



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



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



Welcome to the 2011 Hospice Palliative Care Conference  
April 10 - 12, 2011  
Sheraton Parkway Toronto North Hotel  
Richmond Hill, Ontario

## About Your Co-hosts . . .



The Hospice Association of Ontario (HAO) is a non-profit, membership-based organization representing hospices and other organizations with an interest in hospice palliative care. Our members provide high quality, compassionate hospice palliative care from diagnosis to end-of-life. Through the development of standards, education and policy development we support the provision of the highest quality of hospice palliative care across the Province.

### Vision

That every person and family in the province of Ontario can quickly and easily access the finest hospice palliative care when required. This includes emotional, practical and spiritual care for the client from diagnosis to end-of-life and respite, emotional and bereavement support to family members.



The Ontario Palliative Care Association (OPCA) is a non-profit organization and its membership reflects the important interdisciplinary approach to hospice palliative care. OPCA offers a range of benefits to its membership and it presents a strong, proactive voice on issues specific to the provision and delivery of quality end-of-life care – professional education, standards of practice, government policy development and funding, and public awareness.

### Vision

Quality end-of-life care for all Ontarians.

## Our Shared Philosophy

How we treat those who are dying in our community reflects who we are as a society. All Ontarians have the right to die with dignity, to have access to physical, psychosocial, and spiritual care. As health care providers, volunteers, and family representatives of Ontario's hospice palliative care community we advocate for quality end-of-life care using an integrated and collaborative approach.

## Thanks to Our Conference Planning Committee Members

Thank you to the members of the 2011 Conference Planning Committee for so generously sharing their valuable time, input, advice and assistance to ensure that this conference not only came into fruition, but also built on the foundation that was laid with the first annual joint conference in 2009.

**Beth Ellis (Co-Chair)**

Executive Director  
Dr. Bob Kemp Centre for Hospice Palliative Care

**Elaine Klym (Co-Chair)**

Director of Care  
Maison Vale Inco Hospice

**Barry Ashpole**

Educator, Mohawk College Hamilton; Niagara College  
(St. Catharines); Communication Specialist; Compiler & Annotator,  
*Media Watch* - Weekly Report on End of Life Care Issues

**Rick Firth**

Executive Director  
Hospice Association of Ontario

**Karen Fisher**

Director of Care  
Hospice Wellington

**Dr. S. Lawrence Librach**

Director, Temmy Latner Centre for Palliative Care,  
Professor and Head, Division of Palliative Care, Department of Family Medicine,  
W. Gifford-Jones Professor Pain Control & Palliative Care, University of Toronto

**Maureen Russell**

Director, Bereavement and Spirituality  
The Dr. Bob Kemp Centre for Hospice Palliative Care

## Thanks to Our Abstract Review Committee

We would like to extend a sincere thank you to the members of the abstract review committee for taking the time to ensure the best in quality and content of our oral paper and poster presentations.

**Theresa Greer**

Executive Director  
Heart House Hospice

**Elaine Klym (Abstract Review Committee Chair)**

Resident Care Coordinator  
Maison Vale Inco Hospice

**Dr. Jeff Myers**

Head - Psychosocial, Supportive and Palliative Care Program  
Sunnybrook Health Sciences Centre

## **Why attend this conference?**

Because hundreds of heads are better than one! Being a part of the *One Vision, One Voice* Conference gives you—people from all over Ontario—the chance to convene, network and share best practices in all areas related to hospice palliative care.

Whether your concentration is clinical or administrative, counseling or volunteer-focused or anything in between, this conference has something to offer you. With six streams of content for you to take in, we have all aspects of hospice palliative care covered.

The conference also provides a great opportunity to network. Meet and share thoughts with experts from all over the province and beyond, while taking advantage of the resources at your hands. Scheduled and impromptu networking sessions give you the opportunity to meet with peers and colleagues who share a similar focus, and converse with vendors and exhibitors in your down-time to make the industry connections that you may have been seeking.

Finally, share in the energy and excitement that you can only experience with 2.5 days of keynote speakers, workshop sessions and celebrations of achievement that address the specific needs of people like you, who work in end-of-life care.

So join us April 10 – 12, 2011 for the 2011 Annual Provincial Hospice Palliative Care Conference. We look forward to seeing you there!

## **Who should attend?**

Over these 2.5 days, our keynote and expert speakers will address an audience of 400-500 delegates including:

Administrators, Bereavement Counselors, Board Members, Case Managers, Chaplains, Home Care Providers, Nurses, Physicians, Social Workers, Volunteer Coordinators and other Health and Community Care Professionals with an interest in hospice palliative care.

**\*\*This program has been reviewed by The College of Family Physicians of Canada and is awaiting final accreditation by the College's Ontario Chapter\*\***

## CONFERENCE KEYNOTE SPEAKERS

Sunday, April 10, 2011

10:30 - 11:30 am

The State of Palliative Care in Canada  
The Honourable Sharon Carstairs

For Senator Sharon Carstairs politics is something that was learned at the dinner table in a family that put an emphasis on education and political dialogue. When Prime Minister Jean Chrétien appointed Senator Carstairs Leader of the Government in the Senate January 9, 2001, it was the beginning of another path in politics. She served as Leader until December 12, 2003.

Senator Carstairs attended Dalhousie University, obtaining a Bachelor of Arts in Political Science and History, and went on to achieve a Masters of Arts in Teaching at Smith College in Northampton, Massachusetts in 1963.

In 1988, she led the Liberal Party in Manitoba to a monumental election gain and became the first woman to lead the Official Opposition in a Canadian Legislative Assembly. Senator Carstairs was appointed to the Senate by Prime Minister Chrétien on September 15, 1994 to represent the province of Manitoba. She has served on the Aboriginal Peoples committee as well as the Agriculture and Forestry; Social Affairs, Science and Technology and the Internal Economy, Budgets and Administration Committee. She has been the Chair of the Legal and Constitutional Affairs Committee and the Sub-Committee to update "Of Life and Death" and Deputy Chair of the Special Committee on Illegal Drugs. Senator Carstairs represented the Senate on the Parliamentary Buildings Advisory Council from 1997-2001. From 1997 to 1999 Senator Carstairs served as the first woman to be Deputy Leader of the Government in the Senate.



On March 14, 2001, Prime Minister Chrétien gave Senator Carstairs special responsibility for palliative care. Palliative care is a cause that Senator Carstairs had championed long before her appointment. She assisted Health Minister Anne McLellan in supporting the federal government's interest in the development of palliative care by working with provinces, territories and non-governmental organizations, to ensure that palliative care is meeting the needs of Canadian patients, families and care givers. This new appointment was a major step forward in the federal government's commitment to quality end-of-life care in Canada. In 2005 Senator Carstairs conducted extensive consultations across Canada and authored *Still Not There. Quality End-of-Life Care: A Progress Report*. This was followed by her June 2010 report *Raising the Bar: A Roadmap for the Future of Palliative Care in Canada*.

## CARMELITA LAWLOR LECTURESHIP IN PALLIATIVE CARE

Monday, April 11, 2011

9:15 – 10:15 am

*The Carmelita Lawlor Lectureship in Palliative Care is made possible by the generous endowment at the University of Toronto established by Carmelita Lawlor who died from cancer. This special person was cared for at home by a caregiver team led by Dr. Linda Rapson. This caregiver team was the forerunner for Trinity Home Hospice, now known as Hospice Toronto. Carmelita and her family wanted to ensure there was ongoing opportunity to learn about palliative care from well-known and respected people in the field.*

Advocating for Hospice Palliative Care Nationally

The Past, The Present and What the Future Holds.....Will We Be Surprised?



The recipient of this year's lectureship is **Sharon Baxter**, Executive Director, Canadian Hospice Palliative Care Association (CHPCA). She holds a Masters of Social Work degree in Public Policy and Administration and has worked on national health policy for eighteen years.

Sharon was the Co-Chair of the coordinating body of the *Canadian Strategy on Palliative and End-of-Life Care*. The Canadian Hospice Palliative Care Association serves as the secretariat for the Quality End of Life Care Coalition of Canada. Sharon sits on many national committees and coalitions looking at End-of-Life care issues specifically around health policy. Sharon also sits on the Board of Trustees for the Worldwide Palliative Care Alliance.

Keynote Presentation

Leadership, Innovation and Excellence in Health Care

Shirlee M. Sharkey, CHE, MHSc, BScN, BA

Shirlee Sharkey is president and CEO of Saint Elizabeth Health Care (SEHC), an internationally-renowned leader in home and community care known for its social capital, strong financial performance and track record of innovation. As a diversified not-for-profit charitable health services organization, SEHC employs than more 4,000 staff and delivers 3.8 million visits annually.



With a century of experience and a powerful vision for the future, SEHC is dedicated to changing the way care is experienced in urban centres, remote communities, health care institutions, living rooms, boardrooms, and rooms on wheels – touching the lives of people throughout Canada and the world.

Ms. Sharkey also serves as CEO of Community Rehab, an interdisciplinary Canadian home health care organization that has been a leader in rehabilitation since 1985. In 2008, Community Rehab and Continuum joined the Saint Elizabeth Health Care family and continue to operate as an independent organization focused on rehab excellence, innovation and collaboration.

Shirlee's commitment to community is illustrated through her leadership and involvement with many not-for-profit boards, ranging from health to education. She is a past chair of George Brown College in Toronto and a former president of the Canadian Home Care Association. Internationally, she is chair of the World Homecare and Hospice Organization. She is also a past president of the Registered Nurses Association of Ontario (RNAO). In 2007, she was appointed by the Minister of Health and Long-Term Care to act as an expert advisor on staffing and care standards for long-term care homes in Ontario.

Academically, Shirlee is cross-appointed to the Lawrence S. Bloomberg Faculty of Nursing and the Faculty of Medicine (Department of Health Policy, Management and Evaluation) as an adjunct professor at the University of Toronto. She has presented and published widely on issues related to nursing, home and community-based health care and the need for system change.

Shirlee believes that leadership is a responsibility that belongs to us all and when we embrace it as such, extraordinary things are possible. Her philosophy of building a collective wisdom from diverse perspectives is manifested in the awards SEHC has received, including the Canada Awards for Excellence Bronze recognition for Organizational Quality & Healthy Workplace® and being named among the 50 Best Employers in Canada.

Shirlee's vision and leadership have most recently been recognized with the *Innovation Award for Health Care Leadership*, Canadian College of Health Service Executives, in 2010; University of Toronto's *Graduate Leadership Award*, Department of Health Policy, Management and Evaluation, in 2008; *Canada's 100 Most Powerful Women*, Women's Executive Network, in 2007; *Award of Excellence in Nursing Leadership*, Ontario Hospital Association, in 2005; a *Golden Jubilee Medal of Queen Elizabeth II* in 2003.

Tuesday, April 12, 2011

12:45 – 1:45 pm

Closing Keynote Presentation  
"Tough Talk About End of Life Care"

Dr. H. Brian Goldman

Dr. Goldman will discuss the difficulties patients, their families and health professionals have in recognizing and acknowledging that death is near.

Dr. H. Brian Goldman is one of those rare individuals with great success in more than one high-pressure field. For more than twenty years, he's been a highly regarded emergency physician at Toronto's Mount Sinai Hospital. He's also parlayed his medical expertise into an award-winning career in medical journalism.



Millions of Canadians know Brian as CBC Radio One's 'house doctor,' serving up information and advice on matters medical to twenty afternoon shows across the country. In addition, he created and will host the radio program, *White Coat, Black Art*. Dr. Brian Goldman takes listeners through the swinging doors of hospitals and doctors' offices, behind the curtain where the gurney lies. It's a biting, original and provocative show that will demystify the world of medicine. He explores the tension between hope and reality: between what patients want, and what doctors can deliver. Doctors, nurses and other healthcare professionals will explain how the system works, and why, with a refreshing and unprecedented level of honesty.

Goldman was health reporter for *The National*, CBC Television's flagship news program, and for CBC TV's *The Health Show*. He served as Senior Production Executive during the launch year of Discovery Health Channel, Canada's only 24-hour channel devoted to health programming. Goldman released his first book in September 2010, *The Night Shift - Real Life in the Heart of the ER*, published by HarperCollins, where he attempts to show you hour by hour what happens in the ER during a typical night shift, and to pull back the curtain to reveal the culture of emergency medicine.

## OTHER CONFERENCE HIGHLIGHTS

### ➤ Luncheon and Awards Ceremonies - Sunday, April 10, 2011

#### **Awards Include:**

- Accreditation Ceremony
- Dorothy Ley Award of Excellence in Hospice Palliative Care
- 16<sup>th</sup> Annual June Callwood Circle of Outstanding Volunteers Award Ceremony
- The Marilyn Lundy Hospice Palliative Care Award (*Sponsored by the Temmy Latner Centre for Palliative Care, Mount Sinai Hospital*)
- OPCA Hospice Palliative Care Outstanding Philanthropist Award

### ➤ Lunch and Special Interest/Networking Groups – Monday, April 11, 2011

Special Interest Group table signs will be put up in the luncheon room for people to join.

### ➤ Hospice Association of Ontario, Executive Directors' Lunch – Monday, April 11, 2011

Join HAO's Executive Director, Rick Firth, for the third annual Executive Directors' Lunch. This lunch is open to Executive Directors of HAO Hospice Members.

### ➤ Ontario Palliative Care Association Annual General Meeting

The Ontario Palliative Care Association AGM has been scheduled for Monday, April 11 from 5:00 to 5:45 p.m. More information will be forthcoming from OPCA.

### ➤ Networking Reception, Cash Bar and Exhibit Showcase – Monday April 11, 2011

Enjoy mingling and informal networking at our Networking Reception on Monday evening from 5:45 – 7:00 p.m. Meet our Sponsors and Exhibitors, and representatives from The Hospice Association of Ontario and the Ontario Palliative Care Association and the Conference Planning Committee. This will be followed by our Banquet Dinner and Entertainment.

### ➤ Best Oral Paper/Best Poster Presentation Awards – Tuesday, April 12, 2011

Help us recognize the best oral paper and poster presentations during lunch.

