



The HPC* Connection

*HPC ~ Hospice Palliative Care

Welcome to

The HPC* Connection



For the Holiday Season:

From our site, click on 'Connections' then 'Canadian Virtual Hospice' to access a valuable user friendly hospice palliative care website. For this holiday season, click on 'Topics' then 'Emotional Health' then 'Grief in Times of Celebration: The Empty Spot' to find suggestions to help those who have experienced loss this year.

www.hpcconnection.ca

December 2010
Volume 11, Issue 3

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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.

CCO Symptom Management Guidelines: Let's Take a Look...

In August 2010, **Cancer Care Ontario** completed and has made available symptom management guidelines. These guidelines are found at:

<http://www.cancercare.on.ca/toolbox/symptools>

The guidelines provide an algorithm for screening and assessment, and then provide care maps specific to the symptom severity. The guidelines were developed by a large group of experts, and while supported through CCO, these best practice documents were meant to be used by practitioners treating patients suffering from other diseases than cancer as well.

Before we look at these tools, a bit should be said about guidelines. Guidelines are being developed in many different types of business; from corporations making products, to journalists and ethical reporting, to what we see in our medical fields: best health and medical practices sifted into concise packaging of guidelines to assist us and to help **guide** our practices.

When we look at guidelines, the most important criteria in judging their merit is to question "what is the evidence?" Were the guidelines developed using the evidence of research? Cancer Care Ontario indeed has based their guidelines on very good evidence, and when the evidence is not clear to guide our practice, it states just that.

Continued on pg. 2

CCO Symptom Management Guidelines cont. from pg. 1

An interesting paper, *Ingredients for Change*¹ helps us put science and all of the directives being thrown at us these days into perspective for the experienced practitioner:

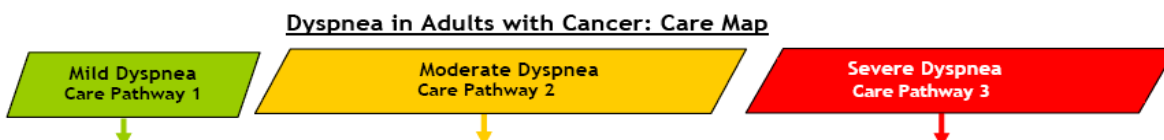
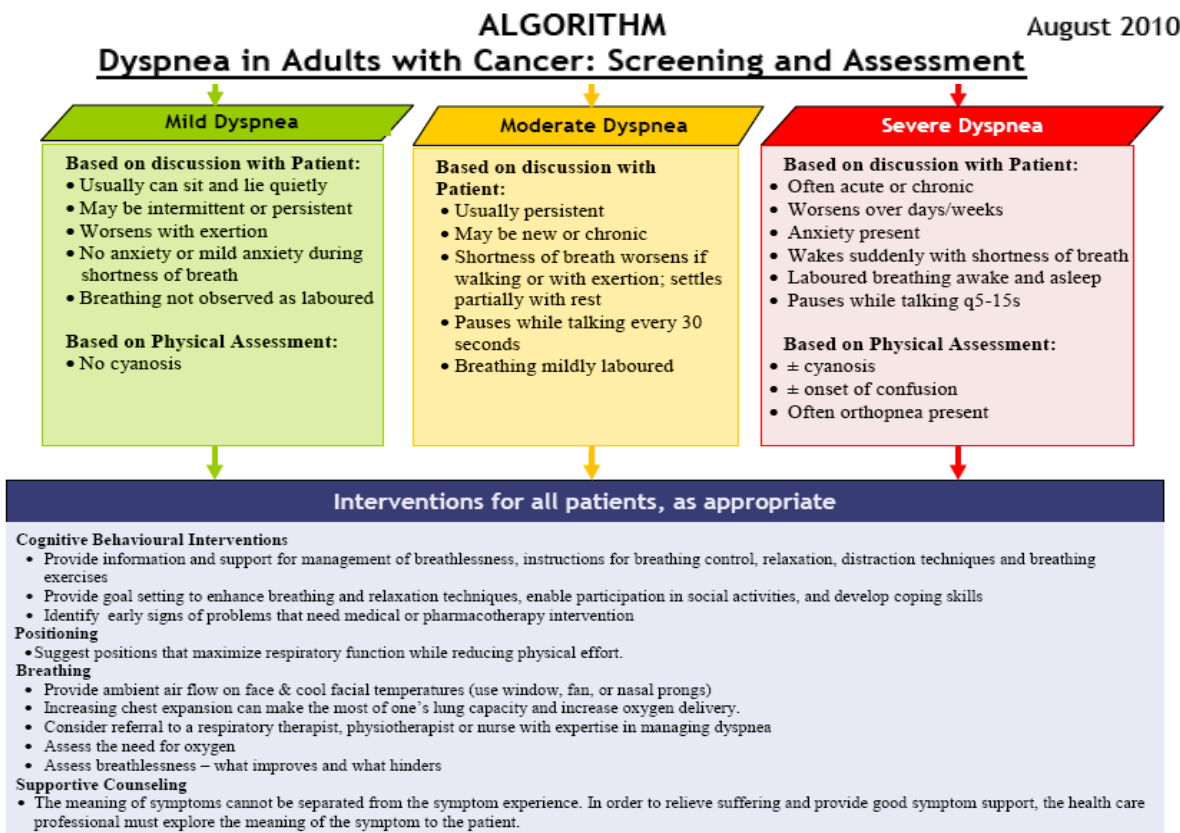
“While research evidence aids decision making, it does not dictate the process; clinical experience or professional craft knowledge also make a contribution.” Author Titchen defined **“Professional craft knowledge or professional ”know-how”** as the often tacit and sometimes intuitive knowledge that is embedded in practice, and argued that it can be made more widely available if it is **“articulated, critically reviewed, generated and validated by individual practitioners and their peers, through critical reflection on practice.”**”

