2017 Canadian Hospice Palliative Care Conference
Expanding Our Horizons: A Palliative Approach to Care
September 20 – 23, 2017
Ottawa Conference and Event Centre, Ottawa, ON
200 Coventry Rd, Ottawa, ON K1K 4S3

Join us for what promises to be a wonderful learning and networking experience

The Canadian Hospice Palliative Care Conference is the foremost national conference in Canada focusing on hospice palliative care. This event provides hospice palliative care professionals, volunteers, family and informal caregivers, and other allied health care providers with an opportunity to share their experience and expertise on a national platform.

Wednesday, September 20, 2017

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<th>Time</th>
<th>Location</th>
<th>Activity</th>
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<tbody>
<tr>
<td>11:30 – 18:00</td>
<td>Satellite</td>
<td>Take Action with Pallium Canada: “Mobilize Your Compassionate Community” Part 2 – Presented by Pallium</td>
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Significant developments in Compassionate communities across Canada have emerged following our inaugural ‘Mobilizing Your Compassionate Community’ Symposium in 2015. Pallium Canada invites you to Take Action: Symposium Part 2 to celebrate and learn from these Compassionate Community advances proliferating across Canada since we last met.

This day will provide participants exciting opportunities to - Mobilize and Celebrate exemplary activities grounded in a Compassionate Community model crafted to Canadian realities. We will network with like-minded visionaries, illuminate local projects with a National audience, and discuss a potential blueprint to build and support a broader compassionate country.
Learning Objectives:
- Examine Compassionate Communities, what this means, and how they can benefit Canadian culture.
- Explore and discuss ways to support a broader compassionate country.

**Pediatric Palliative Care: Evidence is growing – coming of age**

- **9:00am to 9:30am – Opening Welcome Remarks**
- **9:30am to 10:30pm – Plenary**
  - A framework for children that are bereaved, caring for a dying parent and/or living with a life threatening illness
    - Presented by:
      - Beverley Sebastian, Island Hospice & Healthcare, Zimbabwe
      - Val Maasdorp, Island Hospice & Healthcare, Zimbabwe
- **10:30am to 11:00am - Break**
- **11:00am to 12:00pm – Workshop**
  - Family Matters: Legal Strategies for Working with Difficult Families in Pediatric Palliative Care
    - Presented by:
      - Jesstina McFadden, Miller Thomson, LLP
- **12:00pm to 1:00pm – Lunch**
- **1:00pm to 2:30pm – Workshops**
  - Siblings and the effect of Therapeutic Recreation in Palliative Care
    - Presented by:
      - Kathryn Brooks, Roger Neilson House
      - Danielle Scarlett, Roger Neilson House
  - Guidelines in Pediatric Palliative Care: Evidence-Based?
    - Presented by:

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<tr>
<td>09:00 – 17:00</td>
<td>Satellite Roger Neilson House site visit for 5:30 – 6:30 (Pre-registration required)</td>
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<tr>
<td>2:30pm to 3:00pm</td>
<td>Break</td>
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<td>3:00pm to 4:30pm</td>
<td><strong>Workshop</strong></td>
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<td><strong>Championing the Uniqueness of Pediatric Hospice Palliative Care</strong></td>
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<td>• Presented by:</td>
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<td></td>
<td>• Sandra Ross, Emily's House Children's Hospice</td>
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<td></td>
<td>• Lynn Grandmaison Dumond, CHEO Palliative Care Program &amp; Roger Neilson House</td>
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<td>• Program leadership and development in Pediatric Palliative Care</td>
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<td>• Presented by:</td>
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<td>• Dave Lysecki, McMaster University</td>
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<td>• Kimberley Widger, University of Toronto</td>
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<td>4:30pm to 5:00pm</td>
<td><strong>Closing plenary</strong></td>
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<td>• Topic: Advocacy in Pediatric Palliative Care</td>
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<td>• Chris Vadeboncoeur and Sharon Baxter</td>
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**Learning Objectives:**
- Explore challenges of pediatric palliative patients including topics of grief, legalities, and caregiver relationships.
- Examine current initiatives in pediatric palliative care, globally as well as within Canada.
- Advocating for better pediatric specific hospice palliative care policy.
### Long Term Care: Palliative Care in Long Term Care: Challenges, Planning and Goals

This presentation will include an interactive session exploring the challenges in providing evidence-based palliative care for the elderly, especially the difficulties with frailty and the slower dying process. Both local and regional resources will be shared. Join in the game show as you learn more about advance care planning and differentiate between ACP and Goals of Care.

**Learning Objectives:**

At the end of this presentation, the participants will:

1. Identify the impacts of frailty on the dying process
2. Define the term “goals of care” and understand how goals change as health status changes
3. Review the components of Advance Care Planning
4. Differentiate between Advance Care Planning and Goals of Care

**Speakers:**

- Dr. Benoit Robert, MD, MBA, Medical Director, Perley Rideau Veterans’ Health Centre
- Dr. Declan Rowan, MD, Rural family physician at the Petawawa Centennial Family Health Centre; Co-lead of the Regional Primary Care Cancer Program
- Dr. Jill Rice, MD, CCFP(PC), Champlain Regional Palliative Consultation Team (RPCT), Champlain Regional Palliative Care Lead
| 08:30 – 11:30  
Theatre Hall 201 - 202 | Satellite Nursing | **Nursing: Palliative Care Matters: A Call for Nursing Action**

The Canadian Hospice Palliative Care Nurses Group (CHPCNG) believes that every Canadian should have access to quality palliative care and that all formal and informal caregivers must be supported with the knowledge, expertise and resources they need in order to provide compassionate care that will lessen the burden of suffering and improve the quality of living and dying.

In November 2016, a Consensus Development Conference was held in Ottawa led by The Covenant Health, Palliative Institute in Alberta, and 13 national health related organizations. The Consensus Development Conference brought together citizens, decision-makers and experts to address issues of public importance specific to Palliative Care. The conference involved a series of experts who delivered scientific evidence on a series of questions to a Lay Panel of 12 people. The Lay Panel delivered a consensus statement and series of recommendations based on the evidence presented, which will be used to develop policy going forward.

Nurses can play an integral part in moving the Palliative Care Matters action plan forward and this collaborative session allows an opportunity for the members to be active in advancing this initiative across Canada.

**Learning Objectives:**

This satellite session will:
1. Familiarize nurses with the Palliative Care Matters initiative, including:
   - A review of the consensus development process;
   - Key questions explored by the scientific experts;
   - Views of over 1500 Canadians on a palliative care system for Canada;
   - Responses and recommendations of the scientific experts;
   - Consensus statement and recommendations;
   - Recommendations of the Conference Board of Canada; and
   - Reflections and analysis of the recommendations from a
2. Invite attendees to engage in a facilitated discussion to identify key action items that can be led by nurses in moving the Palliative Care Matters agenda forward.
3. Close with a collaborative perspective on bringing Palliative Care Matters to action.

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<tr>
<th>08:30 – 11:30</th>
<th>Satellite CFN Research Forum</th>
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<tr>
<td>Room 210</td>
<td>Integrating palliative care into the care of frail older adults: but when? - Presented by CFN</td>
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Integrated palliative care has been most commonly described and used in patients with oncologic diagnoses, in whom, the end-of-life trajectory maybe more predictable. However, patients who are in late life from non-oncologic diagnoses may also have significant symptoms that reduce quality of life and there has been work and interest in the integration of palliative care earlier into the life course of these patients. The challenge to this approach is that the life course may be variable. This session will outline the challenges and possible solutions to the integration of palliative care in those living with frailty.

Learning Objectives:

- Will look at the impact and benefits of an earlier adoption of an integrated palliative approach for frail seniors.
- Will explore the challenges of implementing this approach.

Speakers: Dr. James Downar - University Health Network, Dr. Michelle Howard – McMaster University, Dr. Sharon Kaasalainen – McMaster University, Dr. Richard Sawatzky – Trinity Western University

Moderator: Dr. John Muscedere, Scientific Director and CEO
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<th>Time</th>
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<th>Satellite</th>
<th>Session Title</th>
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<tr>
<td>08:30 – 11:30</td>
<td>Room 209</td>
<td>Satellite</td>
<td><strong>Social Work/Counsellors</strong>&lt;br&gt;The changing landscape of palliative care and its impact on Social Work practice; Building the capacity for advocacy.</td>
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<td>This Satellite will focus on the championing role of social work advocacy in palliative care by addressing the clinical, community and policy issues on the micro, meso and macro levels which includes:</td>
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<td>• Informing the population of the various palliative care services</td>
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<td>• Training and educating the next generation of social workers</td>
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<td>• Ensuring a holistic approach in every setting where palliative care is offered</td>
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<td>• Improving access to care for vulnerable populations</td>
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<td>• Supporting informed choices</td>
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<td>• Strengthening the community response to the needs of the individuals requiring end-of-life care</td>
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<td>• Addressing caregivers’ needs during the illness trajectory and during bereavement</td>
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<td>• Leading research activities and knowledge translation of evidence based practice</td>
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<td><strong>Objectives:</strong>&lt;br&gt;• Focus on the role of social work advocacy in palliative care</td>
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<td>• Discuss current challenges and emerging issues that impact social work specific professionalism, and the need for expanded Social Work leadership</td>
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<td>• Learn key strategies to develop an action plan for their community</td>
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<td>• Assist in the development of the CHPCA social work/counselor interest group action plan</td>
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<td><strong>Speakers:</strong> Patrick Durivage, Zelda Freitas, Teresa Dellar and Sharon Baxter</td>
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<td>08:30 – 11:30</td>
<td>Hampton Room 1</td>
<td>Satellite</td>
<td><strong>Advance Care Planning</strong>&lt;br&gt;<strong>- Engaging With Communities</strong></td>
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Community engagement is an important strategy to both raise awareness about advance care planning and to increase individuals’ and families’ participation in the process. This satellite session will describe four innovative examples of community engagement - working with a variety of community stakeholders to reach community members.

Learning Objectives:
- Identify exemplary community programs for building capacity in ACP participation across Canada.
- Identify the key strategies and partners needed for an effective community-based ACP program.

Speakers: Jessica Simon, Nadine Valk, Colleen Cash, Alyson Hillier and Rachel Carter

Moderator: Louise Hanvey

| 08:30 – 12:30 | Satellite | Spreading innovation in palliative and end-of-life care - Providing the right care, in the right place, at the right time |
| Hampton Room 2 | Canadian Foundation for Healthcare Improvement | |

This 4-hour interactive workshop for palliative health care leaders and providers will explore creating the conditions and applying the tools to support the spread, scale and sustainability of innovation. The workshop will highlight how patients, families and caregivers can drive improvement in care. Learn more about how CFHI is working shoulder to shoulder with leaders to help transform palliative care in Canada and upcoming opportunities to help make change happen in palliative care.

Hear about an innovation that enables well planned and coordinated end-of-life care for people in residential care facilities in British Columbia. The approach involves the early identification of residents likely to benefit from a palliative approach to care, focusing on goals of care discussions and effective communication between providers and families. This approach has been shown to be instrumental in successfully shifting the culture and improving the end-of-life experience for both the dying resident and their family, and for
the surviving residents and the healthcare team.

Apply spread readiness assessment to an innovation and through this guided exercise reflect on an innovative practice within your own organization.

**OBJECTIVES:**
- Learn about the innovations in palliative and end-of-life care identified through CFHI’s 2017 Open Call for Innovations (http://www.cfhi-fcass.ca/WhatWeDo/palliative-care)
- Introduce the concepts of spread, sustainability and scale
- Explore the CFHI spread readiness assessments through guided application
- Understand the role of leadership in creating the environment that supports the adoption and spread of innovations in palliative and end-of-life care
- Explore patient and care partner engagement in spreading innovation

**SPEAKERS:**
- Anya Humphrey, Patient-Family Advisor
- Maria Judd, Senior Director, Canadian Foundation for Healthcare Improvement
- Jose Pereira, Professor, University of Ottawa and McMaster University; Palliative Care physician, The William Osler Hospital; Director of Research, College of Family Physicians of Canada; Scientific Director and co-founder, Pallium Canada
- Christine Quinn, Director, Canadian Foundation for Healthcare Improvement
- Jane Webley, Regional Leader – End-of-life, Vancouver Coastal Health

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<tr>
<th>13:00 – 15:00</th>
<th>Satellite Research</th>
<th>Research in a Community Context</th>
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<td>Theatre Hall 110</td>
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This two hour satellite meeting will look into how to partner with the research community. How does clinical practice, policy and research establish effective research partnerships. How does research feed into good policy and clinical practice.
Learning Objectives:
- Will look at how clinical practice, policy, and research establish effective research partnerships
- Examine how sound evidence-based policy starts with research, leading to good clinical practice.

Speakers:
- Carolyn Taylor (policy)
- Christopher Klinger (young researcher perspective)
- TBA from the senior research community

Moderator: Kelli Stadjuhar

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<tr>
<td>13:00 – 15:00</td>
<td>Interest Groups</td>
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<td>- Aboriginal Issues – Room 209</td>
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<td>- Long-Term Care / Continuing Care (13:00 - 14:00) – Room 210</td>
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<td>- Rural and Remote Issues (14:00 - 15:00) – Room 210</td>
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<td>- Pediatric Issues – Room 214</td>
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<td>- Social Workers / Counselors – Hampton Room 1</td>
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<td>- Spiritual Advisors – Hampton Room 2</td>
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<td>- Volunteer Issues - Room 212</td>
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<td>- Nurses – Theatre Hall 201 -202</td>
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<td>- Residential Hospice (For administrators working in a Residential Hospice) – Room 106 H</td>
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<td>- “Marginalized Populations” the Palliative Advocacy Network - Main Ballroom 106</td>
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<tr>
<td>15:00 – 16:00</td>
<td>Opening Ceremonies</td>
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<td>Launching the CHPCA Champion Council Canadian Compassionate Communities (CCC) National Program and Honouring Senator Sharon Carstairs.</td>
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<tr>
<td>16:00 – 17:00</td>
<td>Opening Plenary</td>
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<td><strong>Theme: Integrated palliative approach to care</strong></td>
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<td><strong>Looking Forward, Looking Back: What History Can Teach Us about the Integration of a Palliative Approach to Care</strong></td>
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<td>Presenter: Kelli Stadjuhar</td>
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Integration of palliative approaches to care has become a central focus within...
the field of palliative care. But what does a palliative approach mean and how can integration happen within the context of the current health care system? Drawing on over 30 years of research and practice experience in palliative care, Dr. Stajduhar will reflect on the implications that palliative approaches to care have for the field of palliative care and remind us of why going back to our roots is more important than ever.

Learning Objectives:

- Explore what a palliative approach to care is and what it means to the current health care system.
- Look at the implication of a palliative approach to care in different settings of care.
- Examine how an integrated approach to care can be implemented into the current health care system.

About Kelli Stajduhar

Kelli Stajduhar, RN, PhD
Professor
School of Nursing and Institute on Aging and Lifelong Health (formerly Centre on Aging) University of Victoria
Research Scientist, Palliative Care Program, Fraser Health
Research Affiliate, BC Centre for Palliative Care

Dr. Kelli Stajduhar has worked in oncology, palliative care, and gerontology for over 30 years as a staff nurse, nurse clinician, clinical nurse specialist, educator, and researcher. She is a Professor, School of Nursing and Institute on Aging and Lifelong Health at the University of Victoria. Her clinical work and research has focused on the health service needs for people who are dying and their family members and on the particular needs of marginalized and vulnerable populations. She is the recipient of numerous awards including Post-Doctoral Fellowships from CIHR, MSFHR, and CHSRF, a New Investigator Award from CIHR and a Scholar Award from the MSFHR, the Anselm Strauss Award from the U.S. Council on Family Relations, the Award of
Excellence for Nursing Research from the College of Registered Nurses of BC, the UVic Craigdarroch Award for Excellence in Knowledge Mobilization and the 2016 Award of Research Excellence from the Canadian Association of Schools of Nursing. Dr. Stajduhar publishes and speaks widely on issues pertaining to palliative care, family caregiving, health system design for those with chronic life-limiting illness and on establishing research partnerships and collaborations with health authorities. Along with leading several externally-funded research projects, she is the Scientific Lead of iPANEL (Initiative for a Palliative Approach in Nursing: Evidence and Leadership), a applied nursing health services and policy research initiative comprised of researchers, clinicians and administrators with a focus on investigating the integration of a palliative approach into the care of people with chronic life-limiting illness. Her strong belief in applied health services research, a commitment to engaging clinicians and administrators in research, and her pragmatically oriented and collaborative approach has allowed Dr. Stajduhar to develop strong research partnerships and collaborations with health authorities across BC, Canada, and internationally, where she is regularly invited to speak and is consulted for her expertise in establishing research excellence and producing research findings that are relevant, applicable, and make a difference in the everyday lives of those with chronic life-limiting illness, their families and the health care providers that provide care.

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<tr>
<td>17:45 – 20:00</td>
<td>Reception Opening of Posters and Exhibits, Wine and Cheese</td>
<td>The reception is a great opportunity to visit the many conference exhibitors, view the conference posters, and meet with the poster presenters.</td>
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<td>Friday, September 22, 2017</td>
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| 8:30 – 8:40 | CPAC Launch                                                                                     | **Palliative and End-of-Life Care: A Cancer System Performance Report**  
Presenter: Dr. Deborah Dudgeon  
Dr. Dudgeon will be presenting the knowledge product developed at the Canadian Partnership Against Cancer. The report looks at the state of palliative care and end-of-life care for cancer patients in Canada and where the gaps exist in our health system. |
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<th>Presenter</th>
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<tr>
<td>08:30 – 09:45</td>
<td>Plenary</td>
<td>The Icing on the Cake – How Volunteers Enhance the Palliative Care Team</td>
<td>Lisa McNeil-Campbell</td>
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|              | Theme: Clinical Practice | Every Canadian should have access to quality palliative care from an interprofessional team that includes volunteers. Volunteers are individuals who freely give of their own time and experience and do so much to enhance the care being provided. Their gifts of time, compassion and empathy provide comfort and support to patients and their families who are living with a life-limiting illness. Volunteers must be supported with the knowledge, expertise and the resources they need in order to provide compassionate care that will lessen the burden of suffering and improve the quality of living and dying. An identified management structure under which volunteers work is a critical component to the success of a volunteer program. The coordinator of volunteers must be aware of the special nature of involving volunteers and have skill in the selection, supervision, and engagement of volunteers. Successfully including volunteers provides an opportunity for palliative care teams to involve citizens in the provision of care and enhances the services that they are able to provide. This session will:  
  - Review the role of the Hospice Palliative Care (HPC) volunteer and look at the many ways they enhance the Palliative Care Team  
  - Provide insight into what inspires people to volunteer in Palliative Care  
  - Examine the key components to becoming a HPC volunteer  
  - Review work currently underway in Nova Scotia regarding Palliative Care Volunteer competencies and training  
  - Highlight key lessons gleaned from being a coordinator of palliative care volunteers in Nova Scotia |
Learning Objectives:
- Explore the role of the volunteer within the palliative care team and what can be learned from having volunteers as an integral part of the hospice palliative care environment.
- Examine why and how people can volunteer in hospice palliative care.
- Look at current volunteer initiatives and lessons learned from these initiatives as well as from established volunteer programs.

About Lisa McNeil-Campbell

Lisa McNeil-Campbell is a Volunteer Resources Consultant for the Nova Scotia Health Authority (NSHA) in Cape Breton, Nova Scotia. Lisa oversees more than 800 volunteers and has also been training and working with Palliative Care volunteers for over 11 years. In 2007 she completed a two-year Leadership Development program as well as a Volunteer Management course through the NSCC Human Services Program. In 2015 Lisa was awarded the Cancer & Palliative Care Support Services Award of Excellence for her work and dedication. In November, 2016 she successfully completed her Certification in Volunteer Administration.

