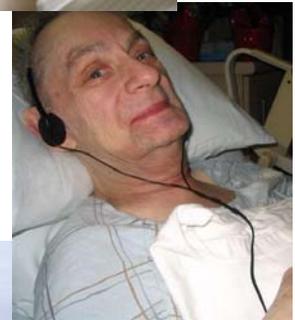


Palliative Care at



Our vision

To be universally recognized as the Interprofessional Education (IPE) Centre of Excellence in Palliative/End of Life Care through Service, Education and Research.



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What is Hospice Palliative Care?



What is Hospice Palliative Care?

Hospice Palliative Care denotes a concept of care rather than a place. It is delivered across a continuum of care providers from family practitioners, to specialists, to community workers, to family caregivers. Palliative care also occurs in a variety of settings from client homes, to community service organizations, to hospice and supportive housing locations, to long term care facilities, chronic care facilities and acute care facilities. Palliative care is provided to patients of all age groups with a breadth of diagnoses.

In October 2001 the membership of the then Canadian Palliative Care Association (CPCA) overwhelmingly supported a motion from the Board of Directors to change the name of the association to the Canadian Hospice Palliative Care Association (CHPCA). In recognition that “hospice care” and “palliative care” are no longer recognized as separate entities. The term that is now widely accepted in Canada is “hospice palliative care”.

Definition of Hospice Palliative Care:

“Hospice palliative care aims to relieve suffering and improve the quality of living and dying.

Hospice palliative care strives to help patient and families:

- *Address physical, psychological and practical issues, and their associated expectations, needs, hopes and fears*
- *Prepare for and manage self-determined life closure and the dying process*
- *Cope with loss and grief during the illness and bereavement.*

Hospice palliative care aims to:

- **treat** all active issues
- **prevent** new issues from occurring
- **promote** opportunities for meaningful and valuable experiences, personal and spiritual growth, and self-actualization.

Hospice palliative care is appropriate for any patient and / or family living with, or at risk of developing, a life-threatening illness due to any diagnosis, with any prognosis, regardless of age, and at any time they have unmet expectations and / or needs, and are prepared to accept care.

Hospice palliative care may complement and enhance disease-modifying therapy or it may become the total focus of care.

Hospice palliative care is most effectively delivered by an interdisciplinary team of healthcare providers who are both knowledgeable and skilled in all aspects of the caring process related to their discipline of practice. These providers are typically trained by schools or organizations that are governed by educational standards. Once licensed, providers are accountable to standards of professional conduct that are set by licensing bodies and / or professional associations.”

Canadian Hospice Palliative Care Association, 2002



The Palliative Care Tradition at St. Peter's



The Palliative Care Tradition at St. Peter's

Throughout its history St. Peter's Hospital, now a fully accredited complex continuing care hospital, has always cared for Hamilton's most vulnerable citizens who suffer from a variety of disabling, chronic and terminal conditions. St. Peter's has always sought to provide the highest quality of care to these individuals through enhancing the quality of their lives until the end of life.

1890

- In a time before publicly funded health care in Canada, "St. Peter's Home for the Incurables" opened its doors to dying, destitute people so that they could die with care and dignity. The small 14-bed operation, founded by Reverend Thomas Geoghegan of St. Peter's Anglican Church, was run entirely on charitable donations.

1930's

- In 1931 St. Peter's was recognized under the Public Hospital's Act and expanded to 100 beds with the building of the south wing.

1976

- The 204-bed main building was added to the south wing to create the current St. Peter's Hospital facilities
- St. Peter's began running a therapeutic Day Hospital and Outpatient Services, in addition to inpatient beds.

1988

- St. Peter's Hospital formally recognized the specialty of Palliative Care by creating a small unit of 11-dedicated palliative care beds.
- A Clinical Nurse Specialist with expertise in Palliative Care was hired
- An in-house, interdisciplinary Palliative Care Team was formed
- The new Palliative Care Team networked with emerging palliative care services in Hamilton through participation in the Hamilton Wentworth Regional Palliative Care Program. This collaborative group brought together palliative care providers from across the continuum of care in Hamilton. This Regional Program eventually evolved into our current Hamilton Hospice Palliative Care Network. The vision of the Network is seamless care for palliative patients and families in the Hamilton area.

1994

- The 11-bed Palliative Care Unit expanded to 15 beds due to increasing referrals.

1997/98

- Our waiting lists were long and we were best able to admit urgent admissions from home. Patients referred from area hospitals had to wait significantly longer for a bed due to our limited 15-bed capacity. Therefore, we began to expand admissions to the entire 2 West Unit, which has a 34-bed capacity.
- St. Peter's Hospital Palliative Care Team piloted an innovative Palliative Care Outreach Service in partnership with the McMaster University Medical Centre (MUMC) Palliative Care Consultation Team to provide expert palliative consultation to palliative care clients and families at home receiving homecare services. Each partner provided human resources to the project to create the interdisciplinary team. A combined 24-hour on-call support service was also provided to all registered clients. The lessons learned from this pilot were very helpful in the development of the current day Palliative Care Community Consultation Team evolving from its base at the Hamilton Community Care Access Centre (CCAC).
- St. Peter's Palliative Care Program Director is seconded as a project manager to develop a collaborative Proposal to Provide Regionalized Palliative Care Services for Hamilton hospitals.



