Edmonton Zone Palliative Care Program

Cross-site report for last three fiscal years



How are we doing and where are we going?

Introduction

Introduction/background: The Edmonton Zone Palliative Care Program (EZPCP) coordinates specialist palliative care services in all locations in the Edmonton Zone in support of primary care MDs and attending teams in acute care. The program sets the standards for the palliative care provided, ensures seamless transfer of patients and information, provides palliative care education to the public and health care staff, and supports research.

The Edmonton Zone Palliative Care Program offers palliative care in:

- Tertiary palliative care unit
- Six hospice palliative care units
- Palliative consultation services in acute care and the community
- Palliative home care support

Data sources used:

- Edmonton Zone Palliative Care Program database
- Edmonton Zone Continuing Care database Strata Health Pathways

Objectives

- Discuss accomplishments and progress over the last year
- Review clinical activity growth over the last three years and focus on the recent fiscal year (2017/2018)
- Consider anticipated program evolution for the next fiscal year (2018/2019)

Accomplishments and progress in 2017/2018

- Ongoing evolution in adapting MAiD legislation
- Covenant Health palliative care consult service pilot initiative completed
- Inner city palliative care ongoing
- Improving community connections e.g. neurology, Primary Care Networks (PCNs)
- Famcare surveys process centralized
- Database evolution within Connect Care

- Integrating palliative home care into our zone program
- Future of our website palliative.org and shift to AHS website
- New hospice PCU location Rivercrest hospice unit (opened in June 2018)
- Need for physician AARP ongoing
- Implementation of EOL care pathway
- Change in admin leadership welcome to Janice and Michelle

Residents make it four years in a row!



Edmonton Zone Palliative Care Program 2017/18



EZPCP Services : All consults/admissions by location

	Fiscal year				
Site/program	2015/2016	2016/2017	2017/2018		
RAH (Royal Alexandra Hospital)	758	696	775		
UAH (University of Alberta Hospital)	726	720	745		
CCI (Cross Cancer Institute)	910	953	1037		
CH (Covenant Health consult team)	(566)	(664)	654		
PCCT (Palliative Community consult team)	2095	2271	1681		
TPCU (Tertiary Palliative Care Unit)	230	209	205		
Hospice PCUs	782	820	765		
Total	5501	5669	5862		

Key findings – Zone workload continues to grow

EZPCP Services : CCT referrals by referral location

					I	
Referral from location	2015/2016		2016/2017		2017/2018	
	#	%	#	%	#	%
Home/community	984	47%	1094	48%	1143	68%
CH sites (Covenant sites)	566	27%	664	29%		
AHS sites (AHS sites)	524	25%	493	22%	516	31%
Out of zone	21	1%	20	1%	22	1%
PCCT total	2095	100%	2271	100%	1681	100%

Key findings: The majority (68%) of CCT referrals were from home/community.

CCT hospitals by hospital name

			Fiscal year						
ССТ	Referring Hospital	2015/2016		2016/2017		2017/2018			
		#	%	#	%	#	%		
СН	Grey Nuns Hospital	312	29%	402	35%				
Sites	Misericordia Community Hospital	254	23%	262	23%				
	Fort Sask. Community Hospital	101	9%	69	6%	80	16%		
	Devon General Hospital	47	4%	36	3%	36	7%		
AHS	Leduc General Hospital	39	4%	52	4%	52	10%		
Sites	Sturgeon Community Hospital	200	18%	183	16%	210	41%		
	WestView Community Hospital	86	8%	100	9%	98	19%		
	*Other hospitals	51	5%	53	4%	40	7%		
	Total	1090	100%	1157	100 %	516	100 %		

*Other includes Glenrose Rehabilitation Hospital, Strathcona Health Centre and Alberta Hospital Edmonton

Hospice admissions by hospice site

	Fiscal year				
Hospice sites	2015/2016	2016/2017	2017/2018		
Capital Care Norwood	260	307	253		
Edmonton General Continuing Care Centre	270	226	234		
Foyer Lacombe	18	80	74		
St. Joseph's Auxiliary Hospital	162	124	121		
Westview Continuing Care	67	83	83		
Youville Home	5				
Total	782	820	765		

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Note: Youville Home Hospice was closed at end of 2015 and Foyer Lacombe site was opened in 2016

Hospice acceptance & outcomes



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Key Findings: The percentage of hospice referrals with "Died Waiting" and "Not admitted due to *other reason" outcomes ranged from 23% to 32% over the last three fiscal years.