Since 2015 Lisa has been a member of the NSHA Provincial Palliative Care Capacity Building and Practice Change Task Group which was developed to address the requirements for standardized education and capacity building of health providers and volunteers within Palliative Care. She has also been an advisory board member for the Hospice Palliative Care Society of Cape Breton County for the past 12 years.

Lisa resides in the town of New Waterford with her husband Graham and their two cats, Leo and Archie. They have a 22-year-old daughter, Presley, currently studying Sound Design at Vancouver Film School.

10:15 – 11:45
Main Ballroom 106

Challenging Issues Panel
MAID

Hospice Palliative Care in the MAID environment: Practically how do we co-exist in the new environment?
CHPCA is planning to survey its membership around stressors and challenges in the new environment. Results of this survey will be explored. How do we keep patient-centred care in mind in providing the best care possible?

Learning Objectives:
- Explore the current relationship between MAiD and hospice palliative care.
- Examine at how traditional media has shaped opinions around MAiD.
- Look at strategies to keep patient centred care in mind when advocating for end-of-life care policy.

Speakers: David Henderson, Maryse Bouvette and Sarah Levesque
Moderator: Sharon Baxter

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<td>10:15 – 11:45</td>
<td><strong>Challenging Issues Panel</strong>&lt;br&gt;<strong>Public Health</strong>&lt;br&gt;Public Health Perspectives – Highlights from the IPHPC conference&lt;br&gt;The 5th International Public Health and Palliative Care conference is being held just before the Canadian conference from September 17-20, 2017. The conference has 4 plenaries, 8 fireside chats; 20 workshops; over 58 oral presentations and over 40 posters from presenters around the world. This challenging issues panel will bring the highlights of the international conference to you and are presented by the two program co-chairs of the IPHPC conference.</td>
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<td>Learning Objectives:&lt;br&gt;- Look at the challenges of fully integrating palliative care into public health.&lt;br&gt;- Explore outcomes of public health and palliative care derived from the International Public Health and Palliative Care Conference.&lt;br&gt;- Look at the next steps between the public health and palliative care relationship.</td>
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<td>Presenters: Denise Marshall and Kathy Kortes-Miller&lt;br&gt;Moderator: Kathryn Downer</td>
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This challenging issues panel will discuss what is meant by integration and innovation in the context of palliative and end of life care. Some questions to explore include:

1) How do we effectively address the challenges of integration:
   - of a palliative approach to care with chronic disease management and cancer care and integration
   - as it pertains to our health care system (primary, secondary/specialist and tertiary levels of care)
   - of the current or potential interface of formal health care services with community or citizen level supports (i.e. compassionate community models).

2) We will discuss how to engage and partner with patients and other providers in various settings of care in a way that is measurable, sustainable and addresses the needs of everyone living with serious illness and how we can ensure improved access to HPC providers.

3) We will look at barriers and challenges to integration and look at how we can effectively support the changes needed.

Learning Objectives:
   - Look at how to effectively address the challenges of integration.
   - Explore how to engage with partners and patients across all settings of care, dealing with all diseases and conditions.
   - Examine the barriers and challenges to integration and look at what changes need to be made and how.

Presenters: Doris Barwich, Deb Dudgeon and Ayn Sinnarajah
Moderator: Jamie Ty choliz
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<td>Indigenous People</td>
<td>Come hear stories and the narrative from the First Nations community. What does hospice palliative care look like in their own communities? Also, hear how Ontario is moving forward with a First Nations initiative including promoting a guide for external audiences. Could this be a model for other provinces and jurisdictions?</td>
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<td>- Explore current environment of First Nations end-of-life care practices.</td>
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<td>- Look at the potential of adapting and expanding to other jurisdictions with marginalized populations.</td>
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<td>Speakers: Holly Prince, Lori Monture and Maxine Crow</td>
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<td>Moderator: Rosella Kinoshameg</td>
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<td>11:45 – 13:00</td>
<td>Lunch</td>
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<td>12:15 – 13:00</td>
<td>Lunch &amp; Listen</td>
<td>Bill C 277: “What We Can All Do!”</td>
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<td>Speakers: Marilyn Gladu, MP and Sharon Baxter</td>
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<tr>
<td>13:00 – 14:30</td>
<td>Oral Presentations</td>
<td>Please see workshops/oral presentations listing for full presentations details</td>
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| Theatre Hall 201 - 202 | New Evidence on End-of-life Hospital Utilization for Myth Busting and Improved Action Planning | It is often said that terminally-ill and dying people are high users of hospitals. Not only are there concerns then about the cost of providing end-of-life (EOL) care in hospital, but also the quality of care provided there. However, past Canadian hospital utilization studies had often used sample data or data collected one or two decades ago. A study was conducted to obtain current population-based hospital utilization evidence for health policy and services planning. Complete hospital and hospital patient data for all Canadian provinces and territories except Quebec were obtained for the year 2014-15,
with descriptive-comparative and logical regression analysis tests conducted. In 2014-15, only 3.5% of all hospital episodes ended in death and 43.7% of all deaths that year took place in hospital. Among those who died in hospital, 95.2% were admitted only 1 or 2 times in the last 365 days of life. Moreover, only 3.6% of those dying in hospital had been living in the community and receiving publicly-funded home care prior to the hospital admission that ended in death, while 67.0% had been living at home without home care services. The hospital care provided in the last stay and over the last year of life was largely non-interventionist. These findings reveal the need for a major reconceptualization of death, dying, and EOL care to ensure sufficient capacity of palliative home care services are available to support dying people, and prevent the health and family caregiver crises that can lead to hospital-based EOL care and death.

Speaker: Donna M Wilson

| Processus de deuil du "proche-tiers" - La relation de soins : un espace transitionnel ouvert |
| La question de la fin de vie et du processus de deuil qui s’ensuit pour le proche du défunt reste toujours d’actualité tant elle comporte d’énigmes. Comment pouvons-nous penser que le travail du deuil puisse être facilité ? La présente recherche a pour objectif d’étudier, en appui sur les travaux et les théories de D. W. Winnicott, comment le soin peut être transitionnel dans la relation et dans l’espace intersubjectif créé par la triade composée du soignant, du patient et du «proche-tiers».

A partir d’un échantillon de 30 patients, les entretiens semi-directifs de 21 soignants et de 8 proches ont été analysés. Cette analyse nous permet de montrer de quelle manière le soin est transitionnel dans l’accompagnement. Elle nous montre également quels bénéfices peut avoir l’accompagnement en fin de vie, d’une part pour le patient dans l’ici et maintenant de sa fin de vie, d’autre part, pour le soignant dans l’ici et maintenant de l’accompagnement proposé mais aussi dans «l’après-coup» pour les autres accompagnements qu’il pourra proposer.

Enfin, un troisième bénéfice certain est pour le «proche-tiers» dans l’ici et
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<th>Title</th>
<th>When Patients with Dysphagia Eat for Quality of Life: Factors That Affect the Comfort of Health Care Professionals</th>
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| Content | Many palliative care patients experience dysphagia. Despite swallowing difficulties, some request oral intake. “Quality of life feeds” (QoLF) give a patient with dysphagia small amounts of food/drink for pleasure, taste sensation, oral sensation (mastication), companionship, or a sense of normalcy but are not intended for nutritional needs or caloric intake. Patients with dysphagia who receive QoLF are at increased risk of aspiration and/or choking, causing moral distress for health care providers (HCP).  
To identify the factors that affect HCP comfort with QoLF for patients with dysphagia, determine if there were differences between HCPs and to identify the criteria used to determine if a patient should receive QoLF, a mixed-methods pilot study was conducted in a continuing care/complex rehabilitation hospital with a large palliative care unit. The format involved semi-structured focus groups or 1:1 interviews followed by a survey with five case vignettes.  
Participants (n=23) were health care providers including physicians, nurses, SLPs, dieticians and therapeutic recreation therapists. Participants ranged in degree and frequency of involvement in QoLF and were divided into 4 groups. HCP comfort level was associated with frequency and degree of involvement with QoLF. Prominent themes were risk, perceived incongruences with goals of care, conflict between HCP and patient’s family, and patient decision-making capacity. The concordance between QoLF and palliative care status was significant.  
This presentation is designed to share and discuss the results of the study, |
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<th>Hampton Room 2</th>
<th>Optimizing Palliative Care in Nunavik’s Communities</th>
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| **Background:** In Nunavik communities, most of Inuit patients in the advanced or terminal phase of their illness wish to remain in or return to their communities, which represent a major challenge for care providers and also, the interpreters. Few of them have specific training in palliative care and are able to manage complex cases. Therefore, transfer to a southern hospital becomes the better choice. In such cases, Inuit patients are confronted with the stress of being alone, isolated from their families, in southern healthcare culture with major language barrier. **Rationale:** Maintaining minimal expertise in palliative care on Nunavik territory appears to be essential so as to keep as many end-of-life Inuit patients in their communities as possible. **Hypothesis:** | engage the audience in a reflection exercise and further explore an area with a paucity of research.  

**Speakers:** Peter Allatt, Joyce Lai, Benjamin Walmsley, Phoebe Smith-Chen

| Approche anthropologique de la biographie en centre de soins palliatifs | Saisir les mécanismes à l’œuvre dans le travail de biographie pratiqué en centre de soins palliatifs sera au cœur de cette communication. Depuis quelques années dans des établissements hospitaliers français, il est proposé au patient de réaliser avec lui sa biographie pour lui-même et/ou pour la transmettre à ses proches (ceux désignés). Le récit peut prendre la forme d’un livre qui sera remis à ceux que le patient aura désigné.  

A partir de notre expérience de biographe et d’anthropologue, nous examinerons dans un premier temps la nature même de cette activité (l’élaboration d’un récit introspectif rétrospectif), la place du biographe en tant que tiers auquel le récit est adressé. Dans un deuxième temps, nous porterons toute notre attention sur les modalités de recueil du récit, les transformations de celui-ci, l’importance des variantes successives et enfin l’enjeu du passage de l’oral à l’écrit des propos recueillis. Dans un troisième temps, la place de cette activité au sein du service, son incidence pour le patient, pour son entourage (éventuels destinataires de la biographie) et enfin pour l’équipe soignante sont des éléments qui seront ici abordés.  

**Speaker**: Sophie Bobbé |
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<td>Offering recurrent training in palliative care and access to palliative care consultancy services, when needed, could help the health care team to maintain minimal expertise in palliative, and thereby being able to offer palliative care services to Inuit patients in their community. Objective: The project aims to assess the implementation of a 24/7 on-call consultation service offered by professionals specialized in palliative care and of delivering a culturally sensitive palliative care training to Nunavik healthcare professionals and interpreters. Anticipated findings: Clinical team will feel more comfortable to determine with the patient, the appropriate level of care, keep Inuit end-of-life patients in their communities and therefore, be able to honor their wish to die among their loved ones. Aim of the presentation: To highlight the main features this ongoing project, as well as the implementation milestones, and finally the lessons learnt. Speaker: Serge Dumont</td>
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<td>Remote Rural Communities Have a Big Heart for Hospice Palliative Care</td>
<td>The demands of rural living two or more hours from a tertiary care center presented unique challenges for developing quality accessible hospice (HPC) care in the isolated communities of the Madawaska Valley, Ontario, that was financially sustainable in this economically depressed area. The heart of HPC service is a team of 85 volunteers who visit patients and families in their homes, the local hospital, long term care facility, retirement residence, and community living group homes or hospice. An individual care plan is developed for each patient and family based on physical, emotional, spiritual, and practical needs. Volunteers then offer their time, assistance, and a variety of skills ranging from a friendly visit to sitting at the bedside to taking a family member fishing. Hospice is a two bedroom apartment within the local hospital which provides a home like setting for families. It is a separate entity from the hospital, but hospice shares operational services such as housekeeping, maintenance, snow clearing, information technology, but not nursing care. The family is responsible for the care of their loved ones just as they would be at home.</td>
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Local community agencies provide nursing and supportive care as they would to any palliative patient wishing to remain at home. Volunteers are present at hospice to enhance the services provided, but not to replace health care practitioners.

This workshop will address the practical operating issues of this unique service, the training and ongoing support for the volunteer team, community integration with a focus on education and teaching about end-of-life issues and advanced care planning, to not only the public, but also members of the health care team, and the comprehensive bereavement follow-up for family for one year.

We developed this model of care and are now mentoring other communities. We are also being served by the first community healthcare foundation that fundraises for the hospital, the long term care home and the hospice and we all work together to put patients first.

We invite you to join us as we share our exciting 6 year journey of developing and delivering cost-effective (annual operating of 130K), personalized, and comprehensive hospice/palliative care in an isolated rural community.

Speakers: Karen Wagner, Lisa Hubers

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<td>No need for snow tires! Adaptation of palliative care education for rural settings</td>
<td>In rural BC, health care providers support people with life-limiting illness in a variety of settings across great geographical distance. For Northern and Interior Health Regional Health Authorities (RHAs), the challenges of weather, isolation and workload have for many years limited accessibility to continuing education in palliative care. Then in 2016, these challenges were transformed into an opportunity for collaborative innovation. Seeing the need for both a basic and an intermediate level of education, these two RHAs began to seek ways to support their clinicians with the fundamentals course developed by Pallium Canada, “Learning Essential Approaches for Palliative Care (LEAP)” and Victoria Hospice’s intermediate</td>
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First, they partnered with Victoria Hospice to modify delivery of the 5-day course, which usually requires air travel outside of the RHAs. Education was provided within the regions in segments, some via webinar and co-facilitated by local RHA educators, all of which contributed to clinician engagement.

Next, the RHAs sought to increase capacity within their existing practice support teams for facilitating basic palliative care education. BC LEAP facilitators have historically been trained in the lower mainland or on Vancouver Island and are required to be certified by a Pallium lead facilitator. The BC Center for Palliative Care worked with Pallium Canada to adapt this model, enabling local coaches to certify and support new facilitators in a “train the trainer” format. As a result, there are now local coaches and LEAP facilitators in each BC Health Authority to deliver the LEAP course.

Due to Victoria Hospice’s and Pallium Canada’s flexibility, the RHAs “yes we can” approach, and BC Center for Palliative Care’s (BC-CPC) catalyzing, over a hundred clinicians participated in education that was previously inaccessible. Moving forward, the partners will be conducting evaluation, planning for sustainability and spread, and creating a community of practice for facilitators and coaches.

Speaker: Kathleen Yue

| Who are the Rural Nurses Providing Hospice, Palliative and/or End of Life Care in Canada? Results from a National Survey | The availability and sustainability of palliative health care professionals is considered a global concern, especially within rural and remote practice settings. Nurses across all domains of practice are expected to advocate for high-quality palliative and end of life care that is made accessible to all Canadians. However, within many rural and remote geographical areas, formal palliative care services are non-existent, leaving generalist nurses with no specialty training in palliative and hospice nursing to take on this complex responsibility. Examining results from a CIHR funded National survey of rural and remote nurses (N=3822) in Canada, the presentation explores a subset |
(n=295) of nurses (Registered Nurses, Nurse Practitioners, Licensed Practical Nurses, and Registered Psychiatric Nurses) who provide hospice, palliative and/or end of life care as part of their practice. Areas that will be examined include their roles, responsibilities, and characteristics, as well as, the geographical settings and domains of practice that they work within. In addition, key factors linked to their occupational health and well-being (e.g., work engagement, community cohesion), and areas of concern (e.g., perceived stress, burnout) will be explored that may have an influence on the sustainability of these nurses in rural and remote palliative nursing practice. This is the first national profile of rural and remote nurses who provide hospice and palliative care. The results of this analysis will inform practice and policy development for effective health human resource planning in hospice, palliative and/or end of life care across rural and remote parts of the country.

Speaker: Kelly Penz

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<th>Room 106 H</th>
<th>Paramedics Providing Palliative Care at Home Program in Nova Scotia and Prince Edward Island</th>
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<td><strong>Background:</strong> The program aimed to enhance the care provided by paramedics for patients receiving palliative care, improve access to palliative care supports at home regardless of location or time of day (24/7 in NS, after-hours in PEI), enhance the palliative and end-of-life experience for patients and their families/caregivers by “bridging” palliative care supports until the usual care team can take over, avoid/reduce emergency department visits for palliative patients and improve paramedic comfort, confidence and satisfaction in the provision of care to palliative patients and their families/caregivers.</td>
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<td><strong>Method:</strong> The new ‘Paramedics Providing Palliative Care at Home Program’ in Nova Scotia and PEI enhances paramedic care for palliative care patients. The program includes an innovative palliative clinical practice guideline, education, and database which provides the opportunity for comfort or selective care instead of a resuscitation-focused encounter. Paramedics can now provide relief of common symptoms (e.g., nausea, breathlessness, pain, agitation, etc.) without transport to the hospital.</td>
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### Results
Over 1000 palliative care patients have been registered in the enhanced database to date. Qualitative results show the 24/7 support of paramedics enables access to palliative crisis support in an accessible, timely and effective manner and increases patient/family confidence in choosing to remain home.

**Conclusion:** This program demonstrates that palliative support can be effectively integrated into paramedic practice and result in acute palliative crises being managed at home.

**Speaker:** Marianne Arab

### An exploration of regional variations across a set of potential quality indicators for seriously-ill home care clients in Ontario

This study examined a subset of potential quality indicators for seriously-ill (SI) home care clients stratified by region.

Secondary analysis of Resident Assessment Instrument for Home Care data for Ontario completed between 2009 and 2013 was used to examine the rates of 13 quality indicators (QIs) thought to be relevant to the needs of older (65+) SI clients. The rates of these QIs were generated for each of Ontario’s 14 Local Health Integration Networks (LHINs) to compare these regions. Serious-illness was defined as a prognosis of less than six months to live or the presence of severe health instability.

Within the sample (n=13,862), 62.4% were female, and 49.4% were aged 85+. The QIs with the highest overall rates were shortness of breath (70.2%), daily pain (49.4%), fall frequency (49.3%), caregiver distress (41.7%), and hospital admission (40.6%). The QIs with the largest range (i.e., difference between lowest and highest rates) across LHINs were shortness of breath (range=24.9%), fall frequency (17.5%), caregiver distress (16.7%), social isolation (15.3%), and negative mood (15.3%).

Hospice palliative care services in Ontario are undergoing a process of restructuring and this research can assist in understanding where potential quality issues may exist, which can ideally contribute to quality improvement.
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<td><strong>Palliative Care in Ontario Regional Cancer Centres: Time to Consult</strong></td>
<td>Cancer Care Ontario introduced the time to consult indicator for outpatient palliative care clinics in order to measure access to care about two years ago. Recognizing the important of early palliative care is necessary to ensure quality care for patients facing an advanced illness. The regional cancer centre score card is reviewed on a quarterly basis in order to monitor a number of indicators, including access to palliative care. Since its’ introduction, there have been varying results in improvement within centres, although the objective of the metric was to improve access to care. This oral presentation will review the results and trends since measurement began, and review blinded regional data with analysis around the data.</td>
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| **The Impact of the Palliative and End-of-Life Care Alberta Provincial Framework 2014** | In 2014 a Palliative and End-of-Life Care (PEOLC) Alberta Provincial Framework document was developed and endorsed by PEOLC experts and multiple stakeholders. The framework recommended 36 initiatives to be developed over several years to address the PEOLC program and service gaps in Alberta. Some of these provincial initiatives include:  
  - EMS PEOLC Assess, Treat and Refer, the PEOLC website, and bereavement and grief recommendations help to address gaps in service to rural and rural remote geographies in Alberta.  
  - Volunteer Resource and Facilitator manuals to improve current programs and help communities with volunteer issues. The manuals can be used to start a volunteer program and to help develop practical skills and skills building for volunteers. |
• 24/7 On-Call Palliative Physician coverage implemented to support primary care physicians with adult and pediatric PEOLC issues.

• A Resource Guide for Community Based PEOLC to help build capacity and to support compassionate care in communities.

In 2014/15 Alberta Health Services implemented a province wide policy and procedure for Advance Care Planning and Goals of Care Designation (ACP/GCD). A website was developed for patients, families and health care providers to access information, education and resources about ACP/GCD. A one year review and evaluation was completed and a revised policy and procedure has been approved and implemented.

