Health PEI

PEI PALLIATIVE CARE

PHILOSOPHIES & PROVINCIAL PROGRAM ORIENTATION

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Introduction

Historically, palliative care has been offered only to people who are in the last weeks or months of life, when all curative treatments have been exhausted. At that point, the focus of care shifts from cure to comfort. However, illness trajectories are changing. Thanks to advances in medical treatment, people who are aging or are diagnosed with a life-limiting or life-threatening illness can now live many years with their condition.

A small portion of Islanders will need more complex, intensive, or tertiary palliative care provided by specialized palliative care teams. This care can occur in residential settings, palliative care in-patient units, and acute care hospitals.

That being said, anyone who is becoming frail or is faced with a life-limiting illness would benefit from certain key palliative care services, which can be provided by any health care provider. As our population ages, we must strive to ensure that all Islanders have access to palliative services integrated with other services. Palliative care can help manage symptoms and enhance people’s lives through improving quality of life, as well as empowering people to make informed decisions about the care they want, thereby giving them a greater sense of control. More equitable access to palliative care will enable more Islanders to live well with their illness up to the end of life.

It is encouraged that all Health PEI care settings and programs recognize the value and importance of educating staff during orientation of the basic palliative care principles included within this document.

We are hopeful that this palliative care orientation document will enhance and support any orientation package already in place at any Health PEI site or program.

∗ **Please Note –** *Throughout this document, ‘patient’ refers to any person receiving services from Health PEI, this includes those referred to as clients or residents.*

What is Palliative Care?

Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.

Palliative care:

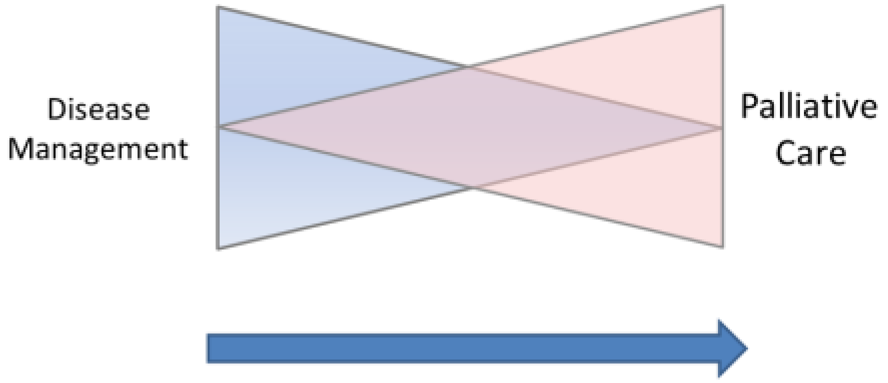
- Provides relief from pain and other distressing symptoms;
- Affirms life and regards dying as a normal process;
- Intends neither to hasten nor prolong death;
- Integrates the psychosocial and spiritual aspects of patient care;
- Offers a support system to help patients live as actively as possible until death;
- Offers a support system to help the family cope during the patient's illness and with their own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counseling if indicated;
- Will enhance quality of life and may also positively influence the course of illness; and
- Is applicable early in the course of illness and in conjunction with other therapies that are intended to prolong life (such as chemotherapy or radiation therapy). This also includes investigations needed to better understand and manage distressing clinical signs and symptoms.

(World Health Organization, 2020)

Old Model of Palliative Care

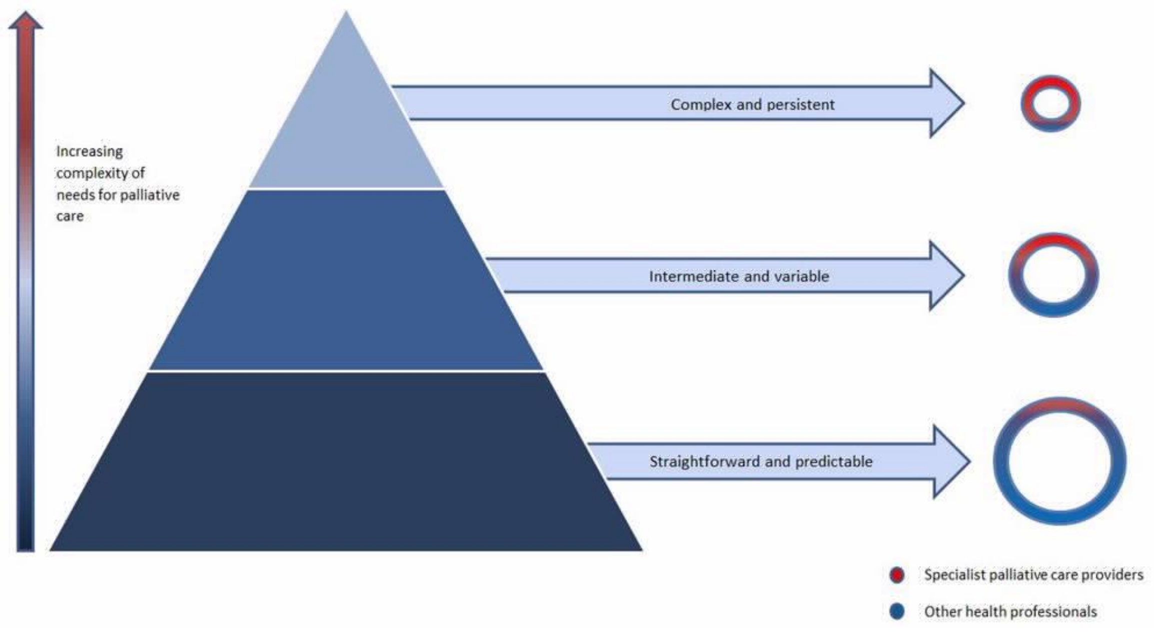
(Sourced from Penn Medicine, *Supportive Oncology and Palliative Radiotherapy*, 2015)