Hospice waiting intervals for admitted clients



<u>Key Findings</u>: For the recent fiscal year (2017/2018), the waiting from "Other Locations" had the longer assessed and approved date to admission date waiting intervals but there were only 30 referrals (4%) from these locations during this fiscal year. *Other locations includes Subacute, TU (Transition Units), Out of Zone, transfers between Hospice sites.

Hospice waiting intervals for "died waiting" clients



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*Other includes subacute, TU, out of zone, transfers between hospice sites, TPCU etc.

Hospice LOS (in days)



Key findings: The hospice units had the highest average and highest median length of stay for the recent fiscal year (2017/2018) as compared to the previous fiscal years.

TPCU admissions/discharges/LOS

	Fiscal year		
	2015/2016	2016/2017	2017/2018
Admissions	230	209	205



Key findings: The average length of stay for TPUC was lower for the recent fiscal year (2017/2018) as compared to the previous fiscal year (2016/2017) but the median length of stay was higher for the recent fiscal year as compared to the last fiscal year.

Hospice length of stay categories



Key findings: Overall for past three fiscal years, more than 85% clients were discharged within 60 days from Hospice sites and only 5% stayed more than 120 days

TCPU length of stay categories



Key Findings: At TPCU, only 3% of the clients were discharged after 120 days

Non cancer diagnosis (percentage)

	Fiscal Year					
Site/Program	2015/2016	2016/2017	2017/2018			
RAH	35.2%	30.3%	36.5%			
UAH	33.9%	30.7%	26.6%			
СН	20.7%	24.1%	28%			
CCI	0.0%	0.0%	0.0%			
TPCU	1.7%	2.9%	1.5%			
ССТ	19.8%	19.8%	23.7%			
Hospice	11.8%	8.7%	9.0%			

Deferred From	Fiscal Year				
Referral From	2015/2016	2016/2017	2017/2018		
CCT – Home/community	14.2%	15.3%	19.8%		
CCT – AHS sites	26.4%	22.6%	26.1%		

Key Findings: Growing success with attracting non cancer referrals

Edmonton classification system for cancer pain

2017/2018 fiscal year

Pain Category	Pain Classification							
	No (No Pain Syndrome)	23%	43%	4%	6%	29%	34%	30%
Mechanism	Nc (Combination of Pain - Visceral/bone.	52%	41%	62%	58%	53%	41%	51%
Pain	Ne (Neuropathic Pain Syndrome)	9%	8%	27%	32%	10%	6%	9%
	Nx (Insufficient Information to Classify)	16%	8%	6%	5%	9%	18%	10%
	Io (No Incident Pain)	39%	48%	43%	30%	51%	25%	37%
Incident Pain	Ii (Incident Pain Present)	26%	30%	45%	40%	29%	41%	46%
	Ix (Insufficient Information to classify)	35%	22%	12%	29%	21%	34%	17%
	Po (No Psychological distress)	56%	68%	67%	49%	75%	74%	67%
Psychological Distress	Pp (Psychological Distress Present)	15%	12%	17%	19%	5%	5%	12%
	Px (Insufficient Information to Classify)	29%	20%	15%	31%	20%	22%	21%
	Ao (No Addictive Behavior)	73%	81%	88%	85%	91%	89%	94%
Addictive Behaviour	Aa (Addictive Behavior Present)	4%	8%	6%	7%	3%	1%	2%
	Ax (Insufficient Information to classify)	23%	11%	6%	8%	5%	10%	5%
	Co (No Impairment)	49%	52%	80%	61%	47%	45%	62%
Cognitive	Ci (Partial Impairment)	22%	29%	17%	29%	26%	30%	23%
Function	Cu (Total Impairment)	23%	16%	2%	8%	19%	13%	7%
	Cx (Insufficient Information to Classify)	6%	2%	0%	2%	9%	12%	8%
		0% 100% RAH	0% 100% UAH	0% 100% CCI	0% 100% TPCU	0% 100% CH Sites	0% 100% PCCT AHS Si	0% 100% PCCT Home