1999

- As co-chair of the Hamilton Wentworth Regional Palliative Care Program, our St. Peter's Palliative Care Program Director led a region-wide Business Planning Process to determine the future of the regional program. This eventually laid the groundwork for the current Hamilton Hospice Palliative Care Network.

2001

- Our referral base was growing and we continued to have long waiting lists of an average of 25 patients at a given time. Therefore, the Palliative Care Program expanded to include the 3 East Unit. This has allowed us to create a cohesive 2-unit program with consistent standards of care, whereby we can flex our bed capacity between 34 to 68 beds depending on demand. Since this change has occurred, generally, at least, 50 of these beds are occupied by patients from our Palliative waiting list.
- We had meetings with leadership of case management services within the CCAC and suggested, along with our acute palliative care counterparts, that the CCAC consider developing a smaller group of specialty Palliative Case Managers to manage this population in the community. This suggestion was well received and by 2001 a team of Palliative Case Managers were implemented at the Hamilton CCAC.

2002

- The Hamilton Hospice Palliative Care Network (HHPNCN) was launched with St. Peter's Palliative Care Program as a founding member and the active support of St. Peter's Chief Operating Officer in the organizational design for the Network.

2004

- Each new, provincial Local Health Integration Network (LHIN) brought together representatives from all health sectors in their LHIN to determine the top five patient care and administrative priorities for their LHIN. "LHIN Cross Sectoral Palliative Care / End of Life Care" (PC/EOL) was chosen as one of the top five patient care priorities in LHIN 4. St. Peter's Hospital and CCAC Niagara were the champions of this priority and spearheaded the development of a brief for the new LHIN 4 leadership on "LHIN 4 Cross Sectoral PC / EOL Care."

We have always worked collaboratively with our referral sources (CCAC, Acute Care PC Teams, Social Workers and Discharge Planners, Emergency Rooms, Cancer Centre & Family Doctors etc.). We continuously reach out to our partners to ensure that access to our beds is rapid and efficient, so that our patients can be in the right place with the right care at the right time. Our collaboration efforts with our partners have resulted in:

- A **user-friendly direct referral process** whereby our brief referral form can be printed, completed and faxed back with the support of our Website with a guaranteed **response time of less than 48 hours**.
- The development of protocols for **admitting urgent referrals 24/7**.
- Strategies developed with area **Emergency Rooms** to divert palliative patients to the Palliative Care Program versus admission to an acute care bed.
- Very close collaboration with the **St. Joseph's Hospital Palliative Care Team** and the **McMaster-site Palliative Care Team** to accommodate very complex and difficult to serve referrals.
- Strategies developed with the **Juravinski Cancer Centre** to support the diversion of their palliative, day patients, from their Ambulance Holding Area, directly to our Palliative Care Program beds when they are too ill to return home after an appointment.
- Influencing the development of a team of specific **Palliative Care Case Managers within the Hamilton CCAC** to cater to the special needs of this unique population and ensure consistent access to services for all palliative patients in the Hamilton area.

In summary, St. Peter's has a long and enduring palliative care tradition. We have a 116-year history of service to dying patients and families. The St. Peter's Palliative Care Program has evolved and expanded services over time in response to community needs. We are committed to continuous collaboration with our partners to create a seamless system of care for palliative patients and families in the Hamilton area.



St. Peter's Today



St. Peter's Today

St. Peter's Health System, which includes the original Hospital on Maplewood and a new Long Term Care Facility on the west mountain, has recently reviewed its Vision and Mission statements with broad input from staff and community partners. The traditions of the past remain constant in the revitalized vision for the future:

Vision Statement

Leading the Way in Specialized Care for adults with chronic illness.

(Specialized Care Pillars of Expertise: Palliative Care, Rehabilitation and Dementia Care)

Mission Statement

Enhancing Lives

Through:

- **Caring hearts and capable hands.**
- **Innovation and collaboration.**
- **Learning, education, and research.**

Values

Integrity

- We value the honesty of our words and the consistency of our actions
- We are committed to the highest ethical standard in the conduct of our business

Respect

- We believe that every person deserves respect, dignity and compassion
- We value the dedication of people working together as a team
- We value the expertise of others and opportunities to form partnerships

Excellence

- We are committed to the pursuit of excellence
- We are committed to helping people develop as individuals
- We value learning and sharing our knowledge with others

Growth

- We are committed to being a leader and innovator in our field
- We are committed to sustainable growth

Strategic Directions

Strategic directions are how an organization chooses to allocate resources to sustain its mission and achieve its vision. The strategic directions of St. Peter's Health System are:

- People
- Service
- Quality
- Finances
- Research



St. Peter's Hospital Palliative Care Program

Our Purpose:

To provide expert, interprofessional palliative / end of life care to people experiencing any life threatening illness, within an environment that fosters clinical excellence, education and research. Our Palliative Care Program promotes:

- Patient/family-driven decision making to maintain the comfort, quality of life, spirituality, autonomy and dignity of each dying person while supporting families through this difficult period and in bereavement
- A seamless system of care for the dying

Our Patients:

- Are in the final stages of a life threatening illness
- Have a life expectancy ranging from several hours up to 12 months duration
- Require the expertise of an on-site, palliative care interprofessional team
- Have goals of care promoting a comfort approach rather than aggressive treatment
- Have care needs that cannot be met at home or in another setting with the available resources
- Are aged 18 years or older

Our patients may have any of the Following **Goals of Care**:

- To receive comprehensive assessment and **ongoing** management of distressing symptoms: pain, nausea/vomiting, shortness of breath, restlessness, confusion, etc.
- To receive **short-term** intervention to bring symptoms under control and allow discharge home.
- To receive 24 hour supportive care during the actively dying phase of illness.
- To receive temporary placement to provide caregiver relief/respice.

Our patients may have **very Complex Care Needs**, such as:

- Various modalities for pain management (including - epidurals & PCA Pain Pumps)
- Management of IV therapy (peripheral & central lines)
- Hypodermoclysis
- High flow oxygen therapy + BIPAP & CPAP
- Management of complex skin wounds
- Specialized ostomy care (including - pigtail catheters & nephrostomy tubes, etc.)
- Specific complimentary therapies for pain management (including - acupuncture, Jobst pump application, TENS, etc.)
- Determination of specialized therapeutic mattresses, seating & support surfaces
- On-site bloodwork, X-rays & EKGs

Our patients may be receiving **Shared Care**, coordinated by us, such as:

- Day visits for Palliative radiation therapy and/or chemotherapy at the Juravinski Cancer Centre
- Day visits for blood transfusions
- Follow-up visits with their specialist physicians



We Believe Our Role in Each Patient’s Journey:

- Affirms life
- Regards dying as a normal process
- Provides relief from pain and other distressing symptoms
- Meets patients and families where they are at, on their journey
- Respects that everyone approaches death from their own unique perspective based upon their individual values, spiritual beliefs, cultural roots, family dynamics and life experiences.
- Should be patient & family-centred and respond to the needs of the body, mind and spirit.
- Ensures that every patient & family has the right to participate in informed discussions about treatment options
- Understands patients and families facing similar situations will make very different choices.
- Offers a support system to help patients live as actively as possible until death
- Offers a support system to help the families cope during the patient's illness and in their bereavement
- Should be responsive to community needs through community partnerships

Our Palliative Care Team Membership:

“**Hospice palliative care** is most effectively delivered by an interdisciplinary team of healthcare providers who are both knowledgeable and skilled in all aspects of the caring process related to their discipline of practice. These providers are typically trained by schools or organizations that are governed by educational standards. Once licensed, providers are accountable to standards of professional conduct that are set by licensing bodies and / or professional associations.”

Canadian Hospice Palliative Care Association, 2002

Our on-site Palliative Care Team provides a complete milieu dedicated to the holistic provision of palliative care services. Our program resides within a fully accredited Complex Continuing Care Hospital under the Public Hospitals Act. We adhere to the standards of the Canadian Council on Health Services Accreditation (CCHSA). We have designed our program in keeping with the National Principles and Norms of Practice developed by the Canadian Hospice Palliative Care Association in 2002 (CHPCA). All of our interprofessional team members are licensed professionals governed by the professional practice standards of their respective Colleges. We have a trained, dedicated staff of over 100 individuals, both full-time and part-time:

Physicians	Program Director
Case Managers	Dietitians
Nursing Staff	Nurse Practitioner
Social Workers	Clinical Nurse Specialist
Occupational Therapists & Assistants	Pharmacy & Respiratory Therapy Support
Physiotherapists & Assistants	Therapeutic Recreationist
Chaplains	Speech Language Pathologist
Program Clerks	Environmental Assistants

We also have a core group of specially trained Palliative Volunteers who provide essential social and emotional support to our patients.



Our Process of Providing Care:

Direct **referrals** can be made by printing, completing and faxing back a referral form from our Website (www.stpetes.ca). Urgent admission to the St. Peter's Palliative Care Program can usually be arranged within 48 hours following a referral. Any individual involved in a patient's care can make a referral.

