



The HPC* Connection

*HPC ~ Hospice Palliative Care

Welcome to

The HPC* Connection

www.hpcconnection.ca

Our website had some significant problems and was offline in June and July. We have changed servers and all is well. We apologize for any inconvenience this may have caused and want to reassure everyone that the website is now fully functional.

We have also updated our website with some new tools for you to download or link to and have made some changes that make it easier to find what you need.

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Please share our newsletter with colleagues. If you know someone who wishes to receive their own copy, please have them call us with their contact information.

This program does not endorse nor promote any particular product. Any information provided is intended to increase awareness & knowledge towards informed decision making.

New Community Protocol for Administration of Ketamine

A new protocol for Ketamine administration in the community has been developed for Waterloo Wellington (WW). Based on Grand River Hospital's clinical policy for Ketamine administration in palliative care and current best practice, this new protocol will allow patients receiving Ketamine infusions in hospital the option to be discharged home into the community.

To ensure our patients transition safely from acute care to community, the WW Ketamine Education Group developed a self-learning package for nurses involved in the monitoring and care of patients receiving Ketamine. This comprehensive reference and teaching guide includes essential information about pain management, Ketamine pharmacology, monitoring and documentation, self-assessment quizzes as well as a competency assessment guide for nursing agencies.

A Bit About Ketamine

Ketamine is an anaesthetic agent, however when used in very low doses it can act as a co-analgesic to treat pain in palliative care. Ketamine is a potent non-competitive N-methyl D-aspartate (NMDA) receptor antagonist. Research suggests that hyperactivity of the NMDA receptors may be

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involved in the induction and maintenance of certain pain states such as neuropathic pain and hyperalgesia. In low doses, Ketamine increases the action of the mu-receptors, making them more receptive to opioids. In this way, it may decrease or even reverse opioid tolerance due to blocking of NMDA receptors.

For this reason, Ketamine may be effective in treating specific neuropathic syndromes as well as palliative patients who demonstrate opioid intolerance or toxicity, experience pain crisis or suffer with pain that is poorly responsive to opioids. However, it is important to note that all other conventional analgesic combinations should be used prior to considering Ketamine.

An improved response to opioids may lead to increased opioid side effects such as sedation and respiratory depression if the opioid dose is not adjusted appropriately, so careful monitoring is essential. As part of the Waterloo Wellington (WW) protocol, Ketamine will always be initiated, titrated and stabilized within hospital, under the guidance of a Palliative Care Physician prior to the patient being discharged home. When in the community, the patient must have 24/7 access to palliative care services, including coverage by a Palliative Care Physician and monitoring by trained community nurses.

The community Ketamine protocol is a pilot initiative and will include 5 case studies for review and evaluation prior to adoption of the final draft. For more information about the protocol or self-learning package, please contact HPC Consultation Services at 519 743 4114 in Waterloo Region and 519 823 2550 ext. 2301 in Wellington County.

Reference: Waterloo Wellington Ketamine Education Committee. (2010). The Waterloo Wellington Palliative Care Community Protocol for Ketamine Administration.



Analgesic Reference Charts for LTC Homes



Integrating HPC with Advanced Heart Failure

This spring, we were successful in obtaining an education grant to develop education for nurses and physicians caring for those suffering from end stage heart failure. The team collaborating on this exciting new venture is:

- **Jeanine Costigan** (Heart Function Clinic, St. Mary's General Hospital)
- **Cathy Joy** (Palliative Pain and Symptom Management Consultation Service WR)
- **Patricia Strachan** (Researcher, McMaster University, School of Nursing)

As a bit of background, there is recognition at local, provincial, national and international levels that gaps exist in the provision of hospice palliative care (HPC) for patients with advanced heart failure (HF). Increasingly, patients with advanced HF are being referred to HPC in the Waterloo-Wellington region. Nurses and physicians who work in the community with these patients and their families have identified gaps in their knowledge base regarding care of advanced HF patients; they note differences in the HF patients' illness experiences and medical treatment from those who live with advanced cancer and for whom palliative care was originally developed.

There is very little to no research and education in both the HF and HPC communities of practice, as well as from local to international levels of what this education should be. This has resulted in this collaborative education project to develop a curriculum to support the care needs of patients in end stage heart failure.