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2017/2018 fiscal year

Edmonton Symptom Assessment System Revised (ESAS-r) scores

ESAS score scale: Score of 0 is "no symptoms" and score of 10 is the "worst possible symptoms"



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2017/2018 fiscal year

Edmonton Symptom Assessment System Revised (ESAS-r) scores

ESAS score scale: Score of 0 is "no symptoms" and score of 10 is the "worst possible symptoms"



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ESAS Score Scale: Score of 0 is "no symptoms" and Score of 10 is "the worst possible symptoms"

ESAS-r pain groupings

ESAS-r Pain Score Scale: Score of 0 is "no pain" and Score of 10 is "worst possible pain"



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<u>Please note:</u> For some cases the symptoms documentation was only entered once in the database, therefore no change in initial and final symptoms numbers and percentages.

Palliative performance scale (PPS)



Please note: For some cases the PPS was only documented once in the database, therefore no change in initial and final PPS averages.

Goals of Care RMC coding





RMC Coding:

R: Medical care and interventions, including resuscitation M: Medical care and interventions excluding resuscitation C: Medical care and interventions, focused on comfort

Goals of Care detailed RMC coding at admission

Goals of Care designation		Admission site									
		R	RAH U/		АН ТРС		си сн		Sites	ССІ	
		#	%	#	%	#	%	#	%	#	%
R: Medical	R1	80	12%	54	10%	0		7	2%	133	18%
care and interventions, including	R2	3	0.3%	5	1%	0		2	1%	3	0.4%
resuscitation	R3	10	1%	15	3%	0		3	1%	10	1%
M: Medical care and	M1	287	42%	230	42%	111	55%	107	29%	413	57%
interventions excluding resuscitation	M2	18	3%	15	3%	6	3%	12	3%	24	3%
C: Medical care and	C1	197	29%	205	37%	81	40%	218	59%	131	18%
interventions, focused on comfort	C2	85	13%	23	4%	3	1%	20	5%	5	1%

MC coding & discharge outcome (RAH+UAH+CH sites discharges)



RMC Coding:

R: Medical care and interventions, including resuscitation **M:** Medical care and interventions excluding resuscitation

C: Medical care and interventions, focused on comfort

Famcare survey at EZ CC hospice/palliative care units Time period: December 2015 to 31 March 2018

Famcare survey response rate

Hospice Sites/TPCU	Total Survey Received	Total Survey Sent	Respons e Rate
Capital Care Norwood Hospice	151	389	39%
Edmonton General Hospice	120	338	36%
Foyer Lacombe Hospice	35	89	39%
St. Joseph Hospice	83	223	37%
Westview Hospice	35	117	30%
Tertiary Palliative Care Unit	84	249	34%
Grand Total	508	1,405	36%

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Famcare survey started in December 2015

Famcare survey results - All Edmonton Zone hospice/palliative care units

■ Very Satisfied ■ Satisfied ■ Undecided ■ Dissatisfied ■ Very Dissatisfied

Q1. Patient comfort
Q2. Way patient condition and progress explained
Q3. Treatment side effects information given
Q4. Way patient dignity respected
Q5. Patient condition and care meeting with PC team
Q6. Symptom treatment response time
Q7. Patient symptom attention by PC team
Q8. Physical needs for comfort met
Q9. PC team availability to family
Q10. Family emotional support by PC team
Q11. Practical assistance by PC team
Q12. Doctor attention to patient symptoms
Q13. Way family included in treatment and care decisions
Q14. Patient symptom management information
Q15. Patient symptom management efficiency
Q16. Response to changes in patient care needs
Q17. Patient emotional support by PC team