So, let’s have a look: While the CCO guidelines are too large to put in our newsletters, we thought it would be helpful to bring one “pearl” from the guidelines that might be new to you in treating this symptom. This issue, we will look at Dyspnea Management. New evidence is appearing in the literature that tells us there is not good evidence to support the use of Oxygen for the non-hypoxic dyspneic

patient. However, there is evidence to support the use of oxygen when the patient is hypoxic. Providing a fan, a cool room, and teaching deep breathing continue to be significant in relieving dyspnea. Studies continue to examine the use of oxygen in relieving this most difficult symptom.

In reviewing this literature and evidence, our experienced practitioners reflect on the whole person and family situation: perhaps after trying non-pharmacological interventions such as the fan to treat severe dyspnea, the practitioner might indeed try oxygen to treat breathlessness, despite no evidence of hypoxia. The *“intuitive knowledge”* this nurse or doctor uses in making this treatment choice may be based on numerous past experiences where this treatment did provide effect, despite what the evidence says. This is the art of medicine: understanding the science, interpreting the evidence, and weighing it with, not against, wisdom and experience in caring for our suffering patients and families.

¹ Ingredients for change: revisiting a conceptual framework. *Quality and safety in health care.* 2002. 11;174-180



Taken in part from: Cancer Care Ontario <http://www.cancercare.on.ca/toolbox/symptools> Dyspnea In Adults. Accessed December 1, 2010

WW HPC Network Update

On June 2, 2010, the first WWHPC Network Conference of 2010, *Is it a Circle or a Square of Care*, was held at Maryhill Place in Maryhill. There were approximately 75 individuals that participated in an inter-active client palliative care experience. The participants were able to identify gaps in the system and provide opportunities for improvement.

The intent of the June conference was to provide opportunity to the community to engage in giving voice to how hospice palliative care could be delivered in our Local Health Integration Network (LHIN). Participants shared how fragmented the system is and what individuals living with a life-threatening illness and their families are expecting from the service providers in the WWLHIN. The participants were then asked to provide suggestions for improving the hospice palliative care system.

We are excited to report that the voice of the community is being heard! The feedback received from the June conference, together with information provided from the WWLHIN focus sessions held in May, have been consolidated into 9 Program Elements outlining what individuals and their families want during the HPC journey, and driving for best practice under each of the program elements and in care settings.

A formal document was created for the WWLHIN and area leaders to consider and support in the implementation of a WW Integrated HPC Program. Personal stories submitted at the June conference were used as vignettes in the document and were identified as adding value to the need for change in our WWLHIN HPC system. One direction and fourteen recommendations were established.

On September 28th and September 30th, the WWLHIN area leaders and the WWHPC Network Council agreed to continue exploring the integration of a Regional HPC Program.

Next Steps for the WW HPC Network Council and Committees:

1. The **Governance & Quality Assurance Committee** is looking at governance options; how the partners will work together to implement the Program, and how decisions will be made for greater HPC service delivery.
2. The **Communication & Education Committee** is looking to further the Advance Care Planning concept across the WWLHIN.
3. The **System Plan Committee** is reviewing and determining best practice for admission and transition points of care across the HPC journey, and completing a bereavement services inventory with gap analysis and recommendations for improvement.

