

# PG HOSPICE PALLIATIVE CARE SOCIETY

## BRIEFING NOTE FOR PRINCE GEORGE MAYOR AND COUNCIL

### HOME HOSPICE PROGRAM

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#### PROGRAM STARTED APRIL 2023

Funding supported by PGHPCS, and community grant. No government funding

Funding requested to NHA for 24/25 denied: *Rational “they are working on their own palliative strategy”*

Planned outcomes and measures for Home Hospice

1. Reduction in hospitalizations for individuals opting for home-based end-of-life care.
2. Decrease in emergency crisis visits.
3. Reduction of caregiver stress and burden.
4. Improvement in the quality of life during the dying process.

Length of Stay in Home Hospice Program	average 21 days
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Crisis Calls at night for staff	19
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Percentage of clients who had a home death	71%
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Percentage that had hospital/ ER death	0
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Percentage that had a Hospice House Death	29%
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Financial Saving to NHA

Client Days	1100
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Hospital Days Saved	551
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Crisis call and ER visits averted	20
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**FINANCIAL 20234/24**

Hospital days saved	551 day	saving	\$1,102,000
Cost of Home and Community Care		Home Support	\$124,875
		<u>Home Care Nurse</u>	<u>\$110,000</u>
Total Cost Saving to NHA			\$1,336,875.00
PGHPCS Home Hospice Cost			\$500,546

**FINANCIAL FORECAST 24/24**

Hospital days saved	1460 day	saving	\$2,920,000
Cost of Home and Community Care		Home Support	\$328500
		<u>Home Care Nurse</u>	<u>\$292,000</u>
Total Cost Saving to NHA			\$3,540,500
PGHPCS Home Hospice Budget			\$ 919.327

**TIME IN HOURS HOME & COMMUNITY CARE SAVED TO SUPPORT ACUTE CARE CLIENTS**

Home Nursing	4,380 hrs per year
Home Support	6,570 hrs per year





PRINCE GEORGE  
**HOSPICE**  
PALLIATIVE CARE  
SOCIETY

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# THE PRINCE GEORGE HOSPICE PALLIATIVE CARE SOCIETY

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A Brief Overview for Prince George Mayor and Council .

APRIL 22, 2024

PGHPCS

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## Table of Contents

A Brief Overview for Prince George Mayor and Council .....	0
Rotary Hospice House.....	3
Key Features.....	3
Community Impact.....	4
Home Hospice .....	4
Program Objectives.....	5
Comprehensive Care Team .....	5
Key Features.....	5
Testimonials .....	6
Financial Considerations .....	6
Current Challenges and Financial Implications in Health Care:.....	6
Benefits of Hospice Palliative Care.....	7
Cost Efficiency.....	7
Effective Interventions.....	7
International Comparisons .....	7
Conclusion.....	8
Cost Comparisons .....	8
Community Programs .....	9
Current PGHPCS Community Programs.....	10
The Future Goals of PGHPCS .....	12
Difference between Hospice Care and Palliative Care .....	12
Introduction to a Palliative Centre .....	13
Objectives.....	14
Potential Services.....	14

Conclusion.....	15
Update April 2024: .....	16

## Rotary Hospice House

The Prince George Rotary Hospice House is a significant healthcare facility that holds a unique place in British Columbia's history. Established in 1995, it owes its existence to the generous funding provided by the local Rotary Club, showcasing the power of community involvement in healthcare initiatives. Notably, it stands out as the first stand-alone hospice house in British Columbia, setting a precedent for end-of-life care in the region.