Basic Model of Integrated Palliative Care



(Sourced from Dr. Philippa Hawley, *The Bow Tie Model of 21st Century Palliative Care*, 2013)

Person’s Needs vs. Relative Workforce Involvement



(Sourced from Health Canada, *Framework on Palliative Care in Canada*, 2018)

The Palliative Approach to Care

What is a palliative care approach?

A palliative care approach would make certain aspects of palliative care available to patients and their families at appropriate times throughout the illness trajectory.

After diagnosis and in the early stages of the illness, the palliative care approach focuses primarily on:

- Open and sensitive communication about the person's prognosis and illness trajectory, including any changes they may have to make in their lives, such as limiting certain activities;
- Advance care planning, including discussing the range of treatments available and setting goals of care;
- Psychosocial and spiritual support to help individuals and families struggling with any issues related to the illness; and
- Any pain or symptom management that may be required.

At later stages of the illness, a palliative care approach focuses more on:

- Reviewing the person's goals of care and adjusting care strategies to reflect any changes in those goals;
- Ongoing psychosocial and spiritual support for individuals and families;
- Pain and symptom management; and
- If and when to engage specialized palliative care providers, such as for patients and families with challenging physical, psychosocial, or spiritual symptoms, conflicts over goals of care or decision making, or family distress.

See Links:

The Way Forward – An Integrated Palliative Approach to Care:
http://www.hpcintegration.ca/media/23816/TWF-palliative-approach-report-English-final.pdff

The Palliative Approach to Care and the Role of the Nurse:
https://www.virtualhospice.ca/Assets/A%20Palliative%20Approach%20to%20Care%20and%20the%20Role%20of%20the%20Nurse_20151001151135.pdf

Government of Canada – Framework on Palliative Care in Canada:
https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/palliative-care/framework-palliative-care-canada.html

Provincial Integrated Palliative Care Program (P-IPCP)

The Provincial Integrated Palliative Care Program is a specialized program through Home Care that started as the Rural Palliative Care Pilot Project in 1999. The project was built upon and further developed to become the Provincial Integrated Palliative Care Program in 2004.

The program has adapted over the years to align with the ever-changing health care needs of Islanders. Referrals can come from any source if the patient meets the eligibility criteria which are in place to ensure those who are most in need of specialized palliative care are able to access it.

Provincial Integrated Palliative Care Program Guiding Principles:

- Province-wide integration across many care sectors and disciplines from diagnosis to bereavement
- Person-centered and inclusive of family, as defined by the individual
- Inclusive of all ages and all life-limiting diagnoses
- Flexible and culturally competent
- Inclusive of staff and caregiver support
- High quality care which meets accreditation standards

Eligibility for P-IPCP:

1. Diagnosis of progressive life-limiting illness
   ☐ Disease specific indicators of significant decline (complex illness such as ALS)
   ☐ And/or PPS of 50% or lower
2. Client aware of and accepting of referral (for pediatric or cognitively impaired clients, parents or guardians aware and accepting)
3. Client requires coordinated care for complicated palliative care needs as evidenced by one or more of the following:
   ☐ Palliative signs and symptoms that need management and cannot solely be managed by a primary care provider
   ☐ Repeated unplanned crisis/admissions to facility-based care
   ☐ Progressive weight loss (>10%) in past six months
   ☐ Serum albumin <28g/l
   ☐ Caregiver(s) demonstrating significant distress

Should a client not meet eligibility criteria for the Provincial Integrated Palliative Care Program, they may still meet eligibility criteria for a palliative approach to care through another Home Care service. The Home Care intake process will help determine the most appropriate service for each client.

