## CONFERENCE PROGRAM AT-A-GLANCE - SUNDAY, APRIL 19, 2015

### Times

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Notes</th>
</tr>
</thead>
</table>
| 8:00 - 9:30 am | Registration, Continental Breakfast  
• Sponsor/Exhibitor Showcase Opens |
| 9:30 - 9:45 am | Welcome Remarks |
| 9:45 - 10:45 am | Opening Plenary Presentation: Compassionate Cities, Public Health and End-of-Life Care  
• Dr. Allan Kellehear |
| 10:45 - 11:00 am | Stretch Break |
| 11:00 - 11:45 am | Awards Ceremony  
• June Callwood Awards |
| 11:45 - 1:00 pm | "Exhibit Showcase" & Luncheon Buffet |

### 1:00 - 2:15 pm

<table>
<thead>
<tr>
<th>Session #</th>
<th>Stream</th>
<th>Session Title and Speaker</th>
</tr>
</thead>
</table>
| 101       | LDP    | Can Advance Care Plans be More Like Bicycle Helmets?  
• Nanci Corrigan, Louise Hanvey |
| 102       | LDP    | Six Nations Palliative Care Shared Care Outreach Teams  
• Lori Monture, Verna Fruch, Cheryl Moore, Dr. Mary Lou Kelley |
| 103       | LDP    | Tyze: An Online Tool That Helps People Care for Others  
• Vicki Lejambe, Paul Holyoke, Mary Lou Ackerman |
| 104       | LDP    | Addressing the Palliative Care Needs of the Marginalized: PEACH (Palliative Education and Care for the Homeless)  
• Dr. Naheed Dosani, Anton Nikouline |
| 105       | CLN    | E-Learning Doodles, Snippets, Mindmaps and Apps: Keeping Up with the Next Generation  
• Dr. José Pereira, Kathryn Downer, Brady Riordan |
| 106       | CLN    | On Track and Off-Label: An Approach for Effective and Safe Off-Label Prescribing in Palliative Care  
• Dr. Ahmed Al-Awamer, Rachel Whitty, Amanda Jacques |
| 107       | CLN    | Adjuvant Medications - When Opioids Alone Are Not Handling The Pain  
• Jennifer Land, Wendy May |
| 108       | PSBCT  | Addressing Compassion Fatigue: Managing Grief and Loss Amongst Healthcare Professionals  
• Dr. Mary Jane Esplen, Jiahui Wong, Tracy Soong |
| 109       | PSBCT  | Speaking the Unspeakable: Conversation with Death and Dying in Mind  
• Olga Nikolaev |
| 110       | VOL    | Developing Volunteer Leadership and Engagement Through Volunteer Education  
• Lisa Allen |
| 111       | VOL    | Talking About Death Won't Kill You: Introducing "Die-alogues", A Hospice Northwest Initiatives  
• Kathy Kortes-Miller |

### 2:15 - 2:45 pm

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:15 - 2:45 pm</td>
<td>Refreshment Break; Sponsor/Exhibitor Showcase &amp; Posters</td>
<td></td>
</tr>
</tbody>
</table>
## CONFERENCE PROGRAM AT-A-GLANCE - SUNDAY, APRIL 19, 2015

<table>
<thead>
<tr>
<th>2:45 - 4:00 pm</th>
<th>CONCURRENT WORKSHOP SESSIONS - SERIES 200</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session #</strong></td>
<td><strong>Stream</strong></td>
</tr>
<tr>
<td>201</td>
<td>LDP</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>202</td>
<td>LDP</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>203</td>
<td>LDP</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>204</td>
<td>LDP</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>205</td>
<td>CLN</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>206</td>
<td>CLN</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>208</td>
<td>PSBCT</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>209</td>
<td>PSBCT</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>211</td>
<td>VOL</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4:15 - 5:15 pm

**The Carmelita Lawlor Lecture:**

Ready or Not....Palliative Care in Ontario - Will We Brace For, or Embrace, Change?

- **Dr. Denise Marshall**

(Lecture open to non-conference participants)

### 5:30 pm - 8:00 pm

**OMA Section on Palliative Care AGM**

(Meeting Open to OMA Member Physicians Only).
## CONFERENCE PROGRAM AT-A-GLANCE - MONDAY, APRIL 20, 2015

<table>
<thead>
<tr>
<th>Times</th>
<th>MONDAY, APRIL 20, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:15 am</td>
<td>&quot;Early bird&quot; Continental Breakfast Available</td>
</tr>
</tbody>
</table>
| 7:30 - 8:45 am | • Registration & Continental Breakfast  
• Sponsor/Exhibitor Showcase and Posters  
• Oral Paper Presentations: Series 1, 2, 3, 4                                      |
| 8:50 - 9:15 am | Welcome Remarks                                                                         |
| 9:15 - 10:15 am | Plenary Presentation  
• Jennie Pickard, Health Quality Ontario                                                   |
| 10:15 - 10:45 am | Refreshment Break  
• Sponsor/Exhibitor Showcase and Posters                                                  |
<p>| 10:45 am- 12:00 pm | CONCURRENT WORKSHOP SESSIONS - SERIES 300                                             |</p>
<table>
<thead>
<tr>
<th>Session #</th>
<th>Stream</th>
<th>Session Title and Speaker</th>
</tr>
</thead>
</table>
| 301         | LDP    | Strengthening Palliative care in Long Term Care (LTC): Early Lessons from a National Pilot Project  
• Amie Vahrmeyer, Paula Neves, Deborah Rimay, Jessica Laurie, Linda Gray                   |
| 302         | LDP    | How to Be Innovative in Palliative Care: Nine Questions Every Innovator Must Answer  
• Dr. Hsien Seow                                                                             |
| 303         | LDP    | Engaging Stakeholders in Journey Mapping: Creating and Implementing a Palliative Care Pathway for Clients Living in Naotkamegwanning First Nation (Part 1)  
• Maxine Crow, Mary Lou Kelley, Wilma Sletmoen, Jessica Koski                                |
| 304         | LDP    | Expert Palliative Care Team - Family Health Team Style - The Huntsville Experience  
• Norma Connolly, Dr. Deb Harrold, Dr. Pam McDermott, Susan McGee, Bryn Millner             |
| 305         | CLN    | Palliative care in Advanced Heart, Lung and Kidney Disease (Part 1)  
• Dr. Kirsten Wentlandt, Dr. Ebru Kaya, Dr. Valerie Caraiscos                              |
| 306         | CLN    | A National Approach to Palliative Care Education: Building a Harmonized Suite of Courses Across the Continuum of Care - Lego Style  
• Kathryn Downer, Dr. José Pereira, Nathalie Ray                                            |
| 307         | CLN    | "Joint" Ventures in Palliative Care - The "Weed" Deed  
• Dr. Vincent Maida                                                                       |
| 308         | PSBCT  | Organizational-Level Promising Practices to Supporting the Delivery of Spiritual Care in Hospice Palliative Care: Applying Evidence from Hospice Organizations Founded on Spiritual/Religious Traditions to More Secular Organizations  
• Dr. Paul Holyoke, Dr. Barry Stephensen                                                   |
| 309         | PSBCT  | Moving Stories - Improvisational Techniques to Help Professional Caregivers Process Emotions Related to End of Life Care Experiences (Part 1)  
• Jan Pearce, Jack Langenhuizen                                                             |
| 310         | VOL    | HPCO's Accreditation Framework for Visiting Hospice Services (Part 1)  
• Annalise Stenekes                                                                        |
| 311         | IN     | Compassionate Cities, Public Health and End-of-Life Care  
• Dr. Allan Kellehear                                                                      |
### CONFERENCE PROGRAM AT-A-GLANCE - MONDAY, APRIL 20, 2015

<table>
<thead>
<tr>
<th>Times</th>
<th>MONDAY, APRIL 20, 2015</th>
</tr>
</thead>
</table>
| 12:00 - 1:15 pm | **Luncheon Buffet & Exhibit Showcase**
  - Awards Presentations |
| 1:15 – 2:45 pm | **HIT (Healthcare, Innovation & Technology) Talks**
  - Plenary Session |
| 2:45 - 3:15 pm | Refreshment Break
  - Sponsor/Exhibitor Showcase and Posters |

#### 3:15 – 4:30 pm

<table>
<thead>
<tr>
<th>Session #</th>
<th>Stream</th>
<th>Session Title and Speaker</th>
</tr>
</thead>
</table>
| 401       | LDP    | Creating a Cross-Sector Integrated System of Hospice Palliative Care: The Experience of One Mid-Size Community in Ontario (Sarnia/Lambton)
  - Cindy Stokes, Ann Brignell, Terri Pask, Natasha St. Louis, Maura Purdon, Katherine Scimmi |
| 402       | LDP    | How to Build Quality Hospice Palliative Care in the Community: Learn from the experts!
  - Dr. Hsien Seow, Daryl Bainbridge, and 4 Experts Panel Members |
| 403       | LDP    | Engaging Stakeholders in Journey Mapping: Creating and Implementing a Palliative Care Pathway for Clients Living in Naotkamegwaning First Nation (Part 2)
  - Maxine Crow, Mary Lou Kelley, Wilma Sletmoen, Jessica Koski |
| 404       | LDP    | Leading Versus Managing: Identifying Your Potential and Creating a Plan for Success, Today, Tomorrow and for the Future
  - Fr. Matthew Durham, Hana Irving |
| 405       | CLN    | Palliative Care in Advanced Heart, Lung and Kidney Disease (Part 2)
  - Dr. Kirsten Wentlandt, Dr. Ebru Kaya, Dr. Valerie Caraiscos |
| 406       | CLN    | The Difficult Facets of Advanced Care Planning: How to Have These Conversations with Sensitivity
  - Sharon Reynolds |
| 407       | CLN    | Prescription Opioid Abuse is a Palliative Condition That is Killing Our Youth: Where do we go From Here?
  - Dr. Sharon Koivu |
| 408       | PSBCT  | Giving Voice to Our Stories: Music Therapy for Health Care Professionals
  - Sarah Pearson |
| 409       | PSBCT  | Moving Stories - Improvisational Techniques to Help Professional Caregivers Process Emotions Related to End of Life Care Experiences (Part 2)
  - Jan Pearce, Jack Langenhuizen |
| 410       | VOL    | HPCO’s Accreditation Framework for Visiting Hospice Services (Part 2)
  - Annalise Stenekes |
| 411       | VOL    | Caring for Yourself When You Care For Others
  - Michelle O'Rourke |
| 6:00 – 7:00 pm | Pre-Dinner Reception                                                                 |
| 7:00 – 10:30 pm | **Banquet Dinner, Awards and Entertainment**
  - Jamie Williams One Man Band Extraordinaire! |
**CONFERECE PROGRAM AT-A-GLANCE - TUESDAY, APRIL 21 2015**

<table>
<thead>
<tr>
<th>Times</th>
<th>TUESDAY, APRIL 21, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:15 am</td>
<td>&quot;Early bird&quot; Continental Breakfast</td>
</tr>
<tr>
<td>7:30 - 8:45 am</td>
<td>Registration &amp; Continental Breakfast</td>
</tr>
<tr>
<td></td>
<td>• Posters</td>
</tr>
<tr>
<td></td>
<td>• Oral Paper Presentations: Series 5, 6, 7, 8</td>
</tr>
<tr>
<td>9:00 – 10:00 am</td>
<td>Welcome Remarks &amp; Plenary Presentation:</td>
</tr>
<tr>
<td></td>
<td>Late Stage Dementia: Promoting Comfort and Compassion During</td>
</tr>
<tr>
<td></td>
<td>End-of-Life Care</td>
</tr>
<tr>
<td></td>
<td>• Dr. Michael Gordon</td>
</tr>
<tr>
<td>10:00 – 10:30 am</td>
<td>Refreshment Break</td>
</tr>
</tbody>
</table>

