartbeat songs have been completed, with continued program growth underway. Workshop content will include program development, supporting research, ethical considerations, examples of completed projects, and a hands-on overview of using the digital stethoscope. Participants will also receive an introductory demonstration of GarageBand as a tool for creating heartbeat-based recordings. Results: Early outcomes at Margaret’s Place hospice demonstrate increased family connection, emotional comfort, and the creation of a meaningful legacy for both residents and their loved ones. Conclusions: The Hospice Heartbeats Project offers a replicable, low-barrier, and deeply human approach to legacy work in hospice and palliative care, integrating technology and music therapy to support connections beyond death, which can bring comfort and meaning to individuals in various settings.

Program Design, Delivery, and Innovation

Learning Objectives:
Objectives: This workshop aims to demonstrate how heartbeat recordings facilitate essential family connection, self-exploration, legacy creation, autonomy, and a sense of purpose for residents and families across the lifespan.

Fishbowl

Workshop 412

Collaboration to provide Excellence in Care in a Rural setting: Rural Hospice Support in the Madawaska Valley

Dylaina Wood

Objective: To describe the development and impact of a rural hospice palliative care program designed to address identified gaps in community support, with a focus on enhancing patient comfort, caregiver capacity, and community knowledge of serious illness care. Methods: A community-driven approach was used to identify gaps in hospice palliative care services. Program strategies included overnight and respite patient support shifts staffed by nurses and personal support workers, the development of a structured caregiver support program, and community education initiatives. Educational topics included advance care planning, serious illness conversations, and understanding the trajectory of illness. Program impact was assessed through patient and caregiver feedback, service utilization data, and staff experiences. Results: Since program implementation, the hospice has provided comprehensive support to 17 patients and caregivers, ensuring continuity of care during critical times. Caregiver support initiatives improved confidence and resilience, while overnight and respite coverage enhanced patient comfort and reduced caregiver burnout. Community education sessions increased local awareness of palliative care principles and facilitated more meaningful serious illness discussions. Staff and volunteer engagement strengthened service capacity and community integration. Conclusions: Rural and remote communities face unique challenges in accessing hospice palliative care. The Madawaska Valley Hospice model demonstrates that proactively identifying service gaps and providing targeted patient and caregiver support, combined with community education, can enhance care delivery, build caregiver capacity, and strengthen community readiness for serious illness care. This model offers a replicable approach for other rural regions seeking to improve equitable access to hospice palliative care.

Program Design, Delivery, and Innovation

Learning Objectives:
By the end of this workshop, participants will be able to: Identify common gaps in hospice palliative care delivery in rural and remote communities and assess how these gaps impact patients and caregivers. Describe practical strategies for implementing overnight and respite nursing and PSW support to enhance patient comfort and reduce caregiver burden. Apply key principles of caregiver support program development, including education, emotional support, and system navigation, to strengthen ca

Participants will leave with tools they can adapt to their own rural or under-resourced communities

Lightning Talk LT7 - P1

First Hospice in Canada in a National Park

Laura Lavallee

Organizational Development Program Design, Delivery, and Innovation: In this presentation, we will explore the transformative journey of a small hospice organization that stood on the brink of closure and evolved into a nationally recognized model of innovation, collaboration, and community-centered palliative care. Over the course of several challenging years, our team re-imagined what hospice could look like—transitioning from a limited day-hospice format to a fully integrated continuum-of-care model that now spans multiple sites. Central to this evolution was an unprecedented partnership with the National Park Service, culminating in the launch of the first-ever hospice program located within a national park. We will walk through the strategic decisions, operational pivots, and cultural shifts that enabled this transformation, highlighting how mission alignment, adaptive leadership, and strong community relationships fueled organizational renewal. Participants will learn how we leveraged the healing power of nature, the cultural significance of protected spaces, and the rich resources of the park system to create a deeply holistic care experience for patients and families. This partnership not only stabilized our organization—it expanded what was possible. By integrating h

Program Design, Delivery, and Innovation

Learning Objectives:
Identify key strategies and leadership approaches that enabled a small hospice organization to transition from near closure to successful multi-site expansion and the development of a full continuum-of-care model.Analyze the role and impact of partner

Q&A

Lightning Talk LT7 - P2

“Is it a friend?”: children’s experiences of friendship and loss in pediatric hospice

Liana Bailey, Mary Ellen Macdonald, Franco Carnevale, David Kenneth Wright

Background: Children’s hospices represent a distinctive pediatric palliative care setting that nurtures play, joy, and friendship, while addressing the possibility or reality of a shortened life. Yet, children’s own perspectives in hospice remain largely underrepresented in the research literature. Drawing on an ongoing ethnography about children’s experiences at an Ontario children’s hospice, this presentation explores how children themselves experience and navigate the co-existence of friendship and loss in hospice. Methods: This ethnography uses a lens of Childhood Ethics, centred in children’s agency and relationality, and includes participant observation, interviews, and document review. Results: Stories and reflections will be presented that reveal hospice as a social world where friendship and loss are deeply entangled. For example: a social yet emotionally guarded boy who asks, “Is it a friend?” when someone is admitted for end-of-life; a child learning from a close friend that they, the friend, are ‘aging out’ of the hospice and will not be coming back; and a child who is actively dying and does not want his friend to know. Across these narratives, children actively reflect on their social worlds and affect the lives of those around them through experiences of friendship, play, vulnerability, and loss. Conclusions: Findings from this study reinforce that children’s hospices have an important role in fostering meaningful, sometimes life-long relationships, in the shadow of serious illness. Through this presentation, we hope spotlight such experiences, of both friendship and loss in hospice, as lived by children themselves.

Research

Learning Objectives:
By the end of this presentation, participants will be able to: 1) Describe examples of how seriously-ill children experience friendship and loss in a children's hospice; 2) Recognize the relational and emotional needs of seriously-ill children as they navigate friendship and play amidst the risk or reality of a short life.

Q&A

CONCURRENT WORKSHOP SESSIONS - SERIES 400 Monday, June 15 1:00 - 2:15pm....continued

Lightning Talk LT7 - P3 Program Design, Delivery, and Innovation	**“The Way Through: Reimagining Grief Support Through Japanese Wisdom”** Grief often disrupts a person’s deepest sense of meaning, identity, and inner direction. The Way Through is a four module, Japanese-inspired grief program, blending the concepts of Ikigai, Kintsugi, Gaman, and Wabi-Sabi. This unique program offers hospice clients a responsive and emotionally accessible path toward healing. Developed at The Hospice of Windsor and Essex County, the program integrates gentle ritual, reflective exercises, and trauma-informed facilitation with concepts from Japanese philosophy to help participants honour brokenness, rediscover purpose, and accept the imperfect new seasons shaped by loss. This lightning talk highlights how non-Western frameworks can expand traditional hospice bereavement care and meet the diverse emotional needs of today’s families. Early participant feedback shows increased emotional regulation, renewed meaning-making, and deeper self-compassion. The Way Through is designed for easy replication across hospice settings and offers a practical, innovative approach for agencies seeking fresh, inclusive models of grief support. Learning Objectives: Describe how Japanese concepts can innovatively expand grief-care practice by supporting meaning-making, identity reconstruction and compassionate adaptation after loss and is easily replicated across palliative community settings Q&A	Maria Giannotti
Lightning Talk LT7 - P4 Research	**“Life-changing”: A mixed-methods study of in-home massage therapy for children with serious illness** Lightning talk presenting the following research: Background: Children with serious illness experience significant discomfort from both their condition and its treatments. Massage therapy is an evidence-based, non-invasive modality that can relieve negative sensations while also generating positive sensory and relational experiences. Methods: Children enrolled in a pediatric palliative care program were offered a therapeutic course of six in-home massage therapy sessions. After completion of the course, a parent participated in a mixed-methods interview incorporating quantitative ratings and qualitative questions. Transcripts were analyzed using grounded theory and a constant-comparison approach. Results: Seven patients completed the course and seven parents completed interviews The most common baseline symptoms were tone disorders, pain, and anxiety. Parents rated the effectiveness of massage as 9/10 for tone (n=7; 95% confidence interval 4.8–10), 8.1 for pain (n=7; 95%CI 6.3–10), and 8.0 for anxiety (n=5; 95%CI 4.5–10). Positive experience ratings (n=7) included 9.4/10 for relaxation (95%CI 8.5–10), 9.3 for fun (95%CI 7.5–10), and 9.1 for pleasure (95%CI 7.7–10); happiness and connection were uniformly rated as 10/10. Qualitative analysis identified seven themes: (i) relief of illness-related distress and physiological dysfunction; (ii) positive sensory–motor experiences supporting body awareness and movement; (iii) positive emotional and relational experiences; (iv) safe-touch counternarrative to painful, non-consensual healthcare contact; (v) integration and enhancement of existing care; (vi) access facilitated by home-based, financially supported delivery; and (vii) strong desire for ongoing and routine access. Total cost to the program for these seven patients was $5,809. Conclusion: Massage therapy alleviated distress related to serious illness, enriched children’s sensory and relational experiences, and provided a restorative counternarrative to painful experiences of healthcare contact. Parents expressed that massage therapy should be a standard component of care for medically complex children, and that in-home, financially supported delivery effectively addressed barriers of cost and transportation. Learning Objectives: Learn about the issues impacting quality of life for children enrolled in palliative care. Learn about the potential for massage therapy to address clinical care issues Learn about the experiences of children and families engaging in a massage therapy pilot Q&A	Lysecki DL, Costa S
Lightning Talk LT8 - P1 Program Design, Delivery, and Innovation	**Equipping the Future of Care: Strengthening relationships between PPSMC and HSP to advance Palliative Care in Ontario** Objectives: This session will highlight “years in review” for the PPSMC programs of Ontario. Specifically, the strengthened partnerships between health service providers and organizations with the PPSMCs across the province in ongoing implementation of Ontario Health Services Delivery and Competency Framework. Methods: This presentation will draw on updated 2025 program data and real-life case examples of successful partnerships and collaboration. Examples from both urban and rural regions will demonstrate how consultants continue to adapt to local needs while maintaining alignment with provincial standards. Results: Ontario’s PPSMC program includes approximately 35 consultants, each supporting service providers through consultation, education, and mentorship. Program review shows improved provider engagement, interdisciplinary collaboration, and uptake of evidence based assessment tools and education. Partnerships with health service providers and collaborating organizations has expanded the PPSMCs’ reach, enabling more consistent knowledge transfer and capacity building across diverse care settings. Conclusions: Since 1992, PPSMCs have been innovators in program design and delivery. In 2025, their role continues to evolve—bridging policy and practice, fostering cross sector collaboration, and equipping providers with the skills needed for high quality, person centred palliative care. This lightning talk will demonstrate how PPSMCs, remain integral to advancing Ontario’s vision for the future of care. Learning Objectives: This session will highlight “years in review” for the PPSMC programs of Ontario. Specifically, the strengthened partnerships between health service providers and organizations with the PPSMCs across the province in ongoing implementation of Ontario Health Services Delivery and Competency Framework. Q&A	PPCN
Lightning Talk LT8 - P2 Research	**Access, Bridges, and Barriers to Music-Engagement and Music-Based Support in Bereavement** The phenomenon of adult grief requires further exploration overall, particularly focused on what influences a person’s grief (Patrick, 2017) and the griever-music relationship (DiMaio, 2015). A comprehensive understanding of how grievers, grief practitioners, and administrators perceive music-based support in bereavement will contribute to enhancing ethical, effective, and quality care in this context (Anderson, 2011; Broad, 2014; Thrower et al., 2023). Initial results of a sequential two-phase mixed method research study including survey questionnaires and phenomenological interviews with adult grievers, practitioners, and administrators in Ontario, Canada, will be shared. Reflections will highlight demographic patterns of grievers who engage with music-based support, where and when music is offered in bereavement care (and by whom), alongside connections between specific music engagement and phases of grief. Considerations will be raised regarding the use of, and access/barriers to, music in bereavement work. Learning Objectives: 1. Further understand the connections between specific music engagement, phases of grief, and demographics of adult grievers. 2. Learn about the use/provision of, and access/barriers to, music-based support in bereavement work in Southern Ontario. Q&A	Sara Klinck