P-IPCP includes a group of professionals involved in the patient’s care. These professionals may include:

- Palliative care coordinators
- RNs
- LPNs
- HSWs
- Nurse practitioners
- Physicians
- Social workers
- Spiritual care providers
- Occupational therapists
- Physiotherapists
- Dietitians
- Paramedics
- Hospice volunteers
- Specialist palliative care team

Care plans are developed on an individual basis to best meet each patient’s needs by collaborating with patients, their families, and any of the above services as required.

If required, there are dedicated palliative care beds across the province where palliative care is provided. These include the:

- Provincial Palliative Care Centre – A 10 bed specialized palliative care facility in Charlottetown.
- Community Hospital O’Leary – Containing a 4 bed palliative care unit in O’Leary.

There are also palliative care beds (not formally designated) in:

- Prince County Hospital in Summerside
- Western Hospital in Alberton
- Souris Hospital in Souris
- Kings County Memorial Hospital in Montague

The Provincial Palliative Care Centre (PPCC):

The PPCC is a stand-alone facility that provides specialist palliative care and houses the interdisciplinary Provincial Integrated Palliative Care Team (P-IPCT). When applications for admission to the PPCC are received, they are reviewed by the P-IPCT.

If deemed appropriate, the patient is added to the PPCC admission list and is then considered alongside others as beds become available. The prioritization process is done routinely on a weekly basis (or more often if warranted) and looks at a multitude of aspects related to both patients and caregivers, as well as facility operations – not just one’s progression towards end of life.

See Links:
Health PEI – Provincial Integrated Palliative Care Brochure:
https://www.princeedwardisland.ca/sites/default/files/publications/provincial_integrated_palliative_care_brochure.pdf

Health PEI – Provincial Integrated Palliative Care Program:
https://www.princeedwardisland.ca/en/information/health-pei/palliative-care-program

Assessment Tools

With palliative care being fundamentally concerned with the patient/caregiver experience, the best way to assess these domains is with the use of patient/caregiver reports. Determining the quality and effectiveness of palliative care being provided is best done with the utilization of reliable, standardized assessment tools.

Assessment tools can aid clinicians in obtaining a better understanding of a patient's care needs, progression towards end of life, and/or see areas where improvements or adjustments are needed (such as pain and symptom management).

Edmonton Symptom Assessment System (ESAS-r):

The ESAS-r is a validated and commonly utilized symptom assessment tool. It is widely recognized as best practice across Canada and around the world. ESAS-r was first developed in 1991 by Dr. Eduardo Bruera and colleagues. Since its inception, it has undergone revision and has now been translated into over 30 different languages.

The ESAS-r is a valid and reliable self-reporting symptom assessment tool for measuring symptom severity of nine common symptoms experienced by patients facing a life-limiting illness.

Symptoms assessed:

- Pain
- Tiredness
- Drowsiness
- Nausea
- Lack of appetite
- Shortness of breath
- Depression
- Anxiety
- Best wellbeing
- Other

One of the most critical aspects of symptom management is routine symptom assessment and re-assessment – which allows symptoms to be recognized, diagnosed, treated, and monitored over time.

ESAS-r is known as the vital sign of palliative care.

See Links:

Please review Health PEI's Palliative Pain and Symptom Assessment (ESAS-r) policy located on http://healthpeipolicy.medworxx.com (you must sign in and search specific policy to view).

Health PEI - How to Complete an ESAS-r Video:
https://www.youtube.com/watch?v=pfAtVxLn86k