Analgesic Reference Charts for LTC Homes

HPC Consultation Services of Waterloo Wellington has revised and reprinted the Analgesic Reference Chart for Pain Management in the Elderly.

Long Term Care Homes have posted these charts in their medication rooms.

Please call us if you are waiting for these or would like these in your homes!

Council Update August 2010

The Waterloo Wellington (WW) Hospice Palliative Care Network has been working with the WW Local Health Integration Network on the development of a WW Integrated HPC Program. The concept of a regional HPC Program is not new. The Network members past and present have been creating the building blocks to support such a program; the ideas and themes go back upwards of 15 years.

Over the past months, Focus Sessions have been conducted with care providers and local HPC decision-makers to validate the concept and identify key success elements and outcomes for the Program. A discussion document with recommendations is being generated and will go through a wider community engagement process before implementation.

The Network Council is pleased to be engaged with the WWLHIN on this exciting program development process. This can only improve the client and family hospice palliative care experience.

WW Community HPC Teams

The Community HPC Teams across the WWLHIN are all up and functioning with palliative physicians and the following team members in these locations:

Team	Location
Cambridge (CRN, NP, SCP)	Cambridge Memorial Hospital – Medical Day Clinic
Centre Wellington (CRN, SW)	Upper Grand Family Health Team
Kitchener Waterloo (CRN, NP, SCP)	Hospice of Waterloo Region (as of August 17, 2010)
North/South Wellington (CRN, SCP)	Hospice Wellington

HPC Team Volumes for October 2009 – March 2010

Clients seen	530
Visits (home & clinic)	Over 1000

Referrals Forms can be found on the HPC Connection website at: www.hpcconnection.ca by clicking on the 'Palliative Referrals' tab.

The Spiritual Care Providers have been providing education across the WWLHIN regarding their role and distributing the newly developed Spiritual Care Screening Pocket Tool to care providers (*more information below*).

Network Publications Now Available

The WW HPC Network 2010 Annual Report, created by the Communication and Education Committee, is now available! The report describes the activities for the WWHPC Network committees and special projects.

The Spiritual Care Working Group has just completed a **Spiritual Care Screening Pocket Tool** for care providers. The pocket tool is to assist care providers in identifying when a client may be in spiritual distress and may benefit from additional support from a spiritual care provider. The pocket tool features three questions a care provider can ask themselves about their client. If the answer is “yes” to any one of the questions, a spiritual care provider can be contacted to discuss the situation further. For community based clients, contact information for the Community HPC Team Spiritual Care Providers is listed on the tool.

For copies of the above listed publications, please contact Nyree Wilson at 519 823 2551 ext 2339 or nyree.wilson@ww.ccac-ont.ca. Copies of the screening tool can also be obtained from Community HPC Team Members.

WW HPC Annual Conference

On June 2, 2010, as part of a province wide initiative, the WWHPC Network presented “Setting the Stage for Change”, produced by guest speaker, Chris Sherwood. The event was held at Maryhill Place in Maryhill, ON and also featured guest speaker Paul Rosen, Paralympic Gold Medalist. There were approximately 75 individuals who participated in this eye-opening experiential palliative care journey of the client and family. In further “Thinking Outside the Box” discussions, gaps in our system and opportunities for improvement were identified. This information will assist in guiding the WWHPC Network as it works to improve palliative care in our region. Feedback from participants included:

“This was one of the best conferences I’ve ever been to. It really made me think. It will be on my mind for days to come.”

Our Fall Evening Event is planned for November. Watch www.hpcconnection.ca for more information to come.

Wishing all a safe and enjoyable summer!

Andrea Martin

Andrea Martin, Director
Waterloo Wellington Hospice Palliative Care Network



HPC Consultation Services of Waterloo Region & Wellington County

Waterloo News!



We've Moved! As of July 21st, we have a new home at Hospice of Waterloo Region (HWR). HPC Consultation Services along with the KW Community HPC Team were invited to join HWR in their new building this year, as part of a larger vision of bringing the consultation teams together on one site. We expect great synergies will be generated in being together in one building, and look forward to better communication and increased efficiencies in use of resources. Perhaps the best outcome will be for our patients and families being exposed to the services HWR offers much earlier in their diagnoses. This building is meant to be a live, active, and well used place for the Community HPC Teams... feel free to stop by and see what we're all about!