_				
	Very Satisfied, 71%	Satisfied, 26%		
	Very Satisfied, 65%	Satisfied, 29%		
	Very Satisfied, 60%	Satisfied, 31%		
	Very Satisfied, 80%	Satisfied, 16%		
	Very Satisfied, 58%	Satisfied, 32%		
	Very Satisfied, 58%	Satisfied, 34%		
	Very Satisfied, 63%	Satisfied, 29%		
	Very Satisfied, 68%	Satisfied, 28%		
	Very Satisfied, 65%	Satisfied, 29%		
	Very Satisfied, 66%	Satisfied, 28%		
	Very Satisfied, 62%	Satisfied, 30%		
	Very Satisfied, 64%	Satisfied, 27%		
	Very Satisfied, 61%	Satisfied, 31%		
	Very Satisfied, 56%	Satisfied, 36%		
	Very Satisfied, 61%	Satisfied, 33%		
	Very Satisfied, 64%	Satisfied, 29%		
	Very Satisfied, 67%	Satisfied, 26%		
0%	10% 20% 30% 40% 50% 60	0% 70% 80% 90% 10		



Very Satisfied Satisfied Und	decided 🔳 Dissatisfied 🔳 Very D	vissatisfied
. 4		
Q1. Patient comfort	Very Satisfied, 70%	Satisfied, 25%
Q2. Way patient condition and progress explained	Very Satisfied, 64%	Satisfied, 31%
Q3. Treatment side effects information given	Very Satisfied, 54%	Satisfied, 37%
Q4. Way patient dignity respected	Very Satisfied, 76%	Satisfied, 17 <mark>%</mark>
Q5. Patient condition and care meeting with PC team	Very Satisfied, 52%	Satisfied, 40%
Q6. Symptom treatment response time	Very Satisfied, 43%	Satisfied, 46%
Q7. Patient symptom attention by PC team	Very Satisfied, 58%	Satisfied, 32%
Q8. Physical needs for comfort met	Very Satisfied, 67%	Satisfied, 26%
Q9. PC team availability to family	Very Satisfied, 54%	Satisfied, 39%
Q10. Family emotional support by PC team	Very Satisfied, 64%	Satisfied, 31%
Q11. Practical assistance by PC team	Very Satisfied, 59%	Satisfied, 31%
Q12. Doctor attention to patient symptoms	Very Satisfied, 63%	Satisfied, 27%
Q13. Way family included in treatment and care	Very Satisfied, 53%	Satisfied, 40%
Q14. Patient symptom management information	Very Satisfied, 49%	Satisfied, 40%
Q15. Patient symptom management efficiency	Very Satisfied, 79%	Satisfied, 5%
Q16. Response to changes in patient care needs	Very Satisfied, 58%	Satisfied, 33%
Q17. Patient emotional support by PC team	Very Satisfied, 55%	Satisfied, 36%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Famcare survey result	s - Foyer Lacombe Ho	ospice
Very Satisfied Satisfied Und	ecided Dissatisfied Ve	ery Dissatisfied
Q1. Patient comfort	Very Satisfied, 64%	Satisfied, 27%
Q2. Way patient condition and progress explained	Very Satisfied, 55%	Satisfied, 35%
Q3. Treatment side effects information given	Very Satisfied, 61%	Satisfied, 29%
Q4. Way patient dignity respected	Very Satisfied, 68%	Satisfied, 24%
Q5. Patient condition and care meeting with PC team $oxed{1}$	Very Satisfied, 52%	Satisfied, 41%
Q6. Symptom treatment response time	Very Satisfied, 44%	Satisfied, 34%
Q7. Patient symptom attention by PC team ㅣ	Very Satisfied, 55%	Satisfied, 29%
Q8. Physical needs for comfort met	Very Satisfied, 56%	Satisfied, 32%
Q9. PC team availability to family	Very Satisfied, 61%	Satisfied, 30%
Q10. Family emotional support by PC team	Very Satisfied, 52%	Satisfied, 36%
Q11. Practical assistance by PC team	Very Satisfied, 52%	Satisfied, 35%
Q12. Doctor attention to patient symptoms	Very Satisfied, 59%	Satisfied, 24%
Q13. Way family included in treatment and care	Very Satisfied, 61%	Satisfied, 21%
Q14. Patient symptom management information	Very Satisfied, 55%	Satisfied, 29%
Q15. Patient symptom management efficiency	Very Satisfied, 48%	Satisfied, 42%
Q16. Response to changes in patient care needs	Very Satisfied, 61%	Satisfied, 23%
Q17. Patient emotional support by PC team	Very Satisfied, 59%	Satisfied, 25%

