



CHAMPLAIN
HOSPICE PALLIATIVE
CARE PROGRAM
*COLLABORATION
QUALITY • KNOWLEDGE*

PROGRAMME
SOINS PALLIATIFS
CHAMPLAIN
*COLLABORATION
QUALITÉ • SAVOIR*

ANNUAL REPORT

COLLABORATION, QUALITY AND KNOWLEDGE

REPORT TO MARCH 31, 2015

Prepared in the summer 2015

CHPC PROGRAM – ANNUAL REPORT 2014-2015

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Claire Ludwig - Host Agency, Community Care Access Centre (CCAC)

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Peggy Dick

PROGRAM STAFF

Nadine Valk, Executive Director
Cheryl Teeter, Program Development Officer
Hermelle Thivierge, Program Assistant

Clinical Advisory Group: Maryse Bouvette and Christine Ritchie, Co-Chairs

Education and Information Specialty Committee: Diane Roscoe and Debbie Watt, Co-Chairs

Standards, Indicators and Quality Specialty Committee:

Barb Campbell and Dr. Christopher Klinger, Co-Chairs

Advance Care Planning Working Group: Maryse Bouvette and Lynn Kachuik, Co-Chairs

Bereavement Working Group: Dawn Rodger, Chair

Eastern Counties Network: Leslie Marvel and Jason Samson, Co-Chairs

Ottawa Network: Sheryl Cross, Chair

North Lanark Network: Christine Bois, Chair

Renfrew Network: Diane Caughey and Erin McCabe, Co-Chairs

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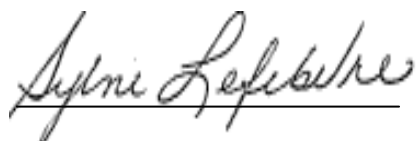
Our Message

The Leadership of the Champlain Hospice Palliative Care Program (CHPCP) is proud to present this annual report to the community of the Champlain Region. This year marks our fourth year of collaboration with our provincial partners, various community agencies and many different municipalities located within our vast region. Our partnership with the Local Health Integration Network (LHIN) and numerous regional stakeholders has enabled us to develop an action plan that focuses on expanding programs of palliative care in our rural communities and providing equitable access to care, care across the continuum, and capacity-building.

The successful establishment of the Champlain Hospice Palliative Care Program is the result of a significant contribution from numerous providers and professionals who participated in the planning and development of the program objectives. Many individuals, families, volunteers and other community members also provided feedback which contributed greatly to shaping the Program. Engagement of key stakeholders will continue to be an integral aspect of the Program in the years to come.

Within an environment where available resources are at a premium, the Program is committed to facilitating the involvement of people who are dedicated to palliative care and who are able and willing to improve the system for people during the last phases of life.

We thank all of our partners for their dedication and patience during the start-up years and we look forward to continuing our collective effort to improve palliative care for all people in Champlain.



Sylvie Lefebvre, Chair

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www.champlainpalliative.ca

Please direct any questions and suggestions for improvement on our approach to this reporting to the contacts listed above.

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STATEMENT OF FINANCIAL POSITION

As at March 31

	March 31, 2015	March 31, 2014
	\$	\$
ASSETS		
Current assets		
Cash	176,013	—
Due from Bruyère Continuing Care Inc. [Note 3]	5,310	179,862
Accounts receivable	259	3,497
Prepaid expenses	2,764	14,703
	184,346	198,062
LIABILITIES AND FUND BALANCES		
Current liabilities		
Deferred revenue	16,725	23,175
Due to Champlain Local Health Integration Network	27,251	16,406
Accounts payable and accrued liabilities	5,148	8,175
Total current liabilities	49,124	47,756
Fund balances	135,222	150,306
	184,346	198,062

See accompanying notes to the financial statements

On behalf of the Board:



Chair: Sylvie Lefebvre



Treasurer: Sheryl Cross



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To Our Members and the Community at Large

STRATEGIC PLAN AND PRIORITIES

The mission of the CHPCP is to lead the development and support of a person and family-centered, integrated, hospice palliative care system in Champlain.

Funded by the Champlain Local Health Integration Network (LHIN), the regional program works to bring together a wide range of expertise to help coordinate care, assist with planning, develop performance measures and collaborate with health service providers to improve the quality of life for individuals and their loved ones at end-of-life.

The Champlain LHIN has approved the CHPCP regional action plan for 2014-2019. The plan was developed in consultation with multiple stakeholders, community and health system partners. Recommendations are organized into three focus areas:

- *Focus Area 1: Equitable access to hospice palliative care*
- *Focus Area 2: Hospice palliative care across a full continuum of care*
- *Focus Area 3: Building capacity across care settings*

This strategic plan guides our operational planning and priorities year-to-year. Current priorities and activities include outreach to primary care, community programming to support enhanced hospice palliative care, implementation of the regional bereavement plan and work to ensure that Advance Care Planning is widely practiced by the public, patients and health professionals.

GOVERNANCE

The CHPC Program Board held its first Annual General Meeting in the fall of 2014 and a Board retreat in February 2015 to discuss governance. This led to the formation of a new Governance Committee who is working to develop Committee charters and Board policies as well as review bylaws and Committee structure.

OPERATING HIGHLIGHTS

The work of the Program could not happen without its numerous dedicated volunteers, committees, advisory groups and networks, representing various disciplines, sectors and settings in hospice palliative care. Together we shared in a number of successes and accomplishments in 2014-2015.