New address and contact information for the HPC Consultation Services of Waterloo Region:
298 Lawrence Avenue
Kitchener, Ontario N2M 1Y4
Phone: 519-743-4114
Fax: 519- 743-7021

Congratulations CAPCE Grads!

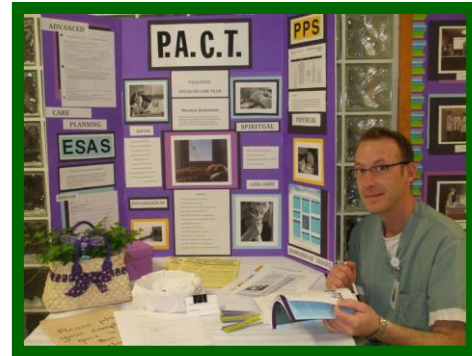
Congratulations! The following nurses have received their CAPCE certificates:

Ardys Brenneman, Westmount LTCH
Samantha Brooks, Bayshore Home Health
Louise Ferguson, Hospice Wellington & St. Joseph's Health Care
Joanne Kluge, Dufferin Oaks LTCH
Barb Whitby, Grand River Regional Cancer Centre

These nurses have demonstrated passion and dedication to improving hospice palliative care in their workplaces. Their completion of this 120 hour course now identifies them as resource nurses in our community with an expertise in HPC. Congratulations!

HPC Week: May 2-8, 2010

Hospice Palliative Care was celebrated at the Palmerston site of North Wellington Health Care Alliance. The acronym PACT stands for Palliative Advanced Care Team.



The two exhibits, pictured above and below, were on display for the week and the table provided resources, a review of ESAS and PPS, palliative care plans, ribbons to wear in recognition of the week, and a quiz. Staff could not take part in the quiz without reading the material, and prizes were awarded at the end of the week.

Everyone participated, including dietary, housekeeping, and nursing departments. The Palmerston and Louise Marshall sites are hard at work updating the Palliative Care Program and are planning an Education Day on September 23, 2010. Excellent work by the committee and the palliative care lead, Martha Jewitt!



EDUCATIONAL OPPORTUNITIES

Please check
www.hpconnection.ca
for current updates!

WATERLOO WELLINGTON HPC CONSULTATION SERVICES

Information & Registration: 519 823 2551/800 265 8338 ext 2339 or nyree.wilson@ww.ccac-ont.ca
Registration is Mandatory for all Courses/Workshops

COURSE NAME	DATE & TIME	LOCATION	COST/NOTES
All Healthcare Providers & Volunteers			
Fundamentals of HPC – <i>for those caring for dying patients; Prerequisite for AHPCE</i>	6-9 pm, Tues Sept. 21- Nov. 16, 2010 (no class Oct. 12)	St. Joseph's Health Centre, 100 Westmount Rd., Guelph	\$25.00 See www.hpconnection.ca for more information.
	10 am-1 pm, Wed. Sept. 29 – Nov. 17, '10	Mount Forest Public Library, 118 Main St. N., Mt. Forest	
	6-9 pm, Tues Oct. 5 – Nov. 23, '10	Lanark Heights LTCH, 46 Lanark Cres., Kitchener	
	6-9 pm, Wed. Oct. 6 – Nov. 24, '10	Parkwood Mennonite Home, 726 New Hampshire St., Waterloo	
PSWs & Volunteers			
AHPCE – Advanced Hospice Palliative Care Education	Spring 2011	TBD, Waterloo Rgn. & Wellington Cty.	Keep checking our website for dates & locations.
RNs & RPNs			
Effective Pain Management	8:30 am-3:30 pm: Sept. 28 & Nov. 2, 2010 Mar. 1 & Apr. 5, 2011	Sept. 28: WWCCAC, 450 Speedvale Ave., Guelph Nov. 2: Westmount, 200 David Bergey Dr., Kitchener	\$35.00 each for EPM and Next Steps or \$60.00 for both! See www.hpconnection.ca for more information.
Next Steps in Pain Management	8:30 am-3:30 pm: Jan. 11 & Jun. 7, 2011	TBA	
CONESTOGA COLLEGE			
Multidiscipline Palliative Care Program			Visit: www.conestogac.ca
CONFERENCES & EVENTS – Local & National <i>continued next page</i>			
Partners in Holistic Care Educational Conference 2010 ~ <i>Ontario Multifaith Council on Spiritual & Religious Care</i>	September 26 – 28, 2010	The Salvation Army's Jackson's Point Conference Centre, Jackson's Point, ON	Email: chinton@omc.ca
18th International Congress in Palliative Care ~ <i>Palliative Care Division, McGill University</i>	October 5-8, 2010	Palais des Congres, Montreal	www.pal2010.com
Bereavement Ontario Network Annual Conference ~ <i>The Future of Bereavement Care</i>	9 am – 4 pm October 20 - 22, 2010	Geneva Park YMCA Conference Center, Orillia	www.bereavementontarionetwork.ca

