



Provincial Palliative and End-of-Life Innovations Steering Committee

Happy New Year to all of our partners who work together to ensure quality care for patients with life limiting illnesses, and for those close to them. Thank you to those of you who participate on the Provincial Palliative and End-of -Life Innovations Steering Committee (PPAL/ EOL ISC), Working Groups and Communities of Practice. We hope you had a wonderful holiday season filled with what matters most to you. 2022 was a busy year with many great accomplishments.



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Here are some of the highlights:

- Alberta Health completed their PEOLC Review and announced 25 grant recipients. The Provincial PEOLC team participated in this review and was one of the grant recipients in collaboration with the zones.
- Quarterly Provincial PEOLC Grand Rounds were launched in collaboration with the Provincial PEOLC Dyad group. Recordings of past presentations can be found here - [Grand Rounds | Alberta Health Services](#). **See the education bulletin for more information on upcoming dates and topics!**
- Connect Care launches 4 and 5 occurred. The provincial PEOLC team continues to support ongoing optimization for PEOLC and ACP/GCD workflows in Connect Care.
- Two new dashboards were published: (1) a Goals of Care Designation Dashboard was published in Connect Care; and (2) A dashboard for the Provincial Rural Palliative Care in-Home Funding Program (RPIHF) was published in Tableau.
- A new ACP/GCD FAQ with special clarifications for interventional cardiac procedures for non-R1 patients was published.
- Lippincott Procedures continue to be reviewed. The provincial PEOLC team is collaborating with the Provincial Seniors Health and Continue Care (PHSCC) portfolio and Clinical Knowledge & Content Management (CKCM) to review assigned Lippincott Procedures. To date the team has reviewed and provided feedback on 25 Lippincott Procedures.
- The Palliative Sedation Nursing Consideration Working Group with the help of CKCM have drafted the *Palliative Sedation Nursing Considerations* guidance document to be posted in Lippincott. The document was distributed for broad stakeholder review through CKCM and feedback is currently being reviewed. Once feedback has been incorporated, the document will be provided to CKCM for inclusion into the Palliative Sedation Lippincott Procedure.
- The [Future of Cancer Impact \(FOCI\) in Alberta](#) report was published by the Cancer SCN. The Provincial PEOLC team was the author of the PEOLC chapter of the report.

Provincial Palliative and End-of-Life Innovations Steering Committee Continued

Changes to the PEOLC Team

The Provincial PEOLC team is pleased to announce that Kathleen (Kat) Parry has joined the team 0.5 part time as the Advance Care Planning Goals of Care Designation Senior Practice Consultant. Kat is located within the Edmonton zone. Over the last 13yrs, she has worked at Covenant Health and AHS in suburban and urban facilities as a bedside nurse and clinical nurse educator in outpatient, inpatient, long-term-care, and emergency medicine settings. She has also had the privilege of being involved at multiple organization levels in developing and delivering education programs, providing front-line clinical decision making/resource support and policy work. Her interests include empowering and supporting clinical staff in their day-to-day work and exploring system solutions that facilitate patient-centered care when possible. Kat is also in the process of completing her NP program and is excited to become more comfortable with the current state of advanced care planning which she feels will only add to her future NP practice.

Welcome Kat!

Covenant Health's Palliative Institute

Thank you to all those who continue to participate and collaborate in the work of the Palliative Institute.

Mark your calendars for March 17, 2023, when the Palliative Institute will host its second Compassionate Communities Forum. This forum is intended to support the growing of Compassionate Communities in Alberta.

Following the launch of the Compassionate Alberta website on **October 1, 2022**, the institute has assembled a public panel to gain advice on how to further improve the site.

The institute presented information about the work in the palliative public awareness, competencies and education and advance care planning grant projects at the McGill International Congress on Palliative Care (Montreal), the Public Health Palliative Care International Conference (Belgium) and the 33rd Annual Palliative Care Education and Research Days (Edmonton).

