

Community Connection



Pembroke Regional Hospital Fall 2019 Edition



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Mental Health Services of Renfrew County Receives \$1.1 Million In New Funding

Pembroke Regional Hospital recently received \$1,100,000 in new funding for three priority areas in mental health programming; enhanced collaboration with police, improved access to short-term counselling and other community-based resources, and increased access to temporary housing.

“The funding, which is supported by the Champlain Local Health Integration Network and is part of the provincial and federal government’s commitment to invest in mental health services represents the largest investment that has taken place in many years,” said PRH President and CEO Pierre Noel. “It will have a significant impact on what is currently an \$8 million budget for Mental Health Services of Renfrew County (MHSRC), a program administered by the Pembroke Regional Hospital.”

MHSRC Director Mireille Delorme said that, given recent statistics, this new funding is both timely and much needed.

“The police, who are often the front line responders for mental health and addictions calls have seen a 28% growth in the number of those calls during the past five years,” she said. “Our Mobile Crisis Team (MCT) has also seen a steady increase in referrals, and over the last two years, the number of individuals visiting emergency departments



Mireille Delorme

for conditions related to mental health and addictions has increased by approximately 25%.”

“Amongst other things, this additional funding will enable us to partner more closely and effectively with the police in order to ensure that individuals receive the appropriate help they need before or as they face an emerging crisis.”

Ms. Delorme further outlined some of the ways this will take place.

In partnership with the OPP, the Mobile Crisis Team is working to enhance the crisis response process for mental health calls by adding professionals and clinical staff to those attending. This will now include two registered nurses who will provide assessment of medical conditions which can contribute to an emerging crisis and impact the decisions made about the right care options.

Mobile Crisis Team staff will be also be co-located with the OPP detachments in Pembroke and Renfrew. This will allow for spontaneous and coordinated co-response to calls, as well as pro-active visits with at-risk individuals throughout Renfrew County before a crisis emerges.

The Ontario Provincial Police (OPP) has already received Crisis Intervention Training which helps police recognize when mental health and/or addiction is an important component of a call, and when it’s beneficial to involve mental health professionals.

Continued on Page 3

Pembroke Regional Hospital Welcomes Seventh Radiologist

The Pembroke Regional Hospital is pleased to welcome a seventh radiologist to its Diagnostic Imaging team with the arrival of Dr. Stephanie Kenny.



Dr. Stephanie Kenny

Originally from a small town outside of Kingston, Dr. Kenny joins colleagues Dr. Raluca Antonescu, Dr. Abe Choi, Dr. Fred Matzinger, Dr. John Menzies, Dr. Pawel Stefanski and Dr. Marlene Van Gentevoort and establishes a full time practice at PRH.

“Dr. Kenny comes to our department after completing a fellowship at Brigham and Women’s Hospital at Harvard University. Her renowned sub-specialty training compliments our existing group of radiologists and allows us to continue to serve the community, particularly in performing interventional procedures and interpreting complex body imaging,” said Dr. Choi, Chief of Diagnostic Imaging.

Dr. Kenny completed her undergraduate studies in Life Sciences at Queen’s University before transferring to the University of Ottawa where she earned her medical degree and completed her radiology residency.

“Since my early days of medical school, I knew I wanted to become a radiologist. We are the ultimate problem-solvers and detectives, putting together all the information to make the diagnosis. Sometimes our work keeps us behind the scenes, but we play a critical role in guiding treatments and communicating with other doctors,” Dr. Kenny said.

She was first introduced to PRH during a residency elective experience where she said she was impressed by the high calibre of diagnostic work performed in the department, as well as the hospital’s collegial work environment.

“I think the Pembroke Regional Hospital is a fantastic place for a new doctor to set up shop. In particular, the Diagnostic Imaging department here punches well above its weight in terms of the variety and quality of services offered including highly-specialized MRI protocols,” Dr. Kenny said.

She comes to PRH with extensive healthcare leadership experience, previously serving as the President of the Professional Association of Residents of Ontario (PARO). She is a recent recipient of the Ontario Medical Association (OMA)’s Resident Achievement Award and her research on defining the value of radiology and establishing departmental cost-savings won first place at the 2018 Canadian Association of Radiologists (CAR) scientific meeting.