This presentation will highlight the framework, initiatives completed and in progress, and the impact on Albertans living with a life limiting illness. Participants will learn what provincial PEOLC initiatives were implemented in Alberta and how they have contributed to patient centred care.

Speaker: Michelle Peterson Fraser

Room 209

Home-based palliative care for older clients and their family caregivers: The role of personal support workers

The shift towards care in the community and preference for people with life-limiting illness to remain at home has seen the demand for home-based hospice palliative care intensify. Many of these clients are older (65 years and over) and have complex health care needs. Although home-based hospice palliative care is provided and overseen by health care professionals, personal support workers (PSW) (also known as, home support workers, unregulated care providers, and nursing aides) contribute a significant proportion to these services. There is little research that has explored the role of PSWs in this context. The aims of the study were to describe the PSW role in home-based hospice palliative care and to identify barriers and facilitators to their role. A mixed methods design was used with data from a review of client charts (n=86) to identify PSWs' activities and qualitative interviews with PSWs and stakeholders (i.e. health care professionals, home care organizations, and PSW educators) to explore the PSW role in more depth. Findings from
analyses of the data revealed the scope of the PSWs' responsibilities and the value placed on PSWs as part of the health care team. Further, challenges and rewards in caring for older clients at the end of life identified. Knowledge generated from this study is of value to various stakeholders (i.e. decision-makers, health care organizations, and educators) across Canada committed to providing home-based palliative care to older Canadians.

Speaker: Christine McPherson

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<th>Building An Effective Psychosocial Support Program at End of Life: For individuals facing serious life limiting illness and their families.</th>
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<td>This oral presentation is intended to assist interdisciplinary teams to gain skills in developing, implementing and maintaining effective psychosocial support programs at end of life for individuals living with a life limiting illness and their loved ones. Knowing how to develop and maintain effective psychosocial programs is important in medical practice, evidence based clinical practice and in building community. This workshop will begin the process of preparing communities to accept the important leadership role in bringing forth an industry standard in psychosocial care of individuals living with a life limiting illness and their loved ones. Participants will gain both knowledge and skills in relation to design, implementation and maintenance of a psychosocial program at end of life. Participants will also gain familiarity with some of the resources available to building sustainable, evidence based programs.</td>
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<td>Speaker: Liina McNeil</td>
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<th>Student comfort and satisfaction following participation in an adapted version of the Social Work Competencies on Palliative Education (SCOPE) Training</th>
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<td>Purpose: This presentation reports on the development, implementation, and evaluation of the student adapted Social Work Competencies on Palliative Education (SCOPE) program offered to 25 McGill social work students to improve their comfort participating in the delivery of palliative and end of life care to older adults.</td>
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| Modules | Background: Social workers are increasingly called on to offer psychosocial support to older adults facing end of life and their families. Yet most graduating social workers have received little training in the provision of end of life care and consequently express discomfort working with clients facing issues related to death and dying.

In response to this training gap the Canadian Hospice and Palliative Care Association (CHPCA) partnered with social work educators and practitioners on the Social Work Competencies on Palliative Education (SCOPE) project which included the development of five teaching modules that can be used to enhance education and training for social workers caring for individuals at end of life. Our team recently adapted the modules for training undergraduate and graduate social work students.

Methods: Following curriculum adaptation this 2 day intensive workshop was delivered to social work students. All students were asked to complete pre-post measures reporting on their comfort and knowledge about end of life care. Students were also asked to provide direct feedback on program modules.

Results: Student interest in the training affirmed an overwhelming need for training in end of life issues amongst social work students. Changes in comfort, knowledge and overall feedback will be reported.

Speaker: Zelda Freitas |

| End-of-life experiences from the perspective of hospice palliative care volunteers | The objectives of this oral presentation include: 1) helping volunteers learn more about end-of-life experiences (e.g., the different types of end-of-life experiences that may occur shortly before, at the time of, or shortly after a patient's death, the frequency of such occurrences); 2) the importance of normalizing and validating patients' and family members' end-of-life experiences; and 3) discussing the need for training to help volunteers deal |
| Theatre Hall 110 | Soigner les morts pour guérir les vivants | Le deuil est une phase importante dans la prise en charge palliative dans le contexte de la R D Congo l’équipe de PalliaFamili propose durant cette période un accompagnement spécifique de la famille et de la communauté pour leur permettre de mieux faire le chemin du deuil.

Nous partagerons au cours de notre exposé les différentes étapes que nous entreprenons dans la préparation du deuil "de l’annonce du diagnostique jusqu’à l’enterrement.

Speakers : Herve Kabamba Kananga, Simplice Mukaya Kananga |

| Being Instead of Doing-have we medicalized the End of Life too much? | With the multitude of medicines and medical interventions available, the speakers ponder whether the value of compassionate care at the bedside at the end of life has been forgotten. They through story telling examples remind us of the therapeutic benefit of bedside care and what a real difference that makes. Incorporating listening and being present to general medical care, they discuss how beneficial it can be for the patient and caregivers alike. The audience is invited to share their stories as to what has impacted them.

Speakers: Brian Berger, Anne-Marie Dean |

| A reflection and a critique on the concept of anticipatory grief | The goal of palliative care is to offer active and holistic care, as well as psychological and spiritual support, to terminally ill persons and their families. Palliative care’s mission is, amongst others, to support the family during the entire period surrounding the death itself. This includes both the course of the illness leading up to, as well as the grieving period that follows, the death of the loved one. The scientific and clinical community typically refers to anticipated grief when discussing an individual’s experience before the death of a loved one. Even if this concept seems to be generally accepted, it |
appears that there isn’t a unique definition and conceptualization. The goal of this presentation is to present the results of a critical literature review on the concept of anticipatory grief and the reflections that emerge from these results. The review was done using four databases, CINAHL, Medline, PsycINFO and Cairn, with the key words: “anticipated grief”, “pre-death grief” and “preparatory grief”. The results present the key authors of the concept of anticipatory grief and how their different philosophical and theoretical perspectives are related to the development of the concept. We advocate that the concept of anticipatory grief, as it exists today, is linked to a linear view of grief and a non-holistic way to see a unique individual experience. This presentation will help raise questions and reflections about how, as health professionals, we treat the period before the death of a loved one in palliative care.

Speaker: Emilie Allard

## Integrating Spirituality as a Key Component of Care

Care of advanced cancer patients and other patients with life limiting illnesses frequently focuses on the physical aspects of disease. Seldom are these individuals invited to share their spiritual and psychosocial needs, or discuss how their lives have changed as a result of their circumstance. And yet, seriously ill patients have indicated that the possibility of continued spiritual suffering adds to the distress associated with their illness. Spirituality, broadly defined as that which gives meaning and purpose to life, often is a central issue for patients at the end of life or those dealing with cancer and chronic illness. Growing evidence has demonstrated that spirituality, whether expressed through religious or secular means, is an important component of quality of life (allowing individuals to effectively face the circumstances of life, and cope with feelings of loss, hopelessness, despair, guilt, shame, anger, or abandonment), and affects patients' healthcare decision making and healthcare outcomes. Despite a strong evidence base, clinicians are often reluctant to make spiritual care a core component of patient care. Few health care professionals are prepared to talk to patients about spiritual needs, believing that such discussions require a substantial time commitment and because they do not know how to meet such needs. This workshop will bring
forth discussion related to research that integrated an spirituality assessment instrument into care; the strengths, opportunities and challenges.

Speaker: Jeanne Weis

Room 210

BC Compassionate Communities Movement - Where we are now.

Like elsewhere in Canada, the British Columbia population is ageing and the number of people with serious conditions continues to rise. Although medicalized dying in hospital continue to be the norm, the health system lacks the capacity and resources required to address the social and emotional dimensions associated with serious illness, dying and loss. These dimensions are central to the well-being of patients and families. Research indicates that communities have the resources that can help patients and families feel supported and cared for close to home.

Based on international best practices, the BC Centre for Palliative Care has launched a provincial grassroots movement to foster the spread of Compassionate Communities across BC by engaging citizens and community groups to be part of a network of compassionate champions and ambassadors.

In Spring of 2016, the movement was sparked by a Seed Grant Program to mobilize proactive community support networks, under the leadership of local hospice societies, whose mission is to promote awareness around end of life issues and leverage opportunities to support seriously ill patients and their families. In the Fall of 2016, the BC CPC has widened its circle of focus to involve population health and community organizations and groups from all sectors and at all levels.

As a social change organization, we will share our experience with the BC Compassionate Communities movement and the progress of the Compassionate Cities initiatives that are underway in BC and the Centre is supporting.

Speaker: Eman Hassan
| **Compassionate Ottawa: A Case Study** | In mid 2016, number of community leaders in Ottawa discussed the idea of Ottawa becoming a Compassionate Community for Palliative Care. In November, 2016, a broad community meeting was held to assess the interest in Ottawa becoming a compassionate community. The consensus was very positive and the leadership group was encouraged to take the next steps in the initiative. The leadership group consisted of co-chairs, and a group of volunteers. In the last four months a great deal has been accomplished in laying the groundwork for the initiative. Thirty five service provider and community organizations have been visited to determine interests and needs. A 'backbone' organization has agreed to be the sponsoring organization, funding initiatives are underway, key partnerships are being developed and a second community meeting is scheduled for May, 2107.  
Speakers: James Nininger, Jacqulin Holzman |
| **Palliative Care Matters Initiative: Including the Public in the Future of Palliative Care** | The Palliative Care Matters Initiative builds on 20 years of recommendations about palliative care. The Initiative included a public survey about palliative care, a consensus development conference culminating in a consensus statement, and a Conference Board of Canada report. Fourteen national stakeholders partnered to engage the public and listen to the voice of Canadians on how they perceive palliative care. Twenty recommendations on how Canada’s health system needs to change, agreed upon by a lay panel, were reviewed by the Conference Board of Canada to provide direction on the change needed. This presentation will:  
- Discuss advocacy opportunities and learnings from the Initiative based upon the Conference Board of Canada report  
- Increase participant knowledge on public participation in palliative care  
- Highlight aspects of the IPSOS palliative care survey, and expert panel submissions as they relate to the Conference Board Report. |
The results of the Survey, Expert and Conference Board reports summarize the current status in key areas of palliative care in Canada. The presentation provides the attendee an opportunity to update and reflect on their individual and collective role in promoting palliative care in Canada.

Speaker: Carleen Brenneis

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<th>Engaging Public Advisors in the Development of a Palliative Care Resource</th>
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<td><strong>Background and Project Objectives</strong></td>
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<td>The release of the Nova Scotia (NS) palliative care (PC) strategy in 2014 and the subsequent formation of the Nova Scotia Health Authority presented an opportunity to standardize PC patient and family (herein referred to as patient) education resources.</td>
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<td><strong>Methods</strong></td>
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<td>In 2014, an environmental scan revealed that various PC patient education resources were in use in NS. CCNS created a new resource from existing resources and input from PC Consult Teams (PCCT) and Hospice Associations (HA). PCCT and HA were also asked to review the draft and complete an survey. The reviewers were generally positive about the resource and provided feedback about how to strengthen it. However, some expressed concern that it contained too much detail about symptoms near death; they felt patients would find this section distressing.</td>
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<td>CCNS typically uses an electronic survey to engage patients in the development of resources. However, given the sensitive nature of the PC resource we believed it was inappropriate to use this methodology. Instead, we recruited family members to participate in a focus group.</td>
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<td>In 2015, 6 family members participated in a focus group, an additional person sent in feedback. One participant said “There were parts of this book that were very emotional, which means it was saying the right things.” Unlike the</td>
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providers who had reviewed the resource, family members wanted more information and felt strongly that a single resource be developed. As one participant noted “After all, eventually we are all the patient.”

The focus group provided incredibly powerful feedback which was incorporated into the resource, including family member quotes. The resource was re-circulated to the family members, PCCT and HA. All reviewers were supportive of the changes and one family member commented “Thank you, you really listened to us and responded to our needs, I can see our contributions in the booklet”.

Conclusions

Patients and families want to be involved with projects that providers believe may be too complex or too distressing. Our “Preparing for Death and Dying” resource was vastly enriched by engaging family members, the final version bears little resemblance to the first draft.

Speaker: Marianne Arab

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<tr>
<th>Room 212</th>
<th>Outcome measures for a palliative approach</th>
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| **Background:** It is imperative to integrate a palliative approach earlier on and across all contexts of care for people who have life limiting chronic conditions. However, successful integration will only be achieved if relevant outcomes are routinely evaluated. As part of the Initiative for a Palliative Approach in Nursing: Evidence and Leadership (www.ipanel.ca), we have conducted research with the purpose of identifying outcomes measures that are reflective of a palliative approach.

Methods: The results presented are based on a synthesis of information from several research activities, including: (a) A literature review on "Conceptual foundations of a palliative approach" and (b) qualitative analysis of data from a workshop and interviews with nursing care providers, administrators and leaders focused on "Embedding a palliative approach in nursing care delivery". |
Results: Measures of health and quality of life from the perspectives of healthcare recipients and family caregivers are emphasized as being congruent with the goals of a palliative approach. Other person-centered measures are those reflective of people's experiences with the health care system, including measures of compassionate care, dignity and access to health care. However, standardized patient- and family-reported outcome and experience measures have not been widely used.

Discussion: Outcomes of a palliative approach must be evaluated from a person-centered point of view. For successful and sustained integration of a palliative approach, it is imperative to routinely monitor and evaluate outcomes that are reflective of what really matters to people as they progress along their trajectories of life-limiting illness.

Speakers: Richard Sawatzky, Pat Porterfield

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<th>Assessing the Content Validity of a Proposed Conceptual Model of a Palliative Approach</th>
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<td><strong>Background:</strong></td>
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<td>A palliative approach to care should be available for all patients facing serious illness, from all care providers, in any setting, at any point in their illness trajectory. Achieving this will require a description of the palliative care approach that is measurable, applicable across care settings, and explicitly linked to core concepts of palliative care. Existing characterizations tend to be primarily philosophical or purely behavioural.</td>
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<td>To address this gap, the authors propose a conceptual model describing three core domains of a palliative approach: whole person care, mortality acknowledgement, and quality of life focus. This presentation describes the literature review undertaken to test the content validity of this proposed conceptual model.</td>
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<td><strong>Method:</strong></td>
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A search of the academic and grey literature identified definitions of “palliative care” or “palliative approach”. Two authors independently conducted a directed content analysis to assess congruence with the proposed conceptual model.

Results:

Nineteen definitions were identified. The three domains were represented in the vast majority of definitions: whole person care (17/19), mortality acknowledgement (15/19) and quality of life focus (17/19). Published definitions also included other concepts, but only one of these (family as part of the unit of care) appeared in more than a few definitions.

Discussion:

The content validity of the proposed conceptual model is supported by the high degree of consensus among published definitions regarding the core domains. A conceptual model able to link definitions to behaviours can help achieve the goal of universal access to a palliative approach.

Speakers: Joshua Shadd, Molly Touzel

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<tr>
<th>Integrating a Palliative Approach in the Primary Care Setting</th>
<th>In 2014, Nova Scotia released its provincial palliative care strategy, a framework to guide palliative care planning in the province. The strategy is closely aligned with the national palliative care framework, the Way Forward and emphasizes the importance of a palliative approach to care this is integrated across programs and settings, and rooted in the primary care setting. Primary care providers are often the first and most consistent points of contact in the health system. Their role in palliative care is essential as we move toward collaborative team-based care in in Nova Scotia. However, as palliative care evolved into a specialty, lack of role clarity for primary care providers has resulted in some providers having limited involvement in palliative care; therefore, competency and confidence in PHC has decreased. Specialty services are designed to offer expertise to complement</th>
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comprehensive and continuous care provided in the health home and is not intended to sustain comprehensive care or address individuals’ needs over time.

Although the expectation is that the majority of palliative care can and will be provided in a primary care setting, a framework to support providers in this role and how they work with other system and community partners did not exist in Nova Scotia. Through the Canadian Foundation for Healthcare Improvement’s EXTRA Program, our goal was to develop an operational framework to support integration of the palliative approach in the primary care setting, in collaboration with a primary care team who then demonstrated how it could be effectively implemented.

Speaker: Cheryl Tschupruk

| Early integration of palliative care in Ontario: INTEGRATE quality improvement project | The INTEGRATE Project aims to identify and manage patients who would benefit from a palliative approach to care early in the illness trajectory and across healthcare settings. Palliative care integrated models were pilot tested in 4 regions in Ontario (4 cancer centres (CCs) and 4 primary care (PC) practices). All sites completed Pallium Canada’s LEAP module, which provides primary level palliative care education. The need for a palliative care approach for a given patient is identified using the Surprise Question “Would you be surprised if this person died in the next 6-12 months?”, initiating symptom assessment, Advance Care Planning and Goals of Care discussions, and referrals as needed. Data collection began following implementation and sites routinely submitted data to serve as quality indicators of this project. Implementation of the Surprise Question took place between November 2014 - August 2016 and 294 patients have been identified through PC practices and 933 patients through regional CCs. PC practices have reported a variety of life-limiting diagnoses for their patients including cancer, heart disease, and renal disease, among others. Participating CCs targeted specific cancer sites: lung, gastrointestinal, glioblastoma and head and neck. Further analyses will include completion rates of Advance Care Planning discussions, palliative care referrals and healthcare utilization and final results will be synthesized by |
This project has the potential for significant impact on health system design for patients and families who will benefit from earlier identification of palliative care needs in the PC and oncology settings.

Speaker: Dr. Declan Rowan
| Translation for a Palliative Approach in Nursing Practice | Initiative for a Palliative Approach in Nursing: Evidence and Leadership (iPANEL) is a province-wide nursing research-practice partnership in British Columbia that has been collaborating on research and knowledge translation since 2011. All of our projects are based on the core value that incorporating practice wisdom throughout the research process is the best way to ensure that results are meaningful and useful to practitioners, whether they are front-line providers, leaders or administrators. In this presentation, we will walk you through how we transformed our extensive research findings into user-friendly formats to facilitate understanding and uptake. Practitioner team members were central to the development of our KT products, bringing their expertise about the best tools and language to use when trying to initiate change in health care delivery. We began with the development of guiding principles and processes, including clearly stating team member roles, core evidence, key messages, target audiences, specific KT products, timeframe and distribution plan. KT products, such as infographics and an animated video, were developed through a series of drafting and refinement stages, in collaboration with a professional designer. Distribution of final products occurred via multiple methods, including social media (websites, Twitter, Facebook, YouTube), professional networks, and targeted emails.  

Speakers: Carolyn Tayler, Kelli Stajduhar |
| Ethics of Finitude: Nursing and the Palliative Approach | Access to palliative care is a growing public health issue and current palliative care leadership calls for a "palliative approach" whereby everyone who is facing problems associated with aging should benefit from a palliative approach to care regardless of their care setting. As part of a larger research project on the palliative approach to nursing care in a psychiatric care setting, the presented research explores the phenomenon by which nurses engage with mortality as both an antecedent to adopting a palliative approach and as a phenomenon that captures nurses' continued engagement with patients within a palliative approach to care. This research intersects a central challenge facing palliative care provision: ensuring access to appropriate and dignified care to some of the most marginalized populations in our community. The findings are found to reflect the call to articulate an "ethics
of finitude" based on human social, temporal and mortal facticities. The presentation describes the research phenomenon of interest, conceptual elements, analysis of qualitative interviews with forensic and psychiatric nurses and discussion pertaining to findings and the articulation of an ethics of finitude. This research serves to articulate elements of an ethical framework from which to further conceptualize the palliative approach and hence support the legitimacy of this claim as a current orientation to palliative care provision.

Speaker: Elise Skinner

| Nursing contribution to end-of-life care decisions and medical assistance in dying | Nurses have always supported patients and families during end-of-life care planning and discussions and are vocal advocates for improved access to palliative care across Canada. The significant changes on end-of-life decisions with the passing Bill C-14, An Act to Amend the Criminal Code and to Make Related Amendments to Other Acts (Medical Assistance in Dying or MAID) allow eligible persons to receive MAID under specific circumstances.