**CONCURRENT WORKSHOP SESSIONS - SERIES 500**

<table>
<thead>
<tr>
<th>Session #</th>
<th>Stream</th>
<th>Session Title and Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>501</td>
<td>LDP</td>
<td>eShift - An Innovative Approach to Providing Nursing Care in the Community Through the Use of Technology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Charlotte Koso, Heather Nicolson-Morrison, Patrick Blanshard</td>
</tr>
<tr>
<td>502</td>
<td>LDP</td>
<td>Provincial Hospice Palliative Care Home Based Nurse Practitioner Program: Supporting Patients to Live with Dignity and Comfort at Home</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Janet Legge McMullan, James Mastin, Heather Elliot, Heebah Sultan</td>
</tr>
<tr>
<td>503</td>
<td>LDP</td>
<td>Taking the Next Steps in Workplace Psychological Health and Safety</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Carolyn James</td>
</tr>
<tr>
<td>504</td>
<td>LDP</td>
<td>What’s the Goal of Care? How to Take Care of our Vulnerable Seniors Living in Long-Term Care Homes and our Healthcare System</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Dr. Michelle Grinman, Dr. Irene Ying</td>
</tr>
<tr>
<td>505</td>
<td>CLN</td>
<td>I Keep Shining: Looking at Resilience Through the Voices of Healthcare Providers in the Field of Palliative Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Nadine Persaud</td>
</tr>
<tr>
<td>506</td>
<td>CLN</td>
<td>The Grief Experiences of Personal Support Workers and Nurses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Vicki Lejambe, Paul Holyoke</td>
</tr>
<tr>
<td>507</td>
<td>CLN</td>
<td>Enhanced End-of-Life Care Decision Making (EELCD): Furthering Communication Flow and Patient and Caregiver Satisfaction in the Hospital Setting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lynn Kachuik, Dr. José Pereira, Christine Welsh</td>
</tr>
<tr>
<td>508</td>
<td>PSBCT</td>
<td>What About Us? A Kids Anticipatory Grief and Bereavement Collaborative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Jodi Pereira, Barbara Pidcock, Andrea Warnick, Barry R. Ashpole</td>
</tr>
<tr>
<td>509</td>
<td>PSBCT</td>
<td>How To Train in Self Compassion: Compassion as a Core Competency in EOL Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Rev. Andrew Blake, Anton Vermunt</td>
</tr>
<tr>
<td>510</td>
<td>VOL</td>
<td>Workplace Health and Safety for the Volunteer Sector</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Carolyn Cuthbertson</td>
</tr>
<tr>
<td>511</td>
<td>IN</td>
<td>TBC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:45 am – 1:00 pm</td>
<td>Luncheon Buffet</td>
</tr>
<tr>
<td></td>
<td>• Best Oral Paper/Poster Presentations</td>
</tr>
<tr>
<td>1:00 pm – 1:45 pm</td>
<td>Closing Plenary Presentation: Mount Fuji – The Fool Climbs it Twice</td>
</tr>
<tr>
<td></td>
<td>• Paul Huschilt</td>
</tr>
<tr>
<td>1:45 pm – 2:00 pm</td>
<td>Closing Remarks and Draw Prizes</td>
</tr>
<tr>
<td>2:00 p.m.</td>
<td>Adjourn</td>
</tr>
</tbody>
</table>
101  Can Advance Care Plans be More Like Bicycle Helmets?

Nanci Corrigan, Communications Strategist and Principal, Channel 3 Communications, Kingston, ON; Louise Hanvey, Project Manager, Advance Care Planning in Canada Project, Canadian Hospice Palliative Care Association, Ottawa, ON

Remember when seat belts weren’t mandatory and bicycle helmets were considered nerdy? Today, thanks to public health campaigns based on research and evidence, we have seat belt laws and most cyclists don a helmet before heading out on the road. What if we could do the same for advance care planning (ACP)?

Evidence shows that people who engage in ACP are more likely to have their wishes known and followed at end of life. The Way Forward has demonstrated an integrated palliative approach to care (PAC) should start before people become ill – with a strong focus on ACP. Promoting ACP should use all types of communication channels – social media to public forums. Data demonstrate that having ACP conversations is not normalized in Canada – half of Canadians indicate that ACP should begin when a person is healthy, but only 13% have an ACP prepared.

This workshop will explore ACP work that has been done in Canada to translate knowledge into tools for patient-centred care; ways to normalize APC conversations into different environments to support a PAC; and encourage participants to brainstorm tools that will increase ACP awareness/implementation. This could collectively contribute to an ACP public health campaign based on evidence. The workshop is for anyone with knowledge of ACP.

Learning Objectives:
- Knowledge of current ACP evidence (ACCEPT/DECIDE, i-GAP) and evidence-based tools and resources;
- Knowledge of ACP awareness and champions;
- Ideas for tools that Speak Up can develop to support ACP engagement at the community level and integrate ACP into practice.

Workshop Streams:  Leadership/Systems/Integration; Scientific/Advanced Clinical Practice

102  Six Nations Palliative Care Shared Care Outreach Teams

Lori Monture, R.N, Manager, Six Nations Long-term Care/Home and Community Care Program, Ohsweken, ON; Verna Fruch, BScN, Six Nations Long-term Care/Home and Community Care Program, Six Nations Community Facilitator for the “Improving End-of-Care in First Nations” Research Project, Ohsweken, ON; Cheryl Moore, Executive Director, Stedman Community Hospice, Brantford, ON; Mary Lou Kelley, MSW, PhD, Professor of Social Work and Gerontology, Lakehead University; and Professor at the Northern Ontario School of Medicine, Thunder Bay, Ontario.
A 2012 palliative care needs assessment conducted in Six Nations of the Grand River Territory as part of the CIHR funded “Improving End-of-Life Care in First Nations” (EOLFN) research project indicated that residents would prefer to die at home if quality palliative care services were available. In response, Six Nation’s Home and Community Care program and EOLFN initiated a palliative care leadership team, a clinical team and created a vision and program description that included forming a Six Nations Palliative Care Shared Care Outreach Team in partnership with Stedman Community Hospice Supportive Care program. This team is comprised of primary care providers working in a team with expert clinicians who together share the care of the patient in an integrated and seamless manner.

This workshop will describe the process of developing and implementing the Six Nations Palliative Care Shared Care Outreach team. It will discuss the roles of the Six Nations palliative care nurse and psychosocial bereavement counselor and will outline the mentorship that is provided by Stedman Hospice. Lastly it will highlight the partnerships with local physicians and healthcare providers on the regional palliative care shared care team.

Research has demonstrated that shared care teams are an effective, efficient means of improving access and quality of palliative care services. Creating shared care teams with First Nations communities is an innovative, culturally responsive model to support people to die at home and provides evidence of the applicability of the EOLFN community capacity development model.

**Learning Objectives:**

- To understand how health care providers in Six Nations of the Grand River created local palliative care capacity based on a community capacity development model;
- The demonstrate the structure and benefits of implementing shared care teams for First Nations communities;
- The understand the importance of developing and strengthening partnerships with external health care providers and provincially funded resources and services.

**Workshop Streams:**  
*Leadership/Systems/Integration; Scientific/Advanced Clinical Practice*

**103 Tyze: An Online Tool That Helps People Care for Others**

*Vicki Lejambe*, CON(C), CHPCN(C), Advanced Practice Nurse, Program Lead Hospice Palliative Care Program, Saint Elizabeth, Markham, ON; *Paul Holyoke*, Director of Research, Saint Elizabeth Health Care, Markham, ON; *Mary Lou Ackerman*, Vice-President, Business Capabilities, Saint Elizabeth Health Care, Markham, ON

Innovative tools are needed to address rising healthcare costs and the increased demands of an aging population including palliative and end-of-life clients and the family members who care for them. Tyze personal network is a secure, practical, web-based solution that helps connect people who are caring for others. Tyze networks increase community capacity, help caregivers share the care and support individuals who want to remain at home. This presentation will highlight case studies of care based organizations including health care, social service and disease based organizations that have leveraged
Tyze networks to provide a customized experience through branded communications, tailored information and education material, and staff engagement.

**Learning Objectives:**
- Describe the features of a Tyze network;
- Describe how a Tyze network can assist you/your organization to care for others;
- Describe how Tyze technology has been used in a wide variety of patient populations and explore its use in hospice palliative care.

**Workshop Stream:**  
*Leadership/Systems/Integration*

---

**104 Addressing the Palliative Care Needs of the Marginalized: PEACH (Palliative Education and Care for the Homeless)**

**Naheed Dosani**, MD, CCFP, Palliative Care Physician & Project Lead: PEACH (Palliative Education And Care for the Homeless), Inner City Health Associates (affiliated program of St Michael's Hospital), Assistant Clinical Professor, McMaster University: Department of Family Medicine, Division of Palliative Care; **Anton Nikouline**, BMSc, University of Toronto MD Candidate 2017, Toronto, ON

Several studies have established the benefits of early outpatient palliative care for patients with advanced illness, including improved quality of life and symptom control, increased patient understanding of prognosis, decreased healthcare costs (via reductions in hospital admissions and Emergency Department visits) and possibly, survival [Parikh et al, 2013]. Homeless and vulnerably housed populations have a high need for end-of-life care services, with 75% suffering from one or more co-morbid chronic diseases [City of Toronto, 2013] and mortality rates that are 2.3 to 4 times the average Canadian rate [Hwang et al, 2009]. Despite this, little has been published to date about the particular palliative care needs of this group. PEACH (Palliative Education And Care for the Homeless/Vulnerably Housed) is a service of the Inner City Health Associates (ICHA) Toronto, established with the goal of promoting early, holistic palliative care integration into primary care for this population. We aim to provide an overview of this intervention and its integration into existing services while formulating its initial impact on this population.

**Learning Objectives:**
- Review of the unique issues that homeless and vulnerably housed patients face as they approach end-of-life;
- Exposure to particular barriers to access/care for marginalized & vulnerably housed patients requiring Palliative Care;
- A review of unique and innovative models aimed at delivering Palliative Care to marginalized and vulnerable populations, including PEACH.

**Workshop Streams:**  
*Leadership/Systems/Integration; Scientific/Advanced Clinical Practice*
CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 100

Sunday, April 19, 2015

105  E-Learning Doodles, Snippets, Mindmaps and Apps: Keeping Up with the Next Generation

Dr. José Pereira, MBChB, DA, CCFP, MSc., Professor and Head, Division of Palliative Care, Department of Medicine, University of Ottawa; Medical Chief, Department of Palliative Medicine, Bruyère Continuing Care and The Ottawa Hospital; Medical Lead, The Champlain Regional Hospice Palliative Care Program; Co-founder and Scientific Officer of Pallium Canada, Ottawa; Kathryn Downer, MSc., EdD, National Director, Pallium Canada, Ottawa; Brady Riordan, E-Educational Designer, Pallium Canada, Ottawa, ON

Mobile information technologies, including tablets and apps, are becoming ubiquitous in today’s health care environments. In addition to accessing patient information at the point of care, they also present exciting platforms and opportunities to support just-in-time learning. Peer-reviewed palliative and End-of-Life Care (EOL) courseware and learning materials produced nationally for use across Canada provide a suite of products for mobile devices and desktop computers that support distributed learning and clinical decision-making at the point of care.

New e-learning apps will be demonstrated including Doodles, Snippets, and MindMaps. Doodles are short (1 to 3 minute-long) YouTube-type videos that combine voice-over narration with animated sketching to provide dynamic presentations on topics such as, “Who provides palliative care?” and "Better early than late". Snippets are short online modules (2-to 5-minute long) on various topics such as, discussing opioid side effects; often with short videos to demonstrate techniques. MindMaps draw upon cognitive psychology research on how people store information. The interactive maps (available as a website and as apps) provide essential clinical tips on the essentials to providing Palliative and EOL Care. These include tips on pain and symptom management, communication and psychosocial-spiritual care.

Upon completion of the workshop participants will gain an understanding of the Pallium portal that supports the e-learning apps; learn how to access just-in-time teaching/learning e-resources to support best practice bedside care; and be invited to recommend future Palliative care training e-learning topics. These resources support just-in-time learning across the professional development continuum, across different disciplines, mainly at the point-of-care.

Learning Objectives:
- Upon completion of the workshop participants will learn how to access just-in-time teaching/learning e-resources to support best practice bedside and community care.
- Participants will gain an understanding of the Pallium portal Learning Management System (LMS) that supports the e-learning apps so that they may utilize these E-Resources in their own work environments.
- Upon completion of the workshop participants will be invited to recommend future Palliative care training e-learning topics related to their organizational learning needs.