“Radiologists receive comprehensive training in nearly all specialties of medicine. I am especially excited about the opportunity at PRH to take advantage of the full complement of my training to provide full-service general radiology, including interventional procedures.”

Dr. Kenny is married to an Officer with the Canadian Special Operations Regiment (CSOR) stationed at Garrison Petawawa.

PRH Partners With The University Of Ottawa Heart Institute For Cardiac Sonography Services

The University of Ottawa Heart Institute has partnered with Pembroke Regional Hospital to provide clinical oversight for the local Cardiac Sonography (echocardiogram) program.

Cardiac Sonography is a diagnostic test involving ultrasound of the heart.

Until now, long-standing PRH radiologist Dr. John Menzies has performed this role, said Diagnostic Imaging Director Jim Lumsden. “With Dr. Menzies transitioning to retirement, cardiologist Dr. Steven Promislow of UOHI is taking the lead as Medical Director, supported by a team of seven additional cardiologists who can share the workload and help sustain the program.”

Noting that his fellow clinicians are happy to maintain this service in Pembroke, Dr. Promislow spoke positively about the long-standing history of this program in the local community and its successful track record.

“The quality of the studies here is excellent,



From left, Kerrie-Lynne Wilson, Jim Lumsden, Dr. Steven Promislow and Dr. John Menzies.

the product is great, and the need is great,” he said.

Dr. Menzies said that having a group of cardiologists in place through the new collaboration will make the longevity of the service that much more secure. “I’ve always believed that our echo services are excellent, but they are more difficult to sustain with only one person.” **Continued on Page 3**



A WORD FROM OUR NEW PEMBROKE REGIONAL HOSPITAL FOUNDATION EXECUTIVE DIRECTOR, ROGER MARTIN



Since the start of my journey at the PRHF this fall, I have had the great pleasure of personally observing the passion that drives our Pembroke Regional Hospital. From physicians, nurses and staff to volunteers at the Hospital, the Auxiliary and the Foundation, our Hospital is comprised of compassionate community members, dedicated to caring for the people of the Ottawa Valley.

I have learned about the unique services offered at the Pembroke Regional Hospital (stroke treatment, birthing units, the regional MRI, and orthopaedic services, to name a few) that ensure local families can receive vital care closer to home, and I am proud to be of service to help interested community members be part of shaping health care for Renfrew County families.

Despite having over a decade of experience in charity work under my belt, I continue to be humbled and moved by the generosity of our communities. Gifts come in all shapes and sizes—some give property or stock, others give their time and expertise, and some plan their gifts for down the road, in their Wills. When I asked one Hospital donor why she and her spouse continue to give annually to the Foundation, her reply was simple: “I may need to use the Hospital someday and I want you to still be there for us.” To this donor and all others, thank you. Your gift to your PRH Foundation benefits us all to better equip our Regional Hospital with the best-in-class health care programs and services. Most sincerely, Roger Martin



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Thank You to Our Supporters & Sponsors

Together, we raised over \$25,000 to support cutting edge health care at the Pembroke Regional Hospital.



Turkey Trot Committee (from left): Sam Moreau, Matt Neadow, Kim Neadow, Lisa Bradley, Sonya Silver, Roger Martin, MJ Beier, May Seto, Lorraine Pecoskie, Andrew Connors (volunteer), Sarah Neadow, Adam Dezan (volunteer), Karolyn Xie, Sarah Selle (missing: Beth Brownlee, Dianne O'Connor, Sabine Mersmann)

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UPCOMING FOUNDATION EVENTS



Dec 7 5th Annual Dobbs Family Festive Home Tour
This year with the Hoffman Family Home

Contact the PRHF for tickets: \$25 in advance, \$30 at the door

Black & White Gala

Thank you to all sponsors, attendees and volunteers who made the 2019 Black & White Gala such a shining success.

Together, we raised over \$182,000 towards ensuring continued excellence in programs and services at the Pembroke Regional Hospital.