CONCURRENT WORKSHOP SESSIONS - SERIES 400 Monday, June 15 1:00 - 2:15pm....continued

Lightning Talk LT8 - P3 Program Design, Delivery, and Innovation	**Cross Sector Patient Journey Mapping to Accelerate Early Identification and System Flow Improvements in a Palliative Approach to Care** Objectives: Across many care settings, early identification of palliative care needs remains inconsistent, contributing to avoidable acute care use and fragmented transitions. Evidence shows that earlier palliative approaches reduce symptom burden, improve quality of life, and decrease emergency and hospital-based utilization (Kircher et al., 2025; Mittmann et al., 2020). Despite this, organizations often lack a shared conceptual understanding of early identification as a system-level strategy. This work aimed to address that gap by enhancing organizational clarity and readiness for earlier recognition and coordinated palliative care approaches. Methods: A narrative-based, comparative patient journey was developed to illustrate the measurable effects of early versus delayed identification. Two individuals with similar illness trajectories were followed through primary, community, acute care, and long term care pathways. One narrative illustrated proactive engagement with palliative care principles, while the other demonstrated reactive, crisis driven care. This method was selected to translate established evidence on early palliative care into an accessible format that links clinical concepts to system pressures such as emergency department use and avoidable hospital admissions. Learning Objectives: Analyze how narrative-based comparative journeys function as knowledge translation tools Examine how using parallel patient stories translates complex evidence into accessible insights that support shared understanding across leadership and care sect Q&A	Mary Buck,Carma MacKenzie
Lightning Talk LT8 - P4 Program Design, Delivery, and Innovation	**Collaboration to realize Innovative Palliative Care for Inuit in Ottawa** Project Goal: We aimed to describe Inuit experiences accessing palliative care and to identify innovations to support Inuit with serious illness and their caregivers. Background: Despite strong community networks and Inuit specific services in Ottawa culturally safe palliative and end of life care options remain limited. Many Inuit die in shelters or hospitals. With limited data to guide improvement, we centred Inuit and care provider voices to understand current gaps and opportunities. Methods: Inuit community members were engaged and invited to join an advisory committee (Piqatigiit). Guided by collaborative frameworks (Jull et al., 2019 & Graham 2006), and Inuit Qaujimajatuqangit (IQ) principles, a journey mapping process was completed. Community members participated in a session reflecting on their experiences of serious illness and caregiving. An evening session with health and social care providers explored their experiences of support of Inuit with palliative care and identified improvement opportunities. Results: Community members described major structural barriers to quality care, including racism, transportation, housing, translation supports, and issues related to substance use. Participants reported experiences of isolation and emphasized needs for caregiver (friend/family) support, assistance with legal and practical matters, and help with burial. Providers echoed these concerns and proposed Inuit specific grief and bereavement supports and involving Elders to accompany individuals on their palliative journeys. Across groups, participants highlighted the importance of culturally safer care and attention to systemic issues. Conclusion: The journey mapping process revealed clear priorities for improving palliative and end of life care for Inuit in Ottawa. Community members and providers expressed strong commitment to advancing next steps. Learning Objectives: 1. Describe Inuit experiences accessing palliative and end of life care in Ottawa, as shared by community members and care providers. 2. Identify key structural and systemic barriers affecting culturally safer palliative care for Inuit. 3. Recognize priorities and innovations identified by Inuit community members, including caregiver supports, grief and bereavement care, and the involvement of Elders. Q&A	Valerie Fiset PhD, RN; Ben Carroll MScN, RN; Janet Jull, PhD, OT; and the team members of the IPACUI project
2:15-2:45	**Refreshment Break, Exhibitor Showcase & Poster Presentations**	

CONCURRENT WORKSHOP SESSIONS - SERIES 500 Monday, June 15 2:45 - 4:00pm

Workshop 501 Caring for the Care Team	**Navigating the Nuance: Differentiating MAiD requests from suicidal expressions in mental illness contexts** Distinguishing between reasoned requests for Medical Assistance in Dying (MAiD) from expressions of suicidality presents a profound clinical, ethical, and emotional challenge for hospice palliative care teams—particularly when mental illness is the primary source of suffering. These encounters often occur in contexts of uncertainty, time pressure, and deep relational engagement, and can generate significant moral distress for clinicians striving to honor patient autonomy while balancing their obligations to protect vulnerable individuals from harm . Using anonymized, real-world–informed clinical vignettes, participants will engage in small-group analysis of patient narratives that highlight a critical distinction: individuals who desperately want to live but feel unable to continue living as they are, versus those seeking to end a life that perceived as still has having future possibilities or "open ends." Facilitated discussion will encourage teams to examine how different professional perspectives shape assessment, communication, and ethical response. Participants will compare MAiD request assessments and suicide risk assessments, identifying where these processes overlap and where they diverge in purpose, language, and outcomes. The workshop will explore assessing decision-making capacity in fluctuating mental states, responding to ambivalence and suffering, and navigating disagreement within teams. Equal attention will be given to recognizing moral distress, supporting one another through ethical uncertainty, and identifying practical strategies for team-based reflection and self-care. By the end of this interactive case-series analysis, participants will be better equipped to engage in compassionate and ethically grounded care that supports both patients and the well-being of the care team. Learning Objectives: Demonstrate ethical reasoning in distinguishing MAiD requests from suicidality at end of life. Collaborate effectively across disciplines to assess capacity, risk, and suffering in complex end-of-life contexts. Promote professional well-being by recognizing moral distress and engaging in team-based reflective practice. Group Case Study Analysis	Sara Olivier, Ali Ladak, Bridie Hamilton, Morgan Wark, Saumil Dholakia
Workshop 502 Clinical Practice	**Grief Through Poetry: Using Dante's Divine Comedy in Clinical Practice** As Dante Alighieri suggests in Inferno, words often fail when grief is deepest, a challenge many clinicians encounter when supporting clients through loss. To address this, Hospice Niagara developed a grief-through-poetry program to equip staff with practical tools for supporting bereaved individuals using literature as a therapeutic medium. This program draws on Dante's Divine Comedy to guide participants in exploring grief, fostering emotional expression, and developing coping strategies through reflective reading and poetry writing. The program demonstrates how poetry can normalize grief, facilitate emotional processing, and create safe spaces for clients to articulate loss. Staff engage in structured exercises, including guided readings, reflective discussion, and creative writing, supported by grounding and mindfulness techniques to ensure emotional safety. Results: Participants will acquire practical skills to implement poetry-based interventions, deepen their understanding of grief processing, and enhance compassionate care for bereaved clients. Learning Objectives: • Apply poetry and reflective reading as therapeutic tools in grief and bereavement care • Facilitate client-centered creative writing exercises to express and process grief • Integrate grounding and mindfulness techniques to support emotional safety Campfire Session, Role-Playing Scenarios	Daniele Vassallo; Lea Joy Friesen
Workshop 503 Clinical Practice	**Palliative Approach to Serious Mental Illness Part 2: End-of-Life Care and Medication Management** **CANCELLED**	Julie Leighton, Chantal Brynes
Workshop 504 Organizational Development	**What 25 years of Hospice taught me about the power of Legacy. Transforming connection into sustainable funding.** Executive Directors and Boards across Ontario face increasing pressure as government funding becomes less predictable and the fundraising landscape grows more competitive. Yet within these challenges lies one of the most mission-aligned and sustainable opportunities for Hospices today: legacy (planned) giving driven by authentic human connection. Drawing on 25 years of Hospice leadership and philanthropy experience, this interactive workshop explores how Hospices can unlock the extraordinary potential of legacy giving by leveraging the deep relationships that naturally form through hospice palliative care. When donors recognize themselves as part of Hospice's ongoing story—its compassion, its values, and its impact—legacy giving becomes not merely a financial transaction, but a meaningful extension of their personal journey. Participants will learn how to identify and nurture legacy prospects, understand the donor psychology that underpins planned giving, and implement simple, proven strategies that are accessible even to small organizations with limited staff resources. The session will examine real examples from Hospice programs, highlight emerging trends in Canadian philanthropy, and explore the unprecedented intergenerational wealth transfer expected in the coming decade. Learning Objectives: 1. Describe why Hospice is uniquely positioned and how connection and storytelling influence donor motivation. 2. Identify and cultivate potential legacy donors. 3. Apply at least 3 practical strategies; stewardship, messaging and program tools. Campfire Session	Debbie Kesheshian
Workshop 505 Program Design, Delivery, and Innovation	**A Symbiotic Partnership: The Process of Accreditation and the Volunteer Department** Hospice palliative care is sustained by the dedication and compassion of volunteers. For volunteers to contribute effectively, they must feel supported and integrated throughout their journey—from administrative responsibilities to direct service—while enabling volunteer program administrators to fulfill their roles in alignment with organizational and accreditation expectations. HPCO standards require consistent, evidence-based practices across all programs and services. Accreditation ensures that all areas of service delivery, including volunteer management and engagement, meet measurable criteria and demonstrate alignment with organizational goals for quality and accountability. This interactive, participatory workshop will guide volunteer program administrators in reviewing their current processes through the lens of efficiency and HPCO standards. Attendees will explore opportunities to strengthen key areas of volunteer management—training, administration, onboarding, retention, and communication—ensuring volunteer programs not only meet standards but foster sustainable impact. By the end of the session, participants will gain practical insights into reviewing and refining processes to improve efficiency and meet accreditation expectations. Learning Objectives: 1. Assess Volunteer Department processes and enhance supportive practices to fulfill role responsibilities effectively. 2. Strengthen administration, onboarding, training, retention, and communication practices aligned with quality improvement and accreditation standards. 3. Demonstrate how administrative processes and accreditation standards are symbiotic, promoting excellence and efficiency, and apply these insights within their own organizational context. An interactive seminar for Volunteer Management & Program Admins, featuring facilitated group breakouts that encourage cross-pollination of knowledge and experience, while sharing practical guidelines and real-world examples of effective systems and processes.	Michael R. Nelson and Sunni R. Rochelle