 $0\% \quad 10\% \quad 20\% \quad 30\% \quad 40\% \quad 50\% \quad 60\% \quad 70\% \quad 80\% \quad 90\% \quad 100\%$

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*Other includes Glenrose Rehabilitation Hospital, Strathcona Health Centre and Alberta Hospital Edmonton

Famcare survey res	ults - St. Joseph Hospice	
Very Satisfied Satisfied Und	decided 🔲 Dissatisfied 🔳 Very D	Dissatisfied
Q1. Patient comfort	Very Satisfied, 63%	Satisfied, 35%
Q2. Way patient condition and progress explained	Very Satisfied, 58%	Satisfied, 31%
Q3. Treatment side effects information given	Very Satisfied, 52%	Satisfied, 38%
Q4. Way patient dignity respected	Very Satisfied, 77%	Satisfied, 17%
Q5. Patient condition and care meeting with PC team	Very Satisfied, 47%	Satisfied, 39%
Q6. Symptom treatment response time	Very Satisfied, 63%	Satisfied, 29%
Q7. Patient symptom attention by PC team	Very Satisfied, 57%	Satisfied, 34%
Q8. Physical needs for comfort met	Very Satisfied, 64%	Satisfied, 31%
Q9. PC team availability to family	Very Satisfied, 65%	Satisfied, 24%
Q10. Family emotional support by PC team	Very Satisfied, 71%	Satisfied, 23%
Q11. Practical assistance by PC team	Very Satisfied, 62%	Satisfied, 27%
Q12. Doctor attention to patient symptoms	Very Satisfied, 57%	Satisfied, 33%
Q13. Way family included in treatment and care decisions	Very Satisfied, 59%	Satisfied, 33%
Q14. Patient symptom management information	Very Satisfied, 52%	Satisfied, 37%
Q15. Patient symptom management efficiency	Very Satisfied, 60%	Satisfied, 33%
Q16. Response to changes in patient care needs	Very Satisfied, 60%	Satisfied, 31%
Q17. Patient emotional support by PC team	Very Satisfied, 71%	Satisfied, 21%
0'	% 10% 20% 30% 40% 50%	60% 70% 80% 90% 100

w Hospice	
sfied Very Dissatis	sfied
	sneu
Satisfied, 77%	Satisfied, 23%
ntisfied, 72%	Satisfied, 28%
fied, 64%	Satisfied, 36%
/ Satisfied, 81%	Satisfied, 19%
isfied, 68% Sa	atisfied, 23%
atisfied, 74%	Satisfied, 26%
Satisfied, 77%	Satisfied, 23%
atisfied, 75%	Satisfied, 25%
atisfied, 75%	Satisfied, 22%
Satisfied, 78%	Satisfied, 19%
atisfied, 74%	Satisfied, 23%
isfied, 69%	Satisfied, 25%
isfied, 69%	Satisfied, 28%
sfied, 65%	Satisfied, 35%
isfied, 68%	Satisfied, 32%
atisfied, 72%	Satisfied, 25%
atisfied, 75%	Satisfied, 19%

