

NSMHPCN

North Simcoe Muskoka Hospice Palliative Care Network

ANNUAL REPORT 2019-2020



PALLIATIVE CARE | *NOUN*

pal·li·a·tive care | /'palē,ādiv,'palēədiv//ker/

medical and related care provided to a patient with a serious, life-threatening, or terminal illness that is not intended to provide curative treatment but rather to manage symptoms, relieve pain and discomfort, improve quality of life, and meet the emotional, social, and spiritual needs of the patient.

Supported by/ Financé par :



North Simcoe Muskoka Hospice Palliative Care Network

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NSMHPCN
North Simcoe Muskoka Hospice Palliative Care Network

MESSAGE *from* OUR BOARD CHAIR

This past year has been very successful for the NSMHPCN. We have continued to deliver our programs and services in traditional and new virtual ways in response to our changing environments. We are very proud of our program leaders, staff and volunteers for delivering excellent service to our partners and clients and for their participation in the various working groups, information meetings and online education and training.

The changing infrastructure for the delivery of health services in Ontario has required us to be creative in the changing environment. As a Board, we are participating in the development of a specialized Ontario Health Team along with our program leaders and with our regional partners. We will continue to provide our secondary level of services through our Nurse Consultants, Education and Bereavement Programs. Hospice Orillia will continue in the current structure to provide services to Orillia and area.

This is an exciting time for the NSMHPCN as we work with our partners to develop the appropriate infrastructure to support the delivery of our services and supports to the local Health Teams (OHTs) in the Ontario Health Central Region.

Sincerely,
Bruce Bound, Board Chair

BOARD *of* DIRECTORS



BRUCE BOUND
CPA, CA
Board Chair

DEBORAH DUNCAN-RANDAL
RN
Vice-Chair



DR. DON ATKINSON
MD, MMM, CPE

TRACEY RYNARD
B.A., J.D.



MICHELLE MAGILL
RN



WHO *we* ARE

MISSION

Providing a compassionate and holistic palliative approach to care as the cornerstone of living and dying well. Engaging, educating and serving communities with advance care planning, palliative care and grief and bereavement support.

In the next three years, we are committed to accomplishing the following goals in support of our vision:

- Strengthen and support a well-defined integrated care framework
- Expand and provide support for literacy around death
- Promote and advocate for early advanced care planning
- Communicate and demonstrate our role presence and value in the community
- Improve understanding of the choice of care in our community

VISION

Communities, patients, families and healthcare providers working together to improve palliative care for everyone across all sectors.

VALUES



Respect

We recognize the inherent worth of every person and their choices.



Collaboration

We operate as a unified team with our partners and communities.



Diversity

We honor diversity and promote inclusiveness.



Integrity

We are honest and transparent.

KEY HIGHLIGHTS



Volunteer Visiting & Volunteer Support

Hospice Orillia staff and volunteers had a busy year with exciting changes and developments. In 2019, Hospice Orillia introduced two new programs. The new Complementary Therapy Program offers Massage Therapy and Reiki, provided by trained and qualified practitioners. The new Footprints Project Program offers legacy based activities such as letter writing and scrapbooking. The program also offers life interviews completed by trained volunteers. These life interviews are transcribed into a story, which is then designed into a biography of the individuals' life. Completed Footprints Projects are often given as special gifts to family and friends.

Hospice Orillia volunteers dedicated 878 hours to providing compassionate visiting and bereavement services for those individuals and families in our community facing life-limiting illness, and the death of a loved one. In addition, 365 hours were invested in supporting new and existing volunteers with training and development, in order to continue to provide exemplary hospice services. Hospice Orillia successfully recruited and trained 14 new volunteers in 2019-2020.

In 2019, Hospice Orillia received Accreditation for the Visiting Hospice Program. Accreditation serves as an indicator of our commitment to continuous learning and improvement and assures the delivery of consistent, high quality hospice palliative care. The evidence provided throughout the stringent Hospice Palliative Care Ontario (HPCO) accreditation process demonstrates that Hospice Orillia has strong governance, operational and service delivery processes in place.



First Nations, Inuit, Metis (FNIM)

All NSMHPCN Staff have engaged in Indigenous Cultural Safety (ICS) training to be mindful of cultural practices with the FNIM communities in the provision of palliative care practices as well as advocating for palliative care practices within their communities and region. This will continue to be an ongoing learning venture to not only build relationships with the FNIM communities, but to ensure equitable access and provision of palliative care services based on the needs expressed by the FNIM community.