CONCURRENT WORKSHOP SESSIONS - SERIES 500 Monday, June 15 2:45 - 4:00pm....continued

Workshop 506

Program Design, Delivery, and Innovation

Legacy as Intervention: Psychosocial Impacts of Legacy Work in a Hospice Residence

Heather MacCuaig and Meghan MacMillan

Those of us working in a hospice residence may have witnessed families appearing “stuck” at the bedside of their loved one. Our Legacy Program was developed to help support residents and significant others connect and enhance their time together. Beyond receiving a beautiful memento, we have found the process of creating these projects together is often a valuable psychosocial intervention with the potential to reduce anxiety, enhance engagement and create meaningful memories. Art from the Heart Legacy program was established within our residence in 2018. Over the years we have made changes to the projects offered to meet the specific physical, cognitive and emotional needs of residents nearing the end of their lives. The program is designed for all staff/volunteers to facilitate and available 24/7 at no cost. This workshop will first look at initiating a legacy program in hospice residences from a zero budget. We will also explore potential pitfalls and when legacy work is not appropriate/suitable for families. Workshop participants will have the opportunity to participate in the simple activities offered in our hospice and practice ways to introduce and engage residents in this worthwhile process.

Learning Objectives:
1) Learn how a Legacy program can create a psychosocial intervention with the potential to reduce anxiety, enhance engagement and create meaningful memories 2) Learn about what Legacy activities are appropriate at end of life 3) Explore potential pitfalls and consider when Legacy work may not be appropriate

Table Teams

Workshop 507

Organizational Development

Advancing Equitable Palliative Care: Case Based Approaches Towards Health Equity

Gurwinder K. Gill

Advancing Equitable Palliative Care: Case-Based Approaches in the Pursuit of Health Equity Learning Level: Intermediate Workshop Description: Marginalized patients/families frequently encounter inequities, cultural misalignment and barriers to accessing palliative/end-of-life care. These inequities are shaped by migration, faith, language, caste/class and systemic bias yet are often addressed at the level of 'cultural sensitivity' versus meaningful organizational change. This workshop will use real-life case-based learning to examine how clinical decisions and gaps in learning can disrupt inequity. Through discussion of real-life cases involving family dynamics, differing religious, spiritual and cultural practices and cross-cultural communication, participants will learn about barriers, outcomes and teams' key learnings and self-reflections. Participants will identify concrete opportunities to embed equity-focused practices. Participants will leave with practical tools to analyze their own contexts, engage colleagues in often difficult conversations and co-design impactful changes in care pathways and processes. Learning Objectives By the end, participants will be able to: 1. Describe key structural and interpersonal factors that shape palliative care experiences for marginalized patients/families 2. Analyze real-world cases to identify inequities and opportunities for equity-focused responses at the bedside and organizational levels 3. Develop at least two actionable changes they can test within teams or institutions Training Methods Case study analysis, group discussion and Q&A. Intended Audience Palliative/healthcare professionals Knowledge & Application Participants will recognize inequities/learn practical strategies

Learning Objectives:
By the end of this workshop, participants will be able to: 1. Describe key structural and interpersonal factors that shape palliative care experiences for marginalized patients and families 2. Analyze real-world cases to identify inequities and opportunities for equity-focused responses at the bedside and organizational levels 3. Develop at least two actionable changes they can test within their own teams, programs or institutions

Group Case Study Analysis

Workshop 508

Program Design, Delivery, and Innovation

Part 2: Medicine Wheel Teachings Relating to Death & Dying, Grieving and Release

Dorothy Keon

Within the teachings handed down through Indigenous family and community relationships, a practice of grieving and understanding life and death resurges. Although colonization cannot be erased from modern Peoples, ancient ways of knowing remain and comfort those who wish to consider their messages. Medicine Wheel Teachings contain a natural flow of life; they follow seasonal rhythms and encourage respect for all beings. This encourages a belief that respect, along with compassion, helps the process of mourning. The emotion of loss encourages us to develop a sense of appreciation and honour towards the life journey of our dearly departed loved ones. The teachings being shared are a few gathered from elders of the Anishinabek and Haudenosaunee Nations. They aid in understanding the interconnectedness of "All in Creation" and help to achieve balance in one's life and harmony with nature around us. This workshop is an introduction to these concepts with an emphasis on the ever changing and cyclical way of life. Change helps us grow, growth develops character, and character guides a path to understanding. Our life path urges one/us to appreciate the life we have been given and to appreciate those who shared their life path with ours. Life is a celebration and is guided within the Medicine Wheel Teachings.

Learning Objectives:
1. learn how personal grief affects self and others 2. learn techniques to relieve grief 3. learn personal life experiences translate to grief

Design Thinking Workshop

Workshop 509

Program Design, Delivery, and Innovation

From hesitation to confidence: Building volunteer capacity to facilitate legacy activities in hospice care

Jessica Bytautas, Brianna Kennelly

Hospice volunteers play a vital role in supporting legacy activities, yet many feel uncertain about when and how to initiate these conversations with clients and families. This interactive workshop introduces a practical toolkit developed through a series of volunteer-informed workshops in a residential hospice. Participants will learn how the toolkit was co-created, explore common barriers to legacy work, and engage in guided discussion and brief role-play using sections of the Volunteer Guide to Legacy Conversations and Legacy Conversation and Activity Tracker. Through shared reflection and peer exchange, attendees will compare experiences across settings and identify strategies they can adapt to strengthen volunteer confidence and legacy practices within their own hospice or

Learning Objectives:
1) Identify common barriers hospice volunteers face when initiating legacy conversations. 2) Apply a flexible toolkit to confidently facilitate legacy activities in diverse hospice and community settings.

Campfire Session, Table Teams, Role-Playing Scenarios

Workshop 510

Interest Group Meeting

Hospice Residence Clinical Lead Interest Group

Christine Gordon

by invitation only, unaccredited session

Workshop 511

Program Design, Delivery, and Innovation

InfoAnywhere: Recent Changes Review & Questions and Answers for InfoAnywhere Users.

Ian Farr

This session is provided for users of InfoAnywhere in all departments and this session will be delivered in two parts. First, we will provide an overview of all the important new features that we have implemented in InfoAnywhere over the past year - this will make sure that your organization is using InfoAnywhere to its fullest potential. The second part of this session will be a Questions and Answers session - where you can bring any questions or ideas with you to ask us. You will also have an opportunity to speak with other InfoAnywhere users to learn how other organizations are using InfoAnywhere.

Learning Objectives:
You will learn What's New In InfoAnywhere - We will share stats about what parts of the system you may want to start using - You will have an opportunity to ask questions