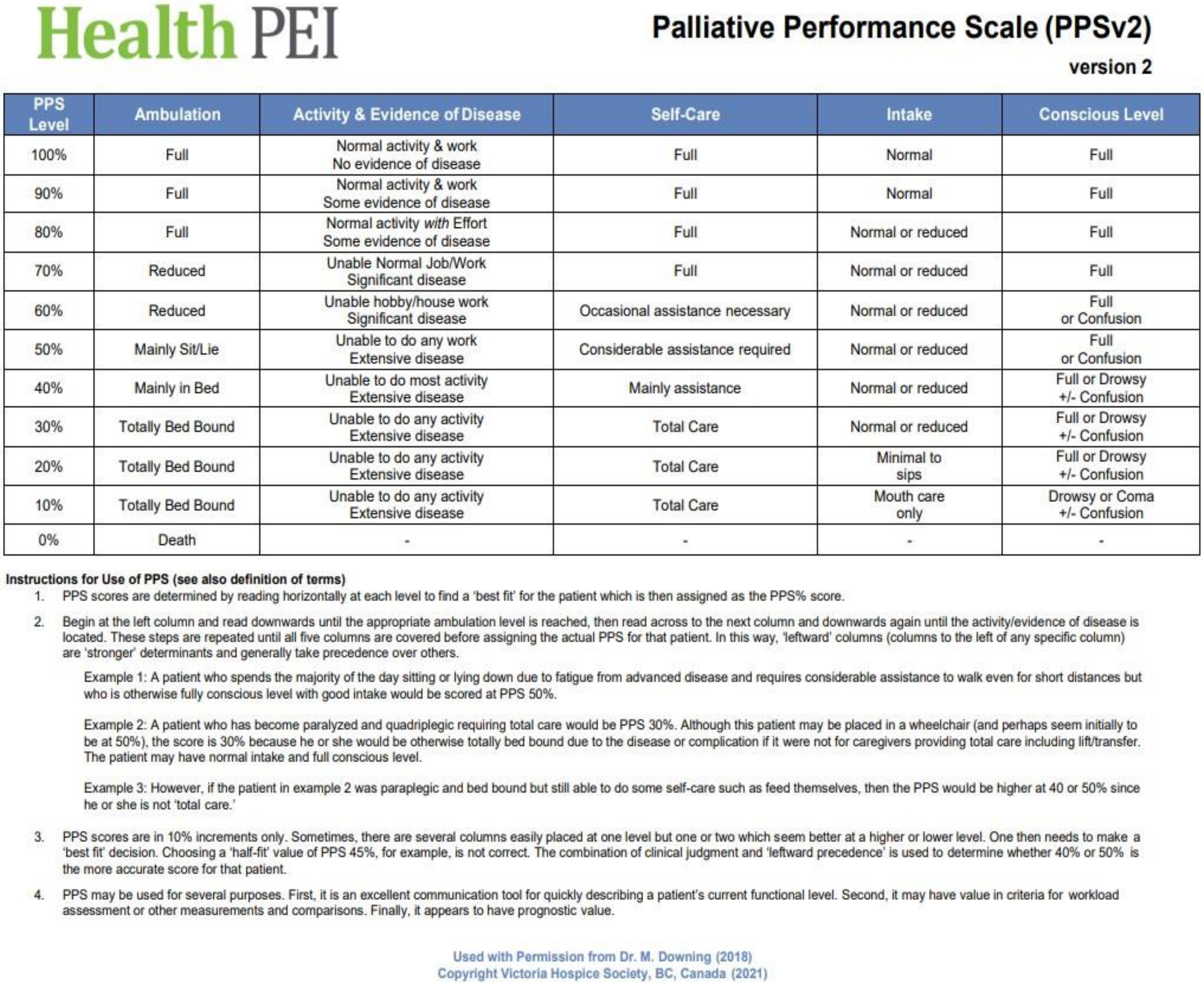
Health PEI – ESAS-r Quick Guide Presentation (listed under *ESAS-r*):
https://src.healthpei.ca/palliative-care
*Once opened, click the sound icon on each slide to listen to the voice over.

Health PEI – ESAS-r Site Specific Education Videos (each listed under *E*):
https://src.healthpei.ca/nursing-education

Palliative Performance Scale (PPS):

The Palliative Performance Scale is a validated and reliable tool used to assess a patient's functional performance and to determine progression towards end of life. However, it does not take the place of a practitioner's professional judgment.

This scale can be a helpful reference for clinicians in timing the goals of care conversations with patients and their families.



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Palliative Performance Scale (PPSv2)

version 2

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity *with* Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

Instructions for Use of PPS (see also definition of terms)

1. PPS scores are determined by reading horizontally at each level to find a 'best fit' for the patient which is then assigned as the PPS% score.
2. Begin at the left column and read downwards until the appropriate ambulation level is reached, then read across to the next column and downwards again until the activity/evidence of disease is located. These steps are repeated until all five columns are covered before assigning the actual PPS for that patient. In this way, 'leftward' columns (columns to the left of any specific column) are 'stronger' determinants and generally take precedence over others.

   Example 1: A patient who spends the majority of the day sitting or lying down due to fatigue from advanced disease and requires considerable assistance to walk even for short distances but who is otherwise fully conscious level with good intake would be scored at PPS 50%.

   Example 2: A patient who has become paralyzed and quadriplegic requiring total care would be PPS 30%. Although this patient may be placed in a wheelchair (and perhaps seem initially to be at 50%), the score is 30% because he or she would be otherwise totally bed bound due to the disease or complication if it were not for caregivers providing total care including lift/transfer. The patient may have normal intake and full conscious level.

   Example 3: However, if the patient in example 2 was paraplegic and bed bound but still able to do some self-care such as feed themselves, then the PPS would be higher at 40 or 50% since he or she is not 'total care.'