Potential patients for our program are identified by:

- Palliative Care Consultation Teams and/or social workers/discharge planners in acute care (e.g. Hamilton Health Sciences sites, St. Joseph's Health Care, West Lincoln Memorial Hospital, Joseph Brant Memorial Hospital, etc.)
- Specialist physicians / clinics (i.e. – oncologists at JCC, cardiologists and Heart Function Clinics, respirologists and Firestone Clinic, etc.)
- Palliative Care Community Consultation Services (Hamilton service based at CCAC and Grimsby service based at West Lincoln Memorial Hospital, etc.)
- Palliative care case managers at Hamilton CCAC (and case managers from other area CCACs – Niagara, Haldimand-Norfolk, Brant, Halton, etc.)
- Area Family physicians
- Health care professionals from area long-term care facilities and retirement homes
- Self-referrals or family /friend referrals are followed up by contacting the appropriate involved, health care resources with the consent of the patient / substitute decision maker

New referrals are processed daily by our team of 4 Palliative Care Nurse Case Managers and available beds are offered, accordingly:

1. To urgent patients at home to avoid a potential emergency room visit
2. To patients in Emergency Rooms who are more appropriate to come to our setting vs. acute care
3. To patients in acute care ready to be discharged to our Palliative Care Program

Our 4 **Palliative Care Nurse Case Managers** (2 BScNs & 2 RNs with 88 combined years of experience) have all successfully achieved their Certification in Hospice Palliative Care Nursing Canada through RNAO (only available since 2004). They are each responsible for an overall caseload of 17 patients. Our Case Managers are primarily scheduled on day shift from Mondays to Fridays with some weekend coverage to ensure that they can provide coordination of care and continuity between patients/ families and the entire Interprofessional Palliative Care Team.

Our program has always included the services of a **Palliative Care Physician Consultant** with a group of family physicians with experience in palliative care. We have explored two variations of physician models with these resources over the past several years. Building upon these experiences, we are creating a physician model whereby a full-time Palliative Care Physician works Monday to Friday, 9 to 5 with out any on-call responsibilities. The Palliative Care Physician will work collaboratively with family physicians with enhanced palliative training and a nurse practitioner to admit patients seven days per week and provide round the clock care. The Palliative Care Physician and nurse practitioner will admit and manage care for palliative patients Monday to Friday, 9 to 5. Family physicians with enhanced palliative training will admit and manage palliative patients after hours and on weekends. In addition, our family physicians will have the availability of after hours and weekend consultation with the palliative care physician group within the McMaster Division of Palliative Care. We are currently recruiting for a full-time Palliative Care Physician. We have an extremely attractive and competitive salary package that has been fully endorsed by the new Board and Senior Leadership Team. The Palliative Care Physician will enjoy a fully integrated role within the medical staff and Interprofessional Palliative Care Team. Given the expertise of our Interprofessional Palliative Care Team, the new Palliative Care Physician will be expected to play a leadership role in the teaching of medical students and physicians in the Palliative Care Fellowship Program. We expect that the new Palliative Care Physician will have a cross appointment in the Department of Family Medicine Division of Palliative Care of McMaster University. Over the past several months, as we have re-evaluated our program, we have enjoyed the collaborative involvement of Dr. Denise Marshall, the current Director of the Division of Palliative Care at McMaster University.



Currently, our palliative care patients are assessed by family physicians with palliative experience within 24 hours of admission. There is a physician rounding our palliative care units every day, seven days per week, and physician on-call support 24/7. We have the services of a Palliative Care Physician Consultant seeing patients all day one full day per week while we recruit for the full-time Palliative Care Physician. We also have the consultation services of a nurse practitioner with recent palliative training and a clinical nurse specialist. See Appendix A for a complete listing of our active and consulting medical staff.

Our palliative admissions are assessed by each of our **interprofessional disciplines**. Our Case Managers will flag for team members when there is urgency for specific professions to be involved on the day of admission. Generally, all professions will initiate their assessments within 72 hours of admission. All patients are reviewed during regular Palliative Care Team Meetings (attended by representatives of all professions) twice weekly. Goals of care are patient and family driven and developed in collaboration with the interprofessional team.

All of our palliative patients receive daily **nursing care from registered staff only**. We have three eight-hour shifts in 24 hours. They run from 7:00am to 3:00pm (Days), 3:00pm to 11:00pm (Evenings), and 11:00pm to 7:00am (Nights). On each unit of 34 patients there are 3 RNs and 6 RPNs on Days, 2 RNs and 3 RPNs on Evenings, and 1 RN and 2 RPNs on Nights.

Our trained **Palliative Care Volunteers** are scheduled throughout the week, during the day and evening hours, to provide support and companionship to our patients. They will provide vigilling at a dying patient's bedside, if requested, according to availability.

Our Setting:

- Our Palliative Care Program operates a cohesive program within two dedicated in-patient units of up to 68 beds (12 private, 8 semi-privates & 10 ward rooms). Generally, 50 of these beds are occupied by patients admitted from the Palliative Care waiting list.
- We offer 24-hour open visiting hours.
- Rooming-in is also available for immediate family members when the death of a loved one appears imminent and every effort is made to move a patient to a private room to accommodate family vigilling.
- Our units have been renovated through our Body / Mind / Spirit Project. We have aimed to create a homelike atmosphere with colour schemes inspired from nature, adjustable lighting, coordinating homelike fabrics, a fireplace and comfortable homelike furnishings and millwork.
- We have a large supply of specialty wheelchair seating available to ensure that patients can enjoy our beautiful, professionally landscaped, hospital courtyard gardens.
- Temporary visits, of up to 72 hours, to home or family/friends can be arranged by the Team
- We offer a weekly Pet Visiting Program and our patients' personal pets can visit them here by obtaining a pet visiting permit through our volunteer coordinator
- We provide a regular, weekly schedule of Therapeutic Recreation Group Activities and entertainment opportunities plus one-to-one programming
- We offer an on-site wheelchair adapted hairdressing salon and barber services
- Our Chapel and adjoining Reflection Room are open 24/7
- There is a private Dining Room available for the booking of family gatherings/ celebrations
- There is a homelike apartment suite available for the booking of private relaxed visits
- We offer a non-denominational Worship Service every Sunday in the Chapel and a Catholic Worship Service in the Chapel every Saturday
- Complimentary bereavement refreshment trays for families / friends
- We provide a Memorial Service on a quarterly basis for the families of our recently deceased patients
- Our Chapel can be booked for the funeral services of our patients through our Chaplain



Utilization Data:

In the year running from October 1, 2004 to September 30, 2005, our program has:

- Received 608 referrals
- Admitted 454 patients or 75% of referred patients
- Had an average wait time for patients prior to admission of 8 days (for the year) - in the two most recent quarters the average wait time was only 2 days
- Cared for 434 patients until death
- Discharged 24 patients to home or a lower level of care
- Had an average length of stay of 43 days
- Admitted 68% of patients with advanced cancer; 23% with end-stage cardiac disease; and a remaining 9% of patients suffered from either end-stage neurological conditions, end-stage respiratory conditions or end-stage dementia
- Had patients, at any point in time, from their 20s to their 90s with an average age closer to 60 years of age

Education & Program Development:

The Palliative Care Program has a long tradition of contributing to the education of our staff, learners in the health professions, continuing education at the local, provincial and national levels and in the education of the public. . All of the **interprofessional team members** of our Palliative Care Program are actively involved in the education of health care professionals and have **close links and appointments with McMaster University and Mohawk College**. Please refer to Appendix B for complete listing.

The Program provides ongoing support to education through active participation in the following activities/groups:

- In partnership with McMaster's University's Division of Palliative Care and the Faculty of Health Sciences, developed an **Interprofessional Education (IPE) Student Team Placement in Palliative Care**, for undergraduate students in spring and fall of 2005. **Poster presentation** given at the 2005 Educating Future Physicians in Palliative and End of Life Care (**EFPPEC**) **Symposium in Saskatoon**:
"Creating an Interprofessional PC Team Placement in a Regional Chronic Care Hospital" – Dr. Denise Marshall, Kathleen Willison, Elaine Principi, Colleen O'Neill
- Active participant in the Cancer Care Ontario – Regional Supportive Care Network of Central Southwest Ontario **"Regional Central Southwest Ontario Edmonton Symptom Assessment Scale (ESAS) / PAIN Project"** to implement a regionally standardized approach to screening palliative patients for symptom management issues
- Current membership in the Steering Committee, Education Sub-Committee, Research Sub-Committee and the Clinical Service Sub-Committee of the **Hamilton Hospice Palliative Care Network**
- Ongoing membership in the Curriculum Planning Group for McMaster Continuing Education Department's, **"Five Days in Palliative Care"**, which is offered twice annually - we also contribute several presenters to the course
- At the invitation of the Division of Palliative Care, Department of Family Medicine at McMaster University we have a team member who is a trained instructor for the **Health Canada funded Pallium Project's: Regional Weekend Course**
The Regional Weekend Course (RWC) is a two-day intensive introduction to hospice palliative care at the community-level, generally held on a Friday evening, all-day Saturday and Sunday morning. The RWC supports enhanced clinical management and local dialogue about improved provision of palliative care. With a significant medical management focus, the RWC uses a multi-professional format and is designed for family physicians, registered nurses and pharmacists. The RWC utilizes the modularized Learning Essential Approaches to Palliative and End-of-Life Care (LEAP) courseware.



- One of our Palliative Care Social Workers, Gabriela Luchsinger, is also a Communication Skills Consultant and Preceptor for the faculties of Medicine, Nursing, Social Work and Psychology in universities in Marilia, Brazil and in Colima, Mexico. She has spearheaded the involvement of our program and hospital in **an international education exchange project between McMaster University and the Universidad de Colima in Mexico**. The project received a \$10,000 Canadian International Development Agency (CIDA) Grant in May 2005 to develop a proposal for a long-term 6 year project entitled:
Building Capacity: Caring for the Elderly in Mexico
The overall goal of this project is to enhance the research, teaching, and community service capacity of Universidad de Colima and service capacity of community providers in the field of aging and care for the elderly in Colima. The proposal involves the following implementation tasks:
 - Faculty Exchange
 - Community Provider Training
 - Community Outreach and Non-Governmental Organization Development
 - Social Administration and Policy Development
Our Palliative Care Program has committed to develop the palliative care aspects of curriculum and community care provider training programs. We will also be the clinical palliative placement location for visiting faculty and student exchanges from the Universidad de Colima. The full six-year proposal has been submitted and we expect a response from CIDA in early 2006.
- Host Annual Palliative Care Celebration and Education Event sponsored by the Palliative Care Trust Fund for Hamilton Communities