Interactive Panel

Lightning Talk LT9 - P1 Research	**The Mourning Therapist: Exploring the experience of personal, professional, and cumulative grief of music/grief practitioners** Professionals working within end-of-life, grief, and bereavement contexts may experience trauma-related employment stresses and cumulative grief. Music therapy/psychotherapy literature has emphasized the need for for reflexive processing, supervision, and self-care, particularly when the loss circumstances are traumatic or complicated. Surveys, phenomenological interviews, and a collaborative autoethnographic approach were used to explore the experiences and affects of professional and personal losses of music/grief practitioners. Initial results, perspectives, and stories from research interviews with music therapists/psychotherapists and grief practitioners from Ontario, Canada, will be shared. Learning Objectives: 1. Hear practitioners' lived experiences and use of music to process the impact of their work and personal grief. 2. Grow understanding of how to use music to foster self-care and sustainable service-provision in end-of-life and bereavement care. Q&A	Sara Klinck
Lightning Talk LT9 - P2 Research	**"Nobody was ever going to put a spotlight on it": rendering Canadian specialist pediatric palliative care programs visible** Background: Over the past four decades, since the inception of the first Canadian hospital-based Pediatric Palliative Care (PPC) program, the field of PPC has grown in scope and complexity; yet programs across the country continue to be largely fragmented, under-resourced, few, and far between. Recognizing these ongoing challenges, a cross-country research team led a national qualitative study to describe the evolution and current state of PPC in Canada. Objectives: Specific study objectives included: (a) describing the historical evolution of PPC programs in Canada, including key milestones, barriers, and successes; (b) documenting the current structures and services offered by PPC programs; and (c) identifying challenges, gaps, and future directions in the delivery of PPC. Methods: A qualitative descriptive study was conducted involving surveys, a document analysis, and interviews with representatives from the seventeen specialized PPC programs in Canada, including hospital-based, hospice-based, and combined programs operating at the time of the study. Data was analyzed thematically using Braun and Clarke's reflexive framework. Results: PPC programs currently vary widely in size, structure, and resourcing. Six cross-cutting themes were generate: (1) Community foundations; (2) Legitimizing the legitimate; (3) Fighting for sustainability; (4) Geographies of care; (5) Hospice as community, hub, and symbol; and (6) Building capacity through education and collaboration. Conclusions: While there has been important growth over the past four decades, progress in PPC in Canada has been slow and faced with compounded barriers. By spotlighting the lived realities of specialist PPC programs across Canada, as shared by their representatives, this presentation will call for collective action and sustained commitment. Learning Objectives: Participants should gain the knowledge to: (a) describe the historical evolution of specialized PPC programs in Canada, including key milestones, barriers, and successes; (b) understand the current structures and services offered by specialized PPC programs in the province and across the country; and (c) identify challenges, gaps, and future directions in the delivery of PPC. Q&A	Liana Bailey, Lauren Hanes, Kira Goodman, Shauna Wilcox, Megan Wright, Stacie Colwell, and Mary-Ellen Macdonald
Lightning Talk LT9 - P3 Program Design, Delivery, and Innovation	**A Home Palliative Paracentesis Service in Durham Region: Implementation and Early Outcomes** Homebound patients with advanced cancer and/or end-stage organ disease who develop symptomatic ascites often require hospital visits to access paracentesis for symptom relief. In Durham, Ontario, a physician-led Home Palliative Paracentesis Service was launched in May 2024 across three Lakeridge Health sites (Ajax-Pickering, Oshawa, and Bowmanville) to deliver this intervention in the community using point-of-care ultrasound (POCUS). This presentation will describe our team's experience with program implementation, and share early outcomes demonstrating that a regional home-based paracentesis service is feasible, safe, and patient-centred. Learning Objectives: 1. Describe the clinical need for home-based palliative paracentesis. 2. Outline key steps taken for program implementation. 3. Review early outcomes demonstrating the feasibility, safety, and impact of a home palliative paracentesis service. Q&A	Vance Tran, Connie Stamp, Caitlin Tumey, Colleen Wilkinson, Katharyn Go, Jocelyn Stewart, Ed Osborne, Natalie Wong, Michael Borchuk, Vincent Ho, Hasan Zaidi, Aynharan Sinnarajah
Lightning Talk LT9 - P4 Research	**New and upcoming interRAI tools to support care planning and decision-making in palliative care** Introduction: This presentation introduces interRAI initiatives related to (1) flagging people who could benefit from a palliative approach to care (the new Serious Illness Collaborative Action Plan; CAP), (2) developing a palliative care reassessment tool, and (3) updating the interRAI Palliative Care (interRAI PC) assessment. Methods: The serious illness CAP was created using an exploratory mixed methods design, synthesizing analyses of interRAI assessment data and input from advisory committees. The palliative care reassessment tool was developed to parallel the domains covered by the Palliative Performance Scale and the Edmonton Symptom Assessment System-Revised+. A modified Delphi panel is currently underway to update the interRAI PC. Results: The new Serious Illness CAP identifies people who are a high priority or who could benefit from a palliative approach to care based on the presence of health instability and exacerbating issues. The reassessment tool contains 31 items, all of which are found in the interRAI PC. Conclusions: In Ontario, interRAI instruments are used in home care, palliative home care, and long-term care. These recent developments will further support clinicians in identifying and addressing changing care needs early. Learning Objectives: 1. Participants will learn about an approach to flag clients who may benefit from a palliative approach to care. 2. Participants will be introduced to a palliative care reassessment tool and the updated interRAI Palliative Care instrument. Q&A	Maya Canham, Lynn Martin, Aynharan Sinnarajah, Christina Vadeboncoeur, Margaret Saari, Veronique Boscart, Dawn M. Guthrie

CONCURRENT WORKSHOP SESSIONS - SERIES 500 Monday, June 15 2:45 - 4:00pm....continued

Lightning Talk LT10 - P1

Program Design, Delivery, and Innovation

Bridging the Gap: Education-Driven Capacity Building to Serve Refugee Claimants Under IFHP

Vilma Oliveros, Priya Gupta, Humaira Saeed, Dipti Purbhoo, Heidi Bonner, Esther Beatty

Our initiative addressed a critical gap in healthcare professionals' knowledge of the Interim Federal Health Program (IFHP), which prevented refugee claimants from accessing community palliative care. Through 27 training sessions reaching 300+ professionals across 26+ organizations (January 2025-March 2026), we achieved 50-90 percentage point knowledge improvements, with participants moving from 0% to 90% understanding in single sessions. Beyond education, we developed a Hospice Toolkit for sustainable systems change, with three hospices committing to implementation. This work establishes a replicable model for building healthcare capacity to serve vulnerable populations, though long-term sustainability requires integrating refugee health into professional curricula and simplifying administrative processes.

Learning Objectives:
Participants will be able to: 1. Identify the baseline knowledge deficits regarding IFHP among healthcare professionals and its impact on refugee claimants' access to palliative care services 2. Appraise the effectiveness of targeted educational interventions in transforming healthcare provider knowledge and practice intentions 3. Formulate strategies for sustainable systems change through evidence-based toolkit implementation and organizational capacity building

Q&A

Lightning Talk LT10 - P2

Research

Exploring transitions in home care and long-term care using the new interRAI serious illness CAP

Nicole Williams, Lynn Martin, Dawn M. Guthrie, and John P. Hirdes

Background: A palliative approach improves the quality of life of persons with serious illness. The new interRAI serious illness Collaborative Action Plan (CAP) identifies individuals in home care (HC) and long-term care (LTC) who could potentially benefit from a palliative approach. Methods: Transitions in CAP triggering were explored using Sankey diagrams among LTC residents across Canada (n=557,193), including changes in triggering levels (e.g., from high to moderate priority), discharge from LTC, and death. Time between assessments was >90 days. Analyses of Ontario interRAI HC data is underway and will be presented. Results: Approximately 6.5% triggered the CAP as a high priority for a palliative approach and 8.0% as a moderate priority. By the second assessment, 47.6% of those who triggered as a high priority had died, 19.1% were discharged from LTC, and 15.9% continued to trigger at a high priority. These equaled 19.5%, 26.7%, and 12.2% among those who initially triggered as a moderate priority. Among those who did not originally trigger the CAP, 3.0% went on to trigger at moderate and 0.9% at high priority. Discussion: Understanding the complex and changing needs of individuals with serious life limiting illnesses is important in determining next steps and plans for care.

Learning Objectives:
1. Participants will learn about the new interRAI collaborative action plan (CAP) developed to identify individuals who may benefit from a palliative approach to care. 2. Participants will explore transitions in CAP triggering overtime.

Q&A

Lightning Talk LT10 - P3

Program Design, Delivery, and Innovation

A look behind the scenes: What it takes to deliver an Integrated Palliative Care Program

Anne McKye, Karin Swift

2026 Presentation (Workshop in 2027) The Mississauga Health Ontario Health Team has pioneered an Integrated Palliative Care Program designed to deliver seamless, patient-centered care for individuals with palliative needs. Built on strong partnerships among hospices, hospitals, home care providers, and community organizations, this model emphasizes early connection, equity-based considerations, and a population health approach. Through co-design and alignment with the OPCN Palliative Care Health Services Delivery Framework, the program integrates four key innovations: an interdisciplinary care team, home care transformation, digital collaboration, and shared governance. A hallmark of this initiative is its centralized intake and “one team, one provider” approach, supported by shared digital health records and a dedicated care coordinator. By bridging hospital, home, and hospice care, the program ensures timely transitions, consistent care delivery, and improved patient and caregiver experiences. Physical presence of the integrated team within local hospices strengthens partnerships and provides direct access to specialized supports. In its first year, the program served 800 patients, demonstrating positive outcomes in quality, efficiency, and satisfaction while alleviating hospital pressures. This presentation will explore the priorities and pitfalls of implementation, including frontline perspectives, and how to get from vision to reality. The lessons shared will be transferable to scale and sustain integrated models of care in Ontario. Focus Area: Leadership and System Design Audience: Management, Administration, Leadership, Ontario Health, other OHTs, Frontline Providers - to support building their own Integrated program/teams

Learning Objectives:
Learning Goals: · Share lessons learned on implementation of an integrated model of care palliative care (bringing strategy and vision into reality) in a complex, cross organizational context · Challenges and approaches to addressing shared governance, care and creating neighbourhood teams · Develop an understanding of the frontline experience working in an integrated model of care

Q&A

Lightning Talk LT10 - P4

Research

Talking about the hypothetical future: serious illness communication for residents living with dementia in long-term care homes

Elizabeth Wojtowicz

To explore how serious illness communication occurs among residents living with dementia, unpaid care partners, and healthcare providers in LTC, and to identify practice-relevant communication strategies and contextual factors applicable to Ontario clinical practice.

Learning Objectives:
Present findings from an integrative review exploring serious illness communication with residents living with dementia and their unpaid care partners in Ontario LTC homes.

Q&A

Lightning Talk LT11 - P1

Program Design, Delivery, and Innovation

Ask Me Anything Clinic: Answering the medical questions of siblings of children living with a serious illness

Kate Sutherland & Dr. Gregorio Zuniga

Siblings of children with serious illness have medical questions about the disease process. Through the partnership of a Child Life Specialist and Physician, a clinic was created to address these questions in order to provide medical education, clarify misconceptions, and enhance understanding of their sibling's condition. Our presentation will examine the structure, process and content used to provide care in the clinic by highlighting case examples.