Eamcaro survov rosults	Tertiary Care Palliative Unit	
Failleare survey results -	Tertiary Care Pallative Offic	
Very Satisfied Satisfied Under	cided 🔲 Dissatisfied 📕 Very Dissatis	fied
Q1. Patient comfort	Very Satisfied, 83%	Satisfied, 16 <mark>%</mark>
Q2. Way patient condition and progress explained	Very Satisfied, 79%	Satisfied, 15 <mark>%</mark>
Q3. Treatment side effects information given	Very Satisfied, 71%	Satisfied, 24%
Q4. Way patient dignity respected	Very Satisfied, 89%	Satisfied, 7%
Q5. Patient condition and care meeting with PC team	Very Satisfied, 77%	Satisfied, 18%
Q6. Symptom treatment response time	Very Satisfied, 68%	Satisfied, 27%
Q7. Patient symptom attention by PC team	Very Satisfied, 76%	Satisfied, 19%
Q8. Physical needs for comfort met	Very Satisfied, 80%	Satisfied, 17 <mark>%</mark>
Q9. PC team availability to family	Very Satisfied, 77%	Satisfied, 21%
Q10. Family emotional support by PC team	Very Satisfied, 79%	Satisfied, 20%
Q11. Practical assistance by PC team	Very Satisfied, 75%	Satisfied, 19%
Q12. Doctor attention to patient symptoms	Very Satisfied, 76%	Satisfied, 20%
Q13. Way family included in treatment and care decisions	Very Satisfied, 76%	Satisfied, 21%
Q14. Patient symptom management information	Very Satisfied, 72%	Satisfied, 26%
Q15. Patient symptom management efficiency	Very Satisfied, 74%	Satisfied, 22%
Q16. Response to changes in patient care needs	Very Satisfied, 74%	Satisfied, 24%
Q17. Patient emotional support by PC team	Very Satisfied, 81%	Satisfied, 13%
0	% 10% 20% 30% 40% 50% 60% 7	70% 80% 90% 100%

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*Other includes Glenrose Rehabilitation Hospital, Strathcona Health Centre and Alberta Hospital Edmonton

Urban palliative home care program

- Team moved from Westlawn to Seventh Street Plaza; now colocated with the community consult team
- Enhancing Care in the Community (ECC) phase II has resulted in additional team positions:
 - A system case manager (1.00 FTE)
 - A therapy assistant (0.50 FTE)
 - An addition respiratory therapist (0.50 FTE)
 - A nurse practitioner (1.00)

- Collaborating with Home Living program (regular) to explore role of nurse practitioners, role of community partners (i.e. PCN) etc.
- Canadian Home Care Association (CHCA) held a palliative care experience mapping workshop in Edmonton in July 2018

- 2018 CHCA Home Care summits in Charlottetown PEI (Oct 1 & 2) and Vancouver BC (Oct 22 & 23) will feature innovations in home-based palliative care

 Community groups expressing interest in meeting PEOL care needs for its members (i.e. Persons with Developmental Disabilities (PDD), Seniors Association of Greater Edmonton (SAGE))

Changes over the last 20 years

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The office liaises closely with the Division of Palliative Care Medicine, Tertiary Palliative Care Unit (Grey Nuns Community Hospital), Referral Centres, Community Hospitals, Palliative Hospices and Continuing Care, Home Care, Family Physicians, and the Cross Cancer Institute (Appendix 6) to meet the goals and objectives of the program.

Title	FTE	Name
Program Director	1.0	Carleen Brenneis
Clinical Director Acting Clinical Director	0.2	Eduardo Bruera Robin Fainsinger
Secretary	1.0	Barb Jones
Secretary	0.5	Myrtle Gauld
Data Manager	0.5	Hue Quan
Volunteer & Bereavement Manager	1.0	Paula Brindley
Consult Physician	1.0	Anna Taube
Consult Physician	1.0	Peter Lawlor
Consult Physician	1.0	Jose Pereira
Consult Physician	1.0	Doreen Oneschuk
Consult Physician	0.6	Lemore Alima
Consult Physician	0.4	Tami Shandro
Consult Nurse	1.0	Gary Frank
Consult Nurse	1.0	Sally Tureo
Consult Nurse	1.0	Patsy Cantwell
Consult Nurse	1.0	Larissa Podilsky
Consult Nurse	Casual	Bev Frost
Consultant	Casual	Beth Perry
Consultant	Casual	Linda Read-Paul
Consultant	Casual	Jacquie Peden

REGIONAL PALLIATIVE CARE PROGRAM STAFFING - (March 31, 1999)

Staff Changes:

July 1, 1999	 Eduardo Bruera resigned. Robin Fainsinger appointed acting director
September 1999	-Jose Pereira on leave of absence to become acting director of tertiary
	palliative care unit.
August 12, 1999	 Lemore Alima and Tami Shandro hired as physician consultants.