Research:

Our Palliative Care Team has been and continues to be very active in our own interprofessional research projects aimed at improving the quality of our palliative care to patients and families, such as:

- **Interprofessional Education (IPE) Experience in Palliative Care Course – Evaluation Project** – with the methodological / design support of **St. Peter’s Centre for Studies in Aging**
- Implementing **Symptom Assessment Tools** to monitor pain, nausea/vomiting, shortness of breath and restlessness
- Piloting the **McGill Quality of Life Tool** which seeks to measure the holistic, multi-dimensional nature of quality of life in a dying population - it measures the physical, social, psychological and existential domains of quality of life – We were awarded:
First Place Prize for Best Oral Paper in the Palliative Care in the Community Series of presentations given at the **13th Annual (2003) Humber Hospice Palliative Care Conference - Dreams versus Reality... "The Struggle to Deliver Quality Care"**, held in Toronto from March 23rd to the 25th. Dr. Alan Taniguchi, Elaine Principi and Carol McKenna presented the award winning paper, **“Utilizing Quality of Life Measurement to Improve Care in a Palliative Care Unit”**
- Initiated the development and implementation of a **Complementary Therapy Protocol** for the Palliative Care Program and hospital at large
- Piloting the use of a **Music Healer** in a Palliative Population
- Maintaining a **collaborative relationship with the St. Peter’s Centre for Studies in Aging**, with Dr. William Molloy, who is the leader of the endowed St. Peter’s McMaster Chair in Aging based at St. Peter’s



Our Partners Today:

The St. Peter's Palliative Care Program has developed a **formal partnership with the McMaster Division of Palliative Care** to build upon our strength as an Interprofessional Education (IPE) setting for Palliative Care services, education and research. The Division of Palliative Care has been instrumental in the ongoing creation of our vision through collaboration in our plans to enhance our interprofessional model of care, establishing initiatives such as the Educating Future Physicians in Palliative and End of Life Care (EFPPEC) and assisting us in the set up and evaluation of our new Interprofessional Education (IPE) Experience in Palliative Care Course. Our Palliative Care Program's goal of promoting a seamless system of care for the dying could not be achieved without collaboration and cooperation with key partners in our area:

- The McMaster University Division of Palliative Care
- Hamilton Hospice Palliative Care Network (HHPCN)
- Hamilton Community Care Access Centre (CCAC) - Palliative Care Case Managers
- Palliative Care Consultation Teams in acute care hospitals – St. Joseph's Hospital, Hamilton Health Sciences, West Lincoln Memorial, Joseph Brant Memorial
- Juravinski Cancer Centre
- New Hamilton Community Palliative Care Consultation Team based at CCAC
- Community Family Doctors
- Dr. Bob Kemp Hospice
- Good Shepherd's Emmanuel House
- VON Volunteer Program
- McMaster University
 - School of Nursing
 - School of Rehabilitation Sciences
 - School of Social Work
 - Department of Family Medicine
- Mohawk College:
 - Department of Recreation and Leisure Studies
 - Department of Bereavement Studies
- McMaster Divinity College
- Toronto School of Theology (Emmanuel College)
- St. Augustine's Seminary (Toronto)



The Vision



The Vision of the Palliative Care Program

To be universally recognized as the Interprofessional Education (IPE) Centre of Excellence in Palliative / End of Life Care through Service, Education and Research.

The Palliative Care Program will achieve this vision by:

- Influencing academic, curriculum development, regarding palliative care, in health and social disciplines through the establishment of a **state of the art setting for Interprofessional Education Training**
- Continuing to establish a palliative care research culture, which utilizes our large palliative population, to contribute to the Palliative Care body of knowledge by creating an **Endowed Chair in Palliative Care, in collaboration with McMaster University**
- Continuously improving the clinical standard of care in palliative care for patients and families
- Working collaboratively with our partners to ensure a seamless system of care for the dying
- Providing a Palliative Care resource information service to the public, patients, caregivers, the bereaved and health professionals of all disciplines
- Developing new partnerships and linkages with service providers within LHIN 4 and beyond.

Conclusion

St. Peter's Health System has an extensive tradition in Palliative Care that has encompassed over 116 years of service to the chronically ill and dying patients. There is a strong track record of clinical service excellence supported by an ongoing commitment to collaboration, education, research and system integration with a focus on providing seamless end of life care to those in need.

We believe that our Palliative Care Program is uniquely positioned to become an Interprofessional Education (IPE) Centre of Excellence in Palliative / End of Life Care through Service, Education and Research.