Learning Objectives:
1. Describe the structure and interdisciplinary model of care in an 'Ask Me Anything' clinic 2. Explore sibling questions, misconceptions, and medical content discussed in the clinic using specific patient examples 3. Identify clinical impact and observed benefits of this model for siblings, families, and the care team

Q&A

CONCURRENT WORKSHOP SESSIONS - SERIES 500 Monday, June 15 2:45 - 4:00pm....continued

Lightning Talk LT11 - P2 Research	**Financial and Time Toxicity Among Patients with Cancer Enrolled in Pharmacotherapy Clinical Trials: Systematic Reviews** Background: Financial and time toxicity are increasingly described as burdens of cancer care, yet their magnitude among patients enrolled in pharmacotherapy clinical trials is poorly characterized. We conducted two systematic reviews to quantify the financial and time burdens experienced by cancer trial participants.Methods: We searched MEDLINE, Embase, and CENTRAL (through June 2025) for studies reporting financial or time toxicity among cancer patients enrolled in pharmacotherapy trials. Studies were included if they reported >=1 toxicity outcome. Financial toxicity outcomes included direct medical and indirect non-medical (ie housing, transportation, and lodging) out-of-pocket costs (adjusted to 2025 USD). Time toxicity was defined as days per month with any healthcare contact, including planned (protocol-specified) and unplanned encounters. Data were synthesized descriptively.Results: Three studies reported on financial toxicity, all from the US. Direct expenses ranged from $256–$301/month, while indirect expenses exceeded $828/month, with some patients incurring $3,367–$6,857/month. Total toxicity is multi-fold higher than non-trial participants.Four studies (from Canada, US, Australia and Italy) reported on time toxicity. Patients spent 7.6 days/month in healthcare contact, approximately twice that of non-trial participants. Planned days averaged 2.2/month and unplanned days 2.0/month; the highest burden occurred in the first month of trial enrollment. Higher time toxicity was associated with worse physical function, disease progression, and reduced overall survival.Conclusions: Cancer patients in pharmacotherapy trials experience financial and time burdens, far greater than non-participants. Incorporating standardized measurement and transparent reporting of toxicity into trial design and informed consent can better support equitable participation, improve patient-centered decisions, and guide interventions that meaningfully reduce avoidable burden. Learning Objectives: 1) Recognize financial toxicity is significant in cancer patients on clinical trials 2) Recognize time toxicity is significant in cancer patients on clinical trials 3) Appreciate the need for transparent and standardized measurement Q&A	Ronald Chow
Lightning Talk LT11 - P3 Program Design, Delivery, and Innovation	**A Technology-Enabled Interdisciplinary Model to Strengthen Palliative Care in Long-Term-Care Homes: Earlier Integration, Better Residents Outcomes** The session outlines the development of a virtual Palliative Community of Practice that supports interdisciplinary collaboration in long-term-care homes. Through shared learning and case-based discussions, the initiative strengthened providers' confidence, consistency, and communication in delivering palliative and end-of-life care. The approach enhanced resident and family experiences and supported the delivery of high-quality, compassionate palliative care within LTCHs. Learning Objectives: To enhance, disseminate, and share knowledge and best practices of palliative and end-of-life (EOL) care for individuals with life-limiting illnesses in long-term-care homes (LTCH) through the implementation of a technology-supported, interdisciplinary collaborative model. To build capacity among multidisciplinary health care team in participating LTCH, Mackenzie Health and community stakeholders within Mackenzie Health catchment area to provide high quality, compassionate and culturally sensiti Q&A	Bella Grunfeld, Tingna Xu, Manjit Gill
Lightning Talk LT11 - P4 Research	**Home Care Nurses' Perceived Competence and Self-Efficacy in Palliative Care Delivery: A Cross-Sectional Study** Background: Integrating palliative care (PC) into the community enables people to receive care at home, promotes family involvement, and reduces cost. However, home care providers report challenges in delivering high-quality PC and little is known about home care nurses' confidence in this context. Objective: To explore home care nurses' perceived competence and self-efficacy in PC delivery. Methods: A cross-sectional study using an online survey. Inclusion criteria were: 1) Registered Nurse or Registered Practical Nurse, 2) working as a home care nurse in Ontario, 3) at least six months of nursing experience, and 4) providing PC in patients' homes. Results: Findings from 110 nurses suggest a positive association between both constructs. The lowest reported levels of perceived competence were in the spiritual care, while the lowest levels of self-efficacy were observed in symptom management. Organizational and workplace environments were significantly associated with both constructs. Conclusion: This study identified priority areas to strengthen home care nurses' perceived competence and self-efficacy in PC, emphasizing the importance of targeted training to enhance preparedness, care quality, and workforce retention in community settings. Learning Objectives: 1) To assess home care nurses' levels of perceived competence and self-efficacy in different domains of PC. 2) To explore the relationship between both constructs. 3) To explore the impact of contextual practice factors on both constructs. Q&A	Joanne Ta, Joanne Tay, Kathryn Pfaff
6:00	**Gala Reception**	**Grand York Foyer**
6:45 - 11:00	**Gala Awards Dinner & Entertainment**	**Grand York Ballroom**

TUESDAY, JUNE 10

7:30-8:30	**Registration & Continental Breakfast**
8:30-8:45	**Welcome Remarks**

CONCURRENT WORKSHOP SESSIONS - SERIES 600 Tuesday, June 16 8:45 - 10:00am

Workshop 601

Program Design, Delivery, and Innovation

Community Driven Rural Hospice

Marjorie Joly, Cindy Stafford, Debroah Coelho

Community-Driven Rural Hospice highlights how Hospice Renfrew’s programs are shaped, sustained, and strengthened by the community we serve. This session will explore the One Washcloth initiative, the Wind Phone, and Buck-a-Luck, illustrating how each reflects community values, generosity, and engagement. Together, these examples demonstrate how rural hospice care is not only delivered by the organization, but co-created with the community ensuring compassionate, accessible, and meaningful support for individuals and families at end of life.

Learning Objectives:
1. Describe how community-led initiatives Support compassionate rural hospice care. 2. Examine the role of community engagement in sustaining rural hospice programs. 3. Identify strategies to build community ownership in hospice care.

Campfire Session

Workshop 602

Caring for the Care Team

Volunteer Supervision: Collaboration & Care for Visiting Hospice Volunteers

Vanessa Voorberg,

Community Volunteers are a key part of the Visiting Hospice program. These volunteers often work independently in the community, visiting clients at home, in the community, or facilitating support groups. As such, the role of a community volunteer offers opportunity for flexibility, but also increased isolation as most of their role is individual and often not on-site. Caring for volunteers is an essential component of fostering high-quality care and well-being for all involved in hospice palliative care. Community Volunteers at Hospice Georgian Triangle provide support to clients who are palliative and living in the community, clients who are grieving (typically Level 2s), host drop-in groups for those who are grieving, caregiving, or living with a progressive life-limiting illness. In an effort to care for volunteers, a staff member from Hospice Georgian Triangle’s Community Support Team provides monthly Volunteer Supervision meetings to all Community (Visiting Hospice) Volunteers. Volunteer supervision provides opportunity for increased connection, collaboration among staff and volunteers, self-care, self-reflection, and resiliency, all while promoting high quality care for patients and clients. Core components of our time together include check-ins, case study reviews, and an engaging educational discussion or presentation. Our time together ends with a Sand & Stone ceremony, where volunteers honour clients who have died or whom we have closed service with. The key goals of volunteer supervision include offering a space for connection, caring, and collaborative growth. Volunteers are encouraged to share highlights of their experiences or discussion questions with the group. This workshop will include an interactive, mock volunteer supervision with the facilitator and engaged community volunteers.

Learning Objectives:
1) Improve Collaboration, Support & Engagement with Visiting Hospice Volunteers 2) Strengthen your Visiting Hospice Volunteer Team, building resiliency and creativity 3) Improved outcomes for client satisfaction & volunteer engagement

Fishbowl

Workshop 603

Program Design, Delivery, and Innovation

How can we teach equity-oriented palliative care? Exploring transformative approaches and its impact in medical education.

Oliver W. Fung, Naheed Dosani, Alissa Tedesco

Palliative care services are accessible to a minority of those who need it, highlighting the structural inequities that affect disadvantaged populations. A critical component of addressing these inequities is to empower learners to provide socially accountable care. This is a clear call for transformative education, a paradigm that aims to foster critical reflection and create change agents who will improve societal structures. To foster a transformative experience in medical education, the Palliative Education and Care for the Homeless (PEACH) program implemented a clinical rotation in equity-oriented palliative care. In this workshop, we will explore the development and facilitation of this educational intervention. We will also share the results of a qualitative study that aimed to understand the impact of this rotation over the last 5 years on the perspectives and practices of the physicians who completed it during their training. Through the use of interactive activities, participants will reflect upon each theme of transformative education presented and will engage in dialogue to utilize their learning to develop their own curriculum design informed by principles of transformative education and applied to their own teaching and clinical practices.

Learning Objectives:
Describe gaps in our understanding of how to teach equity-oriented palliative care. Explore barriers & facilitators of transformative health education. Build on how to meet the needs of teachers & learners in empowering socially accountable practice.

Campfire Session, Design Thinking Workshop, Other, Live Polling

Workshop 604

Program Design, Delivery, and Innovation

Navigating Cancer with Cubs: A Wellness-Based, Family-Centered Approach

Julia Zinn and Nicki Auclair

Following a cancer diagnosis, parents are challenged with the uniquely-demanding circumstance of supporting themselves while supporting their children (<18) with this changed reality. A cancer diagnosis results in negative sequelae for the individual and family system, including increased anxiety and stress as well as reduced emotional regulation and coping. To effectively support their children, parents need tools and practices that help regulate themselves, which in turn supports regulation within their families. However, locating such resources becomes another layer of challenge for parents. Forward thinking family-centered programming offers much-needed tools and practices as empowered strategies for supporting the whole family. Presenters will discuss how the combination and application of family-centered and wellness-based knowledge can address the unique, and often undermet needs of families navigating cancer. This workshop will highlight evidence-based, developmentally-informed educational tools and wellness practices that seek to establish and enhance openness, comfort, and regulation in the intrafamilial context when navigating a cancer diagnosis. Participants will acquire an increased understanding of programs and resources tailored to supporting families facing the uniquely-demanding circumstances resulting from a cancer diagnosis. Participants will also glean a deeper appreciation for the specialized role and psychosocial care provided by community hospice. This workshop is intended for individuals and organizations providing service to families navigating cancer and will be offered at a beginner-intermediate level. To promote engagement, this workshop will utilize group discussions and will offer the opportunity to engage in hands-on activities that participants will be able to take back to their respective organizations.

Learning Objectives:
Following this workshop, participants will be able to: 1. Explain the role and value of a community hospice in bridging the gap between biomedical care and psychosocial wellbeing; 2. Outline strategies for equipping parents to have tender conversations about illness with their children; 3. Design programs and provide resources that bolster stress regulation strategies and wellbeing practices for parents and children, tailored to their organization’s client community.

To promote engagement, this workshop will utilize group discussions and will offer the opportunity to engage in hands-on activities that participants will be able to take back to their respective organizations.

CONCURRENT WORKSHOP SESSIONS - SERIES 600 Tuesday, June 16 8:45 - 10:00am....continued

Workshop 605

Clinical Practice

Applying a Hospice Palliative Approach to Wound Care: Symptom Management and Quality of Life at End of Life

Katie Daly

In hospice and palliative care settings, a palliative approach prioritizes comfort, dignity, quality of life, and alignment with patient and family goals. Wounds in this population frequently cause significant symptom burden and may present ethical challenges related to treatment burden and unrealistic healing expectations. The evidence-informed didactic component of the workshop will include information about how to apply palliative principles to wound assessment and management. Different wound types and syndromes will be illustrated, including: arterial wounds, pressure injuries, malignant wounds, terminal ulcers (Kennedy and Trombley-Brennan), skin failure, SCALE, and the 3:30 syndrome. Discussion will then center on how to implement person-centered symptom management strategies to address anxiety, exudate, pruritus, and peri-wound skin protection. Case studies will be used to allow participants to apply the information learned.