### Key Features

1. **Innovative Approach:** The Prince George Rotary Hospice House (RHH), being the first stand-alone hospice in BC, represents a pioneering approach to end-of-life care, emphasizing a holistic and community-driven model.
2. **Facility Size and Capacity:** With a capacity of 10 beds, the facility serves as a vital resource for individuals and families facing life-limiting illnesses in the Prince George community.
3. **Community Support:** The pivotal role played by the local Rotary Club in providing financial support underlines the community's dedication to improving healthcare services and enhancing the quality of life for those in need. Through the generous support of the Prince George community we provide compassionate care in our community with limited public funding.
4. **Communal Spaces:** The inclusion of communal spaces, such as a large kitchen, fosters a sense of community and togetherness. The emphasis on shared meals contributes to a supportive and comforting environment.
5. **Holistic Amenities:**
  - **Fitness Room:** Promoting overall well-being, the fitness room reflects a commitment to supporting residents' physical health during their stay.

- Play Room: Recognizing the importance of family, the playroom offers a space for children ensuring a supportive environment for families facing difficult times.
- Spiritual Room: Catering to diverse needs, the spiritual room provides a tranquil space for reflection and solace.
- Backyard labyrinth
- Family Room: Recognizing the significance of family presence, the family room enables relatives to stay close by, fostering a supportive and connected atmosphere along with helping to defer the costs that supporting a dying loved one incurs.

## Community Impact

The Prince George Rotary Hospice House stands as a testament to the power of local communities to create lasting and impactful change in healthcare. Beyond providing essential end-of-life care, it symbolizes the spirit of compassion, community collaboration, and the pursuit of innovative solutions to healthcare challenges.

As a founder in stand-alone hospice care in the province, the Prince George Rotary Hospice House continues to play a vital role in shaping the landscape of compassionate and dignified end-of-life care in British Columbia.

## Home Hospice

In response to the profound need observed in individuals experiencing complex grief due to loved ones being transported to the hospital in times of crisis, our organization, with support from a comprehensive expert stakeholders group, introduced the Home Hospice program.



## Program Objectives

Reducing Hospitalizations and ER Visits: Home Hospice is strategically designed to minimize hospitalizations and emergency room visits, offering a supportive alternative for individuals with a prognosis of three months or less.

Preferred Place to Die: Prioritizing the individual's wishes, the program facilitates a peaceful transition at the place of their choosing, preserving dignity and comfort.

## Comprehensive Care Team

- **Nursing Staff:** A dedicated team of Registered Nurses (RN) and Licensed Practical Nurses (LPN) is available 24/7, providing continuous clinical support.
- **Personal Care Worker:** Complementing the nursing staff, a personal care worker is present 12 hours a day, addressing the diverse needs of individuals in the program.
- **Family Physician Involvement:** Recognizing the importance of primary care, the Home Hospice program integrates the individual's family physician into the care team. This ensures a seamless continuum of care, with the family physician offering valuable insights into the individual's medical history, preferences, and personalized care needs.
- **Grief Counselor:** An integral part of the care team, the grief counselor provides essential support to individuals and their families, addressing the emotional challenges associated with end-of-life care.
- **Volunteers:** Emphasizing the community aspect, volunteers play a vital role in enhancing the overall support system for individuals and their families.

## Key Features

Symptom Management: Home Hospice prioritizes symptom management, aiming to provide comfort and dignity throughout the end-of-life journey.

Caregiver Support: Acknowledging the crucial role of caregivers, the program offers focused support to help them navigate the challenges they may encounter.

Psychosocial Support: The program provides comprehensive psychosocial support, addressing emotional, spiritual and psychological aspects, while promoting overall wellbeing. Acknowledging and supporting anticipatory grief of friends and family.

The integrated approach of the Home Hospice program, with the involvement of the family physician, further ensures that medical care aligns seamlessly with the individual's unique needs and preferences. This collaborative model seeks to empower individuals and their families, fostering a compassionate and dignified environment during the challenging transition at the end of life.

## Testimonials

- "service was excellent"
- "We were so supported, and are thankful for the help"
- "Our Dad couldn't have been at home without you"
- "You went the extra mile for us"

## Financial Considerations

The financial landscape of end-of-life care in Canada reveals significant gaps and rising costs. Hospice Palliative care, designed to enhance the quality of life for individuals with severe illnesses, aims for comfort while mitigating the burden of costly and potentially inappropriate interventions. The C.D. Howe Institute review sheds light on the fiscal implications of end-of-life care practices and explores avenues for improvement.