If you would like more information or would like to be involved in the work of the Palliative Institute, please reach out to us at palliative.institute@covenanthealth.ca. The Palliative Institute is excited about the growth and energy of new partnerships and the future direction of palliative care in Alberta!



For PEOLC education opportunities, review the Provincial PEOLC Education Bulletin link.
www.albertahealthservices.ca/info/page14438.aspx

Pain and Mood Toolkit Feature Pain Assessment and Management

Clinical Innovation and Practice Supports, Provincial Seniors Health and Continuing Care



Impaired communication makes it difficult to assess and manage pain in people who have dementia. Common pain behaviours include pulling or pushing away, calling out, and restlessness.

When you **recognize** any of these behaviors, conduct an interdisciplinary assessment to identify possible contributors to pain, such as immobility and medication side-effects.

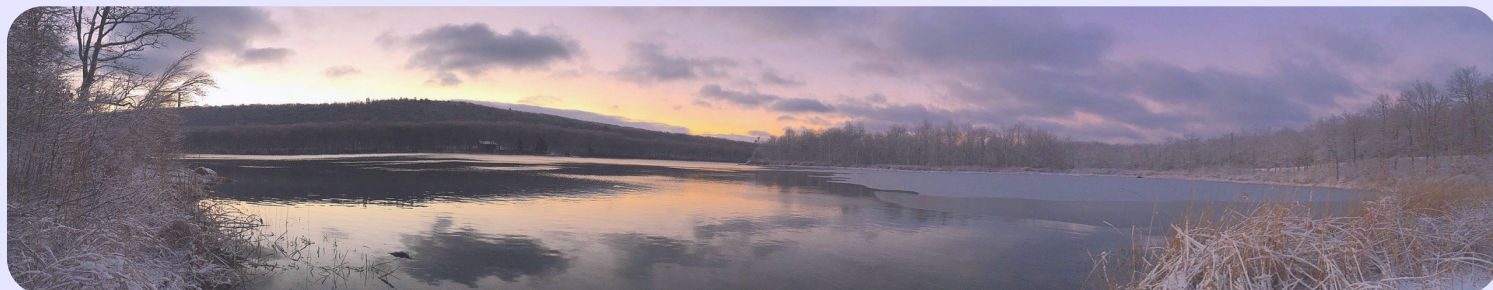
1. Consider [behaviour mapping](#) to track when and how often pain behaviours occur. As soon as you see a pattern, or within a week, conduct a pain **assessment**.
2. Review findings with the individual and/or legal decision maker, and health care team. Introduce **interventions**, such as mobility, rest, heat, or pain medication.
3. **Evaluate** the impact using behavior tracking or [pain assessment tools for persons who are cognitively-impaired, such as Pain-AD and PAC-SLAC](#). You may also notice improvement in function (e.g., sleeping, eating, and mobility).
4. **Reassess** and adjust interventions to further improve comfort.

The most accurate pain ratings always come from the person who experiences them. If cognitively intact, try a faces or numerical rating scale. Clients can be supported to complete a pain diary for a few days or a week, which they review with staff or the case manager.

Looking for more resources? Check out:

- [Pain in Dementia #SeePainMoreClearly Campaign](#) (2 minute video)
- [Pain Management Information](#)
- [Pain Assessment for Nursing Home Residents 2019](#)
- [Communicating with People Living with Dementia](#)

For more information, visit ahs.ca/painmoodtool



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Hospice Calgary

The Living with Advanced Illness Centre at Hospice Calgary is proud to offer their Companion Program to those living with a life limiting illness in **Calgary and surrounding area**. Hospice Calgary has partnered with Nav-CARE to create their very own Companion Program, where under the supervision of their certified counselling staff, volunteers work with clients in an on-going relationship to improve quality of life. Volunteers are carefully matched with clients to provide ongoing, regular support that can include respite, companionship, resource sharing, and other practical support (like driving to appointments or getting groceries).