Pain & Symptom Management

The NSMHPCN Hospice Palliative Care Nurse Consultants (HPC Nurse Consultants) received 1,604 referrals, and provided 3,950 individual consultations.



KEY HIGHLIGHTS



Grief & Bereavement

Hospice Orillia held two memorial events, Garden of Remembrance in June of 2019, and Candles of Remembrance in December of 2019. A new commemorative stone for the Pregnancy and Infant Loss Outreach program was unveiled during the Garden of Remembrance ceremony.

Pregnancy and Infant Loss Outreach of North Simcoe Muskoka (PILO NSM): A collaborative network of community partners and volunteers. This program officially launched on October 2nd, 2019. The launch program incorporated guest speakers from the PAIL Network, Home Hospice Association, and a panel of experts in the field and those with lived experience. It also included charities that support pregnancy and infant loss awareness. The mission for PILO NSM (think pillow as in soft place to land) is to bring the community together to create a safe and supportive network of resources for families who have experienced pregnancy and infant loss. Hospice Orillia partnered with Home Hospice Association to provide specialized training to interested volunteers. These volunteers provided a PILO bereavement support group over six weeks, and continue to offer monthly drop-in groups. Volunteers are also available to provide one-to-one support to clients.

Opening the Door to Grief: NSMHPCN continued their partnership with Mackenzie Health to provide grief support to individuals living with developmental disabilities. The curriculum used to provide service, "Opening the door to grief, the key to healing", is unique as it has been edited and co-designed by an individual with developmental disabilities. Interested Hospice Orillia volunteers are working towards being able to provide this support to clients.

Building Bridges Behind Bars: Formalized Hospice Palliative Care Education was delivered to inmates, staff and volunteers at a federal minimum-security institution. Fundamentals of Palliative Care will be delivered to the minimum-security institution, to support inmates running their own grief support groups alongside volunteers. The grief support group in the medium institution is ready to begin with a trained volunteer.

Equine Therapy: A bereavement support group took to the stables to let the horses work their magic over six support sessions. The magic happened and Hospice Orillia will be running these sessions annually.

Opioid related loss groups were implemented to support the community in this time of crisis.

The Bereavement and Spiritual Care Committee has partnered with the Orillia Museum of Art History (OMAH) and are working towards an art show in 2021 themed around death, dying, bereavement and living!



KEY HIGHLIGHTS



Long-Term Care Homes

The HPC Nurse Consultants continue to build capacity in the long-term care (LTC) sector. Since we cross all health care sectors, any one of the HPC Nurse Consultants are able to provide care in LTC but presently, we have 3 HPC Nurse Consultants who focus on the LTC homes (LTCH).

Our goal is to change the culture in LTC, to build capacity around a palliative approach to care through education, mentorship and symptom management consultations. Our consultants have connected with all 26 LTCH over the past year. Most of those homes have established strong relationships with the HPC Nurse Consultants although our involvement is fluid and it changes depending on the need of the LTCH.

We continue to offer support, to forward information and updates to all 26 of the LTC homes. Through our connections in each home we can help to support the development of Hospice Palliative Care (HPC) champions (5 CAPCE graduates in LTC this year), develop and role out policy change i.e. end of life order sets, after death care.

We provide support through education both formal and informal. The development of education plans specific to the need of individual LTCH which might include: a palliative approach to care, medical assistance in dying, education on any/all symptom management, palliative sedation and many more. These education sessions are suited to the audience for example, may be a 10 min huddle or a 1 hour presentation, it is developed to meet their needs.

Mentorship is a key component of our approach. One of the ways that we provide mentorship is to include a staff member during the symptom management consultations. Often those same nurses will call the HPC Nurse Consultants to discuss other situations.

- The HPC Nurse Consultants focus on the development of the following indicators to assist in directing our offering of support and education.
- Development of champions - 9 homes have well established champions, 7 homes are starting to engage and 10 homes are not engaged.