Learning Objectives:
Expected learning outcomes: · Apply core palliative principles to wound assessment and management. · Identify common palliative wound types and syndromes at end of life. · Implement patient- and family-centered symptom management strategies.

Group Case Study Analysis

Workshop 606

Program Design, Delivery, and Innovation

Strengthening Culturally Safe-r Grief and Bereavement Support in Indigenous Health Services

Holly Prince

Grief support for Indigenous Peoples has long been shaped by colonial policies, systemic inequities, and a lack of culturally safe resources. This project, funded by the Canadian Partnership Against Cancer, addresses these gaps by developing trauma-informed, community-led tools to support health and social care providers, and community members navigating grief and loss. Rooted in Indigenous Knowledge systems, this initiative is guided by an Elders and Knowledge Carriers Circle, ensuring that Indigenous voices, experiences, and cultural practices are central to the work, fostering wholistic healing and intergenerational knowledge transmission. This interactive workshop will overview the project, including insights into the co-development of culturally-grounded grief resources with Elders, Knowledge Carriers, and Indigenous health professionals, sharing project outcomes. Informed by a knowledge synthesis of existing Indigenous grief literature and resources, this initiative represents an important step in addressing the lack of culturally safe-r grief resources available to Indigenous communities. Attendees will gain an understanding of the project's approach, key themes emerging from the work, the importance of distinction-based resource creation, and hands-on engagement with the new resources. Ideal for all providers committed to advancing wholistic, culturally safe-r care. In addition to a facilitated knowledge-sharing activity, which will allow attendees to reflect on how they can implement these resources within their own health settings, attendees will leave with a deeper understanding of culturally safe-r, trauma-informed grief and bereavement support strategies; practical tools to enhance grief support in their practice; and connections with peers who are facing similar challenges, fostering collaboration beyond the workshop.

Learning Objectives:
Identify trauma-informed strategies to support Indigenous Peoples experiencing grief and reflect on integration within participants' service contexts. Apply lessons from Indigenous-led grief resource development (relationship-building, Elder and Knowledge Carrier guidance, and community accountability) to inform practice and decision-making. Reflect critically on participants' roles and positionality in advancing culturally safer grief care and addressing systemic barriers in care services.

Table Teams, Other, Campfire Session, Live Polling or Word Cloud;

Workshop 607

Program Design, Delivery, and Innovation

What Now? On the Threshold of Life, Death and Grief: Lessons from a Podcast in Practice

Julie Brown and Red Keating

Since its launch, What Now? On the Threshold of Life, Death and Grief, a Hospice Peterborough Ontario podcast has grown into a trusted space for honest conversations about dying, caregiving, loss, and living on. Now in its fourth season, the podcast is listened to in over 70 countries and has tens of thousands of downloads. The co-hosts, Julie Brown, David Kennedy and Red Keating and the podcast content have evolved alongside its audience, reflecting changing needs, deeper questions, and emerging insights within hospice care. This interactive workshop will explore the development and evolution of the podcast, from its original vision to its current role as a resource for professionals, volunteers, caregivers, and those living with grief. Julie and Red will highlight selected episodes and guest interviews, including voices of clinicians, caregivers, people with lived experience, and thought leaders, illustrating how storytelling can deepen understanding of end-of-life realities and bereavement over time. Participants will be invited behind the scenes to learn what the hosts have discovered along the way: what resonates most with listeners, what has surprised them, and how conversations about death and grief shift when space is made for uncertainty, vulnerability, and reflection. Furthermore, Red and Julie will encourage

Learning Objectives:
1.Value storytelling as a tool to deepen clinical understanding and engagement in hospice and palliative care education 2. Illustrate how a hospice podcast can serve as a supportive educational tool to engage the entire community (and beyond).

We will highlight and play 'snippets' of podcast episodes and discuss what participants here, Q & A, invite feedback from participants who have listened to the podcast

Workshop 608

Clinical Practice

The Healing Voice: Integrating Vocal Psychotherapy Techniques into Hospice and Palliative Care

Hannah Carlson

In hospice and palliative care, there are moments when words fall away, but the need for connection and comfort remains. As language fades, the human voice becomes a powerful tool—capable of carrying emotion, presence, and love in its purest form. This work responds to the deep need for non-verbal emotional support at the end of life by introducing simple, accessible vocal techniques rooted in Austin Vocal Psychotherapy. Applied within a Canadian hospice, these practices—such as humming, toning, and gentle improvised sound—allow clinicians and caregivers to offer relational presence and emotional holding without relying on speech. Influenced by trauma-informed care, expressive arts therapies, and holistic, person-centered models, this approach emphasizes breath, attunement, consent, and cultural sensitivity, ensuring that every sound offered is a response to the patient's unique needs and wishes. Reflections from practice show that even a single hum or shared vibration can foster profound moments of peace, regulation, and connection, offering dignity and relational closeness at the end of life. Key takeaways include the healing potential of the human voice as an extension of empathy, the power of embodied listening, and the importance of creativity in end-of-life care. This initiative has influenced broader conversations about integrating expressive, non-verbal approaches into hospice care and has sparked interest in adapting these methods for family caregivers and volunteers. It reminds us that when words are no longer possible, the simple act of breathing together, sounding together, and being together in sound can provide a powerful bridge—offering comfort, meaning, and presence during life's final transitions.

Learning Objectives:
1.Participants will be able to identify and demonstrate at least two vocal techniques (e.g., toning, humming) that can be used to foster emotional connection with hospice patients. 2. Participants will be able to describe the principles of breath and attunement and how they can be applied to enhance the therapeutic use of the voice in hospice care. 3. Participants will be able to assess the impact of non-verbal vocal techniques on emotional regulation and patient comfort, and reflect on their

Other, Role-Playing Scenarios, Having a live demonstration of the model using participants.

CONCURRENT WORKSHOP SESSIONS - SERIES 600 Tuesday, June 16 8:45 - 10:00am....continued		
Workshop 609 Program Design, Delivery, and Innovation	**Choices at End of Life: Building Partnerships for Dignity and Quality Care** Collaborating for compassionate care—where aging and dying in place becomes possible. People with intellectual and developmental disabilities (IDD) face unique challenges in accessing timely, person-centered palliative care. Historical barriers, communication gaps, and limited training for direct support professionals often result in delayed symptom management and unnecessary hospital transfers. In this workshop, participants will discuss the steps necessary to improve aging and dying in place, explore the success and satisfaction experienced by individuals, families, staff and volunteers, and walk through a real-world case study. We will demonstrate how a quality improvement team—made up of passionate caregivers in partnership with hospice, hospital, Ontario Health at Home, and the Palliative Care Network—can lead to better and less traumatic outcomes for individuals and staff alike. Education opens the conversation and equips them with tools to support the individuals and themselves throughout the journey. Participants will engage in the journey through a case study, reviewing successes and learning how to adapt when outcomes are not as expected. Finally, the exploration of this partnership will solidify the importance of close collaboration for the best quality care. Learning Objectives: Identify steps to improve aging and dying in place for individuals with IDD. Examine how education and collaboration enhance quality outcomes and reduce trauma. Apply lessons from a case study to adapt strategies when outcomes differ from expectation Group Case Study Analysis, Other	Lisa Wright, Christine Vallis-Page,
Workshop 610 Organizational Development	**MAiD Discernment: Spiritual Care as Clinical Containment** Medical Assistance in Dying (MAiD) presents one of the most ethically complex and emotionally charged contexts in hospice palliative care. While MAiD conversations are increasingly common, the role of spiritual care is often poorly defined, inconsistently applied, or mischaracterized as general emotional or belief-based support.This workshop positions clinically trained spiritual care providers as essential to ethical, high-quality MAiD practice. Grounded in competencies associated with Canadian Association for Spiritual Care training, the workshop clarifies the distinct clinical role of spiritual care in MAiD discernment.Through an interactive composite case example, participants will examine how trained spiritual care clinicians provide containment for existential distress, moral tension, and ambivalence; reducing unspoken decisional pressure without directing outcomes, influencing eligibility, or substituting for medical or legal processes. The workshop explicitly distinguishes what spiritual care does and does not do in MAiD contexts, emphasizing scope clarity, consent-based engagement, cultural humility, and non-directive presence. Particular attention is given to documentation and interdisciplinary communication, offering practical language that supports neutrality, transparency, and professional accountability.By situating spiritual care within organizational ethics, risk mitigation, and team-based care, this session supports clearer referral pathways and role alignment; strengthening patient safety, team functioning, and quality of care in MAiD provision.Learning Outcomes: Participants will be able to:Articulate the distinct, clinician-specific role of spiritual care in MAiD discernment, differentiating it from emotional support, counselling, or belief-based guidance.Identify when and why referral to a trained spiritual care provider is indicated to support containment of existential and moral distress in MAiD contexts. Recognize documentation and communication practices used by spiritual care clinicians that support ethical accountability, neutrality, and interdisciplinary clarity. Learning Objectives: 1. Articulate the distinct, clinician-specific role of spiritual care in MAiD discernment, differentiating it from emotional support, counselling, or belief-based guidance. 2. Identify when and why referral to a trained spiritual care provider is indicated to support containment of existential and moral distress in MAiD contexts. 3.Recognize documentation and communication practices used by spiritual care clinicians that support ethical accountability, neutrality, and interdisciplinary clarity. Group Case Study Analysis	Jesse Lawther
Workshop 611 Program Design, Delivery, and Innovation	**The Right Place, at the Right Time: Implementing a Direct Home-to-Hospice Transfer Model** Access to goal-concordant care at the end of life is central to quality palliative practice. For many clients supported by the Community Hospice Palliative Care Team (CHPCT), residential hospice is their preferred location of death. However, without a direct transfer option, those needing urgent transport have traditionally been taken to hospital - often misaligned with their wishes. To address this, the CHPCT, in collaboration with local Emergency Medical Services, developed the Alternate Destination Patient Care Model (PCM): a direct admission pathway from home to hospice that offers an alternative to emergency department (ED) transfer. Preparation included co-developing policies, procedures, and clinical tools, and delivering comprehensive in-person and virtual education to more than 175 staff across Maison McCulloch Hospice (MMH) and Sudbury Paramedic Services. Once launched, the PCM will improve access to care in the right place, at the right time, reduce avoidable ED visits, and strengthen collaboration among partners. The process shows system-level change depends on incremental progress, sustained partnerships, and ongoing communication. Following rollout for the initial CHPCT cohort, expanding eligibility to support broader, more equitable access will be a key priority. Learning Objectives: Examine interprofessional strategies and innovative approaches that strengthen collaboration, improve access, and enhance the quality of palliative care, particularly in rural and remote contexts. Design Thinking Workshop	Hannah Ballantyne
Workshop 612 Program Design, Delivery, and Innovation	**HPCO Hospice Accreditation Info Session** 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 Objectives: 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. Interactive Panel	Selina Abetkoff
Workshop 613 Interest Group Meeting	**Grief and Bereavement Interest Group** *by invitation only, unaccredited session*	Christine Gordon
10:00-10:15	**Refreshment Break**	