A Companion volunteer visits in the client's home weekly for up to 3 hours. What makes this program unique from other visiting volunteer programs, is they accept clients earlier in the illness trajectory and clients do not need to be under palliative home care or at end-of-life to have a volunteer. Ideal candidates for the program are those with a prognosis of a year or less.



<https://pixabay.com/photos/winter-conifers-sunset-snow->

For consistency, Hospice Calgary strives to keep the same volunteer with the client/family. Their volunteers receive extensive training, attend the AHS Inter-agency Palliative Care Training, and have ongoing education opportunities and mentoring from their expert staff. Volunteers can visit at any time of day, not just during regular business hours and volunteers are insured to drive to the occasional appointment or errand.

Clients can be referred or self-refer to the program by contacting the Living with Advanced Illness Centre. There is no cost to the client/family for the Companion Program.

If you would like more information or a quick presentation about the program, please contact, Wendi Kerr, Program Coordinator at wendi.kerr@hospicecalgary.ca or 403-263-4525 ext 247.

North Zone

The North Zone Palliative Care team would like to announce and **WELCOME:**

Their new North Zone Palliative Care Medical Director, **Dr. Albert Harmse**. Dr. Harmse is located in St Paul and brings a wealth of knowledge and experience in a variety of practice settings including, Family Practice, Acute, and Long-Term Care.

Jaycee Edgar, is North Zone's newest member of the Palliative Care team. She worked at the Spirit River Hospital, then moved to surgery at the Queen Elizabeth II Ambulatory Care Centre for 7 yrs. She took a position as a homecare case manager for several years, then she went causal. Her favorite part of her homecare experience was working with Palliative clients. Jaycee felt impacted and that "you can really affect a client and family's experience, for the better. Being able to support people through often challenging circumstances, is humbling and gratifying work". She has 2 adorable kids, 1 fur baby and has been married to her husband for 12 yrs. Jaycee enjoys cooking, traveling, sewing, quilting, making jewelry and perfume.

Shemiya Ruud is North Zone's new Mental Health Therapist who has recently been added to the Palliative Care team. She is passionate about mental health and improving quality of life for all people, regardless of their age or stage of life. Previous to this, she worked in a residential addiction treatment center for a number of years and most recently with kids and teens in foster care and their caregivers. At the end of June, she moved from the lower mainland of BC to a farm just outside Newbrook with her three kids. She currently has 2 dogs, a cat, and some chickens. Shemiya is excited to be a part of North Zone's multi-disciplinary team.



Strengthening care coordination through Advanced Cancer Shared Care Letters

Why is coordinated palliative care important for people living with advanced cancer? Improving care coordination has been shown to improve patient experience and the quality of end-of-life care. It can also prevent delayed access to palliative care.

Shared care letters for use between oncologists, family physicians and patients are one part of the [Integrating an Early Palliative Approach into Advanced Cancer Care](#) pathway and resources. First implemented through the PaCES project in 2019 in Calgary, for people living with advanced colorectal cancer, 30% of eligible patients received a shared care letter. Patients and families felt more engaged in care, communication improved amongst care teams, and availability of supports for coping were appreciated. Patients also noted positive views about palliative care, which is explained in the letter.

Shared care letters are spreading! Shared care letters were implemented at the Central Alberta Cancer Centre (CACC) in Red Deer in 2022, with similar results. At the CACC roughly 39% of eligible colorectal cancer patients received a shared care letter. Healthcare providers indicated that using the shared care letter was not difficult, and they intend to continue using them.

An “all cancer” version of the letter is available for oncologists to order in Connect Care. Thank you for all you do in continuing to encourage and support timely referrals to PEOLC services. You can view the [physician letter](#) and [patient handout](#) at ahs.ca/guru. For more info on PaCES, see www.pacesproject.ca.

Contacts

General questions or comments email: palliative.care@ahs.ca



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