2nd WWHPC Conference 2010

The second HPC Event for 2010, Quality Life, Quality Care: A Focus on Palliation, was held the evening of November 3, 2010 at the Holiday Inn in Cambridge. Dr. Ahmed Jakda of Grand River Regional Cancer Centre and the KW Community HPC Team encouraged the crowd with his message on Hope: Evidence and a New Model, followed by Maureen Quinn, Nurse Practitioner of the Cambridge Community HPC Team who provided a clinical presentation on Palliative Emergencies: Bowel Obstructions to Dyspnea. With approximately 115 healthcare providers in attendance, the evening was an excellent opportunity for both learning and networking!

Happy Holidays to all!



Andrea Martin, Director
Waterloo Wellington Hospice Palliative Care
Network



HPC Consultation Services of Waterloo Region & Wellington County

CAPCE Reunion

All our CAPCE graduates were invited for an evening of good food, fellowship and discussion on The Complex Challenge of Family Focused Care with Theresa Daly, R.N., M.S.W., R.S.W. Theresa has an easy going style that puts everyone at ease while discussing very challenging issues. As nurses, we work diligently to keep abreast of the latest in evidenced based practice to inform our care of people with life threatening illnesses.

Yet each family remains unique with their own way of doing things in life. If we approach these families with the moral certainty that we have the right answers for them, we will always be challenged by the person and their family.

*“Moral certainty
blocks open-
mindedness and
thinking.”*

~ Socrates



Strong emotions are present in our families about to lose a loved one. Nurses need to stay more open, be non hierarchical and avoid labeling of those in our care. “From the first meeting, the (nurse) and family co-evolve together, with both the family and the (nurse) changing in response to the other and according to their own individual biopsychosocial-spiritual structures, which have been influenced by their history of interactions and their genetic makeup” (Wright, Lorraine and Leahey, Maureen (2005) *Nurses and Families: A Guide to Family Assessment and Intervention 4th ed.* F.A. Davis Company, Philadelphia)

Waterloo Region

Lunch ‘n Learns This Past Fall:

Dyspnea Management Clinic –

Thanks to Jennifer Parkins from GRRCC!

Self Care Strategies –

Thanks to Martha Karn from GRRCC!

Respiratory Assessment and the Dyspnea Guidelines –

Thanks to Sheila Gallinger, NP, KW HPC Team!

Long Term Care Homes

Many of our homes are very busy developing pain and/or palliative care programs. We are working closely with many of you, with other partners such as the LTC Outreach Teams, the Psychogeriatric Resource Consultants, and with educators assisting from other programs as well.

Please call us anytime to either help in assessing, planning care, or assisting with your program development. We are here to support you!

Wellington County

They Don’t Just Disappear: Acknowledging Death in the LTC Setting

A small qualitative study was done by St. Joseph’s Health System Research Network at St. Joseph’s Health Care Guelph. There were 8 residents, 7 family members, and 9 staff that were interviewed who each attended one or more Room Blessings.

From this study, the findings identified the needs that were fulfilled by the Room Blessings across the 3 groups, as well as challenges and suggestions for improvement.

Specifically, Room Blessings provide opportunities to:

- Take time to acknowledge death and grief and to say good-bye
- Reflect on and celebrate the life lived through sharing of stories
- Connect with and express condolences to family members
- Come together as a community recognizing and including all members of the care team (staff, families and residents)

Palliative Education Day

“I am leaving here today with new found knowledge that I can apply both personally and professionally”

The North Wellington Palliative Education day held September 23rd offered participants the opportunity for interactive case based learning about a variety of topics including: advanced care planning, ethics and current best practice in pain and symptom management. Guest presenters included local topic experts in both hospice palliative care and ethics.