The Canadian Nurses Association (CNA) recognizes the ethical and professional dilemmas for nurses and nurse practitioners with MAID. In response, CNA led the development of a National Nursing Framework for Medical Assistance in Dying. The main purpose of the framework is to raise awareness with nurses and nurse practitioners of the change in the law, describe their role in MAID and support nurses and nurse practitioners in their practice as they work with persons considering and receiving MAID, their families and the teams. This framework also guides nurses and nurse practitioners when reflecting on ethical issues that may occur and provides case studies to apply the values and responsibilities to consider.

In this presentation, participants will learn more about MAID, the ethical responsibilities for nurses in MAID and the specific pathway for MAID in Canada. Nurses and nurse practitioners in Canada have a unique perspective and bring an important contribution to the health-care team in the provision of end-of-life care that includes MAID. |
| Hampton Room 1 | Advancing quality palliative care for patients with chronic kidney disease in British Columbia | Chronic kidney disease (CKD) is characterized by high symptom burden and poor life expectancy at advanced stage. An integrated approach to timely advance care planning (ACP) and palliative care spanning the CKD care continuum is needed. Acknowledging the needs and importance of delivering quality palliative care for renal patients, an expert panel was formed to develop an evidence-based framework that articulates four pillars of palliative care: patient identification, ACP, symptom assessment & management, and care of the dying patient and bereavement. Champions from the 5 regional renal programs led to the local implementation of the Framework. Education and support tools were developed provincially to facilitate uptake and capacity building among frontline care providers. Environmental scan was conducted to verify progress and needs. Furthermore, a minimal set of quality indicators were developed with patients and health care professionals to assess both processes and outcomes essential for each of the core areas of palliative care to guide strategic planning and continuous quality improvement.

Environmental scan shows that its implementation varies across the renal programs with each having formalized strategies to facilitate ongoing growth in palliative care. Specifically, prominent improvements were shown in symptom care & management and advance care planning. Key challenges identified include enabling the organizational culture, sustaining quality palliative care and continual improvement.

A series of provincial strategies over the past 7 years enabled the cultural change in nephrology practice for an integrated palliative care approach to CKD care. Routine reporting of quality indicators supports population-based monitoring of progress and continual improvement in palliative care for those living with kidney disease.

Speakers: Helen Chiu, Gaylene Hargrove |
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| Enhancing Hospice Palliative Care: A comfort care guide to support patients and family caregivers in end-of-life care | “The goal of palliative care is to provide comfort and dignity for the person living with the illness as well as the best quality of life for both this person and his or her family.  

— Canadian Hospice Palliative Care Association  

CBI health group recognizes that family caregivers are essential to our interdisciplinary approach to end of life care. Family caregivers must provide emotional, physical, psychological, spiritual and social support and often do this with little or no experience or information to guide them. Quality end-of-life care can only be achieved when both the dying person, and the family caregiver is provided with the assistance, tools, and support that they require and deserve.  

Through the collaborative work of our Palliative Task Force and Person and Family-Centered Care Committee, our comfort care guide brings together information, knowledge and experience for family caregivers caring for loved ones at home and community settings. The guide provides information specific to common symptoms or changes at end of life and how the family caregiver can provide comfort measures to support their loved one. Since experiences with the dying will forever impact a person, this tool aims to provide knowledge and insight to make this encounter meaningful and as comfortable as possible.  

Join us to learn about our successes and challenges related to the care guide development, implementation, and evaluation and how it has impacted palliative practices and caregivers across Canada.  

Speaker: Melissa Hill |
| Strengthening a Palliative Approach in Long-Term Care | Residents living and dying in long-term care (LTC) homes represent one of society’s most frail and marginalized populations of older adults. The average |
(SPA-LTC): A New Program to Improve Quality of Living and Dying for Residents and their Family Members

Length of stay within LTC has decreased significantly in recent years making LTC a major location of death for frail older adults nationally and internationally. The purpose of this oral presentation is to provide an overview of the components of a palliative intervention, called Strengthening a Palliative Approach in Long Term Care (SPA-LTC). First, an overview of the state of knowledge about palliative care in LTC care will be provided including documented challenges to providing optimal palliative care at all stages of the LTC trajectory. Second, key areas targeted by the SPA-LTC program will be introduced including direct care components: (a) tools to support advance care planning; (b) mechanisms to trigger transitioning to end-of-life (c) family care conferences to support communication with residents and families for end-of-life planning; and capacity building components (a) interdisciplinary champion teams to support implementation; (b) data audit and feedback reflections to raise awareness and staff engagement and (c) comfort care rounds to enhance comfort and support team building. Findings and impact of this program on staff, families and residents will be discussed.

This program has the potential to improve the quality of life of older adults living and dying in LTC and provide better support to their families. It is currently being implemented and evaluated in 4 LTC homes in southern Ontario.

Speaker: Olivia Virag

Efficacy of Advance Care Planning (ACP) Interactive Web Sites and Workbooks to Improve Patient Engagement in Primary Care: The Results of Tool Evaluations

Engagement in advance care planning (ACP) can improve end-of-life experiences for patients and families. ACP tools can help healthcare providers start the conversation with patients and their families. This presentation will describe a prospective study evaluating the efficacy of ACP tools in improving ACP engagement.

Speakers: Michelle Howard, Peter Allatt

14:30 – 15:00 Break
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<tr>
<th>Main Ballroom 118</th>
<th>Workshops</th>
<th>Please see workshops/oral presentations listing for full presentations details</th>
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| 15:00 – 16:00    | Revisiting the role of social workers involved in palliative care within the context of Bill 2 in Québec and C-14 in Canada | With the Bill 2 in Quebec and C-14 in Canada, medical aid in dying has caught media attention. However, little attention was put on the clinical aspect of its implementation. This workshop will allow participants to exchange on the impact of those laws in their clinical practice. As an introduction, the animators will give a brief overview of Quebec’s Bill 2 and Canada’s C-14. They will share how Bill 2 has affected their clinical practice and their professional role within the interdisciplinary team. Mrs Freitas will share her experience as a member of the continuing care committee within the Integrated Health and Social Service Center. Mr. Durivage will discuss his role as a member of the Quebec End-of-Life Commission.

During the workshop, participants will be regrouped by work setting to partake in group discussions (homecare, community organization, hospital, LTC, hospice). Each group will receive a case study and the participants will be asked to share their reflections on the social worker’s role. They will identify challenges and their successes in the delivery of palliative care in their setting. Information related to the new laws will be added to the group discussions and the participants will discuss the impact this may have on their role and their clinical interventions. What social workers bring to palliative care and how medical aid in dying has and will affect their clinical practice will also be discussed. A particular focus will be made on the most vulnerable members of our society. In the plenary, each group will report the highlights of their discussions. Animators will collect, collate and send to participants via email, the highlights of the workshop. In addition, with the participants’ consent, the animators will audio record the participants’ feedback for the purpose of writing an article to be submitted for publication in a professional palliative care journal.

Presenters: Patrick Durivage, Zelda Freitas |
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<th>Hampton Room 2</th>
<th>Implementation of a Provincial Palliative Care Strategy: Three Years of Change in Nova Scotia</th>
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|               | In 2014, Nova Scotia released its provincial palliative care strategy, a framework to guide palliative care planning in the province. The strategy outlined four pillars: Integrated Service Delivery, Accountability, Family and Caregivers and Capacity Building and Practice Change. Each pillar included key recommendations - 37 in total. This workshop will take participants along one province’s implementation journey, describing the process of putting a policy framework into practice. Key activities will be described, including: working groups that were formed, how work plans were developed and monitored, how hospice planning was addressed, how a provincial accountability structure was created, quality indicators that were developed, coordinated capacity building, and palliative care projects and partnerships. The workshop will frame implementation in the context of familiar quality improvement and change management concepts, while also highlighting the reality of implementing a provincial strategy in the midst of health system restructuring. In 2015, Nova Scotia transitioned from 9 District Health Authorities to two, the Nova Scotia Health Authority and the IWK, which led to prioritized health services planning in seven key areas (palliative care was not one of them). The coordinator responsible for the strategy’s implementation will reflect on the first three years of implementation and the balance between developing an action plan and being able to confidently and comfortably adjust the plan in order to leverage key opportunities along the way.  
Presenter: Cheryl Tschupruk |

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<th>Room 106 H</th>
<th>An Online End of Life Experience to Encourage Advance Care Planning</th>
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<td>In a co-design exercise with family members, healthcare providers, volunteers and administrators associated with Hospice Georgian Triangle, we used an extended scenario with specific personas to examine and record the feelings, concerns and desires that can arise as people experience dying and death. The participants, though all well experienced with dying and death, felt that the experience of going through the scenario and using personas to do so was deeply moving and highly effective in re-engaging themselves in thinking about dying and death. In particular, the participants felt that providing an opportunity for others to experience the scenario could be very helpful in</td>
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familiarizing them to the choices and decisions they may face while experiencing their own dying or death, or someone else’s. While this exercise may be helpful to encourage Advanced Care Planning, it is time and resource intensive and may not reach people distanced from family or in rural and remote communities.

We have responded by translating the in person exercise to an online experience for people, that enables them to move through some reality-based end of life scenarios, with choices and decisions to make, and includes an opportunity to explore the consequences of those choices and decisions. In this workshop, we will share the challenges and opportunities that the online experience project presented. Participants will engage in the prototype online experience, followed by a facilitated discussion about the experience and its potential to encourage earlier discussions by people about their expectations about dying and death.

Presenters: Karen Oikonen, Kate Sellen, Paul Holyoke

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<th>Room 209</th>
<th>Emergency Medical Services/Palliative and End of Life Care Assess, Treat and Refer Program</th>
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<td>Emergency Medical Services (EMS) and community clinicians are taking care to palliative and end of life care (PEOLC) patients who would otherwise be required to be taken to hospital. Many patients receiving palliative and end of life care prefer to be at home, but complex care issues have historically left EMS practitioners and community clinicians with few options but to transport them to hospital during unexpected symptom crisis. Launched in April of 2015, the program is helping to improve patient and family centered care by focusing on high quality interdisciplinary teamwork between community clinicians and paramedics. This innovative program supports community clinicians (in the homecare and supportive living environments), paramedics and an online physician to collaboratively manage symptom crisis to keep patients at home, when appropriate, improving patient and family experiences and reducing the impact on emergency departments.</td>
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<td>Presenter: Cheryl Cameron</td>
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<td>Room 210</td>
<td>Thrive Anyway: fostering personal and family resilience in the midst of life threatening illness</td>
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<td>When a healthcare professional with experience in palliative and end of life care is the patient, knowledge and experience is both a blessing and a curse.</td>
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<td>This workshop utilizes the consolidated learnings of the presenter as a family member / bereaved individual, a spiritual care practitioner, and as an individual navigating cancer. As she struggled to cope with a metastatic diagnosis, she found hope and direction in resilience theory. A parent of a young child, she turned to Michael Ungar’s “Nine Things All Children Need to be Resilient” as a roadmap for intentionality and possibility. The uncertainty of illness, an expectation of lifelong treatment and a shortened lifespan, heightened the need to raise a resilient child. Over time, she adapted “Nine Things...” and embraced a resilience approach for herself and the whole family. Since doing so, she has experienced improved health, quality of life, and the ability to thrive in the midst of uncertainty.</td>
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<td>This workshop will examine resilience theories and explore practical and concrete applications and discussion opportunities for individual clients or clients with families, with the hope that resilience perspectives will be introduced early in the therapeutic relationship to improve quality of life and coping from illness through bereavement.</td>
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<td>Participants will engage with the concepts through personal narrative, reflection and small group sharing and will be encouraged to reflect on their own clinical cases through the lens of resilience.</td>
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<td>Presenter: Eileen Dahl</td>
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<td>Theatre Hall 110</td>
<td>Building Compassionate Communities: Rural/Urban perspective</td>
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<td>Across Canada, many in this field are increasing interest in the role the community can play to prepare for the imminent demands on palliative care/end of life. In this workshop, participants will be introduced to the Compassionate City Charter as a community based initiative that a hospice can play a key role in, why a Public Health approach is important and the rural and urban landscape differences. Participants will also assess who the key community stakeholders are including Board of Directors, Politicians, and</td>
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community partners. Participants will learn about important success factors and lessons learned from two communities who have been working to build compassion around death, dying, loss and bereavement for over two years.

Presenters: Bonnie Tompkins, Pam Blackwood, Karen Candy, Dr. Denise Marshal

| Room 212 | Transitional Issues in Palliative Care: When the “Pediatric” Patient Becomes an “Adult” | This case-based, interactive workshop is designed to engage participants in interdisciplinary, multimodal problem-solving to address the palliative care needs of adolescent/young adults with incurable chronic complex conditions, as they transition from pediatric health care providers to “the adult world”.

Presenters: Dave Lysecki, Kimberley Widger, Adam Rapoport, Hal Siden |

| Room 214 | The Quebec Palliative Sedation Guidelines | Imbedded in the development of Law 2 (Quebec's medical aid to die law) was also the provision for new standardization of clinical practice guidelines for palliative sedation. Physicians across the province were brought together to share their expertise and best practices in order to develop clear, research-based guidelines for the use of palliative sedation therapy in patients having a prognosis of less than 2 weeks. In this workshop, the participants will become familiar with the guidelines and have a chance to discuss its implications in their places of work. Indications for and medications commonly used in palliative sedation therapy will be reviewed. The guideline also provides standardized assessment tools for nurses to use when a patient is receiving palliative sedation. The presenter will review all relevant information that now must be legally documented in the patient’s medical record, which includes charting discussions that occurred within the team and with the patient/family. Participants will be invited to share their clinical experiences and the challenges that they have when providing sedation palliative therapy. Palliative sedation itself can sometimes be viewed as a controversial treatment. Methods to decrease the possibility of causing emotional distress amongst members of the interdisciplinary team will be examined. The challenges of offering palliative sedation, including suggestions as to what to |
| Theatre Hall 201-202 | Establishing the Nova Scotia Palliative Care Competency Framework | Background and Project Objectives
In 2014 Nova Scotia released a provincial palliative care (PC) strategy and implementation working groups were established. The Capacity Building and Practice Change Working Group (CBPCWG) is comprised of health professionals, a public advisor, educators and a Volunteer Resources Consultant. The CBPCWG is responsible for determining an approach to provide standardized PC education, identifying PC learning needs, and establishing PC practice support tools. The first step in achieving this mandate was to establish PC competencies for:

- health professionals caring for patients with life limiting illness and their families
- health professionals and volunteers specializing in PC.

Methods
In the fall of 2015, a literature search for PC competencies and a scan of PC education programs were conducted.

The Irish PC Competence Framework (IPCCF) serves as the foundation of the Nova Scotia Palliative Care Competency Framework (NSPCCF). PC competencies established by Canadian associations were incorporated, additional competencies were added and any competencies not specific to PC were removed.

To highlight Interprofessional practice, the NSPCCF illustrates shared and discipline-specific competencies.

discuss with the patient-family beforehand and after therapy begins, will be discussed.

Presenter: Rose DeAngelis
The IPCCF does not include Para-medicine, Volunteer or Volunteer Coordinator competencies. The objectives for the program to prepare Paramedics to provide PC and the Canadian Paramedic Competency Profile framed the Para-medicine competencies. A number of resources underpin the Volunteer Coordinators’ and PC Volunteers’ competencies.

Stakeholders were asked to review and validate the NSPCCF. Additional stakeholders were asked to map the competencies to educational programs. Recommendations were incorporated and re-circulated. Numerous rounds of review refined the NSPCCF.

The CBPCWG then sought the support of Health Professional Colleges and Associations, NSHA and IWK.

Results

Two documents were created. An internal document includes mapping to educational programs, the public document does not.

Conclusions

The CBPCWG was successful in establishing shared and discipline specific PC competencies and selecting PC educational programs. The NSPCCF will also support the refinement of PC quality indicators.

Other provinces and national organizations have expressed considerable interest in the NSPCCF.

Presenters: Janet Carver, Cheryl Tschupruk

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<th>Time</th>
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<td>16:00 – 16:15</td>
<td>Transition (No Break)</td>
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<td>16:15 – 17:15</td>
<td>Workshops</td>
<td>Please see workshops/oral presentations listing for full presentations details</td>
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<tr>
<td>Hampton Room 1</td>
<td>A Gentle Touch: Integrating Therapeutic Touch® into Therapeutic Touch® is a holistic, evidence-based therapy that incorporates the intentional and compassionate use of universal energy to promote</td>
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Therapeutic Touch has been shown to be effective in populations often thought to be fragile, such as the elderly, people with cancer and dementia. Therapeutic Touch has been used extensively in the palliative care setting for decades. The philosophy and goals of Hospice Palliative Care and Therapeutic Touch are similar and complementary.

Therapeutic Touch can be offered to anyone who is open to improving their health and sense of well-being. It can be taught to anyone with compassion and an intention to help others.

Through experiential exercises, a demonstration of Therapeutic Touch and the use of case studies to highlight some of the many benefits; participants will see how Therapeutic Touch can be responsive to the unique needs of an individual with a life threatening illness as well as their families anytime from diagnosis, throughout treatment, remission, end of life or bereavement and anywhere, whether in the community, in hospital, LTC or hospice.

There will be reference to the significant benefits to ourselves as individuals and to our organizations of integrating Therapeutic Touch into our expanding basket of services.

Presenter: Nancy Hall
USA. It was updated and adapted for the Canadian landscape, to “EPEC-O Canada”, by an interprofessional Canadian team. To increase accessibility and uptake across Canada, this workshop-based curriculum was enhanced to support interprofessional team-based care and transitioned to an online learning platform.

Interprofessional EPEC-Oncology or iEPEC-O, is an online self-directed course. It augments the learning experience by including the core competencies in palliative symptom management, as well as emphasizing comprehensive team-based care, and integration of a culturally sensitive person-centred approach. In the workshop, presenters will demonstrate online modules highlighting comprehensive symptom assessment and management. Interactive activities will emphasize the culturally sensitive approach to communication and working with patients and families. Case illustrations will spotlight psychosocial aspects of end of life care. Quantitative and qualitative data will be presented from experiences among early adopters of the program, including physicians, nurses and social workers.

Participants will gain knowledge on the online learning process, appreciate learner-controlled experience and pace, as well as obtain clinical tools and decision supports that can be immediately applied to day-to-day practice.

Presenters: Mary Jane Esplen, Paul Daeninck, Judy Simpson, Susan Blacker

Room 106 H

Life Through My Eyes – The Implementation of a Patient Engagement Tool

Patient- and family-centered care (PFCC) in healthcare is described as provision of care that is consistent with the beliefs, desires and needs of patients. This is achieved when health care providers collaborate with patients and family members. PFCC has many benefits and has been part of a movement to achieve better health-outcomes, increase patient satisfaction, and create partnerships among healthcare professionals, patients, and their families. Studies increasingly show that when health care organizations, patients, and families work in partnership, the quality and safety of health care increase, costs decrease, and most importantly provider and patient satisfaction results improve.
CBI Health Group takes pride in its Registered Nurses Association of Ontario (RNAO) Best Practice Spotlight Organization (BPSO) designation and as a BPSO, CBI recognizes the importance of the PFCC best practice guideline. As part of the guideline implementation and tool development an interdisciplinary committee was formed that included our patient advisors. Our patient-advisors play a key role in the success of this committee and CBI’s ongoing efforts to foster a collaborative approach to patient care.

We share our journey with you through the development, implementation, and evaluation of a nationwide, interdisciplinary patient engagement tool. The Life Through my Eyes (LTME) tool was developed to assist the health care provider to get to know the person; who they are and what is important to them.

Canadian home healthcare organizations are increasingly focusing on improving client experience, patient- and family- centered care (PFCC), and patient engagement. CBI’s LTME document supports the work being done to engage clients — and their families — in designing, delivering and evaluating quality improvement in our service delivery.