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Committee Members (back to front, from left):

Angie Lapointe, Denise Dionne, Marianne Minns, Laura Carroll, Lisa Edmonds, MJ Beier, Donna Saal, Karolyn Xie, Sarah Neadow, Nicole Popkie, Victoria Sweet, Roger Martin, Lynda Dobbs (Missing from picture: Marcey Stefanski)

YES, I WANT TO SUPPORT THE CUTTING EDGE CAMPAIGN



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PRH Partners With UOHI...Continued from Front

And he added that Cardiac Sonographer Kerrie-Lynne Wilson will have new opportunities for professional development and training while backed by a large team from UOHI.

Pembroke Regional Hospital's Vice-President of Patient Services – Seniors and Community Care Sabine Mersmann said that an additional benefit of this partnership is the opportunity to explore possibilities for expanded service delivery. "Especially when you look at the health profile of Renfrew County – a lot of residents are at high risk for heart-related illness and disease,

so there is no shortage of need for diagnostic tests like this," Ms. Mersmann said, noting that in cardiac sonography alone there are 1,700 tests being done per year.

In order for the partnership to take place, Ms. Mersmann said that the Information Technology teams at PRH and UOHI had to work together upgrading technical equipment so that both sites were compatible and that the UOHI physicians could access and read the images taken in Pembroke.

Hospital's Independent Living Suite Provides Rehabilitation Patients with Unique Learning Space



From left, Merrile Vibert, Occupational Therapist Sonya Silver, Joanne Christopher, Margaret Kauffeldt, Occupational Therapist Alison Morris and Beatrice Campbell.

For nearly 15 years, patients with a goal to return home following rehabilitation have been able to practice activities of daily living in the Pembroke Regional Hospital's Independent Living Suite (ILS).

Housed on the hospital's first floor as part of the Rehabilitation unit, the Independent Living Suite is a functional home-like setting for therapeutic activities and assessment. "It includes a kitchen, living room, bedroom and bathroom, and it offers the therapists a space to assess and provide therapy which concentrates on building abilities for patients so that they can return home safely and independently," said Dean Quade, Clinical Manager of the hospital's Rehabilitation program.

The space allows occupational and physical therapists to show patients and families how they might be able to make their own home environments more accessible with some basic equipment like grab bars, transfer poles, and bathroom equipment.

In the past two years alone, nearly 600 patients have been admitted to the Rehabilitation program, with many of them using the ILS for various aspects of their care.

"Both individual and group therapy activities take place in the ILS such as practicing cooking and learning how to transfer in and out of bed; skills that can help patients become more independent and safe as they transition to their home," Mr. Quade said.

Deep River resident Joanne Christopher

recently took part in a cooking class on the unit and felt she greatly benefited from use of the space. "I was shown techniques to conserve my energy, achieve my goals and maximize my independence," Ms. Christopher said, in addition to learning how to create a safe environment in her kitchen.

"Rehabilitation is more than walking and physiotherapy," said Occupational Therapist Sonya Silver. "It's being able to do meal prep in a proper kitchen, using a bathroom with a regular tub, and assessing all activities of daily living."

In the ILS, patients have an opportunity to use and trial a variety of adaptive equipment prior to leaving the hospital setting; items such as adaptive cutting boards and utensils so that they can determine if those types of items could make things easier at home.

The Independent Living Suite's bedroom has a regular double bed as well as a support pole used for assistance in getting in and out of bed. Ms. Silver said that since this is the only area in the hospital that houses such equipment, patients from other units also use this for assessment and practice as needed.

"Overall, the ILS enables us to assess if patient goals have been met prior to discharge. We are able to run different scenarios based not only on an individual's circumstances, but also their needs and the needs of their family," Ms. Silver said. She added that this facility which is unique to Renfrew County, is used by all stroke patients to help in fulfilling their care plans and discharge goals.