EDUCATIONAL OPPORTUNITIES

Please check
www.hpcconnection.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 – for those caring for dying patients; Prerequisite for AHPCE	6-9 pm, Wed Jan. 12 – Mar. 2, 2011	WW CCAC 201-450 Speedvale Ave. W., Guelph	Attendance at 1 st class is mandatory to continue with the course!
	6-9 pm, Wed Jan. 12 – Mar. 2, 2011	Trinity Village 2727 Kingsway Dr., Kitchener	See www.hpcconnection.ca for more information.
PSWs & Volunteers			
AHPCE – Advanced Hospice Palliative Care Education	Spring 2011	TBD, Waterloo Rgn. & Wellington Cty.	Keep checking our website for dates & locations. Please contact our office to indicate interest in taking this course offered once per year.
RNs & RPNs			
Effective Pain Management	8:30 am-3:30 pm: Mar. 1 & Apr. 5, 2011	TBD	\$35.00 each for EPM and Next Steps or \$60.00 for both! See www.hpcconnection.ca for more information.
Next Steps in Pain Management	8:30 am-3:30 pm: Jan. 11 & Jun. 7, 2011	Jan. 11: Hospice Waterloo – 298 Lawrence Ave., Kitchener Jun. 7: TBD	
Effective Pain Management in Pediatric Palliative Care	8:30 am-3:30 pm Apr. 8, 2011	Hospice Waterloo (address above)	\$30.00
CONESTOGA COLLEGE			
Palliative Care Program		Web-based course	Visit: www.conestogac.ca
CONFERENCES & EVENTS – Local & National			
IPODE Conferences: Families in Oncology & Palliative Care (<i>Academic Version & Continuing Education</i>)	Jan. 10 – Apr. 15, 2011	Web-based course	To register visit www.ipode.ca . Reg'n ends December 17 th !
American Academy of Hospice & Palliative Medicine & Hospice & Palliative Nurses Association Annual Assembly	Feb. 16-19, 2011	Vancouver	www.annualassembly.org
One Vision One Voice – 2011 Annual Hospice Palliative Care Conference	Apr. 10-12, 2011	Sheraton Parkway Toronto North	See page 7 for more information

Learning

Essential

Approaches to

Palliative and

End of Life Care

Waterloo Wellington Regional Weekend Course

A two-day intensive introduction to hospice palliative care targeted for primary care with a community focus.

February 12-13th, 8am—5pm, Location: TBA (Waterloo Region)

LEAP supports enhanced clinical management and local dialogue about improved provision of palliative care. With a significant medical management focus, LEAP uses a multi-professional format and is designed for family physicians, registered nurses, and pharmacists.

We encourage you to attend as a team! ~ Main Pro C credits 12

Registration Deadline:
January 28, 2011

For more information email
hpcwaterloo@gmail.com

PALLIUM



Integrating HPC with End Stage Heart Failure

On November 10th, a 4 hour workshop on integrating HPC with Heart Failure was delivered at St. George's Banquet Hall in Waterloo. This workshop was a collaborative project between Patricia Strachan, Researcher, McMaster School of Nursing, the Heart Function Clinic (Jeanine Costigan, NP), and Hospice Palliative Care Consultation Services.

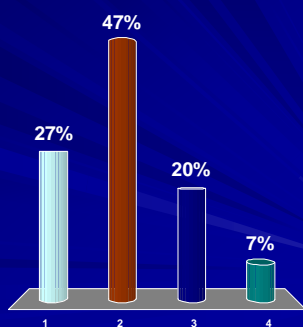
Dr. Stewart Smith; Jeanine Costigan, NP; Dr. George Heckman, gerontologist and Dr. Karen Harkness addressed the physiology, assessment, medical management and care burden of this disease. The workshop was aimed at providing important "take aways" for professionals delivering care to those patients suffering from heart failure.

Evaluation of this workshop is now underway. It is expected that gaps in knowledge will now lead to tools and guides to support our palliative practitioners in the community managing end stage heart failure.

What would you have answered to this question posed to the participants on November 10th?

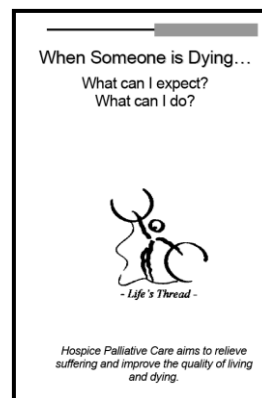
What concerns you most about talking to patients about "Palliative Care" ?

1. It will frighten them: they will think they are dying
2. They will think I am giving up on them & there is nothing more to do
3. It sends the wrong message about what we can do for them
4. I don't really know how palliative care can help these patients



WHEN SOMEONE IS DYING...

What Can I Expect? What Can I Do?



Our brochure, "What to Expect When Someone is Dying" was revised over the last few months. With the assistance of the St. Joseph's Palliative Care Committee, and feedback from CCAC Palliative Case Managers, members of the Community Hospice Palliative Care Team and front line care providers, a "new and improved" brochure is now available for you to share with patients and families.

Fear of the unknown can be a real challenge for families wanting to sit with someone who is dying or to look after them at home. This brochure is designed for you to share with them when you feel it is appropriate. Give them time to read it and then discuss the crucial issues with them.

Reviewing this booklet can open the door for conversations about decreased oral intake and IV fluids/hydration before the person has reached this point. Knowing that this is normal and that their loved one is not "starving" may help them cope with the reality.

For copies, please contact us or download the brochure from our website at www.hpcconnection.ca. Your comments and feedback are always welcome.