Workshop Streams: Scientific/Advanced Clinical Practice; Leadership/Systems/Integration
106 On Track and Off-Label: An Approach for Effective and Safe Off-Label Prescribing in Palliative Care

Dr. Ahmed Al-Awamer, Palliative Care Physician, Princess Margaret Cancer Center, Toronto, ON;
Rachel Whitty, BScPhm, RPh, ACPR, Acting Pharmacy Clinical Site Leader, Princess Margaret Cancer Centre, University Health Network, Toronto, ON; Amanda Jacques, BScPhm, RPh, ACPR, Staff Pharmacist, Princess Margaret Cancer Centre, University Health Network, Toronto, ON

Off-label prescribing is a widespread practice that refers to the use of pharmacological agents for indications or at dosages that have not received regulatory approval. Off-label prescribing is more frequent in palliative care (PC), accounting for up to 25-30% of PC prescriptions due to the limited number of randomized clinical trials in this population. Financially, many off-label uses for palliative drugs are not covered under existing third-party insurance or government plans. According to a Canadian study, up to 79% of off-label prescriptions lack strong scientific evidence of effectiveness. The need to ensure the safety of this inherently vulnerable terminally-ill population adds to the ethical complexity of off-label prescribing. Additionally, illegal promotion for off-label uses by drug companies is a concern for drug safety experts. In 2012, drug companies paid more than $5 billion in settlements for illegal promotion of off-label uses. This has sparked growing controversy about off-label use. Is it ethical and legal to prescribe a drug with unproven efficacy that may risk patients’ safety? Would the physician be vulnerable to malpractice if he/she failed to prescribe off-label medication? How should organizations and therapeutic committees approach requests for off-label use of drugs?

Our interprofessional team analysed off-label drug use in PC from the Canadian context. We will present an overview of off-label use and its implications from ethical, legal and risk management perspectives. We will also discuss a framework that will assist PC practitioners and organizations in prescribing off-label medications safely and effectively in PC.

Learning Objectives:
- Examine the ethical, legal and clinical concerns with off-label prescribing in palliative care;
- Apply framework for off-label uses for health care organizations and therapeutic committees;
- Demonstrate an approach for the use off-label medications at the level of individual prescriber and pharmacist in palliative care.

Workshop Streams: Scientific/Advanced Clinical Practice; Leadership/Systems/Integration

107 Adjuvant Medications - When Opioids Alone Are Not Handling The Pain

Jennifer Land, RN, BScN, CHPCN(C), Palliative Care Consultant, Acclaim Health Palliative Care Consultation, Oakville, ON
Wendy May, RN, CHPCN(C), Palliative Care Consultant, Acclaim Health Palliative Care Consultation, Oakville, ON

Pain in palliative care patients can be caused by multiple issues such as the disease itself, the treatment for the disease and factors that are unrelated to the disease.
Opioid therapy is often not enough to combat the pain caused by individual conditions. Medications classified as ‘adjuvants’ often need to be added to optimize pain management outcomes.

In this presentation we will look at different types of pain found in palliative care patients and the evidence-based research supporting the benefits of using adjuvant medications to alleviate pain associated with certain conditions such as neuropathic pain. After this presentation you will have an understanding of adjuvant medications, how they work and the approaches used to include them in pain management regimes.

**Workshop Streams:** Scientific/Advanced Clinical Practice; Psychosocial/Spiritual/Bereavement/Complementary Therapy

---

**108 Addressing Compassion Fatigue: Managing Grief and Loss Amongst Healthcare Professionals**

Mary Jane Esplen, Director, de Souza Institute, University Health Network; Clinician-Scientist at UHN, Professor, the Faculty of Medicine, University of Toronto, Toronto, ON; Jiahui Wong, PhD, Assistant Professor, Department of Psychiatry, University of Toronto, Toronto, ON; Manager, Curriculum and Program Evaluation, de Souza Institute, Toronto, ON; Tracy Soong, de Souza Institute, Toronto, ON

Health care professionals in oncology often care for patients who become terminally ill. Regardless of years of experience or level of training, professionals can experience profound impacts, including grief reactions, yet receive little or no training in coping strategies to manage such issues. Our Institute developed a course to assist healthcare professionals in managing grief and loss. Content includes information on the types of grief experiences; self-assessment tools to recognize indicators signaling difficulties in coping and managing grief and loss; strategies for self-care and peer support in work environment to facilitate work life balance. The course is delivered via Ontario Telemedicine network (OTN) and de Souza online learning system, and consisted of four active teaching ingredients 1) Didactic sessions via OTN; 2) Online learning activities including reading materials, discussion forum on clinical scenarios to facilitate reflection; 3) Completion of an self-assessment tool - the Revised Grief Experience Inventory; and 4) Construction of a personal plan. The implication of workforce training on the management of grief and loss as a strategy to reduce compassion fatigue, and to improve work force retention will be discussed.

**Learning Objectives:**
- To provide information on the types of grief experiences typically encountered by health care professionals in cancer care;
- To use a self-assessment tools to recognize indicators signaling difficulties in coping and managing grief and loss;
- To learn strategies for self-care and peer support in work environment.

**Workshop Streams:** Psychosocial/Spiritual/Bereavement/Complementary Therapy  
Scientific/Advanced Clinical Practice
109: Speaking the Unspeakable: Conversation with Death and Dying in Mind

Olga Nikolajev, Hospice Palliative Care Planner, South East LHIN, Belleville, ON

If we are to effectively change the attitude and approach about death and dying within our current culture, we need to learn how to speak the unspeakable. When we openly speak about death and dying, we are able to better identify key priorities, the things that matter to people, and enable them to live more fully for the remainder of their days with quality, respect and dignity. This workshop will highlight the importance of having open and honest conversations about death and dying, reveal some of the challenges to these conversations, and enable participants to gain the skills and confidence in initiating and maintaining these conversations through key communication skills, such as rapport building, empathy and curiosity.

Learning Objectives:
- Participants will be able to have a greater understanding of the importance of having conversations about death and dying;
- Participants will be able to gain essential communications skills and confidence which will empower them to have the conversations about death and dying;
- Participants will be able to develop a plan to integrate their knowledge and skills into their work, personal environment.

Workshop Streams: Psychosocial/Spiritual/Bereavement/Complementary Therapy Leadership/Systems/Integration

110 Developing Volunteer Leadership and Engagement Through Volunteer Education

Lisa Allen, Volunteer Coordinator, Hospice Wellington, Guelph, ON

This workshop focuses on encouraging and guiding Volunteer Coordinators and Managers to engage volunteers directly in the content review and delivery of Client Visiting Services in the Volunteer training for new incoming volunteers.

Often Volunteer Coordinators have busy jobs of volunteer recruitment, training, placements, and much more, but by expanding the role of volunteers within the key area of education and leadership, it not only benefits the Coordinator, but it creates an ongoing opportunity for volunteers to further develop leadership, presentation and training skills, as well as give new volunteers the opportunity to learn directly from those who are already working in the field, a perspective that a staff person often can’t speak to from firsthand experience.

The workshop will present real life examples used at Hospice Wellington in its education program and it will give attendees the opportunity to review their own education program for leadership and teaching opportunities for more volunteer involvement. The main thrust of this workshop is to understand that meaningful engagement and leadership in volunteer education increases the motivation of staff and volunteers and supports the development of a positive learning culture within an organization.
CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 100

Sunday, April 19, 2015

Time: 1:00 - 2:15 pm

Learning Objectives:
- To view leadership and volunteer engagement models in relation to examples of opportunities for volunteers to teach and lead other volunteers;
- To review and discuss the importance of genuine, meaningful engagement, both for volunteers and staff;
- To give attendees the opportunity to reflect on their own volunteer education opportunities and seek opportunities for volunteers to be able to lead more and share more with their volunteer peers and staff.

Workshop Streams:  
- Volunteer Management
- Leadership/Systems/Integration

111  Talking About Death Won't Kill You: Introducing "Die-alogues", A Hospice Northwest Initiatives (Part 1)

See Workshop 211 - To Experience a "Speedy" Version of a "Die-alogues" Event.

Kathy Kortes-Miller, HBMT, MSW, Research Fellow: Technology Evaluation in the Elderly Network; Board Chair, Hospice Northwest, Thunder Bay, ON

Death holds a significant place in societies despite not being a direct or first-hand experience for many. Fewer people now die in their homes surrounded by family, and we have distanced ourselves from death by geography and the medicalization of death. Our understanding of dying and death is influenced by the communities we live in. Die-alogues is an initiative hosted by Hospice Northwest intended to support meaningful conversations about dying, death, life and living. The mission of Hospice Northwest is to support end-of-life care in our community. By engaging in open, straightforward and respectful discussions about death and dying ourselves, we can better prepare ourselves to care for others as they face their own dying and that of those they love.

Responding to an identified community need, we have partnered with various community organizations to facilitate this initiative. Our approach has been innovative and included various other strategies to facilitate and support community members’ discussions of living until we die. Evaluations are very positive. Our standing room only events demonstrate that our community wants to engage and be active participants in learning about dying and death and supporting one another.

Learning objectives:
- Examine the role the “Die-alogues” initiative can play towards developing “Compassionate Communities”;
- Share information about the development of the process and direction for the “Die-alogues” initiative;
- Provide information from the lessons learned from the Die-alogues community engagement process and to explore strategies that communities can use to develop their own “Die-alogues”.

Workshop Streams:  
- Volunteer Management; Leadership/Systems/Integration
CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 200

Sunday, April 19, 2015  Time: 2:45 - 4:00 pm

201  A Pilot Project with Patients with Progressive Life Limiting Disease, Aimed at Reducing Hospital Admissions, Exploring the Feasibility of New and Sustainable Chronic Disease Management Strategies

Geoff Straw, M.A., Psychosocial/Bereavement Clinician, Hospice Niagara, St. Catharines, ON; Beth Dube, OT Reg. (Ont.), Care Coordinator, Hamilton Niagara Haldimand Brant CCAC, St. Catharines, ON; Anne Pizzacalla, RN (EC), MHSc

Our Interdisciplinary team was provided with a prognostic tool (DIVERT) that identified Home Care patients at risk of an unplanned ED admission. These high risk patients presented with ambulatory sensitive conditions, predominantly cardio respiratory in nature (many with advanced COPD and HF conditions). Service integration and information sharing with primary care/specialists was identified as crucial for these high risk patients necessitating development of partnerships and interdisciplinary interventions.

Partnerships and targetted Interventions included: Enhanced Care Coordination; Rapid Response Transitional Team Referred - Clinical Care Paths/Patient 'Acton' Plans/Telemonitoring will be shared; Primary care notices were developed and will be reviewed. An effective partnership between the Niagara branch of the HNHB CCAC and Hospice Niagara will be highlighted. Advanced care planning and psychosocial support interventions will be discussed. Chronic Disease 'Patent Self Management' practices were implemented and tools and resources shared. Pharmacy/Provincial Medscheck/RRTT Pharmacy referrals were initiated. Process for medication reconciliation options in the home will be explored, as well as partnerships with community pharmacists. Respiratory Therapy referred-new role for RT will be explored.

Service delivery was designed to be provided in the patient home. The resource intensity for each patient was proportionate to the identified risk level. With these interventions/partnerships, this team was able to ‘bring palliation home’. A non-randomized Matched Retrospective Cohort analysis is being completed and will be reviewed. This highly successful approach proved effective in not only providing crucial support to these patients at home, but subsequently reduced unplanned ED admissions for this high risk group. Consumer satisfaction evaluated and highly rated.

Learning Objectives:

- To start to understand what type of intensity of chronic disease management services and coordination are effective in home care;
- To understand how this program, utilizing a multidisciplinary approach assists in supporting clients at home and subsequently reducing ED visits;
- To identify both effective and ineffective interventions in this patient group.

Workshop Streams:  Leadership/Systems/Integration
                           Psychosocial/Spiritual/Bereavement/Complementary Therapy
202 The Other 112 Hours: Engaging Supportive Communities to Provide Hospice Palliative Care

Amy Pritzker, Client Care Coordinator, Hospice Orillia/North Simcoe Muskoka Hospice Palliative Care Network, Orillia, ON Canada; Sandra Dunham, Executive Director, North Simcoe Muskoka Hospice Palliative Care Network and Hospice Simcoe, Barrie, ON

Even families receiving maximum homecare hours are faced with a staggering amount of time alone. Often these hours of care fall to elderly spouses or children who may be juggling these needs with work and their other family responsibilities. Hospices have traditionally filled some of this gap, but many families remain heavily burdened by caregiving responsibilities.

This workshop will provide information about innovative work happening in North Simcoe Muskoka (NSM) to leverage the broader community in caregiving and will engage workshop attendees in sharing their own ideas and programs to further support the caregiver. This workshop will discuss a core value of the Declaration document: “family members, friends and community groups provide most of the care needed.” NSM innovations will get the creative juices flowing while the remainder of the workshop will focus on what other communities are doing, identify barriers to community engagement in caregiving and investigate how participants might collaborate to promote this vision.