PRH Physiatrist Dr. Debbie Timpson said that both patients and caregivers have benefited from time spent in the ILS. "Patients and caregivers spend most of their time on the Rehab unit in an accessible space, with 24-hour support. The thought of going home on a pass or at discharge can be very overwhelming as most environments are not as accessible and do not have such support. For those patients and caregivers who are concerned about this, a 24-48 hour stay in the ILS to practise tasks like washing, dressing, transferring, and cooking, while still having access to a call bell system to immediately reach staff should a problem develop, helps to build confidence and provides reassurance," Dr. Timpson said.



THE HEART

OF PEMBROKE REGIONAL HOSPITAL

Volunteers enhance the quality of life for patients, clients, family members, visitors and staff each and every day.

Recently, as part of a modernization project, the hospital's Tower C elevator was replaced. The project spanned several months, from May to September of this year. During this time, a number of volunteers who assist with hospitality and wayfinding throughout the hospital took on additional assignments to ensure patients and visitors could find their way to and from appointments. Their dedication and support during this time was much appreciated.

Thank you to all volunteers who contributed to this effort: Hal Brown, Teresa Cunningham, Doug Kent, Mariel Manabat, David Metzger, Anne Miller, Rilak Patel, Donald Peever, Shirley Purvis, Lorna Roel, Marleen Schleen, Marilyn Schooley, Peggy Stanley, Mitch Stillman and Ben Wassink.



From left, Marlene Schleen, Hal Brown and Mariel Manabat.

If you or someone you know is interested in learning more about volunteer opportunities at Pembroke Regional Hospital, please contact:

Janna DesRoches

(613) 732-2811, extension 6755

janna.desroches@prh.email

www.pembrokeregionalhospital.ca/volunteer

Auxiliary Donates \$57,000 To Pembroke Regional Hospital



At the PRH Auxiliary's October 4th sold-out Fall Fashion Show and Luncheon, a cheque for \$57,000 was presented to PRH Board member Sheila Clarke, right, by Sunshine Gift Shop Manager Brenda Long, left, Assistant Treasurer Beth Guimond, Treasurer Helene Giroux and President Diana Gagne.

The donation is a contribution towards the group's \$500,000 pledge to upgrade the Surgical unit and assist with the cost of orthopaedic equipment.

A total of \$159,000 remains to be paid.

Mental Health Services Receives \$1.1 Million In New Funding...Continued From Front

Inspector Colin Slight who is the Detachment Commander for Renfrew OPP said that the PRH is excited to be moving forward with a new and enhanced collaborative response model in support of those within the community who are dealing with mental health and addictions issues.

The Mobile Crisis Team will also be supporting emergency departments in Pembroke and Renfrew. Assigning a dedicated MCT resource for these two sites to assist those in mental health crisis will help reduce the client wait time in the ED and provide assessment and system navigation support.

The new funding will also support additional "crisis beds" in the community. Housing plays an

important role in health and recovery. The Crisis Bed program provides short-term housing to those at risk of homelessness, until such time as longer term housing plans can be put in place.

Together with housing support, crisis clients will receive the assistance of a new Transition Support Team comprised of a social worker, a housing support worker, an addictions counsellor, a case manager and a Court Diversion worker.

"We are extremely pleased to see this additional investment for crisis mental health programming in our community," said Crown Attorney Jeff Richardson. "The new positions will provide us with better opportunities to work with our partners to ensure that those who are in

conflict with the law and who also have mental illness are dealt with in a manner that takes their mental illness into account, holds them accountable for the offences they commit and protects the public by offering ongoing support and supervision," Mr. Richardson said.

Mr. Noel said that, overall, the \$1.1 million investment will allow for significant advancement in the mental health and addictions programs offered in our region. "Our team is excited to see these service and partnership enhancements. These should result in reduced ED visits, and improved connection to the right care at the right time, as well as a better outcome for the clients and their families," Mr. Noel said.

PRH Partners With Algonquin College To Train Cardiac Sonographers

Supporting increased regional access to Diagnostic Cardiac Sonography services, a subspecialty of ultrasound that looks at the heart, the Pembroke Regional Hospital has teamed up with Algonquin College to offer a 52-week Cardiac Sonographer program with guaranteed clinical placement spots at PRH.