Presenter: Kathy Mazza

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<tr>
<th>Room 209</th>
<th>Creating a Creative Writing Based Self-Reflective Practice</th>
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<td>In this workshop, Dr. Kyra Harris will lead participants through a series of writing exercises designed to help palliative and hospice care professionals learn to use creative writing for both independent and group self-reflection. By leading participants through collaborative writing exercises on themes relating to death and dying, she will demonstrate how arts-based techniques can be used to explore emotional experiences as a team. Through independent exercises, she will help participants develop comfort in their own writing abilities, and take the first steps towards using poetry and journalling for self-care. Participants will have the opportunity to share their work with the group, discuss group themes, and troubleshoot any challenges and discomforts with the writing process. No previous writing experience</td>
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Room 210  | **Workshop:** Kids Grieve2: A New Resource for Supporting Grieving Children

The death of a significant person represents one of the most powerful disruptions in all aspects of a child’s emotional existence. Yet there is little guidance available to most adults who are supporting children through the dying and death of a family member or friend. Adults often struggle to determine how involved the child should be with the person who is dying, what language to use, and how much information to share. It is not uncommon for a dying adult to choose against a home death in an effort to “protect the children.”

While many families welcome guidance in this area from their healthcare providers, few HCPs receive formal training on the topic despite the substantial body of literature available. This results in reluctance across the disciplines to offer families advice on how to support children dealing with dying and death.

In this workshop we will introduce “Kids Grieve2”, a new online resource designed to equip professionals, parents and other caregivers with evidence-based grief support strategies for children 2 – 12. This interactive workshop will give participants the opportunity to explore their own concerns and barriers in terms of supporting grieving children, and to experience the resource. Developed by Canadian Virtual Hospice and a team of children’s grief experts from across Canada, Kids Grieve2 will go a long way towards bridging the wide gap that currently exists between the literature and practice when it comes to supporting children who are experiencing the dying or death of someone close to them.

Presenters: Andrea Warnick, Susan Cadell, Camara van Breemen
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<tr>
<th>Theatre Hall 110</th>
<th>Serious Illness Care More, Earlier, Better Conversations</th>
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<td>It is well known that more, better and earlier conversations with seriously ill patients can lead to improved health and psychosocial outcomes. However, conversations often occur too late, and focus on choices about procedures rather than aligning care to what matters to patients. Clinicians often feel underprepared and/or lack confidence to conduct high-quality conversations. The BC Centre for Palliative Care is working with patients, families, caregivers, clinicians, health administrators, researchers and community organizations to implement a provincial initiative to improve serious illness conversations. Our aim is for goal concordant care for individuals throughout British Columbia.</td>
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<td>In this workshop we will introduce the Serious Illness Conversation Guide, patient and family tools as well as recommended system change strategies, all developed and tested by Ariadne Labs-Harvard Medical School. The tools are designed to help patients prepare for the conversation, help clinicians guide the conversation and then help patients talk to their families. The workshop will focus on skills development using the guide through role play and structured feedback from experienced facilitators. The system change strategies that will be discussed include identifying a trigger for the conversation, developing a reminder system, dedicating clinician time for the conversation, facilitating documentation in the patient’s medical record, and integrating patients and family resources in the process of care.</td>
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<td>We will also share lessons learned from pilot sites in British Columbia that are implementing the serious illness conversation program into their standard of care.</td>
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<td>Presenters: Elizabeth Beddard-Huber, Gillian Fyles</td>
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<td>Room 212</td>
<td>Palliative Care: not all about dying</td>
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<td>I will discuss how language related to palliative care can sabotage efforts to engage patients early in the course of illness. I will present a new way of communicating with patients, their families, our colleagues and the public which will facilitate appropriately timed engagement with palliative care services, reduce the risk of resource-intensive crises and increase the capacity of palliative care services.</td>
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**Room 214**

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<th>Presenter: Pippa Hawley</th>
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<tr>
<td><strong>Co-designing Hospice Palliative Care: Deep engagement with family members, hospice staff, healthcare providers and community members</strong></td>
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The Ontario Ministry of Health and Long-Term Care provincial strategy aspires to put ‘Patients First’ however there is not a strong history of developing services for patients and families WITH patients and families.

The Saint Elizabeth Research Centre partnered with each of Hospice Georgian Triangle and Hospice Vaughan to use co-design methodology to guide the process of developing services and facilities from problem framing to developing ideas to translating to reality.

Co-design goes well beyond the “informing” and “consulting” forms of patient and family engagement. It involves a wide variety of stakeholders -- bereaved family members, hospice staff, nurses, doctors, PSWs, navigators, spiritual care providers, architects, and community members – while holding firm to the idea of person and family members being at the centre. The co-design is highly process-driven, potentially leading to outcomes that the stakeholders may not have even considered prior to the process. As such, it requires a commitment to deep listening and attentiveness, but ultimately, leads to a wider commitment to a vision and results that will more closely meet the needs and expectations of the patients and families – and the other stakeholders.

In this workshop, we will provide the principles and general approach of co-design, and provide some perspectives on the co-design experience from two hospice organizations. Then, we will enter into a dialogue with workshop participants about co-design and how it works, and how it might benefit future work participants will be undertaking in their own hospice palliative care work.

Presenters: Karen Oikonen, Paul Holyoke, Kelly Borg, Susan Paterino
Theatre Hall 201-202

Integrated Comprehensive Care

The Integrated Comprehensive Care (ICC) program is an innovative patient centered model of care that directly integrates hospital and community care services for patients.

The program is developed to make points of transition in care seamless and less confusing for patients and their families. This model, designed by the St. Joseph’s Health System, enables health care providers to communicate with each other more effectively resulting in better outcomes for patients.

The Stedman Community Hospice is a proud partner of the St. Joseph’s Health System. At the core of our philosophy of care, Stedman Community Hospice recognizes that end of life is a normal process of living and our goal is to ensure that the final stages of one’s life is a positive experience for the patients and their families.

Unique to our hospice are programs that not only serve and support our patients and their families while at the 10-bed residential hospice, but also those patients who wish to remain in their homes. This care extends from the time of a diagnosis of a life-limiting illness until the patient’s death and continues into bereavement care for the family.

Presenters: Cheryl Moore, Bernedette McNeil

17:30 – 18:30
Atrium

Reception

18:30 – 22:00
Main Ballroom 106

Evening Soirée

Casino Themed Evening of Fun

Saturday, September 23, 2017

08:30 – 09:45
Main Ballroom 106

Plenary

Theme: Leadership/inspirational

Using Humour to Deal with Terminal Illness

Presenter: Jeremie Saunders
Jeremie Saunders is a multi-award winning professional actor and yoga instructor who happens to live with a genetic lung disease called Cystic Fibrosis. He views his illness as the ultimate gift - something that fuels his motivation and creativity. Jeremie is the creator, producer and co-host of Sickboy Podcast, where he interviews guests that are also living with disease in an effort to de-stigmatize fatal illnesses.

Jeremie will be sharing his story of how he maintains positivity while living with Cystic Fibrosis. He will also delve into what the Sickboy Podcast has done to create awareness and break down barriers for those living with terminal illnesses.

Learning Objectives:
- Explore different current methods of communicating the reality of living with complex medical situations.
- Explore how to break down barriers for those living with terminal illness.
- Look at the potential of adapting and expanding communications to other complex disease groups.

About Jeremie Saunders

Jeremie is a multi-award winning professional actor and yoga instructor who happens to live with a genetic lung disease called Cystic Fibrosis.

He is also the producer and host of the award-winning comedy podcast Sickboy which he founded with his two best friends Taylor and Brian. Together they explore conversations surrounding what it’s like to live with terminal or chronic illness in order to tear down the walls of stigma and find levity in an otherwise dark situation.

In another life, prior to this he hosted the CBC Television show Artzooka and traveled the world, from Kazakhstan to New Mexico and many places in
between, with Col. Chris Hadfield as he hosting a documentary about Hadfield’s training to become an astronaut.

Jeremie is based out of Halifax, Nova Scotia where he lives with his wife Bryde and their oversized muffin of a dog Bigby.

Most audiences remark that what they loved the most about Jeremie has been his sincerity, the insight he brings into the patient experience and the way he can (cleanly for audiences) bring great humour to the challenges of living with illness and working in health care.

<table>
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<tr>
<th>10:15 – 11:45</th>
<th>Challenging Issues Panel</th>
<th>What is the provision of hospice palliative care in Africa</th>
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<td>Room 210</td>
<td>International issues</td>
<td>Come and hear from some hospice palliative care environment in Africa. What are our learnings? What are our next steps?</td>
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<td>Learning Objectives:</td>
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<td>- Explore current practices and challenges in hospice palliative care in Africa.</td>
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<td>- Explore the challenges of pain and symptom management in developing countries.</td>
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<td>Presenters: Zipporah Ali and Beverley Sebastian</td>
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<td>Moderator: Wendy Muckle</td>
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<th>10:15 – 11:45</th>
<th>Challenging Issues Panel</th>
<th>Social Determinants of Health - What Are the Biggest Challenges to the Social Determinants of Health</th>
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<td>Theatre Hall 110</td>
<td>Marginalized Populations</td>
<td>This panel will present the challenges faced by people in a quantitative way by telling their story. The panel will use a Jeopardy type answer and then question process to elaborate on the critical aspects and what barriers might look like.</td>
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<td>The session will bring in the issue of not having choices and how society has taken away their decision making. Then we will tackle the issue of seeking care while living with trauma. Then finally we will bring into the conversation</td>
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how does one advocate – what might be five steps to act on. We will be using
a polling system to bring the audience into the dialogue.

Learning Objectives:
- Exploring health challenges for marginalized communities at the end-of-life.
- Look at innovative programming to reach out to marginalized populations.
- Look at ways to advocate for better access to availability of hospice palliative care to marginalized populations.

Presenters: Naheed Dosani, Simon Colgan and Namarig Ahmed
Moderator: Kelli Stajduhar

10:15 – 11:45
Theatre Hall 201 - 202
Challenging Issues Panel
Advance Care Planning

Advance Care Planning (ACP) in the Environment of Medical Assistance in Dying (MAiD)

The legalization of medical assistance in dying (MAiD), has changed the context of healthcare in Canada, and can have an impact on how some Canadians approach end of life decision-making. It has also changed the discourse that Canadians are having - about quality of life and death - and may have an influence on how healthcare providers and lawyers discuss future care wishes with patients. What is and what will be the impact of medical assistance in dying on ACP and personal health planning during conversations about future healthcare wishes? What is the impact of ACP and personal health planning on medical assistance in dying? The current law does not permit requests for medical assistance in dying made in advance or on behalf of an incapable person. If the law changes to allow such requests, what might be the impact on ACP?

Learning Objectives:
- Look at current policy environment around MAiD.
- Look at the impact of MAiD on advance care planning and health planning.
### Challenging Issues Panel

**Pediatrics**

**Thinking outside the Box: Innovative ways of providing palliative care to children within their home communities**

This challenging issues panel will explore different models of care across Canada to examine the current ways that pediatric palliative care is being delivered. This session will focus on creative ways to support pediatric patients in communities where access to a children's hospital or dedicated pediatric palliative care programs isn't available. Panelists will learn about and discuss how pediatric palliative care can be integrated into adult centered models, and will look at programs and services currently serving their pediatric populations with creative and innovative outreach, hybrid, and/or partnership models.

**Learning Objectives:**

- Explore the current challenges of pediatric palliative care.
- Explore different models of care in pediatric palliative care across Canada.
- Examine creative support methods for communities without a dedicated pediatric palliative care program.

**Presenters:** Marie-Claude Gregoire and Stephanie Connidis, Dave Lysecki

**Moderator:** Lynn Grandmaison-Dumond

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<th>Time</th>
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<td>10:15 – 11:45</td>
<td>Main Ballroom 106</td>
<td>Challenging Issues Panel</td>
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<td>11:45 – 13:00</td>
<td>Main Ballroom 118/106</td>
<td>Lunch</td>
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<td>13:00 – 14:30</td>
<td>Theatre Hall 110</td>
<td>Comment faire un suivi de</td>
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<td>deuil auprès des familles</td>
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| un décès subi et inattendu | choc.  
Les décès subis et inattendus sont une des causes de décès majeures dans la première année de vie chez l’enfant. Plusieurs de ces décès sont expliqués après une investigation approfondie (cause infectieuse, cardiaque, métabolique/génétique). Plusieurs autres décès demeurent totalement inexpliqués malgré les efforts mis en œuvre pour en déterminer la cause. Le deuil vécu par les familles dont l’enfant est décédé subitement et en apparence de façon inexpliquée est un deuil particulier, plus complexe vu les circonstances (implications des policiers, autopsie, attente,.... incertitude, sentiment de culpabilité,...)  
Nous présenterons notre expérience de suivi de deuil fait en collaboration avec le Centre Jeremy Rill, centre de référence provincial pour les décès subits chez les enfants de moins de deux ans. Le centre jeremy rill est le seul centre qui fait ce suivi auprès des familles au Québec.  
Speakers : Antonietta Petti, Marion Onno, Aurore Coté |
| Implementation of a Train-the-Trainer Curriculum to Enhance Palliative Care for Children with Cancer | Background: Pediatric health professionals (HP) receive little training in pediatric palliative care (PPC). To address this gap, we implemented the Education in Palliative and End-of-Life Care for Pediatrics (EPEC®-Peds) curriculum using a ‘Train-the-Trainer’ model. The impact of our rollout was assessed in 4 areas: 1) knowledge of HP; 2) knowledge dissemination outcomes; 3) practice change outcomes; and 4) quality of PPC.  
Methods: Teams of 3 to 6 HP based at 15 of the 16 pediatric oncology programs in Canada became EPEC®-Peds Trainers who delivered the training |
to End-Users (HPs involved in providing care to children with cancer) and implemented quality improvement (QI) projects over 4 - 18 months. To assess care quality, data were collected before and after the rollout through: a) parent / child surveys about symptoms, quality of life, and care provided; b) health record reviews of deceased patients; and c) bereaved parent surveys about end-of-life care.

Results: We certified 72 Trainers and reached 3385 End-Users from every province and territory. The majority (78.5%) of End-Users agreed or strongly agreed that their knowledge about PPC improved. Ten of 15 sites achieved practice change goals through QI projects focused on symptom screening, bereavement support, and sibling support. There were no significant differences in the quality of care before and after the rollout though data indicated areas where care could be enhanced.

Conclusions: Goals were achieved for knowledge dissemination, enhanced knowledge, and practice change. The lack of change in care quality may be related to the relatively short time between intervention and follow-up.

Speakers: Kimberley Widger, Adam Rapoport

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<th>Exploring Resident Physicians’ Experiences Practicing in Pediatric Palliative Care: A Phenomenological Method of Inquiry</th>
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<td>This oral presentation will present findings of a recent research study involving medical residents. This study explores the diverse experiences of pediatrics medical residents completing a training rotation in a pediatric palliative care setting. This oral presentation will describe the background of this study (this included a pilot study that generated findings un-seen in the literature: included themes of: unrecognized grief, mutual and overlapping professional and personal responses to patients’ deaths, the perception of re-humanizing of the child patient, and validation of self as a ‘whole’ physicians) its qualitative research methodology, findings, and implications for practice. A clear rationale for this study will also be discussed and supported by what is currently known about the experiences of medical residents training in pediatric palliative care and why the findings of this study are significant.</td>
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| **A Scoping Review to Examine Symptoms in Children with Rare, Progressive, Life-Threatening Disorders** | **Objectives:** Q3 conditions are progressive, incurable metabolic, neurological, or chromosomal childhood conditions. With no existing curative treatments, children with these conditions face an unknown lifespan and endure uncomfortable and unstable symptoms.

With regard to symptoms, there is a critical need to provide evidence on which clinicians can base care and to identify direction for future research programs. Our objective was to evaluate the level of the research evidence to identify what is known and unknown about the assessment and management of symptoms in Q3 conditions.

**Methods:** Our initial pilot study identified 10 symptoms as disruptive to a child’s health: behaviour problems; bowel incontinence; breathing difficulties; constipation; feeding difficulties; sleep disturbance; temperature regulation; tone and motor problems; urinary incontinence; and vomiting. Pain and seizures were excluded because of the wealth of existing information. Our search strategy combined these symptoms with 180 Q3 conditions that were identified through our pilot study and three literature sources. We searched MEDLINE, Embase, and CINAHL and conducted an extensive search of the grey literature to locate unpublished studies.

**Results:** We will demonstrate the successful strategy using the PRISMA chart. We will show the scope of knowledge, categorized in levels of evidence, and identify gaps, such as in understanding mechanisms, assessments, and treatment of symptoms in Q3 conditions.

**Conclusions:** Current knowledge regarding symptoms is needed in this complex population and high-value research opportunities need to be identified. We will provide information for clinical use and guidance for conducting effective searches related to multiple diseases and conditions.

**Speakers:** Harold (Hal) Siden
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<tr>
<th>Theatre Hall 201 - 202</th>
<th><strong>Facts, Feelings and Fears: Supporting Families through Dementia’s End-of-Life</strong></th>
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<td><strong>As of 2016, 564,000 Canadians are living with Alzheimer’s disease and other dementias (Alzheimer Society of Canada, 2016). Many diseases can cause dementia, the most common being Alzheimer’s disease. Alzheimer’s disease (AD) is a fatal disease that eventually affects all aspects of a person’s life: how they think, feel, and act. People with dementia can therefore benefit from a palliative approach, long before death is near. However, palliative care has typically not been available to people whose prognosis is uncertain and where the dying process is protracted (Small, 2007). Many misconceptions persist regarding palliative care and active versus comfort care among lay people as well as health care providers.</strong></td>
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<td><strong>While it is human nature to avoid talking about sad and difficult topics such as end-of-life, people impacted by dementia are hungry for practical, reliable information about what to expect at this stage.</strong></td>
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<td><strong>The topic of end-of-life is on people’s minds. Three-quarters of Canadians (74%) report having thought about end-of-life. (Canadian Hospice Palliative Care Association, 2013)</strong></td>
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<td><strong>Health care providers have an important role to play in preparing people with dementia and families for end-of-life. Resources are available to assist health care professionals in supporting a person centred approach to palliative end-of-life dementia care as well as strategies that can lead to a more comfortable end-of-life experience for the person with dementia.</strong></td>
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<td><strong>Speaker: Mary Shculz</strong></td>
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| **Lorsque le temps est compté : temporalités et identités chez les conjoints âgés en soins palliatifs à domicile** |
| **Le rapport au temps des conjoint(e)s de personnes âgées en fin de vie à domicile est encore peu documenté. Or, nous savons que cette période peut être particulièrement éprouvante pour ces proches, l’annonce d’un pronostic réservé, et donc d’une fin de vie à venir constituant un tournant, tant pour la personne malade que pour son ou sa conjoint(e). Le temps (qu’il reste à vivre)*** |
et le lieu (« chez soi ») sont investis de nouvelles significations alors même que de nombreuses transitions et ruptures viennent rythmer le quotidien.

Pour mieux comprendre ces transitions et ruptures, nous avons organisé six focus group avec différents types d’intervenants qui œuvrent auprès de personnes âgées en soins palliatifs à domicile. Nous avons interrogés ces intervenants sur les éventuelles transitions et ruptures identitaires vécues, selon eux, par les conjoints de personnes âgées en soins palliatifs à domicile, leurs significations et leur importance.

Le temps passé, le temps présent ainsi que le futur sont évoqués par les intervenants. Le passé, à travers l’histoire personnelle et conjugale semble au cœur de la relation d’aide. Le temps présent doit être constamment reconsidéré, au gré des transitions du soin et de la maladie. Enfin, le futur, limité par la mort à venir du conjoint est difficile à appréhender, et ceci tant pour les proches que pour les intervenants.