Participants will learn about new programs and partnerships in North Simcoe Muskoka including: Keep Me Home: to educates and coordinate informal care teams; Tyze Network: using technology Clergy and religious/spiritual worker engagement; and Role of the broader health and community sector. Workshop facilitators will create a dialogue with the audience about innovative ways that they are involving community to reduce the burden on informal caregivers, look at barriers to community involvement; and identify ways that we can work collaboratively to address and minimize these roadblocks to care.

Learning Objectives:
- Understanding of how community can be engaged in palliative care;
- Understanding of barriers to community engagement and solutions;
- Opportunity to work jointly on creation and evaluation of innovative programming.

Workshop Streams: Leadership/Systems/Integration
Psychosocial/Spiritual/Bereavement/Complementary Therapy

203 Delicious and Digestible: New Curriculum Designed to Help Personal Support Workers Provide Excellent Care for the Dying and Their Families

Katherine Murray, CHPC Nurse, Educator, Thanatologist Founder, Life and Death Matters, Saanichnton, BC

PSWs provide the majority of direct care in many settings. National learning standards and Ontario Vocational Learning Outcomes both identify care of the dying person as essential content for PSWs.
Review, discuss and play with the new text and companion workbook designed specifically for PSWs, and resources designed to assist educators to integrate HPC education in core and continuing education.

Participants will leave the workshop with increased awareness of: the national education standards and provincial learning outcomes for PSWs pertaining to palliative care and the new curriculum designed to meet the needs of PSW students in core program and in continuing education. Participants will be able to integrate resources in their teaching, and/or be inspired to develop further materials to meet the needs of their learner groups. Participants will network with other educators and build their community of practice. Participants will be invited to think outside the box to explore how they can help address the need to prepare the workforce.

One challenge in preparing the workforce to care for the ‘coming tsunami of dying’ is to strengthen the knowledge of health care professionals in providing and integrating palliative care in their daily work. These new resources may help to inspire HPC leaders to assist in the development and delivery of palliative care curriculum for all health care professionals in both core and continuing education. The resources have been designed to address the specific needs of the learners and diverse learning styles, the common concerns of educators, and the restraints of the program. Discussion will help identify obstacles and questions to further HPC education.

Workshop Streams:  Leadership/Systems/Integration; Scientific/Advanced Clinical Practice

204  Capturing the Care Experience in Residential Hospices in Ontario: Recent Results from the CaregiverVoice Project

Daryl Bainbridge, Ph.D., Senior Research Coordinator, Department of Oncology, McMaster University, Supportive Cancer Care Research Unit, Juravinski Cancer Centre, Hamilton, ON; Erin O’Leary, MSc, Research Coordinator, Department of Oncology, McMaster University, Hamilton, ON

Ultimately, quality of palliative care is best determined by examining the care experiences of patients and their families. The CaregiverVoice survey is one of the most comprehensive tools for capturing these care experiences across multiple palliative care settings. This survey tool has been extensively tested but its development continues as part of a process for informing palliative care providers how to effectively meet the needs of their patients.

The CaregiverVoice survey is currently being used in residential hospices across Ontario. This data initiative is hospice-driven in which they work collaboratively with the survey researchers to ensure purposeful knowledge translation. In this workshop, data collected from the hospices will be presented and an open discussion will ensue as to what these data mean and their utility in informing quality improvement. This session will be highly interactive with participants reflecting on the data and being asked to suggest actionable items for hospice and to inform continued survey development.
CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 200

Sunday, April 19, 2015

Learning Objectives:
- To explore the development and utility of the CaregiverVoice survey for capturing end-of-life patient’s care experiences from the perspective of caregivers;
- To share and discuss caregiver experience data collected from residential hospices in Ontario;
- To discuss how the data collection and reporting process could better inform hospice palliative care service planners and providers in more effectively meeting the needs of their patients.

Workshop Stream: Leadership/Systems/Integration; Scientific/Advanced Clinical Practice

205 The Power to Choose: Two First Nations Describe Their Experience Developing Community Palliative Care Programs

Holly Prince, MSW, Project Manager, Lakehead University, Thunder Bay, ON; Mary Lou Kelley, MSW, PhD, Professor of Social Work and Gerontology, Lakehead University; and Professor at the Northern Ontario School of Medicine, Thunder Bay, ON; Maxine Crow, Community Care Coordinator, Naotkamegwaning Home and Community Care Program, Pawitik, ON; Lori Monture, Six Nations of the Grand River; Verna Fruch, Six Nations of the Grand River

The First Nations population is aging and the burden of chronic and terminal disease is increasing. Currently, First Nations communities lack the health services and other supportive community infrastructure to meet the growing demand for home care services for people with complex and high intensity care needs. In addition, First Nations people are expressing a desire to die at home in their communities; however, formalized palliative care programs in First Nations communities are rare and little research has been done to specifically inform palliative care delivery in these communities.

Our research “Improving End of Life Care in First Nations” (EOLFN) funded by the Canadian Institutes of Health Research conducted in Ontario and Manitoba provides original data and an approach to addressing these gaps in knowledge. It created a model that includes: local community development, regional partnerships, education, and community empowerment.

This model can guide the development of palliative care programs nationally. Two First Nations communities will describe their newly created community palliative care programs and will discuss the process of developing these programs, the community strengths and capacities in providing palliative care and the ongoing challenges to accessing quality health services for people who are dying. Building on and reclaiming their historical and cultural traditions of family and community caregiving, the communities involved in the research have demonstrated that First Nations communities can mobilize their own local capacity to provide palliative and end-of-life care given additional support.

Learning Objectives:
- To understand the unique context of palliative care in First Nations communities;
- To demonstrate the strengths and capacities within First Nations communities in developing a palliative care program using a community capacity development approach and model;
- To share promising palliative care practices and strategies developed through community based participatory action research in First Nations communities.

Workshop Streams: Scientific/Advanced Clinical Practice; Leadership/Systems/Integration
206  Advance Care Planning for Patients with Non-Cancer Illnesses

Dr. James Downar, Staff Physician, Critical Care and Palliative Care Physician, The University Health Network, Toronto, ON

Historically, our models of palliative care and advance care planning have been based on the progressive, deteriorating trajectory of illness that is commonly seen in cancer. However, most Canadians die of a non-cancer illness, and we sometimes struggle to apply our model of advance care planning to illnesses with an unpredictable trajectory and prognosis. In this workshop, attendees will learn about advance care planning for patients with non-cancer illnesses; understand the challenges involved with prognostication and advance care planning in end-stage cardiac, pulmonary and renal disease; and appreciate the difficulties that non-cancer patients experience when engaging with inpatient and outpatient palliative care services.

The workshop will consist of 3 case presentations designed to illustrate advance care planning for each of the 3 major non-cancer illness groups, followed by an exploration of the difficulties with prognostication and palliative care resource utilization in these populations. The workshop is aimed at an inter-professional audience with a practice that includes end-stage non-cancer patients, at an intermediate level with an opportunity to explore more advanced topics interactively. At the end of this workshop, we expect that attendees will be more comfortable participating in advance care planning for patients with non-cancer illness in any setting.

Learning Objectives:
• Learn about the challenges of advance care planning for patients with non-cancer illnesses;
• Understand the challenges involved with prognostication in end-stage cardiac, pulmonary and renal disease;
• Appreciate the difficulties that non-cancer patients experience when engaging with inpatient and outpatient palliative care services.

Workshop Streams:  Scientific/Advanced Clinical Practice; Leadership/Systems/Integration


Tammy Pollard, RN, Residential Care Co-Ordinator, Hospice Simcoe, Barrie, ON; Zara Rose, RN, Hospice Simcoe, Barrie, ON

Since, 2010, Hospice Simcoe has been responsible for 85% of eye donations (Lynda Sharpen, Eye Bank of Canada) from all Residential Hospices in Ontario. Eye enucleation occurs at the bedside by The Eye Bank certified physicians and nurses. This makes a compelling stance that Hospice Simcoe is a champion in education, support and leadership in eye enucleation in Ontario while implementing client centered care for residents and families. Today, 80% of corneal transplants are successful and less problematic than those done 20 years ago. These statistics in conjunction with an ageing baby boomer population have resulted in a greater need and a critical shortage of donated eyes.
Workshop participants will be empowered to formulate a plan to meet this need by increasing donations; through the creation of eye donation and enucleation policies and procedures within their residential hospice and by promoting certification of registered nursing staff to perform eye enucleations. Through this workshop, Hospice Simcoe nurses will demonstrate how our knowledge, education and training can provide support and empower Ontario residential hospices to be leaders in eye donation and procurement.

**Learning Objectives:**
- Effective assistance and support to residential hospices in the implementation of nursing staff training/certification, policies and procedures in eye enucleation protocol;
- Workshop participants will be able to formulate a plan for developing and exploring a nurse eye enucleation program;
- Interactive nurse-led demonstration/processes involved in an eye enucleation for procurement.

**Workshop Streams:**  
*Scientific/Advanced Clinical Practice; Leadership/Systems/Integration*

---

**208 Remembering - Reflecting - Recovering - Reinvesting: The Art and Skill of Providing Individual and Team Debriefing, A New Approach**

_Eugene Dufour_, Hospice Palliative Care Consultant, Trauma Specialist, STAR Family Health Team, Stratford, ON

It is often said that we are a house of four rooms – an emotional, social, spiritual and physical. Unless we visit those rooms daily, even if it is to air them out, we are not whole. This interactive workshop will focus on the art and skill of debriefing as it relates to Hospice Palliative Care. The workshop will give participants practical ways of reviewing and then reflecting on the pain, suffering and death that is part of our work which will lead them to recover and reinvest into themselves and their teams.

Debriefing, from a hospice palliative care perspective, is one process that can help create meaning out of all of the pain, suffering and death that we experience. Debriefings helps diminish Compassion Fatigue and Burn Out and allows us to find meaning and purpose in this environment of pain and suffering. Debriefing allow us to explore: The What – review the individual story of pain, suffering and death. So What – drawing meaning from the exposer to the pain, suffering and death. Now What – allows us an opportunity to find more ways of healing from the pain, suffering and deaths we witness which will also improve patient and family care. An Individual Pain, Suffering and Death Review Tool and a Team Pain Suffering and Death Review Tool will be presented to help individuals and teams process the many deaths that they experience.
Learning Objectives:

- Provide current information on how witnessing pain, suffering and many deaths affects Hospice Palliative Care workers, volunteers and managers;
- The "Remember - Reflect - Recover - Reinvest - Model of Debriefing will be explored;
- A new model of Debriefing, designed specifically for Hospice Palliative Care workers and volunteers, will be presented;
- Explore how we can influence the work environment and culture to encourage reflection on the pain, suffering and death that we witness in order to provide better care for ourselves, our team members, our patients and family members.

Workshop Streams: Psychosocial/Spiritual/Bereavement/Complementary Therapy Leadership/Systems/Integration

209: Complementary Therapy - What's the Evidence for Naturopathic Medicines in Palliative Care?

Rachel Whitty, RPh, BScPhm, ACPR, Clinical Pharmacist, Princess Margaret Cancer Centre, University Health Network, Toronto, ON; Ernie Mak, BSc (Hons), MD, CCFP, Staff Physician, Palliative Care Service, Princess Margaret Cancer Centre; Lecturer, Department of Family and Community Medicine, University of Toronto, Toronto, ON

Complementary therapy, including naturopathic medicines, is increasingly popular with patients, especially in the palliative care population. Clinicians frequently face questions from patients and caregivers regarding the efficacy and safety of these treatments. The mechanisms of clinically significant drug-drug interactions, evidence of benefits or risks, as well as credible resources will be discussed. Examples of agents to be reviewed in this session include shark cartilage, high dose Vitamin C, Essiac, mushroom extract, curcumin and “Vitamin B17”.

Learning Objectives:

- To develop a framework for examining the evidence of the efficacy and safety of complementary therapies;
- To gain confidence in giving recommendations based on the framework;
- To review the evidence for commonly used naturopathic medicines in palliative care, including shark cartilage, high dose Vitamin C, Essiac, mushroom extract, curcumin and “Vitamin B17”.

Workshop Stream: Psychosocial/Spiritual/Bereavement/Complementary Therapy Scientific/Advanced Clinical Practice


Amanda Maragos, Manager of Volunteer Services, Philip Aziz Centre & Emily's House, Toronto, ON; and HPCO Expert Panel Member on Visiting Standards Review and Accreditation Review Committees
Thousands of people province-wide apply for volunteer roles in a variety of sectors every day. So why would a volunteer choose your organization? Realizing the answer is the key to recruitment, volunteer role placement and retention. Volunteers are already motivated; it’s not something managers incite and it’s not an idea we put in their minds. Discovering that existing motivation within your volunteers, and creatively matching that to your organization’s needs, is the secret to a successful volunteer program – find out how!