KEY HIGHLIGHTS

- Palliative care committees (PCC) - 4 homes have active PCC, 10 homes are engaged in development and 12 are not engaged.
- HPC education on hire and annually - 5 actively provide HPC education to their staff, 7 homes are engaged to develop education and 14 are not engaged.
- Education sessions - Last year we provided 200 education sessions to 1,105 participants.
- Engagement of Nurse Practitioner / Doctor of Medicine (NP/MD) in palliative approach to care - 8 actively interact, 10 LTCH NP/MD have been engaged and 8 LTCH MD/NP are not engaged.
- Integration of Palliative Performance Scale (PPS) - The introduction of Health Quality's QIP (quality improvement plan) early identification of palliative care needs prompted an increase in the integration of PPS and requests for education. 8 LTCH actively and independently utilize PPS. 13 homes are engaged and in development, 15 are not engaged. 3 LTCH have implemented the Palliative and end of life clinical tool.
- Goals of care conversations taking place at the time of admission - 8 homes have incorporated into their policy, 13 are engaged and 5 are not engaged.
- Elimination of advance directive forms - 7 LTC homes have eliminated, advance directive forms. 12 are in process, and 7 have not engaged. One home has implemented the Prevention of Error Based Transfer (POET) program to enable the removal of advance directives and still support the conversations around resident wishes.

Challenges remain the same as in past years; lack of staffing and lack of funding to support education. Ongoing palliative care education is not mandated, change of management or medical direction sometimes guides the home in a different direction.

Several medical assistance in dying (MAID) procedures were supported in LTC. Ongoing requests for pain and symptom management consultations were received. Many opportunities to support both residents and families during these difficult times occurred. We receive invitations to attend Professional Advisory Committee (PAC) meetings or High Risk Rounds meetings at 4 homes.



KEY HIGHLIGHTS

The impact of the HPC Nurse Consultants in LTC sector is at times difficult to measure, but overall, we see that the number of transfers to hospital have decreased indicating that LTC staff have had the goals of care conversation with residents and families and that staff are more comfortable providing care at end of life. We have identified some change in the culture of LTC, in that there seems to be more sharing of information perhaps leading to an increase in the culture of caring communities.

There is always something new in this ever changing health care system; as those changes occur the role of the HPC Nurse Consultants will continue to grow and change while supporting the needs of our communities.



Advance Care Planning

The NSMHPCN has one of three “Regional Champions” trained by HPCO to promote and educate Advance Care Planning (ACP) in our region. The Regional Champion and HPC Nurse Consultants actively participate in the RPCN’s Regional Committee. The Committee discusses strategies to promote ACP and ensure information is in alignment with updates from the HPCO.

In addition to the HPC Nurse Consultants promoting ACP education in their regions, NSMHPCN was part of the RPCN ACP Committee with membership representing various regions in North Simcoe Muskoka. The following ACP presentations contributed to a positive intake:

- Hospice Orillia Volunteers, education session
- Beaver Valley Outreach group
- Barrie Retirement Homes (staff members)
- NSMHPCN Regional Conference
- Bear Creek High School in Barrie to staff and students (ACP Day April 16th, 2019)
- Specialized Geriatric Services
- Bereavement Ontario Network’s Fireside Chat (two separate occasions)

KEY HIGHLIGHTS

Philosophy of Care for essential Pain & Symptom Management

The HPC Nurse Consultants advocate for, educate about, promote and lead by example to:

- Identify individuals who will benefit from an early palliative approach to care.
- Collaborate between individuals and families receiving care, community members and groups, non-health care service providers and medical practitioners.
- Advocate for unique populations and assisting in identifying unique solutions and interventions.

Our role in supporting health care providers in the delivery of a palliative approach to care at a sub-regional and regional level is aligned with the Ontario Palliative Care Network Palliative Care Competency Framework and Health Quality Ontario Palliative Care Quality Care Standards. The HPC Nurse Consultants:

- Offer consultation to service providers in person, by telephone, by video conference or through e-mail regarding care, e.g., assessment and management of pain and other symptoms.
- Provide consultation to health care providers for HPC program development, including:
 - Application of the Model to Guide Hospice Palliative Care.
 - Use and integration of assessment tools and best practices.
 - Health Quality Ontario Palliative Care Quality Standards.
 - Role clarification and development of organizational processes.
 - Mentoring and education. Our formal and case-based courses are designed to increase ability, skill and expertise at all levels of care and scope of practice.
 - Educate providers, patients and families about the benefits of a palliative approach to care for people living with chronic complex diseases to strengthen service capacity and build awareness.
 - Strengthen system accountability by establishing local clinical champions within palliative care in Long Term Care and Retirement Homes within North Simcoe Muskoka to support a palliative approach to care.