1999 - 2000

VISITORS & FELLOWS

Mazuryk, Mare* Cheng, Christine 31 Tarumi, Yoko Martinez, Marina Amigo, Pablo Reddy, Suresh Cairns, W Driver, Larry Socci, Maria, RN Wright, John Kaasa, Stein

Calgary, AB Caracas, Venezuela Sapporo, Japan Vitoria, Spain Buenos Aires, Argentina Houston, TX Townsville, Australia Houston, TX Houston, TX Houston, TX Trondheim, Norway

Oct 5/98-Sep 30/99 Apr 01/99-Mar 31/00 Apr 01/99-May 30/01 Feb. 01-Apr 30/99 Mar. 02-Apr 16/99 Mar. 8-12/99 Mar 22-26/99 Apr. 5-10/99 Apr. 5-10/99 Apr. 5-10/99 Apr. 26-28/99

REGIONAL PALLIATIVE PROGRAM COUNCIL MEMBERSHIP LIST January, 2002

Name	Position
Carleen Brenneis Co-Chair	Program Director Regional Palliative Care Program.
	Grey Nuns Community Hospital
Robin Fainsinger	Director, Division of Palliative Care Medicine
Co-Chair	Royal Alexandra Hospital
Marion Boyd	Executive Director
101	Pilgrim's Hospice Society
Paula Brindley	Volunteer and Bereavement Manager
	Regional Palliative Care Program
	Grey Nuns Community Hospital
Donna deMoissac	Advanced Nursing Practice, Palliative Care
	Royal Alexandra Hospital
Miriam Dobson	Manager, Palliative Hospice
	St. Joseph's Auxiliary Hospital
Janet Fung	Director of Care
	Capital Care Norwood
Ed Holmes	Family Physician
	Medical Services
Bill Johnston	Site Medical Director
	University of Alberta Hospital
Kim Kisko	Patient Care Manager of Medicine, Pediatrics and IV Therapy
	Sturgeon and Leduc Community Hospitals
Priscilla Koop	Faculty of Nursing
	University of Alberta
Peter Lawlor	Acting Director, Tertiary Palliative Care Unit
	Grey Nuns Community Hospital
Karen MacMillan	Manager, Tertiary Palliative Care Unit
	Grey Nuns Community Hospital
Tom Martin	Dept. of Family Medicine
	University of Alberta
Marlene Nordstrom	Manager, CAPS
	Continuing Care Services
Penny Parker	Palliative Care Manager, Home Care
	Community Care Services
Shirley Pratt	Patient Care Manager, Emergency Services
	Grey Nuns Community Hospital
Janice Chobanuk	Resident Care Manager, Nursing Unit 9Y, Mel Miller Hospice,
	Edmonton General Hospital
Sharon Watanabe	Director, Palliative Care Program
	Cross Cancer Institute

Hospice PCUs & TPCU

2000

- EGH (Mel Miller) 22
- Norwood 20
- St Josephs 14
- Youville 1
- 57 beds
- TPCU 14 beds

2018

- EGH (Mel Miller) 26
- Norwood 23
- St Josephs 14
- Foyer Lacombe 10
- Westview 6
- Rivercrest 6
- 85 beds
- TPCU 20 beds
- Comfort care beds at GNH & RAH

Edmonton Zone Palliative Care Program 1999/2000



Edmonton Zone Palliative Care Program 2017/2018



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*Other includes Glenrose Rehabilitation Hospital, Strathcona Health Centre and Alberta Hospital Edmonton

Challenges/Opportunities for 2018/2019

- Ongoing evolution in adapting to MAiD legislation
- Inner city palliative care (PCOAT)
- Improving community connections e.g. neurology, PCNs
- New hospice PCU locations
- Need for physician AARP
- Future of our website and palliative.org

Challenges/Opportunities for 2018/2019

- Database maintenance in the pre-Connect Care era
- Connect Care this will transform practice across the Zone and province
- Impact of move of CCT to Plaza 7
- Maintaining a Zone program
- MMSE or MOCA or other cognitive assessment
- Leadership transition

Edmonton Zone Palliative Care Program & cross-site report