**Learning Objectives:**
- Develop a system or systems to support volunteer involvement;
- Discover who your volunteers are and how to effectively place them in your program vs. recruiting blindly;
- Prepare for diversity and growth so organizations have a willing and suitable base of volunteers who will fit both service and leadership roles in an organization.

**Workshop Stream:**  
*Volunteer Management*

---

**211 “Die-alogues on Steroids”**

*(Part 2 - from Workshop 111)*

**Kathy Kortes-Miller**, HBMT, MSW, Research Fellow: Technology Evaluation in the Elderly Network; Board Chair, Hospice Northwest, Thunder Bay, ON

In this workshop, participants will get a chance to experience a “speedy” version of a “Die-alogues” event. They will be led through a variety of activities that could potentially be used to facilitate their own “Die-alogues” in their home community. Activities will be introduced and some rationale given for how they could be facilitated and utilized. Participants will engage in the activities within a shortened time frame than ideally recommended for a full “Die-alogues” event.

**Learning Objectives:**
- To experience a shortened version of a “Die-alogues” event;
- To provide some ideas for facilitating community discussions on dying and death;
- To explore strategies that communities can use in the development of their own “Die-alogues”;
- To have fun!

**Workshop Streams:**  
*Volunteer Management; Leadership/Systems/Integration*
301  Strengthening Palliative Care in Long Term Care (LTC): Early Lessons from a National Pilot Project

Amie Vahrneyer, RN, BScN., Long Term Care Consultant, Extendicare Assist, Hamilton, ON; Paula Neves, PhD, VP, Quality and Healthcare Innovation, Extendicare Canada Inc., Markham, ON; Deborah Rimay, BA, BSW, Education/Quality Improvement/Social Work Manager, Hamilton Continuing Care (HCC), Hamilton, ON; Jessica Laurie, Social Worker, Assistant Administrator, Craiglee Nursing Home, Hamilton, ON; Linda Gray, RN, Extendicare Assist, Hamilton, ON

Extendicare (Canada) Inc. partners with municipalities, not-for-profit organizations, hospitals and other providers to deliver long term care, retirement and supportive living services to over 20,000 residents and families across Canada. Most LTC residents live with chronic, incurable conditions and a significant proportion die within one year of admission. In 2014, Extendicare worked with researchers from McGill and McMaster University and collaborated on the development of a project to strengthen palliative care knowledge and practices in our facilities.

The project, funded in part by TVN, is being trialed in homes of varying ownership structures, size, resident acuity and location. Anticipated results include decreased hospital transfers for residents that could receive end of life care in long term care, increased resident and family satisfaction related to end of life care and increased staff competency and self-confidence in providing end of life care.

This interactive workshop will review good practices in end of life care in long term care and share early lessons from Extendicare’s palliative care project. Participants will review sample assessment tools, and discuss educational materials and delivery methods designed to build empathy, communication and personal competency. The workshop will be of interest to a diverse audience of hospice, LTC and community nurses, PSWs, social workers and recreation staff. Participants will learn the elements of an effective end of life care program, share experiences unique to LTC and develop knowledge and confidence in care provision by practicing the use of the tools presented. We hope that this session will increase understanding of how to approach end of life and strengthen collaboration between hospice, community, and LTC.

Learning Objectives:
• Participants will be able to identify elements of an effective end of life care program;
• Participants increase their understanding of how to approach end of life and strengthen collaboration between hospice, community, and LTC;
• Participants will develop knowledge and confidence in care provision by practicing the use of the tools presented.

Workshop Streams:  Leadership/Systems/Integration  Scientific/Advanced Clinical Practice
CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 300

Monday, April 20, 2015

Time: 10:45 am - 12:00 pm

302  How to Be Innovative in Palliative Care: Nine Questions Every Innovator Must Answer

Dr. Hsien Seow, Associate Professor, Department of Oncology, McMaster University, Hamilton, ON

As a research leader and aspiring change agent, I am often frustrated by the inertia of the system and the incremental changes we pursue. I have spent the past 3 years learning about how to create game-changing innovation and how to change the business model of health care delivery. I partnered up with some business and innovation leaders—building on their 30 years of corporate experience and 10 years of teaching innovation and entrepreneurship. This workshop will present the culmination of that experience and the answers found: a practical and simple 9-step framework that can help one understand why some innovations succeed and others fail. Most importantly, it can be applied to your own situation, business, or organization. We will do a few activities and exercises to see how you can become more innovative in your own organizations, and become a successful change agent and innovator in your own right.

Learning Objectives:
• Understand innovation in the context of health care;
• Learn about the framework for innovation - the 9 questions every innovation must answer - applied to health care examples;
• Use activities and tools to answer the 9 questions for the participant’s own self, such as “crafting a view of the future”, and how to “redesign an existing business model”.

Workshop Streams:  Leadership/Systems/Integration, Scientific/Advanced Clinical Practice

303  Engaging Stakeholders in Journey Mapping: Creating and Implementing a Palliative Care Pathway for Clients Living in Naotkamegwanning First Nation (Part 1)

(Continued in Session 403)

Maxine Crow, Community Care Coordinator, Naotkamegwanning Home and Community Care Program, Pawitik, ON; Mary Lou Kelley, MSW, PhD, Lakehead University Chair for Palliative Care; Social Work Professor, Lakehead University and Northern Ontario School of Medicine, Thunder Bay, ON; Wilma Sletmoen, BScN, Lakehead University; Jessica Koski, MHSc(c), Lakehead University, Thunder Bay, ON

The need for palliative care services for First Nations people is increasing due to an aging population and the high burden of chronic, progressive, and life-limiting disease. Currently, very few First Nations people receive palliative care at home due to lack of palliative care services in their community and jurisdictional barriers that limit their access to provincially funded palliative care, home care and other support services. This workshop highlights one First Nations community’s experience using a “journey mapping” exercise to create a new integrated path of care for clients to receive palliative care at home.
Twenty three health care providers from within the First Nation community and external health services participated in four workshops to discuss how First Nation community members transition through the health care system as they approach end of life, discuss potential obstacles, and identify areas for improving communication and service integration amongst health and social service care providers. The first half of the workshop will describe the step by step process to develop the journey map, including engaging with external partners, identifying barriers and capacities and compiling the information to create the journey map. The second half of the workshop will describe the implementation of the journey map, including developing and implementing a care pathway, creating new policies and recommendations.

Learning Objectives:
- To learn strategies to bring together First Nations community members, health care providers and other stakeholders to create a diagram of the current state of a palliative community members' journey;
- To understand the barriers and opportunities to providing enhanced palliative care in First Nations communities and identify strategies in overcoming these barriers;
- To recommend how this community engagement activity could be done in other First Nations communities.

Workshop Streams: Leadership/Systems/Integration, Scientific/Advanced Clinical Practice

304 Expert Palliative Care Team - Family Health Team Style - The Huntsville Experience

Norma Connolly, RN, CHPCA(C), Palliative Care Resource Nurse, Algonquin Family Health Team, Huntsville, ON; Dr. Deb Harrold; Dr. Pam McDermott; Susan McGee, RN; Bryn Millner, BSW RSW

This workshop will provide information on the development and success of the Algonquin Family Health Team - Hope Huntsville Palliative Care Team. We will explore how through leveraging local partnerships we have created a seamless process for the journey of our palliative care clients and family from referral to death and grief care.

Learning Objectives:
- Provide a review of the development of Hope Huntsville Palliative Care Team as part of the Algonquin Family Health Team.
- Provide information on the ways to leverage with local partners.
- To provide inspiration for change

Workshop Stream: Leadership/Systems/Integration
Scientific/Advanced Clinical Practice
305  Palliative Care in Advanced Heart, Lung and Kidney Disease (Part 1)

(Continued in Session 405)

Dr. Kirsten Wentlandt, Palliative Care Physician, Toronto General Hospital, University Health Network; Assistant Professor at the University of Toronto, Toronto, ON; Dr. Ebru Kaya, Palliative Care Physician, Toronto General Hospital, University Health Network, Toronto, ON; Dr. Valerie Caraiscos, Palliative Care Physician, Toronto General Hospital, University Health Network, Toronto, ON

Attendees of this workshop will learn about specific symptom issues and management strategies for patients with end-stage cardiac, pulmonary and renal disease. The workshop will consist of 3 case presentations designed to illustrate typical symptom management strategies in each of the 3 major non-cancer illness groups. The workshop is aimed at an inter-professional audience with a practice that includes end-stage non-cancer patients, at an intermediate level with an opportunity to explore more advanced topics interactively. At the end of this workshop, we expect that attendees will be more comfortable and skilled in managing palliative patients with non-cancer illness in any setting.

Learning Objectives:
- Discuss the symptom burden for patients with end stage cardiac, pulmonary and renal disease;
- Review symptom management strategies for these patients;
- Explore barriers to good end of life care in patients with advanced lung, renal and heart failure.

Workshop Streams:  Scientific/Advanced Clinical Practice

306  A National Approach to Palliative Care Education: Building a Harmonized Suite of Courses Across the Continuum of Care - Lego Style

Kathryn Downer, MSc., EdD, National Director, Pallium Canada, Ottawa, ON; Dr. José Pereira, MBChB, DA, CCFP, MSc., Professor and Head, Division of Palliative Care, Department of Medicine, University of Ottawa; Medical Chief, Department of Palliative Medicine, Bruyère Continuing Care and The Ottawa Hospital; Medical Lead, The Champlain Regional Hospice Palliative Care Program; Co-founder and Scientific Officer of Pallium Canada, Ottawa, ON; Nathalie Ray, Pallium Program Manager, Pallium Canada, Ottawa, ON

Patients facing life-limiting illnesses often experience suboptimal care. Symptoms and psychosocial-spiritual needs are inadequately addressed and honest discussions regarding prognosis and end-of-life care preferences are done too late or not at all. Palliative care (PC) is misperceived as only end-of-life care, missing opportunities to reduce symptom burden and improve treatment choices earlier in the illness. Health professionals, including family physicians and specialists should possess core competencies to initiate and provide basic palliative care.
A Learning Essential Approaches to Palliative Care workshop will present an inter-professional clinical introduction to PC that covers core modules on key topics and a constructivist approach to design that incorporates theory bursts, case and problem-learning and trigger videos. Courseware redesign reflects new evidence and encompasses different settings/specialties. Competencies common and unique to different settings and a series of new ‘building block’ thematics to address specialties of care include; Long-Term Care, Emergency Departments, Oncology, Surgery, Hospices, Paramedics and end-stage organ diseases. A peer-reviewed referenced Palliative e-pocket book/app will be demonstrated. Through a website portal certified facilitators can tailor-make their workshops to specific learner needs, using a Lego-block assembly approach. Course evaluations on curriculum content, design and large scale implementation, plus PhD research found significant improvement in pre-versus post-course assessments of knowledge, skills and attitudes. Content and delivery considerations include; evidence informed, competency aligned, quality assured, consistent pan-Canadian approach, responsive to local context, respecting whole person, dignity-enabling and amelioration of suffering, and population-health oriented information sharing; each critical to developing a National approach to PC education.

Learning Objectives:

- To gain an understanding and how to access Pallium Canada's educational resources, tools and Learning Essential Approaches to Palliative and End-of-Life (LEAP) courseware, built to support interprofessional palliative and end-of-life care across sites and settings;
- To contribute to new thematic course, tool, and resource development in the LEAP LTC, Mini, Mini Onco and Paramedic programs;
- Learn how to access and engage with Pallium Canada's portal Learning Management System (LMS) to enroll in appropriate LEAP training opportunities, to register for LEAP Facilitator training and to access e-learning resources and tools applicable to health professionals providing palliative care service.