[https://www.cdhowe.org/sites/default/files/202110/Commentary\\_608.pdf](https://www.cdhowe.org/sites/default/files/202110/Commentary_608.pdf)

## Current Challenges and Financial Implications in Health Care:

- Limited Palliative Care Access

The majority of Canadians do not receive palliative care, resulting in increased reliance on acute care.

- Financial Impact of Acute Care

The cost of healthcare delivery surges in the final months of life due to a prevalence of acute care, specifically in hospital admissions and emergency room visits.

- Financial Disparities

Acute care costs in the last 30 days of life in Ontario spike by 181 percent, overshadowing the comparatively modest increases in outpatient and continuing care costs.

- Patient Preferences vs. Actual Care

Despite 87 percent of Canadians expressing a preference for end-of-life care at home, the utilization of acute care remains high, leading to financial burdens.

## Benefits of Hospice Palliative Care

### Cost Efficiency

Palliative care, when provided in community settings, reduces hospitalizations, emergency room visits, and deaths in hospitals, resulting in lower healthcare costs.

### Effective Interventions

Hospice Palliative care interventions, such as 24/7 telephone access, medication support, home visits, and discussions on prognosis and advanced care planning, effectively reduce hospital visits.

## International Comparisons

1. Hospitalization Rates

Canada demonstrates higher rates of hospitalization in the last three months of life compared to England, the Netherlands, and the US.

## 2. Place of Death

A considerable percentage of Canadians die in hospitals, surpassing rates in England, the Netherlands, and the US.

## Conclusion

Addressing the financial challenges in end-of-life care necessitates a shift towards greater palliative care access, aligning care delivery with patient preferences, and implementing cost-effective interventions. The financial burden of acute care can be mitigated by prioritizing community-based hospice palliative care, contributing to both improved quality of care and fiscal responsibility.

## Cost Comparisons

Rotary Hospice House			
	Cost of Bed/day	Expense	
RHH	\$631 actual	*\$2,301,624	
NHA	\$1,400 2019 rate	\$5,110,000	
		difference	\$2,808,376
<i>*Based on 10 pts per day for 1 year</i>			
Home Hospice			
Home Hospice		\$500,546	
NHA		\$1,336,875 +H&CC costs	
		difference	\$836,329+
<i>*Reduction of potential hospital stays by 50%- H&amp;CC cost not calculated</i>			
Total Value vs Government Spend			
	NHA value	\$7,665,000 +	
	Government Spend	\$1,498,067	
	Full cost saving to NHA	\$6,166,933 +	

NHA cost for H&CC unavailable \*

## Community Programs

Participation in grief and bereavement programs can offer various benefits in reducing mental health issues for individuals coping with loss. Here are some of the key advantages:

- Emotional Support

Reduced Isolation: Grief programs provide a supportive environment where individuals can connect with others who have experienced similar losses. This helps combat feelings of isolation that often accompany grief.

- Coping Strategies

Skill Development: These programs often teach coping strategies and techniques to navigate the grieving process effectively. This can empower individuals with practical tools to manage their emotions and challenges.

- Normalization of Grief

Validation: Grief programs help normalize the grieving experience by acknowledging that grief is a natural response to loss. This validation can reduce feelings of guilt or inadequacy.

- Expression of Grief

Encouraged Expression: Grief programs often provide a safe space for individuals to express their emotions openly. Encouraging the healthy expression of grief can prevent the suppression of feelings, reducing the risk of mental health issues.

- Peer Support

Shared Experience: Interacting with others who are going through similar experiences in grief programs fosters a sense of camaraderie and shared understanding. Peer support can be invaluable in navigating the complexities of grief.

## ,Prevention of Complicated Grief

Early Intervention: Grief programs can facilitate the early identification of individuals at risk of complicated grief reactions. Timely intervention through these programs may help prevent the development of more severe mental health issues.