CONCURRENT WORKSHOP SESSIONS - SERIES 700 Tuesday, June 16 10:15 - 11:30am

Workshop 701 Program Design, Delivery, and Innovation	**Walking Alongside Indigenous Peoples who are Seriously Ill: A Wholistic, Community-based Approach to Education for Caregivers** In response to ongoing gaps in accessible, culturally-safer caregiver education for Indigenous communities, we at the Centre for Education & Research on Aging & Health at Lakehead University, developed Walking Alongside Indigenous Peoples Who Are Seriously Ill in 2022. Since then, this education initiative has been evaluated, updated, and redeveloped in collaboration with an Indigenous Guidance Circle of health and social care providers from across Canada. This interactive workshop will introduce participants to the updated, multi-component Walking Alongside education initiative, including a newly launched website that houses freely available, publicly accessible resources. Central to the initiative is the Walking Alongside Pathway, a caregiver-focused resource designed to support individuals from diagnosis through illness progression, care planning, system navigation, symptom changes, caregiver well-being, and end-of-life considerations. Participants will be guided through the Pathway and provided with insight into the curriculum development process. This workshop will also include a condensed introduction to a train-the-trainer workshop designed for health and social care providers with experience in palliative care, offering guidance on how to educate others using the curriculum. This train-the-trainer approach supports participants to return to their communities equipped to share this knowledge with health and social care providers, family and community caregivers, hospice and respite volunteers, and the broader community. By participating, attendees will gain familiarity with culturally safer, caregiver-focused resources grounded in the Indigenous Wellness Framework, explore practical tools for supporting caregivers across the illness journey, and leave with resources they can use personally or share within their communities. Learning Objectives: Participants will: Gain familiarity with culturally safer, caregiver-focused resources Explore practical tools for supporting caregivers across the illness journey Experience a train-the-trainer approach to support community-based knowledge sharing Participants will be engaged through interactive exploration of the Walking Alongside Caregiving Pathway and participation in a condensed train-the-trainer experience, incorporating facilitated discussion, reflexivity and cultural humility as a readiness check, and reflection on community-based application of the resources. Participants will be encouraged to share aloud in their groups and participate in real-time engagement activities, including live polling, to share feedback and opinions.	Holly Prince, Kassandra Fernandes, Jessica Wyatt
Workshop 702 Program Design, Delivery, and Innovation	**Enhancing Illness Understanding to Better Inform Advanced Care Planning: Lessons learned from a Medical Decision-Making Workshop in the Community** In this workshop we will be discussing an interactive, community-based ACP and medical decision making (MDM) presentation that was facilitated on two occasions with a total of over 150 participants. We will discuss the nature of our presentation, share our methods of creating community partnerships, and review the impact of this intervention on participant's illness understanding to better inform their advance care plan. The two interactive presentations were held in 2025, and used case-based discussions on four serious illnesses: cancer, heart failure, respiratory disease, and dementia. The first part of the presentation was didactic, with a review of the expected trajectory of the aforementioned four illnesses. Then, participants were taught about the elements of medical decision making, including how to evaluate the risks and benefits of proposed treatments. This presentation was developed in response to a previous study where we analyzed feedback from a community-based ACP workshop and found that illness understanding was a significant issue for participants. The goal of this workshop is to share this presentation with other practitioners and equip others with the tools necessary to implement similar interventions in their communities. Learning Objectives: 1.To learn about the process of teaching about MDM in the community. 2.To gain an understanding of participant feedback, including impact on comfort with ACP/MDM. 3.To gain skills to translate similar initiatives to participants' own communities. Design Thinking Workshop	Rachel Goldfarb, Joelle Soriano, Shannon Poyntz, Kyle Albuquerque-Boutilier, Judy Katz, Michelle Griever, Selina Suleman, Wendy Wu , Daphna Grossman
Workshop 703 Clinical Practice	**Trauma Is the Context: Integrating Trauma-Informed Care Across Palliative Settings** Trauma is not peripheral to palliative care, it is often foundational. Patients, families, and healthcare providers alike bring lived experiences of trauma shaped by illness, loss, structural inequity, discrimination, and prior encounters with healthcare and social systems. Across hospitals, long-term care, community-based services, and non-traditional settings such as shelters and street-based care, these experiences influence how care is given, received, and sustained This 75-minute interactive panel brings together four interdisciplinary experts with extensive professional and practical experience in hospice and palliative care to explore how trauma-informed care can be meaningfully integrated across diverse palliative care environments. Grounded in clinical practice, research evidence, and anti-oppressive frameworks, the panel will examine how the core principles of trauma-informed care: safety, trustworthiness, choice, collaboration, and empowerment can guide everyday palliative care interactions at the patient, team, and system levels. Through clinical cases, interdisciplinary perspectives, and facilitated audience engagement, panelists will explore how trauma shapes symptom expression, communication, boundaries, and relational dynamics in serious illness care, as well as how unacknowledged trauma within healthcare teams can influence practice, burnout, and moral distress. Particular attention will be given to shared and cumulative trauma, power, and positionality, and to practical strategies for embedding trauma-informed and anti-oppressive approaches into routine palliative care across settings with varying levels of resources and structure. This session will support participants to move beyond conceptual understanding toward concrete, reflective, and clinically actionable approaches to trauma-informed palliative care. Learning Objectives: 1. Describe how trauma operates at the patient, provider, and system levels in palliative care, and articulate why trauma-informed approaches are essential across diverse care settings. 2. Integrate the principles of trauma-informed and anti-oppressive care into clinical communication, symptom management, and interdisciplinary team practice. 3. Apply practical, evidence-based strategies to address cumulative trauma within palliative care teams, supporting ethical practice and high-quality care. Interactive Panel	Dr Naheed Dosani; Dr Nadine Persaud; Dr Amit Arya; Dr Donna Spaner
Workshop 704 Program Design, Delivery, and Innovation	**"Giiwe win" - Showing the way home through a Traditional Palliative Care program** There is a significant need to improve timely access to both western and Traditional Indigenous palliative care services for those First Nations, Inuit, Métis, and urban Indigenous (FNIMuI) peoples in the Greater Toronto Area (GTA) who are experiencing serious and complex health issues. In 2023, a new program was created under the leadership of Anishnawbe Health Toronto and in partnership with Sinai Health. The program is called "Giiwe win" (showing the way home). Its implementation has focused on three key goals: - Enhancing the sustainability of the Anishnawbe Health Toronto's Traditional team and its accessibility to Indigenous community members who are in hospitals, community health organizations and at palliative care sites, through the creation of referral and communication pathways -To foster understanding of how the medical management of death and dying can displace Indigenous knowledges and practices, and through education and collaboration, ensure access to Traditional Ceremonies and Teachings in a harmonized delivery model of care -The integration of Traditional Indigenous Care team, that will provide western palliative care providers with additional resources for responding to the needs of Indigenous clients and their family members This innovative care model, designed by Indigenous patients, caregivers, Healers and care providers, is grounded in shared values and commitment to improving palliative care delivery for the Indigenous community. This presentation will: 1) review the history of the development of this program, including partnership with Sinai Health (SH), 2) describe the model used to deliver Traditional services and 3) provide examples of its impact for individuals, families and the broader community. Learning Objectives: Participants will: - understand the process and principles used in the development and implementation of this collaborative initiative; - consider opportunities to enhance education and collaboration in their own community/care setting; - understanding the importance of Traditional healing for Indigenous individuals, families and community. Design Thinking Workshop, Campfire Session, Fishbowl	Leslie Saunders; Susan Blacker, Lincoln Jackson

CONCURRENT WORKSHOP SESSIONS - SERIES 700   Tuesday, June 16   10:15 - 11:30am....continued

Workshop 705

Organizational Development

Strategic Data Collection for Hospice: Turning Metrics into System Value and Future Planning

Lisa Wright, Trish Rawn

Hospice organizations face increasing pressure to demonstrate value, optimize resources, and plan for future growth. This workshop explores how structured data collection and analysis can transform operational decisions and system advocacy. Using Hospice Georgian Triangle's real-world tracker as a case study, we will show how capturing key metrics—such as occupancy, length of stay, admission sources, and same-day responsiveness—enables evidence-based planning for expansion, staffing, and budget forecasting. Participants will learn how to translate these metrics into compelling insights for boards, funders, and Ontario Health Teams, including quantifying system savings when hospice care replaces acute care (e.g., $820/day savings compared to hospital rates, plus ER avoidance). The session will highlight practical tools for building dashboards that integrate fiscal year framing, dynamic month labels, and cost-avoidance calculations. We will also explore how these analytics support equitable access and flow from acute care to hospice, ensuring the right care at the right time in the right place for patients.

Learning Objectives:
Identify essential data elements for hospice planning and system advocacy. Apply formulas and dashboard strategies to calculate occupancy, LOS, and system savings. Design an interactive reporting framework that informs board decisions and funding.