Workshop Streams: Scientific/Advanced Clinical Practice, Leadership/Systems/Integration

307 "Joint" Ventures in Palliative Care - The "Weed" Deed

Vincent Maida, MD, MSc, BSc, CCFP, FCFP, ABHPM, Associate Professor, University of Toronto, William Osler Health System, Toronto, Toronto, ON; Clinical Assistant Professor, McMaster University, Hamilton, ON

Cannabinoids are naturally occurring compounds derived from the Cannabis plant. The two most studied cannabinoids are THC (delta-9-tetrahydrocannabinol) and CBD (cannabidiol). Cannabinoids mostly exert their clinical effects by interacting with cannabinoid receptors. CB1 receptors govern neuromodulatory pathways while CB2 receptors govern immunomodulatory pathways. Cannabinoid therapy has demonstrated efficacy in the treatment of multiple symptoms including pain, nausea, spasticity, anorexia, and anxiety. When employed as adjuvants, they have the capacity to significantly enhance the quality of life among patients with advanced illness referred for palliative care.
In Canada, patients may access cannabinoids through 2 pharmaceuticals, Sativex (THC + CBD), and Cesamet (synthetic THC analogue), and in the botanical form, Medicinal Marihuana. Effective April 1, 2014, Canada has enacted new regulations that simplify access to Medicinal Marihuana while allowing for customization of cannabinoid mixtures that are most appropriate for individual patient needs. Guidelines for the use and authorization of cannabinoid therapy will be discussed in relation to draft documents from the College of Family Physicians of Canada and the College of Physicians and Surgeons of Ontario.

Learning Objectives:
- Discuss the scientific basis for cannabinoid therapies;
- Integrate cannabinoids as adjuvants in pain and symptom management, and reflect on the potential for cannabinoids in healthcare;
- Discuss current guidelines or the use of cannabinoid-based therapies in a variety of clinical scenarios.

Workshop Streams:  
Scientific/Advanced Clinical Practice  
Psychosocial/Spiritual/Bereavement/Complementary Therapy

308  Organizational-Level Promising Practices to Supporting the Delivery of Spiritual Care in Hospice Palliative Care: Applying Evidence from Hospice Organizations Founded on Spiritual/Religious Traditions to More Secular Organizations

Dr. Paul Holyoke, Ph.D., M.Sc., Director, Research Centre, Saint Elizabeth Health Care, Markham, ON;  
Dr. Barry Stephenson, Co-Principal Investigator, Assistant Professor in the Religious Studies Department, Memorial University, St. John’s, NF

It is widely recognized that best practice hospice palliative care includes attention to the spiritual needs of people as they approach the end of their lives. However, there are significant gaps in our understanding and delivery of such care. The responsibility to provide spiritual care often falls to frontline healthcare providers, sometimes supported by spiritual care specialists (eg, chaplains or community resources), sometimes not. However, frontline providers often do not feel they have adequate knowledge to provide spiritual care or to respond to spiritual/religious needs of dying patients. As healthcare provider organizations (eg, hospitals, home care providers, long-term care) have become increasingly secular, they are less prepared or able to support the provision of spiritual care by their frontline staff.

To identify organizational-level promising practices supporting spiritual care, we went to hospice programs across North America founded on religious/spiritual traditions. Through interviews with managers, frontline providers, spiritual care specialists and family members, we identified promising practices for organizational support for spiritual care in hospice palliative care. We have also identified how implementing these practices would add to high-quality hospice palliative care not yet specifically emphasizing spiritual care.
In this workshop, we will review the promising practices with videos and visuals from interviews at the spiritually-based hospice palliative programs and review the challenges that even these programs face. Then, we will engage workshop participants in reflection and discussion of the possibilities of introducing the promising practices into secular organizations to support the work of spiritual care specialists and frontline providers.

**Learning Objectives:**
- Learn about organizational-level promising practices from hospice organizations across North America founded on spiritual/religious traditions, and how addressing spiritual dimension in organizations can take high quality hospice care even higher;
- Learn about the challenges the promising-practice organizations face, and will learn how those challenges are similar to or different from their own organizations’ challenges;
- Learn about strategies for promoting the organizational-level promising practices for the provision of spiritual care in more secular healthcare organizations.

**Workshop Streams:**
- Psychosocial/Spiritual/Bereavement/Complementary Therapy
- Scientific/Advanced Clinical Practice

---

**309: Moving Stories - Improvisational Techniques to Help Professional Caregivers Process Emotions Related to End of Life Care Experiences (Part 1)**

*(Continued in Session 409)*

Jan Pearce, BScN, Executive Diretor, Evergreen Hospice, Markham, ON; Jack Langenhuizen, BA Psych, Co-Founder, GM, Choreographer and Performer, MOTUS O Dance Troupe Stouffville, ON

Professional caregivers working in palliative care or bereavement often take on the pain and suffering of their patients/clients. Although intellectually many of us are aware that we are struggling with this burden, often we are not really tuned into the impact that this has on our feeling of wellbeing. In addition, in many workplaces, especially in community work, there are few options for discussion and reflection due to caseloads and time issues.

In this workshop, participants will be asked to share stories and experiences in their palliative or bereavement work with the facilitator and performers. After a few moments to speak amongst themselves, the performers and musician will interpret the narrative. Professional caregivers then reflect on these interpretations, exploring their feelings and reactions.

The group will further discuss the potential for using this process for professional debriefing in palliative care and bereavement settings. Participants will also explore how this process could be applied in work with palliative patients, family caregivers and the bereaved.
Learning Objectives:
- Participants will have an increased awareness of the emotional impact on professional caregivers that working with palliative clients and their families has;
- Participants will have renewed motivation to invest in self-care;
- Participants will have a better understanding of the potential of “Moving Stories” as a technique for debriefing in the palliative care setting and how this approach could help palliative clients and their family cope with the strong feelings associated with their experiences at end of life.

Workshop Streams:  
- Psychosocial/Spiritual/Bereavement/Complementary Therapy
- Leadership/Systems/Integration

310  HPCO’s Accreditation Framework For Visiting Hospice Services (Part 1)  
(Continued in Session 410)

Annalise Stenekes, MSW, Project Manager, Standards and Accreditation, Hospice Palliative Care Ontario, Toronto, ON

Accreditation is all about demonstrating credibility – it gives your stakeholders assurance that your organization is meeting a high standard of care. This two-part workshop will introduce you to HPCO’s revised Accreditation Framework, and will also provide an opportunity for you to “work through” some of the steps of the Accreditation process.

Part 1 will focus on an overview of the new Accreditation Framework, including steps of the process and the pieces of evidence required to support your submission. Part 2 will focus on the “How To”. We will spend time working through several components of the process to begin preparing the Accreditation submission for your organization. It is recommended that participants bring a laptop and an electronic copy of the Policies & Procedures from your organization.

Workshop Streams:  
- Volunteer Management

311  Compassionate Cities, Public Health and End-of-Life Care

Dr. Allan Kellehear

Workshop Stream:  
- Innovation
401   Creating a Cross-Sector Integrated System of Hospice Palliative Care: The Experience of One Mid-Size Community in Ontario (Sarnia/Lambton)

*Cindy Stokes,* Patient Service Manager, Erie St. Clair Community Care Access Centre, Windsor, ON; *Ann Brignell,* Palliative Pain and Symptom Management Consultant; *Terri Pask,* Hospital, Acute Care, Complex Continuing Care, Oncology Clinic, Consultation Service; *Natasha St. Louis,* Community Service Provider Representative; *Maura Purdon,* Coordinator of ESC Education Collaborative, Erie St. Clair Community Care Access Centre; *Katherine Scimmi,* Windsor, ON

How do we create an integrated system out of multiple disparate services and sectors? How do we insure the patient has access to the right care at the time and place? How do we move a community from a perspective of "either/or" to one of "both/and"? We will describe one community's 10 year journey to create an integrated cross-sector system of Hospice Palliative Care provision.

Each of the services (inclusive of hospital, community, Long Term Care Home, Community Support Services, and specialty teams) will be represented. A personal story will be shared to give context to the patient/family experience. Each service will describe: specific role (and how this role has changed over time); how HPC is provided in this care setting; how care settings and services work together; and future directions. Service gaps and initiatives to address these gaps will be discussed. The process leading to this integrated approach will be described. Participants will be asked to reflect upon experience in their own community.

**Learning Objectives:**
- To increase participants' understanding of how care settings and services work together to form an integrated system of care thereby improving the patient's quality of life;
- To increase participants understanding of key elements required to create a collaborative program of HPC in a specific care setting and how each care setting operationalizes these elements in its unique setting;
- To increase participants ability to create integrated systems of care within their own local communities.

**Workshop Streams:** *Leadership/Systems/Integration, Scientific/Advanced Clinical Practice*

402   How to Build Quality Hospice Palliative Care in the Community: Learn from the Experts!

*Dr. Hsien Seow,* Associate Professor, Department of Oncology, McMaster University, Hamilton, ON; *Daryl Bainbridge,* Ph.D., Senior Research Coordinator, Department of Oncology, McMaster University, Supportive Cancer Care Research Unit, Juravinski Cancer Centre, Hamilton, ON; and 4 Experts Panel Members
Monday, April 20, 2015  Time: 3:15 - 4:30 pm

Planning quality hospice palliative care is veritable challenge and opportunities to learn from mentors can help new innovators avoid common pitfalls and overcome setbacks. This highly interactive workshop will give participants an opportunity to formulate the obstacles they face in palliative care or system change and receive advice in overcoming these issues from an expert panel of palliative care innovators.

The panel will include nurses, doctors and administrators who have led the charge, both in large and small communities across Ontario. Common barriers will also be posed for discussion. Insights provided will cover the gamut from “how do you get a team started” to “resolving turf wars”. The long term objective of this workshop is to promote mentorship in palliative care planning beyond this session so that individuals in communities struggling with palliative care delivery can benefit from the direction of the tried and true experiences of those who have succeeded in building effective and sustainable community-based palliative care.

Learning Objectives:
- To determine the main issues faced by participants in providing quality hospice palliative care;
- To learn from the experiences and advice of the experts on how to overcome these issues;
- To establish ongoing dialogue and mentorship in Ontario to assist planners struggling with building their palliative care programs.

Workshop Streams:  Leadership/Systems/Integration, Scientific/Advanced Clinical Practice

403  Engaging Stakeholders in Journey Mapping: Creating and Implementing a Palliative Care Pathway for Clients Living in Naotkamegwaning First Nation (Part 2)

(Continued from Session 303)

Maxine Crow, Community Care Coordinator, Naotkamegwanning Home and Community Care Program, Pawitik, ON; Mary Lou Kelley, MSW, PhD, Lakehead University Chair for Palliative Care; Social Work Professor, Lakehead University and Northern Ontario School of Medicine, Thunder Bay, ON; Wilma Sletmoen, BScN, Lakehead University; Jessica Koski, MHSc(c), Lakehead University, Thunder Bay, ON

Workshop Streams:  Leadership/Systems/Integration, Scientific/Advanced Clinical Practice

404  Leading Versus Managing: Identifying Your Potential and Creating a Plan for Success, Today, Tomorrow and for the Future

Fr. Matthew Durham, csb, Director, Community Engagement & Advancement, The Hospice of Windsor & Essex County Inc., Windsor, ON; Hana Irving, BA, BEd, Operations Manager for Community Engagement & Advancement, The Hospice of Windsor and Essex County Inc., Windsor, ON
Post-modern society has a dearth of effective leadership. In our push for efficiency, we have created managers, but somehow we have forgotten how to identify, foster and mentor effective leaders. Managers may know how to delegate responsibilities and ensure that staff performs tasks, but they lack the ability to truly shape staff into a cohesive team, with a sense of commitment to mission, passion and enthusiasm. Even more importantly, as managers, they have no idea how to develop and mentor leaders. Currently, palliative and hospice care through Ontario is at a crux in development: provincial coalitions and task forces are forming, recommending expansion, funding and prioritization of community care. Through my research at The Hospice of Windsor and Essex County Inc., it is clear that what is needed are leaders who have a vocational calling to palliative care and the ability to foster it in their teams, as demonstrated by our current Executive Director. This workshop will help current and aspiring leaders to identify their own leadership strengths and weaknesses, present an ideal list of characteristics for modern hospice leadership, while also creating a plan to address these aspects by forming complementary leadership teams.

Learning Objectives:
• Empower participants with the ideal leadership traits and characteristics as determined through research at The Hospice of Windsor and Essex County Inc.;
• Lead participants to identifying their own personal leadership strengths, weaknesses and areas for growth;
• Create a leadership plan for participants specific agencies, including how to bring together a complementary leadership cohort.