- Education about Grief

Understanding the Process: Grief programs often educate participants about the normal stages of grief, helping them understand that it is a multifaceted and evolving process. This knowledge can reduce anxiety and uncertainty.

- Fostering Resilience

Building Resilience: Engaging in grief programs can contribute to the development of emotional resilience. Learning to adapt and cope with loss builds inner strength and facilitates better mental health outcomes.

- Continued Support

Long-Term Assistance: Grief programs often offer ongoing support, recognizing that the grieving process is not linear. Continued assistance can help individuals cope with the ups and downs of grief over an extended period.

By addressing the emotional, psychological, and social aspects of grief, these programs play a crucial role in supporting individuals, reducing the risk of mental health issues, and promoting a healthier adjustment to life after loss.

## Current PGHPCS Community Programs

### Adult Grief and Bereavement

- Drop-in
- Formal 8 Weeks session
- Greif and Grub for Guys ( formal men's program)

### Family Grief Program

- Drop-in for children weekly
- Formal sessions to support families together; formal program for parents and children to grieve together

### Opioid Support Group;

- For families that have lost a loved one from opioid poisoning

### Caregiver programs

- Drop in Support group
- One on One support

### COVID Long Hauler

- Onsite and virtual support group for people with COVID Long Haul.

### Rec Room

- A space for those who grieve instrumentally. Inspired by the Man Shed movement this space allows for people to gather and support each other through their grief.

### Crisis Support

- Able to respond to organizations that have experienced the unexpected death of a colleague or employee.

### Outreach

- Providing education and support to the 9 rural and remote hospices in Northern BC.

### Advanced Care Directive Education

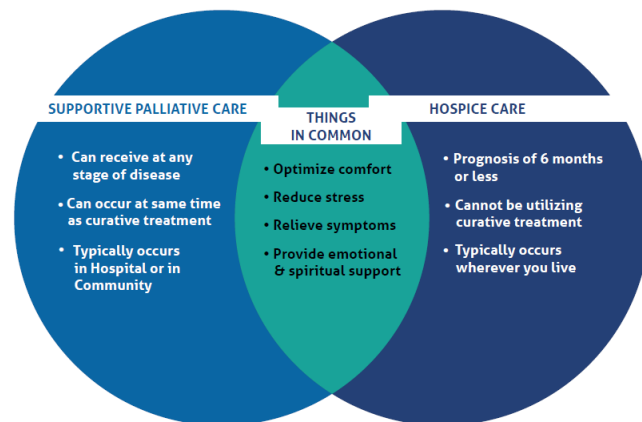
- Developed a manual and provided forums for people to plan for, and make decisions for when they are dying or dead.

# The Future Goals of PGHPCS

## Difference between Hospice Care and Palliative Care

Hospice care and palliative care are both specialized approaches to providing comprehensive care and support to individuals with serious illnesses. While there are similarities between the two, there are also important distinctions. Here are the main differences:

### Comparison of Supportive Palliative Care vs. Hospice Care



#### 1. Goal and Focus

- **Hospice Care:** Hospice care is specifically designed for individuals with a terminal illness or a life expectancy of six months or less. The primary goal of hospice care is to provide comfort and improve the quality of life for patients in their final stages of life. It emphasizes pain and symptom management, as well as emotional, spiritual, and psychosocial support for both patients and their families.
- **Palliative Care:** Palliative care, on the other hand, can be provided at any stage of a serious illness, regardless of life expectancy. Its focus is on improving the quality of life for patients by addressing their physical, emotional, social, and spiritual needs. Palliative care aims to alleviate symptoms, manage pain, and support patients and families in making informed decisions about their care. It can be provided alongside curative or life-prolonging treatments.

#### 2. Timing and Eligibility

- **Hospice Care:** Hospice care is typically accessed when curative or life-prolonging treatments are no longer effective or desired. Patients usually enter hospice care



when their illness has advanced to a point where recovery is unlikely, and they choose to shift the focus from curative measures to comfort care.