An Education retreat was held in April 2014 to begin development of an education framework and plan for the region. Annual Hospice Palliative Care Education Days were held in English and French in May 2014 on a broad range of topics.

The Standards and Indicators Specialty Committee commissioned a Pilot Survey to develop hospice palliative care indicators. The results of this survey were released in a report (available on the CHPCP website at www.champlainpalliative.ca) in August 2014.

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Pallium “Learning Essential Approaches to Palliative and End-of-Life Care” (LEAP) facilitators help deliver numerous CHPCP education initiatives. We are very pleased that in September 2014 we supported training for over a dozen new facilitators to help build capacity to provide LEAP training across Champlain.

A Bereavement Support Plan was developed for the region which included recommendations to help integrate bereavement support as an integral component of hospice palliative care and of a palliative approach.

Many speakers were supported to present throughout the year through for Palliative Care Regional Academic Rounds, covering a wide range of topics such as: Goals of Care Documentation in the Champlain LHIN; Palliative Care in Advance Heart Failure and Advanced Chronic Kidney Disease; and the Power of Self-Care in Health Care. A special presentation was held in December to honour World Hospice Palliative Care Day with guest speaker Dr. Kathleen Foley from the Memorial Sloan-Kettering Cancer Centre, New York City discussing “Achieving Universal Coverage of Palliative Care: Who Cares? We do!”

Engagement sessions on hospice, palliative and bereavement care were held with Aboriginal groups across the region including the Wabano Centre of Aboriginal Health, Odawa Native Friendship Centre, the Algonquins of Pikwàkanagàn First Nation, and the Mohawks of Akwesasne, to help identify what’s working well and what would help improve access to hospice palliative care.

In February 2015, a new Executive Director was hired and plans were underway to hire a part-time Decision Support Coordinator later in the year. In early 2015, The Program started the first of its regular bilingual e-newsletter. This newsletter provides an ongoing opportunity to highlight activities and events in the region, share information and provide feedback on regional and provincial initiatives.

We encourage you to get in touch if you have anything you'd like to share in upcoming editions at info@champlainpalliative.ca.

REGIONAL HIGHLIGHTS - Champlain’s Hospice Palliative Care Services

In order to enhance the quality of care provided to palliative patients in the community, the Champlain Community Care Access Centre (CCAC) develop a process to select nursing agencies to specialize in palliative care and to meet the high educational standards recommended by the CHPCP. Now all nurses providing palliative care in the region have taken LEAP training or the gold standard; the Canadian Nurses Association Hospice Palliative Care Certification. Personal Support Workers had to have taken (at minimum) the Introduction to Palliative Care course at one of the community colleges (Algonquin, St Lawrence or La Cité Collégiale).

Through Carefor Health and Community Services - Eastern Counties, new day hospice programs and volunteer visiting hospice services started in Cornwall and Williamsburg and are being planned for Hawkesbury and/or Prescott. Dundas County Hospice also expanded their Palliative Day Program in Eastern Counties and it is now being offered weekly to their community.

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In 2014, Beth Donovan Hospice (BDH) in Kemptville started a creative new initiative to help fill palliative care service gaps in their predominantly rural catchment area. In partnership with the Catholic District School Board of Eastern Ontario, BDH delivers Hospice Volunteer Training to Personal Support Workers (PSWs) in the classroom and then supports and supervises a PSW to complete their 100 hour practicum placement in the community. As a result of this partnership, BDH clients receive 100 direct client hours each school semester which totals 200 direct client hours each year for the residents in their community.

Hospice Care Ottawa has been working to increase the number of hospice beds available in Ottawa west and east: ongoing fundraising efforts will support the building of a residential hospice at Ruddy Shenkman Hospice in Kanata in the Spring of 2016 with an occupancy of early 2017. Work began in 2014 to better meet the needs of the French speaking community by offering community hospice services at Couvent St. Louis in Orleans. Enhanced bereavement training was developed for volunteers in partnership with Bereaved Families of Ottawa.

A new, in-home volunteer visiting hospice program was started for children who are at end-of-life. Operated through Roger's House, this program for youth is the first of its kind in the region, and one of the first of its kind in the province. New services also include a perinatal loss support group and a support group for siblings of children with a progressive illness: S.I.B.S. - Spectacular, Incredible, Brave Siblings.

The Mission Hospice opened seven new beds for homeless people needing chronic palliative care. This program responds to a need in our community to provide housing and health care supports to homeless people living with complex care needs for an extended period of time.

Hub Hospice developed a new bereavement program that includes one on one follow-up by the RN coordinator and Hub Hospice volunteers for a few weeks following the client's death in the form of telephone calls or home visits. A monthly open bereavement group is also now being offered in Almonte.

Renfrew Network started a regular newsletter to communicate events and activities in their area and also developed a Renfrew County Advance Care Planning strategic plan which was shared across Champlain. With the help of nursing students, the Renfrew Hospice and the Regional Palliative Consultation Team hosted an informative open house in November and shared information on a number of topics including Speak Up, Carefor Volunteer Program, Symptom Management Kits and the Expected Death in the Home (EDITH) protocol.

The Madawaska Valley Hospice Palliative Care inpatient hospice unit successfully had its first patient admission experience shortly after opening in March 2015. The experience was exciting and rewarding for those who have been so dedicated over the past few years to opening this facility – thank you!