Workshop Stream: Leadership/Systems/Integration

405 Palliative Care in Advanced Heart, Lung and Kidney Disease (Part 2)

(Continued from Session 305)

Dr. Kirsten Wentlandt, Palliative Care Physician, Toronto General Hospital, University Health Network; Assistant Professor at the University of Toronto, Toronto, ON
Dr. Ebru Kaya, Palliative Care Physician, Toronto General Hospital, University Health Network, Toronto, ON
Dr. Valerie Caraiscos, Palliative Care Physician, Toronto General Hospital, University Health Network, Toronto, ON

Workshop Streams: Scientific/Advanced Clinical Practice
406 The Difficult Facets of Advanced Care Planning: How to Have These Conversations with Sensitivity

Sharon Reynolds, CNS Palliative Care, University Health Network, Toronto General Hospital, Toronto, ON

Health care providers across Canada are being encouraged to start the conversation about Advanced Care Planning. This is a major national movement. The “Speak Up” website, for example, houses multiple resources to assist families and health care providers to engage in these conversations yet many of us caring for patients either do not know when to initiate these conversations or do not know what to say if we do decide to initiate a conversation. Nurses occupy the largest percentage of the health care worker population. Given the unique relationship that nurses often develop with patients and their families, nurses need to develop the confidence and skills to initiate these conversations while acknowledging that this may be an area where we all need to accept that being comfortable with our own discomfort is the norm.

Learning Objectives:
- Discuss the benefits of Advanced Care Planning for patients, families and the health care system;
- Discuss the barriers that prevent health care providers from initiating these conversations;
- Patient/family barriers, Health care provider barriers;
- Discuss recommended guidelines on when and how to start and continue these conversations.

Workshop Streams: Scientific/Advanced Clinical Practice
Psychosocial/Spiritual/Bereavement/Complementary Therapy

407 Prescription Opioid Abuse is a Palliative Condition That is Killing Our Youth: Where do we go From Here?

Dr. Sharon Koivu, Palliative Care Physician Consultant, London Health Sciences Centre, Port Stanley, ON; Assistant Professor at Western University, London, ON

Prescription opioid abuse is a leading cause of death in young adults in Canada. As many as 1/8 of young adults die from overdose of prescription opioids and many more die from complications of infections from Intravenous prescription opioid use.

In this presentation we will: discuss the magnitude of the problem; review how addiction is a life-limiting illness and therefore meets the definition of a Palliative Condition; discover why the problem is increasing in spite of eliminating OxyContin; understand the strengths and limitations of current harm reduction practises; learn how Palliative Care providers’ expertise can assist in the care and managing management of patients with complications of addiction; and discuss how we can be important advocates for change.

For those who attended the HPCO Conference in 2014 this is follow-up to the popular workshop Addiction in Palliative Care: Time to Stop Diverting the Issues. Attendance in that workshop is not a requirement to gain the value of this important presentation.
Learning Objectives:
- Understand the magnitude of the deaths in Ontario that are a result of prescription opioid use;
- Understand how the skill set of Palliative Care Providers can be used to enhance the care of patients with complications of prescription opioid use to improve outcomes;
- Recognize and appreciate the contributing factors to prescription opioid addiction and develop ways we can be important advocates for change.

Workshop Streams: Scientific/Advanced Clinical Practice
Leadership/Systems/Integration

408 Giving Voice to Our Stories: Music Therapy for Health Care Professionals

Sarah Pearson, MMT, Music Therapist, Clinician, Inpatient and Outpatient Oncology, Grand River Hospital; Clinical Supervisor, Wilfrid Laurier University; Program Development Coordinator, Room 217 Foundation, Kitchener, ON

Burnout and compassion fatigue are serious occupational concerns for hospice and palliative care workers and volunteers. Addressing health care professionals' grief following the loss of patients is an important part of delivering high-quality, person-centered end-of-life care. This workshop will use music therapy methods to address caregivers' grief and overall wellness. Music therapy is an evidence-based clinical practice that uses musical tools to create therapeutic change in individuals and groups. In hospice/palliative care contexts, music therapy is a valued complimentary therapy that can address multiple goals simultaneously, using a holistic approach and aesthetic principles.

The workshop will begin with an introduction to music therapy in the context of end-of-life care, with some brief case studies and demonstrations from the facilitator's clinical practice in oncology. Participants will then be led through group and individual activities that will use music to process their personal reactions to challenging cases. No prior musical experience is required. Through exploring grief through creative music, health care professionals can gain an aesthetic perspective on their feelings, one that can validate the depth of their experiences while also elevating and energizing them.

Learning Objectives:
- Identify and process experiences and reactions of grief in HPC health care professionals;
- Learn about the effectiveness of music therapy in addressing person-centered end-of-life care, including care for patients/families and health care professionals;
- Develop tools and strategies for preventing burnout and compassion fatigue.

Workshop Streams: Psychosocial/Spiritual/Bereavement/Complementary Therapy
Scientific/Advanced Clinical Practice
409: Moving Stories - Improvisational Techniques to Help Professional Caregivers Process Emotions Related to End of Life Care Experiences (Part 2)

(Continued from Session 309)

Jan Pearce, BScN, Executive Director, Evergreen Hospice, Markham, ON; Jack Langenhuizen, BA Psych, Co-Founder, GM, Choreographer and Performer, MOTUS O Dance Troupe Stouffville, ON

Workshop Streams: Psychosocial/Spiritual/Bereavement/Complementary Therapy
Leadership/Systems/Integration

410 HPCO’s Accreditation Framework For Visiting Hospice Services (Part 2)

(Continued from Session 310)

Annalise Stenekes, MSW, Project Manager, Standards and Accreditation, Hospice Palliative Care Ontario, Toronto, ON

Part 2 of this session will focus on the “How To”. We will spend time working through several components of the process to begin preparing the Accreditation submission for your organization. It is recommended that participants bring a laptop and an electronic copy of the Policies & Procedures from your organization.

Workshop Stream: Volunteer Management

411 Caring for Yourself When You Care For Others

Michelle O’Rourke, RN, MA, Director of Hospice Services, Chatham-Kent Hospice, Chatham, ON

Everyday experiences of stress and loss can affect anyone. Those involved in the helping professions supporting hospice palliative care, including volunteers, have a tremendous potential to experience the effects of not only stress and grief, but also Compassion Fatigue, Moral Distress and Burnout. As a compassionate and empathetic companion to the dying and bereaved, it is easy to become overloaded while carrying the grief and suffering of others. Join us for an informative and insightful look at the cost of caring and how one can keep themselves healthy and whole while caring for others. We will explore the important elements of self-care and both personal and organizational strategies for keeping staff and volunteers healthy in body, mind and spirit.
Learning Objectives:

- To gain an understanding of the physical and emotional effects of extended exposure to stress, grief and suffering, especially as it is experienced by volunteers and those in the helping professions related to hospice palliative care;
- To identify the factors that predispose us to Compassion Fatigue and Burnout, and engage in some self-reflective practice to understand and recognize our own experiences;
- To explore aspects of care and compassion, and identify personal and professional strategies for self-care which can promote wellness and maintain health in body, mind and spirit. We will also look at some organizational strategies that can assist staff and volunteers to stay well in their workplaces.

Workshop Streams:  
- Volunteer Management  
- Psychosocial/Spiritual/Bereavement/Complementary Therapy
501  eShift - An Innovative Approach to Providing Nursing Care in the Community Through the Use of Technology

Charlotte Koso, RN, BN, CHPCN(C), Director Program Development & Innovation, Care Partners, Guelph, ON; Heather Nicolson-Morrison, Director of Patient Services, Waterloo Wellington CCAC; IHPC Lead, Guelph, ON; Patrick Blanshard, MBA, PMP, CD, President/CEO, eShift Project Lead, Sensory Technologies

It is well-known that the majority of people wish to die at home however many clients and families share it is very challenging to have their needs met when facing end of life in the community setting. Clients believe they are a burden to their family and families often experience burnout when caring for their dying loved one; this can lead to admission to hospital leaving both groups feeling disappointment and regret. At the same time, recruiting shift nurses to provide not only end of life care especially for night time work, is a persistent barrier to adequately supporting clients and families in the community. In response to these challenges an innovative program was developed where the skills and knowledge of a nurse are delivered to in-home clients through the hands of an enhanced personal support worker, using technology. This nursing program called eShift was developed and further enhanced through partnerships.

The primary focus for the eShift Program has been to provide improved hospice palliative care to clients at end of life so that they could die at home or stay home until a hospice bed becomes available. Delegating nurses, working from their own homes, use specialized software to communicate with the enhanced personal support worker in the client's home, using a smart phone with an electronic client record. Outcomes of this program include reduced emergency room visits and admissions to hospital in the last weeks of life; the discharge of clients from hospital where discharge may not otherwise have been possible; decreased caregiver burnout; increased job satisfaction for personal support workers; alternative work opportunities for highly skilled, experienced nurses; and increased satisfaction for clients and families coping with end of life.

Learning Objectives:
- To attain a general overview of the eShift program and how it can be used to assist in providing quality nursing care to clients at end of life;
- To become aware of some of the opportunities and challenges we encountered and how we addressed them;
- To achieve an appreciation of how the eShift program enabled the development of meaningful relationships between nurses and personal support workers resulting in empowerment and enhancing quality of work life.

Workshop Streams:  Leadership/Systems/Integration
502 Provincial Hospice Palliative Care Home Based Nurse Practitioner Program: Supporting Patients to Live with Dignity and Comfort at Home

Janet Legge McMullan, RN, BScN, MN, Client Services Specialist, OACCAC, Toronto, ON; Project Lead Hospice Palliative Care Nurse Practitioner Programs; James Mastin, BSc (BMED), BScN, MSc, PHCNP, Hospice Palliative Care Nurse Practitioner, TC CCAC; Heather Elliot, RN, MSN, CHPCN(C), Advanced Practice Nurse, Hospice Palliative Care, WW CCAC; Heebah Sultan, BHSc, MPH, Health Data Analyst, Information Management, OACCAC, Toronto, ON

Most people would prefer to die at home if supports were available, yet 70% of Ontarians die in hospitals. Through an integrated care initiative, Ontario’s Community Care Access Centres’ (CCACs) Hospice Palliative Care Nurse Practitioner (HPC NP) Program is placing nurse practitioners in the home to provide hospice palliative care knowledge and direct care skills to support patients to live with dignity and comfort, and die at home or in their place of choice. The program is designed to provide critical capacity to enhance hospice palliative care home-based services, integrate care across sectors, and strengthen supports for primary care providers through improved communication, coordinated care planning, and better management of pain and symptoms using the opportunities available through the nurse practitioner’s full scope of practice.

This session will explore the evolution of the HPC NP Program across the 14 CCACs in Ontario, introduce the provincially standardized performance measurement process implemented to capture key performance indicators, and present performance measurement findings of the HPC NP Program. The nurse practitioner role in the HPC NP Program will be examined and lessons learned shared through the lens of two local implementation experiences. The HPC NPs are enhancing hospice palliative care home based services across Ontario and providing more patients the opportunity to receive expert hospice palliative care to live with dignity and comfort at home, and die at home or in their place of choice.

Learning Objectives:
- To increase awareness and understanding about the provincially available CCAC-driven Hospice Palliative Care Nurse Practitioner Program;
- To examine the nurse practitioner role and the lessons learned through the lens of two local implementation experiences;
- To share provincially standardized performance measurement processes implemented to capture key performance indicators and findings that support the value of hospice palliative care nurse practitioner in enhancing home based clinical care coordination across sectors.

Workshop Streams: Leadership/Systems/Integration, Scientific/Advanced Clinical Practice
503  Taking the Next Steps in Workplace Psychological Health and Safety

Carolyn James, MScPT, COHSC, CRSP, CBM, Health and Safety Consultant, PSHSA, Stittsville, ON

As a follow-up to last year’s session - “Promoting Psychological Health and Safety in Healthcare Workplaces” which described the scope of the mental health problems in Canada’s workplaces and in particular addressed the issues of caregiver burnout and compassion fatigue. The Psychological health and safety standard (CSA Z1003/BNQ 9700-803) was also introduced.

In this session, we will explore the concept of resiliency and the role that it plays in preventing psychological injury at work. In addition, we will describe a successful wellness program including methods to measure success, give examples of successful programs in a variety of organizations and common barriers that organizations face.

Learning Objectives:
• To review the CSA standard for psychological health and safety at work;
• To introduce participants to the role of resiliency in prevention psychological injury at work;
• To describe a successful wellness program.