3. PPS scores are in 10% increments only. Sometimes, there are several columns easily placed at one level but one or two which seem better at a higher or lower level. One then needs to make a 'best fit' decision. Choosing a 'half-fit' value of PPS 45%, for example, is not correct. The combination of clinical judgment and 'leftward precedence' is used to determine whether 40% or 50% is the more accurate score for that patient.
4. PPS may be used for several purposes. First, it is an excellent communication tool for quickly describing a patient's current functional level. Second, it may have value in criteria for workload assessment or other measurements and comparisons. Finally, it appears to have prognostic value.

See Links:

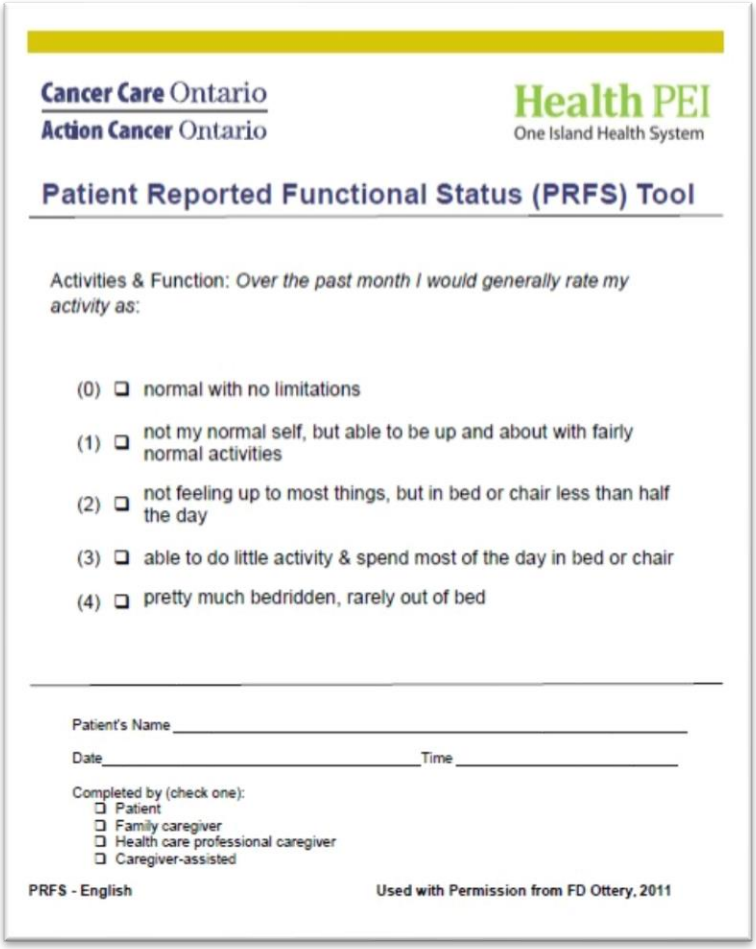
Health PEI – PPS Tool:
https://src.healthpei.ca/sites/src.healthpei.ca/files/Palliative%20Care/Palliative_Performance_Scale.pdf

NSMHPCN – PPS Video:
https://nsmhpcn.ca/education-hub/palliative-performance-scale/

Patient Reported Functional Status (PRFS) Tool:

The Patient Reported Functional Status (PRFS) tool is a simple assessment used to measure a patient's function. To complete the PRFS, patients rate their own functioning on a five-point scale (0-4).

The PRFS can help patients and/or their caregiver(s) recognize when a functional decline is present. This can often be a good indicator of when additional care planning conversations for the future may be necessary.



Cancer Care Ontario
Action Cancer Ontario

Health PEI
One Island Health System

Patient Reported Functional Status (PRFS) Tool

Activities & Function: *Over the past month I would generally rate my activity as:*

(0) ☐ normal with no limitations
(1) ☐ not my normal self, but able to be up and about with fairly normal activities
(2) ☐ not feeling up to most things, but in bed or chair less than half the day
(3) ☐ able to do little activity & spend most of the day in bed or chair
(4) ☐ pretty much bedridden, rarely out of bed

Patient's Name ______________________
Date ______________________ Time ______________

Completed by (check one):
- ☐ Patient
- ☐ Family caregiver
- ☐ Health care professional caregiver
- ☐ Caregiver-assisted

PRFS - English **Used with Permission from FD Ottery, 2011**

See Link:

Health PEI – Patient Reported Functional Status Tool:
https://src.healthpei.ca/sites/src.healthpei.ca/files/Palliative%20Care/Patient_Reported_Functional_Status.pdf

Supportive and Palliative Care Indicators Tool (SPICT):

SPICT is a clinical tool used by health care professionals all over the globe. It helps to identify people with general indicators of poor or deteriorating health, and one or more life-limiting conditions, or a new serious illness by looking for changes in health status and increasing care and support needs.