Appendix A



Active Staff Physicians

Physician Contact	Fax/E-mail
Dr. Myles Sergeant	Myles_sergeant@hotmail.com
Dr. Kanwal Shankardass	shankark@interlynx.net
Dr. Richard Seeley	rseeley@stpetes.ca
Dr. Sunny Luthra	aluthra@cogeco.ca
Dr. Tricia Woo Geriatrician	twoo@stpetes.ca
Dr. Willie Molloy Geriatrician	wmolloy@stpetes.ca
Dr. Thomas Mathe	tmathe@stpetes.ca
Dr. Mohan Ragbeer	dmmr@sympatico.ca
Dr. Duncan Schwarz	duncanschwarz@rogers.com

Updated Jan 5, 2006

St. Peter's Hospital
Physicians – Active, Consulting, Courtesy, Allied Professional
2005 – 2006

SPECIALTY	PHYSICIAN
DERMATOLOGY	Dr. D. Rosenthal
GERIATRIC MEDICINE	Dr. Wm. Nisker
GERIATRIC MEDICINE	Dr. Wm. Molloy
GERIATRIC MEDICINE	Dr. Trisha Woo
NEUROLOGY	Dr. D. Savelli
OTOLARGYNGO- LOGY	Dr. Elizabeth Jeney
PLASTIC SURGERY	Dr. Carolyn Levis
GERIATRIC PSYCHIATRY	Dr. A. Sunny Luthra
RHEUMATOLOGY	Dr. Walter Kean
RESPIROLOGY	Dr. Lori Whitehead
RESPIROLOGY	Dr. Helen Ramsdale
SURGERY	Dr. Frank Baillie
UROLOGY	Dr. Jerrold Zikman
NEUROLOGY	Dr. John Paulseth

SPECIALTY	PHYSICIAN
OPTOMETRY	Dr. Lorelei Zeiler
PODIATRY	Dr. Morris Zoladek
INFECTION CONTROL	Dr. Shariq Haider McMaster University Medical Centre Division of Infectious Diseases
PHYSIATRY	Dr. A. Gwardjan Dr. D. Kumbhare
	Dr. T. Bentley
DENTISTRY	Dr. J. Morreale
	Dr. L. Szoke
	Dr. H. McIsaac
	Dr. J. Milanovic
	Dr. A. Boyko

Appendix B



Appendix B

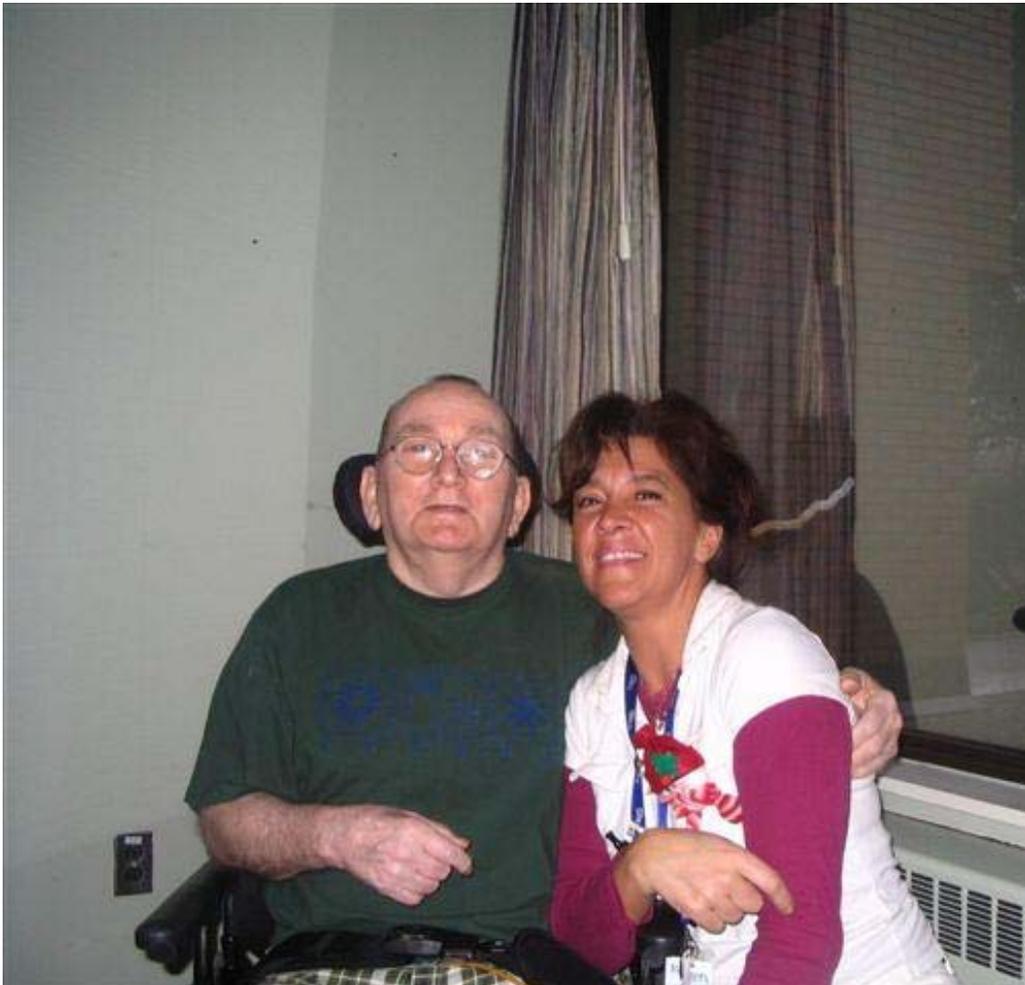
St. Peter's Interprofessional Palliative Care Team – Education Links