Workshop Streams:  Leadership/Systems/Integration
Psychosocial/Spiritual/Bereavement/Complementary Therapy

504  What’s the Goal of Care? How to Take Care of our Vulnerable Seniors Living in Long-Term Care Homes and our Healthcare System

Michelle Grinman, MD, FRCPC, MPH, General Internal Medicine Specialist, University Health Network & Toronto East General Hospital Medical Director, Integrated Long-Term Care Program Specialist Physician Lead, East Toronto Health Link Lecturer, Faculty of Medicine, University of Toronto, Toronto, ON;
Dr. Irene Ying, Palliative Care Physician, Sunnybrook Health Sciences Centre and St. Michael’s Hospital; Leader in the Integrated Long-Term Care Program (ILTC), Toronto, ON

Ontario is facing a burgeoning healthcare crisis with the ageing population beginning to outnumber younger generations, and limited resources. The historical focus on acute care has left our healthcare system fragmented, with inefficient use of resources to address the population of today’s needs. Seniors currently utilize a disproportionate amount of hospital resources when compared to the general population, with many of these hospital visits being potentially avoidable and increasing elders’ risk of complications and functional decline. For residents of long-term care (LTC) homes, the decision of whether to transfer them to the Emergency Room (ER) may determine where and how they spend their final days.
The Integrated Long-Term Care (ILTC) Program was created to support the work of East Toronto long-term care (LTC) homes in enhancing their palliative and end-of-life-care (EOLC). The aim is to improve resident outcomes and satisfaction in accordance with their goals of care, while reducing potentially avoidable transfers to the ER. We will present a needs assessment performed to elucidate the current state of East Toronto LTC homes, facilitators and barriers for implementing palliative care in LTC homes and the results of our first test of change. We will also facilitate an interactive discussion to identify potential and practical solutions to begin to implement in-house EOLC, as well as the broader impact of healthcare integration on the healthcare system.

**Learning Objectives:**
- To present the current state of palliative and end-of-life-care in Toronto’s long-term care homes and the impact of the current system on long-term care resident outcomes and on the healthcare system;
- To identify facilitators and barriers for providing enhanced palliative care in Toronto’s long-term care homes;
- To engage in a discussion of potential solutions that might lead to positive changes for residents and for our system’s sustainability.

**Workshop Stream:**  
*Leadership/Systems/Integration*

---

**505 I Keep Shining: Looking at Resilience Through the Voices of Healthcare Providers in the Field of Palliative Care**

**Nadine Persaud**, Director of Client Services, Kensington Health Centre, Toronto, ON

The purpose of this qualitative exploratory research study was to provide an in-depth exploration of resilience in the field of palliative care. The main research question was: “What are the experiences of healthcare providers in the field of palliative care who care for clients that are dying and how do they understand resilience?” Informed by an interpretivism paradigm, the study used a narrative inquiry based research approach to conduct ten in-depth interviews with healthcare providers that allowed their voices to be heard.

Four key themes emerged from the findings: the impact of the first death - a shift from blame to purpose driven resilience, the meaning of resilience – a trait and process definition, maintaining resilience and the notion of the good death. The importance of self-care, spirituality and an interdisciplinary team are also discussed. The study identifies the self-fulfillment that one receives by working in this field as one of the greatest contributors to maintaining resilience. This study flags the lack of social workers in the field of palliative care as well as the need for more education and awareness amongst healthcare providers and society as a whole.

This study consisted of ten participants, 5 of which work at the Kensington Hospice and 5 which work in the community. I was fortunate to have leading healthcare providers in the field participate in this research study.
CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 500

Tuesday, April 21, 2015       Time: 10:30 - 11:45 am

From the community I had three Physicians from the Temmy Latner Centre for Palliative Care, a Palliative Client Care Coordinator (RN) from the Central Community Care Access Centre and a Chaplain from St. Elizabeth Health Care. From the Kensington Hospice, I had a Physician and a Music Therapist that also work at the Princess Margaret Cancer Centre. I also had the Clinical Care Lead/Intake Coordinator (RN), an RN and a PSW.

Learning Objectives:
• Given the different disciplines of the participants in this research study, this workshop will allow others to gain an understanding of how different healthcare providers with many years of experience (2-33) in the field, view and understand resilience and how they continue to do the work that they do without burning out;
• Understanding the pressure that is placed on healthcare providers to ensure a "good death" and what this "good death" really means and how do we define this;
• Recognizing the importance of self-reflection, the individualization of self-care and how to maintain resilience to ensure that we are providing quality care to our clients based on excellence and best practices, while we continue to shine without burning out.

Workshop Streams: Scientific/Advanced Clinical Practice  
Psychosocial/Spiritual/Bereavement/Complementary Therapy

506   The Grief Experiences of Personal Support Workers and Nurses

Vicki Lejambe, RN, MN, CON(C), CHPCN(C), Advanced Practice Nurse, Program Lead Hospice Palliative Care Program, Saint Elizabeth Health Care, Markam, ON; Paul Holyoke, Ph.D., M.Sc., Director, SE Research Centre, Saint Elizabeth Health Care, Markham, ON

This presentation will share the final results found in our study which was focused on better understanding the grief experiences of home health care workers caring for palliative care clients who have died. While similar work has been done with health care workers in acute care and long-term care settings, little was known about the home care setting. Using video interviews and focus group methods, this study documented home health care workers’ experience with grief, and their expectations related to employer and co-worker support. Based on this work, the organization strategies to support frontline workers with grief will be shared with the hope of being applicable in a variety of other health care settings.

Learning Objectives:
• What are the grief experiences of front line home health care workers (Nurses and Personal Support Workers) including the support they receive from and through their employer, their supervisor and their co-workers;
• What are staff expectations of how employers should support staff with grief after the death of clients;
• What grief response strategies could employers and co-workers adopt to support frontline workers after the death of clients.

Workshop Streams: Scientific/Advanced Clinical Practice, Leadership/Systems/Integration
CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 500

Tuesday, April 21, 2015  
Time: 10:30 - 11:45 am

507  
Enhanced End-of-Life Care Decision Making (EELCD): Furthering Communication Flow and Patient and Caregiver Satisfaction in the Hospital Setting

Lynn Kachuiik, RN, Advanced Practice Nurse, The Ottawa Hospital, Inpatient Supportive and Palliative Care Consultation Team, Ottawa, ON; Dr. José Pereira, MBChB, Professor and Head, Division of Palliative Care, Department of Medicine, University of Ottawa; Medical Chief, Department of Palliative Medicine, Bruyère Continuing Care and The Ottawa Hospital; Medical Lead, The Champlain Regional Hospice Palliative Care Program; Co-founder and Scientific Officer of Pallium Canada Pallium Canada, Ottawa, ON; Christine Welsh, RN, The Ottawa Hospital, Inpatient Supportive and Palliative Care Consultation Team

Failure to initiate advance care planning and to introduce the palliative care approach early on in the illness trajectory of patients with life-limiting diseases are viewed to potentially increase suffering for these patients and their relatives, to result in poor end-of-life care decision making and high intensity health care utilization. This interactive workshop featuring an interdisciplinary team of palliative care clinician educators/researchers is geared toward a mainly intermediate learning level audience and set to: introduce the End-of-Life Care Decision Making (EELCD) study at the Ottawa Hospital; and describe the Division of Palliative Care’s ‘Difficult Discussions – Better Decisions’ educational program as a tailored intervention.

Building on the pan-Canadian ‘Advance Care Planning in Hospitalized Elderly Patients Study (ACCEPT),’ the observational cross-sectional, pre-post EELCD study determined the prevalence of advance care planning (via chart review) and elicited barriers and facilitators to and satisfaction with end-of-life care communication (via questionnaire). Indicating gaps in awareness about advance care planning (and documentation) and communication barriers, case studies and elements of the ‘Difficult Discussions’ program (including audio-visual modules) will be utilized in the interaction with the audience to: enhance awareness and utilization of advance care planning; break down communication barriers; and enhance the end-of-life care communication flow from the health care provider side.

The learnings are highly transferable across care sectors/within the interdisciplinary team and set to further patient and relative satisfaction with end-of-life care communication while enhancing care outcomes and reducing costs.

Learning Objectives:
• Enhance awareness and utilization of advance care planning;
• Break down communication barriers;
• Enhance the end-of-life care communication flow from the health care provider side.

Workshop Streams:  
Scientific/Advanced Clinical Practice, Leadership/Systems/Integration
508  What About Us? A Kids Anticipatory Grief and Bereavement Collaborative

Jodi Pereira, Director, Community Programs, Heart House Hospice, Mississauga, ON; Barbara Pidcock, President, Health Service Solutions, Toronto, ON; Andrea Warnick, Educator, Grief Therapist, Consultant, Toronto, ON; Barry R. Ashpole, Communications Consultant, Publisher of Media Watch, Guelph, ON

In 2013 a group of organizations in the Region of Peel started to meet to discuss how to better serve and support kids who were, or had, experienced the loss of a parent, sibling or significant loved one. Although each group has a role in supporting kids through death and loss the providers and transitions are riddled with gaps, challenges and are far from seamless or ideal. The experiences of the members were that pre-death support to kids was minimal. The data and literature regarding this topic is sporadic and most often reported from countries and places abroad with minimal Canadian reference or content. Since its inception the group has since become a larger collaborative that received funds from the Region to do some work in the area of Kids Grief and Loss. The workshop will provide information on the collaborative, its discoveries and how others can learn and build their programs to provide better support kids experiencing death and loss.

This workshop will provide an overview of the past, current and future plans of the children grief and loss collaborative and information on how the collaborative secured funding to support its work; the results of a needs assessment (including a literature review) conducted in and beyond the Region of Peel with community professionals and providers working with kids affected by grief and loss; and resources from their investigation and collaboration.

Workshop Streams:  
Psychosocial/Spiritual/Bereavement/Complementary Therapy  
Leadership/System/Integration

509:  How To Train in Self Compassion: Compassion as a Core Competency in EOL Care

Rev. Andrew Blake, Buddhist Chaplain & Psychotherapist, Co-Founder and Program Director, Sarana Institute, Toronto, ON; Anton Vermunt, Life Coach, Hospice Volunteer and Co-Director of Sarana Institute, Toronto, ON

Acquiring new skills and innovations to sustain our well being is at the heart of developing core competencies in meeting the challenges and the gifts in the End-of-Life Care. Compassion, like mindfulness, is a quality and a state that is acquired through training and education, unlike innate empathy. When our frontline healthcare and hospice providers have a supportive environment to develop mindfulness and compassion, everyone in the health care system benefits, from administration all the way to those dying and their loved ones. But when caregivers lack the crucial skill of “Self Compassion,” our caring places us in harm’s way.
CONCURRENT WORKSHOP DESCRIPTIONS - SERIES 500

Tuesday, April 21, 2015

This workshop will introduce you to latest perspectives in Self Compassion training, including recent scientific evidence to support it. In this interactive and experiential workshop, we will explore how mindfulness practice establishes the necessary foundation for touching the tenderness of self & other compassion.

Learning Objectives:
• To understand and experience the dual benefits of mindfulness, which are focused attention and receptive awareness;
• To address the obstacles to self compassion within both social and intrapersonal contexts;
• To explore the long-term benefits of developing self compassion strategies to sustain our well being and to reduce Empathy Fatigue.

Workshop Stream:  
Psycosocial/Spiritual/Bereavement/Complementary Therapy
Scientific/Advanced Clinical Practice

510  Workplace Health and Safety for the Volunteer Sector

Carolyn Cuthbertson, Regional Consultant, Public Services Health & Safety Association, Toronto, ON

Healthcare is supported by the efforts of volunteers and they are an integral part of the hospice and palliative care sector. The recently passed Bill 18 has brought up the discussion of volunteers’ rights under the Occupational Health and Safety Act. Bill 18 expands the definition of “worker” under the Act to include unpaid co-op students, other unpaid learners and “other persons working or supplying services without compensation as specifically designated in regulations”. This may encompass volunteers.

The OHS legislation already has strong requirements in place to ensure all workplaces are healthy and safe regardless of who is working on-site. Volunteers need to comply with the organization’s health and safety policies and procedures. In order to prepare for the change to the legislation, organizations should review their policies to identify ways to improve protection for all individuals – paid and unpaid. The program provides basic information on rights and duties under the Occupational Health and Safety Act (OHSA), roles of health and safety representatives and Joint Health and Safety Committee members, as well as common workplace hazards. This presentation will provide an overview of the current and relevant OH&S legislation, recent legislative changes, and set them in the context of the hospice and palliative care settings. In addition, the speaker will provide practical guidance on steps to take to ensure compliance.

Learning Objectives:
• Gain an understanding of the pertinent OH&S legislation, including roles and responsibilities of workplace parties;
• Become familiar with recent legislative changes related to OH&S;
• Learn about practical ways to ensure compliance in hospice and palliative care settings.

Workshop Streams:  Volunteer Management