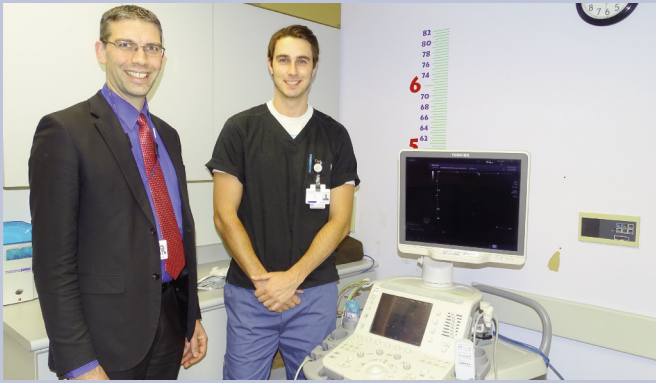
The program, which began last September, will see the graduation of 24 Cardiac Sonographers at the end of November.

“Currently, due to a nation-wide shortage of Cardiac Sonographers, there are long wait times for this type of diagnostic test which is a core service,” said Jim Lumsden, Diagnostic Imaging Director at the Pembroke Regional Hospital, adding that since there are no local colleges or universities offering such a program, recruitment opportunities have been limited.

Recognizing the importance of such a service for more acutely ill patients, Mr. Lumsden said that discussions around offering this program have been ongoing for many years between Algonquin College and the Champlain Local Health Integration Network (LHIN) Diagnostic Imaging Community of Practice.

“Our hospital made a commitment to Algonquin College that we would provide clinical placement opportunities, in collaboration with our other health care partners across the Champlain LHIN, if they could develop the Diagnostic Cardiac Sonography program,” Mr. Lumsden said.

Dr. Erin Stitt-Cavanagh, Chair of Algonquin College’s Allied Health department said the Diagnostic Cardiac Sonography (DCS) program was created in response to feedback received from community stakeholders like PRH.



Jim Lumsden, left and Tyler Neville

“The DCS program now complements our diagnostic imaging cluster of programs, which also includes Diagnostic Medical Sonography and Medical Radiation Technology,” Dr. Stitt-Cavanagh said.

The program spans four semesters with the first two 14-week semesters taking place at Algonquin’s Ottawa Campus and the last two 12-week semesters allowing for clinical placement rotations.

Dr. Stitt-Cavanagh said this program could not run without support from community partners. “The strong commitment from organizations like

the Pembroke Regional Hospital ensures that we are preparing graduates to move into the workforce. While we do intensive scan training on campus there is simply no equivalent to what a student would experience in the clinical setting.”

“Through Jim Lumsden, the Pembroke Regional Hospital has been a key stakeholder in starting up this program and we look forward to a long future where we can best prepare students for careers working in the Ottawa Valley,” she said.

Mr. Lumsden said the program offers a great career opportunity for those from the area who want to find work in an in-demand field, or those who would like to return to school and gain more skills in order to be able to take on more complex roles – individuals such as Tyler Neville who will soon complete the new program.

“It was not until I was working at PRH as a clerk in Diagnostic Imaging that I found my calling in Diagnostic Cardiac Sonography,” Mr. Neville said. “I chose this path based on my knowledge of and passion for health sciences, the new program being offered in Ottawa via Algonquin College and the fact that it would provide me with a great career opportunity in a field that is forever adapting.”

He adds that he has enjoyed the structure of the course with a good mix of theory and hands-on learning and has appreciated the experience gained through clinical rotations at PRH.

Patients With Life-Limiting Illness Now Benefit From A Palliative Approach To Care

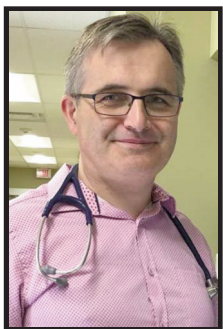
In past practice, an individual with a life-limiting illness would be actively treated until no more could be done, at which point they would be classified as “palliative” and cared for with comfort measures while awaiting death.