Team Member	School Affiliation	Academic Roles
Carol McKenna, Program Director, Palliative Care	McMaster University School of Social Work McMaster University Division of Palliative Care	Clinical Practice Instructor Clinical Preceptor Clinical Services Committee
Elaine Principi, Palliative Care Physiotherapist and Clinical Leader for Physiotherapy	McMaster University School of Rehabilitation Science Mohawk College OTA/PTA Program	Clinical Lecturer Curriculum Development Guest Lecturer Clinical Preceptor Course Instructor: * Palliative Care * Geriatrics * Neurology
Sarah Rose, Palliative Care Physiotherapist	McMaster University School of Rehabilitation Science	Professional Associate Clinical Preceptor Tutor
Colleen O'Neill, Palliative Care Occupational Therapist	McMaster University School of Rehabilitation Science McMaster University Division of Palliative Care	Clinical Skills Lab Facilitator Guest Lecturer Clinical Preceptor Educating Future Physicians in Palliative and End of Life Care (EFPPEC) Initiative
Diane Bihun, Palliative Care Occupational Therapist	McMaster University School of Rehabilitation Science	Guest Lecturer Clinical Preceptor
Dilys Haughton, Nurse Practitioner covering Palliative Care	McMaster University School of Nursing COUPN Program	Guest Lecturer Clinical Preceptor
Chris Stevens, Palliative Care Nurse Case Manager	McMaster University School of Nursing	Clinical Preceptor for BScN Level 3 & 4 students
Mary Maley, Palliative Care Nurse Case Manager	McMaster University School of Nursing	Clinical Preceptor for BScN Level 3 & 4 students
Donna Chovaz, Palliative Care Nurse Case Manager	McMaster University School of Nursing	Clinical Preceptor for BScN Level 3 & 4 students
Sue MacKay, Palliative Care Nurse Case Manager	McMaster University School of Nursing	Clinical Preceptor for BScN Level 3 & 4 students

Chantale Larocque, Palliative Care RN, BScN	McMaster University School of Nursing Mohawk College Personal Support Worker Program	Clinical Preceptor for BScN Level 3 & 4 students Instructor for Palliative Care Course
Palliative Care RPNs	McMaster University School of Nursing	We have 10 Clinical Preceptors for students in the Registered Practical Nursing Program
Gabriela Luchsinger, Palliative Care Social Worker	McMaster University School of Social Work Universidad de Colima, Mexico – Faculties of Social Work, Psychology, Nursing & Medicine Universidad de Marilia, Brazil – Faculties of Social Work, Psychology, Nursing & Medicine	Clinical Preceptor Communication Skills Consultant Clinical Preceptor Guest Lecturer: * Palliative Care * Geriatric Psychiatry Communication Skills Consultant Clinical Preceptor
Maryann Kovlijenic, Palliative Care Social Worker	McMaster University School of Social Work McMaster University Division of Palliative Care	Clinical Preceptor Instructor – Pallium Project’s Regional Weekend Course in Palliative Care
Lisa Petsche, Palliative Care Social Worker	McMaster University School of Social Work	Clinical Preceptor
Gail Zsiros, Palliative Care OTA/PTA	Mohawk College OTA/PTA Program	Lab Instructor Clinical Preceptor
Carolyn Merrit, Palliative Care OTA/PTA	Mohawk College OTA/PTA Program	Lab Instructor Clinical Preceptor
Millie McPhee, Palliative Care OTA	Mohawk College OTA/PTA Program	Clinical Preceptor
Wieslwa Derlatka, Palliative Care OTA/PTA	Mohawk College OTA/PTA Program	Clinical Preceptor

Reverend John Vlainic, Palliative Care Chaplain	McMaster Divinity College	Field Practice Preceptor
	Toronto School of Theology (Emmanuel College)	Field Practice Preceptor
	St. Augustine's Seminary (Toronto)	Field Practice Preceptor
Reverend Mary Fleming, Palliative Care Chaplain	McMaster Divinity College	Field Practice Preceptor
Kim Morgan, Palliative Care Therapeutic Recreationist	Mohawk College Department of Recreation & Leisure Studies	Curriculum Development Clinical Preceptor
Tracy Carnegie and Shannon Donovan, Palliative Care Speech & Language Pathologists	University of Toronto, Graduate Department of Speech Pathology	Clinical Preceptor
	University of Western Ontario, School of Communicative Disorders	Clinical Preceptor
	University of Ottawa, Programme d'audiologie et d'orthophonie (Ecole des sciences de la readaption Faculte des sciences de la sante)	Clinical Preceptor
	Georgian College, Communication Disorders Assistant Program	Clinical Preceptor

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