## CONFERENCE PROGRAM SCHEDULE

**Sunday, April 10, 2011**

Times	Agenda	
8:00 - 9:30 am	Registration, Continental Breakfast and Sponsor/Exhibitor Showcase	
9:30 - 10:00 am	Opening Ceremony & Welcome Remarks	
10:00 - 10:30 am	Deb Matthews, Minister of Health & Long Term Care ( <i>Invited</i> )	
10:30 - 11:30 am	<b>Keynote Presentation: The State of Palliative Care in Canada</b> <ul style="list-style-type: none"> <li>• The Honourable Sharon Carstairs</li> </ul>	
11:30 - 2:00 pm	<b>Luncheon &amp; Award Ceremonies</b>	
<b>2:15 - 3:30 pm</b>	<b>CONCURRENT WORKSHOP SESSIONS - SERIES 100 AND ORAL PAPERS</b>	
101	When Does a Therapeutic Relationship Cross Boundaries? (Part 1) <ul style="list-style-type: none"> <li>• <b>Joanne Doucette, Lloyd Cowin</b></li> </ul>	LDP INT
102	Writing a Strategic Plan <ul style="list-style-type: none"> <li>• <b>Rosslyn Bentley</b></li> </ul>	LDP
103	Teaching End-of-Life Care in the Home <ul style="list-style-type: none"> <li>• <b>Sandy Buchman, Marnie Howe</b></li> </ul>	CLN-A
104	Quality Improvement in Palliative Care: Defining Issues, Defining Strategies (Part 1) <ul style="list-style-type: none"> <li>• <b>S. Lawrence (Larry) Librach, Russell Goldman</b></li> </ul>	LDP CLN-A
105	Integrating Spirituality in Hospice Palliative Care: A Leap of Faith <ul style="list-style-type: none"> <li>• <b>Andrea Martin, Maureen Quinn, Garth Wittich, Donna Mann</b></li> </ul>	SBP
106	Choosing Software for Non-Profit Organizations <ul style="list-style-type: none"> <li>• <b>Peter Turk</b></li> </ul>	
107	Advanced Care Planning – A National Framework and Implementation <ul style="list-style-type: none"> <li>• <b>Louise Hanvey</b></li> </ul>	INT
108	Bridging the Gap Collaborative – A Prototype for Online Training <ul style="list-style-type: none"> <li>• <b>Juliet Irish, Jan Pearce</b></li> </ul>	VOL
109	Mindful Listening at End of Life (Part 1) <ul style="list-style-type: none"> <li>• <b>Andrew Blake</b></li> </ul>	VOL INT

<b>2:15 - 3:30 pm CONCURRENT WORKSHOP SESSIONS - SERIES 100 AND ORAL PAPERS (Cont'd)</b>		
110	<b>ORAL PAPERS</b>  <b>Affordable Home-Based Palliative Care Service Delivery: A Resource Utilization and Cost Analysis of Niagara West End of Life Project in Ontario</b> <ul style="list-style-type: none"> <li>Christopher Klinger, Doris Howell, David Zakus, Denise Marshall, Kevin Brazil, Michelle Howard, Alan Taniguchi, Raisa Deber</li> </ul> <b>Not on My Watch: Nurses' Experience of Decision-Making Concerning Administration of PRN Anti-Seizure Medications to Children with a Long-Term Seizure Disorder Receiving Palliative Care</b> <ul style="list-style-type: none"> <li>Judy Rashotte, Judy King, Margot Thomas, Betty Cragg, Regis Vaillancourt</li> </ul> <b>Improving Palliative Care for Homeless/Marginalized Persons</b> <ul style="list-style-type: none"> <li>Beth Pelton, Mark Blackstone</li> </ul>	ALL
3:30 - 4:00 pm	<b>Refreshment Break</b> <b>Sponsor/Exhibitor Showcase and Posters</b>  <i>Refreshments Sponsored by Canada BrokerLink</i>	
<b>4:00 - 5:15 pm CONCURRENT WORKSHOP SESSIONS - SERIES 200 AND ORAL PAPERS</b>		
201	When Does a Therapeutic Relationship Cross Boundaries? (Part 2) <ul style="list-style-type: none"> <li><b>Joanne Doucette, Lloyd Cowin</b></li> </ul>	LDP
202	Creating an Integrated Hospice Palliative Care System in Ontario <ul style="list-style-type: none"> <li><b>Julie Darnay, Andrea Martin</b></li> </ul>	LDP
203	How ESAS Symptom Clusters Inform Service Delivery Planning <ul style="list-style-type: none"> <li><b>Marissa Slaven, Colleen Lynas, Jacob Merritt Szereszewski</b></li> </ul>	CLN-I R&D
204	Quality Improvement in Palliative Care: Defining Issues, Defining Strategies (Part 2) <ul style="list-style-type: none"> <li><b>S. Lawrence (Larry) Librach, Russell Goldman</b></li> </ul>	CLN-A LDP
205	Why Did Mommy Die? How to Respond to Children's Questions about Health, Illness and Death <ul style="list-style-type: none"> <li><b>Adam Rapoport, Heather O'Brien</b></li> </ul>	SBP
206	"Lucy's Journey": Benefits of Early Referral to Hospice Programming <ul style="list-style-type: none"> <li><b>Bernedette McNeil, Cheryl Moore</b></li> </ul>	INT
207	HAO Complementary Therapy Standards <ul style="list-style-type: none"> <li><b>Marianne Tavares, Cindy Webber</b></li> </ul>	SBP

4:00 - 5:15 pm CONCURRENT WORKSHOP SESSIONS - SERIES 200 AND ORAL PAPERS (Cont'd)		
208	The Vision and Values of Volunteers in Hospice Palliative Care: Sustaining <i>WILLPOWER</i> and <i>WAYPOWER</i> <ul style="list-style-type: none"> <li>• Eugene Dufour</li> </ul>	VOL
209	Mindful Listening at End of Life (Part 2) <ul style="list-style-type: none"> <li>• Andrew Blake</li> </ul>	VOL
210	<b>ORAL PAPERS</b> <b>Toronto Central Palliative Care Network – Performance Indicators</b> <ul style="list-style-type: none"> <li>• Karina Wulf, Amna Husain, Susan Blacker</li> </ul> <b>Ontario's Integrated Client Care Project</b> <ul style="list-style-type: none"> <li>• Deborah Sattler</li> </ul> <b>Moral Conflict Experienced by Health Care Providers Caring for the Terminally Ill</b> <ul style="list-style-type: none"> <li>• Kevin Brazil, Sharon Kassalainen, Jenny Ploeg, Denise Marshall</li> </ul>	ALL
5:15 pm	Adjourn (Free Night - Dinner on your own)	

## Monday, April 11, 2011

Times	Agenda	
8:00 - 9:00 am	Registration, Continental Breakfast and Sponsor/Exhibitor Showcase and Posters	
9:00 - 9:15 am	Welcome Remarks & Reflections	
9:15 - 10:15 am	<b>Carmelita Lawlor Lecture:</b> <b>Advocating for Hospice Palliative Care Nationally – The Past, The Present and What the Future Holds...Will We Be Surprised?</b> <ul style="list-style-type: none"> <li>• Sharon Baxter</li> </ul>	
10:15 - 10:45 am	Refreshment Break and Sponsor/Exhibitor Showcase and Posters	
10:45 – 12:00 noon CONCURRENT WORKSHOP SESSIONS - SERIES 300 AND ORAL PAPERS		
301	Better People Management Through Surveying and Action Planning (Part 1) <ul style="list-style-type: none"> <li>• John Yardley, Lloyd Cowin</li> </ul>	LDP R&D
302	Hospice Medical Directors: A New Direction <ul style="list-style-type: none"> <li>• Marissa Slaven, Samantha Winemaker</li> </ul>	LDP

<b>10:45 – 12:00 noon CONCURRENT WORKSHOP SESSIONS - SERIES 300 AND ORAL PAPERS (Cont'd)</b>		
303	Ovarian CA: Malignant Bowel Obstruction and Malignant PSOAS Syndrome <ul style="list-style-type: none"> <li>• <b>Ahmed Jakda</b></li> </ul>	CLN
304	Cancer Pain – New Ideas and Complexity <ul style="list-style-type: none"> <li>• <b>S. Lawrence (Larry) Librach</b></li> </ul>	CLN-A
305	Compassion Fatigue in Hospice Palliative Care: The Cost of Caring <ul style="list-style-type: none"> <li>• <b>Eugene Dufour</b></li> </ul>	SBP
306	Developing Aromatherapy in Hospital Palliative Care Unit: An Integrated Approach <ul style="list-style-type: none"> <li>• <b>Marianne Tavares, Brian Berger</b></li> </ul>	SBP
307	Reviewing Innovative Models of Palliative Care Delivery: Examples from the U.S. <ul style="list-style-type: none"> <li>• <b>Hsien Seow</b></li> </ul>	INT
308	Volunteer Recruitment and Development <ul style="list-style-type: none"> <li>• <b>Michael Lewis</b></li> </ul>	VOL
309	Regional HPC Program Accountability and Governance Models <ul style="list-style-type: none"> <li>• <b>Beth Lambie, Ray Berry, Cate Root</b></li> </ul>	VOL
310	<b>ORAL PAPERS</b>  <b>Development of a Workshop to Integrate Heart Failure and Hospice Palliative Care</b> <ul style="list-style-type: none"> <li>• Cathy Joy, Patricia H. Strachan, Jeannine Costigan</li> </ul> <b>Clinical Factors Impacting Accuracy of Clinician's Estimate of Survival in Patients with Advanced Incurable Diseases</b> <ul style="list-style-type: none"> <li>• Audrey Kim, Debbie Selby, Ashlinder Gill, Anita Chakraborty, Tammy Lilien, Jeff Myers</li> </ul> <b>Implementation and Evaluation of a Quality End of Life Care Protocol in a Tertiary Care Academic Health Sciences Centre</b> <ul style="list-style-type: none"> <li>• Alan Taniguchi, Andrea Frolic, Cynthia Cupido, Kevin Brazil, Michelle Howard</li> </ul>	ALL
12:00 - 1:30 pm	<b>Lunch &amp; Special Interest Groups</b>	

1:45 - 3:00 pm CONCURRENT WORKSHOP SESSIONS - SERIES 400 AND ORAL PAPERS		
401	Better People Management Through Surveying and Action Planning (Part 2) <ul style="list-style-type: none"> <li>• <b>John Yardley, Lloyd Cowin</b></li> </ul>	LDP R&D
402	Non-Profit Risk Management - Hospice Insurance Program <ul style="list-style-type: none"> <li>• <b>Frank Stigter</b></li> </ul>	LDP
403	Building Life Into a Residential Hospice (Part 1): <i>Funding and Design/Construction</i> <ul style="list-style-type: none"> <li>• <b>Jim MacKenzie, John Donato, Andre Spekkens, Karen Fisher</b></li> </ul>	LDP
404	Management of Pain from Bone Metastases – (Part 1) <ul style="list-style-type: none"> <li>• <b>Kristopher Dennis, Carlo DeAngelis, Janet Nguyen</b></li> </ul>	CLN-I
405	Tackling the Tough Jobs <ul style="list-style-type: none"> <li>• <b>Janet Noble, Betty Ann Griffiths</b></li> </ul>	CLN-I
406	When the Arts Shape Therapy: Spontaneous Art Making in Hospice and Palliative Care Settings (Part 1) <ul style="list-style-type: none"> <li>• <b>Alison Jane</b></li> </ul>	SBP
407	A Tool Kit for Perinatal Hospice: Honoring Precious Lives (Part 1) <ul style="list-style-type: none"> <li>• <b>Lynn Grandmason Dumond, Joanne Doucette, Nora Ulliyot</b></li> </ul>	INT
408	Your Resiliency Matters! (Part 1) <ul style="list-style-type: none"> <li>• <b>Yvette Perreault</b></li> </ul>	VOL
409	Coaching and Evaluating Volunteers <ul style="list-style-type: none"> <li>• <b>Michael Lewis</b></li> </ul>	VOL
410	<b>ORAL PAPERS</b>  <b>Barriers Toward Acceptance of Complementary and Alternative Medicine on an In-Patient Geriatric Palliative Care Unit</b> <ul style="list-style-type: none"> <li>• Cindy Grief, Daphna Grossman, Alison McCordick, Linda Mah</li> </ul> <b>Providing Care Together: Impact of Interdisciplinary Meetings on Volunteer Service Utilization</b> <ul style="list-style-type: none"> <li>• Alexandra McKenna</li> </ul> <b>The Spirit of Palliative Care</b> <ul style="list-style-type: none"> <li>• Adrienne Penderell, Kevin Brazil</li> </ul>	ALL
3:00 - 3:30 pm	Refreshment Break and Sponsor/Exhibitor Showcase and Posters	

3:30 - 4:45 pm

## CONCURRENT WORKSHOP SESSIONS - SERIES 500

501	Implementing a Regional Hospice Palliative Care Program in Ontario Using a Participative Approach: The New Champlain Program as a Case Study <ul style="list-style-type: none"> <li>• <b>Jose Pereira, Jocelyne Contant, Sylvie Lefebvre</b></li> </ul>	LDP
502	Canadian Virtual Hospice: Supporting Clinical Excellence in Day-to-Day Practice <ul style="list-style-type: none"> <li>• <b>Brenda Hearson</b></li> </ul>	LDP
503	Building Life Into a Residential Hospice (Part 2): <i>Residential Staffing and Interdisciplinary Referral Collaborative</i> <ul style="list-style-type: none"> <li>• <b>Peter Spadafora, Louise Ferguson, Meaghan Scowcroft, Karen Fisher, Rosslyn Bentley, Deb Robinson, Kim Carere, Andrea Clarke</b></li> </ul>	LDP
504	Management of Pain from Bone Metastases – (Part 2) <ul style="list-style-type: none"> <li>• <b>Kristopher Dennis, Carlo DeAngelis, Janet Nguyen</b></li> </ul>	CLN-I
505	Plan of Treatment for CPR: Extreme Make-over Using a Management of Change Approach <ul style="list-style-type: none"> <li>• <b>Ida Tigchelaar, Grace Forget</b></li> </ul>	CLN
506	When the Arts Shape Therapy: Spontaneous Art Making in Hospice and Palliative Care Settings (Part 2) <ul style="list-style-type: none"> <li>• <b>Alison Jane</b></li> </ul>	SBP
507	A Tool Kit for Perinatal Hospice: Honouring Precious Lives (Part 2) <ul style="list-style-type: none"> <li>• <b>Lynn Grandmaison Dumond, Joanne Doucette, Nora Ulyot</b></li> </ul>	INT
508	Your Resiliency Matters! (Part 2) <ul style="list-style-type: none"> <li>• <b>Yvette Perreault</b></li> </ul>	VOL
509	Behavioural Interviewing Skills for Volunteer Coordinators <ul style="list-style-type: none"> <li>• <b>Bruce Wilson</b></li> </ul>	VOL
510	Narrative Therapy and Spiritual Self Care <ul style="list-style-type: none"> <li>• <b>Deb Spear</b></li> </ul>	SBP
5:00 – 5:45 pm	OPCA Annual General Meeting	
5:45 – 7:00 pm	Pre-Dinner Reception and Exhibit Showcase	
7:00 – 9:30 pm	Banquet Dinner & Entertainment	

## Tuesday, April 12, 2011

Times	Agenda	
7:30 - 8:30 am	Registration, Continental Breakfast and Sponsor/Exhibitor Showcase	
8:30 - 8:45 am	Welcome & Reflections	
8:45 - 9:45 am	<b>Keynote Presentation: Leadership, Innovation and Excellence in Health Care</b> <ul style="list-style-type: none"> <li>• <b>Shirlee M. Sharkey</b></li> </ul>	
9:45 - 10:15 am	Refreshment Break and Exhibit Showcase ( <i>last chance to visit exhibits</i> )	
<b>10:15 – 11:30 am CONCURRENT WORKSHOP SESSIONS - SERIES 600</b>		
601	First Year in a New Residential Hospice: Expected or Unexpected Consequences? <ul style="list-style-type: none"> <li>• <b>Rosslyn Bentley, Cate Root, Gabrielle Coe, Maria Badek</b></li> </ul>	LDP
602	End of Life Care Planning: Resuscitation, Legislation and Regulation <ul style="list-style-type: none"> <li>• <b>Lesley Hirst</b></li> </ul>	LDP
603	Palliative Care in the Critical Care Environment <ul style="list-style-type: none"> <li>• <b>James Downar</b></li> </ul>	CLN-A
604	Safety in Home Care: Two Sides of the Coin <ul style="list-style-type: none"> <li>• <b>Lorraine Wood, S. Lawrence (Larry) Librach</b></li> </ul>	CLN-I
605	Advanced Lung Disease <ul style="list-style-type: none"> <li>• <b>Kristopher Dennis, Florencia Jon, Emily Chen, Jennifer Vagenas, Dianne Naiman</b></li> </ul>	CLN-I R&D
606	"Brush Up on the Basics": Mouth Care at the End-of-Life <ul style="list-style-type: none"> <li>• <b>Teri Crockford, Karen Kiely</b></li> </ul>	CLN-I
607	Walking with Forgiveness: Assisting Your Client with Anger, Guilt and Shame <ul style="list-style-type: none"> <li>• <b>Eugene Dufour</b></li> </ul>	SBP
608	The CALM Technique – Diffusing Difficult and Charged Situations <ul style="list-style-type: none"> <li>• <b>Daphna Grossman, Jennifer Kolari</b></li> </ul>	INT
609	Last Rights: Reasonable Religious Accommodation at End of Life <ul style="list-style-type: none"> <li>• <b>Klara Siber</b></li> </ul>	SBP
11:30 - 12:45 pm	<b>Lunch and Best Oral Paper/Poster Presentation</b>	
12:45 - 1:45 pm	<b>Keynote Presentation: "Tough Talk about End of Life Care"</b> <ul style="list-style-type: none"> <li>• <b>Brian Goldman</b></li> </ul>	
1:45 - 2:00 pm	Closing Remarks and Grand Prize Draw	

## Program Streams

These streams are just a guideline for helping delegates choose their concurrent sessions. Participants are welcome to attend any session of interest.