However, over the last five to 10 years, medical professionals have recognized that a sudden shift to “palliative care” wasn’t the best approach, and wasn’t of benefit to the patient or the individual’s family. Instead, they have learned that, in certain situations, it is best to take an earlier palliative approach to care and treat the patient holistically.

“Integrating palliative care early is a culture shift that our team has been promoting and practicing for many years now,” said Nurse Consultant Erin McCabe of the Champlain Regional Palliative Consultation Team. “We know that the medical research tells us patients have better outcomes with respect to comfort both physically and emotionally when a palliative care approach is initiated early on in the illness trajectory. We see the benefits in our day to day practice as well,” she said.

For example, a person with advanced COPD (Chronic Obstructive Pulmonary Disease) may be struggling physically with shortness of breath, have financial concerns related to being off work, and their loved one(s) may be getting burned out caring for the person and maintaining the household.

When treated with a palliative approach to care that includes a holistic assessment, Ms. McCabe said it may be determined that this person requires medication adjustments or additions, access to palliative volunteers to allow the caregiver time to leave the house to run errands or for leisure time, and this person might need personal support services to help with personal care if he or she isn’t able to do this independently. All of these work to improve a person’s quality of life which will allow that person to live the best they can until the time of their death.



Dr. Declan Rowan

“A palliative approach to care is totally patient-centred and it enables individuals to have both an opportunity and time to prepare for death – financially, emotionally and spiritually, as well as preparing their families. It allows patients to be in control of things as much as possible,” said Dr. Declan Rowan, a hospitalist at the Pembroke Regional Hospital who has a strong interest in palliative and end-of-life care and is a strong advocate for both in the region.

Conversations on this matter between a patient, a physician and sometimes the substitute decision maker are often initiated around the time of diagnosis of a life-limiting illness and cover such aspects as the incurable and/or progressive nature of the illness, the medical care plan and the individual’s wishes, values and goals which are often part of advance care planning.

He noted that palliative care has become a priority topic for healthcare organizations in the last year or two, especially since Health Quality Ontario developed a set of guidelines for the revised approach.

“There are now a lot of tools available to clinicians that help with early identification of those who would be best suited to a palliative approach to care – often those who are older and living with two or more life-limiting medical issues such as cancer, congestive heart failure, COPD, dementia or

Parkinson’s,” Dr. Rowan said, adding that a palliative approach to care is not about “giving up”.

Dr. Rowan cited another example in which an individual is living with heart failure - a chronic, life-limiting illness which, while possible, is actively treated. The reality, however, he said, is that a patient with this condition will get more symptomatic, more weak and more frail over time. “In the palliative approach to care, we treat the shortness of breath and mobility difficulties, but at the same time we speak about what’s important to the patient – what are their end-of-life goals, what are their wishes and what are their values,” he said.

In some cases, patients value their independence and don’t want to end up back in hospital – they want to stay at home. Others may have a goal in mind, like being able to attend a special function like a grandchild’s wedding.

“The palliative approach to care enables the start of conversations like this with family and a patient’s family physician so that in the end, their wishes and valued are respected,” Dr. Rowan said.

In fact, he said, having a conversation with family about advance care planning is something that everyone should do, regardless of age or health status. Advance care planning is all about preparing a guide for an individual’s substitute decision maker that will assist when the time comes to need it.

“This has nothing to do with Advance Directives – or the decision to resuscitate or not,” Dr. Rowan said. “It’s a fact that in the last two weeks of life, 90% of decisions about an individual are made by somebody else and it’s important that that decision maker knows and understands your values, wishes and care goals.”

Speak Up Ontario is a complete advance care planning workbook that is available online free of charge.

Since implementing the palliative approach to care, Dr. Rowan said that feedback from patients and families has been good.

“Earlier palliative care has been shown to improve quality of life, reduce psychological distress and allow patients to make better care decisions – decisions that are consistent with the patient’s prognosis and goals of care.”

Dr. Scott Murray who recently retired from urology and transitioned into the provision of palliative care in the community noted that palliative care has become more than just a treatment of the symptoms of terminal illness. “It’s about caring for the dying and their family and loved ones. At some point, we all accept death’s inevitability...palliative care is part of the journey to that end.”