KEY HIGHLIGHTS

- Support shared understanding of palliative care needs through common terminology among providers across care settings; facilitate clear communication and terminology that is recognizable to patients and families.
- Deliver culturally appropriate resources and services focused on palliative care for Indigenous individuals and families that will enable health care providers and their Indigenous patients to have meaningful dialogue about palliative care plans that take into account and respect cultural values and beliefs.
- Introduce conversations about advance care planning and goals of care early; create accountability to support and review these goals with patients regularly through their care journey.
- Adopt a standard approach to identify who may benefit from a palliative approach to care, to assess symptoms and to manage care.
- Develop key performance indicators to measure progress.
- Support individuals with unique or complex needs and those transitioning between locations of care.
- Utilize and share evidenced based knowledge about best practices in pain and symptom management and the provision of evidenced based care through knowledge translation from our team to primary level care providers.

EDUCATION

Conferences

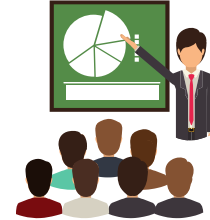


1 Conference
150 Attendees

TOPICS INCLUDED:

- Diversity Matters
- #Change the Story: Legacy as Your Superpower
- Café for Conversing
- Compassion Fatigue
- Legacy: Taking Flight
- Stories of Miracles and Hope
- Approaching Death Differently
- Living Wish Foundation

Presentations & Workshops



Over 389 Participants

TOPICS INCLUDED:

- Pills, Pumps & Patches: The Pharmacologic Management of Pain in Palliative Patients
- Advance Care Planning
- A Guide to Difficult Conversations
- Growing Use of Cannabinoids in Seniors: From Pain Management to Palliative Care

COURSES

Comprehensive Advanced Palliative Care Education (CAPCE)

13 Participants

Advanced Palliative Practice Skills (APPS)

9 Graduates



Learning Essential Approaches to Palliative Care (LEAP)

83 Graduates

The Fundamentals of Hospice Palliative Care

56 Graduates



FINANCIAL STATEMENTS

North Simcoe Muskoka Hospice Palliative Care Network Statement of Operations

For the year ended March 31

2020

2019

Revenue

North Simcoe Muskoka Local Health Integration Network	\$ 1,665,151	\$ 1,671,251
Fundraising and donations	122,748	85,326
Other funding sources and other revenue	65,113	66,503
	<u>1,853,012</u>	<u>1,823,080</u>

Expenses

Buildings and grounds	89,783	68,272
Compensation (Note 10)	1,462,351	1,343,560
General sundry and equipment	224,980	259,012
Supplies	26,564	21,771
Fundraising supplies	38,667	41,799
	<u>1,842,345</u>	<u>1,734,414</u>

Excess of revenues over expenses before transfers	10,667	88,666
Transfers to Hospice Muskoka and Hospice Huntsville	<u>95,142</u>	<u>95,032</u>
Excess (deficiency) of revenues over expenses	(84,475)	(6,366)
Unrestricted Fund Balance, beginning of year	<u>536,770</u>	<u>543,136</u>
Unrestricted Fund Balance, end of year	\$ 452,295	\$ 536,770

Consisting of

Unrestricted - Palliative Care Network	\$ 417,646	\$ 449,991
Unrestricted - Hospice Orillia	<u>34,649</u>	<u>86,779</u>
	\$ 452,295	\$ 536,770




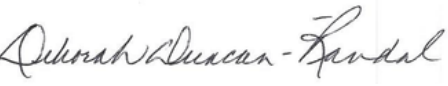
FINANCIAL STATEMENTS

North Simcoe Muskoka Hospice Palliative Care Network Statement of Financial Position

March 31	2020	2019
Assets		
Current		
Cash and bank (Note 2)	\$ 160,204	\$ 152,746
Accounts receivable	8,246	4,246
Temporary investments (Note 3)	355,230	449,537
HST receivable	13,751	15,526
Prepaid expenses	22,318	37,448
	<u>\$ 559,749</u>	<u>\$ 659,503</u>
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities (Note 5)	\$ 107,454	\$ 122,733
Commitments (Note 7)		
Net Assets		
Unrestricted - Palliative Care Network	417,646	449,991
Unrestricted - Hospice Orillia	34,649	86,779
	<u>452,295</u>	<u>536,770</u>
	<u>\$ 559,749</u>	<u>\$ 659,503</u>

On behalf of the Board:


 _____ Director


 _____ Director





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