Design Thinking Workshop

Workshop 706

Program Design, Delivery, and Innovation

Planning for Discharge at Hospice

Ronda Manning, Kate Brubacher, Ashley Tyrrell

Discharge planning is a well-established component of healthcare, yet within hospice settings it remains underexplored and frequently overlooked, often described as a forgotten and mischaracterized transition. Although hospice discharges are relatively uncommon, they do occur and require careful coordination, particularly given the emotional complexities associated with prognostic uncertainty or unexpected clinical improvement. While discharge may be perceived as a positive outcome, research indicates that residents and families often experience feelings of abandonment, disappointment, and uncertainty. Early preparation, structured family meetings, ongoing psychosocial support, and follow-up have been identified as essential elements of effective hospice discharge planning. Despite this, no hospice-specific discharge planning guidelines currently exist for residential hospices in Canada. This project employed four methods: a targeted literature review of hospice discharge practices; chart audits of discharge data at Hospice Waterloo Region (HWR); consultations with hospice and hospital social workers and a hospice-based researcher to identify effective processes and tools; and interviews with family members who experienced a discharge from HWR. Although HWR operated under an existing discharge policy, clearly defined procedures were lacking. The project resulted in the development of detailed, step-by-step discharge pathways tailored to specific discharge destinations, including home, long-term care, retirement settings, and MAID. A structured family meeting template was also created to support early, emotionally informed discussions. Findings confirm that hospice discharges at HWR are rare and highly individualized, underscoring the importance of flexible, responsive approaches. The project also highlighted the high quality of care provided by HWR staff throughout these complex transitions.

Learning Objectives:
1. Managing the various types of discharge. 2. The various pathways developed for discharge. 3. Essential elements of effective hospice discharge.

Campfire Session

Workshop 707

Program Design, Delivery, and Innovation

You're Not Alone: Tools and Communities That Help Youth Navigate Grief and Parent Illness

Krista Naugler, CCLS

Participants will be introduced to the Kids' Health Links Foundations' UPOPOLIS private online community and programming- a free, secure online platform that provides a community for youth 13+ facing health challenges, including grief and/or a caregiver with a critical illness. We will highlight how UPOPOLIS connects young people to essential tools that promote healing and resilience. The workshop will center on Youth of Adult Patient (YAP) and Grief Islands, two programs to empower youth to understand, express, and navigate their emotions in a safe and supportive environment. YAP and Grief Island foster connections among peers aimed at reducing the isolation 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 YAP and Grief Island, as well as the journal's potential, and discuss practical applications for integrating these resources into their support practices.

Learning Objectives:
•Participants will understand how UPOPOLIS provides a safe, accessible online community and tools that promote healing and resilience for youth facing grief or caregiver illness. • Participants will explore YAP and Grief Island to support youth in understanding, expressing, and navigating emotions while reducing isolation through peer connection. • Participants will learn how to use the Wanderings journal alongside the Islands to support reflection, coping, and emotional expression in practice.

Campfire Session

Workshop 708

Organizational Development

From the Bedside to the (virtual) Boardroom: When Care Becomes Governance

Mahoganie Hines

Palliative care is values work. Yet the places where those values are most tested are often far from the bedside—in board meetings, governance decisions, and policy documents. This session tells the story of building a not-for-profit palliative care service from the ground up, running a board "off the side of the desk" as a practicing nurse, and learning—sometimes the hard way—how policy can either erode or protect what matters most in care. Through real-world examples, ethical tensions, and practical lessons, we will explore how clinical experience can and should shape governance, leadership, and organizational policy. Designed for clinicians, board members, and volunteers, this interactive session invites participants to reflect on where values are under pressure in their own organizations and how governance structures can either amplify or silence the voices of patients, families, and staff. Together, we will reframe policy not as bureaucracy, but as an ethical tool—one that translates compassion, dignity, and equity into sustainable practice. Participants will leave with a clearer understanding of how clinical work informs good governance, why clinicians belong at decision-making tables, and how values-led policy can support both quality care and workforce wellbeing.

Learning Objectives:
-Explain how palliative care values and clinical experience can shape effective governance and board decision-making. -Apply a practical values-to-policy approach to strengthen ethical, sustainable practice in palliative care organizations.

Table Teams, Campfire Session, Design Thinking Workshop

CONCURRENT WORKSHOP SESSIONS - SERIES 700 Tuesday, June 16 10:15 - 11:30am....continued

Workshop 709

Program Design, Delivery, and Innovation

Innovation Rooted in Compassion – Using Horticultural Therapy to Respond to Community Care Needs

Lynn Leach, Kerri VanSickle

As we strive to meet the ever-expanding needs of our community, Stedman Community Hospice uses an innovative model to offer Horticultural Therapy to everyone who lives, works, volunteers and visits our Campus of Care. We invite workshop attendees to meander with us through our stunning therapeutic garden, lovingly maintained by an intergenerational team of volunteers. Discussion will include how to more fully engage and support youth in our community of care and how to utilize internship and education opportunities to extend our reach. We will demonstrate how tending and connecting to the garden, is integrated into how we care for our residents, families, staff, and volunteers. Attendees will be engaged in horticultural therapy activities that will deepen their understanding of the many diverse applications of this evidence-based therapeutic modality, how it can be used in a palliative care setting, and why it has been used around the world for thousands of years.

Learning Objectives:
Expected Learning Outcomes: 1. To understand how a Horticultural Therapy Program can be used as part of an innovative, person-centred approach to care in a hospice setting. 2. To learn how to incorporate Horticultural Therapy into existing programs to strengthen your engagement with diverse populations within the community. 3. To explore a unique model that demonstrates innovative use of resources through community partnerships and education opportunities.

Campfire Session, World Cafe, Other, Participants will interact with natural materials, and participate in a horticultural therapy activity

Workshop 710

Clinical Practice

Speaking with Compassion: Conversation Guide for Last Days and Hours

Susan Doucette and Mallory Peters

This interactive workshop will introduce the Speaking with Compassion: Conversation Guide for Last Days and Hours, designed to support meaningful communication during the last days and hours of life. Participants will explore practical strategies for engaging clients and families with empathy and clarity. Through small-group role-play scenarios, attendees will assume roles such as client, family member, and nurse to practice real-life conversations. Following the role plays, we will regroup for reflection and discussion. Additional table-based case scenarios will allow participants to walk through communication processes step by step, incorporating suggestions from the guide. The session will conclude with an open forum for questions and comments, ensuring participants leave with actionable tools to enhance compassionate care at end of life.

Learning Objectives:
Explain the key elements of the Speaking with Compassion conversation guide. Practice communication strategies through role-play and case scenarios. Apply the guide to real-life situations to enhance compassionate end-of-life conversations.

Role-Playing Scenarios, Group Case Study Analysis

Workshop 711

Program Design, Delivery, and Innovation

Gender Opportunities in Grief Group Therapy

Maddison Wojtus

This workshop will seek to illuminate gender differences in grief experiences, specifically how men interpret the death of a spouse. Participants of this workshop will gain insight into the structure of Hospice Simcoe's Psychoeducation groups which are designed to support bereaved people who have experienced the loss of a significant relationship. The session will highlight the creation and first ever opportunity for an all-men's spousal loss group (ages 65+) at Hospice Simcoe. We will discuss in the defense of offering gender exclusionary groups to increase perceived safety and ability to be vulnerable. Clients reported that traditional mixed gender groups felt more judgemental and created barriers for authentic emotional expression. This group was able to confront masculine norms that can interfere, sometimes even delay appropriate grief responses. Participants felt that they found their voice among valued peers and were able to explore elements of their story, such as loneliness, intimacy and sexual health in the aftermath of loss. Testimonials will be shared.

Learning Objectives:
how to structure psychoeducational groups how to be considerate of gender differences in group general learning about group facilitation

Group Case Study Analysis

Workshop 712

Program Design, Delivery, and Innovation

Exploring Co-Design Techniques for Hospice and End-of-Life

Maryam Mallakin, Kate Sellen

Objectives: Explore co-design techniques that support compassionate, collaborative improvements in hospice and end-of-life care experiences (non-clinical). Method: The workshop engages participants in co-design activities that demonstrate how collaborative design can enhance hospice and end-of-life experiences - from services to products and environments. Activities include reflective exercises, case-based discussions, and engagement with co-design tools that support design orientated dialogue around sensitive End-of-Life EOL topics (needs, requirements, design ideas). Facilitators will lead small-group exercises to support participants in developing capacity to apply these co-design activities within their own settings. Results: Participants will leave with practical knowledge of co-design activities that meaningfully engage all stakeholders in EOL related design projects, including individuals with lived and living experience. Insights generated during the workshop will also contribute to a broader understanding of how co-design techniques can enhance hospice and end-of-life care services and experiences. Conclusions: This workshop will equip hospice and palliative care related professionals with practical co-design approaches and techniques to engage patients, families, and caregivers in shaping end-of-life care. These techniques have the potential to enhance EOL experiences and support ongoing improvements in hospice and palliative care services.

Learning Objectives:
The workshop will provide practical recommendations and techniques to advance co-design in hospice and End-of-Life (EOL) settings.

Design Thinking Workshop

Workshop 713

Research

Collaborative Co-Design – What is the best way to conduct research with people who are dying?

Karen Slonim

Some members of the research community oppose inclusion of terminally ill patients as study participants. These academics perceive terminally ill patients as vulnerable and relatively or absolutely incapable of protecting their interests (Henry & Scales 2012). There is also concern that recruitment almost always involves members of an individual's care team which may result in pressure to participate (Currow et al. 2011) or pressure remain engaged in the research after it is no longer comfortable/desirable to do so (Jubb 2002). Additionally, due to the life limiting nature of their illness, there is concern they have little likelihood of directly benefiting from the research (Daly & Rosenfeld 2003). While these are important considerations to incorporate in the study procedures making space for palliative and end-of-life patients allows for improved evidence-based clinical care (Alexander 2010; Sivell et al. 2015). Patients as educators/ modified experience based-co design (EBCD) is a newer form of participatory action research that involves patients in the development of patient centered service design, overall governance, policy, and planning (Green et al. 2020). First introduced in 2005, the method integrates ethnographic approaches with service design methods and the principles of consumer engagement to improve patient care and provider experience (Bate 2007). This workshop will explore the ethical and dignified inclusion of terminally ill patients in research using an upcoming research project designed to include the voices of patients receiving a palliative approach to care in clinician training as its anchor.

Learning Objectives:
Demonstrate heightened critical thinking skills to ensure inclusivity and accommodation. Understand basic research principles related to experience-based co-design Show respect for the diverse opinions, values, belief systems, and contributions of others through a discussion of how to include terminally ill patients in research

Campfire Session

Workshop 714

Interest Group Meeting

Fund Development Interest Group

by invitation only, unaccredited session

Christine Gordon

11:30-12:15	**Lunch and Awards Presentation**	**Grand York Ballroom**
12:15-1:15	**Closing Keynote**	**Grand York Ballroom**
1:15-1:30	**Prize Draw**	**Grand York Ballroom**