<b>Leadership (LDP)</b>	Program Administrators and Managers, Board Members, Planners and Policy Makers
<b>Clinical: Basic (CLN-B); Intermediate (CLN-I); or Advanced (CLN-A)</b>	Physicians, Nurses and other Health Care Professionals
<b>Interdisciplinary (INT)</b>	Physicians, Nurses, Social Workers, and all other Professional and Volunteer Care Providers
<b>Spirituality/Bereavement/Psychosocial (SBP)</b>	Social Workers, Pastoral Care Workers, Bereavement Counsellors and anyone interested in Spiritual and Psychosocial aspects of Hospice Palliative Care
<b>Volunteer/Volunteer Management (VOL)</b>	Volunteer Managers, Coordinators, Volunteers
<b>All (ALL)</b>	Of interest to everyone

## CONCURRENT WORKSHOP DESCRIPTIONS

Sunday, April 10, 2011

2:15 – 3:30 pm

Series 100

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### Session 101: When Does a Therapeutic Relationship Cross Boundaries (Part 1)

**Joanne Doucette**, M.S.W., RSW, Social Worker, Roger's House, Ottawa, ON

**Lloyd Cowin**, Executive Director, Roger's House, Ottawa, ON

Therapeutic relationships are vital to providing excellent palliative care. However, it is easy for a meaningful therapeutic relationship to cross an invisible and fluctuating boundary, which creates potential risks. This workshop will frame the issue of therapeutic relationships and boundaries. We will present cases for discussion that will address issues for patients, families, team members and the organizations in which they function (e.g. team morale, working relationships between teams). Through reflection and discussion with workshop participants, we will identify strategies to maintain professional boundaries while continuing to provide compassionate and sensitive support to patients receiving palliative care.

*Workshop Stream: Leadership, Interdisciplinary*

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### Session 102: Writing a Strategic Plan

**Rossllyn Bentley**, BA MHSM Dip HEc, Executive Director, Hospice Wellington, Guelph, ON

Strategic planning can strike terror into even the most hardened Board or ED with expensive consultants, time wasting retreats and hours of naval gazing and wheel spinning common experiences. This session plans to put the energy and meaning back into a dutiful process. Steps in strategic planning that will be reviewed include scanning the external environment, looking at strengths, weaknesses, opportunities and threats, establishing goals and identifying how and when these goals will be met. An overview of current best practices and practical advice about creating a strategic plan will be presented, as well as, how to create a plan that links to your organizations' mission, vision and values. An ideas exchange will take place and participants are encouraged to bring their current or in development strategic plans. An opportunity will be included to discuss the Board role in setting and monitoring the organizations strategic direction.

*Workshop Stream: Leadership*

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### Session 103: Teaching End-of-Life Care in the Home

**Sandy Buchman**, MD, CCFP, FCFP, Education Lead and Palliative Care Physician, Temmy Latner Centre for Palliative Care; Division of Palliative Care, Department of Family and Community Medicine, University of Toronto, Toronto, ON; **Marnie Howe**, MD, CCFP, Fellow in Palliative Care, University of Toronto, Toronto, ON

The care of dying persons and their families is a core professional task of physicians – family physicians in particular, as well as for other community-based health care providers. Palliative care in the home is an integral part of that task. The home is the outstanding setting for education along the whole continuum of aging from chronic disease management through to the End of Life. Teaching in the home provides phenomenal opportunity to enrich the student's appreciation of the physician- patient and nurse-patient relationship, interdisciplinary care, and the challenging biomedical, psychosocial, and spiritual aspects of care. This presentation will assist educators in their obligation to prepare students and residents to provide skilled compassionate palliative care in the home.

*Workshop Stream: Medical and Nursing Education (Clinical – Intermediate)*

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### **Session 104: Quality Improvement in Palliative Care: Defining Issues, Defining Strategies (Part 1)**

**Russell Goldman**, MD, MPH, CCFP, Assistant Director, Temmy Latner Centre for Palliative Care, Mount Sinai Hospital; Assistant Professor, Division of Palliative Care, Department of Family & Community Medicine, University of Toronto, Toronto, ON

**S. Lawrence (Larry) Librach**, MD, CCFP, FCFP, Professor and Head, Division of Palliative Care, Department of Family & Community Medicine, University of Toronto; Director, Temmy Latner Centre for Palliative Care, Mount Sinai Hospital, Toronto, ON

Quality end of life care is the goal of hospice palliative care. How can we be sure we are providing quality care? How can we improve our care? Quality improvement is an emerging science in health care and hospice palliative care must begin to exhibit and implement skills in this area. This seminar will in a very interactive format using clinical cases and examples, discuss issues in palliative care that might be the subject of quality improvement, define ways of discovering the root cause of quality issues and discuss ways of approaching managing quality improvement. Participants at their tables will form small quality improvement, interprofessional teams working on problems together.

*Workshop Stream: Leadership and Clinical (Advanced)*

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### **Session 105: Integrating Spirituality in Hospice Palliative Care: A Leap of Faith**

**Andrea Martin**, RN, Director, Waterloo Wellington HPC Network, Kitchener, ON

**Maureen Quinn**, MScN, NP-adult, Cambridge HPC Team

**Garth Wittich**, MTS, Spiritual Care Provider, Wellington/Southgate HPC Team

**Donna Mann**, MTS, Spiritual Care Provider, Cambridge HPC Team

The director and members of the Waterloo Wellington Hospice Palliative Care Network will present an overview of their work with a focus on the integration of spiritual care into the community palliative care setting. The team will describe the development of a spiritual care pocket tool and its practical implementation using a case study approach. Participants will be given a window into the evolution of the community HPC team's integration of spiritual care into their service provision. We anticipate that participants will leave with a greater understanding of how spiritual care impacts them personally as well as in the outcomes of their professional care of individuals and families.

*Workshop Stream: Interdisciplinary and Spiritual, Bereavement and Psychosocial (SBP)*

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## **Session 106: Session 106: Choosing Software for Non-Profit Organizations**

**Peter Turk**, President, Sumac, Toronto, ON

Database software can help a non-profit organization enhance rapport with their community, increase revenue through more effective fundraising, accomplish their missions more efficiently and manage and preserve organizational memory. But the path to a successful implementation of a database is perilous. This presentation teaches terminology, how to avoid potential pitfalls, identifies key success factors, and provides a ten step process for choosing and implementing database software in a non-profit organization.

*Workshop Stream: ALL*

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## **Session 107: Advance Care Planning – A National Framework and Implementation**

**Louise Hanvey**, RN, BN, MHA, Project Manager, CHPCA's National Project, "Advance Care Planning in Canada: National Framework and Implementation", Ottawa, ON

Advance care planning is increasingly more visible in Canada. While the majority of Canadians believe that ACP is a good idea – less than 30% of them have engaged in the process. To address this, the Canadian Hospice Palliative Care Association's Advance Care Planning project is working to increase awareness among professionals and the public across Canada. *Advance Care Planning in Canada: A National Framework and Implementation* is a five-year project of the Canadian Hospice Palliative Care Association that aims to implement a number of changes to the current practices in ACP. A National Framework has been developed through a national consultative process that facilitates collaboration across sectors.

*Workshop Stream: Interdisciplinary*

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## **Session 108: Bridging the Gap Collaborative – A Prototype for Online Training**

**Juliet Irish**, Executive Director, Doane House Hospice, Newmarket  
**Jan Pearce**, Executive Director, Evergreen Hospice, Markham

Because the availability of high quality, trained volunteers is integral to the Ontario hospice sector's ability to meet the growing demand for hospice services, the "Bridging the Gap Collaborative" (BTGC) was funded in March 2010 by the Ontario Trillium Foundation to develop online training for hospice volunteers across Ontario. Best practices dictate that hospice volunteers require a minimum of thirty hours of classroom training. This time commitment and other barriers of travel, inflexibility of time and place of training sessions, inability to attend all sessions in a series (as required by accreditation) and the lack of immediate opportunity to engage volunteers, results in the loss of many qualified volunteers. The BTGC project team will:

- Present the prototype online module (one of twelve in the text-based Hospice Association of Ontario (HAO) accredited manual) supplemented with multi-media content collected from hospice experts across Ontario and edited from a distance using wikis and blogs;
- Make recommendations for hardware, software and internet capabilities suitable for managing such a project;

- Share the content management system template, built using Drupal technology, with other agencies in the health and social service sector to populate with their own content;
- Share the instruction manuals and “lessons learned” with other agencies wanting to use the wikis and blogs to collaboratively collect, edit and “publish” their sector-specific knowledge online; and
- Define the cost for future module development for potential funders and other agencies.

*Workshop Stream: Volunteerism and Leadership (On-Line Training)*

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### **Session 109: Mindful Listening at End of Life (Part 1)**

**Andrew Blake**, BA (Psych), Chaplain, Co-Founder and Program Director, Gitche M’Qua Centre for Healing and Dying, Toronto

Mindful Listening (ML) is a practice that helps us establish a more open and relaxed presence in our work, which lessens the tendency to “fix” situations and establishes a greater sense of ease with those we are serving. For caregivers, the practice of mindful awareness and mindful listening may offer a preventative measure in a continuum of self-care strategies. Rooted in a theoretical appreciation of neural substrates of mindfulness, compassion and empathy, ML trains us in a practical skill that allows greater capacity to be present for another as well as ourselves.

By training caregivers in the practical benefits of mindfulness, and by mediating the effects of suffering we meet at End-of-Life, ML can help develop a non-judgmental and compassionate quality of awareness, making it possible for a caregiver to be present in an unmediated way for a patient.

This workshop will include mindfulness practice and exercises designed to help us recognize our listening “style.” ML can transform our style of listening into a being-with-patients in a way that can foster interconnectedness between oneself and others, an increased sense of meaningfulness in our work, and greater psychological resilience and well-being in our practice of caring at end-of-life.

*Workshop Stream: Volunteer and Interdisciplinary*

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**Sunday, April 10, 2011**

**4:00 – 5:15 pm**

**Series 200**

### **Session 201: When Does a Therapeutic Relationship Cross Boundaries (Part 2)**

*(Continuation of Session 101)*

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### **Session 202: Creating an Integrated Hospice Palliative Care System in Ontario**

**Julie Darnay**, HBA, MEd, Consultant to the Quality Hospice Palliative Care Coalition of Ontario (QHPCCO), Toronto, ON

**Andrea Martin**, RN, Director, Waterloo Wellington Hospice Palliative Care Network, Kitchener, ON

The Quality Hospice Palliative Care Coalition of Ontario (QHPCCO) presents their updated work in the preparation of three critical documents to create an integrated hospice palliative care system in Ontario. These reports are the result of many months of development, and represent the collaboration and partnership of multiple stakeholder associations throughout the province that recognize the value of HPC.

Never in the history of this province has there existed such agreement and alignment among stakeholders across the continuum of care regarding the needed next steps in the health care system for HPC. These reports collectively provide recommendations to the Ministry of Health and Long-Term Care to achieve significant progress in HPC within the province of Ontario; a System Design Framework, adopted by the coalition to guide this work; as well as the evidence to show that quality HPC is not only desirable to those dying and their families, but is critical in providing a quality health care system that is cost-effective and responsive to the needs of the people it serves.

*Workshop Stream: Leadership*

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### **Session 203: How ESAS Symptom Clusters Inform Service Delivery Planning**

**Marissa Slaven**, MD, Palliative Care Consultant, Supportive Care, Hamilton Health Sciences and the Juravinski Cancer Centre, and Co-Medical Director, Dr. Bob Kemp Hospice, Hamilton, ON

**Colleen Lynas**, MSW; **Jacob Merritt Szereszewski**

Over 18000 patient visits occur annually at our regional cancer center. Patient disease burden is carefully measured using history, disease scales, and imaging modalities. Far less time is spent evaluating patient symptomatology, and resources needed to effectively address patient symptoms. Recognizing this deficit, Ontario has mandated performance of Edmonton Symptom Assessment Score for all cancer patients.

This tool is a validated measure of patients experience of symptoms. Each of the ten questions has a linear scale where a score of 0 represents best and 10 represents worst symptom experience. The best possible total ESAS score is 0 and the worst possible score is 100. Because all symptoms on the ESAS are addressed by our palliative care interdisciplinary team, we analyzed ESAS data to better understand symptom burden and its implications for resource and staffing needs.

We analysed all ESAS (n = 1542) scores at our cancer center for a six month period from January 1, 2010 to June 30, 2010. Overall, 90.6% patients had mild symptoms (score 0-40), 9.0% moderate symptoms (score 41-69), and 0.4% severe symptoms (score 70-90). Among the subset of patients referred to our Palliative Care Service (n = 867), 74.5% had mild symptoms, 24.3% had moderate symptoms, and 1.2% had severe symptoms. We looked for statistical correlation between scoring categories and demographics, to help understand at risk groups. A secondary question of this study was to examine if the ESAS score for overall well being could be used as a sentinel indicator of symptom burden. We found correlation to both total score and peak score.

*Workshop Stream: Clinical (Intermediate); Research and Development*

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### **Session 204: Quality Improvement in Palliative Care: Defining Issues, Defining Strategies (Part 2)**

*(Continuation of Session 104)*

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## **Session 205: Why Did Mommy Die? How to Respond to Children's Questions about Health, Illness and Death**

**Adam Rapoport**, MD, FRCPC, MHSc., Associate Staff, Division of Pediatric Medicine, The Hospital for Sick Children; Pediatric Palliative Care Consultant, Max and Beatrice Wolfe Children's Centre, Temmy Latner Centre for Palliative Care, Mount Sinai Hospital, Toronto, ON

**Heather O'Brien**, BA, CLSt. Dip, CCLS, Max and Beatrice Wolfe Children's Centre, Temmy Latner Centre for Palliative Care, Mount Sinai Hospital, Toronto, ON

Children who have experienced the death of a sibling or parent may have many unanswered questions that could impact their grieving process. A child's understanding of health, illness and death is related to their developmental stage and life experience, with an abstract appreciation of these concepts typically achieved by adolescence. When thrust into a situation where he or she must contemplate these issues, a child will create their own explanations if the information is not readily available or it is provided in a developmentally inappropriate manner. Unfortunately, when left to their own devices children often rationalize death and illness through self-blame or as a punishment for their thoughts or behaviours. As a result, feelings of responsibility and guilt are not uncommon. This workshop will teach participants how to answer children's questions about terminal illness, dying and death using developmentally appropriate language. Responses to both medical and existential questions will be explored, with a focus on approach rather than specific answers.