EDUCATIONAL OPPORTUNITIES

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COURSE NAME	DATE & TIME	LOCATION	COST/NOTES
CONFERENCES & EVENTS – Local & National			
Canadian Hospice Palliative Care Conference ~ <i>Changing the National Perspective on Hospice Palliative Care</i>	October 28 – 31, 2010	The Westin Ottawa, Ottawa	www.conference.chpca.net
WW HPC Conference	Evening Event, November 2010	TBA	See www.hpcconnection for more information to come.
Music Care Conference	November 6, 2010	Wilfred Laurier University, Waterloo	Email: info@room217.ca
16th Annual Conference – The Science & Art of Pain & Symptom Management	November 20, 2010	Health Sciences Bldg, University of Toronto, 155 College St.	www.cepd.utoronto.ca
8th Annual Innovations in Palliative Care	November 24, 2010	Luina Station, 360 James St. N., Hamilton	www.fhs.mcmaster.ca/conted

2011 CNA CERTIFICATION

**Initial Certification Application Deadline:
 October 15, 2010**

Certification Renewal Application Deadline: November 26, 2010

Exam Date: April 9, 2011

For more information visit: <http://getcertified.cna-aiic.ca>

For details on how to apply and join study groups contact your local HPC Consultant
(contact information on page 8)



Lisaard House

On July 15, 2010 Lisaard House welcomed our community partners to an Open House to thank them for their continued support as we celebrated our tenth anniversary. It is hard to believe that it has been 10 years since a residential hospice became a reality in our region. Since that time, 700 residents and families have come through our doors.

I would like to take this opportunity to thank our physicians: Doctors Casey, Zettle, Owens, and Adler, for their continuous dedication to our residents; and to our staff, who day after day face the challenges of helping a resident and family deal with loss and grief.

I also want to thank our community partners. Without the support you have all offered us, both professionally and financially, we would not be able to continue in our work. We look forward to working with all of you in providing excellent palliative care to our community for many years to come.

Connie Dwyer, Executive Director
 Lisaard House

Raising the Bar - *A Roadmap for the Future of Palliative Care in Canada*



The Honourable Senator Sharon Carstairs submitted this report in June (2010). Below is the Canadian Hospice Palliative Care Association's Summary and Key messages. Seventeen recommendations have been made to the Federal Government to improve access and care to those dying in Canada. Due to space this

summary has been abbreviated. For the full report and summaries, please go to the website www.chpca.net to download or view.

EXECUTIVE SUMMARY

Ninety percent of Canadians who die can benefit from palliative care. Palliative care is whole person health care that is multi-disciplinary in nature, can happen in any care setting, and that aims to relieve suffering and improve the quality of living and dying. It is care which should begin at diagnosis of a life-threatening condition and continues to end of life. It views the patient and the family as recipients of care and continues to include bereavement services for families after the death of their loved one.

Since 1995 there have been some significant improvements in public policy regarding end-of-life and in the delivery of palliative care services. Yet, we need to raise the bar. Canadians are living longer, but they are living longer with complex conditions. Canadians at end-of-life and their families need the right interdisciplinary health and social services care, at the right time, and in the right setting, based on their needs. Wherever they live in Canada, they also should expect to receive equitable access to the same quality of care. We need to spend smarter.