See Link:

SPICT:
https://www.spict.org.uk/the-spict/

Advance Care Planning (ACP)

Advance Care Planning is a process of reflection and communication. It is a time for patients to reflect on their values and wishes, and to let others know what kind of health and personal care they would want in the future if they were to become incapable of consenting to or refusing treatment or other care.

It involves having discussions with family and friends, particularly their proxy(ies)/substitute decision-maker(s), who is the person (or people) that will provide consent or refusal of consent for care and treatment if the patient is mentally incapable.

Participation in advance care planning has been shown to reduce stress and anxiety for patients and their families, and lead to improvements in end-of-life care.

Advance Care Planning is an integral part of ALL palliative care.

See Links:
Please review Health PEI's Advance Care Planning policy located on
http://healthpeipolicy.medworxx.com (you must sign in and search specific policy to view).

Health PEI – Advance Care Planning:
https://www.princeedwardisland.ca/en/information/health-pei/advance-care-planning

Health PEI – Advance Care Planning PEI Workbook:
http://www.advancecareplanningpei.ca/

Goals of Care (GOC):

Goals of Care refers to a communication and decision-making process that occurs between a clinician (physician or nurse), a patient, and/or a proxy/substitute decision-maker (SDM) to establish a plan of care and obtain informed consent for that plan.

Goals of Care Designations:
R – Medical care and interventions, including resuscitation
M – Medical care and interventions, excluding resuscitation
C – Care and interventions focused on comfort, excluding resuscitation

See Link:
Goals of Care Form:
https://www.princeedwardisland.ca/sites/default/files/forms/goals_of_care_form.pdf

Health Care Directive (HCD):

A health care directive is a legally binding document made in accordance with the *Consent to Treatment and Health Care Directives Act* in which the maker sets out decisions, wishes, or instructions with respect to treatment in case a health care provider has determined that the patient is not capable to either make and/or communicate their own health care choices. In the directive, the patient can appoint a proxy(ies) to make care decisions for them when they are not capable to either make or communicate for themselves.

A HCD needs to be in writing, dated, and signed in order to be legally valid.

See Link:
Health Care Directive Form:
https://www.princeedwardisland.ca/sites/default/files/publications/health_care_directive_form.pdf

Consent to Treatment and Health Care Directives Act:

Consent on an Incapable Patient's Behalf

If a patient is deemed incapable and has no appointed proxy(ies) or their proxy(ies) are unable or unwilling to make decisions on their behalf, a substitute decision-maker will be appointed in accordance with the provisions of the Consent to Treatment and Health Care Directives Act:

> If a health practitioner proposes to administer treatment to a patient who is, in his or her opinion, incapable with respect to the treatment, a decision may be made on the patient's behalf by another person who is referred to in one of the following clauses, in descending order of priority:
> (a) the proxy (if one is appointed);
> (b) the guardian if having the authority to give or refuse consent to treatment;
> (c) the spouse;
> (d) the son or daughter, or the parent, or a person who has assumed parental authority and who is lawfully entitled to give or refuse consent to treatment on the patient's behalf;
> (e) the brother or sister;
> (f) a person whom the health practitioner considers to be the patient's trusted friend with close knowledge of the wishes;
> (g) any other relative (by blood, marriage, or adoption),
> of the patient.

Please note – On PEI, a **Power of Attorney** (POA) is a legal document that gives another person the power to look after a person's financial and property affairs only.

Please note – On PEI, the term **Next of Kin** (NOK) generally refers to a person's closest living relative, however has **NO** legal standing or authority with respect to decision making on a person's behalf unless otherwise appointed in accordance with the provisions of the Consent to Treatment and Health Care Directives Act.

See Link:
Prince Edward Island's Consent to Treatment and Health Care Directives Act:
https://www.princeedwardisland.ca/sites/default/files/legislation/c-17-2-consent_to_treatment_and_health_care_directives_act.pdf

Other Programs and Services

Palliative Home Care Drug Program:

This program provides medications at a low cost to eligible clients through their own retail pharmacy. The medications provide comfort and support at the end of life; therefore, they are used to treat pain and other symptoms in order to maintain quality of life.

Who is eligible?

All residents on PEI who:

- Have chosen to receive home based palliative care;
- Have agreed to be part of the Provincial Integrated Palliative Care Program;
- Are in the end stages of their illness, PPS 50% or less;
- Have agreed that the focus of care will be palliative;
- Do not have a private drug plan; and
- Do not reside in a public, government-owned long-term care facility.