The workshop will open with a brief description of the children's grief program offered at the Max and Beatrice Wolfe Children's Centre, and Camp Erin Toronto, a newly established summer camp for bereaved children. A general overview of children's grief, including identified barriers and relevant theory will be presented. The bulk of the presentation will involve interactive discussion around actual questions that we have been asked by bereaved children. This session was offered at last year's conference and is being brought back by popular demand.

*Workshop Stream: Spirituality, Bereavement and Psychosocial and Clinical (Intermediate)*

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## **Session 206: "Lucy's Journey": Benefits of Early Referral to Hospice Programming**

**Benedette McNeil**, Stedman Community Hospice, Brantford, ON

**Cheryl Moore**, Executive Director, Stedman Community Hospice, Brantford, ON

This session will follow the journey of Lucy through the last 2 years of her life. The role that Stedman Community Hospice played in her and her families end of life journey. Lucy had been living with Breast Cancer for the past 8 years when she first walked through the doors of the hospice. Her husband had been diagnosed 3 months previous with Pancreatic Cancer and was being admitted for end of life care to our residential care program. After the death of her husband Lucy joined the Widow to Widow bereavement group as well as the patient day wellness program. As her condition deteriorated she needed symptom management support the Outreach team became involved in her care giving her the best quality of life until she needed admission for end of life care and was admitted to one of the hospice's residential care beds. After her death her family accessed both individual and group bereavement programs. Early intervention in her end of life journey enabled our hospice family to support her as she encouraged other day program patients, we assisted her in her advanced care planning, supported her caregivers and family to allow her quality of life to remain at home until the last 3 days of her life then was admitted to the hospice a caring and familiar place for Lucy to die.

*Workshop Stream: Interdisciplinary*

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## **Session 207: Complementary Therapy Standards**

**Marianne Tavares**, MSc (Rehabilitation Counselling), Certified Aromatherapy Health Professional, Complementary Therapy Consultant; and Chair, HAO Complementary Therapies Working Group, Hospice Association of Ontario, Toronto, ON

**Cindy Webber**, Program Resource Coordinator, Serenity House Hospice, St. Thomas, ON

The Hospice Association of Ontario has developed Standards for Complementary Therapy for use in Hospices. Work on the standards began in response to inquiries from HAO members for such a document. A Complementary Therapy Working Group was formed in June 2010 and tasked with developing standards for complementary therapy programs. The final review process will be completed in March 2011. This presentation will give an overview of complementary therapy programs provided by HAO member organizations and the process employed to develop the standards. The workshop will also review the standards and present the mentorship program being developed by HAO to support members in adopting the standards. There will be ample time for questions and discussion.

*Workshop Stream: Spirituality, Bereavement and Psychosocial*

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## **Session 208: The Vision and Values of Volunteers in Hospice Palliative Care: Sustaining WILLPOWER and WAYPOWER**

**Eugene Dufour**, Hospice Palliative Care Consultant, STAR Family Health Team, St. Marys, ON

This workshop is geared toward the hospice palliative care volunteer and Volunteer Coordinators. Participants in this workshop will identify their own personal vision and values of hospice palliative care and how it influences them being a care partner. Sometimes will power is not enough to sustain us as care partners and we need to focus on “way power”. Participants will leave with practical tools on how to be a care partner based on their own unique vision and values of hospice palliative care. Special attention will be directed on how volunteers can assess their own compassion fatigue and how to build up their compassion satisfaction.

*Workshop Stream: Volunteer*

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## **Session 209: Mindful Listening at End of Life (Part 2)** *(Continuation of Session 109)*

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**Monday, April 11, 2011**

**10:45 am – 12:00 noon**

**Series 300**

## **Session 301: Better People Management Through Surveying and Action Planning (Part 1)**

**John Yardley**, PhD, President, Metrics@Work, St. Catharines, ON

**Lloyd Cowin**, Executive Director, Roger’s House, Ottawa, ON

This presentation and workshop targets those who manage and work in long-term care and hospice organizations, with an emphasis on nursing and clinical situations, particularly those involved in the development and management of work culture, quality of work life, patient care and outcomes.

Using data collected over the last 10 years by Metrics@Work, Dr. Yardley will provide the audience with applied research results that demonstrate that valued business outcomes, including patient care and safety, are related to work environment and engagement scores. Mr. Cowin, as part of the presentation and workshop will highlight the journey of Roger's House, as it moved from being a better work organization in the Metrics@Work's database to one of the highest scoring. The workshop will be enhanced by the use of "clickers" (Audience Response Technology, similar to those used in "Who wants to be a Millionaire") to ask the audience for their opinions on various important questions arising from the data or from the experiences of Roger's House. It also has value for those who work in strategic positions as we will discuss "strategies" or "frameworks" from which organizational change and development tactics can be implemented to help foster more positive local work environments as well as to understand better practices within one's own organization.

*Workshop Stream: Leadership, Research & Development*

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### **Session 302: Hospice Medical Directors: A New Direction**

**Marissa Slaven**, MD, Palliative Care Consultant, Supportive Care, Hamilton Health Sciences and the Juravinski Cancer Centre, and Co-Medical Director, Dr. Bob Kemp Hospice, Hamilton, ON  
**Samantha Winemaker**, MD, Hamilton Health Sciences and the Juravinski Cancer Centre, Hamilton, ON

The hospice tradition has over a half century history in North American. We find ourselves today on the cusp of a generation who will have significantly increased needs for hospice as well as high standards and expectations. Although goals of hospice are fairly universal, providing best care to those experiencing life threatening illness, the history, development and resulting models have been varied. Physicians have participated in hospice around the continent and even closer at home within our own province in a variety of models. During this workshop we will examine the different models, their strengths and weaknesses and their implications for future directions.

*Workshop Stream: Leadership*

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### **Session 303: Ovarian CA: Malignant Bowel Obstruction and Malignant PSOAS Syndrome**

**Ahmed Jakda**, MD, Palliative Physician, Grand River Regional Cancer Centre, Department of Palliative Medicine, Cambridge, ON

Ovarian Cancer is an insidious and debilitating disease that can present many palliative challenges towards the end of life for our patients and clinicians. As the disease progresses, many symptoms can occur, including fatigue, pain, nausea, and vomiting, and others. A common occurrence is malignant bowel obstruction that can be difficult to manage. This presentation will seek to discuss common causes of malignant bowel obstruction as well as treatment strategies in the palliative setting. A second potentially rare occurrence is malignant psoas syndrome, which is likely commonly unrecognized in our patient population. This presentation will seek to briefly introduce this phenomenon in the hopes of higher detection rates in our clinical practices.

*Workshop Stream: Clinical Practice (Intermediate)*

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### **Session 304: Cancer Pain - New Ideas and Complexity**

**S. Lawrence (Larry) Librach**, MD, CCFP, FCFP, Professor and Head, Division of Palliative Care, Department of Family & Community Medicine, University of Toronto; Director, Temmy Latner Centre for Palliative Care, Mount Sinai Hospital, Toronto, ON

Palliative care is most often involved with cancer patients. The prevalence of cancer pain is over 70% and cancer treatment related pain is emerging as a major issue. Practitioners often have outdated thinking about the mechanisms and management of cancer pain. New information is revolutionizing our thoughts about cancer pain and the new ideas have implications for best practice. This interactive lecture will use cases to frame ideas about cancer pain mechanisms, pharmacogenetics, opioid pharmacology and approaches to complex cancer pain.

*Workshop Stream: Clinical Practice (Advanced)*

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### **Session 305: Compassion Fatigue in Hospice Palliative Care: The Cost of Caring**

**Eugene Dufour**, Hospice Palliative Care Consultant, STAR Family Health Team, St. Marys, ON

Excellence in providing compassionate whole person care is the goal of hospice palliative care. However, there is a physical, emotional and spiritual cost to caring! This workshop will look at the key concepts of Compassion Fatigue and how it affects people involved in hospice palliative care. Participants of this workshop will learn how to assess their own Compassion Fatigue and how to use the Compassion Fatigue Test with co-workers. Participants of this workshop will learn effective ways to deal with Compassion Fatigue and will leave with a tool kit of practical exercises to help cope with Compassion Fatigue. Participants will also learn about the concept of Compassion Satisfaction and how to identify this in their work.

*Workshop Stream: Spirituality/Bereavement/Psychosocial*

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### **Session 306: Developing Aromatherapy in Hospital Palliative Care Unit: An Integrated Approach**

**Marianne Tavares**, MSc (Rehabilitation Counselling), Certified Aromatherapy Health Professional, Complementary Therapy Consultant, York Central Hospital; and Chair, HAO Complementary Therapies Working Group, Hospice Association of Ontario, Toronto, ON

**Brian Berger**, MD, FCFP(C), Cert. American Board Hospice Palliative Medicine, Chief of Continuing Care, Rehabilitation and Palliative Care, York Central Hospital, Palliative Care, Richmond Hill, ON

While complementary therapies are provided in many hospice programs, they are rarely (if at all) provided in hospital palliative care units. Aromatherapy is almost unheard of in health care environments in Ontario, even in hospice programs, yet in the U.K. aromatherapy is the most widely provided therapy in hospice and palliative care. York Central Hospital (YCH) is pioneering the development of aromatherapy in its 15 bed palliative care unit.

This presentation gives an overview of what complementary therapies have been found to be effective for in U.K. palliative care and how YCH is developing the program, using aromatherapy and reiki. The benefits of an integrated approach versus a task oriented approach is discussed. How can an integrated complementary therapies approach help?

Aromatherapy is practiced holistically and clinically. Holistic aromatherapy responds largely to emotional and spiritual needs. In terms of benefits, trends have been identified in the six months' preliminary evaluation. Clinical aromatherapy is the use of essential oils in mouth care, skin care, wound care and respiratory care. This presentation shows how clinical aromatherapy can respond to need and be introduced simply and effectively to assist in symptom management. Sustainability of the program after completion of the pilot is paramount and is explored in the presentation.

*Workshop Stream: Spirituality/Bereavement/Psychosocial, Clinical Practice (Intermediate)*

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### **Session 307: Reviewing Innovative Models of Palliative Care Delivery: Examples from the U.S.**

**Hsien Seow**, PhD, Cancer Care Ontario Research Chair in Health Services Research, Oncology Department, McMaster University, Hamilton, ON

The primary goal of this interactive workshop is to review examples of innovative approaches to delivering palliative care and managing serious, chronic disease. The session will begin with reviewing the settings and ways that palliative care is currently being delivered in Ontario. It will then review some examples of novel innovative approaches to delivering palliative care from the US, as well as report on research evaluating the effectiveness of these models. The session will end with a discussion on whether these models apply to Canada and potential barriers to their implementation. Ultimately by the end, the session will have presented a potential vision for a broader, palliative care system, that incorporates multiple, diverse models of care delivery to meet the diverse needs of patients and the increasing demand for palliative care.

*Workshop Stream: Interdisciplinary, Research & Development*

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### **Session 308: Volunteer Recruitment and Development**

**Michael Lewis**, Managing Director, Michael Lewis Training, Motivation And Development, London, Ontario

You need the resources, time and care of your volunteers to make your program work but you also have to be actively recruiting new volunteers to be there for future program needs. Discover how to build and develop your base of volunteers in this insightful seminar. This session covers recruitment strategies and approaches, interviewing skills and training and development initiatives.

*Workshop Stream: Volunteer*

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### **Session 309: Regional Hospice Palliative Care Program Accountability and Governance Models**

**Beth Lambie**, BSc (PT), Director, Erie St. Clair End of Life Care Network, Sarnia, ON;  
**Ray Berry**, BSc, MD, CCFP, FCFP, ABHPM, Executive Committee Member, Toronto Central Palliative Care Network; Palliative Care Physician of Toronto Rehabilitation Institute; Medical Director of the Bickle Centre and Associate Professor for the University of Toronto, Division of Palliative Care, Toronto, ON; **Cate Root**, RN, CHPC(C), Chief Executive Officer, North Simcoe Muskoka Palliative Care Network, Orillia, ON

This workshop will profile two regional systems of Hospice Palliative Care Program accountability models.

**Beth Lambie** will describe the initiatives of the Erie St. Clair (ESC) Local Health Integration Network (LHIN) region in terms of advancing a cross sector accountability mechanism for Hospice Palliative Care. This region has formalized the accountability mechanism of the ESC End of Life Care Network (EOLCN) to the Local Health Integration Network (LHIN), and created an Advisory Network to inform the ESC LHIN and to serve as a venue for reporting from specific sectors and newly funded initiatives such as Palliative Care Consultation Teams. Preliminary work has begun on a cross sector scorecard/dashboard that will be monitored and reported on an ongoing basis.

**Dr. Berry**, from the Toronto Central Palliative Care Network and **Cate Root**, of the North Simcoe Muskoka Palliative Care Network will provide an overview of their respective regional hospice palliative care network governance and accountability structures and provide details on the accountability the two networks have in relation to the hospice palliative care services providers, LHINs, and other key regional stakeholders.

The presenters will summarize how these governance and accountability structures have impacted hospice palliative care services and system level integration: service delivery, patient traffic patterns, service volumes, funding flows, data reporting and management, and also comment on how this in turn has impacted patient/family outcomes will be made from each region. The two regions will identify critical success factors and limitations of the respective regional models and identify commonalities amongst the three regions and key foundational differences.

This session will have significant relevance in light of the recent Provincial Hospice Palliative Care Coalition report calling for a provincial policy and focused commitment and leadership in hospice palliative care within the province. It provides a preliminary overview of how regional hospice palliative care networks have evolved and where further evolution is required in order to advance gains in quality service delivery and improved patient delivery through integration.

*Workshop Stream: Volunteer*

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**Monday, April 11, 2011**

**1:45 – 3:00 pm**

**Series 400**

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**Session 401: Better People Management Through Surveying and Action Planning (Part 2)  
(Continuation of Session 301)**

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**Session 402: Non-Profit Risk Management - Hospice Insurance Program**

Frank Stigter, B.Eng, Account Executive, Canda BrokerLink, Toronto, ON

This session will provide participants with a better understanding of the insurance requirements for a Hospice. The various sections of the insurance policy will be reviewed, and the requirements a Hospice must have will be discussed. Discussion will also include property, crime coverage, liability, both general and professional, Director & Officers, Employment Practice and Abuse Liability. Participants will learn about the potential expose that a Hospice has and risk management and what Canada Brokerlink as an insurance brokerage can offer.