Speakers : Isabelle Van Pevenage, Laurence Hamel-Roy

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<th>Staff Involvement in End-of-life Decision Making for Persons with Advanced Dementia in Long-term care: Barriers and Facilitators.</th>
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<td>Decision making can have a significant impact on the quality of life for persons with advanced dementia in long-term care (LTC). Decisions for late-stage complications can lead to aggressive treatment and unnecessary suffering, potentially denying people with dementia palliative care, an approach focused on comfort rather than cure. Decision making has been focused largely on the risks and benefits of treatment; however, evidence suggests that personal knowledge of the person with dementia can prevent transfers from LTC to hospitals that may compound delirium, cause discomfort and result in death at hospital. Staff members spend the most time in direct care with residents and family members; yet, staff knowledge of the preferences and values of the person with dementia often is undervalued in the hierarchial culture of LTC. The purpose of this study was to examine the barriers and facilitators to staff involvement in end-of-life decision making for people living with advanced dementia.</td>
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An interpretive descriptive methodology was used to gain understanding of subjective experiences and shared realities of disciplinary practices related to decision making. Semi-structured interviews were conducted with personal support workers (n=9), registered practical nurses (n=8) and registered nurses (n=4) from two long-term care facilities. Using thematic analysis, findings suggest LTC protocols promote a dichotomy between curative and palliative care, shaping staff involvement in decision making. Alongside biomedical knowledge, staff personal knowledge of the person with dementia must be acknowledged to enhance palliative dementia care in LTC.

Speaker: Nisha Sutherland

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<th>Communication issues and suffering of older men with incurable cancer</th>
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<td>As the risk of developing cancer increases with old age, numerous older men live with an incurable cancer (and Gammack Cepeda, 2006; Garrison and al., 2011). Yet, little research is conducted on the experience of these men for whom the psychological suffering resulting from the disease often overlaps with the experience of aging. Therefore, what do we know about the psychological suffering of older men with incurable cancer?</td>
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<td>We base our answer to this question on the results from a qualitative research in which 5 focus groups were held with 27 health care providers working with men with incurable cancer aged 65 and over. The participants were asked about the psychological sufferings of these men and how they alleviate them. Using NVivo Software, a thematic analysis was used to analyse the data (Paillé and Mucchielli, 2012; 2016).</td>
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<td>The results reveal three major issues of communication that are linked to the suffering of older men with incurable cancer: 1) the complex dynamics of silence and verbal expression; 2) the manifold manifestations and functions of denial and its impact on communication; 3) the variety of points of views emerging from the good death paradigm, the values shared by the health care providers, and the experience of the elderly men with incurable cancer. These innovative results serve to better understand how suffering as experienced by older men with incurable cancer relates to various communication issues.</td>
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They can also inform the development of courses of actions to relieve this population.

Speakers: Valerie Bourgeois-Guerin, Antonin Marquis

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<th>Main Ballroom 106</th>
<th>Le respect des volontés des patients en fin de vie : exposé d'une recherche collaborative</th>
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L’objectif du travail est de questionner le respect du droit du patient en fin de vie à décider pour lui-même, comme cela est prévu dans la loi française. Il s’agit de voir avec des professionnels qui prennent en charge des patients atteints de polypathologies, de maladies graves ou incurables comment ils recueillent les volontés, les respectent et les problèmes que cela leur pose.

Les choix méthodologiques comprennent une recherche qualitative avec une approche collaborative. Ce modèle de recherche repose sur un travail « avec » et non pas « sur » les praticiens, en faisant des liens entre la théorie et la pratique. Il s’agit d’une étude de dossiers pour repérer ce qui est tracé, puis de rencontres avec des équipes soignantes pour un recueil de narrations de situations vécues. La démarche est réalisée dans six unités choisies parce qu’elles accueillent des patients en fin de vie et qu’elles sont imprégnées d’une culture de la délibération pluridisciplinaire.

Les résultats montrent des points de recoupement :

- La notion de volonté est ambivalente et fluctuante, sujette à interprétation par les professionnels.
- Le contexte est important : l’information donnée et reçue, le soulagement des symptômes gênants, les interactions complexes particulièrement avec les proches, modifiant les demandes des personnes.
- Le tissage émotionnel est dense, générant des tensions, en particulier dans un contexte d’irréversibilité des décisions.
- Tracer des informations fluctuantes est difficile et ainsi peu d’éléments sont tracés dans les dossiers.
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<th>New insights into the complex relationship between Palliative Care and Medical Assistance in Dying</th>
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| The World Health Organization asserts that Palliative Care “intends to neither hasten nor postpone death.” Many Palliative Care physicians adhere to this as their philosophy of practice. The 2015 Supreme Court ruling (Carter v. Canada) and Bill C-14 legalized medical assistance in dying (M.A.I.D.) allowing physicians to hasten death for patients who have “a grievous and irremediable medical condition”.

We conducted semi-structured, qualitative interviews with 43 of 48 physicians recognized as Palliative Care experts in our region to understand the anticipated effect of the new M.A.I.D. legislation on these physicians and their practice. The interviews were carried out in April and May of 2016, prior to the legislation coming into effect. Interviews were digitally recorded, transcribed and anonymized. Transcripts were analyzed using conventional content analysis.

Our presentation will focus on the varied, complex, and nuanced perspectives of palliative care physicians: 1) how these palliative care physicians understood the legislation 2) their concerns and questions regarding M.A.I.D. 3) their perceived implications for individual medical practice, for the discipline of palliative care, and for society as a whole; 4) the anticipated impact on their ability to care for patients at the end of life and 5) their support needs.

This is a new landscape (medically, legally, and culturally) for Canada, its physicians, and its citizens. There is little research on the impact of M.A.I.D. on physicians, their relationships, and the care they provide to a vulnerable population who are suffering.

Speakers: Joshua Shadd, Kathleen Willison
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<tr>
<th>Room 209</th>
<th>The Nurse Practitioner Role is Ideally Suited for Palliative Care Practice: A Qualitative Descriptive Study</th>
<th>Persons with progressive chronic diseases, such as cancer, heart disease, and chronic respiratory disease, among others, need palliative care for best quality of life as the conditions become life-threatening and deteriorate toward death. Chronic diseases are most common among older persons;</th>
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| Medical Assistance in Dying and Hospice - A Conflict of Values or an Opportunity | Medical Assistance in Dying (MAID) is now a reality in Canada. We at Hospice Care Ottawa struggled with how to address this issue from a policy perspective and also with how to respect the rights and beliefs of patients volunteers, doctors and staff. Rather than take a hard line for or against MAID, we sought to find a middle road. We feel that hospice is in a perfect position for leadership in providing palliative and end-of-life care to patients whose suffering has led them to request MAID. The importance of not abandoning these patients cannot be overstated. This workshop will target the more advanced learners among residential hospice staff and policy makers.

Making use of case studies and a study of relevant literature, we will explore the issues arising in caring for patients at residential hospice who have requested MAID. Participants will be expected to share their own experiences and opinions around MAID in a small group setting.

At the end of this workshop, participants will be able to approach the issue of MAID with a more nuanced understanding of the potential benefits of caring for patients who may be requesting MAID. It is hoped that this understanding will lead to development of policy, education and practice in residential hospice that will allow for whole person care of these patients.

Speaker: Andrew Mai |
| Expérience de l’aide médicale à mourir au Québec | Témoignage sur l’application de la Loi sur les soins de fin de vie au Québec, notamment sur l’application du protocole de l’aide médicale à mourir (AMM) aux patients qui le demandent. Est-ce que l’euthanasie est maintenant un soin?

Speaker: Claude Rivard |
therefore, with an ageing population nurse practitioners (NPs) in various areas of practice likely will encounter an increasing number of patients needing palliative care. This study was conducted to understand the role that NPs, who are not palliative specialists, play in providing palliative care. A qualitative descriptive design was used and 19 NPs were interviewed. The findings revealed a central and 5 other themes, indicating that the nurse practitioner role is ideally suited for palliative care practice. Their broad scope and autonomy, presence, and unique practice situations facilitate palliative practice. Impediments to such practice are having limited specialty palliative care knowledge and lacking emotional comfort with providing palliative care. This presentation will describe the research, the findings, and the implications for NP education, NP practice, and future research.

Speaker: Carmel Collins

| Competencies to Curriculum to the Classroom and Clinical Setting (a 3-part series) |
| Development of Hospice Palliative End-of-Life competencies for Practical Nurses in Alberta; Session 1, Development of Hospice Palliative Care Competencies for Practical Nurses in Alberta |
| A profession has strength when their contribution is clearly articulated. For the Licensed Practical Nurse profession in Alberta, this articulation is seen in competencies and education that outline the knowledge, skill, behaviors, judgments and attitudes that are expected of the profession. |
| In 2015, The College of Licensed Practical Nurses of Alberta (CLPNA) completed an exhaustive revision to the Competency Profile for Licensed Practical Nurses, which was released in June 2015. This process resulted in a broad and thorough consultation of nursing and clinical care experts that fielded rich data and feedback related to the LPN education, roles, specialties and advancements in practice. One of these areas of enhancement was the area of hospice palliative care nursing. Recognizing the need for further collaboration, The College involved experts in the field of hospice and end of life care that also included an exploration of national hospice palliative care nursing competencies. This collaborative process ensured that best practice was threaded through the competencies that captured the current landscape of hospice palliative care nursing. |
| After the release of the Competency Profile for LPN’s in Alberta was released |
in June 2015, an opportunity was introduced to the College to provide an educational resource to the Practical Nursing educational institutions that encompasses each of the Hospice Palliative Competencies that are required for practice. Session #1 will explore the hospice palliative care nursing competency development process and provide a brief overview of the resulting competencies in Alberta.

Speakers: Jeanne Weis, Katherine Murray

| Competencies to Curriculum to the Classroom and Clinical Setting (a 3-part series) | The CLPNA 2015 and the Canadian Association of Schools of Nursing (CASN) 2011 hospice palliative end-of-life-care (HPEOLC) competencies clearly identify the central role for nurses in providing care to dying people and their families. It is essential for every nurse to feel confident and to provide competent care for the dying, particularly in light of the aging demographics and the reality that people with chronic life-limiting illness will be cared for and die in all health settings, including those outside of specialized palliative care units. However, research indicates that nursing care providers do not perceive themselves to be competent and confident in providing quality palliative care for people with life-limiting illnesses and their family members.

In this session (2 out of 3) the presenters will highlight a new text, Essentials in Hospice and Palliative Care: A Practical Resource for Every Nurse and companion teaching/learning resources that were developed to address the needs of “every nurse”. This text is designed to support the development of skills and attitudes identified by the CLPNA (2015) competencies (as above) and the CASN PEOLC entry to practice competencies (2011). The presenters will reflect on the creative and collaborative process involved in developing an engaging and practical resource. The process of sharing the resources with both educational institutions and workplace educators will be introduced.

Speakers: Katherine Murray, Jeanne Weis |
| **Competencies to Curriculum to the Classroom and Clinical Setting (a 3-part series)**<br>Integration of a palliative approach to care in core curriculum for Practical Nurses in Ontario | In today’s rapidly changing health care system, technological advances, increased budgetary restrictions and a growing aging population has led to patient populations with multiple chronic diseases and life-limiting conditions, leading to longer trajectories to death; this requires a shift in in the focus of care from episodic acute care to continuous long term chronic disease and symptom management.  

The academic preparation of nurses, Practical Nurses in particular, involves adequately preparing practical nurses to care for complex patients in challenging contexts. In light of these issues, there is an increased demand for high quality palliative and end of life education within academic programs. If incorporated into current curriculum a palliative approach to care will prepare future nurses to be able to cope with the care needs of this population.  

A palliative approach to care involves introducing palliative care principles (i.e., dignity, hope, comfort, quality of life, relief of suffering) with people facing chronic, life-limiting conditions at all stages, not just at the end of life (CHPCA 2014). Unfortunately, nursing students are receiving very limited palliative care education and are largely unaware of this approach to care due to competing curriculum content needs; this often results in student anxiety regarding death and a widening gap between theory and practice in the health system.  

In this presentation, we will describe the process of integration of the palliative approach to care into the PN clinical setting in an Ontario Community College. An interactive case study will be presented to illustrate the integration of palliative and end of life competencies and the Essentials in hospice and palliative care: A practical resource for every nurse, into the classroom and clinical curriculum.  

 Speakers: Stephanie Buchanan, Katherine Murray |
| Room 210 | **Workshop: Mindfulness practice: It's not what you think. Really.** | Mindfulness is a word has become synonymous with thoughtfulness, and while related they are not the same thing. Being mindful is a state of awareness that observes non-judgmentally whatever appears in the conscious mind, including thoughts, sensations and emotions. Mindfulness is not what you think but rather the awareness THAT you are thinking. This experiential workshop will guide participants in different mindfulness based exercises (e.g. brief meditations) and then examine what comes up and how it might be helpful in their own work life (where "work" and "life" are meant to be both separate and one and the same). There will be no powerpoint slides and this is not a lecture based workshop.  
Presenter: Stephen Liben |
| --- | --- | --- |
| Hampton Room 1 | **Workshop: Creating a Palliative Community of Care in Supportive Living** | As elderly residents in supportive living facilities decline towards end-of-life status, statistics demonstrate that a majority of failing seniors are admitted to hospital to palliate, ultimately passing away removed from the compassionate care that would be provided by friends, familiar sights, sounds and care staff. As caregivers, can we not support our residents to die peacefully and comfortably in familiar surroundings, supported by an excellent, in-house, palliative medical and direct care team if care needs are not medically complex? This workshop introduces a Palliative Community of Care developed by the Brenda Strafford Foundation in the Calgary Region, Alberta. It includes effective clinical teaching tools to engage the medical team, build a collaborative team with stakeholders, support direct care staff and achieve excellence in compassionate and caring service delivery from all members of the team. Training also includes a resident and family-centered education tool and guidelines for policy and clinical practice decision-making. This workshop is appropriate for either rural or urban-based facilities.  
Presenter: Marion Baines Coomer |
| Room 210 | **Workshop: The role of palliative care nursing when preparing for home death** | The burden of anticipating one’s own death can be a heavy load to bear. Multiple losses of control in day to day living are a challenge to face. How can we be attentive to the individual needs of client and family at such a |
traumatic time? Can we smooth the transition from life to death? The primary mandate of our community health team is to provide optimal cancer care and palliative care at home. Ideally our nurses meet client and family just after diagnosis of a life threatening illness, at a time when loss and grief is prevalent. Fear and anxiety about their future and how the illness will progress can be overwhelming for all concerned.

At this time, our initial objective is to establish trust ensuring open communication with client and their family. Assessing the needs of the dying individual to determine how we can help is essential. Encouraging the client to consider ways of accompaniment through their daily living is key to meeting them where they are in their journey. The workshop will highlight the importance of involving client and family every step of the way to help smooth transition from life to death. The presenter will share examples of empowerment through education, preparation, and a calm presence at any time of day or night.

Presenter: Maxine Lybert

Room 212
Substance Use and Addictive Disorders in the Palliative Care Patient

Addiction is a chronic, relapsing illnesses that has a high morbidity and mortality if left untreated. It is a complex chronic illness that is subject to prejudice, misinterpretation and cultural biases. A patient with an addiction history will always be at higher risk of relapse when opioids are used to treat pain. Effective management requires a broad, multi-disciplined approach rooted in an ideology that focuses on reducing harms associated with their substance use while supporting individuals back to a life of purpose and connection. Our failure to recognize and stabilize addiction in the patient living with a life threatening condition such as cancer often leads to further pain, suffering and disconnection and prevents them from working on the more complex emotional and psychosocial challenges that are before them as they come to terms with their impending death.

Using case-based illustrations this presentation will discuss the challenges of recognizing substance use and addictive disorders in the palliative care...
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<td>The Good Wishes Project: An end-of-life intervention for individuals living in homelessness</td>
<td>Persons who live in homelessness face high morbidity and mortality, and often have end-of-life concerns that are distinct from the general population. Despite their complex needs, homeless persons have poor access to quality palliative care. In order to address this, interventions need to be comprehensive, flexible and creative. The Three Wishes Study, developed for dying patients in an intensive care unit, shows promise in being adapted to this population. Inspired by Three Wishes, the Good Wishes Project facilitates granting wishes to patients who are living in homelessness nearing end-of-life. The project is a partnership between the Inner City Health Associates’ PEACH (Palliative Education and Care for the Homeless) program and the Good Neighbours Club funded by the Sovereign Order of St. John. Good Wishes aims to personalize the end-of-life experience for homeless individuals and enhance their provider’s ability to deliver dignity-centered care. The main objective of this study is to determine the challenges, successes and differences in adapting the Three Wishes Study to this population. This will be investigated with a mixed methods approach. Semi-structured interviews will be conducted with a variety of health and social service professionals in shared care with the PEACH program in Toronto, ON. Interviews will be recorded, transcribed verbatim and analyzed thematically. Providers will also be surveyed, and data analyzed using descriptive statistics. We anticipate that the Good Wishes Project will be a novel intervention in addressing the gap in palliative care for homeless individuals, whose lives have largely been burdened with hardship and marginalization.</td>
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Speakers: Alissa Tedesco, Naheed Dosani

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<td>Patient and explore that myths and barriers to effective pain management. It will also discuss how to engage patients in meaningful conversation using “addiction talking points”.</td>
<td>Speaker: Maureen Allen</td>
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<td>Cultural inclusiveness in the palliative and end of life (EOL) care services for the ageing population of rural New South Wales, Australia</td>
<td>The cultural makeup of Australia is increasingly diversifying in regional towns. This study explores the cross or multicultural knowledge and experiences of staff in Residential Aged care facilities (RACFs) as well as of community members from culturally and linguistically diverse (CALD) backgrounds with regard to palliative/ end-of-life (EOL) care services in rural region of New South Wales (NSW), Australia. By following a phenomenological approach to qualitative data, group interviews (n=6) with care staff in RACFs and CALD community members from three towns of NSW (Armidale, Moree and Tamworth) were undertaken. The qualitative thematic analysis showed limitations in social and material resources to accommodate CALD group elderly residents and their families at the end stage of life. Furthermore, there was little awareness among staff in RACFs of the diversifying socio-cultural climate and the need to plan a policy and practice response to the changing demographics. This study argues for the development of culturally sensitive facilities and services and training programs, particularly in rural towns.</td>
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<td>Speaker: Savana (Sabine) Agustine</td>
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<td>Evaluation of a palliative care capacity building project for rural Mauritania</td>
<td>Palliative care capacity in rural communities across Mauritania was reinforced in 2016 and 2017, through the training of community health workers and visits to several of these communities. Over 70 community health workers, selected from across Mauritania were trained in the foundations of palliative care. The three 5-day trainings were interactive, employing a variety of teaching approaches, these included lectures, small group learning and role play. Eight communities were visited, incorporating mentoring of participants, jointly visiting palliative patients, and running community conversation workshops, during which the principles of PC were discussed.</td>
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<td>The project was evaluated through the use of participant evaluations, confidence rating scales, pre- and post-training knowledge tests, semi-structured interviews, and focus groups. Over 20 semi-structured interviews were carried out with participants, and nine focus groups with either participants, bereaved relatives or local community leaders. These were audio-recorded and transcribed into French. Thematic analysis was carried through by Dr. Tim A. Soroka.</td>
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out on these transcripts by an international team experienced in social science and anthropology research.

The training was well received by participants, with many hearing about palliative care and holistic care for the first time. It is vital to involve the local community in the implementation of palliative care in the community. A Mauritanian interpretation of palliative care should be established for further incorporation into the health care system.