→ PEI Emergency Terminal Care Drug Kit: The PEI Emergency Terminal Care Drug Kit is a locked kit containing the prescribed medications and other supplies usually required in the final week or two of a palliative client's life. The goal of the drug kit is to proactively address the need for symptom control and prevent unnecessary hospitalization at the end of life for clients who wish to die at home.

Anticipating that oral intake will be compromised, the medications are provided for administration via sublingual or subcutaneous routes. These medications will be used to control common distressing palliative symptoms like terminal restlessness, pulmonary congestion, as well as pain.

The drug kits are meant for short-term use until either death occurs or a prescription can be filled by the retail pharmacy. To be eligible, the client must be registered to the Provincial Integrated Palliative Care Program.

Hospice Services on PEI:

There are three hospice organizations on PEI (Eastern Kings Hospice, Hospice PEI, and Hospice of Southern Kings) providing specially trained volunteers to administer hospice volunteer led support services, advocacy, and education to anyone with a palliative or life-limiting diagnosis.

Many Islanders need support during their end-of-life journey. Hospice services provide bedside and grief support whether it is in your home, a palliative care unit, a long-term care home, or in a hospital. Hospice services are for anyone with a life-limiting or palliative diagnosis and are free of charge. Anyone can make a referral to access this community-based service. Referrals can be made by calling the hospice coordinator in your region.

Local Hospice Office Numbers:

Hospice PEI: 902-368-4498
Hospice of Southern Kings: 902-838-2269
Eastern Kings Hospice: 902-215-0286

Paramedics Providing Palliative Care at Home Program:

In 2015 this program was started to enhance palliative care that is already being provided by Home Care. This program provides Islanders registered to the Provincial Integrated Palliative Care Program with additional support should they need to access it urgently or outside of normal Home Care hours. It was seen as a way to give patients and families access to support at home after hours (evenings and overnight).

Paramedics have been given additional training, responsibilities, and medications to help in supporting the palliative patient population to be comfortable at home and prevent unwanted visits to the ER. They work with the patient and their families and online medical physicians in an attempt to follow the care plan set up and to keep patients at home if that is what they choose.

After the visit is completed, the paramedics will report back to the palliative care coordinator for that area so the patient's care plan can be adjusted as needed.

*****911 is available 24/7 for anyone in an emergency situation. For patients registered to the Provincial Integrated Palliative Care Program, it is recommended that patients contact their Home Care nurse/coordinator if help is needed to manage pain and symptoms during regular daytime hours.

Once registered, the patient or family can access this service by following the steps below:

- Call 911
- Identify that the patient is on the Provincial Integrated Palliative Care Program
- Provide their full name and Provincial Health Number (PHN)

See Link:

Paramedics Providing Palliative Care at Home Brochure:
https://www.princeedwardisland.ca/sites/default/files/publications/paramedics_providing_palliative_care_at_home_brochure.pdf

Mobile Integrated Health (MIH):

MIH is a program with the main focus of identifying those in need, delivering care that's specific to their needs, and providing a seamless transition between components of the health care continuum.

→ Rapid Bridging – Provincial Integrated Palliative Care Program:
Rapid bridging programs aim to bridge the gap in care that can sometimes occur when patients are discharged from hospital or emergency departments, yet still require some professional medical supports at home. This specific bridging program includes palliative patients and is one of three new home care initiatives. The goal is to improve Islander's access to care, thus enabling them to safely and independently live in their homes for as long as possible.

This initiative builds on the Paramedics Providing Palliative Care at Home Program that's already in place. It aims to aid patients' transition into the Provincial Integrated Palliative Care Program and provide added supports via community paramedics located within Home Care offices; ultimately decreasing patients' length of stay in hospitals and re-admissions to hospital.

Medical Assistance in Dying (MAiD):

Canadians and many health care providers tend to confuse MAiD and palliative care. It is therefore important that patients understand that it is not part of palliative care services. However palliative care providers will engage and respond to questions and direct patients to where they can access MAiD services. It is our experience that patients and families are frequently reassured by the fact that palliative care does not use means to shorten life.

National organizations (CHPCA, 2021; CSPCP, 2019) have stated that the provision of MAiD is a "practice separate and distinct from palliative care". MAiD is not part of the services we offer within the Provincial Integrated Palliative Care Program. However, it is an end-of-life option for patients. PEI has a MAiD service to which we refer to if, after engaging in a dialogue regarding options for care, the patient is interested in that option or wants to have more information about it.

Palliative care aims at enhancing the quality of life of individuals and families affected by a life-limiting illness. It aims at helping people live life as fully as possible until their death. Definitions state that: palliative care "affirms life and regards dying as part of the normal process of living," and it "neither hastens, nor prolongs dying" (WHO, 2020; CSPCP, 2019; CHPCA, 2016).