*Workshop Stream: Leadership*

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**Session 403: Building Life Into a Residential Hospice (Part 1)**  
***Funding and Design/Construction***

**Jim MacKenzie**, Chair, Board of Directors, Hospice Wellington (*Funding*); **John Donato**, President, CRD Construction; **Andre Spekkens**, Chair Building Committee; **Karen Fisher**, RN, BScN, CHPCN, CCHN, Director of Care, Hospice Wellington Residence, Guelph, ON (*Design/Construction*)

Embarking on the concept, funding, design, construction, staffing and operating of a residential hospice is a year long process. Lessons learned and shared from existing hospices are invaluable but each project is unique and thus requires some unique strategies to manage the process. Hospice Wellington Residence in Guelph ON opened June 1<sup>st</sup>, 2010 and has been operating at full capacity since. We would like to share strategies that allowed us to open 'on time and on budget', hire a diversely skilled staff and retain them since opening, and operate at full capacity seamlessly. We will address four (4) key elements of our process toward realizing a residential hospice: funding; design/construction; residential staffing; and interdisciplinary regional referral collaborative.

All speakers represent their participation in the process and can speak to its development, operation and oversight which are integral to the success of the whole. There will be many take-away points from this presentation for all who are either considering opening or expanding a residential hospice, and for those who have already begun their process toward realizing their dream of a residential hospice.

**Part 2 - Continued in Session 503: Residential Staffing and Interdisciplinary Referral Collaborative**

***Participants have the option of attending only Part 1 or Part 2, or both sessions.***

*Workshop Stream: Leadership*

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**Session 404: Management of Pain from Bone Metastases (Part 1)**

**Kristopher Dennis**, MD, FRCPC, Clinical Research Fellow, Sunnybrook Health Sciences Centre, University of Toronto, Toronto, ON

**Carlo DeAngelis**, PharmD, Assistant Professor, Sunnybrook Health Sciences Centre, University of Toronto, Toronto, ON

**Janet Nguyen**, BScH(C), Research Assistant, Rapid Response Radiotherapy Program, Department of Radiation Oncology, Odette Cancer Centre, Sunnybrook Health Sciences Centre, University of Toronto, Toronto, ON

Bone metastases are a common cause of cancer-related pain. They cause significant functional limitation and worsen the quality of life of a significant proportion of patients with cancer. This workshop will explain the known mechanisms through which bone metastases cause pain, with highlights of new research on the etiology and management of neuropathic and breakthrough pains. It will further demonstrate how this research is impacting the practice of palliative radiotherapy for bone metastases. A novel clinical research study investigating the management of incident pain among patients receiving palliative radiotherapy will also be discussed.

The workshop will discuss some clinically relevant basic science research which suggests that some patients may be genetically pre-disposed to higher levels of pain from bone metastases. It will summarize the available local and systemic treatments designed to reduce or prevent pain from bone metastases, and how to gain access to these treatments for your patients. Special attention will be given to chemotherapy and bisphosphonates, opioids and other analgesics, as well as palliative conventional and stereotactic radiotherapy & radiosurgery, radiotherapy re-treatment, radiofrequency ablation, osteoplasty, cryotherapy, high-frequency ultrasound, interventional anaesthesia and palliative neurosurgery.

*Workshop Stream: Clinical Practice, Intermediate, Research & Development*

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### **Session 405: Tackling the Tough Jobs**

**Janet Noble**, MSW, RSW, B.Ed, A.Ed., Director Client Services, HNHB, CCAC, Hamilton, ON  
**Betty Ann Griffiths**, RN, MScN, CON(C), APN Community Palliative Care Team, HNHB, CCAC, Hamilton, ON

“If you want to truly understand something, try to change it.” Kurt Lewin

Nursing is a profession that requires a great deal of individual adaptation due to constant change. Many skills are required in nursing and new situations arise requiring new learning and new skill acquisition. Informal learning strategies to gain required knowledge and skill vary among nurses in active treatment sites and the community. This variation results in less than optimal care delivery and increases risk for situation events. Events, however, serve as catalysts for change. Collaborative partnerships have the ability to change community wide behaviour and population health outcomes (Roussos & Fawcett, 2000).

This workshop will be interactive with three components: (1) a specific event that created an opportunity for change in our community will be outlined; (2) Kotter’s Change Model will be described; and (3) small working groups will use Kotter’s change model as a template to critically analyze a problem and propose a course of action. Please come to the workshop with an identified problem from your workplace or clinical practice.

*Workshop Stream: Clinical Practice, Introductory*

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### **Session 406: When the Arts Shape Therapy: Spontaneous Art Making in Hospice and Palliative Care Settings (Part 1)**

**Alison Jane**, Ph.D., M.A., A.R.C.T., D.V.A.T.I., Art Therapist, Doane House Hospice, Newmarket, ON

Art therapy is one of a continuum of expressive and creative therapies used in the counseling field and in other caring professions. This presentation discusses the interdisciplinary nature of the arts and reveals the healing sources of beauty and hope in creative expression. In particular, it reveals art therapy’s ability to evolve relationships, awaken dormant creative abilities, and develop a new language of self during the grief process.

The workshop includes a presentation of art created in the hospice and palliative care setting under the care of a trained Art Therapist. A wide variety of images have been selected from Programs for tots, children, teens, adults, and seniors. Connections and parallels between the modalities of music, art, and poetry are used to further understand the nature of expression and expressive powers and the surprising and poignant images that emerge in art therapy. Excerpts played from the classical music programs of the Helen Bonny Method of Guided Imagery and Music provide further insights into how aesthetic, structural, and expressive qualities inform and complement the therapeutic process.

*Workshop Stream: Spirituality/Bereavement/Psychosocial*

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### **Session 407: A Tool Kit for Perinatal Hospice: Honouring Precious Lives (Part 1)**

**Lynn Grandmaison Dumond**, RN(EC), MScN, Advanced Practice Nurse, Palliative Care, Children's Hospital of Eastern Ontario (CHEO), Ottawa, ON

**Joanne Doucette**, MSW, RSW, Social Worker, CHEO Palliative Care Outreach Team, Ottawa, ON

**Nora Ulliyot**, BA, CCLS, Child Life Specialist, CHEO Palliative Care Outreach Team, Ottawa, ON

Perinatal hospice is a relatively new frontier in the provision of Pediatric Palliative Care. It is a patient/family centered approach intended to support families (parents/siblings/grand parents/friends) who are expecting the birth of a child with a known potentially lethal diagnosis or life limiting illness whose life expectancy is unpredictable. Perinatal Hospice offers innovative options and precious time for memory making and legacy building.

Pre natal screening and testing has offered the ability to diagnose many lethal and life limiting illnesses early. Parents learn of their child's devastating diagnosis before birth but frequently do not receive the social, emotional and spiritual support necessary to guide them on their journey.

This workshop, presented by an interprofessional pediatric palliative care team, will review the literature and explore the concept and the implications for the interprofessional team. Case studies will illustrate the complex psychosocial, medical and planning needs of the expectant families. Evolving roles and responsibilities of team members will be described with a special focus on supporting workshop participants to integrate learned concepts, skills, and tools into their practice. Outreach, referral, debriefing, and grief and bereavement follow up and future goals will be explored. In addition, the implications for and benefits of inter-program and inter-institutional collaboration will be identified.

*Workshop Stream: Interdisciplinary, Clinical Practice*

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### **Session 408: Your Resiliency Matters! (Part 1)**

**Yvette Perreault**, MA, Director, AIDS Bereavement and Resiliency Program of Ontario, Toronto, ON

Resiliency is the capacity of individuals and groups to move forward with hope, clarity and effectiveness in the face of the loss, complex grief, and ongoing life stressors and transitions related to work in community. Worker resiliency is a key component in sustaining dynamic and responsive service-delivery.

Since 1994, the AIDS Bereavement and Resiliency Program of Ontario (ABRPO), has provided targeted supports to assist workers in identifying and mitigating the stressors associated with loss at work. We focus on the impact of loss, change, transition- not only related to death but to all aspects of human experience and workplace realities.

The Resiliency Map is an example of one of ABRPO's innovative workshop tools (see image attached).

The Map is a 4x4 meter floor cloth, a multi-dimensional tool developed to provide descriptions and comparisons of the unique stress/loss-related challenges and responses faced by workers and community members in this field. It allows people to weave a narrative as they walk their journey with complex stress/loss experiences. The Map creates an opportunity for people to describe their motivation and attachment for involvement, the stressors in the work, balanced by their unique strategies of resiliency. This story telling provides a rich opportunity for individuals to both identify the impact of stressors and share observations about their individual coping strategies. Through this process of identifying current stressors and resiliency, new individual and organizational strategies can emerge based on shared purpose, motivation, and commitment.

*Workshop Stream: Volunteer*

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### **Session 409: Coaching and Evaluating Volunteers**

**Michael Lewis**, Managing Director, Michael Lewis Training, Motivation And Development, London, Ontario

Your volunteers are asked to do so much and to be there for those they support and care for so we must be prepared to equip them with the required skills and abilities. Learn how to coach, mentor, partner your volunteers so they can be empowered and confident in their roles and discover how regular feedback and evaluation not only helps them to improve but can be instrumental in improving your program.

*Workshop Stream: Volunteer*

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**Monday, April 11, 2011**

**3:30 – 4:45 pm**

**Series 500**

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### **Session 501: Implementing a Regional Hospice Palliative Care Program in Ontario Using a Participative Approach: The New Champlain Program As a Case Study**

**Jose Pereira**, MD, MBChB, CCFP, MSc, Interim Medical Lead, Champlain Regional Hospice Palliative Care Program and Bruyère Continuing Care, Palliative Medicine, Ottawa, ON

**Jocelyne Contant** and **Sylvie Lefebvre**, Champlain Regional Hospice Palliative Care Program and Bruyère Continuing Care, Palliative Medicine, Ottawa, ON

The palliative care community in the Champlain LHIN, in collaboration with other partners and stakeholders that included patients and frontline workers, initiated a process in mid 2009 to move towards implementing a Hospice Palliative Care Regional Program. The Champlain LHIN formally approved the program in May 2010 and the Program's Council was instated in November 2010. The LHIN approved an operating budget for the Council with in January 2011.

As one of its priorities, the Council has begun to address the issue of hospice services in the Ottawa area and region. This workshop will describe the development and implementation process of the program, including the extensive community engagement process that occurred. It will share the lessons learned and factors of success as well as the roles and responsibilities of the Program, its council members and office team. The rationale underlying each of these will be discussed as will some of the early priority areas.

*Workshop Stream: Leadership*

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### **Session 502: Canadian Virtual Hospice: Supporting Clinical Excellence in Day-to-Day Practice**

**Brenda Hearson**, RN, MN, CHPCN(C), Clinical Nurse Specialist, Canadian Virtual Hospice, Winnipeg, MB

Increasingly people access the Internet for health information and to connect with others. Likewise, health care professionals access on-line information to support practice. Based on key informant interviews, visitor surveys and web analytics, the Canadian Virtual Hospice (CVH) website has expanded its ability to meet the needs of patients, families, health care professionals, regardless of geography. Combining technological advances and palliative care expertise, the site provides information and support on palliative care and bereavement. This interactive presentation will explore the many new features and the wealth of evidence-based resources on this national bilingual, interactive website to support your day-to-day practice. We will examine the types of questions Canadians are asking, the unique online interdisciplinary collaborative process involved in responding, and the lessons learned related to virtual communication.

*Workshop Stream: Leadership*

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### **Session 503: Building Life Into a Residential Hospice (Part 2 of Session 403) *Residential Staffing and Interdisciplinary Referral Collaborative***

**Peter Spadafora**, MD, MRP, Hospice Wellington and Clinical Committee Member; **Louise Ferguson**, RN and **Meaghan Scowcroft**, PSW, Hospice Wellington Residence;

**Karen Fisher**, RN, BScN, CHPCN, CCHN, Director of Care, and **Roslyn Bentley**, Executive Director, Hospice Wellington, Guelph, ON (*Residential Staffing*)

**Deb Robinson**, MD, MRP, Hospice Wellington Residence; **Kim Carere**, RN, CCAC Palliative Case Manager; **Andrea Clarke**, MSW, Guelph General Hospital Discharge Planning; **Karen Fisher**, RN, BScN, CHPCN, CCHN, Director of Care, Hospice Wellington Residence, Guelph, ON (*Interdisciplinary Referral Collaborative*)

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### **Session 504: Management of Pain from Bone Metastases (Part 2) *(Continuation of Session 404)***

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**Session 505: Plan of Treatment for CPR: Extreme Makeover Using a Management of Change Approach**

**Ida Tigchelaar**, RN, CHPCN(C), Consultant/Educator, Oxford and Elgin Counties, Palliative Pain and Symptom Management, London, ON

**Grace Forget**, RN (EC), Nurse Practitioner, County of Oxford - Woodingford Lodge, London, ON

When the Do Not Resuscitate Confirmation Form was implemented across the province in February 2008, it became apparent that many health care providers were unfamiliar with their obligations under the *Health Care Consent Act, 1996* when discussing choices around CPR with patients. All too frequently, CPR decisions are an item on a routine checklist with little or no due process to ensure that informed consent was actually obtained.

The South West End-of-Life Care Network has endorsed a structured approach (developed in Grey-Bruce and supported by a wide range of experts across the province) which clearly describes the steps health care professionals must take when having discussions about CPR with patients and substitute decision makers. An algorithm identifies who should be involved in the discussion, how the physician's assessment of whether CPR should be offered fits within the process, what constitutes informed consent, what points should be discussed with the person and/or his/her substitute decision maker, and how to resolve conflicts should they arise. The Southwestern Ontario Palliative Pain and Symptom Management Consultation Program and the Network successfully supported an early adopter, Woodingford Lodge in Oxford County, to implement the process. This constituted a major change in practice at this long-term care home. A change management consultant was engaged to help Woodingford with implementation and to develop a set of teaching materials that can be used by other health care organizations adopting the process in the future.

*Workshop Stream: Clinical, Intermediate, Leadership*

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**Session 506: When the Arts Shape Therapy: Spontaneous Art Making in Hospice and Palliative Care Settings (Part 2)**

*(Continuation of Session 406)*

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**Session 507: A Tool Kit for Perinatal Hospice: Honouring Precious Lives (Part 2)**

*(Continuation of Session 407)*

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**Session 508: Your Resiliency Matters! (Part 2)**

*(Continuation of Session 408)*

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## **Session 509: Behavioural Interviewing Skills for Volunteer Coordinators**

**Bruce Wilson**, Vice President, Human Resources, Surrey Place Centre, Toronto, ON

Recruiting the right people is one of the most important decisions you will make as a Volunteer Coordinator. One tool that can assist you in this process is behavioural interviewing. Based on the notion that a candidate's previous behaviours are the best indicators of future performance, behavioural interviews ask candidates to recall specific instances where they were faced with a set of circumstances, and how they reacted. In this session, you will learn the concept and value of behavioural interviewing, how to create behavioural interview questions and how to determine what behaviours you want to test for.

*Workshop Stream: Volunteer*

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## **Session 510: Narrative Therapy and Spiritual Self Care**

**Deb Spear**, MSW, RSW, Social Worker, Hospice, St. Joseph's Care Group, Thunder Bay, ON

Narrative therapy assists the client in reviewing life experiences and sometimes to re-interpret their meaning in a way that invites healing and peace. We will discuss the concepts of narrative therapy in relation to palliative care. You will learn specific tools to help listen to the language that palliative clients use and assist clients to begin a life review that is supportive and healing. We will use handouts, case studies and a *brief* interactive session to provide examples of different types of narrative therapies. All of these examples can be used in any setting of care to invite the client to participate in a life review. Palliative care providers also benefit from understanding their own beliefs which can be influenced by their culture, religion and/or spirituality. Having a good self-awareness can help when a client's story resonates with us in a personal way. Self-care rituals will be discussed.