- Palliative Care: Palliative care can be initiated at any stage of a serious illness, from the time of diagnosis through treatment and beyond. It is not dependent on the prognosis or life expectancy of the patient. Palliative care can be provided alongside curative treatments, allowing patients to receive both disease-directed therapies and symptom management simultaneously.

### 3. Setting

- Hospice Care: Hospice care is often provided in dedicated hospice facilities, hospice inpatient units, or the patient's own home. These settings are designed to offer a supportive and comfortable environment for end-of-life care. Hospice care can also be provided in hospitals or nursing homes, depending on the patient's needs and preferences.
- Palliative Care: Palliative care can be delivered in various settings, including hospitals, outpatient clinics, long-term care facilities, and home-based care. It is a more flexible and adaptable approach that can be integrated into different healthcare settings based on the patient's needs and the availability of resources.

Despite these differences, both hospice care and palliative care share a common commitment to providing comfort, relief from symptoms, and support to patients and their families during challenging times.

## Introduction to a Palliative Centre

Palliative care is an essential component of healthcare for patients with life-limiting illnesses. It provides support for patients and their families, aiming to improve their quality of life by managing pain and other symptoms, and addressing their psychosocial, spiritual, and emotional needs. However, many patients and families still do not receive adequate palliative care services, especially in low-income countries. Therefore, we propose the

establishment of a Palliative Care Centre that includes day hospitals and clinics to meet the needs of patients and families in our community.

## Objectives

The main objectives of the Palliative Care Centre are to:

1. Provide holistic, patient-centered care for patients with life-limiting illnesses, including symptom management, psychosocial, spiritual, and emotional support, and end-of-life care.
2. Support people to stay in their homes.
3. Reduce reliance on Emergency and acute care settings.
4. Improve access to palliative care services for patients and families in our community, including those with limited financial resources.
5. Improve quality of life for those with a palliative diagnosis.
6. Enhance the knowledge and skills of healthcare providers in the provision of palliative care, through training and education programs.

## Potentail Services

The Palliative Care Centre will provide the following services:

1. Day hospitals: A day hospital is a facility where patients can receive comprehensive palliative care services during the day, without being admitted to a hospital. The day hospital will have a multidisciplinary team of healthcare providers, including palliative care physicians, nurses, social



workers, and chaplains, who will work together to provide patient-centered care. The day hospital will offer services such as pain and symptom management, counseling, rehabilitation, and spiritual care.

2. Clinics: The Palliative Care Centre will have outpatient clinics where patients can receive medical consultation, symptom management, and psychosocial support. The clinics will be staffed by palliative care physicians and nurses, who will work closely with primary care physicians and specialists to provide comprehensive care.



3. Home-based care: The Palliative Care Centre could provide home-based care services for patients who prefer to receive care in their homes. The home-based care team will include palliative care nurses and social workers, who will provide symptom management, counseling, and support for patients and families.

4. Education and training: The Palliative Care Centre will provide education and training programs for healthcare providers, including physicians, nurses, and other allied health professionals. The education and training programs will include topics such as pain and symptom management, communication skills, and end-of-life care.
5. Respite Care: The Centre could potentially offer respite care to support both the patient and the caregiver. There would be allocated days and emergency options to help caregivers in crisis.

## Conclusion

The establishment of a Palliative Care Centre that includes day hospitals and clinics will provide comprehensive, patient-centered care for patients with life-limiting illnesses. It will improve access to palliative care services for patients and families in our community and enhance the knowledge and skills of healthcare providers in the provision of palliative care.

**Update April 2024:** advisory group established to undertake a feasibility study on Palliative Care Centre in Prince George.

We have engaged the researches at UNBC to provide a literature review of current practices across Canada

A Survey across the community was conducted to understand the public's understanding of palliative care and identify any gaps they perceive.

Forums are planned for end of April to have potential users inform the advisory group on what potential services would support them:

- to stay at home as long as possible
- Reduce hospitalization
- Improve quality of life