Speaker: Alhousseynou Sall

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<th>Room 214</th>
<th>Community Organisation and Volunteer’s experiences hosting and facilitating Advance Care Planning workshops</th>
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<td>Advance care planning (ACP) is a process where adults think and talk about their wishes for current and future healthcare. Most ACP studies have focused on experts within the healthcare system however, many key elements of ACP could be facilitated by non-experts.</td>
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<td>Community organisations, including hospice societies, have developed ACP initiatives, including public workshops led by trained volunteer (non-expert) facilitators. These semi-structured interactive workshops promote conversation and provide information on beginning ACP. However, the experiences of the organisations hosting these workshops, and volunteers facilitating the workshops has not been explored. Therefore, the BC Centre for Palliative Care has partnered with 8 hospice societies and other community organisations that are hosting interactive ACP workshops in their communities to learn about their experiences.</td>
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<td>To explore organisational experiences of planning and organising workshops, semi-structured interviews were conducted with involved representatives from the organisations. We invited them to share their experiences, including the challenges they faced, what supports they found most or less useful, what went well, and their efforts to improve public engagement.</td>
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<td>To explore volunteer’s experiences of facilitating the workshops, and their suitability as facilitators of, we invited them to take part in focus groups. We invited them to share their experiences facilitating the ACP sessions, including</td>
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we will present and discuss findings from this qualitative, exploratory, study, which can improve our understanding of the experiences of community organisations and volunteers in hosting and facilitating ACP workshops.

Speakers: Rachel Carter, Lawrence Mróz

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<th>Increasing Public ACP Engagement Through Volunteer-Facilitated Advance Care Planning Workshops</th>
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<td>Advance care planning (ACP) is a process by which people think about and communicate their wishes for healthcare, in advance of a time when they cannot make or communicate decisions. ACP helps better align care with patient goals and preferences, and their quality of life (and dying) is improved. However, awareness of and engagement in ACP remains low despite these benefits.</td>
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<td>Many key elements of ACP could be facilitated by non-experts or peers, such as increasing awareness, provision of information about the process and encouraging readiness. Community organisations, such as hospice societies, have developed initiatives that utilise trained volunteer (non-expert) facilitators to promote ACP. However, such initiatives have had limited evaluation. Therefore, the BC Centre for Palliative Care has engaged with hospice societies and other community organisations across the province to evaluate volunteer facilitated group ACP workshops for the public.</td>
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<td>We trained 35 volunteers from 8 community organisations to facilitate interactive ACP workshops. With the support of their organisations, the volunteers then facilitated around 25 workshops for the public in their communities.</td>
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<td>To evaluate the workshops, we conducted post-workshop and 4-6 week follow-up questionnaires to assess the effect of the workshop on participant’s ACP knowledge, readiness and engagement. The post-workshop questionnaire asked participants about their ACP knowledge, previous</td>
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engagement in ACP and readiness to engage in ACP behaviours. The follow-up questionnaire asked participants about their engagement in ACP activities since the workshop. We will present our data evaluating the efficacy of these community-based volunteer-facilitated ACP workshops.

Speaker: Rachel Carter

| Developing a provincial approach to volunteer facilitated Advance Care Planning workshops | Advance care planning (ACP) is a process by which people think about and communicate their wishes for healthcare, in advance of a time when they cannot make or communicate decisions. ACP public education has commonly been restricted to health care providers, however many key elements of this process can be shared by non-experts (peers).

Hospice societies and other community organisations have developed initiatives that utilise volunteer (non-expert) facilitators to promote ACP in their communities. These initiatives increase awareness, provide information about the process of ACP, and encourage readiness to engage in ACP.

The BC Centre for Palliative Care (BC CPC) engaged with two community organisations that have been providing public ACP workshops to develop a training curriculum to support the spread of these workshops throughout the province. The first workshop trained 47 volunteers from 17 organisations to facilitate these workshops. Based on feedback and evaluation from this first round, the curriculum was refined and another training workshop was delivered to train an additional 24 volunteers from 9 organisations. A third round of training is planned for the spring of 2017.

We will share information about the ACP workshop curriculum and the curriculum development process including the evaluation data obtained at the training days.

Speaker: Rachel Carter |
Hampton Room 2

The Do's and Don'ts of Advance Care Planning

ACP is a process of discussing, reflecting on, and planning for future medical care in the event an individual becomes unable to communicate and consent to treatment. It is an iterative process that involves identifying a substitute decision-maker and discussing a patient’s wishes, values, and beliefs in relation to future health care needs. The positive outcomes of ACP have been consistently demonstrated, including improved patient and family satisfaction with end-of-life care, less aggressive treatments near the end of life, decreased hospital and ICU admissions, and reduced costs to the health care system. There are several perceived barriers to engaging in ACP including a lack of skill and comfort in initiating this process; perceived lack of time and fear of removing hope. During this workshop, using various reflective exercises, we will review common misconceptions and pitfalls with respect to ACP conversations. We will also present a simple step-wise process to ACP that involves: 1) identifying the patient’s substitute decision-maker (SDM), 2) ensuring the provided SDM aligns with the legal hierarchy; 3) discussing and documenting the patient’s wishes, values, and beliefs, and 4) ensuring the patient has discussed their wishes with their SDM and loved ones. By carrying out these steps over multiple visits, normalizing the conversation, and building ACP in systematically, many of the barriers to engaging in ACP can be easily overcome.

Speakers: Irene Ying, Dori Seccareccia

Everyday Clinical Practices That Contribute to a Palliative Approach in Primary Practice

Primary care providers provide most of the ongoing care for patients with life limiting illness. This is increasingly described as a "palliative approach". However, evaluation of palliative care is often done in the context of cancer care and palliative specialist involvement. It is often cited in the literature that primary care providers do not provide palliative care due to lack of training and skills, and overall perceived complexity of end of life care. However, provision of comprehensive family medicine involves seamless care across the lifespan and transitions to "palliative approach" are often not recognized or labeled as 'palliative care', but instead are backgrounded as
A Provincial Palliative Care Education Strategy: The Implementation of Pallium Canada’s LEAP curriculum in Nova Scotia

They are interwoven with the relational and continuous care of primary care model. We set out to uncover the strategies, skills, resources and relationships currently employed and to define primary palliative approach from the perspective of family medicine. We conducted in-depth, semi-structured interviews with key informant primary care providers. Interview questions pertained to 1) the identification of patients with progressive life-limiting illnesses, 2) the specific strategies used to provide care for these patients, 3) the barriers to providing care and facilitators to providing care. By delineating how primary care providers identify patients, what kinds of strategies and care practices family medicine is already capable of providing, the barriers and facilitators, we can better work to integrate these practices into emerging conceptions of a primary palliative approach to care.

Speakers: Samantha Winemaker, Michelle Howard

Nova Scotia’s palliative care strategy, released in 2014, highlighted the need for a palliative care education and capacity building plan. In 2016, Pallium Canada’s LEAP curriculum was identified as a foundational part of this plan and a Project Lead was hired to coordinate its implementation. There are nine palliative care programs in Nova Scotia, each with a unique approach to education and capacity building, and differently resourced. The Project Lead has been responsible for working with the palliative care teams to develop plans that are feasible and sustainable at a local level, but that are also coordinated within their zone and the province as a whole. The presentation will discuss the process of developing and implementing these action plans. An environmental scan was completed, including the number of certified LEAP facilitators in the province and where they were located. The project lead worked with local teams to create a plan that would: 1) Double the number of certified facilitators in the province by 2018, 2) Increase the number of LEAP coaches and collaborators and 3) Most importantly, increase capacity building activities in certain parts of the province. Provincially-funded facilitator training took place in early 2017 and strategic LEAP Core offerings were planned across the province for 2017. Indicators of success include the number of LEAP courses and attendees, the number and location...
of facilitators in the province, pre-and post-course scores, and course evaluations. Evaluation will also take into account the teams’ perceptions on the impact of these capacity-building interventions.

Speaker: Cheryl Tschupruk, Beth Tupala

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<td>14:30 – 15:00</td>
<td>Break</td>
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<td>15:00 – 16:00</td>
<td>Workshops and Oral Presentations</td>
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**Workshop:** Using an evidence-based online toolkit to promote linkages between palliative care and aged care: the Decision Assist project

The workshop has been developed from a large project designed to improve end-of-life care for older persons through promoting linkages between palliative care services and aged care providers. The project aimed to improve the quality of end-of-life care given to older persons, reduce the preventable transfer of older persons into acute care, and improve the knowledge, skills and confidence of aged care staff.

We identified seven evidence-based linkage strategies that promote inter-organizational linkage between palliative care services and aged care providers. The strategies are:

- multidisciplinary team structures
- communication pathways
- formalized agreements
- designated linkage workers
- role clarification
- knowledge exchange and upskilling
- continuous quality improvement
We introduce and demonstrate the use of the new online Linkages toolkit to enable workshop participants to consider strategies to develop, implement and evaluate linkage strategies in their own workplaces. The Linkages Toolkit is comprised of a guide with specific tools and resources to enable implementation of each of the seven strategies. The toolkit includes templates for formalizing service-level agreements, the clarification of partners’ roles, communication mechanisms to promote information exchange, shared assessment tools and care plans, position descriptions for linkage nurses, and strategies for multidisciplinary care. It also guides organizations through the process of developing effective and sustainable partnerships.

The development of an Activity Plan is a key action for the practical application of the Linkage strategies and will be included in the workshop.

Presenters: John Rosenberg, Wendy Gain

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<th>Room 106 H</th>
<th><strong>Workshop: The Little Things</strong></th>
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<td>“No act of kindness, no matter how small is ever wasted” - Aesop</td>
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| In the business of our everyday work life, we often go so fast that we pass by potentially life changing moments because we didn’t take time to pay attention to the “Little Things”.
| What are the simple pleasures that bring you peace and happiness? Being able to reflect on this question can allow us to better identify it in others. This workshop offers reflections on “the little things” that can bring solace to the patients/families we serve. It will encourage you to be mindful, to slow down and to truly listen to the patient to see what you can do, in the moment, to provide them with joy and a sense of comfort. Giving those few extra moments can give the healthcare professional or volunteer an opportunity to provide individualized patient-centered care and create a strong and meaningful relationship between them and the patients/families. Through role play, self-reflection and a little inspiration, you will gain tools and a fresh perspective that will allow you dig deeper into the thoughts and wishes of your patients and their families. This will better equip you to |
provide small comforts that can mean a tremendous amount to someone facing end-of-life. These skills can be, and should be, utilized by every member of the interdisciplinary team.

This presentation will conclude with an inspirational video telling the stories of “the little things” that truly impact not only our patients and families but also impact our team members.

Learning Objectives:

- Participants will have an opportunity to reflect on their own lives to determine what brings them meaning and a sense of peace
- Participants will gain valuable tools in interviewing patients/families regarding their individualized concerns and wishes
- Participants will learn to be more mindful of the needs of patients beyond the physical symptoms

Participants will have a renewed sense of value for the little moments they can provide that mean so much to our patients and families.

The physical management of symptoms can often be more effective if we take the time to care for the non-physical. Allowing patients/families a safe space to voice their concerns, wishes, wants and desires can nurture the spirit, often times alleviating the physical suffering felt. Taking the time to truly hear can add a dimension to care that will add depth and meaning to everyone on the journey.

Presenters: Lisa McNeil-Campbell, Lynette Sawchuk

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<tr>
<th>Room 209</th>
<th>Workshop: Providing the right care, in the right place, at the right time – a pan-Canadian call for palliative care innovations</th>
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<td>Learn about the innovations in palliative and end-of-life care identified through CFHI’s 2017 Open Call for Innovations <a href="http://www.cfhi-fcass.ca/WhatWeDo/palliative-care">http://www.cfhi-fcass.ca/WhatWeDo/palliative-care</a>. Explore and share how these innovations resonate with you and/or your organization/setting. Learn more about how CFHI is working shoulder to shoulder with leaders to help transform palliative care in Canada and upcoming opportunities to help make change happen in palliative care.</td>
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<td>Presenters: Maria Judd, Anya Humphrey, Dr. Jose Pereira</td>
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| Room 210 | **Workshop: Using a social determinants of health approach in the provision of palliative care** | In a separate publication, the authors noted that with an ever increasing number of individuals living with chronic and terminal illnesses, that palliative care is poised for unprecedented expansion. However, it was also recognized that underserved populations experience a disproportionate decrease in access to all health resources in spite of poorer health outcomes and some would argue, higher need. Enhanced education and understanding of the impact that social determinant of health can have on access needs to be addressed. This workshop aims to identify the impact SDOH have on palliative care services itself and to introduce an assessment tool, designed specifically with palliative care in mind, to assist clinicians in proactively assessing barriers and biases and providing patients with resources for self-advocacy and support.

Objectives of this workshop will include:

1) Identify how SDOH’s impact the delivery of palliative care service in underserved populations

2) Review the barriers and potential bias inherent in the existing design of palliative care services

3) Build capacity among clinicians to identify and address key SDOH issues in palliative care delivery through the review of a newly developed tool

Presenters: Lise Huynh, Blair Henry, Naheed Dosani |

| Theatre Hall 110 | **Workshop: Advance Care Planning: It’s All About the Conversation** | Thanks to a partnership arrangement, the HPC Program in the fall of 2016 hosted a very exciting initiative: It’s All About the Conversations,” a 3 part series on Advance Care Planning. Part One is a general overview to ACP and Health Care Consent in Ontario. Part Two is a workshop to help people connect their wishes, values and beliefs to choices they (or their Substitute Decision Maker) might make about their care. Part Three includes ideas for having the difficult discussions. The series was repeated in 3 communities and once in French. Resources including a Facilitator Manual and participant |
Reflection Booklet were developed. The workshop will provide an overview of the ACP series, summarize lessons learned and provide an opportunity to experience some of the tools used.

**Presenter:** Nadine Valk

| Room 212 | **Workshop:** The Reflection Room: Two Years Later | The Reflection Room study posed the question: How might we use human-centred design and qualitative research to go from being a death-avoiding society to a death-discussing society? We hypothesized that providing places for storytelling — and places for reading the stories of others — might trigger more thinking and break through the social complexity that can be a barrier to discussing dying and death. At the 2015 CHPCA conference, Saint Elizabeth researchers installed a Reflection Room, the prototype for all the other Reflection Rooms installed since that time.

Two years later, we are bringing the study results back to the CHPCA conference. We will discuss the reaction to TheReflectionRoom.ca and the more than 25 installations of the Reflection Room across Canada. We will report on the themes that have emerged over the 2 years, including: the importance of being more careful and attentive to space and time for reflection; the specific features of the Reflection Room that seem to be most effective in encouraging and facilitating reflections and dying and death; and, the nature of the stories that people have been willing to share on the physical and virtual Reflection Walls. We will also discuss the learnings that Reflection Room hosts across Canada have shared with us, and the early results on the longer term impact of the Reflection Room on people’s willingness to think about dying and death and engage in advance care planning. We will also present our next steps for the Reflection Room project.

**Presenters:** Paul Holyoke, Karen Oikonen

| Room 214 | **Workshop:** Clinician suffering: A paradigm shift for palliative care providers | The prevention and relief of suffering is the primary aim of palliative care, described as an “obligation” (Cassell, 1982; Sacks & Nelson, 2007) and “duty” (WHO, 2014) for clinicians. This session will introduce a new
conceptual and clinical framework that acknowledges that there is intrinsic psychosocial suffering at end of life — loss, feeling burdensome, loneliness, death anxiety and worry for family — which may be resistant to relief, despite clinicians’ best efforts. This new framework pinpoints a profound ethical and clinical tension in palliative care: the paradox of the expectation that we can relieve suffering, and our inability to necessarily do so. It also runs counter to the common adage that palliative care providers can and must “replac[e] suffering with joy” or meaning for dying patients (Witt Sherman, 2015. p. 477). While there may indeed be meaning and joy at end of life, it is possible that there may be no meaning to be found, and the pressure to make meaning may work to increase suffering for patients, families and clinicians. That some suffering endures indicates neither poor quality of care, nor of clinician inadequacy, but rather that dying is intrinsically hard. Currently, little clinical guidance exists on how clinicians can work with psychosocial suffering that persists at end of life, and this workshop will help to fill this gap.

Presenters: Maxxine Rattner, Joan Berzoff

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<thead>
<tr>
<th>Theatre Hall 201-202</th>
<th><strong>Workshop</strong>: Innovating the delivery of CSCI for Pain and Symptom Management Using an Elastomeric Infusor</th>
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<td></td>
<td>Interdisciplinary workshop featuring the expertise of a physician, nurse, and pharmacist discussing the innovative practice in Southwestern Ontario with the use of a non-electronic ambulatory elastomeric infusor for the delivery of CSCI for pain and symptom management in a variety of settings (hospital, community, and residential hospice).</td>
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<td>Objectives for the workshop include:</td>
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<td>1) An introduction to elastomeric infusors,</td>
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<td>2) Review of challenging clinical scenarios and the use of elastomerics,</td>
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<td>3) Prescribing practices,</td>
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<td>4) Patient benefits with use of elastomeric infusors,</td>
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<td>16:00 – 16:15</td>
<td>Transition (No Break)</td>
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<td>16:15 – 17:15</td>
<td>Workshops and Oral Presentations</td>
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Presenters: Michelle DaGloria, Allison Crombeen, Puja Shanghavi

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<tr>
<th>Location</th>
<th>Session</th>
<th>Description</th>
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<tr>
<td>Hampton Room 1</td>
<td>Medical Cannabis in Hospice and Palliative Care; Patient-Centered Research &amp; Practices</td>
<td>Tilray is a federally authorized Licenced Producer within the Access to Cannabis for Medical Purposes Regulations (ACMPR), and an international leader in medical cannabis research. In order to learn more about patient experiences with medical cannabis and the ACMPR, Tilray has conducted a number of clinical and observational studies examining the impact of medical cannabis on various conditions and symptoms, patient patterns of use, and the substitution of cannabis for prescription opioids and other substances.</td>
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Speaker: Philippe Lucas
| Medical Cannabis in Palliative and Hospice Care | Canada was one of the first nations in the world to establish a federal medical cannabis program, but the medical use of cannabis in palliative care is still subject to stigma and misunderstanding.

This presentation will provide a brief history of medical cannabis in Canada, followed by an overview of cannabis-related research relevant to palliative and hospice care. This will include a review of cannabis as a treatment for chronic pain, with a focus on cannabis as a potential alternative or adjunct to prescription opioids, and its positive impact on quality of life.

Speaker: Philippe Lucas |
| The Potential of Cannabinergic Medicine for Symptoms Associated With Dysregulation of the Central Nervous System at End-of-Life | CNS-dysregulation associated with the process of “actively-dying” is an ongoing challenge facing clinicians that deliver end-of-life care. This particular symptom-trajectory is sometimes referred to in hospice teaching literature as the “difficult road”, versus the “usual road.” The “difficult road” often presents as delirium, and is associated with symptoms such as tremors, disorientation, hallucinations, myoclonic jerks, hiccups, and seizures. These symptoms are associated with CNS-excitement and are extremely difficult to reverse.

Experienced hospice clinicians are familiar with the “difficult road”, and the failure-potential of benzodiazepines and barbiturates to effectively bring a dying individual’s comfort status back within acceptable limits.

Cannabinergic medicine excels in the treatment of conditions involving painful uncontrolled movements associated with CNS-excitement, such as spasticity and muscle tightness in Multiple Sclerosis, movement dysfunction in Huntington’s disease, uncontrolled movements as a drug side effect in Parkinson’s disease, tics in Tourette Syndrome, and seizures in Epilepsy.

Cannabinergic medicine brings the body’s own endocannabinoid signaling system on-line, restoring homeostatic regulation within the cells of the CNS to the extent possible for the condition. |
With a track record of neuro-regulative and neuro-protective effects, no lethal dose, no effect upon respiratory status, a range of possibilities for administration, including formats for sublingual and rectal routes, as well as non-psychoactive options, cannabinergic medicine may be a treatment solution worthy of consideration for study as an adjunct to current medications in use for those suffering on the “difficult road” at end-of-life.