*Workshop Stream: Spirituality/Bereavement/Psychosocial*

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**Tuesday, April 12, 2011**

**10:15 – 11:30 am**

**Series 600**

## **Session 601: First Year in a New Residential Hospice: Expected or Unexpected Consequences?**

**Rosslyn Bentley**, BA MHSM Dip HEc, Executive Director, Hospice Wellington, Guelph, ON

**Cate Root**, MSc, RN, CHPC(C), Chief Executive Officer, North Simcoe Muskoka Palliative Care Network, Orillia, ON

**Gabrielle Coe**, Hospice Caledon, Bolton, ON

**Maria Badek**, Carefor Health and Community Services, Eastern Counties, Cornwall, ON

The four presenters will provide an overview of their individual organizations and the process of planning, building, opening and operating these new facilities in the first year. Physical design, equipment, staffing levels and function will be discussed. The financial as well as planning strategies will be touched on and the experience of designing opening ceremonies and capitalising on this new asset will be reviewed. The role of strategic partnerships and alliances will also be shared by each presenter and a reflection on key success factors and lessons learned. Statistics demonstrating success such as number of clients served, occupancy rates, average length of stay, and donation levels will be reviewed.

This format of presentation has been a feature at the HAO conference for the past few years and has provided invaluable insights for other organizations in the process of creating, planning, commissioning or expanding.

*Workshop Stream: Leadership*

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### **Session 602: End of Life Care Planning: Resuscitation, Legislation and Regulation**

**Lesley Hirst**, RGN (UK), RN, MN, MSc (c), Advanced Practice Nurse and Executive Director, The Carpenter Hospice, Oakville, ON

We have focused on resuscitation a lot in palliative care. We also focus on getting a DNR Order. What we should be focusing on is the plan of care related to achievable outcomes and the person's wishes. This presentation explains how our regulations and legislation facilitate us to have a treatment plan yet in practice the art of care planning has almost become redundant. It will also explain how local policy often is not congruent with legislation and rather than focus on the best outcomes for the person we focus on completing paperwork. By the end of this session participants should understand how to change their practice to be more person focused and still keep within the law.

*Workshop Stream: Leadership*

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### **Session 603: Palliative Care in the Critical Care Environment**

**James Downar**, MD, MHSc, FRCPC, Palliative Care and Critical Care Physician, University Health Network, Toronto, ON

In this workshop, we will review the practical aspects and challenges facing palliative care practitioners in the critical care environment. We will review the literature around the difficulties involved in prognostication and decision-making for seriously ill patients, and discuss why so many patients die in the ICU. We will explore the literature around communication, and present an "evidence-based" approach to communication with seriously ill patients and their surrogates. Finally, we will discuss some aspects of symptom management that are unique to the ICU.

*Workshop Stream: Clinical Practice (Advanced)*

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### **Session 604: Safety in Home Care: Two Sides of the Coin**

**Lorraine Wood**, MD PhD CCFP, Home Palliative Care Physician, Temmy Latner Centre for Palliative Care, Mount Sinai Hospital, Toronto, ON

**S. Lawrence (Larry) Librach**, MD, CCFP, FCFP, Professor and Head, Division of Palliative Care, Department of Family & Community Medicine, University of Toronto; Director, Temmy Latner Centre for Palliative Care, Mount Sinai Hospital, Toronto, ON

Safety issues are now coming to prominence in the health care system. Much of what is written is about hospital issues in safety and little has been written about safety in home care and very little about issues of safety in providing quality end of life care at home. There is no doubt that safety issues are an issue in delivering home hospice palliative care.

This interactive lecture will review what is known about safety issues for patients, their families and health care providers and use case examples and audience participation to define issues in home care safety, look at methods to delineate and manage safety issues.

*Workshop Stream: Clinical Practice (Intermediate)*

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### **Session 605: Advanced Lung Disease**

**Kristopher Dennis**, MD FRCPC, Clinical Research Fellow; **Florencia Jon**, MRT(T), Radiation Therapist; and **Emily Chen**, BSc(C), Research Assistant, Rapid Response Radiotherapy Program, Department of Radiation Oncology, Odette Cancer Centre, Sunnybrook Health Sciences Centre, University of Toronto, Toronto, ON

**Jennifer Vagenas**, RN, Territory Manager, Medigas  
**Dianne Naiman**, RRT, CMP, Medigas

Locally-advanced lung cancer and lung metastases cause troublesome symptoms including pain, cough, hemoptysis, dysphagia and dyspnea. Radiotherapy is commonly employed to palliate these symptoms. It can be accessed and planned quickly, and delivered over efficient schedules which minimize time commitments and inconveniences for patients. Part 1 of this workshop will describe the logistics of delivering palliative radiotherapy to patients with locally-advanced lung cancer and lung metastases, and summarize the impact of treatment on symptoms and quality of life.

Home oxygen therapy is often prescribed to improve dyspnea in patients with non-malignant advanced pulmonary disease. Part 2 of this workshop will describe the indications for home oxygen, demonstrate the equipment used in home therapy, summarize the impact of therapy on patients' symptoms, and explain how to access home oxygen therapy for your patients.

*Workshop Stream: Clinical Practice (Intermediate), Research & Development*

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### **Session 606: "Brush Up on the Basics": Mouth Care at the End-of-Life**

**Teri Crockford**, RN, BScN, MS, CHPCN(c), Clinical Nurse Specialist, Dr. Bob Kemp Center for Hospice Palliative Care, Hamilton, ON  
**Karen Kiely**, Registered Dental Hygienist, Dundas, ON

If your eyes are the windows of your soul, your mouth can be considered the gateway to underlying health, social issues and inadequacies in patient care. Through a unique interdisciplinary approach, some of the obstacles and benefits, perceived and real, in performing mouth care at the end of life will be explored. The common tools used in providing mouth care will be identified, as well as a "hands on" lesson in assessing and performing mouth care for palliative patients in a residential hospice setting.

*Workshop Stream: Clinical Practice (Intermediate)*

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## **Session 607: Walking with Forgiveness: Assisting Your Client with Anger, Guilt and Shame**

**Eugene Dufour**, Hospice Palliative Care Consultant, STAR Family Health Team, St. Marys, ON

As caregivers working with hospice palliative care and bereavement clients and family members we often encounter individuals that need to be forgiven or give forgiveness to others. These individuals and family member are overwhelmed with the strong emotions of shame, guilt and anger. Often, these individual and family members feel stuck and do not know how to give or receive forgiveness. This workshop will present current thinking and practices on how to receive and give forgiveness. The Four Guidepost Model will be presented as a tool to work with clients. There are four phases to this model: Phase One – Understanding Anger, Phase Two – Deciding to Forgive, Phase Three – Working on Forgiveness and Phase Four – Discovery and Release From Emotional Prison. Participants will learn how to apply this model with individuals that they journey with. Participants will leave with practical tools that will help identify shame and guilt, eliminate anger and facilitate forgiveness.

*Workshop Stream: Spirituality/Bereavement/Psychosocial*

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## **Session 608: The CALM Technique - Diffusing Difficult and Charged Situations**

**Daphna Grossman**, MD, CCFP(EM),FCFP, Palliative Care Physician, Baycrest Centre for Geriatric Care, Palliative Care Unit, Toronto, ON

**Jennifer Kolari**, MSW, RSW, Social Worker, Baycrest Centre for Geriatric Care, Palliative Care Unit, Toronto, ON

Physicians are faced with the challenging task of guiding patients/families through the process of making difficult decisions. These situations are exacerbated when patients/families are anxious or angry. This interactive workshop will teach the CALM technique, a powerful communication tool, involving body language, voice and choice of words to match the urgency of the message our patients/families are trying to convey. This allows them to feel truly understood and therefore to become more receptive to the information being communicated. This technique will improve our communication skills and allow us to have positive interactions with our patients, families and co-workers.

*Workshop Stream: Interdisciplinary, Clinical Practice (Introductory)*

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**Session 609: Last Rights: Reasonable Religious Accommodation at End of Life**

**Klara Siber**, MDiv, MHSc (Bioethics), Spiritual Care Professional, Sunnybrook Health Sciences, Critical Care, Toronto, ON

Toronto is one of the most religiously diverse cities in the world. As the city's population diversifies and ages, standards for reasonable accommodation of healthcare for religious groups has become increasingly important for patients and healthcare professionals. Religious beliefs play a key role in how decisions are made at end-of-life. The objectives of the workshop are: 1) present how religious beliefs impact decision making at end-of-life; 2) examine challenges and ethical issues related to religious accommodation; and 3) invite discussion around the role of spiritual care professionals in developing guidelines for religious accommodation in a diverse healthcare system.

*Workshop Stream: Spirituality/Bereavement/Psychosocial, Clinical Practice, Leadership*

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**Workshop speakers bios are included on the Program page of the Conference Website**

[www.hpconference.on.ca](http://www.hpconference.on.ca)

## ORAL PAPER PRESENTATIONS

Sunday, April 10, 2011	Concurrent Session 110	2:15 - 3:30 pm
<p><b>Paper 1</b></p> <p><b>2:15- 2:35</b></p>	<p><b>Affordable Home-Based Palliative Care Service Delivery: A Resource Utilization and Cost Analysis of Niagara West End of Life Project in Ontario</b></p> <p><i>Primary Author:</i>  <b>Christopher Klinger</b>, MPA, Graduate Student, Health Policy, Management and Evaluation (HPME), University of Toronto, Toronto, ON</p> <p><i>Co-Authors:</i>  <b>Doris Howell</b>, PhD., University of Toronto, Lawrence S. Bloomberg, Faculty of Nursing, Toronto; <b>David Zakus</b>, PhD., Canadian Public Health Association, Ottawa, ON;  <b>Denise Marshall</b>, MD, McMaster University, Division of Palliative Care, Hamilton, ON;  <b>Kevin Brazil</b>, PhD., McMaster University, Department of Clinical Epidemiology and Biostatistics, Hamilton, ON;  <b>Michelle Howard</b>, PHD, McMaster University, Department of Family Medicine, Hamilton, ON;  <b>Alan Taniguchi</b>, MD, McMaster University, Department of Family Medicine, Hamilton, ON;  <b>Raisa Deber</b>, PhD., University of Toronto, Department of Health Policy, Management and Evaluation, Toronto, ON.</p> <p><b>Abstract</b></p> <p><b>Background:</b>            With further emphasis being placed on the economics of health care service delivery, the case study describes resource utilization and costs of enhanced home-based palliative care service delivery across disease trajectories under a shared-care approach in the Niagara West region.</p> <p><b>Method:</b>            Patient-level data from the Enhanced Palliative Care Team (EPCT), the Community Care Access Centre (CCAC) - responsible for client service planning, case management and brokerage of community services - and family physicians/Family Health Teams as well as hospitalizations at the local community hospital were combined and analyzed.</p> <p><b>Results:</b>            Of the 95 patients admitted to the demonstration program, 60 (63%) died, 28 (30%) remained alive at the end of the 15 months study period, 5 (5%) became ineligible/were transferred to long-term care and 2 (2%) withdrew. Average length of stay was 145 days (Cancer: 140 days, Non-Cancer: 182 days). Total costs of the program were \$1,625,658.07 (\$ 17,112.19 per patient/\$ 117.95 per patient day). The costs of EPCT services were \$ 230,932.08 (14%), mainly for additional shift nursing, equipment, and consultant visits. 34 (36%) of patients took advantage of psycho-social counseling, 56 patients and their families (59%) accessed bereavement care.</p> <p><b>Discussion:</b>            While EPCT service utilization varied significantly between patients and disease trajectories, the costs of service provision were well within the parameters of the (US) Medicare Hospice Benefit – even in this less urban region.</p> <p><b>Conclusion:</b>            The enhanced home-based palliative care approach taken in the project is cost effective compared to long-term or hospital-based care for both cancer and non-cancer patients.</p> <p><b>Funding:</b>            Funding for the demonstration project was provided by Health Canada under the provincial envelope of the Primary Health Care Transition Fund (PHCTF).</p>	

**Paper 2**

**2:40 - 3:00**

**Not on My Watch: Nurses' Experience of Decision-Making Concerning Administration of PRN Anti-Seizure Medications to Children with a Long-Term Seizure Disorder Receiving Palliative Care**

Primary Author:

**Judy Rashotte**, RN, MScN., PhD, Director of Nursing, Research & Knowledge Transfer Consultant, Children's Hospital of Eastern Ontario, Ottawa, ON (CHEO)

Co-Authors:

**Judy King**, PhD, MHSc, BHSc PT, Physiotherapy Program, School of Rehabilitation Sciences, Faculty of Health Sciences, University of Ottawa, Ottawa, ON;

**Margot Thomas**, RN, MScN, CNCCP(C), Children's Hospital of Eastern Ontario, Ottawa, ON;

**Betty Cragg**, RN, PhD, School of Nursing, Faculty of Health Sciences, University of Ottawa, Ottawa, ON;

**Regis Vaillancourt**, OMM, CD, B. Pharm., Pharm. D., FCSHP; Children's Hospital of Eastern Ontario, Ottawa, ON.

**Abstract**

**Background:**

Parents are responsible for providing the care that in the past would have been carried out by healthcare providers. This evolution has created new challenges in the roles of, and relationships between, parents and nurses. One area of tension concerns the decision to administer PRN anti-seizure medications to children in the palliative care setting.

**Study Objective:**

The purpose of this study was to explore the nature of nurses' and parents' decision-making related to the administration of PRN anti-seizure medications to children living with a long-term seizure disorder in a palliative care program.

**Method:**

Interpretive phenomenology based on van Manen's approach was used. Six nurses and 9 parents of children with long-term seizure disorders cared for in one Ontario paediatric palliative care centre, all of whom had administered PRN anti-seizure medication(s), participated in in-depth interviews.

**Results:**

"Not on my watch" is the overarching theme in which nurses engage in bearing witness, creating connectedness, being on the alert, being attentive, and finding the morally right thing to do in each seizure situation in such a way that "in the absence of parents, parental care happens." The themes, "marking time", "being in the know", "seeking the comfort zone", and "making the decision", explicate this.

**Conclusions:**

These findings advance our understanding of the nursing moral imperative that is embedded in a philosophy of enhancing partnerships with parents of children within a palliative care setting and increase our sensitivity to nurses' distress when they cannot embody it when administering PRN anti-seizure medications.