Although the differences between MAiD and palliative care are clear to most professionals working in the field of palliative care, it is not commonly understood by patients and families and many times other health care providers. Regardless of where we stand as a group or individually, services should remain as seamless as possible for patients and families. It is important that, regardless of the patient's end-of-life choice, patients have access to palliative care services as well as MAiD services.

Lastly, although MAiD can happen in any Health PEI facility, patients will not be admitted to a palliative care unit for the sole purpose of receiving the provision of MAiD. In essence, patients are admitted to palliative care beds to receive palliative care. This does not mean that the patient cannot be admitted in the days or weeks prior to the provision of MAiD if they have palliative care needs and are willing to have those needs addressed by palliative care.

See Links:
Health PEI – MAiD Q&A for Nursing Staff:
https://src.healthpei.ca/sites/src.healthpei.ca/files/srcForms/src_maid_q_a.pdf

Health PEI – Medical Assistance in Dying Webpage:
https://www.princeedwardisland.ca/en/information/health-pei/medical-assistance-in-dying

Canadian Virtual Hospice – Medical Assistance in Dying:
https://www.virtualhospice.ca/MAiD

Canadian Virtual Hospice – Infographic Q&A about MAiD:
https://www.virtualhospice.ca/maid/media/ji3lfbkm/maid-q-a.pdf

Resources

1. **Health PEI Staff Resource Centre:** https://src.healthpei.ca/palliative-care

   The Palliative Care page of the Health PEI Staff Resource Centre includes an excellent list of resources. This includes things such as form templates, educational presentations, newsletters, serious illness conversation guides, and much more.

2. **Pallium Canada:** https://www.pallium.ca/about-pallium/

   Pallium is a national, non-profit organization focused on building professional and community capacity to help improve the quality and accessibility of palliative care in Canada. Pallium was founded in Canada, by Canadians and in service to Canadian health care professionals, patients and families, and communities.

   Pallium provides practical and evidence-based solutions to increase the quality and accessibility of palliative care in Canada by transforming health care practice through the delivery of education. Pallium is often referred to as the gold standard in Palliative Education.

→ **Pallium – Taking Ownership LEAP Course Module (Free):**

Taking Ownership is a free interactive LEAP course module that provides an introductory overview of the palliative approach to care and how health care professionals from different disciplines can make palliative care a part of their daily work.

Completion of this module will enable you to:

- Define “palliative care approach” and understand what “palliative care” refers to;
- Identify patients who could benefit from a palliative care approach earlier in the illness;
- Activate a palliative care approach earlier in the illness trajectory; and
- Expand your role in providing a palliative care approach in your setting

Pallium – Taking Ownership Module:
https://www.pallium.ca/taking-ownership/

→ **Pallium – Learning Essential Approaches to Palliative Care (LEAP) Courses:**

Pallium has an abundance of accredited courses that are evaluated and updated regularly. These courses provide professionals across the health care industry with the knowledge, skills, and attitudes to assist them in providing palliative care to patients and families facing life-limiting illnesses in a more timely and effective way.

Pallium – LEAP Courses:
https://www.pallium.ca/courses/

→ **Pallium – Palliative Mobile App & Pocketbook:**

The Pallium Palliative Pocketbook is a practical, peer-reviewed, and fully-referenced one-stop resource that is intended to support safe, ethical, effective and accountable palliative clinical service. Its compact size and easily accessible information make it ideal for non-specialist physicians, nurses, pharmacists, social workers, and medical students.

Pallium – Palliative Mobile App & Pocketbook Download:
https://www.pallium.ca/mobile-app-pocketbook/

Palliative Care Philosophies & Provincial Program Orientation Checklist

Topic	Date of Orientation	Name of Staff Member	Name of Orientation Mentor	Date of Review
☐ What is Palliative Care? ☐ The Palliative Approach to Care ☐ Pallium Taking Ownership Module				
☐ P-IPCP ☐ Eligibility and Referral Process				
ASSESSMENT TOOLS ☐ ESAS-r (Video & Presentation) ☐ PPS ☐ PRFS ☐ SPICT				
ADVANCE CARE PLANNING ☐ ACP Workbook ☐ GOC ☐ HCD ☐ Consent to Treatment				
OTHER PROGRAMS AND SERVICES ☐ Palliative Home Care Drug Program ☐ Emergency Terminal Care Drug Kit ☐ Hospice Services ☐ Paramedics Providing PC at Home ☐ MIH ☐ MAiD				
RESOURCES ☐ Health PEI SRC – Palliative Care ☐ Pallium Canada				

COMMENTS: ____

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