Speaker: Sylvia Bagge

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<tr>
<th>Hampton Room 2</th>
<th>Bridging the Gap: Developing a Palliative Approach to Care for Young Adults</th>
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<td>A growing population of young adults (YAs) with life-limiting conditions require a developmentally appropriate approach to care. Like all YAs, they are wired for living and aspire to attending post-secondary education, having meaningful vocation or work, and living independently. However, their developmental goals may collide with their changing health or end of life, and adult services do not wrap around their developmental, social, education and financial needs. YAs with life-limiting conditions will benefit from a palliative approach to care, that matches their chronic disease trajectories of a series of declining plateaus over a period of months to years, punctuated by unpredictable periodic crises. A palliative approach to care for YAs will develop collaborative partnerships across community and professional agencies to ensure that timely and seamless resources are available. These resources will support their quest to maximize their quality of life and opportunities in an abbreviated time frame. Currently, there are few health and social service programs that recognize their unique needs. We will describe the successes, challenges and results of our research, Bridging the Gap: Developing a Palliative Approach to Care for Young Adults. We used a three-phase online patient engagement strategy to hear the voice of young adults with life limiting conditions, their families, and health and community professionals. This research culminated in a prioritized plan to enhance well-being, improve access to services and funding, build relationships and develop a supportive community. Opportunities and</td>
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Young adults with life limiting conditions face extraordinary challenges to live ordinary lives. Like all young adults, they have dreams of going to college, being employed, living independently, having meaningful opportunities, and living independently. However, the uncertainty of their disease trajectory, and living with progressive and painful conditions, may interrupt or stop their dreams. Compassionate Communities for young adults are about LIVING life full speed ahead, creating social connection, and reducing the barriers and challenges to achieve their goals. Compassionate communities for young adults will forge partnerships with colleges and universities, sports, arts and spiritual communities, social media, housing and funding initiatives, disability employment advocacy programs, community service groups, and the health sector to ameliorate barriers, and support their journey. This approach will empower young adults and their families, match their unpredictable disease trajectories, support community development, and promote cross-sectoral collaborations.

With limited resources and programs supporting young adults with life limiting conditions, and research demonstrating the key priorities for these young adults, L3: Let’s Live a Little, was born. L3 is an organically developing group of young adults and their supporters working towards developing a compassionate community. In this workshop, we will describe our successes and challenges to: engage young adults, create and build a community without a “place”, overcome the many barriers to getting young adults with complex and progressive physical disabilities together, use language that is inviting and representative, support parents and family, intelligently use social media, and evaluate our progress.

Speaker: Karen Cook
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<th>Room 106 H</th>
<th><strong>Workshop:</strong> Easing the transition from curative care to palliative care</th>
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| **Wired for Living, and Living with a Life Limiting Condition: Developing a Palliative Approach to Care for Young Adults** | A growing population of young adults (YAs) with life-limiting conditions require a developmentally appropriate approach to care. Like all YAs, they are wired for living and aspire to developmental goals of attending post-secondary education, having a meaningful vocation and work, and living independently. However, their developmental goals may collide with their changing health or end of life, and adult services do not wrap around their developmental, social, education and financial needs.

YAs with life-limiting conditions will benefit from a palliative approach to care, that matches their chronic disease trajectories of a series of declining plateaus over a period of months to years, punctuated by unpredictable periodic crises. A palliative approach to care for YAs will develop collaborative partnerships across community and professional agencies to ensure that timely and seamless resources are available. These resources will support their quest to maximize their quality of life and opportunities in an abbreviated time frame. Currently, there are few health and social service programs that recognize their unique needs.

We will describe the successes, challenges and results of our research, Bridging the Gap: Developing a Palliative Approach to Care for Young Adults. We used a three phase online patient engagement strategy to hear the voice of young adults with life limiting conditions, their families, and health and community professionals. This research culminated in a prioritized plan to enhance well-being, improve access to services and funding, build relationships and develop a supportive community. Opportunities and barriers to research engagement with these YAs, their parents and adult and pediatric providers will also be presented.

**Speaker:** Karen Cook

The transition from curative care to palliative care is a very important step in the disease process. Health care professionals are often uncomfortable discussing the fact that end of life has become inevitable. To ease this transition, it is important to acknowledge this eventuality and to be able to discuss it with the patient and his family.
In an attempt to offer guidance and comfort to patients and families confronted to the cessation of active treatments (advanced stage of cancer), concrete steps to ease the discussion will be presented.

To ease this process, sources of discomfort of the health care professional will be explored.

To be able to discuss the transition, health care professionals must be aware of their own values and beliefs because they have a major impact on the approach used with patients and families.

Presenter: Manon Coulombe

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<tr>
<th>Room 209</th>
<th><strong>Workshop: Improving End-of-Life in First Nations Communities</strong></th>
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<td>Four First Nations communities in Ontario and Manitoba partnered with a research team based at Lakehead University (2010-2015) with the goal of improving the end-of-life home care in First Nations communities. The research was a comparative case study design, funded by the Canadian Institutes of Health Research, and focused on implementing and evaluating a community capacity development approach to developing local palliative care programs and teams. Outcomes demonstrated that First Nations communities can develop unique, culturally appropriate, community-based palliative care programs through creating new partnerships with regional health services, and coordinating existing community health and social support programs. Additional outcomes were a workbook of research informed strategies and tools for use by other communities, and new knowledge about the barriers and facilitators to the community capacity development process. A new model for The Process of Palliative Care Program Development in First Nations communities was validated.</td>
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<td>This workshop will provide an overview of the research methodology, outcomes and lessons learned. First, it will present the five-phase community capacity development model that guided the research, adapted from the Kelley model for this research by the participants. This First Nations model</td>
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includes local community development, regional partnerships, education and community empowerment. Presenters will then discuss the supports and barriers to program development through the five-phases from each community. Similarities and differences in progress, process and outcomes among the two communities will be compared. Lastly, presenters will present outcomes of the research, which are grounded in data collected over five years.

Presenters: Holly Prince, Maxine Crow, Lori Monture

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<th>Room 210</th>
<th><strong>Workshop: The Community Access to Palliative Care via Interprofessional Teams intervention (CAPACITi): A workshop to strengthen collaborative practice</strong></th>
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| | Interprofessional collaboration in which nurses, physicians, personal support workers, and other healthcare providers work together is critical for providing patient-centred palliative care in the community. Role clarity, open communication, interdependence, mentorship, and other qualities of provider cohesion are indicative of well-functioning, effective, palliative care programs. Although standardized curriculum exists to improve the clinical competency of healthcare professionals in providing palliative care, there is little in the way of training to help these individuals develop their team building skills or explore opportunities to strengthen relationships with other providers in their community.

Dr. Hsien Seow and his team have developed a workshop intervention to assist community healthcare providers strengthen their own interprofessional palliative care capacity. Design of the workshop exercises was informed through a synthesis of existing literature and tools on team building and input from a broad cross section of palliative care providers and experts. The workshop will be fully interactive, with attendees participating in the session activities in reflection of their own practice community and fellow providers who work there. The goal of the workshop is to provide participants with ideas of how to engage other providers, including primary care physicians, in their daily work and strengthen professional relationships.

Presenters: Hsien Seow, Daryl Bainbridge
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<tr>
<th>Theatre Hall 110</th>
<th>No act of kindness, no matter how small is ever wasted - Aesop</th>
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In the business of our everyday work life, we often go so fast that we pass by potentially life changing moments because we didn’t take time to pay attention to the “Little Things”. What are the simple pleasures that bring you peace and happiness? Being able to reflect on this question can allow us to better identify it in others. This workshop offers reflections on “the little things” that can bring solace to the patients/families we serve. It will encourage you to be mindful, to slow down and to truly listen to the patient to see what you can do, in the moment, to provide them with joy and a sense of comfort. Giving those few extra moments can give the healthcare professional or volunteer an opportunity to provide individualized patient-centered care and

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<tr>
<th><strong>Workshop: Medication deprescription and increasing comfort medication use in patients with advanced medical illness</strong></th>
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Many people take medications to manage chronic illness or prevent complications. As patients develop serious and terminal illness, these medications are often continued even when they offer little or no benefit. In this workshop, we will review some of the important guidelines for medication deprescription in patients with advanced illness (e.g. Beers, STOPP, Choosing Wisely). In particular, we will use interactive case presentations to explore the deprescription of medications used for primary and secondary prevention (e.g. statins), modified targets for blood pressure and glycemic control, anticoagulants, vitamins/minerals and natural health products.

We will also present our own experience with a MEdication RAtionalization (MERA) pilot project at our institution, including qualitative and quantitative findings that highlight barriers to deprescription. We will break into small groups to discuss how to overcome these barriers and discuss deprescription in different settings. We will conclude by presenting future approaches to automating the process of medication deprescription.

**Presenters:** Rachel Whitty, Sandra Porter, Kiran Battu, James Downar
create a strong and meaningful relationship between them and the patients/families. Through role play, self-reflection and a little inspiration, you will gain tools and a fresh perspective that will allow you dig deeper into the thoughts and wishes of your patients and their families. This will better equip you to provide small comforts that can mean a tremendous amount to someone facing end-of-life. These skills can be, and should be, utilized by every member of the interdisciplinary team.

This presentation will conclude with an inspirational video telling the stories of “the little things” that truly impact not only our patients and families but also impact our team members.

Learning Objectives: Participants will have an opportunity to reflect on their own lives to determine what brings them meaning and a sense of peace.
• Participants will gain valuable tools in interviewing patients/families regarding their individualized concerns and wishes
• Participants will learn to be more mindful of the needs of patients beyond the physical symptoms
• Participants will have a renewed sense of value for the little moments they can provide that mean so much to our patients and families

The physical management of symptoms can often be more effective if we take the time to care for the non-physical. Allowing patients/families a safe space to voice their concerns, wishes, wants and desires can nurture the spirit, often times alleviating the physical suffering felt. Taking the time to truly hear can add a dimension to care that will add depth and
Workshops

- Mindfulness practice: It's not what you think. Really,
- Clinician suffering: A paradigm shift for palliative care providers
- Innovating the delivery of CSCI for Pain and Symptom Management Using an Elastomeric Infusor
- The Community Access to Palliative Care via Interprofessional Teams intervention (CAPACITi): A workshop to strengthen collaborative practice
- Advance Care Planning: It's All About the Conversation
- The Reflection Room: Two Years Later
- An Online End of Life Experience to Encourage Advance Care Planning
- Using a social determinants of health approach in the provision of palliative care
- Easing the transition from curative care to palliative care
- Emergency Medical Services/Palliative and End of Life Care Assess, Treat and Refer Program
- Grief Matters.
- Revisiting the role of social workers involved in palliative care within the context of Bill 2 in Québec and C-14 in Canada
- Co-designing Hospice Palliative Care: Deep engagement with family members, hospice staff, healthcare providers and community members
- Program leadership and development in Pediatric Palliative Care
- Creating a Creative Writing Based Self-Reflective Practice
- Palliative Care: not all about dying
- Serious Illness Care More, Earlier, Better Conversations
- Establishing the Nova Scotia Palliative Care Competency Framework
- Developing a volunteer navigator program to support early palliative care: Would it work for you?
- Using an evidence-based online toolkit to promote linkages between palliative care and aged care: the Decision Assist project
- Kids Grieve2: A New Resource for Supporting Grieving Children
- The role of palliative care nursing when preparing for home death
• Improving Access to a Palliative Approach to Care in the Community: Learnings from the Early Identification Project
• Advancing quality palliative care through iEPEC-O: Bringing Larry Librach’s Vision to Fruition
• Partnering to Transform Hospice Palliative Care in Ontario
• Thrive Anyway: fostering personal and family resilience in the midst of life threatening illness
• Implementation of a Provincial Palliative Care Strategy: Three Years of Change in Nova Scotia
• Let’s Live a Little: Developing a Compassionate Community with Young Adults
• The Quebec Palliative Sedation Guidelines
• Improving End-of-Life in First Nations Communities
• Medication deprescription and increasing comfort medication use in patients with advanced medical illness
• A Gentle Touch: Integrating Therapeutic Touch® into Hospice Palliative Care
• Creating a Palliative Community of Care in Supportive Living
• Building Compassionate Communities: Rural/Urban perspective
• MyGrief.ca: Reflections from key stakeholders on a new web-based tool for bereavement
• Exploring the Cultural, Spiritual and Religious Perspectives of Palliative Care
• Integrated Comprehensive Care
• Life Through My Eyes –The Implementation of a Patient Engagement Tool

Orals

• Compassionate Ottawa: A Case Study
• Who are the Rural Nurses Providing Hospice, Palliative and/or End of Life Care in Canada? Results from a National Survey
• Medical Cannabis in Palliative and Hospice Care
• The Impact of the Palliative and End-of-Life Care Alberta Provincial Framework 2014
• Facts, Feelings and Fears: Supporting Families through Dementia’s End-of-Life
• Remote Rural Communities Have a Big Heart for Hospice Palliative Care
• An exploration of regional variations across a set of potential quality indicators for seriously-ill home care clients in Ontario
• Lorsque le temps est compté : temporalités et identités chez les conjoints âgés en soins palliatifs à domicile
• No need for snow tires! Adaptation of palliative care education for rural settings
• Assessing the Content Validity of a Proposed Conceptual Model of a Palliative Approach
• Wired for Living, and Living with a Life Limiting Condition: Developing a Palliative Approach to Care for Young Adults
• Communication issues and suffering of older men with incurable cancer
• L3: Let’s Live a Little! Compassionate Community Development with Young Adults
- Student comfort and satisfaction following participation in an adapted version of the Social Work Competencies on Palliative Education (SCOPE) Training Modules
- Staff Involvement in End-of-life Decision Making for Persons with Advanced Dementia in Long-term care: Barriers and Facilitators.
- Exploring Resident Physicians’ Experiences Practicing in Pediatric Palliative Care: A Phenomenological Method of Inquiry
- Substance Use and Addictive Disorders in the Palliative Care Patient
- A reflection and a critique on the concept of anticipatory grief
- Being Instead of Doing—have we medicalized the End of Life too much?
- Medical Cannabis in Hospice and Palliative Care; Patient-Centered Research & Practices
- Shift your thinking: Knowledge translation for a palliative approach in nursing practice
- The Nurse Practitioner Role is Ideally Suited for Palliative Care Practice: A Qualitative Descriptive Study
- Soigner les morts pour guérir les vivants
- Integrating Spirituality as a Key Component of Care
- The Do's and Don'ts of Advance Care Planning
- Engaging Public Advisors in the Development of a Palliative Care Resource
- BC Compassionate Communities Movement—Where we are now.
- Le respect des volontés des patients en fin de vie: exposé d’une recherche collaborative
- Bridging the Gap: Developing a Palliative Approach to Care for Young Adults
- Palliative Care Matters Initiative: Including the Public in the Future of Palliative Care
- Expérience de l’aide médicale a mourir au Québec
- Medical Assistance in Dying and Hospice - A Conflict of Values or an Opportunity
- Building An Effective Psychosocial Support Program at End of Life: For individuals facing serious life limiting illness and their families.
- Optimizing Palliative Care in Nunavik’s Communities
- Efficacy of Advance Care Planning (ACP) interactive web sites and workbooks to improve patient engagement in primary care: The results of tool evaluations
- Community Organisation and Volunteer’s experiences hosting and facilitating Advance Care Planning workshops
- Increasing Public ACP Engagement Through Volunteer-Facilitated Advance Care Planning Workshops
- Developing a provincial approach to volunteer facilitated Advance Care Planning workshops
- The Potential of Cannabinergic Medicine for Symptoms Associated With Dysregulation of the Central Nervous System at End-of-Life
- Approche anthropologique de la biographie en centre de soins palliatifs
- Cultural inclusiveness in the palliative and end of life (EOL) care services for the ageing population of rural New South Wales, Australia
- Advancing quality palliative care for patients with chronic kidney disease in British Columbia
- Processus de deuil du "proche-tiers" - La relation de soins : un espace transitionnel ouvert
- The Good Wishes Project: An end-of-life intervention for individuals living in homelessness
• A Provincial Palliative Care Education Strategy: The Coordinated Implementation of Pallium Canada’s LEAP curriculum in Nova Scotia
• Early integration of palliative care in Ontario: INTEGRATE quality improvement project
• Paramedics Providing Palliative Care at Home Program in Nova Scotia and Prince Edward Island
• Outcome measures for a palliative approach
• Comment faire un suivi de deuil auprès des familles endeuillées d’un enfant suite à un décès subi et inattendu
• Integrating a Palliative Approach in the Primary Care setting
• End-of-life experiences from the perspective of hospice palliative care volunteers
• Creation of a competency based text and companion learning activities for nurses and educators
• Development of Hospice Palliative End-of-Life competencies for Practical Nurses in Alberta; Session 1, Development of Hospice Palliative Care Competencies for Practical Nurses in Alberta
• A Scoping Review to Examine Symptoms in Children with Rare, Progressive, Life-Threatening Disorders
• New insights into the complex relationship between Palliative Care and Medical Assistance in Dying
• Home-based palliative care for older clients and their family caregivers: The role of personal support workers
• Implementation of a Train-the-Trainer Curriculum to Enhance Palliative Care for Children with Cancer
• New Evidence on End-of-life Hospital Utilization for Myth Busting and Improved Action Planning
• Evaluation of a palliative care capacity building project for rural Mauritania
• Ethics of finitude: nursing and the palliative approach
• Integration of a palliative approach to care in core curriculum for Practical Nurses in Ontario
• Palliative Care in Ontario Regional Cancer Centres: Time to Consult
• When Patients with Dysphagia Eat for Quality of Life: Factors That Affect the Comfort of Health Care Professionals
• Everyday Clinical Practices That Contribute to a Palliative Approach in Primary Practice
• Nursing contribution to end-of-life care decisions and medical assistance in dying
• “The Challenges of educating nursing students about Medical Aid in Dying”
• Enhancing Hospice Palliative Care: A comfort care guide to support patients and family caregivers in end-of-life care
• Strengthening a Palliative Approach in Long-Term Care (SPA-LTC): A New Program to Improve Quality of Living and Dying for Residents and their Family Members

Posters

• Early Palliative Care In Advanced Heart Failure
• The Impacts of Cognitive Change Associated with ALS
• End Stage Renal Failure-an urgent need for palliative care
• Using Design Tools to Get Patients Talking
The Impact of Health System Changes on the Delivery of Palliative Care at Home
The Maple Key to Wellbeing Project
Patient and Family Centred Care and the child with complex needs/medical fragility
La codification de la fin de vie en 7 étapes
A Survey of Knowledge and Attitudes of Nurses About Pain Management in End Stage Liver Disease in a Geriatric Palliative Care Unit
la famille au maintien de soins palliatifs à domicile cas de la R D Congo
Quelle difference entre soins spirituels et accompagnement spirituel réalité en RD Congo
LA CONTINUITÉ DES SOINS PALLIATIFS DE L’HOPITAL AU DOMICILE : UNE RÉALITÉ COMPLEXE
Use of Methadone as an Adjuvant Medication to Low-Dose Opioids for Neuropathic Pain in the Frail Elderly
What are the attitudes and perceptions on death and dying in hospital, of adult patients and families who have received palliative care?
Poursuite de la ventilation non invasive en fin de vie
Inpatient Palliative Trigger Tool: A Pilot Study
Implementation Barriers to Medical Assistance in Dying: A Scoping Review
Medical Assistance in Dying (MAID): A Person Centred Approach for Patients and Health Care Providers
Towards an Understanding of How Aboriginal Status Impacts Palliative and End-of-Life Care for Older Adults (55+) in Canada: A Scoping Review
The Flipped Learning Program of Bereavement Assessment
Palliative care education – applying strategic planning and instructional design model to program development
Care Provider Grief: The Impact on Staff & Volunteers
Factors associated with Palliative Care referral at end of life in a community hospital - a retrospective case-control study
Spiritual care at Victoria Hospice: knowledge exchange and quality improvement supporting practice change
Palliative Care Quality Standard: Guiding evidence-based, high-quality palliative care in Ontario
Living well until the end: data analysis and lived experience of the variation in treatment received by patients at the end of life
Bereavement - It's Effect on Work, Careers, and the Workplace
Primary Thromboprophylaxis in Noncancer Patients Admitted to a Geriatric Palliative Care Unit
Advance Directives and their Impact on Cost of Care
Navigating the Meaning, Significance and Context: Mothers and Daughters in End-of-Life and Bereavement
You will know when you know: Everyday life with metastatic breast cancer as a chronic health condition
Quick and simple expansion of bereavement education offerings with film-based discussion.