	<p>The presentation will outline the rationale in the development of a regional index, the scope used to determine the parameter of the development of a regional index, the guiding principles identified to develop the index, the benchmarks, references and comparators used to identify a preliminary list of indicators and the criteria used to finalize a relevant list of regional indicators.</p> <p>In addition, an examination of the performance domains and indicators will be provided: definition, formula, context, and limitations. The presentation will provide a summary of the data reported by the region in 2010 and corresponding context. Updates on anticipated progress for 2011 data reporting will be provided. The presentation will recount the lessons learned by the Network in the development, collection, analysis and reporting the indicators. Lastly, a conversation with the audience will be undertaken to discuss the limitations of the indicators, identification of other indicators for public reporting consideration (i.e., clinical quality and safety indicators), drivers and opportunities for regional and national benchmarking (including the possible impact of the proposed legislation, Excellent Care for All Act), and data reporting challenges within the hospice palliative care field and within the region.</p>
<p><b>Paper 2</b></p> <p><b>4:25 - 4:45</b></p>	<p><b>Ontario's Integrated Client Care Project</b></p> <p><i>Primary Author:</i>  <b>Deborah Sattler</b>, Team Lead, Ministry of Health and Long-Term Care, Health System Strategy Division, Health Program Policy and Standards Branch, Long-Term Care and Community Care Unit, Toronto, ON</p> <p><b>Abstract</b></p> <p>Imagine a health system that is organized around clients and their caregivers, that proactively responds to the varying types and levels of health and psycho-social needs of palliative clients in order to enable them to receive care and support in their preferred setting that is delivered through collaborative care partnerships, that measures results, that incents quality, excellence in delivery, innovation, and that is governed in a manner that drives continuous improvement for clients, caregivers and health system performance. This is the system being imagined through Ontario's Integrated Client Care Project (ICCP). The (ICCP) is developing and implementing integrated models of care that organize care around key client groupings, with an initial focus on home care. This innovative care delivery model has established six aligned elements for transformative change: specialized case management; coordinated assessment; system navigation plus clinical care coordination across the health system for complex clients; integrated home care clinical service delivery; clinical best practice; and alternate payment models. In addition to having already launched early implementation sites across the province focusing on wound care, palliative care sites will be launched this winter and sites focused on frail elderly and medically complex children will be launched in spring 2011. Given this timeline, presenters will be able to report on the care delivery model to support palliative clients at home.</p>
<p><b>Paper 3</b></p> <p><b>4:50 - 5:10</b></p>	<p><b>Moral Conflict Experienced by Health Care Providers Caring for the Terminally Ill</b></p> <p><i>Primary Author:</i>  <b>Kevin Brazil</b>, PhD, Professor, McMaster University, Division of Palliative Care, Department of Family Medicine, Hamilton, ON</p> <p><i>Co-Authors:</i>  <b>Sharon Kassalainen</b>, PhD, School of Nursing, McMaster University, Hamilton, ON;  <b>Jenny Ploeg</b>, PhD, School of Nursing, McMaster University, Hamilton, ON;  <b>Denise Marshall</b>, MD, Division of Palliative Care, Department of Family Medicine, Hamilton, ON</p>

**Abstract**

Health care providers regularly encounter situations of moral conflict and distress in their practice. Moral distress may result in unfavourable outcomes for both health care providers and those in their care.

The purpose of this study was to examine the experience of moral distress from a broad range of health care occupations that provide home-based palliative care.

Identifying the antecedent conditions for moral distress in the practice of community palliative care represents the initial step of addressing the issue. A qualitative, descriptive study was conducted. A critical incident approach was used in the interviews to elicit the healthcare provider's experiences on moral distress. Five home visiting organization in south central Ontario, Canada, participated in the study resulting in eighteen health care workers who completed individual interviews. Most participants described at least two critical incidents in their interview generating a total of 47 critical incidents.

Analyses of the critical incidents revealed 11 issues that triggered moral distress which clustered into three themes, a) the role of informal caregivers, b) challenging clinical situations and c) service delivery issues. The findings suggest that the training and practice environments for health care providers need to be designed to recognize the moral challenges related to day-to-day practice.

**Monday, April 11, 2011**

**Concurrent Session 310**

**10:45 - 12:00 noon**

**Paper 1**

**10:45 - 11:05**

**Development of a Workshop to Integrate Heart Failure and Hospice Palliative Care**

*Primary Author:*

**Cathy Joy**, BSc.N, CHPCN(C), Palliative Care Consultant, HPC Consultation Services, Waterloo Region, Kitchener, ON

*Co-Authors:*

**Patricia H. Strachan**, RN, PhD, McMaster University, Hamilton, ON;

**Jeannine Costigan**, RN (EC), M.Sc.N. NP, St. Mary's General Hospital, Kitchener, ON.

**Abstract**

Heart failure (HF) affects more than 400,000 Canadians, with over 50 000 new cases occurring annually. Death from HF may be sudden or occur following a progressive decline punctuated by periods of acute exacerbation. Evidence clearly reflects that patients with advanced HF who continue to deteriorate despite treatment optimization require supportive care that crosses traditional disease specific disciplinary boundaries to ease their suffering. Subsequently, there is a need to integrate knowledge and skills related to the care of patients with advanced HF with current pain and symptom management provided by community-based health professionals. Guided by the CIHR Knowledge to Action Cycle we developed an interprofessional workshop to assist health professionals from Long Term Care and community settings to understand HF-specific issues and consider their integration into the end-of-life care of patients with advanced HF.

Following a literature review, issues relevant to the provision of end-of-life care in HF were identified. An environmental scan of the local health care context was completed and facilitators and barriers to a knowledge intervention were identified. We used adult education and community engagement principles to guide workshop delivery. We report here regarding the workshop development, delivery and evaluation. We will discuss key factors to the success of this workshop, identified learning needs of participants and lessons learned. Refinements for future testing of this intervention will be presented. This workshop could be used as a template to integrate care related to HF and/or other life-limiting chronic illnesses into hospice palliative care that is offered or could be developed in other regions.

**Paper 2**

11:10 - 11:30

**Clinical Factors Impacting Accuracy of Clinician’s Estimate of Survival in Patients with Advanced Incurable Diseases**

*Primary Author:*

**Audrey Kim**, BSc, Research Assistant, Sunnybrook Health Sciences Centre, Palliative Care Consult Team, Toronto, ON

*Co-Authors:*

**Debbie Selby**, MD; **Ashlinder Gill**, MSc (C); **Anita Chakraborty**, MD; **Tammy Lilien**, BA; **Jeff Myers**, MD, Palliative Care Consult Team, Sunnybrook Health Sciences Centre, Toronto, Ontario.

**Abstract**

**Context/Objective:**

Estimated survival is a critical element of informed decision making. A clinician’s estimate of survival (CES) considers clinical and subjective assessments, and has been reported to be an independent predictor of actual survival (AS) duration. This study aimed to examine clinical factors that impact CES accuracy in patients with advanced incurable diseases.

**Methods:**

This retrospective cohort study consisted of patients (n=1835) seen by the Palliative Care Consult Team at Sunnybrook Health Sciences Centre (Toronto, Ontario) from January 1, 2007 – June 30, 2009. At the initial consult, CES for each patient was represented by a time-based category i.e. <24hours, 1-7 days, 1-4 weeks, 1-3 months, 3-6 months, 6-12 months or >12 months. CES, AS, and clinical factors (age, gender, Palliative Performance Scale (PPS), underlying diagnosis, presence/absence of liver metastases) were compared for accuracy and high association with AS.

**Results:**

Overall accuracy was poor (34%) with a tendency to overestimate prognosis (51%). Age, location of consult (inpatient/outpatient), and underlying diagnosis did not affect accuracy. PPS and gender were significantly associated with accuracy where males, and PPS 10-30 or >70 were more likely to have an accurate CES. CES of <24hours and 1-7 days were significantly more likely to be accurate than other prognostic categories. CES between 1 and 12 months were significantly less likely to be accurate than other prognostic categories.

**Conclusions:**

Palliative care providers consistently overestimated survival, and were particularly poor for estimates between 1-12 months and patients with PPS 40-60. Strategies are needed to improve accuracy within these groups.

**Paper 3**

11:35 - 11:55

**Implementation and Evaluation of a Quality End-of-Life Care Protocol in a Tertiary Care Academic Health Sciences Centre**

*Primary Author:*

**Alan Taniguchi**, MD, CCFP, FCFP, Assistant Professor, McMaster University, Departments of Family Medicine, and Division of Palliative Care; Hamilton Health Sciences, Hamilton, ON

*Co-Authors:*

**Andrea Frolic**, PhD, Hamilton Health Sciences, Hamilton, ON;

**Cynthia Cupido**, MD, FRCPC, FAAP, Department of Pediatrics, Division of Pediatric Critical Care, McMaster University; McMaster Children's Hospital; Hamilton, ON;

**Kevin Brazil**, PhD, Departments of Family Medicine, and Division of Palliative Care, Hamilton, ON;

**Michelle Howard**, PhD, Departments of Family Medicine, and Division of Palliative Care, Hamilton, ON.

**Abstract**

**Background:**

The City of Hamilton, Canada (population 550,000) is an academic teaching centre with a network of hospitals, serving an area with a population of 2.3 million. For patients who die in hospital, there are often no clear end-of-life care plans documented. A Quality End-of-Life Care program was developed to assist staff in adopting more proactive end-of-life care planning. The program is being delivered in three hospitals, and consists of educational in-services on the implementation and application into clinical practice of a tool (POST-Physician's Orders for Life-Sustaining Treatment), coupled with interactive discussions to promote problem-solving and with the provision of educational resources and learning modules.

**Objective:**

The objectives of the program are to increase the frequency with which clinicians engage patients and families in discussions about end-of-life care; to increase documentation of end-of-life care wishes using the tool; to understand the barriers and successes in implementing the new system; and to examine family-member satisfaction with end-of-life care.

**Methods:**

Charts of deceased patients are being audited to assess uptake of the tool, and next-of-kin are being surveyed to assess their perceptions of quality of end-of-life care. Qualitative focus groups with staff are being conducted to understand the process of implementing the program.

**Results:**

To date, over 800 charts have been audited and the rate of POST use has climbed to 52% over 8 months. Data collection and analyses are ongoing.

**Application:**

This program will provide a model that can be transferred to other settings to improve the care of dying patients.

<p><b>Paper 1</b> 1:45 - 2:05</p>	<p><b>Barriers Toward Acceptance of Complementary and Alternative Medicine on an In-Patient Geriatric Palliative Care Unit</b></p> <p><i>Primary Author:</i> <b>Cindy Grief</b>, MD, MSc, FRCP(C), Geriatric Psychiatrist, Psychiatry Department, Baycrest Hospital, Toronto, ON</p> <p><i>Co-Authors:</i> <b>Daphna Grossman</b>, MD, CCFP(EM), FCP, Baycrest Hospital, Toronto, ON; <b>Alison McCordick</b>, BAH, MSc, OT, Baycrest Hospital, Toronto, ON; <b>Linda Mah</b>, MD, MH Sc, FRCP(C), Baycrest Hospital, Toronto, ON.</p> <p><b>Abstract</b></p> <p><b>Objectives:</b> Terminally-ill older adults experience a number of significant physical and psychosocial issues, which are not always adequately addressed by Western medicine. Although complementary and alternative medicine (CAM) has well-established acceptability and effectiveness in the younger terminally ill population and in the care of acutely- and chronically-ill older adults, whether CAM is a viable treatment modality in addressing the needs of the terminally ill geriatric population is currently unknown. In the current study, we sought to identify potential barriers to the acceptance of CAM modalities by older adults on an inpatient geriatric palliative care unit (PCU), as well as their substitute decision-makers (SDMs).</p> <p><b>Methods:</b> Ten patients 55 years and older with Palliative Performance scores greater than or equal to 40 were recruited from Baycrest's PCU along with their SDMs. Patients completed self report questionnaires. These included a questionnaire evaluating previous experiences with and attitudes towards CAM, a demographic questionnaire, the Modified Edmonton Symptom Assessment System, the Hospital Anxiety and Depression Scale, and the Patient Dignity Inventory.</p> <p><b>Results:</b> The results showed half of the patients had tried CAM previously with prayer being the most common modality. Barriers to recruitment included symptom burden and hopelessness about treatment.</p> <p><b>Conclusion:</b> This paper presentation will further detail the findings from this study. Barriers for patients in accepting CAM treatment modalities on a geriatric palliative care unit will be discussed, as well as the possible systemic barriers inherent in undertaking such a study. Potential influences of medical and psychosocial factors will be examined.</p>
<p><b>Paper 2</b> 2:10 - 2:30</p>	<p><b>Providing Care Together: Impact of Interdisciplinary Meetings on Volunteer Service Utilization</b></p> <p><i>Primary Author:</i> <b>Alexandra McKenna</b>, M.Sc., Coordinator of Volunteers, Hospice Volunteer Services, VON Canada – Ontario Branch, Hamilton Site, Community Support Services, Hamilton, ON</p>

	<p><b>Abstract</b></p> <p><b>Background:</b> This session will focus on information gathered by the Hospice Volunteer Service, provided by VON Hamilton at the Hamilton, Ontario site. In this service, volunteers are matched with a client, who has a life-threatening illness, their caregivers and loved ones. Volunteers visit weekly and provide emotional support and/or caregiver respite. The Coordinator of Volunteers for this program has been involved in interdisciplinary meetings for the geographic area of East Hamilton/Stoney Creek since February, 2009. These interdisciplinary meetings invite all members of the palliative care team to take part, such as physicians, rehabilitation professionals, nurses, coordinators of volunteers and psychosocial/spiritual clinicians. These “client rounds” take place bi-weekly, and allow health care providers to discuss client cases together, to improve quality of life for the client and their loved ones.</p> <p><b>Purpose:</b> To demonstrate the influence of the involvement of the Coordinator of Volunteers, Hospice Volunteer Service, in interdisciplinary client rounds on professional awareness of available volunteer services and on client referrals.</p> <p><b>Methods:</b> Referrals to the Hospice Volunteer Service and Bereavement Support Services are recorded for any client who receives volunteer service. Referrals were analyzed by referral source and geographic area, and compared over two time periods: pre- and post-implementation of interdisciplinary meetings.</p> <p><b>Conclusions:</b> The Hospice Volunteer Service receives client referrals from a variety of sources, including CCAC case managers, nurses, social workers, spiritual care advisors, caregivers, and the client his/herself. This presentation will demonstrate the increase in services that clients facing life-threatening conditions access due to discussions at the interdisciplinary team.</p>
<p><b>Paper 3</b></p> <p><b>2:30 - 2:55</b></p>	<p><b>The Spirit of Palliative Care</b></p> <p><i>Primary Author:</i> <b>Adrienne Penderell</b>, MD, MScN, CCFP, Community Palliative Care Consultant, East End Hamilton/Stoney Creek Enhanced Shared-Care Team, HNHB Organization of Palliative Care Physicians/Service Enhancements (HOPE) Group, Hamilton, ON; Assistant Clinical Professor, Division of Palliative Care, Department of Family Medicine, Faculty of Health Sciences, McMaster University, Hamilton, ON.</p> <p><i>Co-Author:</i> <b>Kevin Brazil</b>, PhD, Director, St. Joseph's Health System Research Network, Hamilton, ON; Professor, Department of Clinical Epidemiology and Biostatistics, Faculty of Health Sciences, McMaster University, Hamilton, ON</p> <p><b>Abstract</b></p> <p><b>Objective:</b> Much is known about the important role of spirituality in the delivery of multidimensional care for patients at the end of life. Establishing a strong physician–patient relationship in a palliative context requires physicians to have the self-awareness essential to establishing shared meaning and relationships with their patients. However, little is known about this phenomenon and therefore, this study seeks a greater understanding of physician spirituality and how caring for the terminally ill influences this inner aspect.</p>

**Method:**

A qualitative descriptive study was used involving face-to-face interviews with six practicing palliative care physicians.

**Results:**

Conceptualized as a separate entity from religion, spirituality was described by participants as a notion relating to meaning, personal discovery, self-reflection, support, connectedness, and guidance. Spirituality and the delivery of care for the terminally ill appeared to be interrelated in a dynamic relationship where a physician's spiritual growth occurred as a result of patient interaction and that spiritual growth, in turn, was essential for providing compassionate care for the palliative patient. Spirituality also served as an influential force for physicians to engage in self-care practices.