This report sets out a vision for palliative care in the future with realistic and attainable goals. To realize a society where all Canadians have access to quality palliative care services we need five things: a culture of care, sufficient capacity, support for caregivers, integrated services, and leadership. We are a death denying society who refuses to accept that we are all going to die, and cling to the hope that our own death will be quick and painless. Yet, that will not be the reality for 90% of us. The evolution of palliative care is being profoundly affected by the increase in chronic diseases.

Combined with an aging population, the system is being stretched and tested as never before. There are at least 70% of Canadians who do not have access to palliative care. And even when there is access, it is not equitable. We need a culture of care that recognizes death as a natural part of life, responds to the reality that death trajectories are changing, and that incorporates palliative care services sooner for those who have a life-threatening illness.

There are still Canadians dying in needless pain because health care providers do not know what a good death is. We need to build capacity throughout our health care system with increased research, better knowledge translation, implementation of best practices, better education for our health care providers and a health human resources staffing plan to address future needs.

Caregivers are fundamental in our health care system. We need to provide them with adequate supports to keep the family unit functioning as they experience loss. Paid caregivers could never hope to replace the work of unpaid caregivers. The Compassionate Care Benefit is too narrow in its application and changes are needed to ensure those who can most benefit from this program know about it and can access it. We cannot afford to overlook the need for follow-up grief and bereavement support to families. We need to adapt systems and programs to facilitate caregiver support, including financial support, education and training, respite care, and bereavement services.

Palliative care programs and services need to be integrated into the health care system and not be an additional program that may or may not be available in the community, and which may come and go with annual budget adjustments. Health and social services must not exist in silos, but in partnership to meet the needs of the population. We need to get serious about integration of services, and we need to overcome incompatibilities that make it difficult for patients and caregivers to transition from one care setting to another.

We are facing a tsunami of aging in the next few years and we are not prepared to handle the increase in numbers of those who will require palliative care. Without leadership there will continue to be a patchwork of services available to Canadians as no single province is equipped to provide the necessary national leadership.

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WWW.VIRTUALHOSPICE.CA

The Canadian Virtual Hospice website provides information and support on palliative and end-of-life care, loss and grief. It is an interactive web-based resource for health care providers, volunteers, and patients and their families.

The Canadian Virtual Hospice website was recognized as “exceptional” by an international panel of judges at an awards ceremony in Boston, Massachusetts in June 2010. The site, which provides information on palliative and end-of-life care, received a silver award in the website category from the [Health & Science Communications Association](#) (HeSCA).

As a nurse, doctor, social worker or spiritual care provider you can access information on this website to support your practice. You can:

- ✓ “Ask a Professional”
- ✓ Review previous questions and their answers at “Asked and Answered”
- ✓ Enter into “Discussions” on topics of interest
- ✓ Share “Your Story”
- ✓ Find a conference or add your own event
- ✓ Find the latest advances in palliative care on the “Exchange”
- ✓ Access “Tools” and resource articles on 30 topics within palliative care

and more!

We have many online resources available to us but this one is Canadian with some of our top clinicians sharing and supporting us in our work.

For patients and families there is an equal amount of information and support. There is discussion of symptoms, changes as death nears, emotional and spiritual health, talking to children and decision making.

This is our ‘go to’ website for the latest on palliative care in Canada.

Raising the Bar - cont. from pg. 7

Leadership must emerge from all quarters. Raising the bar in providing quality palliative care to all Canadians will require a multi-jurisdictional approach. It will require leadership from the federal, provincial and territorial governments and from the community as a whole, including professional associations, community organizations and health care providers.

The report identifies the goals for a culture of care, capacity building, caregiver support, integration of services and leadership. To meet these goals, it makes 17 recommendations to serve as a roadmap for the federal government, provincial and territorial governments, and the entire community. It is the responsibility of every Canadian to work together at all levels - federal, provincial/territorial and community – to ensure quality palliative care for the 90% of Canadians who will need it.

For more information, visit:

www.chpca.net/media_room.html

PUBLICATIONS AVAILABLE

Please visit our website at:

www.hpccconnection.ca/tools/index.html

for a listing of our available resources and contact nyree.wilson@ww.ccac-ont.ca to obtain copies.

The HPC* Connection is produced and distributed by:

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If you have any notices or items of interest to share with our readers, please submit by December 1, 2010 for the next issue.