Quality Hospice Palliative Care Coalition of Ontario

Over the past year, there has been a very hard working steering committee operating tirelessly to develop and bring to the Ministry of Health and Long Term Care a document outlining the vision and provincial requirements needed to deliver HPC in Ontario. The document ``Creating an Integrated HPC System in Ontario`` was just finalized with consensus from all members of the steering committee, and now sits before the Minister of Health for review and discussion.

It is always important to realize and honour the work going on behind the scenes.... Over spring, into the summer, and finalizing this fall, there have been numerous meetings, many at 7:30 am so as many voices and perspectives possible could be heard. Too- many- to- count drafts and revisions of our provincial message and vision were done, for what has turned out to be a strong, robust recommendation for next steps in providing hospice palliative care in Ontario.

Great News About Gabapentin!

Effective October 28, 2010 Gabapentin is listed as a General Benefit on the Ontario Drug Benefit (ODB) Formulary. This means that:

- A Limited Use (LU) code will not be required on prescriptions for Gabapentin
- The Facilitated Access to Palliative Care Drug Products mechanism will no longer be required for palliative patients
- Exceptional Access Program (EAP) authorization or renewals of existing authorization will no longer be required



2011 Annual Hospice Palliative Care Conference
April 10 – 12, 2011

Mark Your Calendars and plan to attend the 3rd Annual Hospice Palliative Care Conference April 10 - 12, 2011 at the Sheraton Parkway Toronto North

Call for Abstract and Workshop Presentation Submissions are currently being accepted until **Wednesday, January 19, 2011**. Please consider completing a submission form to present at the conference. All accepted presenters receive a special reduced rate to attend the conference.

Sponsors and Exhibitor packages are also available.

Conference information, Call for Abstract Submission forms and Sponsor/Exhibitor applications are available on the Conference website at:

Website: www.hpconference.on.ca;
Phone: (416) 304-1477 ext. 23
Email: info@hpconference.on.ca

*May the season bring you the music of laughter,
the warmth of friendship,
and always love.*

Merry Christmas from Cathy, Sytske, Chris, Nyree and Marsha!

PUBLICATIONS AVAILABLE

Contact nyree.wilson@ww.ccac-ont.ca to obtain copies.

A Caregiver's Guide: A Handbook About End-Of-Life Care (from CHPCA)

Written especially for family caregivers, this guide, plainly and in language easily understood, presents the medical and nursing information needed to help family caregivers understand the difficulties their loved ones are facing. This informative tool aids family caregivers in becoming valuable members of the palliative care team while, at the same time, providing support physically, emotionally, and spiritually.

Resuscitation ~ A Decision-making Guide for Patients, Families and Caregivers

This pamphlet will assist health care providers to communicate with patients and families about the difficult topic of resuscitation. This guide can be left with them for future reference.

Pain Intensity Scale Translations (21 Languages)

There is a new booklet available throughout Waterloo Region & Wellington County to assist health care providers looking after patients who do not speak English. Translated into 21 languages, the pain scale assessment asks 6 questions of the patient on a scale of 0 to 10 about their pain. The English translation is on the back of each page. The pages should be photocopied for ongoing use with a patient to evaluate effectiveness of treatment.

Edmonton Symptom Assessment Scale (ESAS) Translations - 18 Languages - (in Alphabetical Order)

Assessing symptoms and pain are challenging to the practitioner working with the non-English speaking patient and family. HPC Consultation Services has made translations of both the Edmonton Symptom Assessment Scale and the Pain Intensity Scale available to you in approximately 20 languages. We will be happy to explain the use of these tools to you and your staff.

"When Someone is Dying – What Can I Expect? What Can I do?" UPDATED VERSION!

Many patients prefer to die at home if the family is willing and able to cope. However, family members become anxious if they don't know what will happen and what they need to do. This brochure for families discusses the signs of approaching death and what to do after death. It also provides opportunities for those difficult discussions with families about expected changes before they occur.

Guidelines for Developing a Pain Management Program: A Resource Guide for Health Care Facilities. (5th Ed)

This manual is intended to assist clinicians working in Long Term Care Homes to develop and/or enhance their pain management program. This edition uses current best practice principles and evidence in pain management and incorporates the concepts embedded in our National "Model to Guide Hospice Palliative Care." This excellent tool is also available online at: <http://www.palliativecareswo.ca/RegionalConsultants/ElginOxford/GuidelinesDevelopingPainMgtProgram.pdf>



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If you have any notices or items of interest to share with our readers, please submit by April 1, 2011 for the next issue.

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