Significance of results: With spirituality as a pervasive force not only in the lives of palliative care patients, but also in those of healthcare providers, it may prove to be beneficial to use this information to guide future practice in training and education for palliative physicians in both the spiritual care of patients and in practitioner self care.

**Reference:**

Penderell, A. & K. Brazil. (Sept 2010). The spirit of palliative practice: A qualitative inquiry into the spiritual journey of palliative care physicians. *Palliative and Supportive Care* (8), 415-420.

## POSTER PRESENTATIONS

<b>P1</b>	<p><b>Celebration of Creativity</b></p> <p><i>Primary Author:</i>  <b>Heidi Bonner</b>, B.Mus. Hons, MBT, Coordinator, Hospice King-Aurora, Oak Ridges, ON</p> <p><i>Co-Authors:</i>  <b>Karen Simmonds</b>, Bereavement Coordinator, <b>Lynn McLarnon</b>, Executive Director Hospice King-Aurora, Oak Ridges, ON</p>
<b>P2</b>	<p><b>The Scarborough Community Palliative Care Program (CPCP) New Nurse Practitioner Based Program</b></p> <p><i>Primary Author:</i>  <b>Laszlo Cifra</b>, RN, BHA (HSM), Director, Aging at Home, Client Services, Central East CCAC, Scarborough, ON</p> <p><i>Co-Authors:</i>  <b>Cathy Sturch</b>, RN, Manager, Quality Initiatives; <b>Meredith Morrison</b>, RN(EC), NP-Adult, MSN, CON(C); <b>Dean Walters</b>, RN(EC), BScN, Hon. BScPsych, NP-PHC, CHPCN(C); <b>Alda Steprans</b>, RN, BScN, Med-Coordinator, CPCP Central East CCAC, Scarborough, ON.</p>
<b>P3</b>	<p><b>Implementation of a Palliative Care Medicine Consultation Service at a Regional Cancer Centre</b></p> <p><i>Primary Author:</i>  <b>Gordon Giddings</b>, MD, CCFP, Program Head, Palliative Medicine, Windsor Regional Cancer Program, Oncology Dept., Windsor, ON</p> <p><i>Co-Author:</i>  <b>Rita DiBiase</b>, MSN, RN(EC), Palliative Nurse Practitioner, Windsor Regional Cancer Centre, Windsor, ON</p>
<b>P4</b>	<p><b>A Support Group for the Parents of Children with Palliative Conditions</b></p> <p><i>Primary Author:</i>  <b>Barb Juett</b>, MSW, RSW, Social Worker, Early Childhood Program, Ottawa Children's Treatment Centre, Ottawa, ON</p> <p><i>Co-Author:</i>  <b>Joanne Doucette</b>, MSW, RSW, Social Worker, Roger's House/Children's Hospital of Eastern Ontario, Ottawa, ON</p>
<b>P5</b>	<p><b>Hospice Palliative Care Assessment Tool: Background and Development of Tool</b></p> <p><i>Primary Author:</i>  <b>Marianne Larson</b>, RN, BScN, CHPCN(C), Program Manager, St. Joseph's Hospital, Hospice Palliative Care Service, Thunder Bay, ON</p> <p><i>Co-Authors:</i>  <b>Sophie M. Regalado</b>, MA, MIST, AHIP, Manger, Library Services;  <b>Jane Hodges</b>, RN, Client Flow Coordinator, St. Joseph's Care Group, Thunder Bay, ON.</p>

<p><b>P6</b></p>	<p><b>Improving End of Life in First Nations Communities: Generating a Theory of Change to Guide Program and Policy Development</b></p> <p><i>Primary Author:</i>  <b>Lori Monture</b>, Manager, Six Nations Long-Term Care/Home and Community Care, Six Nations Health Services, Ohsweken, ON</p> <p><i>Co-Authors:</i>  <b>Holly Prince</b>, HBSW, MSW, Research Associate, Centre for Education and Research on Aging and Health, Lakehead University, Thunder Bay, ON;  <b>Kevin Brazil</b>, PhD, Director, St. Joseph's Health System Research Network, McMaster University, Hamilton, ON; <b>Mary Lou Kelley</b>, MSW, PhD, Professor, School of Social Work &amp; Northern Ontario School of Medicine, Lakehead University, Thunder Bay, ON.</p>
<p><b>P7</b></p>	<p><b>Provincial Palliative Care Consultation Services - Come Meet Your Consultant!</b></p> <p><i>Primary Author:</i>  <b>Vivian Papaiz</b>, RN, BA, CHPCN(C), CVAA(C), Palliative Care Consultation Network; Chair, Communications and Marketing Committee, Huntsville, ON</p> <p><i>Co-Authors:</i>  Communication and Marketing Committee:  <b>Ann Brignell</b>, RN, CHPCN(C); <b>Tracey Human</b>, RN; <b>Trish MacPherson</b>, RN;  <b>Lori Strickland</b>, RN, BScN; <b>Mickey Turner</b>, RN, CHPCN(C).</p>
<p><b>P8</b></p>	<p><b>Community Partnerships in a Tough Economy</b></p> <p><i>Primary Author:</i>  <b>Nana Rosenberger</b>, BSc Social Work, Gerontology  Executive Director, Hospice Georgina, Sutton West, ON</p>
<p><b>P9</b></p>	<p><b>Parish Nurses - New Care Partners at End-of-Life</b></p> <p><i>Primary Author:</i>  <b>Michelle O'Rourke</b>, RN, MA, Chatham-Kent Health Alliance, ER;  Coordinator of Foundations in Parish Nursing Education Program, Institute for Catholic Formation at St. Peter's Seminary, London, ON</p>
<p><b>P10</b></p>	<p><b>Fatigue in Advanced Cancer Patients Attending an Out-Patient Palliative Radiotherapy Clinic as Screened by the Edmonton Symptom Assessment System</b></p> <p><i>Primary Author:</i>  <b>Emily Chen</b>, BSc(C), Research Assistant, Rapid Response Radiotherapy Program, Radiation Oncology, Sunnybrook Odette Cancer Centre, Toronto, ON</p> <p><i>Co-Authors:</i>  <b>Liang Zeng</b>, BSc (C); <b>Kaitlin Koo</b>, BSc(C); <b>Liyang Zhang</b>, PhD; <b>Florencia Jon</b>, MRT (T); <b>Kristopher Dennis</b>, MD; <b>Lori Holden</b>, MRT(T), <b>Janet Nguyen</b>, BSc(C); <b>MayTsao</b>, MD; <b>Elizabeth Barnes</b>, MD; <b>Cyril Danjoux</b>, MD; <b>Arjun Sahgal</b>, MD; <b>Edward Chow</b>, MBBS, Rapid Response Radiotherapy Program, Radiation Oncology, Sunnybrook Odette Cancer Centre, Toronto, ON.</p>

<p><b>P11</b></p>	<p><b>The Quality of Life in Patients Treated with Palliative Radiotherapy for Advanced Lung Cancer and Lung Metastases</b></p> <p><i>Primary Author:</i>  <b>Emily Chen</b>, BSc(C), Research Assistant, Rapid Response Radiotherapy Program, Radiation Oncology, Sunnybrook Odette Cancer Centre, Toronto, ON</p> <p><i>Co-Authors:</i>  <b>Kaitlin Koo</b>, BSc(C); <b>Liang Zeng</b>, BSc (C); <b>Florencia Jon</b>, MRT (T); <b>Kristopher Dennis</b>, MD; <b>Lori Holden</b>, MRT(T); <b>Liyang Zhang</b>, PhD; <b>Amanda Caissie</b>, MD, PhD; <b>Janet Nguyen</b>, BSc(C); <b>May Tsao</b>, MD; <b>Elizabeth Barnes</b>, MD; <b>Cyril Danjoux</b>, MD; <b>Arjun Sahgal</b>, MD; <b>Edward Chow</b>, MBBS, Rapid Response Radiotherapy Program, Radiation Oncology, Sunnybrook Odette Cancer Centre, Toronto, ON.</p>
<p><b>P12</b></p>	<p><b>Validation of a Predictive Model for Survival in Patients with Advance Cancer: Secondary Analysis of RTOG 9714</b></p> <p><i>Primary Author:</i>  <b>Edward Chow</b>, MBBS, PhD, Radiation Oncologist, Rapid Response Radiotherapy Program, Radiation Oncology, Sunnybrook Odette Cancer Centre, Toronto, ON</p> <p><i>Co-Authors:</i>  <b>Jennifer James</b>, MS, RTOG Statistical Center, Philadelphia, PA; <b>William Hartsell</b>, MD, Samaritan Cancer Center, Downers Grove, IL; <b>Charles Scarantino</b>, MD, Rex Healthcare Cancer Center, Raleigh, NC; <b>Robert Ivker</b>, DO, Newark Beth Israel Medical Center, Newark, NJ; <b>Mack Roach III</b>, MD, University of California, San Francisco, CA; <b>John Suh</b>, MD, Clinic Foundation, Cleveland, OH; <b>William Demas</b>, MD, Akron City Hospital, Akron, OH; <b>Andre Konski</b>, MD, Fox Chase Cancer Center, Philadelphia, PA; <b>Deborah Watkins Bruner</b>, PhD, RN, University of Pennsylvania School of Nursing, Philadelphia, PA.</p>
<p><b>P13</b></p>	<p><b>Update to the International Consensus on Palliative Radiotherapy Endpoints for Future Clinical Trials in Bone Metastases</b></p> <p><i>Primary Author:</i>  <b>Edward Chow</b>, MBBS, PhD, Radiation Oncologist, Rapid Response Radiotherapy Program, Radiation Oncology, Sunnybrook Odette Cancer Centre, Toronto, ON</p> <p><i>Co-Authors: (On behalf of the International Bone Metastases Consensus Working Party)</i></p> <p><b>Peter Hoskin</b>, MD, Mount Vernon Centre for Cancer Treatment, Middlesex, UK; <b>Gunita Mitera</b>, MRT, and <b>Liang Zeng</b>, BSc(C), Sunnybrook Odette Cancer Centre, Toronto, ON; <b>Stephen Lutz</b>, MD, Blanchard Valley Regional Cancer Center, Ohio; <b>Daniel Roos</b>, MD, Royal Adelaide Hospital, South Australia, Australia; <b>Carol Hahn</b>, MD, Duke University Medical Center, Durham, North Carolina; <b>Yvette van der Linden</b>, MD, Radiotherapeutic Institute Friesland, The Netherlands; <b>William Hartsell</b>, MD, Samaritan Cancer Center, Downers Grove, IL; <b>Eshwar Kumar</b>, MBBS, Atlantic Health Sciences Cancer Centre, Saint John Regional Hospital, Saint John, NB.</p>

<p><b>P14</b></p>	<p><b>Edmonton Symptom Assessment Scale as a Prognosticative Indicator in Patients with Advanced Cancer</b></p> <p><i>Primary Author:</i>  <b>Florencia Jon</b>, MRT, Radiation Therapist, Rapid Response Radiotherapy Program, Radiation Oncology, Sunnybrook Odette Cancer Centre, Toronto, ON</p> <p><i>Co-Authors:</i>  <b>Liang Zeng</b>, BSc (C); <b>Liyang Zhang</b>, PhD; <b>Shaelyn Culleton</b>, BSc(C); <b>Lori Holden</b>, MRT(T); <b>Justin Kwong</b>, BSc(C); <b>Luluel Khan</b>, MD; <b>MayTsao</b>, MD; <b>Cyril Danjoux</b>, MD; <b>Arjun Sahgal</b>, MD; <b>Elizabeth Barnes</b>, MD; <b>Edward Chow</b>, MBBS, Rapid Response Radiotherapy Program, Radiation Oncology, Sunnybrook Odette Cancer Centre, Toronto, ON</p>
<p><b>P15</b></p>	<p><b>Patterns of Pain and Functional Improvement in Patients with Bone Metastases After Conventional External Beam Radiotherapy and Telephone Validation Study</b></p> <p><i>Primary Author:</i>  <b>Florencia Jon</b>, MRT, Radiation Therapist, Rapid Response Radiotherapy Program, Radiation Oncology, Sunnybrook Odette Cancer Centre, Toronto, ON</p> <p><i>Co-Authors:</i>  <b>Liang Zeng</b>, BSc (C); <b>Arjun Sahgal</b>, MD; <b>Liyang Zhang</b>, PhD; <b>Kaitlin Koo</b>, BSc(C); <b>Lori Holden</b>, MRT(T); <b>MayTsao</b>, MD; <b>Elizabeth Barnes</b>, MD; <b>Cyril Danjoux</b>, MD; <b>Kristopher Dennis</b>, MD; <b>Luluel Khan</b>, MD; <b>Edward Chow</b>, MBBS, Rapid Response Radiotherapy Program, Radiation Oncology, Sunnybrook Odette Cancer Centre, Toronto, ON</p>
<p><b>P16</b></p>	<p><b>Gender Differences in Symptom Presentations Among Patients with Bone Metastases in Gender-Specific and Gender-Neutral Primary Cancers</b></p> <p><i>Primary Author:</i>  <b>Janet Nguyen</b>, BSc(C), Research Assistant, Rapid Response Radiotherapy Program, Radiation Oncology, Sunnybrook Odette Cancer Centre, Toronto, ON</p> <p><i>Co-Authors:</i>  <b>Kaitlin Koo</b>, BSc(C); <b>Shaelyn Culleton</b>, BSc(C); <b>Kristopher Dennis</b>, MD; <b>Liyang Zhang</b>, PhD; <b>Liang Zeng</b>, BSc (C); <b>Florencia Jon</b>, MRT; <b>Lori Holden</b>, MRT(T); <b>Elizabeth Barnes</b>, MD; <b>MayTsao</b>, MD; <b>Cyril Danjoux</b>, MD; <b>Arjun Sahgal</b>, MD; <b>Edward Chow</b>, MBBS, Rapid Response Radiotherapy Program, Radiation Oncology, Sunnybrook Odette Cancer Centre, Toronto, ON</p>
<p><b>P17</b></p>	<p><b>Frequency of Reporting and Predictive Factors for Anxiety and Depression in Patients with Advanced Cancer</b></p> <p><i>Primary Author:</i>  <b>Janet Nguyen</b>, BSc(C), Research Assistant, Rapid Response Radiotherapy Program, Radiation Oncology, Sunnybrook Odette Cancer Centre, Toronto, ON</p> <p><i>Co-Authors:</i>  <b>Nadia Salvo</b>, MSc(C); <b>Liyang Zhang</b>, PhD; <b>Luluel Khan</b>, MD; <b>Roseanna Presutti</b>, BSc(C); <b>Lori Holden</b>, MRT(T); <b>Shaelyn Culleton</b>, BSc(C); <b>Liang Zeng</b>, BSc (C); <b>Edward Chow</b>, MBBS, Rapid Response Radiotherapy Program, Radiation Oncology, Sunnybrook Odette Cancer Centre, Toronto, ON</p>

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Our registration fees have been reduced for this year due to the shortened program and taking out the Sunday evening dinner. The fees include three continental breakfasts, three buffet lunches, refreshment breaks and our Banquet Dinner on Monday, April 11, 2011.

### Special Conference Fees HAO and OPCA Members

Full Registration	\$635.00
One Day Rate	\$320.00

### Regular Conference Fee (Non-Members)

*This year the full registration fee also includes an individual membership to the Provincial Hospice Palliative Care Association.*

Full Registration	\$765.00
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### Other Registration Fees

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Students (Full-Time)	\$400.00
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